

Hope for African Children Initiative (HACI)

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Abstract

Following a two-year agreement, between Sida and Plan Sweden, starting in 2004 and later amended with no-cost extensions up to Dec 2007, Hope for African Children Initiative (HACI) has been the recipient of a grant of SEK 18,000,000. The purpose of the grant has been to support the HACI strategic objectives for 2005–2010 (a draft of the strategy was already available in 2004). HACI's four core objectives are: (1) Building awareness and reducing the stigma surrounding HIV/AIDS; (2) Extending the life of the parent-child relationship; (3) Encouraging positive living with HIV positive people and preparing families for transition; (4) Ensuring the future of the child.

The evaluation of the HACI programme was carried out between October and December 2006 with the main aim of providing “information essential for the establishment of a premise and *modus operandi* for realigning HACI with the changing context in which it works as well as developing new strategic directions.” Within this context, the evaluation was principally undertaken at the regional level with country studies in four HACI operational countries (Ethiopia, Kenya, Mozambique and Senegal. The evaluation was guide by two key objectives:

- To assess whether the set programme/project objectives have been efficiently and effectively achieved
- To assess how the programme/project contributed to the objectives set in the policy and programme framework of Plan Sweden and Plan Netherlands

The evaluation utilised a combination of research methodologies, which included a detailed review of relevant documents, interviews of HACI staff and key stakeholders, stakeholder meetings at country and regional level and beneficiary surveys in Kenya, Ethiopia, Mozambique and Senegal.

The evaluation has the following conclusion of HACIs operation 2004–2006: HACI still has the components of a unique partnership that is strategically placed, by virtue of its membership, to advocate and enhance efforts to address the OVC problem in Africa. The HACI core-partners should move quickly to register HACI as a pan-African organization if it is to realize its full potential within the scope of a new and re-energized strategic thrust. The country programmes of HACI need to re-align their activities to support the mission of HACI to mobilize a global initiative to address the needs of African Children affected by HIV/AIDS and to engage, strengthen capacities, mobilize and share effective practices among stakeholders at all levels.

List of Abbreviations

ACRL	African Council of Religious Leaders
AFRICASO	African AIDS Service Organisations
AIDS	Acquired Immune Deficiency Syndrome
Als	Associate Institutions
ANNPCAN	African Network on Prevention against Child Abuse and Neglect
ART	Anti-Retroviral Therapy
ARVs	Anti Retro-Virals
AU	African Union
CBO	Community Based Organisation
CEO	Chief Executive Officer
CD	Capacity Development
COMESA	Common Market for Eastern and Southern Africa
CSO	Civil Society Organisation
CPC	Country Programme Council
EAC	East African Community
ECOWAS	Economic Organisation of Western African States
ENDA	Environmental Development Action (in the Third World)
ED	Executive Director
FBO	Faith Based Organisation
FHI	Family Health International
HACI	Hope for African Children Initiative
HIV	Human Immuno-deficiency Virus
ICASA	International Conference on HIV/AIDS and STDs in Africa
IGAD	Intern-Governmental Authority on Development
IRCU	Inter-Religious Council of Uganda
M&E	Monitoring and Evaluation
NACC	National AIDS Control Council/Commission
NAP+	Network of African People Living with HIV/AIDS
NGO	Non-Governmental Organisation
NI	Nottawasaga Institute
OVC	Orphans and Vulnerable Children
PEPFAR	Presidential Emergency Plan for AIDS Relief
PLWHAs	People Living with HIV/AIDS
PPC	Programme Policy Council
RATN	Regional AIDS Training Network
REDSO	Regional Economic Development Services Office
REPSSI	Regional Psycho-Social Initiative
SADC	Southern African Development Cooperation
Sida	Swedish International Development agency
SWAA	Society of Women and AIDS in Africa
TENS	Technical Exchange Networks
TOR	Terms of Reference
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNGASS	United Nations General Assembly
UNICEF	United Nations Children's Fund
US	United States
USAID	United States Agency for International Development
WHO	World Health Organisation
WCRP	World Conference of Religions for Peace

Executive Summary

The Hope for African Children Initiative (HACI) was established in 2000 to address the enormous challenge faced by millions of African children who either have been orphaned by AIDS or live with parents who are sick or dying from AIDS-related illnesses. The HACI partnership brings together six organisations – Plan International, Care, Save the Children Alliance, the Society of Women and AIDS in Africa (SWAA), World Conference of Religions for Peace (WCRP). At the time of its establishment over 12 million children in Africa had lost one or both parents to the HIV pandemic. The situation is no better today.

The *Vision of HACI* is to offer hope to millions of children affected by HIV/AIDS for a future of dignity as part of a functioning, stable community. Its *Mission* is to mobilize a global initiative to address the needs of African Children affected by HIV/AIDS and to engage, strengthen capacities, mobilize and share effective practices among stakeholders at all levels.

HACI's principal strategy is to provide technical support and resources to organisations working within communities to care for and support vulnerable children and their families and to prevent further spread of the HIV/AIDS epidemic. HACI's *four core objectives* are: (1) Building awareness and reducing the stigma surrounding HIV/AIDS; (2) Extending the life of the parent-child relationship; (3) Encouraging positive living with HIV positive people and preparing families for transition; (4) Ensuring the future of the child, which are supported by *five cross-cutting themes*; Resource mobilisation – leveraging both international and local/in-country resources; Scaling-up to meet the needs of affected OVC in Africa; Capacity building – for national response; Partnerships – international and national Advocacy – for an enabling policy environment and social change.

HACI currently operates through country programmes in nine countries of Africa; Cameroon, Ethiopia, Ghana, Kenya, Malawi, Mozambique, Senegal, Uganda and Zambia.

The evaluation of the HACI programme was carried out between October and December 2006 with the main aim of providing “information essential for the establishment of a premise and modus operandi for realigning HACI with the changing context in which it works as well as developing new strategic directions.” Within this context, the evaluation was principally undertaken at the regional level with country studies in four HACI operational countries (Ethiopia, Kenya, Mozambique and Senegal). The evaluation was guided by two key objectives:

- To assess whether the set programme/project objectives have been efficiently and effectively achieved
- To assess how the programme/project contributed to the objectives set in the policy and programme framework of Plan Sweden and Plan Netherlands

The evaluation utilised a combination of research methodologies, which included a detailed review of relevant documents, interviews of HACI staff and key stakeholders, stakeholder meetings at country and regional level and beneficiary surveys in Kenya, Ethiopia, Mozambique and Senegal.

The following are *key findings* of the evaluation:

The partners of HACI are still committed to the initial vision of supporting African communities to address the OVC issue. The partners feel that HACI provides the best model in which they can all operate by bringing to the table their expertise while at the same time learning from the lessons of others.

HACI has been successful in mobilizing resources to operationalise the concept of its partners. This success can largely be credited to the partnership structure of HACI which has been an essential

ingredient of both the quality of the message and approach, and the attractiveness of that message to the donors and governments. This is a highly important unique feature of HACI, and it needs to be built on and strengthened.

By virtue of the partnership that has established HACI, it has a comparative advantage over all the institutions working on OVC issues in Africa, including any of the core partners forming the organisation. The Circle of Hope provides a model that enables a holistic approach to addressing OVC issues.

The current staff of HACI have shown a commitment to focus on achieving the vision that brought HACI into being. There is good leadership from the current management and enthusiasm by all to do what it will takes to optimise the performance of the organisation. Partners, donors and people on the ground have acknowledged the value of HACI and the need for the organisation to be the 'leader' in setting the pace on OVC issues. A number of partners spoken to, including donors have specifically indicated their confidence in the current management of HACI and have expectations that it can move the organisation in the right direction.

With a combination of a sound strategy coupled with a strong resource base, HACI should be at the cutting edge of dealing with OVC issues. To enable this, it is imperative that HACI gives due consideration to the recommendations articulated in this report which are summarized below:

a. Programme Assessment Recommendations

1. HACI should consider a return to working with the two original goals in the Technical Proposal. There was a change of focus when HACI started working from its current Strategic Plan which turned it into a service oriented organization with major focus on achieving quick outputs. While this is an important aspect of addressing the OVC problem in Africa, it is the view of the evaluators that HACI's value lies in addressing some of the strategic issues affecting OVCs.
2. The HACI M&E framework needs to be re-aligned to the HACI goals. The M&E framework needs to be strengthened to measure some of the HACI outcomes achieved under the creation of partnerships and advocacy initiatives. This will assist in ensuring that HACI's programmes' focus on its identified focus, even as they benefit from the richness brought in through networks and partnerships.
3. In order to build strategic alliances and to catalyse global, international and regional players and stakeholders to rally a greater commitment to the support of OVC programmes, HACI needs to consider expanding its network at the national, regional and international level. The partnership has grown and can immensely benefit from bringing on board an expanded base of members.
4. The HACI Regional Secretariat needs to give more technical guidance to the country operations. HACI needs to enhance its role in moving the regional agenda on OVC through effective co-ordination of country programmes and facilitating regional exchanges of best practices, and knowledge sharing.
5. The country operations, currently guided by CPCs, may need to focus on building strong networks at the national level which will assist in achieving the global HACI mission of establishing strong alliances in support of OVC issues.
6. The systems used to disburse funds for programme delivery will need to be consolidated and monitored better to ensure timely and complete disbursements as this impacts directly on the quality of programmes. The current system, of working through the Host Agency, is encumbered with delays in disbursements and does not work very well to support HACI programmes.

7. HACI should consider better marketing of the “Circle of Hope” model and demonstrate its own faith in it at all levels. The Circle of Hope model has not been well understood and utilized by HACI and its partners. It does not appear in the HACI branding strategy. The model is good and would facilitate better programme planning and implementation if well understood and utilized.
8. HACI needs to ensure that the Rights Based Approach to programming is a key focus of all its programme development. In order to effectively do this, the participatory approach in planning and a focus on outcomes should be at the centre of its programmes.
9. HACI should consider ensuring that accountability to the communities is considered an imperative component of project and programme design. The programmes should develop outcome indicators to ensure that these complement and enhance the output indicators.
10. HACI should consider developing expertise on children’s rights and capacitate its partners to use it for better outcomes on its overall Goals. The HACI capacity building programmes need to emphasize the component on children’s rights.
11. HACI will need to develop its own capacities and those of its partners to ensure that all aspects of OVC needs are addressed appropriately. HACI programmes have not addressed certain aspects of OVC needs that are pertinent in the context of HIV/AIDS and OVCs. These include advocacy for increased access to anti Retro-viral (ARV) treatment for HIV positive OVCs, access to justice with respect to property rights, psychosocial issues, sexual exploitation and abuse and child labour.
12. HACI may need to develop its own tools and guidelines to capture information on the quality of services delivered to OVCs. These should as far as possible ensure that the information captured is accurate and consistent.

b. Institutional Assessment Recommendations

1. The findings under institutional assessment indicate that there needs to be a radical re-alignment of the governance structure of HACI, beginning at the international-regional level. HACI should become incorporated as an independent pan-African organisation, with an international Board of Directors. Two options are presented by the evaluators for consideration by HACI:
 - a. In the first option, there should be a tiered membership in the new Board: i) core members to expand beyond current core, including additional African members ii) national chapters of HACI would become full members of the Board. Selection criteria should be agreed for core membership, including strategic and programmatic coherence with HACI, resource contributions, and sustainability independent of HACI resources, as well as what membership in HACI can contribute towards the objectives of the prospective member. A memorandum of understanding should be signed between HACI and the core members, defining such responsibilities and benefits.
 - b. In the second option, the Board would be constituted by (a) Pan-African NGOs, (b) national representatives of HACI Boards or national chapters, and (c) non-African NGOs that are providing significant financial resources to the Secretariat. In the case of categories (a) and (c), a minimum contribution to the cost of operating the Secretariat would be required, based on the organisation’s operational budget.
2. A finance and budget sub-committee of the Board should be established to oversee financial management and resource mobilisation.
3. The CPC should consider functioning as a fully fledged governing body of HACI at the national level. Whether this would be in the form of a Board of Directors for an incorporated NGO or for a

local chapter of an internationally incorporated HACI could depend on local circumstances. In either case, this governing body, would take full responsibility for strategic alignment and resource mobilisation for HACI activities at the national level, independent of a host agency. It would also directly employ the HACI staff in the country. The finance committee should be converted to a resource mobilisation and management committee, to support the CPC in developing and implementing strategies for financial sustainability at the national level.

4. Under the new structure, country chapters should have fiduciary responsibility under a nationally registered Board; financial contributions from regional level will be on a project by project basis, except for any funds that the Secretariat may be able to raise for the operation of country offices; all countries should consider having annual audits done.
5. In countries where there is insufficient commitment by the partners for the current programme, or a clear lack of interest or capacity to function independently, HACI may need to decide whether to seek new partners in that country, or to wind down operations and hand over to one or more of the core partners management of existing contracts with donors.
6. Technical Committees, in the proposed structure, should focus on quality assurance of HACI approaches, and on building technical capacity of core and implementing partners, through national-level TENs and contributions to regional TENs.
7. There is need to strengthen the international composition of the Secretariat, as well as its capacity to use the national languages of the countries that HACI is working in, in order to effectively service the HACI constituency.
8. There is a need to establish clear communication and reporting lines between the Secretariat and national offices, and to support the national offices in clarifying the reporting structure between the national office and the CPC or Country Council.
9. The new MIS system should be tested and installed in all countries as soon as possible. There may be a need also to look into how the system can be further developed to track other programme components such as advocacy and capacity building.
10. There is need to harmonise support that is availed to the HACI country programmes. All partners could agree to create a central pool for all funds for onward distribution to country offices.
11. Co-partners need to agree on an overall financial mechanism that regularizes the deducting of NICRA to increase the funds that reach the end beneficiaries. The agreed mechanism should include clear reporting and communication protocols, to ensure that the Secretariat is fully aware of partners' financial commitments and disbursements. Registration of HACI as a legal entity will certainly help to reduce the cost of channelling the funds through many levels.
12. A minimum contribution to the cost of operating the Secretariat should be required of all core partners, based on each organisation's operational budget. HACI funds provided to implementing partner organisations for programme or operations should never exceed 10% of that partner's own budget; a legal agreement/MOU may be signed with all core partners defining such obligations.
13. The communication strategy should be finalized and resources mobilized to step up external communication and marketing efforts, as a core component of the HACI programme, regardless of which configuration that programme will take.
14. HACI should consider developing a comprehensive resource mobilisation strategy and enhance the Secretariat's and the country offices' fundraising capacity; Headquarters Secretariat will need to mobilize resources to support the transition phase.

Conclusions

HACI still has the components of a unique partnership that is strategically placed, by virtue of its membership, to advocate and enhance efforts to address the OVC problem in Africa. The HACI core-partners should move quickly to register HACI as a pan-African organization if it is to realize its full potential within the scope of a new and re-energized strategic thrust. The country programmes of HACI need to re-align their activities to support the mission of HACI to mobilize a global initiative to address the needs of African Children affected by HIV/AIDS and to engage, strengthen capacities, mobilize and share effective practices among stakeholders at all levels.

1. Introduction

a) Background

The Hope for African Children Initiative (HACI) was established in 2000 to address the enormous challenge faced by millions of African children who either have been orphaned by AIDS or live with parents who are sick or dying from AIDS-related illnesses. This unique pan-African organisation was established as a partnership that brings together six organisations – Plan International, Care, Save the Children Alliance, the Society of Women and AIDS in Africa, World Conference of Religions for Peace (WCRP). At the time over 12 million children in Africa had lost one or both parents to the HIV pandemic. The situation is no better today.

Of the estimated 2.8 million people who died of AIDS related illnesses in 2005, approximately half a million were children aged below 15 years. At the end of 2005, an estimated 2.3 million children globally were living with HIV¹. During the same year an estimated 700,000 children around the world were newly infected with HIV. More than 80% of these infections occurred in sub-Saharan Africa and at least 90% of these children, acquired the infection, through perinatal transmission.

In Africa, more than one in three newborns infected with HIV die before the age of one, over half die before reaching their second birthday, and most are dead before they are five years old. In developed countries, by contrast, preventive measures ensure that the transmission of HIV from mother to child is relatively rare, and in those cases where it does occur, a range of accessible treatment options mean that the child can survive – often into adulthood. This shows that with funding, trained staff and resources, the infections and deaths of many children in lower-income countries might easily be reduced.

Besides being born with HIV, in Africa, there are many ways in which children's lives are adversely affected by the pandemic. In many cases children act as care givers for sick parents who have AIDS. Other children head households and are left to take care of younger siblings when their parents die, and they end up being their family's principal wage earners, as AIDS prevents adults from working, depletes existing financial resources through expansive medical bills. Children are unable to access health care and education. Loss of loved ones threatens the Child's emotional health – a situation made worse by the stigma and discrimination attached to a death related to AIDS. When sick parents die without leaving a will, children fall prey to unscrupulous relatives and community members, thereby losing the little support they had left.

HACI's principal strategy is to provide technical support and resources to organisations working within communities to care for and support vulnerable children and their families and to prevent further spread of the HIV/AIDS epidemic.

¹ UNAIDS/WHO 2006 Report on the Global AIDS Epidemic

The initiative's four core objectives are:

- Building awareness and reducing the stigma surrounding HIV/AIDS
- Extending the life of the parent-child relationship
- Preparing families for transition
- Ensuring the child's future.

The Initiative has five cross-cutting strategies:

- Resource mobilisation – leveraging both international and local/in-country resources.
- Scaling-up to meet the needs of affected OVC in Africa
- Capacity building – for national response
- Partnerships – international and national
- Advocacy – for an enabling policy environment and social change

b The Programme Context

The Vision of HACI is to offer hope to millions of children affected by HIV/AIDS for a future of dignity as part of a functioning, stable community. Its mission is to mobilize a global initiative to address the needs of African Children affected by HIV/AIDS and to engage, strengthen capacities, mobilize and share effective practices among stakeholders at all levels. Its Goals are:

- To strengthen the capacity of African communities to
 - advocate for care and support children impacted by HIV/AIDS and prevent further spread of HIV
 - improve orphans and vulnerable children (OVC) welfare by increasing access to education, adequate food, psychosocial support, basic health services and legal rights
- Catalyze a global partnership to expand the resources available to achieve these goals.

HACI is currently supporting the implementation of OVC programmes in nine countries of Africa; these are Cameroon, Ethiopia, Ghana, Kenya, Malawi, Mozambique, Senegal, Uganda and Zambia.

c The Evaluation

HACI has been in operation for the last six years, and other evaluations have been undertaken. So, while this is not the first evaluation being conducted for the Initiative, it will span the six years since its inception. This evaluation seeks;

- To gauge the progress, achievements, lessons and challenges of implementing OVC programming using the HACI model, principles of operation, structure and approach.
- Provide a process for reflection and learning by the HACI partners, its Secretariat and the donors.

According to the ToRs, the purpose of the evaluation was “to provide information essential for the establishment of a premise and modus operandi for realigning HACI with the changing context in which it works as well as developing new strategic directions.” Within this context this evaluation was undertaken at both the regional and national level and was guided by two key objectives:

- To assess whether the set programme/project objectives have been efficiently and effectively achieved

- To assess how the programme/project contributed to the objectives set in the policy and programme framework of Plan Sweden and Plan Netherlands

HACI provided an exhaustive list of questions, which the evaluation sought to answer. For ease of handling, these questions were grouped into the following evaluation issues:

Program Results

Objectives achievement

- In what manner and to what extent were appropriate objectives achieved as a result of the HACI programme?
- Are the achievements of HACI consistent with the original vision? If not, what happened?

Impacts and effects

What benefits and broader outcomes, both intended and un-intended, resulted from carrying out the HACI programmes?

- Are resources getting to the intended beneficiaries of the programme?
- In what manner and to what extent does the programme complemented, duplicate, overlap or work at cross purposes with other programmes

Cost effectiveness

Governance

- Did HACI put in place the most appropriate structure to deliver the programme given its mandate? If no, what could have been done differently?

Value for money

- Have the expectations of the donors been met? If not, why?
- What value compared to inputs has the programme been able to achieve?

Assessing alternatives

- Are there more cost-effective alternative ways to implementing the HACI programme that might have achieved the objectives and the intended results?
- Are there more costs-effective ways of delivering the existing programmes?

Added value and continued relevance

National and regional impact

- What is the regional reach of HACI?
- What value has HACI added at the national and regional level?
- How has HACI programming fitted into the national HIV/AIDS strategies within the framework of the three ones?

Programme rationale

- To what extent are the objectives and mandate of the programme still relevant?
- Are the activities and operational outputs consistent with the programmes mandate and plausibly linked to the objectives and the other intended results?

Learning

- How has HACI learned from internal programme reviews and evaluations and how has the learning been integrated into the programmes?
- How effectively has HACI monitored the implementation of its strategic plan, and how has this informed further programme planning?
- Are there lessons from the HACI approach that can be used to replicate the same programme elsewhere? If so, what are they?
- Are there lessons from elsewhere that HACI can learn from?
- How can HACI be re-aligned to deliver on internal and external expectations?

This evaluation aims to provide information that will be essential for the further establishment and re-alignment of HACI given the changing context in HIV/AIDS. It should help in problem analysis and development of solutions by HACI, partners and the target population, thereby also enabling the donors in formulating future policies and practices with respect to HACI.

d Tasks

In view of the above, the joint RATN-NI team had proposed a line of enquiry to be followed through in-country site visits, interviews, group discussions and documentation review. The following is a preliminary list of issues that the team focused on:

Achievement of Objectives: Main results of HACI, coherence with original objectives and the strategic plan, both at the country and regional levels; reasons for any sub-optimal results.

Efficiency of implementation: Clarity of division of responsibilities between regional and national level coordination; timeliness – keeping to schedules, communication and reporting; diligence of record-keeping, information management, monitoring and accountability; decision-making processes, communication, transparency, responsiveness; use of partner organisations and networks in implementation, and effectiveness in collaborative activities.

Quality of outcomes: Responsiveness to needs of target groups at national and local levels; ownership of activities and their outcomes; sustainability of outcomes.

Assessment of impact: Stakeholders' views of change results at institutional, organisational, and individual levels; external perspectives on results; attribution of results to HACI's interventions; coherence of results with HACI's strategic objectives.

Cost-effectiveness of resource utilisation: Proportion of resources used for administration; quality of financial management systems; efficiency of programme funds utilisation; scale of target group reached; stakeholders' views on effectiveness of use of funds.

Management and leadership capacity: quality of contextual analysis, strategic positioning and capability assessment in planning; coherence of planning processes; leadership strength; clarity of vision, mission, goals and strategies; role of values in management and operations; effectiveness of knowledge management, M&E mechanisms and learning processes; role of the governing body in planning and management.

Relational considerations: Transparency of HACI decision-making & downward & upward accountability; accountability for fund management; representative nature of HACI; relationship between HACI and implementing partners, donors, government bodies, CSO community, and other stakeholders; public relations approach.

Process considerations: Target group and constituency participation in decision-making, evaluation and learning; results-orientation of project formulation; target group and constituency ownership of the implementation process; effectiveness of governance mechanisms.

2. Methodology

The methodology used in the evaluation of HACI was discussed with the key HACI programme staff and the tools were developed in consultation with them. The methods employed to achieve this evaluation included desk based research, key informant interviews, stakeholder consultations and workshops.

In order to carry out the assignment effectively, the evaluation was divided into the following six stages:

Stage 1 – Design of work plan and development of tools.

Stage 2 – Assessment, interviews and field work.

Stage 3 – Analysis of findings.

Stage 4 – Drafting of report and circulation to stakeholders.

Stage 5 – Convening of stakeholder workshop for receiving feedback on report.

Stage 6 – Incorporation of Comments in final draft and submission of report.

The following is a description of the methodology used at each stage:

Stage 1: Design of the work-plan and development of tools.

The assignment began with initial inception meetings between the key staff of HACI and the leaders of the evaluation team. These meetings served to ensure that the evaluation team got a full understanding of the terms of reference for the evaluation.

The next task was the drafting of the work-plan for the evaluation assignment; this was drafted in consultation with the key staff of HACI. It was then discussed in a meeting between the key HACI staff and the evaluation team on 3rd November 2006. The evaluation team then developed the tools for use in field work for collecting information (these are appended to this report as ANNEX 2). The tools were discussed in a workshop held on 10th November 2006 with all the HACI secretariat staff. HACI staff then provided the list of all the partners and a schedule of interview meetings was prepared with them. The consultations in Stage 1 focused on the following:

- Expectations of the evaluation
- Detailed methodology
- Roles and responsibilities of each team member and of HACI regional and country offices
- The evaluation framework
- The framework for information collection and analysis
- Reporting processes and frequency
- Detailed work schedule

After the consultations at this stage, the adjusted work plan was submitted as the evaluation inception report.

Stage 2: Assessment, interviews and field work

Assessment of the HACI implementation to-date

The methodology that was used at this stage was a combination of desk review, telephone and face to face interviews, facilitated meetings, stakeholder consultations and beneficiary surveys.

In-depth telephone and face to face interviews were carried out with the PPC members, HACI Secretariat staff, CPC members, HACI donor agency representatives, implementing partners, collaborating partners and beneficiaries. The interviewees were spread over different geographical locations including the USA, Zambia, UK, Uganda and the four countries that were being evaluated. The field work took place in the four countries under evaluation as follows:

- a) Kenya (20 Nov–8 December, 2006)
- b) Ethiopia (20 Nov–24th Nov, 2006)
- c) Mozambique (27th Nov–1st Dec, 2006)
- d) Senegal (27th Nov–1st Dec, 2006)

The purpose of the *beneficiary survey* was to track the level of resources from HACI that have reached the end beneficiaries and whether this has been done in the most effective and efficient manner. The survey also elicited information on the impact HACI has had at this level. The beneficiaries included organisations and households supported through HACI. Each country programme was requested by the evaluators to provide a full list of F/CBOs supported by HACI. A random sample was drawn from each list. For each F/CBO sampled, the evaluation targeted 75 per cent of their beneficiaries for interview. In each country, a consultant, working with trained research assistants, oversaw the interview process. The research assistants had been trained and fully briefed on the objectives of the HACI evaluation, the questionnaire and the overall interview protocol. Following the interviews, the data was captured and analysed using SPSS.

During this phase a total of one thousand one hundred and eighty nine (1,189) respondents were interviewed, with thirty four (34) of these being individuals working with HACI at the regional and international levels. The list of respondents is attached in Annexes 13–17. In the four countries of focus, the evaluators were able to interview the following:

Table 1: Number of Interviews in the Four Countries

Country/Region	Number of interviews		
	Individuals	CBOs/FBOs	Households
Kenya	17	21	116
Mozambique	13	20	163
Senegal	20	12	145
Ethiopia	11	6	611
Total	61	59	1035

Stakeholder consultations were a key methodology that assisted in gathering of information during the evaluation. The target audience included the HACI staff and implementing partners in the countries under review. These were sampled and selected from the relevant groups.

The *literature and key documents reviewed* include the following:

- The initial HACI proposal to the Bill Gates Foundation and reports prepared during the inception of HACI

- Minutes of all PPC meetings and other HACI governance structures
- The HACI Strategic Plan 2005–2010
- The HACI country office strategic plans (where they were available)
- The HACI Monitoring and Evaluation framework
- The Performance Management Framework
- The HACI Marketing and Branding Strategy, 2005
- *The Risk Assessment Study*
- Agreements with all partners implementing the HACI programmes
- Reports of advisory firms providing technical assistance
- Agreements and other relevant documents signed with donor institutions
- Reports of activities submitted to the HACI Board and/or donors
- Financial reports prepared by HACI
- Programme and financial reports prepared by implementing partners of HACI supported programmes
- Minutes of CPC meetings in the four countries visited

Evaluation criteria

In order to effectively capture the information required, evaluation team adopted the following key evaluation criteria used by institutions such as the European Commission, World Bank and CIDA for gauging performance evaluation:

Table 2: Key Evaluation Criteria

Criteria	Description
Relevance	Relevance of the programme design in addressing the intended need areas (i.e. was the concept suitable in addressing the needs of the target beneficiaries)
Efficiency	Degree to which the results were achieved in a cost-effective manner (i.e. were adequate resources utilized to achieve the desired results, or could it have been achieved more appropriately via alternative means?)
Effectiveness	Degree to which the expected benefits of the programme have been achieved (i.e. has the programme purpose been achieved?)
Impact	Wider outcomes of programme on target group and society in general (what are the quantitative and qualitative measures of the programme's success and what overall wider effect on the target beneficiaries and society as a whole?)
Sustainability	Extent to which programme benefits will continue following completion of the programme (What is the likelihood that the benefits derived from the programme will continue following its completion)

Performance indicators

In measuring the impact of the HACI programmes, the evaluation team also used HACI's own twelve performance indicators as identified in the strategic plan. However, the consortium also sought consensus from HACI Secretariat regarding the valid indicators that should be used to measure its performance given the practical manner in which their programmes have been run. The reason for seeking validation was to adapt to any programme changes that may have had an impact on the indicators

contained in the HACI Monitoring and Evaluation Framework. To be valid, the indicators needed to be able to show changes in certain conditions or results from specific interventions. In order to carry out a successful evaluation the indicators were categorized as follows:

- b) Policy level relevance
- c) Programme level performance
- d) Operational level effectiveness
- e) Efficiency
- f) Programme impact

Assessment of the HACI structure and processes, mechanisms and tools for programme management

During this step of the process, the evaluation team looked at the following aspects of HACI:

- The organisation structure and departments/units
- The legal status
- The operations and procedures
- The reporting structure
- The management information system
- The linkages (both internal and external)
- The donor funding mechanisms
- The disbursement guidelines: It was imperative that guidelines were reviewed to ensure that the maximum allowable grant and number of interventions supported per activity and per beneficiary were adhered to
- Systems of providing support to beneficiaries

The evaluators also checked for institutional systems that have been established to ensure that the HACI grants are used for deserving beneficiaries.

Assessment of HACI governance and institutional structure

The evaluators assessed the HACI governance and institutional structure at regional and country levels:

- The composition of the HACI Board, recruitment, decision-making processes, performance and effectiveness.
- The composition of the management, procedures, systems and their soundness, communication procedures, linkages and networks, staff capacity, advocacy etc
- Capacity of regional office to deliver on its HACI's Mandate. (Quality of staff; systems and guidelines in place)
- Capacity of country programmes (as in the regional office but including reporting structures)

Stage 3: Analysis of findings

During this stage, the evaluation team held several meetings to discuss and analyse the information gathered in Stage 2.

Stage 4: Drafting of Report and Circulating to Stakeholders

The evaluation team compiled the first draft of the report and forwarded it to HACI secretariat on 19th Dec 2006 for circulation to stakeholders for comment and reactions.

Stage 5: Convening of final Stakeholders Consultative Workshop.

A final workshop to receive comments on the draft report from the stakeholders will be held on 6th – 7th February 2007.

Stage 6: Incorporation of report and submission of final draft.

The evaluation team will revise the draft report in line with the stakeholder comments and submit the final report to HACI on 15th February 2007.

3. Programme Assessment

a) Programme Relevance

The HACI programme approach is expounded in the first technical proposal of February 2001². This approach seeks to comprehensively address the problems of African Children allowing attention to the “entire child focused prevention-care-mitigation continuum with mutually reinforcing programme strategies”. HACI hopes to reach a substantive number of the 12 million Children in Africa that have been made vulnerable by the HIV epidemic. The initiative sought to address the gap in addressing the problems affecting Orphaned and Vulnerable Children (OVCs) in a radically different approach than the traditional ones that have been employed in development programmes. This would be done through:

- Rallying and co-ordinating relevant actors to facilitate multiple interventions to address the needs of children.
- Giving technical and financial support to communities in Africa to improve the lives of OVC.
- Establishing a mechanism to ensure that resources are mobilized from the global community and that these resources move directly to support the communities that are caring for and supporting children affected by HIV/AIDS.

For this response to be effective, it would require a unique framework for collaboration at two levels: Collaboration in countries at the community level, and collaboration among international partners. This framework would ensure that resources are used more efficiently and effectively, redundancies do not occur and critical areas of need are addressed. This framework was meant to allow 80% of the resources to reach communities more directly.

Within this approach the two goals for HACI were defined as follows:

1. To strengthen the capacity of African communities to:
 - a) Advocate, care for and support children impacted by HIV/AIDS and prevent further spread of HIV;
 - b) Improve orphans and other vulnerable children’s welfare by increasing access to education, adequate food, psychosocial support, basic health services and legal rights.

² Hope for African Children Technical Proposal; Plan International, CARE, Save the Children, Society for Women and AIDS in Africa (SWAA), World Conference of Religions for Peace

2. To catalyze a global partnership to expand the resources available to achieve these Goals.

Four core objectives were developed for HACI:

- Building awareness and reducing the stigma surrounding HIV/AIDS
- Extending the life of the parent-child relationship
- Preparing the family for transition
- Ensuring the child's future

Activities were to be established in six initial anchor countries: Uganda, Kenya, Mozambique, Malawi, Senegal and Cameroon. These anchor countries, selected for their experience with effective interventions, were to be paired with a neighbouring country that is not well developed in national HIV/AIDS interventions to allow for sharing of resources and cross border fertilization of programme activities. Each country was to establish a Country Programme Council made up of representatives of community organisations and other stakeholders addressing OVC and HIV/AIDS issues for purposes of developing a country specific action plan identifying the types of support needed by each organisation. The initiative would respond to a wide range of community needs.

The premise of the initiative was to launch a major campaign for millions of African children which was built on the work already being done by Africans, connecting into a network of successful community resources and relationships. HACI's challenge was to provide timely and cost-effective technical and financial resources that respond to the scale and scope of the problem.

Between 2001 and 2005, HACI programmes were directed by the technical proposal. In 2005 a formal Strategic Plan was put in place to guide implementation. This Strategic Plan was developed for the period 2006–2010 and is still in early stages of implementation. It reflects the activity focus implemented at country level in the transition from the technical proposal to the current situation. The Strategic plan and the Handbook need to be reviewed to enable the organisation deliver on the stated vision and mission.

The Strategic Plan expounds the following vision, mission and goals for HACI:

Vision

To offer hope to millions of African children affected by HIV/AIDS for a future of dignity as part of a functioning, stable community.

Mission

To mobilize a global initiative to address the needs of African children affected by HIV/AIDS, and to engage, strengthen capabilities of, and share effective practices among stakeholders at all levels.

Goals

- To strengthen the capacity of African communities to advocate, care for and support children and their families impacted by HIV/AIDS, and prevent further spread of HIV.
- To improve the well-being of orphans and other vulnerable children by increasing access to education, adequate food, psychological support, basic health services and legal rights.
- To catalyze a global partnership that expands the resources available to achieve these goals.

The four objectives were adopted within the Strategic Plan and remain the same as in the technical proposal to establish HACI:

Conclusions

The HACI global vision, mission and goal are still very relevant given the impact of HIV/AIDS on children. The Initiative still has the components of an innovative approach that would help to address the problems of children affected by HIV/AIDS. The HACI approach, in recognising that African communities held the answer to addressing the OVC situation and developing interventions to develop their capacities to do so in a sustainable manner is a unique response to the problem.

The success of HACI is first and foremost, moving from concept to reality. HACI was able to identify and mobilise donors that would support the initiative and provide the required resources. HACI has also been able to maintain the interest of its core partners who have been committed to making the initiative work.

The Hope for Africa Children Initiative (HACI) is a unique partnership that has brought together seven strong organisations that possess a strong resource base and have considerable expertise and experience in issues related to OVC and HIV/AIDS.

Despite the fact that HACI does not have a legal status, this unique partnership that has brought together major stakeholders from the North and Africa has enabled the network to function as a full-fledged organisation, and HACI has been able to initiate and participate in various processes as an organisation in its own right. This partnership has also enabled:

1. *Resource mobilisation:* Apart from the contributions made by the partner agencies such as CARE, SAVE the Children and Plan International from their own fund raising efforts, HACI has been the recipient of a grant from the Bill and Melinda Gates Foundation that enabled it to receive US\$ 10 million. The partnership lends the organisation a credibility that easily engages partner support and confidence.
2. *Access to key stakeholders at all levels of operation:* The network enables HACI to access partners, stakeholders and beneficiaries in a comprehensive manner that extends from the local household and individual level to the national and international levels.
3. *Broad Base of experience and expertise:* The organisations forming the partnership are generally well established. The northern organisations especially provide a broad base of expertise, extending from finance and organisation management to provision of basic needs to OVC. The African partners are networks of African organisations dealing with HIV/AIDS related issues.

HACI has built a name over the years and has learnt lessons from the work that it has done and experiences encountered. In two of the countries visited, Kenya and Senegal, HACI, despite the fact that it is not a legal entity in its own right, is sitting on national government technical committees on OVCs, thereby influencing OVC policy at the national level. More importantly, HACI is now seeking to move into a higher performance stage informed by lessons learnt and best practices.

HACI has succeeded in establishing country programmes in 9 African countries Senegal, Ethiopia, Ghana, Kenya, Cameroon, Uganda, Mozambique, Zambia and Kenya where programmes addressing the OVC situation, have been initiated.

HACI has developed working systems, within the framework of the partnership. In three of the four countries visited HACI national offices have developed Strategic Plans that support and complement the Strategic Plan developed for the bigger organisation.

Like most growing organisations, HACI has experienced a number of challenges, which are highlighted below:

When developing the Strategic plan, HACI separated the two components of goal 1 of the technical proposal, into fully fledged goals in their own right.

Within the technical proposal the two goals for HACI were defined as follows:

1. To strengthen the capacity of African communities to:
 - a) Advocate, care for and support children impacted by HIV/AIDS and prevent further spread of HIV;
 - b) Improve orphans and other vulnerable children's welfare by increasing access to education, adequate food, psychosocial support, basic health services and legal rights.
2. To catalyze a global partnership to expand the resources available to achieve these Goals.

The goals as articulated in the strategic plan are:

- To strengthen the capacity of African communities to advocate, care for and support children and their families impacted by HIV/AIDS, and prevent further spread of HIV.
- To improve the well-being of orphans and other vulnerable children by increasing access to education, adequate food, psychological support, basic health services and legal rights.
- To catalyse a global partnership that expands the resources available to achieve these goals.

In making this change, the strategic plan does not necessitate the strengthening of the African communities to achieve an enabling environment for the OVC. It allows programmes to develop interventions directly to the OVC without addressing the community. In the process, HACI has lost unique and important aspects of the initiative. While the technical proposal of HACI recognized that African families have the responsibility for caring for OVCs and that what they required was enhancement of their capacities, the manner in which the strategic plan has been interpreted and implemented re-directed HACI to a delivery of direct and in-direct services to the OVCs. Its role in capacity building of African communities, catalyzing a global partnership and resource mobilisation and co-ordinating a strong regional response on OVC issues was diluted.

HACI needs to re-consider going back to the initial goals and responsively outlining objectives that would guide its work. One of the partners, World Vision, felt that the core attraction of being a member of HACI was lost due to this change in focus. Several other core partners and donors who were interviewed concurred with this feeling.

One CPC member stated HACI has lost its relevance. "It has got to be a leader in a strategic way. At the national level maybe it can be like a technical working group. It may be a group of people that can direct OVC programming".

The sub-grants provided by the HACI countries, under the PC3 and Scaling up hope projects, are short-term in nature and geared towards addressing the emergency and short term needs of orphans such as payment of school fees (for a short period), uniform, and food. While these needs are important, strategic needs such as access to protection of the rights of OVC, advocacy for the enactment of legislation in support of OVCs, advocacy for affirmative action in respect of OVCs in education and health policies bear more long-term impact. Achieving a balance between the two is akin to administering a painkiller for a headache, while detecting and treating the source of the headache. A number of implementing partners interviewed expressed concern with the short-term nature of grants received from HACI.

A CBO worker in Kenya asked what she was expected to do with the four orphans who had received secondary school fees from HACI funds for one year and who could not proceed to the next class due to discontinuation of the support. Another in Mozambique wanted to know the rationale of providing food to orphans for three months and then stopping. She was very uncomfortable with having to include these orphans among those that have been helped by HACI because she knew that they were not in any different position than where HACI found them.

In the context of HIV/AIDS in country it is a generally agreed principle that organisations must grow with the epidemic and where necessary change their response in line with the challenges. For example, with the advent of universal primary (and secondary education) in Kenya and Uganda how have the needs of OVCs evolved? Where would HACI funds be best utilized?

Looking at the current statistics provided by UNAIDS as illustrated below, it would seem that the link between HIV/AIDS prevention to mitigation is key. The table below shows that as per the UNAIDS data, the countries in which HACI is working (except for Ethiopia and Senegal) have achieved high levels of school attendance among orphans but are faced with challenges in prevention and ART access. To ensure that the HACI interventions remain relevant, and responsive, it is important to target the organisations activities to address the most urgent needs felt by OVC in their own national context.

Table 3: Countries that Have Achieved High Level of School Attendance

Country	Prevalence Rate	Children Living with HIV 0–14yrs	Orphans due to AIDS 0–17yrs	Pregnant women receiving treatment to reduce MTCT	School attendance among orphans	Percentage of HIV infected women and men on ARV therapy
1. Cameroon	5.4%	43,000	240,000	4.2%	83.0%	22.0%
2. Ethiopia	Avrg. Btwn 0.9 -3.5%	Avrg. Btwn 30,000–220,000	Avrg Btwn 280,000–870,000	0.3%	26.0%	7.0%
3. Ghana	2.3%	25,000	170,000	1.3%	65.0%	7.0%
4. Kenya	6.1%	150,000	1,100,000	9.3%	88.0%	19.7%
5. Malawi	14.1%	91,000	550,000	2.3%	81.0%	20.0%
6. Mozambique	16.1%	140,000	510,000	3.4%	63.0%	9.0%
7. Senegal	0.9%	5000	25,000	1.4%	40.0%	47.0%
8. Uganda	6.7%	110,000	1,000,000	12.0%	88.0%	56.0%
9. Zambia	17.0%	130,000	710,000	4.0%	73.0%	27.0%

Source: UNAIDS

A TENS meeting focusing on how to best link prevention and care would be useful so as to provide guidance to partners and country programmes.

The strength of the HACI approach was for it to be a global initiative that catalyses responses at the international and global level while simultaneously strengthening the capacity of communities to directly support the needs of orphans. On-the-ground experience shows that HACI has not been able to catalyze the international response to the magnitude foreseen. For example, it is was not clear to the evaluators how HACI is engaging with global initiatives such as the Global Fund, the UNICEF campaign for children to ensure that the African OVC is not left out and that the voice of civil society working in Africa on OVCs is heard. Some contacts may have been established with the agencies mentioned at the country level. For these linkages to yield the desired results, it is imperative that engagements with international initiatives occur at all levels. Countries are mostly working in isolation without the support of the global support anticipated with the establishment of HACI. With the collective strength of its partners, HACI is actually in a position to lead global initiatives coming to Africa.

Where HACI through its members has taken the initiative to consolidate African resources, it has met with great success. In an effort to establishing strong alliances, HACI and other partners initiated activities in 2002 to encourage the Social Affairs Department of the African Union to play a leadership role in marshalling a pan-African social movement to address the challenges of HIV/AIDS and the OVC crisis. WCRP, a core partner, has marshalled religious leadership to address issues of OVCs. This

initiative saw the establishment of the African Council of Religious Leaders (ACRL), which has since developed a policy statement on HIV/AIDS and OVC and held meetings with the African Union to map out plans on future cooperation.

The evaluators found that HACI mostly participates in regional meetings or major events such as the ICASA as a way of forging these partnerships. However, they did not identify strong alliances at the regional level that are a creation of HACI. This was attributed to limited resources. The efforts in the establishment of alliances were therefore seen to be sporadic as opposed to strategic. To achieve its vision, *HACI requires a focused strategy to enable it to engage partners at the global and regional levels while helping country offices to emerge as the leaders in pushing the agenda on OVC issues at the national level.*

The evaluation team found a generally donor-driven reactive programming which mainly focused on delivering basic services and on scaling up existing partner strategies. As a result, the nature of programmes being supported by HACI implement programmes that reflect the wishes of the donors providing these funds, rather than responding strategically to the OVC issues. To the extent that donor desires are consistent with and support the mandate of HACI, there is nothing wrong with this approach. It is important to note however, that while the donor desire might meet some of HACI's objectives, not all the areas requiring attention are being addressed, and some key issues remain overlooked. An optimal position would be for HACI to develop its own programme strategies that serve to add value to its partnership and to African communities to better address issues surrounding OVCs, and mobilise the required resources in response to the strategies developed. The team at the Secretariat are faced with the challenge of balancing between donor requirements and the organisation's survival, and implementing programmes that embrace all aspects of OVC management as desired.

To enable the optimal position, HACI could develop a list of issues for negotiation with its partners for improved and informed programming. This would enable HACI to advise a prospective donor focusing on only short-term and un-sustainable service delivery, on the negative impact of this approach. On the basis of the vast experiences within its membership and country practices, HACI could identify better programme approaches based on ground realities and advocate for their adoption.

To illustrate the above, the evaluators came across a situation in Mozambique, where one of the implementers complained of reporting guidelines requiring the multiple recording of orphans based on the different interventions that the orphans receive. HACI could intervene in such cases to ensure that a formula that yields more realistic results is used since this will impact on the national OVC data and even HACI's own information on programme reach.

Although the main objective of HACI's regional activities is the creation of strong alliances, it is yet to achieve this goal. While in some countries, HACI participates on the National bodies that govern OVC policy; HACI country offices have yet to emerge as the leaders in pushing the agenda on OVC issues at the national level. This is largely due to a lack of focused strategy for work in this area coupled with limited resources.

There have been funding shortfalls experienced at the Secretariat level arising from the following:

- The current status for the HACI Secretariat which does not give it the legal standing to fundraise its own resources and over-reliance on the capacities of core partners for fundraising.
- The diminishing interest and commitment of core partners to fundraise for HACI.
- The reluctance of some donors to channel funds to HACI through the existing mechanisms.

The resultant shortfall in funding understandably led the Secretariat to drastically reduce its support to the countries. The affected parties at the Country level thought the reduction in the level of funding was drastic and was done without adequate notice. While communication was exchanged between the

Secretariat and the HACI Country offices, some beneficiaries and stakeholders were left out of the picture, and only knew of the change when they abruptly stopped receiving support. In addition to being unprepared, the countries did not seem to have an alternative strategy in place to ensure that programming was not affected to the level that it was. It is important that HACI country offices start discussing with their local partners the current sources of funding and help them to develop management strategies in case of future shortfalls in funding. These strategies must involve the beneficiary communities and seek to develop capacities of partners for local resource mobilisation.

The evaluators found that three of the four countries have strategic plans, which guide operations at that level. Senegal has an activity plan. The Strategic Plans were developed with assistance from the HACI Regional Secretariat and were adopted by the various CPCs after local input. The country level Strategic Plans adopted a similar vision to that of the HACI global office, which is very encouraging as it aligns programmes to the same end result. However, the mission of the country offices is very different from that of the global HACI creating a big disconnect within the partnership. This in part is due to some country Strategic Plans being drafted before the cooperate one. The HACI Regional Secretariat should have facilitated aligning the country missions so that a collective momentum could be built for a global partnership addressing OVC issues. The country programme mission statements also need to align themselves with the original intention of HACI, which was resource mobilisation by leveraging efforts and not service delivery. The table next page presents a summary of the *vision, mission, goals/strategic objectives* and *core principles* at the country level as compared to those of the global HACI.

The PPC in its Minutes recognizes that neither they nor the Secretariat could control the evolution of HACI, and that its successes will be determined at the country level through the CPCs. This would mean that the CPCs should consistently analyse the HIV/AIDS and OVC context in their countries, and guide interventions at the national level, to respond to the identified challenges based on the overall objectives and goals articulated by HACI. However, the CPCs at the country level are not directing programme delivery and have become more of a management committee. A review of the minutes of the CPC's indicate that the members spend most of the time dealing with issues that would be better left to the Secretariat and host agency. The CPCs need to enable HACI to identify its strategic niche at the country level, in response to the existing realities at the national level.

The CPCs are mirrors of the PPC at the country level. The membership in most cases is drawn from the country chapters of the core partners rather than the wider stakeholder community as was the intention in the HACI concept. As a result most of the HACI programme funds were initially shared between these core partners and sub-granted to implementing partners. For the Pan-African partners, the HACI grants form a substantive portion of their organisations overall budget (15%–30%). This creates a dependency that may compromise the quality and objectivity of their participation in the CPC. Indeed there was a feeling by some of the HACI staff interviewed that some of the CPC members had failed to discuss some of the key problems of HACI for fear of losing the grants they were receiving. In one of the countries it was felt that most of the decisions in the CPC meetings were made by only two of the CPC members while the others tended to go with whatever the two decided.

Monitoring and evaluation is a useful process for assessing programme relevance. The HACI Secretariat has developed a monitoring and evaluation framework for the global HACI. Some countries, e.g. Ethiopia, have also developed monitoring and evaluation frameworks for their Strategic Plans. However, utilisation of this framework is very low both at the Secretariat and country level. The partners interviewed felt that monitoring and evaluation should be one of the major components of HACI work. A number of the implementing partners in the communities would like HACI to be more visible in the communities through the provision of technical capacity and monitoring of programme implementation. Many indicated that they were only given capacity on how to account for the monies in accordance with the donor needs.

Table 4: Summary of the vision, mission, goals/strategic objectives and core principles at the country level

	Vision	Mission	Goals/Strategic Objectives	Core principles
HACI Global	To offer hope to millions of African children affected by HIV/AIDS for a future of dignity as part of a functioning, stable community.	To mobilize a global initiative to address the needs of African children affected by HIV/AIDS, and to engage, strengthen capabilities of, and share effective practices among stakeholders at all levels.	- To strengthen the capacity of African communities to advocate, care for and support children and their families impacted by HIV/AIDS, and prevent further spread of HIV. - To improve the wellbeing of orphans and other vulnerable children by increasing access to education, adequate food, psychological support, basic health services and legal rights. - To catalyze a global partnership that expands the resources available to achieve these goals.	- Child focused - Community based - Committed to programme integration
Ethiopia	HACI-Ethiopia envisions to offer hope to millions of children affected by HIV/AIDS for a future of dignity as part of a functioning, stable community.	HACI-Ethiopia is committed to effectively contribute to the fulfilment of the rights of children affected by HIV/AIDS by mobilizing resources, strengthening partnership and building local capacity through holistic and sustainable approach.	- To improve the quality of life of children affected by HIV/AIDS - Support programmes on awareness building towards reduction of HIV/AIDS related stigma and discrimination - To support livelihood, psychosocial support, home based care and access to treatment. - To support and strengthen programmes preparing families for transition through succession planning and memory project. - To support programmes that aim at improving children affected access to basic needs, rights and life skills.	- Child centred - Rights based programming - Scale up - Capacity building - Holistic - Advocacy - Institutional learning - Gender mainstreaming - Community based
Kenya	To offer hope for orphans and vulnerable children in Kenya	To support initiatives aimed at improving the quality of life of HIV/AIDS orphans and vulnerable children in Kenya through partnership, capacity building, advocacy and resource mobilisation.	- To strengthen the capacities of Kenyan communities to advocate, care and support children and their families impacted by HIV/AIDS, and prevent further spread of HIV - To improve the wellbeing of orphans and OVC by increasing access to education, adequate food, psychological support, basic health services and legal rights - To catalyze a Kenyan partnership that expands resources available to achieve these goals	- Partnerships - Compassion - Human rights/empowerment - Accountability and integrity - Responsiveness - Teamwork
Mozambique	To reduce the impact of HIV/AIDS on the lives of vulnerable children in Mozambique through effective partnership with community groups, local and international NGOs, faith based and community based organisations and government agencies in implementing community owned HIV/AIDS prevention, care and support and impact mitigation interventions.	SO: HACI Mozambique will support an improved and expanded community-based response to address the vulnerable children's crisis in targeted geographic areas. Obj 1: Increased technical and organisational capacity of CBOs, FBOs, NGOs and relevant district-level government agencies to respond to the needs and rights of vulnerable children and their caregivers Obj 2: Increased resources available at community-level to provide care and support to vulnerable children and their caregivers Obj 3: Advocate for increased commitment and resources from community based response to vulnerable children		
Senegal ¹ *				

* Senegal works from an action plan and does not have a strategic plan.

Source: HACI strategic Plans

b) Programme Focus

The mission, goals and objectives of an organisation guide programme focus. Within the HACI Strategic Plan, core areas of programming have been identified as

- i) Service delivery and programme support
- ii) Capacity building
- iii) Best practice sharing and
- iv) Advocacy.

The following table summarizes the activities found by the team as the HACI programme focus in the four countries assessed:

Table 5: HACI Programme Focus in the Assessed Countries

Programme focus area	Activities
Service delivery and programme support	• Sub-granting to CBOs and HACI partners for direct OVC support (e.g. payment of school fees, clothing, schoolbags etc)
Capacity building	• Training to CBOs (programme management and grant accountability) • Administrative support to CBO partners
Best practice sharing	• HACI Newsletter • TENS forums
Advocacy	• Policy advocacy at global and national level

HACI currently has employed staff at the regional and national level to focus on the above four areas. However, capacity at the country level is very varied with Ethiopia and Kenya having a comparatively good complement of staff, Mozambique still relying (up to 60% of time) on host agency staff and Senegal working with just one full-time staff member and one part-time accounts officer plus a driver.

The largest time of the HACI staff is currently spent on management of sub-grants to implementing organisations. This includes receipt and initial review of proposals, presentation of proposals to the CPC, paperwork for sub-granting and monitoring and evaluation. Less time is spent on advocacy and capacity development through the TENS forum.

Conclusions

HACI has worked with a number of implementers over the years to whom it has provided support for OVC programming:

The growth of HACI has been impressive at the country level and programme funding has reached the community level through CBOs and FBOs. The idea of working through partners who already had visibility at the country level allowed for this quick expansion of HACI. For example in just three years HACI-Ethiopia has expanded its reach from 3 implementing partners in 2003 to the current 39 partners. However, in many cases the programme benefits derived are difficult to trace back to HACI and it loses visibility at some point.

Table 6: Implementers who have worked with HACI since 2002

	2002–2003	2003–2004	2004–2005	2005–2006
Number of global core partners	3	4	4	3
Number of Pan-African core partners	2	3	3	3
Number of none core partners (CBOs, NGOs, FBOs, Children's homes, youth clubs and other associations)	580	*	1,018	326

Source: HACI Annual Reports

HACI should encourage its partners to ensure that it is known by implementing organisations as this has a direct impact on the credibility and resource mobilisation ability. While HACI is and should be identified by its partners, it is important that it is seen as an amalgamation of forces addressing OVC issues in Africa.

HACI's programme focus needs to be expanded and more substantive attention given to advocacy for policy dialogue, support of innovative programmes and knowledge building and management. This would require an entire re-focus of the current HACI strategies at the regional and national level. HACI needs to develop an advocacy strategy that is built on the ground realities and seeks to create an enabling environment for OVC. In Senegal and Kenya, a lot of work has been carried out at the policy level by HACI. This needs to be shared with the other countries and replicated and expanded. Having said this, the decision on the future direction of the organisation needs to be determined on the basis of its strategic advantage, and not be solely influenced by individual opinions, and interests. The decision has to be based on fact and consultations at all levels. HACI is perceived as being different things by different people. There is need therefore to build consensus and consolidate a common vision and perception of what the organisation is and what it is supposed to deliver.

In Mozambique and Senegal, partners felt that HACI did not strategically target its interventions to assist Orphans and Vulnerable Children. Areas of high HIV/AIDS prevalence and OVCs of disenfranchised community groups (e.g. returning mineworkers in Mozambique) were not being reached by HACI programmes. The CPC should enable HACI to focus its programmes to address the OVC needs in a more effective and efficient manner at the national level.

In its programming, HACI needs to build on the fact that country governments have the responsibility of caring for and providing basic needs to its citizens who include OVCs. HACI needs to integrate itself with national level frameworks such as the “three ones” and where possible support the capacity of civil society to engage with these frameworks on OVC programming. This will place HACI at a more proactive level of programming and shift its focus from the reactive approach of providing support for short-term needs of orphans. Many of the HACI core partners are well-placed and have the capacity to work at the desired level.

c) Design Coherence

The model that was adopted for implementing the HACI programme is the “Circle of Hope”, whereby the child and his/her environment is the focus of all HACI programme activities. This model enables both direct and indirect interventions to the child. Direct interventions are those where the child is the direct beneficiary; while indirect interventions target other beneficiaries with a local connection to the child, thereby creating an enabling environment for the child. The provision of ARVs to the mother would, for instance extend the mother-child relationship for the benefit of the child. This model allows for:

1. Approaches that are appropriate
2. Approaches that can be scaled up to every level depending on the resources available.

The “Circle of Hope” is an ideal model that enables a child centred approach to programming while creating supporting structures to protect the child. The idea in the model expresses the rights based approach that focuses on the principle of “the best interest of the child”. The beauty of this model is that it facilitates the implementer to make a comprehensive analysis of the OVC situation in their context – be it national or community level – by addressing the four basic pillars of the model, namely: awareness and stigma, the parent-child relationship, preparing for transition and ensuring the future of the child. The implementer is therefore able to identify what intervention (direct or indirect) will have

the desired impact. The model does not have to be implemented in its entirety. An analysis of the situation, based on the four pillars will reveal where the need is highest. A consistent analysis of the situation during and after the intervention will enable the implementer to determine the impact of the intervention made, thereby guiding future activities, providing a strong M&E foundation.

The interviewees, who were aware of the Circle of Hope, thought that it is a very relevant model that would help guide responses to OVCs while integrating a human rights approach to programming if it is well implemented. One implementing organisation in Ethiopia, Mary Joy, has consistently used the model in its programming and states that it has been successful. Mary Joy received an award during the International Conference on HIV/AIDS as recognition of the work that it has done in OVC programming at the community level. The Director of Mary Joy felt that this would not have been possible without the model, which they use from the inception of their community level programmes.

Although the Circle of Hope is the conceptual framework for the HACI partnership, there is a mixed understanding as to its utility and relevance. While some partners feel that it is very relevant to their work and that they have used it others do not even know what it is. The vast majority of implementing partners at the country level have not heard of the “Circle of Hope” model. Some members of the HACI staff at the Secretariat also had difficulties in explaining the Circle of Hope model as did some members of the CPCs. In one country, a chair of the CPC, had not heard of the Circle of Hope and wondered what it entails. Representatives of donor organisations, who were interviewed, felt that this is the major attraction in HACI. They felt that if the Circle were to be implemented as envisaged it would provide an ideal framework for working with OVCs.

The HACI Secretariat has successfully articulated its framework Circle of Hope which features well in its strategic plan and website. However the steps to educate its partners on the Circle of Hope concept are yet to be effective. The HACI Marketing and Branding Strategy (2005), does not mention the “Circle of Hope” and yet this should be seen as one of the more tangible products of HACI. The branding strategy correctly asserts that “a brand is the sum total of a consumer’s experience with a product or service” as should be a model for a programme. While the HACI logo encapsulates the spirit of nurturing in Africa, the Circle of Hope is a model that is innovative and enables a holistic approach to addressing OVC issues. Where the HACI logo is the flag, the Circle of Hope is the Battle Cry.

In 2002, HACI was providing two types of support to the country level, which were very much in line with the mission and overall vision of the organisation namely: 1) small fast-track grants to support innovative OVC activities and 2) larger implementation grants to scale up proven interventions. Currently this direction has changed and most of the support provided at the country level is to meet the basic needs of OVCs, which puts HACI in direct conflict with its core partners who have developed capacity over the years to do this work. The evaluators acknowledge that some of the core partners e.g. NAP+ and SWAA carry out direct implementation, and may not always work through community organisations. Although, there may not be competition since the two approaches are different, partners interviewed from country offices felt that if HACI were registered as a legal entity then it would be viewed as a competitor. HACI should be building up on its partners’ expertise rather than extending or replicating their work.

Conclusions

HACI has a unique resource in its “Circle of Hope” model, which is currently under-utilised both internally and amongst HACI partners. The appropriate use of this model would enable HACI assume a leadership position on OVC issues at the local, national, regional and global level.

The current mode of programme design, especially at the country level does not reflect the true spirit of HACI. Some implementing partners view HACI as a donor and not a partner. For example in Mozambique, during the evaluation in a stakeholders workshop, partners thought that the “kind of

assistance given by HACI is not ideal because it is emergency assistance”. They felt that there were some pressing issues that HACI could respond to. Namely,

- the level of policies protecting OVCs were not adequate,
- the number of OVCs was increasing disproportionately to the response,
- interventions are not sustainable and are of short duration and they do not give adequate time to do effective programme planning.

When asked why these issues had not been raised by HACI the response was that “if you raise an issue you are likely to be the last to be funded”. However another organisation felt that “HACI should be seen as a partner and not superior. Only difference is that HACI has the money and we have the techniques”. Although the country staff of HACI have not undertaken deliberate steps to promote this view, and were actually found to be very supportive, this is how the bureaucracy in getting funding is interpreted. Deliberate steps need to be taken to re-educate staff and partners on the role and approach of HACI.

d) Implementation Efficiency and Cost Effectiveness

According to the HACI proposal and strategic plan 80% of resources allocated from programming should reach the community level. This was the intent behind using existing core partner offices in countries where HACI wanted a presence, as a measure to reduce administrative costs, and increasing community reach.

The evaluators found that the HACI programme benefits reach the beneficiary through a complicated and inefficient process. Six distinct levels were identified:

Level 1: Global level – Programme strategy design and overall oversight, resource mobilisation

Level 2: Regional level HACI – Regional level programming

Level 3: Host Agency – agency with fiduciary responsibility, providing HACI with legal identity

Level 4: HACI Country Office level – country level programming including the country level core partners, e.g. Save Kenya, Care Kenya, SWAK, IRCK, etc.

Level 5: implementing agencies: community level programming

Level 6: Children and households.

Within this framework resources released from Level 1 may take up to eight months after approval to reach the beneficiary due to the long delays experienced in getting resources to the ground. It is imperative that the required support gets to the beneficiaries in a timely manner, and even more so in the case of HIV/AIDS, which has been declared an emergency and a pandemic of in most African countries.

Long delays are experienced in getting funding to the ground. This is mainly due to bureaucracies in the host agencies, and the fund raising core partners. In one case, in Ethiopia, there had been a delay of about six months in providing programme support to partners. In another case in Mozambique, a portion of the money allocated came three months late, but the implementing partner was expected to still finalise the project within the calendar period indicated in the proposal. They felt that such practices were not in the interest of the target vulnerable groups, and only served to make the donor paperwork look good. It also created the impression in the communities that the implementers were using the vulnerable children to raise funds themselves thus diluting their credibility in the eyes of the beneficiaries.

HACI needs to devise methodologies of ensuring that programme funds are not delayed as this has a negative impact on the end beneficiaries, and on HACI's credibility in the eyes of the community it

intends to serve. Some implementing partners recommended that HACI become an entity in its own right, which they felt would reduce bureaucracy and time spent between approvals for programme support to the receipt of actual funds, as the number of tiers to deal with would drastically reduce. This measure would also enable HACI to give more substantive technical support in line with HACI's Mission and goals.

At the country level interviews with implementers indicate that HACI has often failed to deliver on its promises. The responsibility for the consultation processes and project design lies with the agency requesting funds. The implementers in some countries, at their discretion, will involve communities in planning and designing projects before presenting proposals to HACI Country Office. The Country Office then submits the proposals to the CPC, sometimes through a technical working group as is the case in Ethiopia and Kenya, which is responsible for approving the proposal. However, once the proposal is approved, the implementers do not always fully receive the funds, which HACI committed to provide. This has led implementers to experience problems with communities. In three of the four countries visited, HACI has not made efforts to explain the failure to meet commitments to implementers and this has left some organisations with hard feelings regarding partnership with HACI. HACI seems to be a victim of upstream bureaucratic processes and relationships, which make it difficult to consistently, deliver on promises to its partners.

A further constraint to cost effectiveness is the administrative charges withheld at various levels of the funds transfer process. Some of the people interviewed thought that less than 50% of the resources reach the community level. As discussed later in this report under budget and finance, the actual amount of the cumulative administrative charges during the funds flow from donor to beneficiary varies with each country and each series of partners involved. The funding mechanisms of HACI are complex and not cost effective.

There is lack of personnel capacity in all the country offices to deliver the HACI programmes. In Mozambique the programme is manned by four officials, one of whom is a volunteer. In Senegal, there is only one staff member to implement the programmes. While it is recognized that the primary cause of this is insufficient resources, since the actual results will be realized at country level it is imperative that country offices have adequate capacity to carry out the HACI mandate. Should HACI chose to continue operating with its current staffing capacity, it needs to review its mandate at the national level.

Conclusions

While there are merits in the HACI model of sub-granting, the observed reality on the ground indicates that a significant proportion of resources are left with core partners and other implementing organisations. HACI is not achieving its target of 80% of funds reaching the beneficiary. In fact, while the actual percentage reaching the beneficiaries is highly variable, there is no question that the current system of funds distribution is not cost effective. Furthermore, the convoluted process for moving funds from donor to end beneficiary greatly mitigates the efficiency of aid delivery, and leads to frustration and sub-optimal performance on the part of the implementing partners.

e) Programme Accountability

HACI is responsible for accountability at four critical levels:

1. Community – implementing organisations have yet to be involved in planning and there is minimal follow-up owing to the capacity of HACI country offices. The reports received focus on numbers of OVCs reached and contain little information on the quality of support provided, in comparison to the nature of support requested. Overall, the programme accountability at this level is assessed as weak.

2. National governments – government agencies are in some cases aware and appreciative of HACI activities. The HACI National coordinator credibly disputed one incident, in Senegal, where the AIDS Council complained of not receiving activity reports from HACI. In other countries communication between HACI and the government is inadequate.
3. Partner level – core partners at the PPC level appear generally aware of activities and progress, although several core partner interviewees complained of lack of information on HACI; at the country level they are aware of activities and results locally, but complain of lack of information on regional level/PPC activities and deliberations.
4. Donor level – some expressed reservations about the level of accountability, particularly regarding qualitative outcomes and the reliability of data on outputs.

HACI has identified specific results, which form the basis of its accountability to the above four levels as follows:

- More children reached with care, support and prevention programmes
- Improved awareness, both in Africa and internationally, of the difficulties faced by orphans and vulnerable children affected by AIDS in Africa
- More coordinated approaches to children and AIDS programming in Africa
- Fewer street children and more children kept within communities
- More orphans and vulnerable children attending school
- Strengthened civil society sector through building advocacy efforts and NGO/CBO capacity
- A mobilized advocacy network in Africa and internationally to support increased resources for children and better programmes and policies
- Increased African religious leadership to reduce stigma surrounding HIV/AIDS
- The collection, sharing, and application of “best practice” in care, support and prevention.

From the reporting documents reviewed it is evident that HACI primarily on numbers of OVCs reached through the various interventions, and are mostly silent on the outcomes related to advocacy, coordination of approaches, community mobilisation, strengthened partnering and networking, or lessons learned and shared.

Conclusions

The evaluators found that HACI relies on its partners to achieve accountability at the community level. However, many of the community organisations interviewed did not know about HACI, its goals or expected results. HACI has not established community councils nor are communities represented on the CPCs as was initially envisioned. Community support is a key component of the Circle of Hope, and in order to foster this support it is critical that local interventions are owned by the community, necessitating their full engagement in decision-making and management.

HACI does not have legal status at the national level and its programmes are reported as part of the activities undertaken by the host agency. HACI provides reports to the host agency who then integrates it into its overall programming. HACI is essentially viewed as a project of the Host Agency. Audit reports for HACI finances were not available in Ethiopia, Mozambique and Senegal as its projects had not yet been audited. Annual programme reports are produced in some countries (e.g. Kenya and Senegal) and disseminated to related government agencies as well as to partner organisations. However uniformity in report production and reporting obligation is lacking.

Accountability relations between HACI and national governments are not systematic. In Senegal and Kenya there appear to be good relations with the relevant government authorities, and HACI is recognized by the government as a key player in OVC matters. In Ethiopia and Mozambique, on the other hand, the link is very weak. In Ethiopia, for example, HACI is not even a member of the national OVC committee. In Mozambique there was little evidence of HACI engagement with government authorities. The subsuming of HACI within the host agencies may be a principal cause of this situation, where the host agency is identified as the spokesperson on OVC matters, rather than the HACI representative. Given that HACI aims to be a key player in addressing OVC issues at the national level, this situation needs to be reviewed.

The CPC and PPC are the frameworks for accountability at the partner level. Evidence shows that the CPC and PPC receive programme reports although it was not clear from the minutes to what extent these are discussed and feedback provided to HACI country offices. The PPC needs to establish a sub-committee that looks at the programme outcomes of HACI and guides the Secretariat in its work. Communication between the PPC and CPC is generally weak and exchange on programming does not happen. This would be addressed if the CPCs were represented on the PPC, as is discussed under the institutional assessment, or if communication mechanisms are put in place to engage the CPC and PPC in technical dialogue on OVC issues.

The European donors especially stated that they do not get enough information from the HACI reports and the reports are too output oriented. These donors want to see more outcome-oriented information in the HACI programme reports.

f) Human Rights Approach

Most of those interviewed, including HACI staff, admitted to not consciously planning within the rights based approach and to lacking in-depth capacity on children's rights. Indeed many were unaware of this approach and felt that the area of children's rights should be one of the key ones on which HACI should build its own and its partners' capacity. The rights based approach could however, be detected in some of the activities supported even though the implementers were not aware of it. HACI programmes and processes need to be stronger on issues of human rights. This will enhance programme efficiency and help focus on outcome rather than being output oriented. HACI needs to strengthen the capacities of its partners in the following:

- Key principles of human rights programming are equality and non-discrimination, participatory approach, transparency and accountability. Involvement of the HACI beneficiaries in determining direction of the programme is therefore imperative.
- The CPCs are the main vehicle that drives the HACI programme at the country level. It is important that the CPC be opened up so that beneficiary voices are heard at this level. This could include persons living with HIV/AIDS, youth and their associations, community elders etc. The process of facilitating such participation should ensure that beneficiaries concerns are freely raised without prejudicing their opportunities for receiving financial support.

The evaluators did not find any operational community level councils as was intended in HACI's original proposal. Involvement of the community, in most countries, is left to the discretion of implementing agencies who are under pressure from many other agencies for delivery of services. However, it is important to note that in some countries (e.g. Ethiopia) implementers have been trained on participatory approaches to programming. In this country, one organisation had perfected the participatory approach and involved communities in programming to a level where most OVC support was being taken over by the communities.

Although this is one of the strengths envisaged in the concept of the Circle of Hope model, the capacity of communities to address OVC issues in a consistent, sustainable manner is yet to be appropriately built by HACI. In Ethiopia there was one programme that was doing this but the others were providing basic services without developing community capacity to sustain support to orphans. It was observed in a number of programmes in the four countries that when HACI funding stopped mid-stream, the provision of services also stopped. While the OVC might have acquired some relief from their plight upon receiving the support, despite arguments to the contrary, their lot has not improved. Where the support is a one-off, as is the case with vaccinations, this is not an issue. But where the support has given a glimmer of hope, it is cruel to take away that hope, due to bad planning.

Short term funding (sometimes only 3 months – e.g. Mozambique) counters the human rights approach and also the Circle of Hope. Most implementers were not warned and prepared for the cut back in funding leaving these organisations with a lot of problems at the community level. There were also many cases of HACI not providing support to the levels negotiated with the implementing partners and mostly without adequate explanations. This is particularly so at the end of the funding from the Melinda and Bill Gates Foundation. It is important that implementers be informed of expected shortfalls in funding in good time for alternative arrangements to be made. There are OVCs that find themselves in the original vulnerable situations at the end of the short-term support yet they are reported to have benefited from HACI support.

Some implementers observed that support provided by HACI is not flexible so that they are not able to provide what *they* would consider as emergency support to OVC. For example, one implementer gave a situation where OVCs under their support had no house due to heavy rains. The implementer had to continue providing approved support and was not able to assist in housing, which was that family's more immediate need. While HACI is working with designated funds and may not be able to respond to every crisis that erupts, HACI can train its partners to network with other agencies and work with communities in order to address such emergency situations, so that the target group is served in a more effective and efficient manner. It also needs to diversify its funding base to enable the organisation to not be constrained by designated funding thus enabling them to become more responsive.

At the centre of OVC concerns in Africa are legal issues relating to exploitation and abuse. These include issues of property rights especially inheritance rights, adequate access to health and education, and child labour. These remain some of the most pressing challenges for OVC programming. It is naturally expected that HACI would take the lead in ensuring the development of innovative programmes on these issues. However not many of the programmes evaluated addressed these concerns. It is important that HACI identify strategic partners at the country level who can work on these matters, using a referral relationship and establish linkages with their implementers. This will ensure a comprehensive address of all issues that have an impact on the lives of the OVCs.

Most core and non-core HACI partners who were interviewed identified the areas of child participation and rights as the most challenging, and which they hoped would be addressed by HACI. There is a role for HACI to develop capacity and facilitate lesson sharing in this areas. The TENS would be a good forum for this exercise.

HACI needs to agree on a set of indicators that address the outcome level of their programmes in the area of human rights.

g) Gender Aspects of Programming

The HACI initiative, during its design, sought to support initiatives that are responsive to achieving the goals set forward by UNAIDS for 2005. Two of these goals were directly responsive to the gendered dimensions of HIV/AIDS:

- By 2005, 90% of young women and men aged 15 to 24 will have access to the information, education and services necessary to develop the life skills necessary to reduce vulnerability to HIV infection.
- By 2005, 50% of HIV infected pregnant women will have access to interventions to reduce mother to child HIV transmission.

A review of the HACI monitoring and evaluation strategy indicates that data collection was to be disaggregated by gender on the 12 core indicators. This would allow for an informed response to gender issues particularly in all the four strategic objectives of HACI.

As part of its gender response, HACI has formed partnership with SWAA and NAP+ to implement regional and national level activities with major emphasis placed on breaking the silence on issues of HIV/AIDS and reducing stigma and discrimination with a focus on the impact of the pandemic on women and children.

In this regard, HACI has provided support that has enabled SWAA to strengthen its Pan-African structure and identity, to roll out its strategic plan and to improve its financial and accounting procedures. The support has also enabled high level engagement of political leadership through support to the Organization of First Ladies of Africa to help focus their response to OVCs and bring to focus the impact of the epidemic on the women of Africa. SWAA also produced a video on OVC advocacy for use by the First Ladies of Africa which was presented to First Ladies of 40 African Countries.

SWAA has used the support provided by HACI to organize and participate in key international conferences. One of these conferences held in Khartoum, Sudan in July 2003 had the theme of Access to Treatment and Care for Women, Children and Families in Africa. This conference also addressed the universal access to treatment and care for children and women.

An interesting outcome of the support provided to SWAA is the organization of the International AIDS Women's Run which was held in Nairobi in September, 2003. Although started as a one off international event to coincide with the AIDS Conference in Africa, the interest that it generated has enabled it to become an annual event in Kenya that is used to raise awareness on the impact of the epidemic on women and raise funds for OVC issues. The AIDS Run now has a formal Secretariat and the funds raised are used to support HACI programmes on OVCs.

The support provided to NAP+ by HACI has been used both for institutional strengthening and programming targeted at people living with HIV/AIDS. With the support, NAP+ has produced nutritional guidelines for people living with HIV/AIDS and a curriculum on treatment literacy in support of the HACI goal of extending the parent child life relationship. NAP+ also used the funds provided by HACI to carry out a pilot study in Kenya on the use of a nutritional supplement called Nutrotap, which was found to be useful and needed scale up. No evidence of further work in this area, after this initial study, utilizing HACI funds was evident.

Conclusions

Although HACI set out with the intention of making a contribution to the goal established by UNAIDS to respond to the gender dynamics of the HIV/AIDS, it is not possible to track the reach that can specifically be attributed to the work of HACI.

HACI has had a number of successes in working with SWAA and NAP+ to address gender issues, key of which is the advocacy work with the First Ladies of Africa. However, this work was not guided by a documented gender strategy that would allow for a more focused approach in addressing the gender dimensions of HIV/AIDS. One reason for lack of a gender strategy is that within the partnership framework of HACI each partner has its own elaborated approach to work on gender issues.

However, this should not stop the HACI Secretariat from providing guidance through the documentation of a gender strategy.

The evaluators would recommend a policy level engagement with HACI committing a substantial amount of funding that would go towards addressing the gender imbalances in HIV/AIDS programming. Focused guidance to the country offices on how to address the vulnerabilities of the girl OVC would be required. As well, issues of property rights for women and OVCs affected by HIV/AIDS are important in addressing the epidemic.

h) Prevention Efforts and Reproductive Health Education for Affected Children and Adolescents

HACI has responded to prevention efforts and health education for affected children and adolescents through its fourth programme strategy of ensuring the child's future. Under this programme strategy an array of activities have been supported through the HACI sub-granting mechanisms, which include the following:

- Support to school-based interventions such as life-skills training, child-to-child education, youth clubs and theatre to promote the rights of young girls, safe sexual behaviours among boys and girls and understanding of families affected by AIDS
- Provision of technical and material support for including practical life skills training in the later stages of basic education, and establishment of linkages with vocational training programmes
- Peer counselling and education as a tool to influence and realize meaningful behaviour change among the youth
- Advocacy for increased access to health services for OVCs

Two indicators were identified for measuring progress in this area; School completion rates and number and percentage of OVC equipped with life skills. Proper tracking of this indicator would help HACI to ascertain the numbers of youth that have been equipped with life skills. The assumption behind life-skills based education is that it enables individuals to deal effectively with the demands and challenges of everyday life, including reduction of the risk of HIV infection. Life-skills is also an accepted way of reaching the youth with reproductive health education.

In support of this programme focus, HACI Kenya introduced an innovative programme of supporting the girl child with sanitary pads. A total of 1,603 girls have benefited through this programme. This programme was initiated in after the realization that a substantial number of girls dropped out of school due to lack of access to sanitary pads.

In the countries visited it was evident that some focus was being given to promoting value-based HIV/AIDS prevention strategies and life skills for children and youth. This was mainly done through the support given to faith based implementing partners and youth clubs.

Conclusions

An analysis of the HACI reports from the country offices indicates that there is lack of proper tracking of activities related to prevention and reproductive health education among OVCs. HACI needs to focus the attention of its partners in this area possibly through the TENS forum.

The HACI Secretariat should provide guidance to country offices on how activities in this area can be best focused and respond to cultural specific contexts. This may include the establishment of appropriate medium for teaching life-skills given cultural dynamics within the communities of focus. For life skills to be effective there is need to address underlying economic, social and cultural structures that may increase the risk of HIV infection for OVCs.

i) Outcome and Impact

HACI has developed a monitoring and evaluation framework to measure its outputs and outcomes. This framework was developed in April 2003 and before the current Strategic Plan which runs from 2005–2010, during a workshop that included HACI partners, country office and Secretariat staff. HACI agreed on a number of core indicators to be measured, which were to be incorporated by the Secretariat in the annual reports. The core indicators agreed to are as follows:

Table 7: HACI Monitoring and Evaluation Indicators

Objectives	Core indicators
Building awareness and reducing stigma	Outcomes related to activities involving children that are facilitated or supported by HACI
	Number of programmes mainstreaming GIPA activities
	Proportion of households with PLWHA and/or OVC that report experiences of stigma/discrimination or fear of stigma/discrimination (within a specified time period)
Extending the parent-child relationship	Number of affected households (with infected and/or affected parents or children) receiving psychosocial support
	Proportions of households with chronically ill or HIV infected members that are receiving ARVs and treatment
	Proportion of affected households with adequate and sustainable coping mechanisms for ensuring food security
Ensuring the child's future	School completion rate
	Number/percentage of OVC equipped with life skills
Cross cutting issues	Capacity of HACI partners to implement OVC programmes
	Trends in annual national envelope for OVC programming (since 2000) disaggregated by category of source

The purpose of this Framework was to “provide continuous feedback on implementation and to identify potential problems and challenges as early as possible to facilitate timely adjustments to programme operation”. HACI also intended to encourage countries to develop additional indicators that would measure additional outputs and outcomes at the national level.

A successful monitoring and evaluation framework is measured for its robustness. The evaluators were interested in measuring the robustness of HACI's monitoring and evaluation framework as well as assess to what extent HACI has been able to achieve the established targets.

Findings

The HACI M&E framework was developed before the current Strategic Plan. The two documents need to be aligned. For the organisation to develop and learn from its practices, the Strategic Plan must inform the M&E framework, and must be informed by the M&E process.

The HACI monitoring and evaluation framework is based on measuring the four HACI objectives, which are derived from the “Circle of Hope”. The indicators, therefore, only address part of the goals of HACI and will not be able to effectively measure its impact. It is important the HACI develops indicators related to its role in partnership development, advocacy, capacity development of communities, HIV prevention among OVCs and the establishment of a global partnership.

The evaluators feel that the M&E capacity at the Secretariat level and in two countries in terms of personnel to manage the M&E functions needs to be expanded. Ethiopia and Kenya have staff positions for M&E officers. Mozambique and Senegal lack this capacity and are facing a lot of challenges in this area although the latter is being assisted by a part time volunteer. As a result, Ethiopia and Kenya are well advanced in carrying out their M&E work Mozambique and Senegal are having a published M&E framework that has been agreed by the CPC.

HACI urgently needs to establish and agree on a baseline for all the targets. This should be done at both the global and country level. This information will be important in measuring future achievements of HACI.

HACI needs to urgently revise its targets given the challenges and realities of OVC programming. For example, it is doubtful that HACI will be able to achieve the target of reaching 3–5 million OVCs by 2010. The table below shows the OVC reach by country, which demonstrates that about 480,585 OVCs were directly reached over the 4 year period beginning July 1, 2002. Unless there is a drastic increase in resources, partners and capacity to reach more OVCs it is likely that at best HACI be able to do no more than to double this figure by 2010.

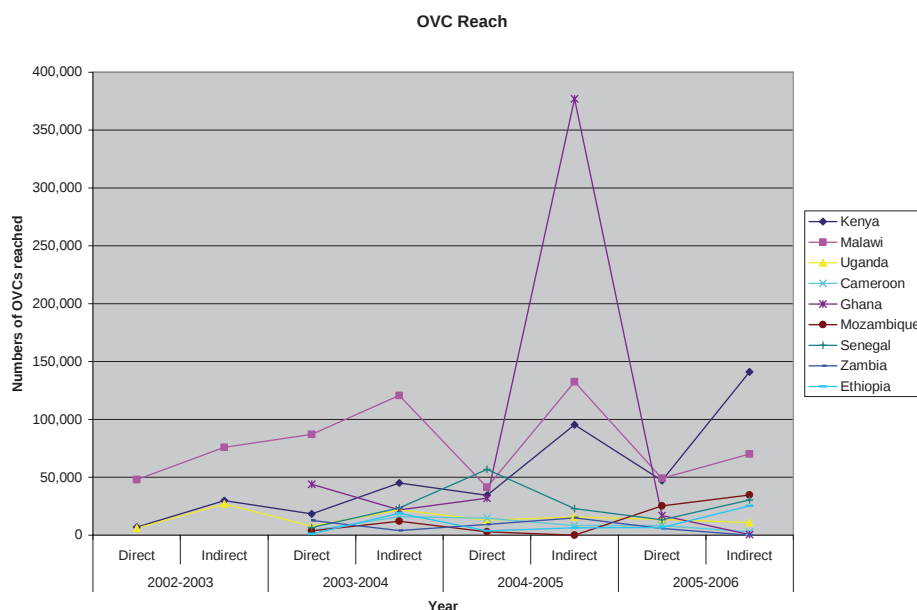
Table 8: HACI OVC Reach

Country	2002–2003		2003–2004		2004–2005		2005–2006	
	Direct	Indirect	Direct	Indirect	Direct	In-direct	Direct	Indirect
Kenya	7,000	30,000	18,272	45,166	34,529	95,335	47,142	141,183
Malawi	48,000	76,000	87,172	120,573	41,517	132,412	49,231	70,178
Uganda	6,000	27,000	7,885	21,926	12,996	15,889	13,398	10,969
Cameroon	-	-	4,070	16,000	14,512	8,436	8,389	2,922
Ghana	-	-	44,026	21,945	31,955	376,964	17,039	490
Mozambique	-	-	3,866	12,000	2,830	*	25,290*	34,754*
Senegal	-	-	6,522	23,668	56,896	22,900	13,101	30,344
Zambia	-	-	12,652	4,010	9132	14,833	5,830	124
Ethiopia	-	-	1,255	19,059	3,823	6,189	6,744	25,145
Total reach	61,000	133,000	185,720	284,347	208,190	662,958	186,364	316,109

Source: HACI annual reports

* Data from HACI country office

There are country variations in OVC reach numbers, which calls for enhanced efforts to share experiences and strategies for reaching more OVCs with the available resources. The Chart below shows varying country reach experiences among the 9 HACI countries. The Chart below demonstrates that Malawi has consistently been able to reach more numbers than all the other countries while Mozambique has experienced the highest fluctuations in OVC reach. HACI should facilitate a forum where such experiences are analysed, discussed and built upon across the countries:



The PPC and CPC meetings should be designed so as to receive periodic information from HACI on the status of achieving established outcome indicators so that they can provide strategic input on how challenges might be addressed. These are the experiences upon which planning and resource mobilisation should be based.

Household Level Findings

The following analysis relates to household data collected from three of the four countries – Kenya, Ethiopia and Mozambique. Due to logistical difficulties the data from Senegal was analysed separately and are included in the Senegal country report, which is attached as Annex 12.

Eight hundred and ninety (890) household heads were interviewed to enable a description of sampled HACI beneficiaries, what type of support was reaching the direct beneficiaries, who received the support and what the nature of the support was. The sample was drawn from the list provided by HACI implementing partners. Three implementing organisations were selected randomly per country and 50% of their household beneficiaries were interviewed. The table below shows the distribution of households interviewed per country:

Table 9: Distribution of Households Interviewed Per Country

Name country	Frequency	Percent
Kenya	116	13
Mozambique	163	18
Ethiopia	611	69
Total	890	100

87% of the respondents were females while 13% were males. This is because women were more likely to be found at home during a working week day than men. The gender distribution per country of the respondents is shown in Table 10.

The median age of the household respondents was 31–40 years with the youngest being 12 and the oldest 96 years old.

The total number of individuals living in the 890 households was 4,863 with an average number of 5 individuals per household. Children under the age of 18 years were 2,724 accounting for 56% of the total, with females accounting for 50.3% and males 49.7% of the children. Table 9 below demonstrates the gender and age distribution of children less than 18 years living in the households:

Table 10: Children under 18 years living in the households

Age bracket	Male	Female	Total
< 5 years	217	181	398
6–9 years	353	345	698
10–15 years	534	588	1 122
16–18 years	249	257	506
Total	1 353 (49.7)	1 371 (50.3)	2 724 (100%)

Table 11: Sex of interviewees per country

	Sex of interviewee		Total
	Male	Female	
No answer			5
Kenya	6	105	111
Mozambique	27	136	163
Ethiopia	87	524	611
Total	120 (13%)	765 (87%)	890 (100%)

A total of 876 individuals were employed and received a regular monthly income. Out of the 876 individuals who were employed 54% were male and the mean income was USD 18 per month, which translates to approximately 0.6 USD per household per day.

The total number of orphans living in the households was 2,028 constituting 42% of the total individuals, of whom 61% had lost their father; 33% were total orphans and 6% had lost their mother as shown in Table 11 below.

Table 12: Number of orphans living in the households by type

Type of orphan	Total Male	Total Female	Total
Lost father	632	611	1,243
Lost mother	63	60	123
Total orphans	312	350	662
Totals	1 007	1 021	2 028

The primary care givers for the orphans were mainly female with 34% being mothers, 23% grandmothers, and 14% aunties. Male caregivers accounted for less than 5%, and 3% of the care givers were siblings.

The cause of death of the parent/s was varied with 28% of the deaths being related to HIV/AIDS, 14% due to tuberculosis and chest complications. The others were due to myriad of complications including murder, pregnancy related, blood pressure etc.

There were a total of 140 parents who were currently very ill (by UNGASS definition) and living within the households. Altogether these parents were taking care of 368 children under the age of 18 years. Out of the 140 parents experiencing a current illness, 44% was related to HIV/AIDS, 15% to tuberculosis, 4% to asthma, 2% to malaria and the rest were due to other health complications.

Out of the total OVCs 1,652 or 81% were attending school. Of the OVCs attending school, 52% were female and 48% were male. Of those attending school the majority (86%) attended formal school while the rest were in informal school. 2% attended both formal and informal school. Of those not attending school, the majority were between the ages of 16–18 years and were mostly male. Forty four percent (44%) of the OVCs not attending school were under the age of 5 years followed by 25% of 16–18 years, 16%, 10–15 years, and 15%, 6–9 years old.

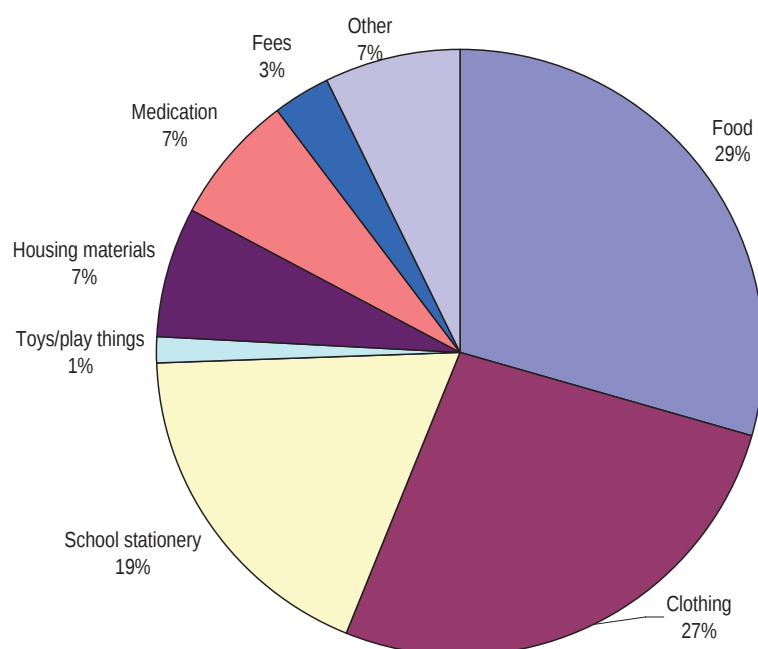
Apart from being too young other reasons for not attending school among the OVCs were;

- lack of school fees (14%)
- doing casual work (4%)
- lack of food. (5%)

Twenty percent (20%) or 174 of the households reported having members who had been diagnosed with HIV/AIDS. Thirty two percent (32%) of the households with members living with HIV/AIDS reported that the diagnosed members were OVCs. Of the OVCs diagnosed with HIV/AIDS 41% were female. Fifty two (52%) of the OVCs who were ill were on ART.

The households were requested to indicate the type of support that they require. The majority selected food (25%), clothing (22%) and school stationery 16%.

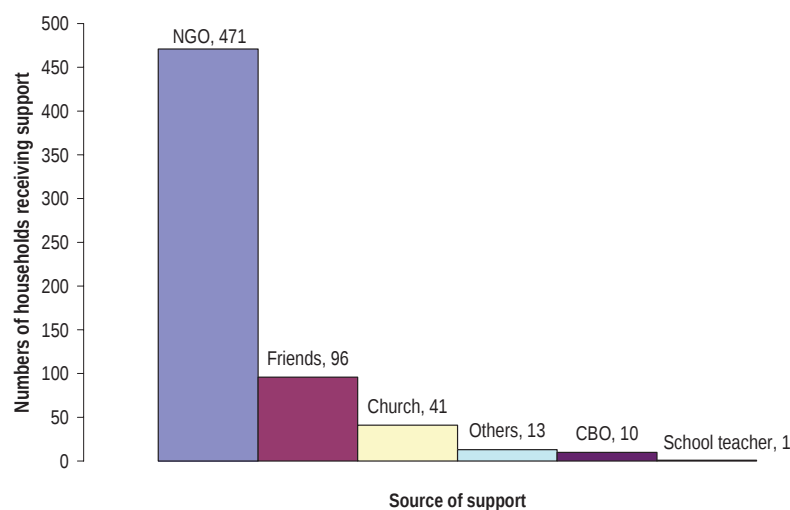
Figure 1: Type of Support Required by Households



The preferred source of this support was CBOs followed by FBOs, good Samaritans and lastly government.

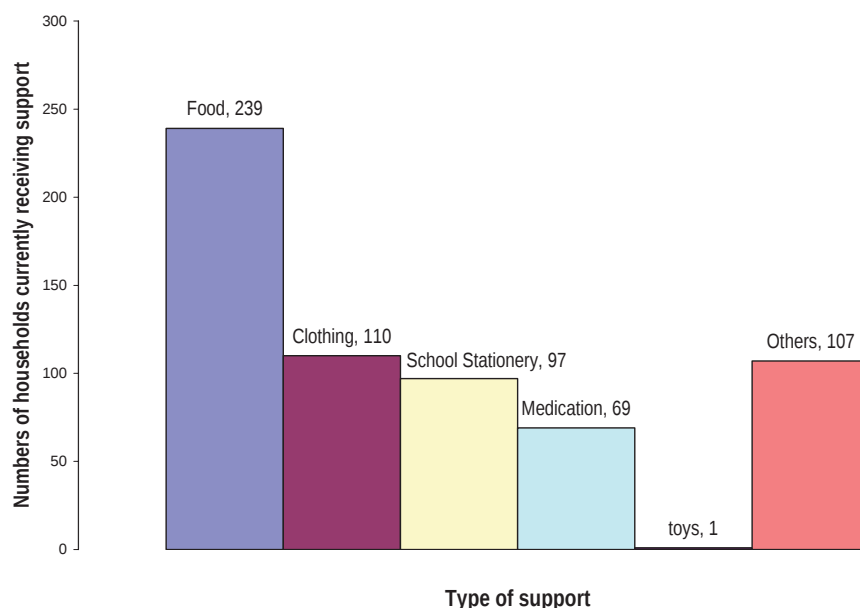
The source of support was mostly NGO's in 53% of the cases, followed by friends (11%) and the rest is received from the church (5%), CBOs and school teachers. The graph below shows the source of support:

Figure 2: Source of Support Provided to Households



Type of support received by the households was mostly food (27%), clothing (12%), school stationery (11%), housing materials (10%), medication (8%) and others including toys 12%). The graph below shows the distribution by type of support received:

Figure 3: Type of Support Received by Households



The recipients of the support were children in 80% of the cases followed by caretakers. Problems experienced with the support included inconsistency of support and inadequacy of the support received. A few of the recipients reported that they had discussed the problems encountered with the source of support and these had been addressed.

Conclusions

From the statistical analysis above it appears that the selection of household for support has been done very well. The households targeted were the very poor living on USD 18 per month or about USD 0.6 per day. About 42% of the sampled household population were OVCs some of whom were ill. The OVC were mostly cared for by mothers, grandmothers and aunties. Some of the parents in the household were ill due to HIV/related diseases and other conditions. More children were at risk of becoming orphans as a result of the potential death of the parents.

The support given was reported to be received by the children in 80% of the cases indicating a very high direct reach to the beneficiary. The major source or channel through which the support was passed was NGO/CBO/FBO.

However the support is perceived by those interviewed as inadequate and inconsistent. The inadequacy could be a result of reduced support by donors which may also explain the limited reach to the needy households.

4. Institutional Assessment

a) Governance

Programme Policy Council

The Programme Policy Council (PPC) is the governing body of HACI. It is comprised of the core partners, namely, CARE USA, PLAN International (United Kingdom), Plan USA, Save the Children–USA, Society for Women and AIDS in Africa (SWAA) International, World Conference of Religions for Peace (WRCP), and Network of African People Living with HIV & AIDS (NAP+). World Vision International is also a member although in early 2006 it applied to change its status from a core to a collaborating partner. The Executive Director is the Secretary to the PPC. HACI is not an independently registered organisation, but a joint project of the core partners, and thus the PPC is not, strictly speaking, a Board of Directors, but more like a steering committee from a legal perspective. Nonetheless, since all partners must agree on overall policy matters, the decisions of the PPC must be binding on the operations of the programme.

There is a frequent perception by stakeholders that the big core partners (Care, Save, Plan, World Vision) are not fully committed to the partnership. They originally came together in response to a belief that the Bill Gates Foundation planned to contribute US\$100m to a joint effort to address the issue of OVCs in Africa. What materialized in the end was only a tenth of that amount, but by then HACI had already been established with the partners signed on, and they were thus committed to joint management of the funds. However, the funds available were not large enough to make a significant difference, when divided amongst the partners, to OVC programmes already being run by the larger partners, and a large management system had been developed and put in place to absorb the anticipated funding.

As a partnership, HACI might still have had some added value for the big members in providing a common platform for advocacy, knowledge development, and strategic collaboration, but these aspects of the strategic framework were not rigorously pursued in the early years. This was partly due to inadequate capacity in the Secretariat, but also significantly because the orientation of the core partners on the PPC was concentrated on developing an operational structure for funds disbursement. Indeed, it sometimes appears that the main interest of most of the partners in HACI was in obtaining additional resources for their programmes, as well as funds to help cover their own internal running costs.

This issue has become particularly evident over the past year, subsequent to the ending of the core Gates funding as it became clear that there were insufficient operating funds to cover the costs of the Secretariat and the country offices. When a formal request was made to all of the core partners to make a contribution towards running costs, with the exception of Plan none volunteered to do so. Furthermore, in several countries core partners have given notice that they are no longer willing to act as Host Agency now that the annual \$75,000 hosting fee is no longer being provided. It would appear from this that a number of the core partners do not see enough added value in their participation in HACI that it would be worth allocating their own resources to keep it alive.

On the other side of this argument, however, is an observation by the evaluators of an absence of a clear understanding amongst the partners as to what their various commitments and obligations to HACI entail. For example, while Plan has been the only partner contributing substantial cash resources into HACI operations, both Save and Care have committed quite considerable staff time to HACI work, including raising funds from outside sources for HACI programmes. In the case of Care, funds raised by them for HACI are currently covering the salaries of four HACI Secretariat staff. There would appear to be a failure to take into account the different business models under which the partners

work – while Plan raises funds from private donors, Care and Save (not to mention the African partners), are substantially dependent on grants from governments and philanthropic institutions, where allocation of provided funds is normally earmarked to specific programmatic functions.

It is therefore not appropriate to measure partner commitment solely on the basis of cash contributions. It would be more to the point to highlight the lack of consensus on what partnership entails as a weakness of the partnership in HACI. Perhaps the best indicator of this weakness is that the PPC, after several years of discussion on the issue, has failed to agree on the form of a Memorandum of Understanding to be signed by all partners, which would concretize their obligations and benefits as members of HACI.

Aside from the above, there are a number of other attributes of the PPC that present a picture of a less than optimal partnership. These include political investment and commitment to investment in African capacity.

In the early years, participation in PPC meetings was mostly at the level of CEOs from the core partner organisations. This allowed the PPC to make decisions that carried the endorsement of the major partners. Over time, however, the larger members gradually delegated responsibility for PPC activities to lower levels within their organisations. While this may have provided the PPC with greater technical expertise in its deliberations, it made it more difficult to reach key policy decisions, as issues had to be referred back to head office. Several observers of PPC meetings complained of the body's continuous inability to make decisions.

Purportedly on the insistence of the Gates Foundation, the PPC was to ensure the participation of African organisations amongst its members. Later on, some European donors, notably the Netherlands and Norway, were also keen to see African ownership of HACI. As a result, NAP+ and SWAA were invited to be core members. While these two organisations were no doubt useful partners in terms of bringing an African perspective to PPC deliberations, and they significantly augmented HACI's reach out to implementing partners, they have never been accorded full participation in decision-making. According to several observers, contributions of the African partners during the meetings are weak, and seldom given much weight in final decisions. One observer even described their participation as tokenism. Another observation, however, was that opinions of the African partners may be compromised by their dependence on funding from HACI.

Conclusions

It is clear that the PPC in its present configuration is not providing an effective governance mechanism for HACI. There need to be clearer and firmer commitments on the part of PPC members to their roles, responsibilities, and obligations to the organisation, formalized through an MoU; members need to have full authority of their respective organisations to take decisions at PPC meetings; and there needs to be stronger participation of African organisations in decision-making. It is also recommended that inter-governmental agencies (UNICEF, UNAIDS, WHO) be more engaged at the PPC level, perhaps as permanent observers who would not have voting rights. Another option would be to include them in an Advisory Council, as proposed below.

The strategic framework for defining the main functions of the PPC (as well as the CPCs) has to be based on the three over-riding goals of HACI, as they relate to capacity building, advocacy, and enhancing strategies for service delivery in the context of the Circle of Hope. The functions would thus be structured as follows:

Capacity building:

- Technical exchange, knowledge building and knowledge management (for CBOs/FBOs, governments and parliamentarians)

Advocacy:

- Influencing national policy and resource allocation
- Awareness-raising on OVC issues
- Monitoring policy implementation

Enhancing service delivery:

- Strategic focusing, alignment and resource mobilisation
- Catalyzing innovation
- Monitoring and evaluation

Recommendations

It is clear to the evaluators – as well as to most people interviewed – that there needs to be a radical realignment of the governance structure of HACI, beginning at the international-regional level.

We concur with the majority of interviewees that HACI should be incorporated as an independent pan-African organisation, with an international Board of Directors. A proposal for a new structure has been articulated and is under discussion among current PPC and CPC members. While we find much merit in this proposal, we believe that it may not be radical enough to resolve the problems HACI is facing. We are therefore presenting two options for consideration.

In the first option, as per the proposal under discussion, there should be a tiered membership in the new Board, but with two changes: core members to expand beyond current core, including additional African members (examples might include Enda-Tiers Monde, REPPSI, African Youth Alliance, AFRICASO, ANNPCAN), and national chapters of HACI would become full members of the Board (see below). Selection criteria should be agreed for core membership, including strategic and programmatic coherence with HACI, resource contributions, and sustainability independent of HACI resources, as well as what membership in HACI can contribute towards the objectives of the prospective member. A memorandum of understanding should be signed between HACI and the core members, defining such responsibilities and benefits.

In the second option, the present non-African core members would only remain as full members if they are prepared to invest financial resources in HACI operations at the headquarters level. They could remain as implementing partners, with a seat on an advisory council, but would not have voting rights on the Board itself. The Board would rather be constituted by (a) Pan-African NGOs, (b) national representatives of HACI Boards or national chapters, and (c) non-African NGOs that are providing significant financial resources to the Secretariat. In the case of categories (a) and (c), a minimum contribution to the cost of operating the Secretariat would be required, based on the organisation's operational budget

(say \$1,000 p.a. for organisations with budgets <\$1m, \$10,000 for those with budgets from \$1–5m., and \$50–100,000 for those with budgets over \$5m.). Similar selection criteria as proposed in option one would apply to option two.

County Programme Councils (CPCs)

The Country Programme Council (CPC) serves as the forum for partners operating at the national level to provide oversight and guidance for the HACI operations at this level. The HACI Handbook: Operational Guidelines define the role as, “The CPC leads in-country HACI activity through strategic direction setting and operational oversight.” In most countries, the CPC is comprised of the CEOs of the country offices of the core partners, although in some instances, notably Senegal, membership is expanded to include national NGOs. In reality, just like the PPC, the members attending meetings are

not the CEO thereby rendering decision-making quite convoluted. In the countries visited by the evaluation team, it was noted that there is a wide variation in character of the CPCs, in terms of how they carry out their role, the modalities and effectiveness of decision-making, and the basic ownership of HACI.

According to the original technical proposal of February 2001, which served as the founding document for HACI and triggered the first Gates Foundation grant, the CPC was to operate as a board, responsible for providing overall direction to in-country operations. A CPC was to operate in consultation with the Director of the Secretariat, with the authority to:

- Develop and adopt governance rules
- Review and approve country action plans
- Establish guidelines for project review and approval
- Constitute and supervise CPC programme staff
- Select the host agency and monitor the effectiveness of its support to the CPC staff.
- Attract and mobilize resources.
- Hire the CPC programme staff coordinator in consultation with Secretariat.
- Perform advocacy function
- Promote linkages among the communities of interest
- Monitor compliance with overall policies and guidelines from the PPC

A number of these functions, notably advocacy and fundraising, have not been undertaken in most countries. In general, our observation is that CPCs either become overly involved in micro-managing the operations of the HACI country office, or else concentrate on carving up the available resources for distribution amongst themselves.

In most countries partnership is not seen as effective – there is little cross-fertilization and no coordinated planning. Where technical exchange committees exist, bringing together programme staff from the partner agencies, their role is focused on assessing project proposals for allocation of grants.

Poor engagement of CPCs in regional policy dialogue is another weakness of the governance structure of HACI. There is no direct communication line between PPC members and the national representative of their respective organisation on the CPCs. Similarly there is no regular communication between the PPC Chair and the chairs of the CPCs. It appears that the only formal link is from the HACI ED, as secretary to the PPC, to the HACI country coordinator, who can then communicate decisions of the PPC to their respective CPCs.

The problem with the above arrangement is that the ultimate decision-making body of HACI does not benefit from the local perspectives of national-level experts on OVC in the HACI countries.

Furthermore, it leads to development of policy and strategy decisions that have not properly taken into account national realities. One example of the implication of this gap is in Senegal, where a proposal to the Global Fund was received from the Secretariat, presumably sanctioned by the PPC, with a request for HACI-Senegal to submit to the national Global Fund coordinating committee. There had been no prior consultation with HACI-Senegal on this proposal. According to members of the Senegal CPC, the proposal was not consistent with the Senegal government policy on OVCs, and in fact there was at the same time an existing Senegal Government submission to the Global Fund, with significant input from HACI-Senegal, which covered much of the ground focused on in the regional proposal.

The regional HACI proposal was ultimately rejected by the Global Fund, while the national proposal was successful, and is currently providing HACI Senegal with resources to implement their programme. Had there been effective prior consultation, there is no reason why the regional HACI proposal could not have been integrally linked to the national proposal.

The above incident illustrates what we view as a major weakness in the current HACI governance mechanism. National governments have primary responsibility for the formulation and implementation of policy with respect to HIV/AIDS and OVCs. The civil society response to the OVC crisis must always take this policy environment into account. In order for HACI at the regional level to support this civil society response, it needs to ensure that its strategies and activities are consistent with country-level realities, and driven by country-level needs. This implies that there should be a clear line of communication between the CPCs, which have a mandate to foster “linkages among the communities of interest” at the national level, including the relevant national government bodies.

Secondly, as a collaborative civil society effort to address OVC issues, the CPCs should have great potential to mobilize resources at the national level, without a need for intervention by the PPC or the regional Secretariat. This would be facilitated by the PPC if it played a stronger role in formulating and overseeing implementation of a coordinated strategy, one that was “owned” by the CPC members and other key stakeholders. From the governance perspective, these ideas argue for a larger degree of autonomy for HACI at the country level, as well as for a means for more direct input to policy decisions at the regional level. Options for a structural modality for achieving this are provided below under Operational Structure.

Conclusions

The CPC should function as a fully fledged governing body of HACI at the national level. Whether this would be in the form of a Board of Directors for an incorporated NGO or for a local chapter of an internationally incorporated HACI would depend on local circumstances. In either case, this governing body, call it a Country Council (CC) for now, would take full responsibility for strategic alignment and resource mobilisation for HACI activities at the national level, independent of a host agency. In countries where there is insufficient ownership by the partners, or a clear lack of will or capacity to function independently, HACI programmes should be wound down, or handed over to one or more of the core partners for management of existing contracts with donors. HACI staff in the country would be directly employed by the CC. The Chair of the CC would be a full member of the PPC.

The important point here is that a new institutional model has to be designed and built for HACI, one that is country-driven. Once a sufficient number of partners have agreed that they want to continue working together under the new model, then they can work with the Secretariat to determine the modalities for their establishment and operations. If the model is successfully established, it will open up the possibility in future of CSO-OVC alliances in new countries approaching the Secretariat to be similarly associated with HACI, without requiring significant – and unsustainable – new resources from the Secretariat.

b) Operational Structure

Regional Secretariat

The Secretariat as originally envisioned was to provide a fundraising, advocacy, visibility, problem solving and networking function, as providing support to the functions of the PPC. It was to consist of an Executive Director and a small group of additional specialists in administration, financial/grant management, coordination of technical support and M&E. Currently the Secretariat has fifteen staff, ten of whom are at management or programme coordination level. Apart from the Executive Director and the Chief Finance Officer, all staff are Kenyan nationals, recruited locally. It is claimed that the reason for this is that, since HACI is not registered as an international organisation with a headquarters

agreement with the Kenyan Government, there are restrictions on international recruitment. The Secretariat perceives its role to be:

- Policy implementation
- A body that enables its partners to remain focused on the activities committed to.
- Coordination and convening
- Eyes and ears of the partnership at the country level
- Architects/technical arm of the partnership

There is reason to question the effectiveness of the Secretariat in undertaking its main functions. Certainly there is evidence from the field visits that HACI Country Office staff and CPC members feel somewhat de-linked from the Secretariat, and are hard-pressed to identify many useful services they receive from HACI Secretariat Nairobi. CPC members, in particular, feel they have very little contact with either the Secretariat or the PPC. One of the reasons sighted for this is high staff turn over rate both at the Secretariat and at the country levels.

HACI needs to improve the coordination of its initiatives; countries are mostly working in isolation without adequate support from the Secretariat. One reason for this is that in the project design, it was expected that the technical back-up would be provided by the country level partners and stakeholders, thereby limiting the role of the secretariat in provision of technical support at the national level. In addition, as mentioned earlier, this is also in part due to the perceived role of the secretariat at the country level (interference vs coordination), and lack of resources at the secretariat to enable better coordination of activities. HACI needs to enhance its role in moving the regional agenda on OVC through effective co-ordination of country programmes and facilitating regional exchanges of best practices, and knowledge sharing. Appropriate resources need to be availed to enable this.

From the Secretariat's side, programme staff attest to the difficulties in getting information from Country Offices, including progress reports, financial reports, data on beneficiaries and implementing partners, etc. Lack of proper and timely data must certainly be a constraint on designing and delivering services from the regional to the country level. This issue is currently being addressed under the Scaling Up project. Nonetheless, it is rather surprising that after six years of operation as an African regional network, working with substantial financial resources, that a more effective MIS has not been put in place before now. Related concerns are outlined under the Budget and finance section, below.

It is worth noting that most of the staff currently at the Secretariat are fairly new. The initiatives they have developed such as the MIS system, and the capacity building strategy are in different stages of development and untried. While these initiatives respond to some of the challenges identified, they need additional resources to be implemented, and this evaluation is not in a position to determine their impact.

The Secretariat was established to provide "additional support and oversight to in-country HACI activities as well as leading implementation of HACI activities at the regional and global level." With the relatively new programmes like scaling up Hope, new staff have been recruited to provide a coordination function for the projects. While the staff recruited provide an opportunity to enable the Secretariat to take on a stronger role in coordination, learning and sharing experiences at the regional level and global level, partner capacity enhancement and convening across all HACI activities, resources are not available to facilitate the Secretariat take on this role. For example, the travel budget for the capacity building officer allows her to make no more than 1 trip per year to any of the country offices. In addition, Secretariat staff are not always welcome at country level. Their interventions are perceived by some as interference, and a form of micro-management. As a result some country offices feel that the Secretariat function is not clear, and that the structure is large and unsustainable.

Conclusions

The HACI structure is very large, with high overheads, but it is the view of the evaluators that such a large regional office may not be justified based on the findings and recommendations of this review. The role and size of the HACI secretariat should be in tandem with the focus of work it is expected to carry out. The basic operational arm of HACI is the Country Office/CPC, and the Secretariat was established to provide “additional support and oversight to in-country HACI activities as well as leading implementation of HACI activities at the regional and global level.” It is our view that HACI has diverged from its original “country-centric” focus and invested disproportionate resources in the Secretariat. Emphasis needs to be re-focused on the country level, with the Secretariat putting its emphasis on technical exchange and advocacy at the regional and global level.

Host Agencies

Host Agencies are the mechanism through which HACI activities are provided with legal identity and administrative functionality in each of the nine HACI countries. The regional Secretariat also operates under the aegis of a host agency, namely Plan International.

In the original design of HACI, the primary management components were to be PPC, Secretariat, CPC and CPC Programme Staff. According to the original technical proposal, the host agency would “serve as the anchor for the general legal and admin support (registration, work permits, tax exemption, contracts) and will represent the interest of the CPC staff with the competent authorities as deemed necessary by the CPC”. There was no reference to a management role for the host agency, other than through its membership on the CPC. Furthermore, the HACI Handbook: Operational Guidelines state un-categorically that “the HACI Country Office is not, and should not be seen as, a sub-project of the Host Agency.”

In practice, however, host agencies have frequently taken on a management role. In Kenya, for example, a number of informants cited instances of the host agency reversing decisions of the CPC. There has been a high turnover of Country Coordinators in Kenya, and the main reason identified for this is the need to report to three different bosses, namely, the host agency, the CPC, and the Secretariat. Similar problems were reported in other countries. With the possible exception of Mozambique, the host agency structure appears not be working effectively in most countries.

Conclusions

The Host Agency structure needs to be replaced with a structure where the HACI Country Office has a legal identity independent of either a host agency or any one of the core partners/CPC members. For reasons of economy and communication, it may be useful to house HACI within one of the partner agency’s offices, but this should be on a rent-paying, cost-recovery basis, with no operational reporting responsibility to the partner. The CPC should have full governing authority over the HACI office, including oversight of the operations, choosing a site for the office, and mobilizing resources to cover costs. If a CPC does not wish to take on this responsibility, or cannot find the means to do so, serious consideration should be given to closing HACI operations in that country.

Operational Committees

At the country level, programme and operational staff of the partner agencies coordinate their HACI-related activities through two committee structures, a Technical Committee and a Finance and Administration Committee. The Technical Committee is mainly involved with assessing project proposals and making recommendations, and the Finance Committee oversees budget and accounting procedures for the grants made to implementing partners.

Conclusions

It is proposed that similar standing committees would be required under a new HACI decentralized structure. However, the Technical Committees would not be involved in assessing project proposals, but

would rather focus on quality assurance of HACI approaches, and on building technical capacity of core and implementing partners, through national-level TENs and contributions to regional TENs. The finance committee would be converted to a resource mobilisation and management committee, to support the CPC in developing and implementing strategies for financial sustainability at the national level.

The Partnership or Network

The partnership concept has been an important selling point in mobilizing resources, and in some important instances influencing national policies. Indeed, one of the significant achievements of HACI has been its ability to mobilize new resources for OVC. This was the case in securing large grants from PEPFAR in the US, as well as in Senegal, where HACI was able to ensure a substantial portion of the national funding from the Global Fund was allocated to OVC initiatives. Related to this are successes in bringing various civil society voices to be heard in the formulation of national OVC policies, again in the US and Senegal, but also in Kenya.

Operationally, on the other hand, the partnership has served more as a mechanism for dividing up resources, rather than one of joining forces and combining resources to achieve an added value and impact where the whole is greater than the parts.

There is not much evidence of knowledge sharing between countries or partners or with a broader network, although this seems to be changing with the successful TENs meeting in Uganda in October 2006, and recent national level exchanges in several countries, such as Malawi. Singular achievements in advocacy in a few countries are laudable in their own right, but also highlight the need for a more comprehensive and consistent approach to advocacy in all countries and at the international level.

Most importantly, the focus on division of resources for service delivery, and building the complex infrastructure for managing this, has diverted attention from aligning services strategically in order to ensure maximum impact on the most vulnerable beneficiaries.

Conclusions

Just as outlined under the PPC section, the three over-riding goals of HACI, as they relate to capacity building, advocacy, and enhancing strategies for service delivery in the context of the Circle of Hope, provide a basis for building partnership. The focus of the partnership/network ought to be on technical exchange, knowledge building and knowledge management, influencing national and international policy and resource allocation, awareness-raising on OVC issues, strategic focusing, alignment and resource mobilisation and catalyzing innovation.

Where HACI has been successful at both resource mobilisation and advocacy, the perceived partnership structure of the network has been an essential ingredient of both the quality of the message and approach, and the attractiveness of that message to the donors and governments. This is a highly important feature of HACI, and it needs to be built on and strengthened in any new configuration of the organisation.

c) Management

Management of the Secretariat has had challenges in the growth of HACI. There is a great deal of confidence expressed about the current Executive Director, recruited at the beginning of 2006. The Secretariat is currently staffed by highly committed and competent personnel. To determine the optimal size and structure of the Secretariat, it is imperative that the role of the Secretariat is better defined to all stakeholders, and that the skills mix available is analysed to ensure that capacity gaps are efficiently filled while harnessing resources available. A key strength of HACI is its well-defined goals, which provide a strong basis for programme design and implementation, including monitoring and

evaluation. The goals also provide a good framework to enable the Initiative to engage its partners at the local community/household level, the national level, the African level and at the international level. HACI's structure should also enable it to access a broad base of stakeholders at these levels. To realise the full potential of the structure established, communication and capacity building is crucial, and the first goal of the organisation ("to strengthen the capacity of African communities to advocate, care for and support children and their families impacted by HIV/AIDS, and prevent further spread of HIV") especially demonstrates HACI's consciousness of this.

While the official language of HACI is English, in countries where the official language is not English, substantial documentation is done in that country's national language. Also the capacity of that national office to work in English is limited. To ensure effective information management and flow, it is important for HACI to build the required linguistic capacity at the Secretariat.

HACI has a capacity building programme, but it has lacked a capacity building strategy in the past. Various trainings have been undertaken and facilitated, and a capacity building strategy has been formulated. It also appears that the focus of these trainings is on project management. The capacity building focus of OVC management or issues on PLWHA is inconsistent across the various country programmes. Recently, the capacity building manager has undertaken a needs assessment exercise and in consultation with the country office, capacity building priorities have been developed. This strategy awaits implementation. This team strongly recommends that the required resources are enabled to assist HACI in building and implementing a capacity building strategy that is responsive and holistic in its approach to issues impacting OVC.

One of the key stakeholders of HACI represented HACI at an ICASA meeting on OVC issues. It was a difficult experience. They were asked what strategy is used for reaching all the children in different areas. They had no answer and it was very embarrassing. Sustainability of HACI was raised as an issue and they could not respond to this.

"Training is on issues like M&E and project management. Technical issues are not addressed."

To ensure that the training provided builds the capacity of the recipients towards achieving stated goals, it must respond to identified needs. One strategy to enable this is to ensure that the training programmes are informed by the realities experienced on the ground – the challenges and gaps identified when implementing the various programmes. The capacity building efforts need to address the capacity gaps at the different levels of operation – Core partners, partners engaged in implementing HACI programmes, and other stakeholders involved in the OVC HIV/AIDS arena. HACI further needs to articulate its level and point of intervention, to ensure that the results of its capacity building interventions are optimised.

Currently, it is difficult to access information on results related to processes, outcomes and context. Only output data is readily available. A new MIS system that takes into account the most pertinent aspects of MIS is being developed and awaits testing. The new system, reviewed by the evaluators, appears well designed and efficient. However, one concern is that it is primarily focused on tracking the disbursement of funds to grantees, and recording of outputs as reported by grantees, as well as number of OVCs reached. While this system would provide much better quantitative data than HACI is currently able to retrieve, it is limited to only one component of the programme, namely provision of services to OVCs, and not helping much with the other components.

Funding for testing the MIS model is limited and does not allow for its testing and orientation in all the countries in the initial phase. The evaluators feel that given the importance of a robust MIS system, it is imperative that the required funds be mobilised to enable appropriate testing and installation of the system. The lack of capacity at the Secretariat to use French and Portuguese is likely to arise as a challenge in the implementation of the MIS, if not addressed at the earliest possible opportunity. It is

crucial that a robust MIS system be put in place, to ensure that HACI's learning, coordination and communication is strengthened.

The management link between the regional and country operations needs to be strengthened. For example, there is a grants management function at the Secretariat is inadequately linked to the grant provision at the national level. There was little evidence to show that the capacity building function at the Secretariat is linked to the national offices when the former is designing training schedules. One of the beneficiaries operating in Kibera, Nairobi, met HACI Secretariat staff (including the Kenya office person), at a training which to their mind was facilitated by Save the Children. The host agencies house the HACI national offices. The intention was that the personnel serving HACI would be answerable to the ED of HACI. Currently, most of the national office staff are answerable to the Host agency.

Conclusion and Recommendations:

While the levels of competence and commitment among staff at the Secretariat were found to be satisfactory, there is a need to strengthen the international composition as well as the capacity to use French and Portuguese in order to effectively service the HACI constituency.

There is a need to establish clear communication and reporting lines between the Secretariat and national offices, and to support the national offices in clarifying the reporting structure between the national office, host agency (if it is decided to retain that arrangement) and the CPC or Country Council. Kenya's apparent success in sorting out longstanding problems with this issue may serve as a good model. It will also be helpful if Secretariat staff, including the ED, were able to make more regular visits to country programmes.

The new MIS system should be tested and installed in all countries as soon as possible. There will be a need to look into how the system can further be developed to track other programme components such as advocacy and capacity building. Similarly resources need to be mobilised to implement the capacity building strategy being developed.

d) Budget and Finance

As HACI is not a legal entity, it is not allowed to raise funds independently, and all grants and other financial contributions have to be channelled through one of the core partners. The partners subsequently re-distribute the funds to other partners for utilisation of agreed projects at the country level. When multiple financing mechanisms and project grants are involved, the system becomes highly complex.

To give an example, the SSUH is managed as a grant to Care USA from USAID. In order for these funds to reach a beneficiary CBO in one country, say Malawi, it will take the following routes:

Care US → Save Int. → Save Malawi → CBO 1

Care US → Care Malawi → CBO 2

Care US → PLAN IH → PLAN Malawi → CBO 3

Similarly, for the Breaking Barriers programme, USAID provides a grant to Plan USNO, which uses the following routes to get funds to beneficiary CBOs in, say, Uganda:

Plan USNO → Plan IH → Plan Uganda → CBO 1

Plan USNO → Plan IH → WCRP → IRCU (WCRP Uganda) → CBO 2

Plan USNO → Plan IH → Save US → Save Uganda → CBO 3

It should be noted that none of these funds flow through the HACI Secretariat. On the other hand, all of the HACI Country Offices are supposed to report to the Secretariat on utilisation of the funds that

finally reach the country and the CBOs therein, just as the core partners (primes) are supposed to report to the Secretariat on all of their disbursements to their various country offices. Financial reports are prepared by the Secretariat based on information provided by the primes regarding their disbursements, and these figures are checked against the revenue and expense reports submitted by the Country Offices. Not surprisingly, the HACI finance office claims that there are often information gaps in the “spaghetti” mechanism for funds distribution and reporting. There have also been a number of cases where core partners have made budgetary allocations to specific country offices without the approval – or sometimes even the awareness – of the Secretariat. So in addition to the accountability problems, the system also raises serious budgeting and planning issues. Without full advance information on what level of funds will be available, and at the same time having core partners incurring expenses and only informing the Secretariat after the fact, the Secretariat has very limited fiduciary control. This situation contributed, in part, to HACI landing in the deficit position it currently faces.

Apart from the complexity of monitoring this complex system, several other issues need to be noted. The first is that the multiple offices that funds must flow through before reaching the beneficiary inevitably lead to long time lags before CBO activities are funded. This calls into question the efficiency of HACI, as currently structured, as a delivery mechanism for funds for OVC work. This problem is examined more extensively in the Programme Assessment section.

Secondly, the system significantly reduces the amount of grant money that eventually reaches the ground. This is because each office that is involved at each stage of the disbursement chain often deducts a certain percentage of funds handled to cover administrative costs. As this amount varies from agency to agency, it is impossible to determine the total amount that is drawn off as so-called “NICRA”, it is estimated by several informants that the amount reaching the ground may sometimes be between 40% and 60% of the total originally provided by the donors. This is in stark contrast to the original intention of HACI of ensuring that 80% of grant monies reach the OVCs. It is important to note, however, that the evaluation was not mandated to carry out a thorough financial analysis of funds flows, and so the above figures may be overstated in some cases.

A third critical issue is that of all of this administrative revenue obtained from the grants, none of it goes to the HACI Secretariat to cover its own administrative overheads. These costs must be covered through other sources, notably “undesignated” funds provided by Plan IH, as well as periodic core support from other donors, such as the Gates Foundation and the Netherlands Government through Plan Netherlands. With the ending of these grants recently, HACI is currently facing a deficit of \$900,000, with no clear indication of how this will be recovered.

The management link is especially weak when dealing with financial matters. Country offices receive funds directly from the Core partners and the CFO at the Secretariat learns of the transaction after the fact. This makes it difficult for effective planning. This issue was also highlighted in the KPMG report of March 2004 – “The financial systems and procedures of HACI are dictated by the host agencies that bear the fiduciary responsibility of HACI in the absence of its own legal entity. The nature of the structure makes the financial processes within HACI complex. There is concern in some countries that the emphasis on annual budgeting rather than a longer term financial plan that maps the country strategic plans limits effectiveness.” This issue has to be addressed most urgently, if the organisation is to achieve sustainability.

Conclusions

Clearly, the current budgeting and financing system is placing major constraints on HACI’s efficiency and effectiveness in reaching its objectives and goals. It is also not sustainable. In order to move towards a more workable system, in the framework of other structural changes proposed by this evaluation, the following strategies are suggested:

- Create a central pool for all funds – to be agreed by all partners – for onward distribution to country offices; this could be through Plan IH on an interim basis and then through Secretariat once registered
- In addition to agreeing to use of a central fund, co-partners need to agree on an overall financial mechanism that regularizes the deducting of NICRA (by deducting it only at the point of the first recipient, while ensuring that such funds deducted are allocated proportionately to administrative costs at the country level as well as the Secretariat); the agreed mechanism should also include clear reporting and communication protocols, to ensure that the Secretariat is fully aware of partners' financial commitments and disbursements
- As recommended under the PPC section, a minimum contribution to the cost of operating the Secretariat should be required of all core partners, based on each organisation's operational budget
- Establish a finance and budget sub-committee of the Board to oversee financial management
- Country chapters to have fiduciary responsibility under nationally registered Board; financial contributions from regional level will be on a project by project basis, except for any funds that the Secretariat may be able to raise for the operation of country offices
- All countries to have annual audits done

e) Communication, Marketing and Networking

A concern raised in the KPMG evaluation (March 2004) was that “There is no communication strategy in place. Different members of HACI at different levels have different expectations in terms of levels of communication, but the consensus was that the current level was too low. In particular, HACI staff and partners at country level did not feel sufficiently well informed of policy and strategic decisions made by the Secretariat and the PPC. Many interviewees referred to their high hopes for the TENS system that is not in place.”

It appears that the above concern is still valid. While there have been some initiatives to improve communication, such as the communication component of the “HACI Reinvigoration Plan”, 2005 – the members of HACI still feel that communication is not adequate. Despite the fact that the country offices report to the Host agency, the CPC chair and the Executive Director, most people expressed a lack of linkage between the country offices and the Secretariat. The limited capacity to use French and Portuguese within the Secretariat makes this more critical.

The communication strategy must also address external communication, particularly considering HACI's goal related to advocacy and resource mobilisation. External communication efforts to-date have not been insignificant, so building on past experience and products to forge a more proactive and effective communication programme should be well within reach. For example, the evaluators consider the HACI logo to be a major communication asset. It is striking, memorable, and communicates a distinct message. HACI has also produced a large number of attractive publications and a web-site that provide vehicles for getting the message out.

On the other hand there is much evidence that the message is not getting out. There is too little awareness of HACI on the ground, the web-site is not kept up-to-date with emerging news related to OVCs, and, most importantly, there is too little understanding of the Circle of Hope concept, which should and could be the cornerstone of HACI's branding strategy. The TENs framework, as well as many other opportunities for networking and sharing knowledge, offers a key vehicle for HACI to promote its work and achieve its advocacy goals through the mobilisation of other agencies, governments and civil society.

Conclusions

The communication strategy needs to be finalized and resources mobilized to step up external communication and marketing efforts, as a core component of the HACI programme, regardless of which configuration that programme will take. It is a sine qua non of any coalition aimed at reforming national and international policy that it can effectively get its message across.

f) Resource Mobilisation and Sustainability

One of the salient achievements of HACI has been its ability to mobilize major resources to address OVC issues in Africa. The partnership of key civil society actors with their combined extensive reach in Africa has no doubt been an attractive feature of HACI for donors, as well it should be. At the same time, as noted earlier, the total amounts raised were less than originally anticipated (i.e. the “rumoured” \$100–250 m. from the Gates Foundation), and the complex operational infrastructure put in place was not appropriate to the level of funding realized, thus mitigating the sustainability of HACI.

There have also been some successes in mobilizing resources at the country level. Senegal, in particular, joined with the Government and the national NGO AIDS alliance in preparing a successful proposal to the Global Fund, which resulted in HACI Senegal securing significant resources for its OVC programme. This example illustrates the potential of CPCs and country offices to fundraise independently of the Regional Secretariat. It supports the evaluators’ view that country offices and CPCs can and should be encouraged and strengthened to mobilize their own resources, while modalities will also need to be put in place to ensure consistency and coherence between the regional and national level in this process.

Despite the not-insignificant successes to date in fundraising, it is clear that the resources raised have still been insufficient to meet HACI’s needs under the current structure and plans. While other sections of this report look at the demand side of this problem (how to reduce resource needs) the issue of supply will remain a concern. There is no coordinated fundraising strategy in place; no agreed mechanism in the PPC/Secretariat for consistent resource mobilisation – no staff member other than the ED has clear responsibility for resource mobilisation. The Chief Finance Officer did prepare a fundraising strategy in 2005, and a committee of the PPC was established to work with him on this. Apparently this has so far produced no tangible results, largely due – according to several informants – to lack of commitment among core partners to raising funds for HACI rather than for their own organisations. This seems counter to the original notion that the partnership structure of HACI would be able to leverage additional funds to what the individual partners could mobilize on their own.

Another issue is the quality and character of funds raised. In the latter years, one of the key donors of the current HACI programmes has become a dominant donor for HACI, narrowing the focus away from that shared by the Dutch and Scandinavians and Gates Foundation (e.g. cannot work with commercial sex workers (CSWs), adding anti-terror constraints and more bureaucracy; focus on service delivery outputs rather than learning, advocacy, capacity building and child rights issues). Furthermore, the current dependence on one source of funding does not provide flexibility or sustainability: there is a strong need for a strategy for broadening the donor base.

This last point leads directly into the issue of sustainability. There is a strong view held by many stakeholders, including several current donors that broadening and deepening the donor base will depend on HACI’s success in achieving – through effective partnership approaches – significant outcomes in the areas of African capacity building, policy advocacy, and promoting best practices based on the principles of the Circle of Hope. Donors who are interested in such approaches – particularly the Scandinavians and the Dutch – also recognize the need for continuity of support over the long term, and therefore are more likely to constitute a sustainable resource foundation for HACI. Finally, exhibited commitment on the part of HACI’s core partners, through on-going financial support to operations, will be critical to convincing donors that a partnership really exists.

Conclusions

Sustainability is integrally linked to re-focusing HACI's programme strategy, approach, and institutional structure. Not surprisingly, sustainable resource mobilisation will also be contingent on such a re-focusing. Assuming that such a re-focusing will be undertaken by HACI, the following recommendations aim at underpinning the long-term impact and sustainability of HACI:

- Develop a comprehensive resource mobilisation strategy and enhance the Secretariat's and the country offices' fundraising capacity
- All core and collaborating partners should make an annual contribution according to a legal agreement
- Benefits and responsibilities of membership to be clearly defined in a MoU, based on agreed new strategic objectives of HACI
- Country chapters to have resource mobilisation responsibility under nationally registered Boards
- Regional Secretariat to mobilize resources for the transition phase.

g) HACI Learning from Previous Evaluation:

The last evaluation was conducted in March 2004, by KPMG. This report made short, medium, and long-term recommendations on the key areas. Outlined below are those recommendations that were deemed essential for survival:

1 Organisation Structure

Short term:

- Research legal possibilities for registration before the Addis meeting
- In Addis an activity planned to define roles, responsibilities and authorisation boundaries of country office, CPC and Host Agency needs to be performed in a participatory manner and results communicated to HACI community as a whole.

Research on the legal possibilities was carried out by NAP+ and recommendations made in 2005. These recommendations await implementation.

Medium term:

- A thorough analysis of the consequences of the different options for organisational set-up should be undertaken with risk mitigation strategies identified.
- After analysis, review Organogram and revise for a transitional structure and an optimum structure for the long term
- The use of a host agency should cease as HACI is registered appropriately
- The plan for the "Africanization" of HACI should be implemented.

2 Strategic Leadership

Short term:

- Each global partner's role needs to be clearly defined

Medium-term:

- Management capacity should be strengthened at Secretariat level
- A fund raising strategy needs to be developed

Long-term:

- A clear change management plan must be developed.

3 Human Resources

Medium term:

- For the Secretariat agree, in participative manner, the desired structure for work planning, coordination and monitoring
- Increase management capacity in the Secretariat as well as improve team building

Long-Term:

- Management and coordination of the country programmes should be strengthened through implementation of an organisational learning strategy.

4 Finance and Grants Management

Short term:

- PPC/ED needs to obtain detailed information on current mechanisms for disbursement

Medium term:

- HACI globally needs to agree on how it shall systematically improve on the model for HACI countries to operate to achieve objectives.
- Countries need to review and focus on effective areas of support, rather than providing support to everything that appears attractive under the objectives.

Long-term:

- The allocation of funds between partners in-country should be considered afresh.

5 Programme Management

Short-term:

- M&E needs prioritisation and further resources to enable each country to have clear framework able to be implemented immediately.

Medium term:

- Explicit recognition of the risk involved in using partner capacity should be made by the Secretariat and a plan devised and communicated to manage this.

Long term:

- Learning in area of OVC and HIV/AIDS should be documented and shared in country, across the region and world-wide

6 Networking

Long-term:

The strategic plan developed must have a clear strategy on networking at the global and country levels. The networking strategy should specifically define networking strategies in the context of advocacy, public relations, fundraising, lesson learning/knowledge sharing.

Specifically, the report raised the following concerns, which this evaluation considers key. Had these concerns been addressed in a substantive manner, the organisation would have operated in a more efficient and effective manner:

- The triangular relationship of the CPC, country office and host agency... is structurally impractical. There is a perception at the country level that it is the triangular relationship that is the key cause of stress and tension, and that guidance on this issue is “insufficient”. The three parties have fundamentally different and potentially conflicting agendas.

- There is no communication strategy in place. Different members of HACI at different levels have different expectations in terms of levels of communication, but the consensus was that the current level was too low. In particular, HACI staff and partners at country level did not feel sufficiently well informed of policy and strategic decisions made by the Secretariat and the PPC. Many interviewees referred to their high hopes for the TENS system that is not in place. The operations manual states under line management that “6 country directors will meet twice a year with Secretariat Director”. This is not occurring.
- The Chair of the PPC has developed a draft vision which states the long term vision for HACI to be an African initiative following the AMREF model. It was not clear within HACI whether this is a shared vision among the core partners or by country offices.
- The absence of a clear fundraising strategy suitable to the dynamics of the partnership and the HACI structure has led to limited clarity on, and prioritisation of, fundraising at the country level. At the global level, there is a perception that effort between the core partners is not equal and therefore some core partners may want to be more influential within HACI.
- The financial systems and procedures of HACI are dictated by the host agencies that bear the fiduciary responsibility of HACI in the absence of its own legal entity. The nature of the structure makes the financial processes within HACI complex. There is concern in some countries that the emphasis on annual budgeting rather than a longer term financial plan that maps the country strategic plans limits effectiveness. However, the Secretariat is financially constrained to commit funds beyond a year due to financial uncertainty of guaranteed funds.
- As a result of rapid response imperative, some countries felt pressured to spend funds to hasten outcomes rather than effectively plan programmes and develop appropriate criteria for grant management and tools for monitoring and reporting. The guidelines on grant management and grant selection criteria are insufficient. The pressure to spend contributed to a lapse in controls and poor planning.
- CPC partners in Uganda had originally agreed that they would not grant funds to themselves as it was seen as a conflict of interest. Based on HACI principles, they were advised by the ED that they should have a policy that core partners could access HACI funds but could choose not to apply.
- There is a variance in perception within HACI on what capacity building entails and what is acceptable. This applies to sub-grantees and as well as capacity building provided to core partners. Some see it as providing training and skills where others see it to be purchasing office equipment and vehicles.
- The absence of a clear strategy and limited information has led to each country adopting different models with some country offices becoming implementers which appears to go against the original principle of using the partners. Additionally the sporadic information sharing and limited documentation of lessons learnt is leading to an ineffective “continuous learning” mechanism.

The challenges identified were:

- M&E systems were put in place through which track records on outcomes and impacts were to be built. “There is a fear that if HACI does not meet the various stakeholders’ expectations and does not demonstrate outputs and outcomes, donor interest and future funding will dwindle”. (Pg 18 KPMG report)
- Use of the host agencies seen as an “awkward compromise”, as the profile of HACI was not seen as strong and there is potential for conflict with partners seeking to satisfy both their own and HACI needs. This leads to strain on organisational cohesion, and gives rise to operational difficulties.

The overall recommendation from this report was that “there is a need for strengthening systems and procedures to support and coordinate the work being done. Examples are organisational learning, fund raising and communication strategies, formal mechanisms for learning and sharing lessons, a comprehensive strategy plan for the whole organisation with appropriate ‘nested’ country plans congruent to it. HACI needs to move from the original vision which was conceived between a few, key individuals to a more comprehensive plan, informed by experience to date and broadly owned by the wider stakeholders across HACI.” There was also a recommendation that in considering making HACI a legal entity in its own right, the management systems needed to be strengthened and “roles clarified – in particular governance roles of the CPCs”.

The concerns raised in this evaluation are not that different from those identified in the KPMG evaluation of March 2004. It can be concluded that any effort made to address the concerns raised in the previous evaluation was not very effective, as these concerns persist. There is need therefore to ensure that recommendations are given due consideration to enable the organisation deal with concerns that are repeatedly raised.

5. Recommendations

HACI has been successful in resource mobilisation and advocacy. This can largely be credited to the partnership structure of the network which has been an essential ingredient of both the quality of the message and approach, and the attractiveness of that message to the donors and governments. This is a highly important unique feature of HACI, and it needs to be built on and strengthened in any new configuration of the organisation

By virtue of the partnership that has established HACI, it has a comparative advantage over all the institutions working on OVC issues in Africa, including any of the core partners forming the organisation. The Circle of Hope provides a model that enables a holistic approach to addressing OVC issues.

The current staff of HACI have shown a commitment to focus on achieving the vision that brought HACI into being. There is good leadership from the current ED and enthusiasm by all to do what it will take to optimise the performance of the organisation. Partners, donors and people on the ground have acknowledged the value of HACI and the need for the organisation to be the ‘leader’ in setting the pace on OVC issues. A number of partners spoken to, including donors have specifically indicated their confidence in the current ED of HACI and have expectations that he can move the organisation in the right direction.

With a combination of a sound strategy coupled with a strong resource base, HACI should be at the cutting edge of dealing with OVC issues. To enable this, it is imperative that HACI gives due consideration to the recommendations articulated in the following:

a. Programme Assessment Recommendations

1. HACI should consider a return to working with the two original goals in the technical proposal. The re-definition of these Goals as articulated in the strategic plan of 2006–2010 has redirected HACI to focus on only one section of the two goals. This has made the organisation to mainly become a reactive service delivery organisation as opposed to a proactive leader in all issues impacting Orphans and Vulnerable Children (OVC) in Africa. This has been reinforced by the objectives of HACI which do not comprehensively cover the components of its goals; consequently HACI has not been able to address its mandate effectively e.g. capacity building, monitoring and evaluation and advocacy in the

manner envisaged by the vision captured when the totality of these two goals is taken into accounts. HACI should revisit its strategic plan to ensure that its goals, objectives and planned activities are aligned and that the plan enables HACI to address the issue of OVC as anticipated and envisioned.

2. HACI developed its Monitoring and Evaluation (M&E) framework in 2003 before the strategic plan, which was developed in 2005. The M&E framework has greater ownership among the HACI staff than the Strategic Plan. The Strategic Plan is not fully owned. There is need for HACI to re-look at the two documents to ensure that the strategy captures the goals of HACI in full as recommended in (1.) above and the M&E framework gets aligned to the reworked strategy. HACI may want to rework its strategic plan in light of these and other recommendations in this report. This evaluation also recommends the registration of HACI as an independent entity, and urges that the activities be developed in line with the Goals articulated in the technical proposal. This will assist in ensuring that HACI's programs focus on its identified needs, even as they benefit from the richness brought in through networks and partnerships.
3. In order to build strategic alliances and to catalyse global, international and regional players and stakeholders to rally a greater commitment to the support of OVC programmes, HACI needs to consider networking more at the different levels as follows:
 - a. At the International level with the United Nations (UN), the Global Fund, Development Partners including the European Union (EU), United States Agency for International Development (USAID), Foundations and Trusts etc.
 - b. At the Regional level with the African Union (AU), Southern Africa Development Cooperation (SADC), Common Market for Eastern and Southern Africa (COMESA), Inter-Governmental Authority on Drought and Development (IGAD), East African Community (EAC), Economic Community of Western African States (ECOWAS), REDSO and their relevant organs.
 - c. With relevant regional civil society organisations like, African Network on Prevention against Child Abuse and Neglect (ANNPCAN), African Youth Alliance, ENDA Tiers Monde et cetera.
4. HACI may want to improve the coordination of its initiatives; countries are mostly working in isolation without adequate support from the Secretariat. HACI needs to enhance its role in moving the regional agenda on OVC through effective co-ordination of country programmes and facilitating regional exchanges of best practices, and knowledge sharing.
5. The CPC may need to focus on building strong networks at the national level which will assist the HACI national office in its goal of achieving the global HACI mission of establishing strong alliances in support of OVC issues
6. The systems used to disburse funds for programme delivery will need to be consolidated and monitored better to ensure timely and complete disbursements as this impacts directly on the quality of programmes. Many implementing partners have indicated dissatisfaction with the manner in which programme funds are disbursed. They are often released late and not in the full approved amounts thereby negatively impacting on the programmes. HACI and its implementing partners should endeavour to keep to the agreed programme timelines and funding levels as part of its accountability to the beneficiary communities.
7. HACI should consider better marketing the "Circle of Hope" model and demonstrate its own faith in it at all levels. The Circle of Hope model has not been well understood and utilized by HACI and its partners. It does not appear in the HACI branding strategy. The model is good and would facilitate better programme planning and implementation if well understood and utilized.
8. HACI needs to ensure that the Rights Based Approach to programming is a key focus of all its programme development. The participatory approach in planning and a focus on outcomes must be at the centre of its programmes.

9. HACI should consider ensuring that accountability to the communities is considered an imperative component of project and programme design. The programmes should develop outcome indicators to ensure that these complement and enhance the output indicators. The current HACI programme accountability to the communities is weak. Accountability to the donors is more prominent than accountability to the communities and beneficiaries. There is need for HACI to ensure upward, downward, and sideways accountability in its programmes.
10. HACI should consider developing expertise on children's rights and capacitate its partners to use it for better outcomes on its overall Goals. The HACI capacity building programmes have not emphasized the component on children's rights.
11. HACI will need to develop its own capacities and those of its partners to ensure that all aspects of OVC needs are addressed appropriately. HACI programmes have not addressed certain aspects of OVC needs that are pertinent in the context of HIV/AIDS and OVCs. These include Anti Retroviral (ARV) treatment for HIV positive OVCs, access to justice with respect to property rights, psychosocial, sexual exploitation and abuse and child labour.
12. HACI may need to develop its own tools and guidelines to capture information on OVCs reached. These should as far as possible ensure that the information captured is accurate and consistent. HACI should resist tools and guidelines from other players if they do not assist in giving the correct picture. A guideline that requires one child to be counted more than once depending on how many interventions he/she has received, for instance, gives a false impression on how many OVCs have been reached, and should be adopted with caution.

b. Institutional Assessment Recommendations

13. There needs to be a radical re-alignment of the governance structure of HACI, beginning at the international-regional level. We concur with the majority of interviewees that HACI should become incorporated as an independent pan-African organisation, with an international Board of Directors. A proposal for a new structure is under discussion among current PPC and CPC members. We are proposing two options for consideration.
 - a. In the first option, as per the ongoing discussions, there should be a tiered membership in the new Board, but with two changes: core members to expand beyond current core, including additional African members (examples might include Enda-Tiers Monde, REPPSI, African Youth Alliance, African AIDS Support Organisations (AFRICASO), ANNPCAN), and national chapters of HACI would become full members of the Board (see below). Selection criteria should be agreed for core membership, including strategic and programmatic coherence with HACI, resource contributions, and sustainability independent of HACI resources, as well as what membership in HACI can contribute towards the objectives of the prospective member. A memorandum of understanding should be signed between HACI and the core members, defining such responsibilities and benefits.
 - b. In the second option, the present non-African core members would only remain as full members if they are prepared to invest financial resources in HACI operations at the headquarters level. They could remain as implementing partners, with a seat on an advisory council, but would not have voting rights on the Board itself. The Board would rather be constituted by (a) Pan-African NGOs, (b) national representatives of HACI Boards or national chapters, and (c) non-African NGOs that are providing significant financial resources to the Secretariat. In the case of categories (a) and (c), a minimum contribution to the cost of operating the Secretariat would be required, based on the organisation's operational budget (say \$1,000 p.a. for organisations with budgets \$1m, \$10,000 for those with budgets from \$1–5m., and \$50–100,000 for

those with budgets over \$5m.). Similar selection criteria as proposed in option one would apply to option two.

14. The CPC should consider functioning as a fully fledged governing body of HACI at the national level. Whether this would be in the form of a Board of Directors for an incorporated NGO or for a local chapter of an internationally incorporated HACI could depend on local circumstances. In either case, this governing body, call it a Country Council (CC) for now, could take full responsibility for strategic alignment and resource mobilisation for HACI activities at the national level, independent of a host agency. HACI staff in the country could be directly employed by the CC. The Chair of the CC could be a full member of the PPC. Emphasis would need to be re-focused on the country level, with the Secretariat putting its emphasis on technical exchange and advocacy at the regional and global level.
15. In countries where there is insufficient commitment by the partners for the current programme, or a clear lack of interest or capacity to function independently, HACI may need to decide whether to seek new partners in that country, or to wind down operations and hand over to one or more of the core partners management of existing contracts with donors.
16. In the proposed structure, Technical Committees could focus on quality assurance of HACI approaches, and on building technical capacity of core and implementing partners, through national-level TENs and contributions to regional TENs. The finance committee could be converted to a resource mobilisation and management committee, to support the CPC in developing and implementing strategies for financial sustainability at the national level.
17. There may be a need to strengthen the international composition of the Secretariat, as well as its capacity to use the national languages of the countries that HACI is working in, in order to effectively service the HACI constituency.
18. There is a need to establish clear communication and reporting lines between the Secretariat and national offices, and to support the national offices in clarifying the reporting structure between the national office and the CPC or Country Council.
19. The new MIS system should be tested and installed in all countries as soon as possible. There may be a need also to look into how the system can be further developed to track other programme components such as advocacy and capacity building.
20. All partners could agree to create a central pool for all funds for onward distribution to country offices.
21. In addition to agreeing to use of a central fund, co-partners may need to agree on an overall financial mechanism that regularizes the deducting of NICRA (by deducting it only at the point of the first recipient, while ensuring that such funds deducted are allocated proportionately to administrative costs at the country level as well as the Secretariat, and ensuring that at least 80% of all programme funds reach intended beneficiaries); the agreed mechanism could also include clear reporting and communication protocols, to ensure that the Secretariat is fully aware of partners' financial commitments and disbursements. Registration of HACI as a legal entity will certainly help to reduce the cost of channelling the funds through many levels.
22. A minimum contribution to the cost of operating the Secretariat should be required of all core partners, based on each organisation's operational budget; HACI funds provided to core partner organisations for programme or operations should never exceed 10% of that partner's own budget; a legal agreement/MOU may be signed with all core partners defining such obligations.

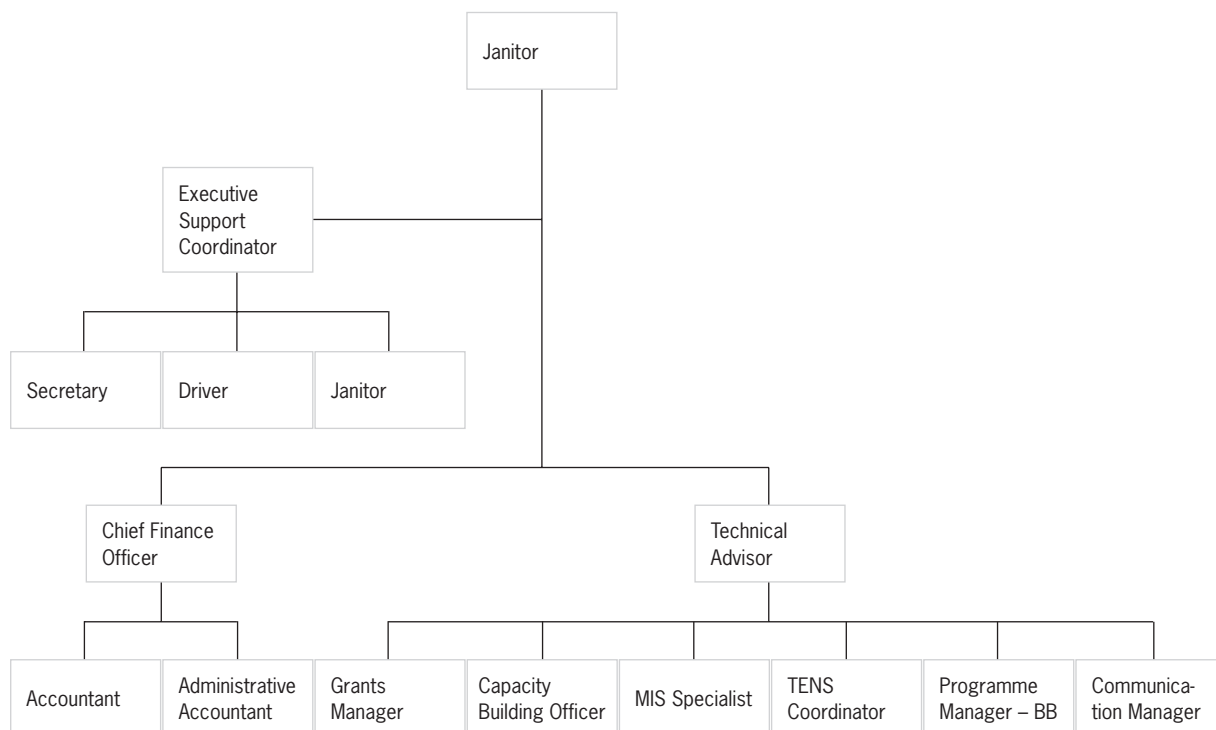
23. A finance and budget sub-committee of the Board could be established to oversee financial management and resource mobilisation.
24. Country chapters should have fiduciary responsibility under a nationally registered Board; financial contributions from regional level will be on a project by project basis, except for any funds that the Secretariat may be able to raise for the operation of country offices; all countries should consider having annual audits done.
25. The communication strategy should be finalized and resources mobilized to step up external communication and marketing efforts, as a core component of the HACI programme, regardless of which configuration that programme will take.
26. HACI should consider developing a comprehensive resource mobilisation strategy and enhance the Secretariat's and the country offices' fundraising capacity; Headquarters Secretariat could mobilize resources for the transition phase.

6. Annexes

The following annexes are contained in a separate document:

- Annex 1: HACI Secretariat Organisational Structure
- Annex 2: Intention Table
- Annex 3: Work Plan
- Annex 4: Programme Assessment Tools
 - Annex 4.1 TENS Coordinator Interview Guide
 - Annex 4.2 Pan African Partners Interview Guide
 - Annex 4.3 Implementing Partners Interview Guide
 - Annex 4.4 Technical Adviser Interview Guide
 - Annex 4.5 Policy Makers Interview Guide
 - Annex 4.6 Grants Manager Interview Guide
 - Annex 4.7 Executive Director Interview Guide
 - Annex 4.8 Country Programme Manager Interview Guide
 - Annex 4.9 Communications Manager Interview Guide
 - Annex 4.10 Capacity Development Manager Interview Guide
- Annex 5: Institutional Assessment Tools
 - Annex 5.1 Country Project Staff Interview Guide
 - Annex 5.2 Donors Interview Guide
 - Annex 5.3 Partners and Policy Makers Interview Guide
 - Annex 5.4 Project Managers Interview Guide
- Annex 6: Household Interviews Tools
 - Annex 6.1 Questionnaire – English Version
 - Annex 6.2 Household Interviews Protocol
 - Annex 6.3 Household Interviews Consent Note
- Annex 7: Country Level Stakeholders' Questionnaire
- Annex 8: FGD guide with HACI Non-programme Level Staff
- Annex 9: Donors, Partners and other Stakeholder Respondents
- Annex 10: Respondents in Ethiopia
- Annex 11: Respondents in Kenya
 - Annex 11.1 Respondents at Secretariat and from other Country Offices
 - Annex 11.2 FBO/CBO Respondents
- Annex 12: Respondents in Mozambique
- Annex 13: Respondents in Senegal
 - Annex 13.1 People Interviewed
 - Annex 13.2 NGO/CBO Respondents in Senegal
- Annex 14: Reference Documents Received from HACI
- Annex 15: Terms of Reference for Evaluating HACI

Annex 1 HACI Secretariat Organisational Structure



Annex 2 Intention Table

Intention	Actual	Impact
1. Initial \$25–\$30M from Gates will work as seed money to enable HACI raise \$100m over the next five years	HACI received USD 10m from Gates. This money was used by 2004, and thereafter they have received USD 500,000 from Gates to conduct operational research Additional funding has been mobilised from USAID and some partners have provided undesignated funds. HACI's current budget stands at approximately USD 10.5M	The organisation faces a budgetary deficit of approximately USD 900,000.
2. 80% of all resources raised will be spent to support community programmes.	The administrative costs of the operation are estimated at 60%	• PPC discussions are focused on budgets rather than technical issues regarding OVC • Programmes are scattered and focused on service provision. Not enough is being done in the areas of advocacy, destigmatisation and the legal aspects on ensuring the child's future.
3. Activities were to be initiated in 6 countries. Three were to be “anchor” countries, selected for their commitment to fighting AIDS and experience with effective interventions. Each anchor country was to be paired with a neighbouring country that is not as well developed in national HIV/AIDS interventions to allow for sharing of resources and cross-border fertilisation of program activities. The initial pairing was to be: Uganda-Kenya Malawi-Mozambique Senegal-Cameroon	HACI has programmes in 9 countries. The country coordinators meet annually to discuss various issues. No mentoring has been seen	• The technical edge that HACI should have had by virtue of its composition, over other agencies in the arena, is missing. • The unique HACI approach that should have emerged with the proposed strategy over the years it has been in operation is not there.

Intention	Actual	Impact
4. The PPC was to provide: • overall policy direction • the basis for forming an extensive network of organisations and initiatives essential to the support of those children affected by AIDS • As a member of the Orphans and Vulnerable Children donor group with UNICEF, USAID and the World Bank, the Initiative will be shaped by and will shape best practices across multiple donors	• PPC discussions focused on budget and finance • PPC appears closed – no evidence of networks with other organisations working with OVC or HIV/AIDS • No overt effort in evidence to collect info on best practices apart from what exists in technical proposal • TENS limited to Core Partners (?) and funding agencies.	• Commitment of PPC partners to HACI has diminished over time. They are more committed to their own interests. • Programmes executed by HACI are not well targeted, and is guided by an apparently scattered implementation strategy
5. The PPC had been working closely with the International HIV/AIDS alliance and Family Health International to inform policy and strategies. Both organisations have agreed to a formal advisory role and a possible membership on the Program.	There is no sign of any form of interaction with either organisation in any of the documents reviewed, or at the country level (where country was visited)	
6. A unique aspect of the design was to embrace and equip religious communities throughout Africa to provide leadership for saving the children affected by HIV/AIDS. The entire Initiative was designed to: • attract more partners • engage more community responses • leverage more funding, resources and institutional capacity of international partners The coalition partnership with its combined experience, contacts, resources and reach is well positioned to leverage at both community and international levels.	The World Conference on Religion and Peace is a partner. They organised an event to bring together religious leaders who have formed an association ARLP. This group is currently lobbying the AU for OVC issues	• Religious leaders are part of the solution. • Religious leaders are a strong lobby group.
7. HACI will mobilise and equip thousands of African communities to improve the lives of millions of children in those countries now affected by HIV/AIDS The Initiative's goal is to reach at least one million children affected by HIV/AIDS pandemic in Africa.	• After six years of operation the number of children reached is *****. In some countries, each intervention is recorded as a separate child thereby skewing the numbers. • Communities should have been the focus as that is the desired area for change. Communities not involved in any substantive way. In most cases communities not engaged.	• Assistance is provided to individuals, therefore support provided becomes a temporary relief as the individuals environment remains unchanged • Support received is erratic therefore impact is questionable.
8. It will bridge the gap between donors and communities assisting AIDS-affected children	HACI is seen as a donor.	• Support to beneficiaries is not sustained.

Intention	Actual	Impact
9. HACI is not stepping into a void, but connecting with a network of successful community resources and relationships. Challenge is to Provide timely and cost effective technical and financial resources that respond to the scale and scope of the problem.	• Networking is weak • Beneficiaries do not always receive required support • Beneficiaries do not always receive support on time.	• Support to OVC is not sustained, therefore impact on their lives is questionable. • Would the lives of the OVC have been better without the promise of a support that is there only when the supporter "wishes"
10. Guiding Principles: All partner organisations involved in HACI agree to uphold the following principles that will guide everything that the initiative does: • the Initiative is focused on Orphans and Vulnerable Children affected by HIV/AIDS • Activities will be based on geographical and program needs • As an operational guideline and target, 80% of all resources will be spent at the community level. • HACI is an inclusive, collaborative effort that reaches out to all organisations that add value to achieving its objectives and goals. • All partners will subordinate their organisational self-interest to work as one for the achievement of the greater good of the Initiative. • The program is pan-African, with a goal of mobilising sufficient private and public resources to finance appropriate interventions in every African country that wishes to participate in the endeavour • Initial efforts will focus on supporting stakeholders at all levels to adapt, expand and sustain proven interventions in selected countries.	• there is a shift in focus to include mothers/parents • No evidence to indicate geographical and program needs are analysed prior to an intervention • Not more than 40% at the very most, reaches the community. • No new/potential partners mentioned. • It is perceived that each partner is more concerned with what HACI can give them rather than how can they serve HACI better. • Private sector funding came from Gates. Plan Netherlands gave undesignated funding coming from Dutch government. • Interventions have dwindled to sporadic beneficiary support.	• Program expanded without consequent expansion in resources available. • Resource (finance and non-finance) mobilisation has become compromised as a result of lack of commitment from core partners. • Lack of commitment has resulted in poor program delivery thereby making it more difficult to mobilise more resources. • HACI has not achieved its potential in changing the OVC landscape.
11. The Initiative envisioned multiple levels of partnerships: • The Core partners – Plan, Care, Save the Children, SWAA, WCRP. The international HIV/AIDS Alliance and Family Health International have agreed to a formal advisory role • Implementing Partners – organizations and other structures that operate at the community level. Will serve as primary agents to carry out interventions supported by HACI • Supporting Partners – INGOS, NGOS, GO s, Foundations, Private Sector and International Agencies – to channel resources and develop best practices • Communities of Interest – the initiative is committed to engage and strengthen communities of interest around the needs of children affected by HIV/AIDS in Africa – will play an essential role in helping to shape the implementation plan, providing services to OVC and carry out advocacy on behalf of OVC. These include local and international AIDS advocacy organisations, associations of people living with Aids, govt agencies, international organisations, NGOs, communities and religious organisations.	• Core partners are now Plan International, Save the Children, CARE, WCRP, SWAA, NAP+. World Vision has withdrawn (temporarily?) • Implementing partners mostly identified by national offices of Core partners. • No new supporting partners seem to have been mobilised • Communities of interest engaged at the discretion of the country coordinator and other project staff.	• Resources available to HACI are limited. • HACI has not achieved its potential and its impact is questioned.

Intention	Actual	Impact
12 Management: • PPC – Comprised of leadership in Plan International, CARE, Save the Children, SWAA, WCRP – to develop initiative policies and direction. • Secretariat – A small African based core management team to provide management oversight, administrative support, and technical leadership to field operations. • TENS – Exists at Pan African and national level to promote exchange of experience, better practices, both external and internal learning function, promote networking among people with expertise and provide an advocacy role with external engagement. • CPC – Composed of representatives from organisations/ agencies involved in program implementation in each country. CPC will be responsible for developing a country action plan, assigning resources to ensure effective implementation, M&E and adjusting activities as needed to assure that programme objectives are achieved.	• there is a disjoint between the PPC, the CPC and the Secretariat. • TENS at national level does not exist • TENS at international level met for the first time 5 years after operations. • CPC mostly composed of national representatives of CORE partner agencies. Some include other implementation partners. 3 of the 4 countries visited have a country action/strategic plan	• Secretariat has been “sidelined” by the partners and therefore its role weakened.
13. Management Plan – has been crafted to achieve 4 fundamental principles: • Foster interagency learning and collaboration at multiple levels • Place operational decision making authority at the country level • Increase overall efficiency by building on existing administrative/logistical capabilities of partners • Foster adaptability to anticipated growth of financial resources and number of collaborating agencies. The core management partners have agreed to following management structure: PPC – responsible for making policy decisions and for providing overall strategic oversight. PPC hires Director and its members serve as the primary link between the Initiative and their respective agencies. PPC will serve as final arbitrator for any disputes and is the prime contact with the international offices of institutional and private donors. Secretariat – will function as staff to the PPC and preserves the pan-African function of the HACI. It acts as the custodian of the strategic plan throughout all regions of Africa. Consists of Director and small group of additional specialists in administration, financial/grant management, coordination of technical support and M&E. The team is responsible for providing technical support and guidance to the staff of the CPC. The Secretariat provides a fund-raising, advocacy, visibility, problem solving and networking function. The secretariat will also be responsible for convening the CPC and facilitating the development of their policies. Secretariat staff will include: project director, financial director, program technical advisor, M&E officer, communications/advocacy officer and support staff. CPC – will operate as a board, responsible for providing overall direction to in-country operations. Individuals with a proven commitment to OVC will sit on CPC. Will likely be no larger than 15 people and will work directly with NGOs, CBOs, FBOs, GO, donors and other entities to facilitate and coordinate response to OVCs. CPC performs its functions in consultation with the Director of the Secretariat and has the authority to: • Develop and adopt governance rules • Review and approve country action plans • Establish guidelines for project review and approval • Constitute and supervise CPC program staff • Select the host agency and monitor the effectiveness of its support to the CPC staff. • Attract and mobilize resources. • Hire the CPC program staff coordinator in consultation with Secretariat. • Perform advocacy function • Promote linkages among the communities of interest	• Little evidence of learning at multiple levels. • Decision making at CPC and PPC level. • Funding was provided to sustain partner organisations. However, when these organisations are facing collapse. • There has been no growth in financial resources. In fact organisation currently faced with budget deficit. Collaborating agencies also limited. • Secretariat has been “sidelined” and therefore its role weakened. • Finance management at Secretariat limited to receiving reports of moneys received and expended. All funds are directed through Core partners • M&E function currently developing – after 6 years of operation. • Relations between some host agencies, CPCs and Secretariat are hostile • Secretariat does not convene CPCs. • CPC often do not consult with the Director • Host agencies do not consult with Director on issues regarding country office staff and management.	• No innovation in approaches used by HACI • No unique HACI strategy • High administrative costs. • Diminished commitment of partners to the Initiative. • Host agency interests supersede those of HACI • Learning amongst the countries is limited and impeded by lack of uniformity in their terms and conditions of employment. • Secretariat Staff respond to requests coming in from field. However, the linkages between field and secretariat are not very strong. • TENS is not functional. The technical development of the Initiative is severely limited.

Intention	Actual	Impact
• Monitor compliance with overall policies and guidelines from the PPC. CPC Program Staff is constituted by the CPC and includes a country director and 3–4 staff members. Reporting directly to the CPC it has authority to: • Prepare annual action plans for approval by CPC. • Develop and execute sound procedures for project review and approval • Coordinate with the secretariat and CPC the development and application of program approaches, tools and guidelines and documentation of lessons learnt • Coordinate deployment of needed technical and financial resources for approved activities and projects • provide periodic reporting to the CPC and Director on priority performance areas. • Coordinate with the host agency to ensure soundness of the financial control and provision of needed legal and admin support. In order to achieve greater efficiency and reduce the logistical and admin burden, the CPC will select a Host agency in each country. The Host agency will serve as the anchor for the general legal and admin support (registration, work permits, tax exemption, contracts) and will represent the interest of the CPC staff with the competent authorities as deemed necessary by the CPC. TENS – Will exist at the pan-African and country level to promote exchange of experience, best practice, both external and internal learning function, promote networking among people with expertise and provide an advocacy role and external engagement. TENS will consist of selected specialists who have demonstrated commitment to and expertise in the various factors impacting OVC. Will include donors, INGOs, multilateral representation. Country-level TENS will be linked with UNAIDS theme groups or other AIDS related technical working groups.	• HACI country operations are subordinate to Host agencies. • The terms and conditions offered to HACI country program staff vary from country to country, and are determined by Host agency. • Documentation is not streamlined, and no evidence of development of tools and guidelines. New MIS system now being developed, and this should assist in addressing this issue. • Country staff find reporting obligations heavy. • Admin costs are high across the board. • TENS does not exist at the local level. At the regional level, TENS met for the first time this year.	• NO change within the communities to create an enabling environment for OVC. • Program is inefficiently responding to symptoms rather than the cause factors impacting OVC.
14. Program Guidelines: HACI will be shaped by the following program guidelines: • Increase and strengthen families' caring capacities through community mechanisms. • Strengthen the economic coping capacities of families and communities • Enhance the capacity of families and communities to respond to psychosocial needs of OVC and their caregivers • Develop multi-sectoral, mutually reinforcing program strategies that foster linkages between HIV/AIDS prevention activities, home-based care and efforts to support OVC • Target most vulnerable children in communities not "AIDS orphans." • Give particular attention to how gender roles make a difference. • Involve children and adolescents as "part of the solution" • Strengthen the role of schools and education systems. • Reduce stigma and discrimination • Accelerate learning and information exchange • Strengthen partnerships and coalitions among key stakeholders • Ensure that external support does not undermine community initiative and motivation • Increase and strengthen community care	• No capacity building plan in place. HACI training more focused on project management. Little training on technical issues regarding OVC. • Support to families sporadic and limited. • Communities not engaged. No capacity building for communities to address OVC issues. • Interventions limited to provision of supplies and services. • In one mosque at the Kenyan coast, education support received only by adults. • Advocacy is weak and limited • The current approach is focused on needs rather than rights. The needs are met in an unsustainable manner.	

Intention	Actual	Impact
• Work within and respect national AIDS policies • Promote stronger government efforts to support OVC • Foster Pan-African advocacy efforts • Be informed by the rights-based approach • Support approaches that reach children of all ages • Promote the expansion of community and national efforts to provide care and support for OVC.		
15. In April 2004 SWAA to hold a meeting in Uganda to establish a Pan-African advocacy strategy to improve health, well-being and respect for rights of children, youth and families affected by AIDS. In the Fall Of 2004, WCRP to convene a senior African religious leaders to initiate pan-African multi-religious campaign to reduce the stigma of children affected by the disease to advocate the moral responsibility to address their needs. The strategies developed from these meetings will serve as the basis for advocacy for HACI.	• The World Conference on Religion and Peace organised an event to bring together religious leaders who have formed an association ARLP. This group is currently lobbying the AU for OVC issues • SWAA produces a newsletter on OVC issues in partnership with HACI. Circulation of the newsletter no clear. • Community not engaged. • In most cases, needs identified in an uncoordinated manner.	• Religious leaders are part of the solution. • Religious leaders are a strong lobby group.
16. Capacity building efforts will be based on needs identified by community and local NGO, and will be developed in conjunction with those organisations. Local organisations can also strengthen each other by partnering for cross-training.		Support provided does not "cut it".
17. M&E Framework: • HACI is based on the Circle of Hope with core objectives. The overall model will be evaluated in terms of its relevance, utility and response to orphans and other vulnerable children affected by AIDS. Progress made, in terms of achievements of its core objectives must be evaluated. • A variety of interventions will be used. M&E approach will vary accordingly • M&E will take into consideration all levels of operation – geographical coverage to individual child. • CPC must have freedom to design an M&E strategy that is specific to their country plan • The focus on community based interventions means that eh M&E methods and tools will be in a large part, defined by the communities themselves – with particular attention paid to the participation of target groups in the designing and implementation of the M&E process. HACI will develop core indicators to evaluate national impact of its programs. The M&E framework of this Initiative will utilize these 'core indicators' as a cornerstone for the evaluation of progress made by the country level. A minimum number of core indicators will be monitored in each country so that comparisons can be made among the countries and various approaches. This will help identify cost-effective interventions for expansion. Children will be encouraged to be active participants in community M&E processes. The M&E framework is divided into four sections covering the following key areas: • evaluation of the core objectives of HACI conceptual model • country specific M&E of chosen strategies • community based/child centred M&E systems • Operations research.	• Knowledge of the Circle of Hope model amongst implementers, staff and beneficiaries is limited. • M&E does not use Circle of Hope • M&E framework developed separate from the strategic plan. M&E framework was developed before the Strategic plan	• M&E is weak. • M&E has not informed the development of the 2005/2010 strategic plan.

Intention	Actual	Impact
18. External Relations Strategy: purpose is: • to increase awareness of the impact of HIV/AIDS on children in Africa. • To garner wide support for the Initiative. In the planning phase, the partner organisations identified internal communications professionals responsible for developing, following up, implementing and monitoring HACI's external relations strategy. Main components of the strategy are: Audience – potential donors, GO, individuals, policy makers, and opinion leaders. Materials development – user friendly, processed information In the planning phase, several fact sheets and background information materials have been produced to sensitise public on impact of AIDS in Africa. Communication officers from the different partner agencies have also begun to thoroughly document what colleagues in the field are doing to confront AIDS and identify what else should be done. This should be strengthened through the implementation phase. Website: To create an information clearing house and update programs Press conferences: to be held periodically to highlight the evolution of HACI and draw media attention to issues and accomplishments. Advertising campaign: – to scale up advocacy efforts with new legislators and decision makers through paid Ads		
19. Form Linkages with other HIV/AIDS activities in Africa. Some organisations identified: International AIDS Vaccine Initiative (IAVI) Elisabeth Glaser – call to Action project HIV/AIDS Alliance – Prevention on the Frontiers of the HIV Epidemic CONRAD program's initiative for Microbicides The African Youth Alliance.	• the organisations mentioned are not partners. Other partners not in evidence. • there is need to expand the partner base.	•
20. Other Potential partners: UNAIDS, UNICEF (both to be invited to TENS), USAID/CDD, The Merck and the Harvard AIDS institute Enhancing Care Initiative in Senegal, Bristol Myers Squibb Secure the Future, International Association of Physicians in AIDS Care (IAPAC),		
21. Initial Fund Raising Activities: More than 50 funding bodies approached. • Abbot Labs plans to encourage employees and retirees to support HACI by sponsoring children living in Plan communities affected by HIV/AIDS • HACI partners are in process of augmenting funds from external sources and in active dialogue with institutional corporate and foundation funders in Canada, UK, The Netherlands and NORAD countries • To promote HACI exposure one-day event (hopefully supported by Gates), held in June 2001. Invitees will include a small nucleus of independent foundations and corporations who have indicated an interest. At encouragement of institutional donors core partners have taken leadership in organising a OVC Tasks force which will serve as a forum for advocacy and as a means to inform program strategies of the official donor community in the US.	• NO evidence to show funds received from Abbots labs, • NO fund raising strategy in place.	* funding deficit within the organisation

Intention	Actual	Impact
22. Funding 25–30 million dollars requested from Gates as seed funding to launch a \$100 million Africa wide initiative. The vast majority of funding allocation will evolve from decisions made in the field based on country assessment and stakeholder involvement. The budgets are organised to illustrate the relative level of investment at the global, regional and country levels, adhering to our goal that 80% of the total resources be spent at country level over the Initiative's first 5 years. By year three we will have augmented the Foundations funding by 10–15 million dollars from external resources. With the programs framework and country structures in place, additional contributions can be directed to program delivery. Expectation is to have program activities in 8 countries by end of year 3, in 10 countries by year 4 and 12 by year 5. Three year Budget: Global Funding – \$3.2 million (10%) for: • partner support – each partner will receive an annual allocation of funds for HQ support costs. • PPC will meet three times a year and invite participation of technical experts. • US coordination and Admit – two person staff plus related operational expenses. • External relations and communication: messages and material development, website, information clearing house and media activities/events. Pan African Funding – \$5.9 Million (20%) for: • Pan African advocacy grants – to engage a full range of communities of interests. • Secretariat: Salaries and operational expenses of small African based (Nairobi) management team to provide management oversight, administrative support and technical leadership to field operations. • TENS – at regional level Country Funding – \$20.9 million (70%) for: • Program start up workshops • Fast track grants – small grants averaging USD 5000 to jump start support to communities before CPC are fully operational, and be responsive to less fully articulated and time sensitive community needs which fit within the program framework and guidelines. • Implementation grants – to provide resources an technical support to organisations working with communities. • CPC – meetings of representatives from relevant/competent organisations. • TENS – in each country promote exchange of experience and better practice, promote networking and advocacy role with external engagement. • Host Agency support – TO achieve greater efficiency and reduce logistical and admin burden, CPC will select Host agency (SWAA, CARE, PLAN, SAVE, and WCRP). Host agency will house program staff and provide admin and legal support, and when deemed appropriate by the CPC, will represent the Council's staff in dealings with competent authorities. In lieu of overhead, each host agency will receive a small fee for financial management of the implementation and fast track grants provided to organisations working with communities.	• Funding is not coordinated centrally. The funding mechanisms are complex and involves various levels, making the system inefficient with many opportunities for leakages. • Admin costs are very high. • Not more than 40% at the most reaches beneficiaries	• There is a funding deficit that is threatening the very existence of the organisation.

Annex 3 Work Plan

Item	Country	Start date	End date	Consultant
1. Inception meetings with HACI staff	Kenya	3-Nov	3-Nov	All
2. Literature review	Kenya	26-Oct	10-Nov	All
3. Preparation of tools	Kenya	1-Nov	8-Nov	All
4. Stakeholder meeting	Kenya	10-Nov	10-Nov	All
5. Presentation of Work plan to HACI	Kenya	10-Nov	10-Nov	All
6. Presentation of inception report	Kenya	14-Nov	14-Nov	John M/Jackie/Rob
7. Attend TENS Meeting	Uganda	13-Nov	14-Nov	John M/Rob
8. Interviews with HACI Secretariat Staff, HACI PPC Members, HACI CPC Members, and HACI Partners	Uganda	13-Nov	18-Dec	All
Kenya Country Study				
9. Programme Documentation Reviews		21-Nov	21-Nov	Catherine/John C
10. Interview HACI Country Programme Staff		21-Nov	21-Nov	Catherine/John C
11. Stakeholders Workshop		22-Nov	22-Nov	Catherine/John C
12. Interview CPC members		22-Nov	22-Nov	Catherine/John C
13. Interview Host Agency Representative – responsible for HACI business		22-Nov	22-Nov	Catherine/John C
14. Interview Government and NGO Partners		23-Nov	24-Nov	Catherine/John C
15. Interview HACI CBO Partners		23-Nov	24-Nov	Catherine/John C
16. Interview HACI FBO Partners		23-Nov	25-Nov	Catherine/John C
17. Case Study – Beneficiaries		27-Nov	30-Nov	Catherine
Ethiopia Country Study				
18. Programme Documentation Reviews		21-Nov	21-Nov	Jackie/Dejene/JohnM
19. Interview HACI Country Programme Staff		21-Nov	21-Nov	Jackie/Dejene/JohnM
20. Stakeholders Workshop		22-Nov	22-Nov	Jackie/Dejene/JohnM
21. Interview CPC members		22-Nov	22-Nov	Jackie/Dejene/JohnM
22. Interview Host Agency Representative – responsible for HACI business		22-Nov	22-Nov	Jackie/Dejene/JohnM
23. Interview Government and NGO Partners		23-Nov	24-Nov	Jackie/Dejene/JohnM
24. Interview HACI CBO Partners		23-Nov	24-Nov	Jackie/Dejene/JohnM
25. Interview HACI FBO Partners		23-Nov	25-Nov	Jackie/Dejene/JohnM
26. Case Study – Beneficiaries		27-Nov	30-Nov	Dejene
Senegal Country Study				
27. Programme Documentation Reviews		27-Nov	27-Nov	Rob/John M/Ada
28. Interview HACI Country Programme Staff		27-Nov	27-Nov	Rob/John M/Ada
29. Stakeholders Workshop		28-Nov	28-Nov	Rob/John M/Ada
30. Interview CPC members		28-Nov	28-Nov	Rob/John M/Ada
31. Interview Host Agency Representative – responsible for HACI business		28-Nov	28-Nov	Rob/John M/Ada
32. Interview Government and NGO Partners		28-Nov	28-Nov	Rob/John M/Ada
33. Interview HACI CBO Partners		29-Nov	30-Nov	Rob/John M/Ada
34. Interview HACI FBO Partners		29-Nov	1-Dec	Rob/John M/Ada
35. Case Study – Beneficiaries-		4-Dec	6-Dec	Ada

Item	Country	Start date	End date	Consultant
Mozambique Country Study				
36. Programme Documentation Reviews		27-Nov	27-Nov	Jackie/Jeph/John C
37. Interview HACI Country Programme Staff		27-Nov	27-Nov	Jackie/Jeph/John C
38. Stakeholders Workshop		28-Nov	28-Nov	Jackie/Jeph/John C
39. Interview CPC members		28-Nov	28-Nov	Jackie/Jeph/John C
40. Interview Host Agency Representative – responsible for HACI business		28-Nov	28-Nov	Jackie/Jeph/John C
41. Interview Government and NGO Partners		28-Nov	28-Nov	Jackie/Jeph/John C
42. Interview HACI CBO Partners		29-Nov	30-Nov	Jackie/Jeph/John C
43. Interview HACI FBO Partners		29-Nov	1-Dec	Jackie/Jeph/John C
44. Case Study – Beneficiaries		4-Dec	6-Dec	Jeph
Data Analysis and Report Writing				
45. Data analysis and interpretation		4-Dec	8-Dec	All
46. Report writing		6-Dec	15-Dec	All
47. Presentation of draft report to HACI		19-Dec	19-Dec	Jackie/Rob/John M
48. Integration of feedback from HACI		5-Jan	9-Jan	Jackie/Rob/John M
49. Presentation of report to Expanded PPC		6-Feb	7-Feb	All
50. Integration of feedback from PPC		7-Feb	9-Feb	Jackie/Rob/John M
51. Presentation of final report		12-Feb	12-Feb	Jackie/Rob/John M

Annex 4 Programme Assessment Tools

Annex 4.1 TENS Coordinator Interview Guide

Programme Assessment

Interviewee:

Date/location:

Interviewer:

Focus	Key Questions & Response
Role in organization	What is your role within HACI?
	Do you have a job description with clear terms of reference (request for copy)?
Mandate of HACI	What is the mandate of HACI?
	How does your position respond to this mandate?
TENS	What is the main purpose of the Technical Exchange Networks?
	Which HACI objective does the TENS respond to?
	Is there a strategy that guides the work of the TENS?
	How does the TENS fit in within the overall HACI strategy?
	Who sets the agenda of the TENS meetings? How are partners involved?
	What issues have been addressed by the TENS?
	What have been the key outputs of the TENS forums?
	How have the forums informed HACI programming?
Impact level	What have been the key achievements of HACI TENS?
	What are the key achievements of HACI that have been attained due to partnering with others?
	What evidence is there to show that the HACI partnership exists?
	What value does HACI add to its partners?
	What value do partners add to HACI?
Programme monitoring and evaluation	What monitoring and evaluation systems have been put in place for the TENS programme?
	How often is programme monitoring done?
	How often are monitoring reports produced?
	How often are programme reviews and re-planning undertaken?
Key challenges and potential solutions	Are there any specific challenges faced by HACI that affects programming?
	Please tell me which challenges HACI is currently facing?
	How do you intend to address these challenges?
HACI's future	What is HACI's strategic niche for the future?
	Do you see a role for HACI in regional programming? What role can HACI play in regional programming?
	What role do you see for HACI at the national level?
	Does HACI have the capacity to take up these roles?
	At regional level
	At national level
	If not, what needs to be done to develop the needed capacity?
Supplementary Questions	Do you feel that HACI has the optimum capacity to deliver on its mandate?
	If not, what are the shortcomings?
Interview methodology notes	

Annex 4.2 Pan African Partners Interview Guide

Programme assessment

Interviewee / title:

Date / location:

Interviewer:

Focus	Key Questions & Response
Partnership	How long have you been in partnership with HACI?
	What is the form of partnership with HACI?
	How was this partnership with HACI established? Is the partnership formal and guided by some Memorandum of understanding?
	How would you describe your partnership with HACI? Has it been mutually beneficial?
	Is the role of HACI in your work clear?
	Is your role in HACI's work clear?
	How is the co-ordination of these partnerships done?
	What are the major achievements of this partnership?
	How has your organization benefited from this partnership?
	How has HACI benefited from this partnership?
	Would the above achievements have been possible without partnering with HACI?
Understanding of HACI mandate and Circle of Hope model	What do you understand as HACI's mandate?
	What is your organization's mandate in the area of OVC?
	How have you used the HACI model of the Circle of Hope in your work with OVCs?
	Are you implementing any other OVC models? If so which ones and how do they compare to the Circle of Hope?
Programme approaches	Do you implement any programmes as part of this Partnership with HACI?
	What type of programmes do you implement with HACI?
	How do you work with HACI in the formulation of the HACI supported programs?
	Has HACI and you as partners developed a strategy on addressing various programmatic issues of concern to OVCs in Education; Health; Care and support; Stigma and Discrimination; Access to treatment; Economic, Social and Cultural empowerment and the rights of the child?
	How is the co-ordination of the programmes done?
	What is your key program for the implementation of HACI supported programs?
	How much funding have you received from HACI in support of this/these programs over the 6 years?
Programme reach	Who are the main beneficiaries of your programme? (Probe for OVCs)
	How many beneficiaries, particularly OVCs and their households have you reached with HACI support?
	How do you identify the households with OVC for your support?
Advocacy and policy dialogue	Has your organization been involved in any advocacy/policy dialogue on OVC as part of the HACI partnership with HACI support?
	Who initiated this advocacy or dialogue?
	What were the results of your advocacy efforts?
	Have you been involved in any other advocacy or policy dialogue that was not part of HACI?
	What were the end results of these efforts?

Focus	Key Questions & Response
Capacity Building	How has HACI supported you on enhancing your skills for the implementation of programs on OVCs and HIV/AIDS? How often does HACI organize capacity building forums for the partners and stakeholders? Are all stakeholders, including, CBOs, FBOs and OVCs and their communities involved in the design and planning of the programs affecting them? Have you been involved in any forums outside your country to share your experiences in OVC? In how many forums addressing issues of OVC did you participate in the past three years? In how many of the above forums was your participation facilitated by HACI?
Advocacy Strategy – National/Global	How has HACI played its advocacy role at the global, regional and national levels to mobilize greater investment in policies and programs for the protection of the African child in the context of HIV/AIDS? How well has HACI mobilized support for your work as its partner? How would you describe HACI's role at the regional level? How would you describe HACI's role at the national level? Where would you like to see the focus of HACI operations, at the regional or national levels?
Structural issues	Has your organization been involved in the governance of HACI? How have you been involved in the governance? What are the strengths and weaknesses in the current HACI governance structure? Would you advocate for a change in the current structure? What major changes would you propose to the structure?
Documentation	Have you documented any of the successes achieved through your work with HACI? (Request for copy of documentation) If so, what documentation has been done and how has it been used? Request for copies of documentation.
HACI's future	What is HACI's strategic niche for the future? Do you see a role for HACI in regional programming? What role can HACI play in regional programming? What role do you see for HACI at the national level? Does HACI have the capacity to take up these roles? At regional level At national level If not, what needs to be done to develop the needed capacity?
Key challenges and potential solutions	Describe the challenges experienced in your partnership with HACI? Would you like to continue partnering with HACI in future? How would you like to see your partnership with HACI in future? What are the five key issues that you would like to see addressed?
Interview methodology notes	

Annex 4.3 Implementing Partners Interview Guide

Programme Assessment

Interviewee / title:

Date / location:

Interviewer:

Focus	Key Questions & response
Partnership	How long have you been in partnership with HACI?
	What is the form of partnership with HACI?
	How was this partnership with HACI established? Is the partnership formal and guided by some Memorandum of understanding
	How would you describe your partnership with HACI?
	Is the role of HACI in your work clear?
	Is your role in HACI's work clear?
	How is the co-ordination of these partnerships done?
	What are the major achievements of this partnership?
	How has your organization benefited from this partnership?
	How has HACI benefited from this partnership
	Would the above achievements have been possible without partnering with HACI?
Understanding of HACI mandate and Circle of Hope model	What do you understand as HACI's mandate?
	What is your organization's mandate in the area of OVC?
	How have you used the HACI model of the Circle of Hope in your work with OVCs?
	Are you implementing any other OVC models? If so which ones and how do they compare to the Circle of Hope?
Programme approaches	Do you implement any programmes as part of this Partnership with HACI?
	What type of programmes do you implement with HACI?
	How do you work with HACI in the formulation of the HACI supported programs?
	Has HACI and you as partners developed a strategy on addressing various programmatic issues of concern to OVCs in Education; Health; Care and support; Stigma and Discrimination; Access to treatment; Economic, Social and Cultural empowerment and the rights of the child?
	How is the co-ordination of the programmes done?
	What is your key program for the implementation of HACI supported programs?
	How much funding have you received to from HACI in support of this/these programs over the 6 years?
Programme reach	Who are the main beneficiaries of your programme? (Probe for OVCs)
	How many beneficiaries, particularly OVCs and their households have you reached with HACI support?
	How do you identify the households with OVC for your support?
National level advocacy and policy dialogue	Has your organization been involved in any advocacy on OVC as part of the HACI partnership of with HACI support? If so, at what level?
	Who initiated this advocacy or dialogue?
	What were the results of your advocacy efforts?
	Have you been involved in any other advocacy or policy dialogue activities that are not part of HACI?
	If so, what have been the results?
Capacity Building	How has HACI supported you on enhancing your skills for the implementation of programs on OVCs and HIV/AIDS?
	How often does HACI organize capacity building forums for the partners and stakeholders?

Focus	Key Questions & response
	Are all stakeholders, including, CBOs, FBOs and OVCs and their communities involved in the design and planning of the programs affecting them?
	Have you been involved in any forums outside your country to share your experiences in OVC?
	In how many forums addressing issues of OVC did you participate in the past three years?
	In how many of the above forums was your participation facilitated by HACI?
	What type of support was provided by HACI?
Advocacy Strategy – National/Global	How has HACI played its advocacy role at the global, regional and national levels to mobilize greater investment in policies and programs for the protection of the African child in the context of HIV/AIDS?
	How well has HACI mobilized support for your work as its partner?
	How would you describe HACI's role at the regional level?
	How would you describe HACI's role at the national level?
	Where would you like to see the focus of HACI operations, at the regional or national levels?
Successes	Describe the major successes of your partnership with HACI?
	Have you documented any of these successes? (Request for copy of documentation)
Key challenges and potential solutions	Describe the challenges experienced in your partnership with HACI?
	Would you like to continue partnering with HACI in future?
	How would you like to see your partnership with HACI in future?
	What are the five key issues that you would like to see addressed?
Interview methodology note	

Annex 4.4 Technical Adviser Interview Guide

Programme Assessment

Interviewee:

Date/location:

Interviewer:

Focus	Key Questions & response
Role in organization	What is your role within HACI?
	Do you have a job description with clear terms of reference (ask for copy)?
	Who do you report to?
	Who reports to you?
Mandate of HACI	What is the mandate of HACI?
	How does your position respond to this mandate?
Relevance of Programme approaches	To what extent does HACI appropriately plan its programmes?
	Is there a written plan for each programme areas and each major project?
	How are programme and project plans linked to the organizational mission?
	Is there adequate programme planning and budget programming to ensure that programmes support the mission?
	Have you experienced any budgetary constraints while planning for programmes in the past one year? How were these resolved?
	Are programmes and projects consistent with the mission, needs, strategies and priorities of HACI?
	How does HACI programme planning take into account technological and gender aspects to ensure applicability of programmes?
	Are there adequate timelines?
	Are there adequate budgets?
	Is there adequate analysis of roles and responsibilities?
	Is there a procedure outlined to monitor results?
	To what extent does HACI appropriately implement its programmes?
	Have all programmes been implemented on time?
	How do you solve problems encountered during programme implementation?
	How does HACI motivate staff to work together to get things done?
	How often are programme meetings held (Request for Minutes of Programme meetings for the past one year)
Programme monitoring and evaluation	What monitoring and evaluation systems have been put in place for programmes?
	How often is programme monitoring done?
	How often are monitoring reports produced?
	How often are programme reviews and re-planning undertaken?
Key Achievements	To what extent has HACI mobilized a global initiative to address the needs of African children affected by HIV/AIDS?
	What is the evidence of this?
	How many stakeholders has HACI engaged with globally to further its cause?
	How is HACI engaged at the national level in defining/influencing policies on OVCs?
	Is there an advocacy strategy (for each country). Has it been implemented and what is the impact of the strategy to date?
	How many partners are receiving support from HACI?
	How does HACI identify its partners?
	Is there a partner recruitment strategy? How has this served HACI and how is it implemented?

Focus	Key Questions & response
	Does HACI have a partner capacity development strategy?
	What do you see as the key achievements of HACI since its establishment?
	Are these achievements in line with its vision and mission?
	If not, what happened?
	What do you see at the opportunities for HACI?
	Where do you think HACI is stronger – at the regional level or at the national level?
	Do you think that the current HACI mode of operations, its structure and strategies of working through its partners is sustainable? Please elaborate
Key challenges and potential solutions	Are there any specific challenges faced by HACI that affects programming?
	Please tell me which challenges HACI is currently facing?
	How do you intend to address these challenges?
HACI's future	What do you see as HACI's strategic niche for the future?
	Do you see a role for HACI in regional programming? What role can HACI play in regional programming?
	What role do you see for HACI at the national level?
	Does HACI have the capacity to take up these roles?
	At regional level
	At national level
	If not, what needs to be done to develop the needed capacity?
Supplementary Questions	Do you feel that HACI has the optimum capacity to deliver on its mandate?
	If not, what are the shortcomings?
	How do you understand the circle of hope concept?
	Have you come across other models? If yes, how do these compare with the HACI methodology
	How do the Country level offices use the strategic plan?
Interview methodology notes	

Annex 4.5 Policy Makers Interview Guide

Programme Assessment

Interviewee:

Date/location:

Interviewer:

Focus	Key Questions & Response
National situation analysis	Has this country (name country) investigated the situation of orphans and other children made vulnerable by HIV/AIDS? If so, what was the nature of this investigation?
	Who are the key stakeholders for OVCs?
	How are these key stakeholders involved in planning interventions for orphans and other children made vulnerable by HIV/AIDS?
	Is there a technical working group on OVC? Under which ministry?
	How is action for OVCs coordinated and what is the nature of this coordination?
	Does this country have any national plan of action for OVCs?
	If yes, what is the status of this plan?
	Does this country have a policy on OVCs and what is the nature of this policy?
	What is the legal framework that exists in this country for OVCs?
	Is there a national M&E framework that specifically addressed issues of OVCs?
Role of HACI	What is being done to address the OVC situation in this country?
	How has the Hope for African Children Initiative been involved in influencing policy on OVC in this country?
	Is HACI involved on any technical sub-committee for OVC?
	Have you heard of the HACI approach that uses the “Circle of Hope”?
	How relevant is that approach to addressing OVC issues in this country?
	Do you see a continued role for HACI in addressing OVC issues in this country?
	What type of role do you see for HACI?
Advocacy engagement	Do you see HACI as an important partner in addressing OVC issues?
	Please state why you think so?
	Has HACI been involved in any advocacy activities in issues of OVCs in this country?
	What sort of involvement has HACI had in advocacy?
Achievements	What was the result of this advocacy on OVCs? What changes were made as a result of this advocacy?
	What do you feel have been the achievements of HACI to date in addressing OVC issues in this country?
Key challenges and potential solutions	What challenges are being faced in this country in addressing OVCs?
	How can these challenges be best addressed?
	What role do you see for HACI in addressing these challenges?
Supplementary Questions	
Interview methodology notes	

Annex 4.6 Grants Manager Interview Guide

Programme Assessment

Interviewee:

Date/location:

Interviewer:

Focus	Key Questions & Response
Role in organization	What is your role within HACI?
	Do you have a job description with clear terms of reference (request for copy)? Who do you report to? Who reports to you?
Mandate of HACI	What is the mandate of HACI?
	How does your position respond to this mandate?
	How long have you worked in HACI?
Relevance of Programme approaches	What are the components of the HACI partner capacity development strategy?
	Who is your target group(s) for capacity development?
	At the regional level
	At the national level
	Has a partner capacity needs assessment been undertaken?
	What areas were identified for capacity development for partners?
	At the regional level
	At the national level
	What key activities have been implemented in partner capacity development? How were these activities identified?
	How has HACI developed the capacities of its Pan African partners?
	How does the HACI regional office develop the capacities of the country offices?
	How is programme planning for capacity development at the regional level carried out?
	How is programme planning for capacity development at the national level carried out?
	What percentage of the HACI budget goes to capacity development?
	Are the budgeted resources adequate?
	Do they cover the needs of the capacity building programme?
	If not, what is the shortfall and how do you plan to address it?
Impact level	Does HACI undertake any capacity development of communities in the area of OVC?
	What activities are carried out?
	Who carries out these activities and how do they fit in with the regional mandate of HACI?
	What are the key achievements in capacity building at this level?
	What are the outcomes of the HACI Capacity Development activities with its Pan-African partners?
Partnerships	To what extent has HACI mobilized a global initiative to address the needs of African children affected by HIV/AIDS?
	How many stakeholders has HACI engaged with globally to further its cause?
	How does HACI identify its partners?
	How does HACI recruit its partners
	Is there a partner recruitment strategy? How has this served HACI and how has it been implemented?
	What is the scope of activities undertaken by partners on behalf of HACI?

Focus	Key Questions & Response
Grants Management	What is the nature of grants that you give out to partners? At regional level At national level (Materials, financial etc) What levels of grants do you give to partners? What is the eligibility criteria for granting? What is the mechanism in place to determine who and how much support should be given to a grantee? (note if committee exists find out who is on committee) What is the mechanism for monitoring the utilization of the grants? What challenges have you faced in the administration of grants?
Programme monitoring and evaluation	What monitoring and evaluation systems have been put in place for the Capacity Building programme? How often is programme monitoring done? How often are monitoring reports produced? How often are programme reviews and re-planning undertaken?
Key challenges and potential solutions	Are there any specific challenges faced by HACI that affects programming? Please tell me which challenges HACI is currently facing? How do you intend to address these challenges?
HACI's future	What is HACI's strategic niche for the future? Do you see a role for HACI in regional programming? What role can HACI play in regional programming? What role do you see for HACI at the national level? Does HACI have the capacity to take up these roles? At regional level At national level If not, what needs to be done to develop the needed capacity?
Supplementary Questions	Do you feel that HACI has the optimum capacity to deliver on its mandate? If not, what are the shortcomings?
Interview methodology notes	

Annex 4.7 Executive Director Interview Guide

Programme Assessment

Interviewee:

Date/location:

Interviewer:

Focus	Key Questions & response
Strategic Direction of HACI and leadership	When was the vision and mission of HACI developed?
	How was the vision and mission developed? Who participated in the development?
	In your view is the HACI mission still relevant? Why do you say so?
	What is your vision for HACI?
	In the short term (five years)
	In the long term (ten years and beyond)
	Do you feel that HACI will be able to achieve this vision?
	Please give me reasons as to why you think so?
	Do you feel that the HACI objectives are still relevant? If no, please state what has changed?
Governance	Which is the overall policy setting body of HACI?
	Which is the overall decision making body of HACI?
	Do you feel that the PPC has been effective in setting policy direction for HACI?
	Does the PPC have a procedures manual?
	How are the PPC members identified?
	Is this the best method for their identification?
	If not, what would be the best method?
	How are they recruited?
	How are the PPC members inducted?
	What mechanisms exist for measuring the individual performance of the PPC members? (request for copies of the last 3 evaluation reports).
	And what about the CPC members?
	How often is the performance of the PPC reviewed?
Strategic Planning	What about the performance of the CPC?
	What relationship exists between the PPC and CPC? How does one inform the other?
	Does the HACI Strategic Plan support a high level of programme performance? Please give reasons?
	How was the Strategic Plan developed?
	Who was involved in its development?
	Has HACI been effective in delivering on the Strategic Plan?
	If yes, what is the evidence that HACI has been effective?
	If no, what has been the problem?
Staffing	Do you feel that HACI has competent programme staff that can deliver on its mandate?
	What are the current staffing gaps for programmes, if any?
	How do you intend to fill these gaps?

Focus	Key Questions & response
Organizational structure	Do you feel that the current organizational structure is appropriate for HACI to deliver on its programmes?
	What are the strengths in the current structure?
	What are its shortcomings?
	How can the structure be improved so as to deliver programmes effectively and efficiently?
	What relationship currently exists between the PPC and CPC?
Key Programmatic Achievements	What do you see as the key programmatic achievements of HACI since its establishment?
	Are these achievements in line with its vision and mission?
	If not, what happened?
	What do you see as the programmatic opportunities for HACI?
Key challenges and potential solutions	Are there any specific programmatic challenges faced by HACI?
	Please tell me which challenges HACI is currently facing?
	How do you intend to address these challenges?
Capacity	Do you feel that HACI has the optimum programmatic capacity to deliver on its mandate?
	If no, what are the shortcomings?
Programme Monitoring and Evaluation	What mechanisms exist for monitoring and evaluating HACI programmes?
HACI's future	What is HACI's strategic niche for the future?
	Do you see a role for HACI in regional programming? What role can HACI play in regional programming?
	What role do you see for HACI at the national level?
	Does HACI have the capacity to take up these roles?
	At regional level
	At national level
	If not, what needs to be done to develop the needed capacity?
Interview methodology notes	

Annex 4.8 Country Programme Manager Interview Guide

Programme Assessment

Interviewee:

Date/location:

Interviewer:

Focus	Key Questions & response
Role in organization	What is your role within HACI?
	Do you have a job description with clear terms of reference (ask for copy)? Who do you report to?
Mandate of HACI	What is the mandate of HACI?
	How does your position respond to this mandate?
Staffing	How many staff are currently working on the HACI programme in this country?
	Do you have adequate staff for effective implementation of programmes?
	If not, what are the staffing gaps?
	How do you hope to fill the gaps that exist?
	What are the contractual arrangements for staff at country level?
Governance at country level	How are they employed?
	How is the HACI programme governed at the country level? Probe for CPC)
	Who is involved in the governance of the HACI programme at the country level?
	How are the members of the governance selected?
	Who is currently represented on the governing council?
Linkages between regional and country programming	How do they link with the PPC?
	How does the county programme in (name of country) link in with the regional HACI programme?
	How does the regional office support the country programme? (Probe for financial, Programmatic/technical support).
	Who controls the country budget for HACI?
	What is your role in budgeting and management of funds?
	Do you get to meet people from other countries?
	What opportunities formally and informally exist to enable sharing with other countries?
	Is there joint programme planning?
	How does the country programme report to the regional office?
	How often is this done?
	Where do you think HACI is stronger – at the regional level or at the national level?
	Do you think that the current HACI mode of operations, its structure and strategies of working through its partners is sustainable? Please elaborate

Focus	Key Questions & response
Programme planning	To what extent do you appropriately plan for the country programmes?
	How do the Country level offices use the strategic plan?
	Is there a written plan for each programme areas and each major project?
	How are programme and project plans linked to the HACI mission?
	How do you use the “Circle of Hope” concept?
	Is there adequate programme planning and budget programming to ensure that programmes support the mission?
	Have you experienced any budgetary constraints while planning for programmes in the past one year? How were these resolved?
	Are programmes and projects consistent with the mission, needs, strategies and priorities of HACI?
	How does HACI programme planning take into account technological and gender aspects to ensure applicability of programmes?
	Are there adequate timelines?
	Are there adequate budgets?
	Is there adequate analysis of roles and responsibilities?
	Is there a procedure outlined to monitor results?
	To what extent does HACI appropriately implement its programmes?
Country level partner capacity development	Have all programmes been implemented on time?
	How do you solve problems encountered during programme implementation?
	How does HACI motivate staff to work together to get things done?
	How often are programme meetings held (Request for Minutes of Programme meetings for the past one year)
	Have you carried out a partner capacity development needs assessment at the country level?
Programmatic Reach	How have you responded to partner capacity development needs? (Probe: Number of partners reached with which types of CD activities and outcomes)
	What is the current programme reach of HACI at the country level?
	Number CBO partners _____
	Number FBO partners _____
	Number other partners _____
	Number households reached _____
	Number OVC reached _____
	What portion of OVC would you estimate are reached by HACI
	How are partners involved in programme planning?
	How are implementing partners identified at national level?
	How are implementing partners recruited at the national level?
	How often are implementing partner meetings held and at what level?
	What issues are addressed at implementing partner meetings?
	HACI would like to increase the number of OVC reached. How do you think this can be achieved?
National level advocacy	How is HACI engaged at the national level in defining/influencing policies on OVCs?
	Which policies have been implemented on OVCs as a result of HACI national advocacy?
	Is there an advocacy strategy? Has it been implemented and what is the impact of the strategy to date?
Key Achievements	What do you feel have been HACI's key achievements to date in this country?
	Do you feel that these achievements would have been possible without HACI programmes?
Opportunities	What opportunities exist for HACI in this country in its future work?
	Do you feel that HACI is well placed to take up these opportunities? If no, why not? What needs to be done?

Focus	Key Questions & response
Programme monitoring and evaluation	What monitoring and evaluation systems have been put in place for programmes?
	How often is programme monitoring done?
	How often are monitoring reports produced?
	How often are programme reviews and re-planning undertaken?
	How do you report to the regional office and how often?
	How long does the regional office take to respond when an issue is raised? What feed back do you receive upon submission of reports?
Key challenges and potential solutions	Are there any specific challenges faced by HACI that affects programming in this country?
	Please tell me which challenges HACI is currently facing?
	How do you intend to address these challenges at the country level?
Supplementary Questions	Do you feel that HACI has the optimum capacity to deliver on its mandate?
	If not, what are the shortcomings?
	(If HACI is operating through a partner agency) – are partners and stakeholders able to differentiate between HACI and the host organisation?
	How do your pay-scales compare to the Host organisations?
	How do you allocate credit for activities undertaken both in financial terms as well as in programmatic terms?
	How do you understand the circle of hope concept?
	Have you come across other models? If yes, how do these compare with the HACI methodology
Interview methodology notes	

Annex 4.9 Communications Manager Interview Guide

Programme Assessment

Interviewee:

Date / location:

Interviewer:

Focus	Key Questions & Response
Role in organization	What is your role within HACI?
	Do you have a job description with clear terms of reference (ask for copy)?
Mandate of HACI	What is the mandate of HACI?
	How does your position respond to this mandate?
Communications Strategy	How does HACI ensure that there are adequate channels for top-down and bottom-up flows of information?
	What are the main channels of internal and external communication?
	Is there adequate and ongoing communication about HACI's activities? Please expound...
	How do staff members receive information related to HACI's mission and progress in fulfilling the mission
	What mechanisms exist to ensure that if information becomes distorted corrections are made?
	How is communication from the PPC channelled to staff members and after how long?
	How is information from staff fed back to the PPC?
	How does information from the PPC flow to the CPCs and country coordinators and vice versa?

Focus	Key Questions & Response
	How does HACI communicate information about its work to external stakeholders, including the general public?
	What proportion of the HACI budget is allocated for communication programming?
	Are these resources adequate? If not, how do you plan to meet the shortfall?
HACI branding and marketing	Has the HACI brand been marketed?
	Has HACI evaluated the impact of its branding? What is the evidence that this is the right brand for HACI?
Capacity building of country programmes	How does HACI regional officer support country level communication efforts?
	Do countries have adequate capacity to run their own communication programmes?
	If not, how does the regional office respond to country level needs in capacity development for more effective communication?
Monitoring and evaluation	What monitoring and evaluation systems have been put in place for the communication programme?
	How often is programme monitoring done?
	How often are monitoring reports produced?
	How often are programme reviews and re-planning undertaken?
Key achievements	What have been the key achievements of the communication programme to date?
	Have these achievements been documented?
	What lessons has HACI learned in its communication programme?
	Have these lessons been integrated into future programming?
Key challenges and potential solutions	Are there any specific challenges faced by HACI that affects the communication programme?
	Please tell me which challenges HACI is currently facing?
	How do you intend to address these challenges?
Supplementary Questions	Do you feel that HACI has the optimum capacity to deliver on its mandate?
	If not, what are the shortcomings?
	How familiar are you with the mission and vision statement?
	How do you understand the circle of hope concept?
	Have you come across other models?
	If yes, how do these compare with the HACI methodology?
	How do the Country level offices use the strategic plan?
Interview methodology notes	

Annex 4.10 Capacity Development Manager Interview Guide

Interviewee:

Date/location:

Interviewer:

Focus	Key Questions & response
Role in organization	What is your role within HACI? Do you have a job description with clear terms of reference (request for copy)? Who do you report to? Who reports to you?
Mandate of HACI	What is the mandate of HACI? How does your position respond to this mandate? How long have you worked in HACI?
Relevance of Programme approaches	What are the components of the HACI partner capacity development strategy? Who is your target group(s) for capacity development? At the regional level At the national level Has a partner capacity needs assessment been undertaken? What areas were identified for capacity development for partners? At the regional level At the national level What key activities have been implemented in partner capacity development? How were these activities identified? How has HACI developed the capacities of its Pan African partners? How does the HACI regional office develop the capacities of the country offices? How is programme planning for capacity development at the regional level carried out? How is programme planning for capacity development at the national level carried out? What percentage of the HACI budget goes to capacity development? Are the budgeted resources adequate? Do they cover the needs of the capacity building programme? If not, what is the shortfall and how do you plan to address it?
Impact level	Does HACI undertake any capacity development of communities in the area of OVC? What activities are carried out? Who carries out these activities and how do they fit in with the regional mandate of HACI? What are the key achievements in capacity building at this level? What are the outcomes of the HACI Capacity Development activities with its Pan-African partners?
Partnerships	To what extent has HACI mobilized a global initiative to address the needs of African children affected by HIV/AIDS? How many stakeholders has HACI engaged with globally to further its cause? How does HACI identify its partners? How does HACI recruit its partners? Is there a partner recruitment strategy? How has this served HACI and how has it been implemented? What is the scope of activities undertaken by partners on behalf of HACI?
Programme monitoring and evaluation	What monitoring and evaluation systems have been put in place for the Capacity Building programme?

Focus	Key Questions & response
	How often is programme monitoring done?
	How often are monitoring reports produced?
	How often are programme reviews and re-planning undertaken?
Key challenges and potential solutions	Are there any specific challenges faced by HACI that affects programming?
	Please tell me which challenges HACI is currently facing?
	How do you intend to address these challenges?
HACI's future	What is HACI's strategic niche for the future?
	Do you see a role for HACI in regional programming? What role can HACI play in regional programming?
	What role do you see for HACI at the national level?
	Does HACI have the capacity to take up these roles?
	At regional level
	At national level
	If not, what needs to be done to develop the needed capacity?
Supplementary Questions	Do you feel that HACI has the optimum capacity to deliver on its mandate?
	If not, what are the shortcomings?
Interview methodology notes	

Annex 5 Institutional Assessment Tools

Annex 5.1 Country Project Staff Interview Guide

Institutional Assessment

Interviewee / title:

Date / location:

Interviewer:

Focus	Key Questions & Response
Focus 1: Clarity of structure and operational functions	How does your organisation work with HACI?
	How is your organization structured?
	Do you report to any sub-committee of the Board/CPC
	How do you plan your activities?
	Do you report to your host organisation on day to day activities?
	Do you report to HACI on day-to-day activities?
	Where do you receive policy direction for your activities from (host or HACI)?
	Are there clear lines of authority and accountability for individuals and functional teams?
	Do you find the definition of roles flexible enough to adapt to changing needs?
	How would you describe the structure in relation to the organization mission and goals? Which organisation's Mission and goals guide your activities – Host or HACI?
	What challenges do you face in your work related to HACI?
	What relation do you have with the PPC/CPC?
	What is the composition of the CPC?
	What is your role within the CPC?
Focus 2: Efficiency of management processes	Are there written plans for each HACI program/project area?
	How do you use the Circle of Hope model?
	What mechanisms are in place to monitor your activities?
	What indicators do you use to monitor your activities?
	How do your evaluations feed into program planning?
	Who bears responsibility for performance?
	How do you decide on issues that arise? What is the response time for emerging issues from HACI?
	Given that you are a country office, what challenges do you face in making decisions for a program linked to a regional level initiative?

Focus	Key Questions & Response
Focus 3: Efficiency of Resource Utilization	Human Resources
	How many staff do you have working for HACI? Is it linked to HACI Strategic Plan?
	How are staff recruited?
	Do all staff have clear terms of reference and contracts?
	How often are staff performance appraisals undertaken and what has been the result?
	What is the current practice on human resource remuneration, and incentives?
	Are the terms of employment offered by HACI different from those offered by the host organisation? Does this cause conflict?
	What staff support services are provided?
	To what extent have mentoring relationships for new staff been established?
	How are capacity gaps within the organization identified?
	Do you have a staff capacity development strategy? How do you decide on whether the capacity gap should be filled through recruitment or training?
	Financial Resources
	Is regular and periodic financial planning undertaken to support performance?
	Are cash requirements analyzed through cash flow statements?
	Are budget plans updated as financial information comes in?
	Are comparisons of both actual and planned budgets monitored and analyzed for decision making?
	Are reports provided to senior managers, the Board and funders?
	Are there clearly stated financial procedures?
	How are the policies and procedures reviewed?
	What bookkeeping system do you have in place? What information does the system generate?
	How is this information used?
	How often are financial reports prepared? To which organisation are these presented – Host or HACI?
	What mechanisms are in place to audit accounts? Are the auditors satisfied with the organization's control on cash and assets?
	Is there a board committee or a management committee to oversee financial issues?
	How do you differentiate between HACI supported and host organisation supported activities?
	Office facilities and ICT resources
	What facilities do you have to enable you to carry out your activities? Who is responsible for maintaining these facilities?
	How do you go about acquiring resources and equipment required??
Focus 4: Relations with Partners, Donors and others	Who are your partners?
	When working with the partners, do they know you represent HACI?
	How are the partners identified and mobilised?
	How do you mobilise funds at the country level? What activities draw the most funds?
	What are some challenges you face in your partnerships?
	How are institutional linkages supported?
	Do institutional linkages efficiently contribute to the organization's mission and goals?
	Is the organization communicating information about its work to external stakeholders, including the general public?
	How are electronic networks used to respond to needs, shared interests and capabilities of the organization?

Focus	Key Questions & Response
Key challenges and potential solutions	Does the current organisational structure pose any challenges? If yes, what are they and how can you address them?
	Describe at least three challenges at the institutional level. For each challenge, how would you propose for it to be addressed?
Supplementary Questions	HACI intends to reach 1.2m OVCs by the end of 2006, and 2.5m OVCs by the end of 2008? How do you intend to increase your reach to include more OVCs?
	Can you reach more OVC with your current resource base? How can you be facilitated to reach more OVCs?
	How familiar are you with the HACI strategic plan? Were you involved in the development of the strategic plan?
	What is your interpretation of the Circle of Hope?
Interview methodology notes	DO you use a similar, or a model to guide your operations? How does it compare to the Circle of Hope concept?
	Other than human and financial resources questions to which the key informants will be the staff in charge of HR and Finance respectively, all the other questions will be discussed with the staff respondents.

Annex 5.2 Donors Interview Guide

Institutional Assessment

Interviewee / title:

Date / location:

Interviewer:

Focus	Key Questions & Response
Efficiency of management processes and resource utilization	What is the nature and level of support provided to HACI?
	How long have you supported HACI for?
	How would you describe your interaction with HACI?
	Do you work with any of the Core Partners (founding organisations) of HACI?
	Does the Donor work with other agencies providing services to OVC? If yes, how does HACI compare?
	How do external stakeholders view the strengths and weaknesses of HACI staff capabilities? How could they be improved?
	What is the role of the PPC and how effective is it?
	How can structure and operational modalities of HACI be improved?
Reporting and monitoring	To what extent has HACI mobilized a global initiative to address the needs of African children affected by HIV/AIDS?
	How would you describe the image that HACI projects?
	Have you experienced any problems in working with HACI? Please elaborate?
	Reasons for any cancellation or reductions/restrictions on funding
	What needs to be done to improve compliance?
	How satisfactory are HACI reports to the donor in terms of (a) financial disclosure, (b) reporting results (outcomes and outputs) of use of funds?
	Do you monitor use of funds by country offices and grants recipients? If yes, what mechanisms are in place? How adequate are they?
	If No, are you familiar with the mechanisms used by HACI to monitor use of funds at the country and household level? Do these mechanisms meet donor requirements?

Focus	Key Questions & Response
	Are the donors satisfied with the organization's control on cash and assets? HACI works through other organisations in some instances. Is there a problem with differentiating who between the two organisations is receiving, utilising and managing funds committed?
Positioning of HACI in overall donor strategies	What is the donor's strategy and policy regarding HIV and OVC and how does HACI fit into this? What level of funds has been available for OVC through HACI over the past 6 years? How has it changed? What is willingness of current donors to continue support? Especially in light of HACI targets of wanting to increase the number of OVC reached. How effectively does HACI engage the donor in formulation of its policies and strategies? To what extent is support to HACI achieving the donor's policy objectives regarding HIV and OVC Are there alternative or additional strategies and mechanisms needed to more effectively address OVC challenges in Africa? What role do you see for HACI in the future at a) the regional level and b) the national level? Where do you think HACI has a strategic advantage over other organisations in the arena?
Key challenges and potential solutions	Describe at least three key challenges at the institutional level For each challenge, how would you propose for it to be addressed?
Supplementary Questions	
Interview methodology notes	

Annex 5.3 Partners and Policy Makers Interview Guide

Institutional Assessment

Interviewee / title:

Date / location:

Interviewer:

Focus	Key Questions & Response
Governance effectiveness and transparency	How are PPC and CPC members selected and who are they accountable to? What is the role of the PPC and CPC? How can structure and operational modalities to PPC and CPC be improved? What is level of commitment of PPC and CPC members to HACI vs. own organizations? What is extent of management by CPC and PPC? What are mechanisms for downward accountability? How effectively does Secretariat support decision-making of PPC and CPC? How do external stakeholders view the strengths and weaknesses of HACI staff capabilities? If there are weaknesses how could they be improved? What is the partner's strategy and policy regarding HIV and OVC and how does HACI fit into this?
Communications and partner relations	To what extent has HACI mobilized a global initiative to address the needs of African children affected by HIV/AIDS? What are the stakeholders HACI has engaged with globally to further its cause? How do they contribute? Is there a partnership strategy? What has been the role of HACI in mobilizing these partners? What would HACI need to work better with pan African partners? How does HACI engage the partners in formulation of its policies and strategies? How can this be enhanced?

Focus	Key Questions & Response
	What problems have been experienced in partner relations? What needs to be done to improve relations?
	How effectively does HACI communicate with its network?
	How would you describe the image that HACI projects?
	How satisfactory are HACI reports to the partners in terms of (a) financial disclosure, (b) reporting results (outcomes and outputs) of use of funds?
	How do you report to HACI on issues involving/related to the partnership?
Operational and technical capacity	How do external stakeholders view the strengths and weaknesses of HACI structure and staff capabilities? How could they be improved?
	What level of funds has been available for OVC through HACI over the past 6 years? How has it changed?
	Are the partners satisfied with the organization's control on cash and assets?
	To what extent is working with HACI achieving the partner's policy objectives regarding HIV and OVC?
	Are there alternative or additional strategies and mechanisms needed to more effectively address OVC challenges in Africa?
	What role do you see for HACI in the future at a) the national level and b) the regional level?
	Where do you think HACI has a strategic advantage over other organisations in the arena?
Key challenges and potential solutions	Describe at least three key challenges at the institutional level
	For each challenge, how would you propose for it to be addressed?
Supplementary Questions	How familiar are you with the HACI strategic plan? Were you involved in the development of the strategic plan? HACI intends to increase the number of children reached to 2.5m by the year 2008. How do you think this can be achieved? What is your interpretation of the Circle of Hope? Do you use a similar, or a model to guide your operations? How does it compare to the Circle of Hope concept?
Interview methodology notes	

Annex 5.4 Project Managers Interview Guide

Institutional Assessment

Interviewee / title:

Date / location:

Interviewer:

Focus	Key Questions & response
Clarity of structure and operational functions	How are CPC members selected and who are they accountable to? What is the role of the CPC? How can structure and operational modalities of CPC be improved? How are PPC members selected and who are they accountable to? What is the role of the PPC? How can structure and operational modalities of PPC be improved? Do the CPC and PPC relate to each other? How?
	What is level of commitment of PPC and CPC members to HACI vs. own organizations? What is extent of management by PPC and CPC?

Focus	Key Questions & response
	What are mechanisms for downward accountability? How effectively does Secretariat support decision-making of PPC and the CPC? How would you describe the management style within the Secretariat? Is decision-making transparent and are there clear levels of authority observed? What are the mechanisms and tools for establishing and standardizing operational procedures and how well are they observed? Do all staff have clear terms of reference and contracts? What are the cited reasons for staff departures? What are staff views on the main benefits and weaknesses in working for HACI? How does HACI determine capacity gaps within the organization? How does HACI decide whether to fill these gaps through recruitment or through enhancing existing capacities? Does HACI have a staff capacity development strategy and how is it implemented? What role do you see for HACI in the future at the a) national level and b) regional level? Where do you think HACI has a strategic advantage over other organisations in the arena?
	How would you describe the effectiveness of internal communications of the Secretariat? What are mechanisms for downward accountability? To what extent have mentoring relationships for new staff been established? In what ways do staff share experiences and lessons (within Secretariat and between Secretariat and Country offices)? What efforts are made to build team-working in the Secretariat and across the organization? Are there opportunities for representatives from all country offices to meet with secretariat staff to discuss HACI issues?
	To what extent has HACI mobilized a global initiative to address the needs of African children affected by HIV/AIDS? What are the stakeholders HACI has engaged with globally to further its cause? How do they contribute? Is there a partnership strategy? What has been the role of HACI in mobilizing these partners? What would you need to work better with pan African partners? What problems have been experienced in donor relations? Reasons for any cancellation or reductions/restrictions on funding What needs to be done to improve compliance?
	Is there a formal or informal information network? What strategies does HACI use to communicate with its network? Is there a formal advocacy and marketing strategy; how is it implemented? How would you describe the image that HACI tries to project? How does HACI document case studies and success stories as part of awareness building strategy? How are these disseminated? How many times have you been invited as a guest speaker during the year? What was your presentation on? what were the results of HACI's participation? How does HACI interact with the media? What sort of press coverage has HACI had in the recent past?
	What level of funds has been available for OVC through HACI over the past 6 years? How has it changed? Who is responsible for fundraising at regional and national levels? What f-r strategy is in place? What system is in place for coordinating and tracking f-r activities?

Focus	Key Questions & response
	Which messages and approaches have been most successful?
	What is willingness of current donors to continue support?
	What is current level of donor support and how has it changed in past 4 years?
	Are comparisons of actual and planned budgets monitored and analyzed for decision making?
	What are the levels of authority for budget adjustments?
	How does intermediate and senior staff contribute to the preparation of budgets?
	What are the mechanisms for monitoring use of funds by country offices and grants recipients?
	How adequate are they?
	Are timely and adequate financial reports prepared to allow for control of the organization's assets?
	Are the auditors satisfied with the organization's control on cash and assets?
Key challenges and potential solutions	Describe at least three key challenges at the institutional level
	For each challenge, how would you propose for it to be addressed?
Supplementary Questions	How connected are PPC/CPC members to beneficiary groups; to other key stakeholders?
	What is role of PPC/CPC Chair and how effective is s/he?
	Are you familiar with the HACI vision and Mission?
	How much of your work is guided by the Strategic Plan
	How was the current strategic plan formulated?
	How do you use the Circle of Hope?
	Have you come across other models? How do they compare with the Circle of Hope Model?
	How do your partners respond to the circle of hope? Are they able to easily understand the concept embodied therein?
Interview methodology notes	

Annex 6 Household Interviews Tools

Annex 6.1 Questionnaire – English Version

Interview guide
Category: Household Interviews

Biodata

1. Name of interviewer:
2. Date of interview:

DD	MM	YY
3. Sex of Interviewee

1	Male		
2	Female		
4. Age:
5. How many individuals live in your household?

1	Male		
2	Female		
Total			
6. How many members live in this household of the following age groups:

1	Males < 5 years	
2	Males 5-9 years	
3	Males 10-15 years	
4	Males 16-18 years	
5	Males >18 years	
Total		

6	Females < 5 years	
7	Females 5-9 years	
8	Females 10-15 years	
9	Females 16-18 years	
10	Females >18 years	
Total		

11	Males "Other"	
12	Females "Other"	
Total		

Socio-economic Status

7. How many members of your household are formally employed and receive a salary at the end of every month?

1	Male		
2	Female		
Total			
8. What is the estimated total income of your family per month? *(Indicate Currency)*

Interviewer, please indicate exchange rate: 1US\$ = _____

Situation of OVC in the Household

9. Do you have any children under the age of 18 years, living withing your household, that have lost one or both parents?

1	Male orphans who have lost father	
2	Male orphans who have lost mother	
3	Male orphans who have lost both parents	
Total		

4	Female orphans who have lost father	
5	Female orphans who have lost mother	
6	Female orphans who have lost both parents	
Total		
10. What was the cause of the loss of the parent(s)? *Probe for HIV/AIDS related illness.*

11. Who is the primary caregiver of these children?

1	Grandfather	
2	Grandmother	
3	Aunty	
4	Uncle	
5	Cousin	
6	Child headed household	
7	Other (please specify)	

12 (a) Do you have any children whose parent/s have been very ill and living within this household (*probe for at the last 3 or more months during the past year*)?

1	Yes	
2	No	

12 (b) How many children are there whose parent(s) are ill?

1	Male	
2	Female	
	Total	

12. (c) What illness are the parent(s) suffering from? (*Please note the ease with which the answer is given*)

Mother		
1	HIV/AIDS	
2	Cancer	
3	Malaria	
4	Tuberculosis (TB)	
5	Sores	
6	Other (please specify)	

Father		
7	HIV/AIDS	
8	Cancer	
9	Malaria	
10	Tuberculosis (TB)	
11	Sores	
12	Other (please specify)	

12. (d) How many of these children (OVC) attend school?

1	Male	
2	Female	
	Total	

12. (e) How often do they attend school?

		1	2	3	4	5			1	2	3	4	5
1	Male(s) 1 day a week						6	Female(s) 1 day a week					
2	Male(s) 2 days a week						7	Female(s) 2 days a week					
3	Male(s) 3 days a week						8	Female(s) 3 days a week					
4	Male(s) 4 days a week						9	Female(s) 4 days a week					
5	Male(s) 5 days a week						10	Female(s) 5 days a week					

12. (f) What type of school do they attend?

1	Formal	
2	Informal	

12 (g) How many of these children (OVC) do *not* attend school?

1	Male	
2	Female	
	Total	

12. (h) What age group are they in?

1	Males < 5 years	
2	Males 5-9 years	
3	Males 10-15 years	
4	Males 16-18 years	
	Total	

1	Females < 5 years	
2	Females 5-9 years	
3	Females 10-15 years	
4	Females 16-18 years	
	Total	

12. (i) What are the reasons for them not attending formal school?

Experience with HIV/AIDS

13. (a) Have any members of your family been diagnosed with HIV/AIDS?

1	Yes	
2	No	

13. (b) Where was the diagnosis done?

1	Health Centre	
2	VCT	
3	Other (please specify)	

13. (c) How many members have been diagnosed?

1	Male	
2	Female	
	Total	

13. (d) Among the members diagnosed, are there any OVCs?

1	Yes	
2	No	

13. (e) If so, how many?

1	Male	
2	Female	
	Total	

13. (f) Are these OVCs receiving any treatment support?

1	Yes	
2	No	

13. (g) If answer is 'no', to 13(f), why?

Additional Assistance Required

15. (a) Is there any additional assistance that your family would require in taking care of the children (OVC)?

1	Yes	
2	No	

15. (b) What is the type of support that is required?

1	Food	
2	Clothing	
3	School books	
4	School stationery	
5	Toys/Play things	
6	Housing Materials	
7	Medication	
8	Other (please specify)	

15. (c) Where can this support be accessed?

1	Local CBO/FBO	
2	Local school	
3	Shops	
4	Local clinic	
5	Other (please specify)	

Key Challenges and Potential Solutions

16. (a) What do you think can be done to support OVCs?

16. (b) From where can this support be accessed?

Interviewer Observation

17 (a)	Location of Household	
(b)	Type of Housing	
©	Sanitary Conditions	
(d)	Distance from nearest health care facility	

Interview Methodology Notes

Thank you very much for your time and co-operation!

Annex 6.2 Household Interviews Protocol

Once household has been identified:

1. Request for Interview
2. Identify Household head
3. Get consent to carry out interview
4. Do not ask the interviewee for his/her name
5. Indicate at the top of the questionnaire:
 - a. Country of Interview
 - b. Name of CBO/FBO supporting household
- c. Location of household
6. Where household head is below 18 years, s/he has to sign consent form
7. Do not give money to the interviewee or any member of the household as this will compromise the results
8. Do not give any sweets/gifts to children without consent from parent/caregiver/guardian

Annex 6.3 Household Interviews Consent Note

This is to confirm that the project on the evaluation of programmes supported by HACI and its partners within the community has been explained to me and I fully understand its objectives.

With this understanding I have given my consent to the HACI evaluation consultants from the Regional AIDS Training Network (RATN) and NOTTOWASAGA and or their research assistants to interview me/my child/ren/ the children in my care on matters relating to the evaluation project.

I wish to confirm that I am the parent----/legal guardian-----/caregiver-----/head of the household-----
-- responsible for the care of the children in the beneficiary household participating in this evaluation.

I have agreed that the information given by me/my child/ren/ the children in my care may be used in the reports of the evaluation of HACI and any other related matter.

I have Agreed-----/NOT agreed---- that my account of the interview may be specifically used in these reports.

I have Agreed-----/NOT agreed ----- that my photographs/ my child/ren's photographs/ the photographs of the children in my care may be taken and used in these reports.

I have Agreed ----/NOT agreed----- that the pictures of my/our homestead may be taken and used in this report.

Signed this ----- day of ----- 2006.

Parent/guardian/caregiver/ head of household-----

Minor Heading household-----

Interviewer-----

Photographer-----

Annex 7 Country Level Stakeholders' Questionnaire

Stakeholders Workshop Questionnaire

1 Name of Agency

--

2 Main area of work?

--

3 Have you heard of HACI?

Yes
No

4 Where did you hear of HACI?

--

5 Do you work with HACI?

Yes
No

6 If yes, in what areas?

7 Who are your key partners?

8 List the impact that you feel HACI has had in this country

Annex 8 FGD guide with HACI Non-programme Level Staff

- Who is your primary employer?
- Do all of you have job descriptions?
- Do all staff know who they report to?

HACI Mandate

- What is the mandate of HACI?
- How does HACI fulfill this mandate?
- Do you feel that HACI is effective in what it does? Why do you say so?

HACI Management

- How do staff (non programme) communicate with management?
- Are there forums that exist to address issues from staff?
- How have issues been resolved?
- How are systems and procedures communicated to staff? Is there a management manual? Do staff know what is contained in the manual? What issues are addressed in the manual?

Team work

- Do all staff work as a team to fulfill the mandate of HACI?
- How are staff encouraged to work as a team?

Achievements

- What do you feel have been the achievements of HACI to date?
- What are the challenges facing HACI? Do you feel that these are being addressed? How are they being addressed?

Any other issues

- Are there any other issues that you would like to see addressed within HACI?

Annex 9 Donors, Partners and other Stakeholder Respondents

Role in HACI	Name	Position	Organisation
1. Donor	Hellene Montielle	Technical Advisor	Plan USA
2. PPC Member	Jim Cairns	Technical Working Group	WCRP
3. PPC Member	Michael Anganga	Regional Co-ordinator	NAP+
4. PPC Member	Ken Casey	Special Representative to the President	World Vision
5. PPC Member	Bernice Heloo	Director, HIV/AIDS	SWAA International Ghana
6. HACI Stakeholder, Former HACI Executive Director	Dr. Pat Yourri	Managing Director	Development Consultants & Associates
7. Donor	Anne Lindeberg	Regional HIV/AIDS Advisor	Sida, Embassy of Sweden Lusaka
8. Donor	Anna Bertmar Khan	Programme Advisor	Plan Sweden Based in Karachi, Pakistan
9. Donor	Lis Ostergaard	Programme Advisor	Plan Netherlands
10. Donor	Douglas Webb	Children and AIDS Advisor	UNICEF
11. Consultant, HACI Evaluation, 2000	Simon Muchiru	Director	Oakwood Consult and Associates
12. Donor	David Hughes	Senior HIV/AIDS Advisor	Plan USA
13. CPC Member & Partner	Mathenge Munene	Country Director	Save the Children, Canada
14. CPC Member & Partner	Mercy Wahome	National Coordinator HIV/AIDS	SWAK
15. Partner	Geoffrey Chege	Regional Director	CARE International
16. CPC Member & Partner	Inviolata Mmbavi	Country Director	NEPHAK
17. PPC Member	William Vendley	Secretary General	WCRP
18. PPC Member	Diana Myers	Vice-President	Save the Children USA
19. CPC Member & Partner	Timothy Musombi	Director - HIV/AIDS	World Vision
20. CPC Member & Partner	Else Kragholm	Country Director	Plan Kenya
21. HACI Kenya Stakeholder	Hon Judge Mary Angawa	High Court Judge	Kenya Women Judges Association
22. HACI Kenya Stakeholder	Mohammed Hussein	Director	Children's Department-Ministry of Home Affairs
23. HACI Kenya Stakeholder	Irene Mureithi	Executive Director	Children Welfare Society
24. Advisor to the PPC	Kevin Shields	Director	Hay Market Consulting Group
25. CPC Member & Partner	Bud Crandall	Country Director	CARE
26. Donor	Ken Eye	Director of Grants Compliance	Plan USA
27. Partner	Boniface Maket	Senior Technical Advisor	World Vision
28. Donor	Signe-Lise Dahl	Manager, Programme Section	Plan Norway
29. Former PPC Member	Sam Worthington	Executive Director	InterAction
30. Donor	Renee DeMarco	OVC Advisor	USAID Africa Bureau
31. Partner	Bill Philbrick	Program Manager HIV/AIDS Unit	CARE International USA
32. Partner	Deshmukh Madhu	Director, HIV/AIDS	CARE International USA

Annex 10 Respondents in Ethiopia

Name of individual	Organization/Position
1. Ato Debebe	Programme Manager, HACI
2. Ato asnakew Asefa	Design M&E Officer
3. Ato Samuel Eshatu	Subgrant Officer
4. Tenagne Legesse	Finance and Administration Officer, HACI
5. Dawn Waldow	CARE Ethiopia
6. Dawit Belew	Plan Ethiopia
7. Margaret Schuler	Save The Children, USA
8. Mesfin Loha	World Vision
9. Zebider Zewdie	Mary Joy for Development
10. Bbereket Tareegn	Ethiopian Interfaith Forum for Development Dialogue and Action
11. Bossena Kassa	Society for Women and AIDS - Ethiopia

Annex 11 Respondents in Kenya

Annex 11.1 Respondents at Secretariat and from other Country Offices

Name	Position	HACI Office
1. Doras Ikandu	Country Coordinator	HACI Zambia
2. Celina Ogutu	Grants Manager	HACI Secretariat
3. Diana Kageni	Programme Manager – BB	HACI Secretariat
4. Grace Chepkwony	Communications Manager	HACI Secretariat
5. Moses Dombo	Executive Director	HACI Secretariat
6. Jackson Thoya	Technical Advisor	HACI Secretariat
7. Kavutha Mutuvi	TENS Coordinator	HACI Secretariat
8. Dorcas Amolo	Capacity Building Officer	HACI Secretariat
9. Dorothy Naugwala	Country Coordinator	HACI Uganda
10. Elizabeth Mahebo	Secretary/Receptionist	HACI Secretariat
11. Gertrude Lwanga	Information Assistant	HACI Secretariat
12. Grace Mwangi	Accountant	HACI Secretariat
13. Rachel Mwangi	Accounts Assistant (Intern)	HACI Secretariat
14. Titus Katuta Muthangya	Janitor	HACI Secretariat
15. Vincent Kariuki (Mwangi)	Driver	HACI Secretariat
16. Khaled Hashem	Chief Finance Officer	HACI Secretariat
17. Pamela Rasugu	Executive Support Coordinator	HACI Secretariat
18. George Gachoki	MIS Officer	HACI Secretariat
19. Bwibo Adieri	Host Agency Country Director (Kenya)	HACI Kenya
20. Francis Kamau	Finance & Grants Manager	HACI Kenya
21. Lukas Barake	Programme Manager (M&E)	HACI Kenya
22. Paul Muthuri	Operations Manager	HACI Kenya

Annex 11.2 FBO/CBO Respondents

Name of FBO/CBO	Location	Contact Person(s)	Position
1. Redeemed Gospel Church	Nairobi – Huruma	Magdalene Gitahi	Programme Director
2. Akudep Community Based Organisation	Teso	George Orapa	Contact Person
3. Ndere Orphanage	Nyanza	Washington Kagutu	Contact Person
4. Lower Ambira Community Devp Programme	Siaya District – Lower Ambira	Rev. Jonathan Yahoma, Joseph Wanaya, Naomi Akinyi, Jacinta Obiero, Dan Akiti	Contact Person
5. Kibera Counseling, Training and Feeding Centre	Kibera	Virginia Wanyee	Contact Person
6. Al Aqsa Mosque	Nyanza – Kakamega, Lutony area	Sheikh Abdalla Ibrahim Ateka	Contact Person
7. Shidep Orphan Care & Support	Kajiado	Fr. Antony Chege	Director
8. OAIC Mtafutaji Self Help Group	Vihiga – At Jebrock, Tambua location, Vihiga District	Charles Amuli	Contact Person
9. Mbaruk Mosque	Mombasa –	Sheikh For Muhammad Dor	Chairperson
10. Saku Disaster Forum	Moyale	Rukia Ahmed Wario	Chairperson
11. South Imenti HIV/AIDS Action CBO	Meru Central – South Imenti Division	Francis Mugambi	Secretary
12. Pole pole Women Support Group	Lugari – Munyuki sub-location, Lugari Division, Lugari District, western Province	Irene Muruga	Contact Person
13. St.Mary's Young Parents Self Help Group	Muranga	Rosalind Wairimu	Coordinator
14. Copes OVC Stigma Reduction and OVC Parents Preparation for Transition Project	Mombasa	James Mito	Project Manager
15. Odongo Hera Orphans and Widows Counseling and Support Centre	Nyanza – Homabay district, Rangwe division, Gongo, Kagan Location. (office location in Nyawita)	John Onyango Nyoware	Contact Person
16. Ripples International	Meru	Emmanuel Ogbonna	CEO
17. Shelter Children Home	Nairobi – Simba village Kajiado	Mary Muiruri	Director
18. St.Camillus Dala Kiye	Nyanza/Migori – Karungu	George Ariya Fr. Emilio Baliana	Contact Person
19. Meru people & AIDS in Kenya	Meru	Lucy Wanjiku	Secretary
20. Hope of widows & orphans	Meru Mwendantu Road near YWCA	Janice Mwongera	Chairperson
21. Homa Again Women Group	Thika	Grace Chege	Secretary

Annex 12 Respondents in Mozambique

Name	Position	Organisation
1. Earnest Maswera	Country Coordinator	HACI Mozambique
2. Jacinta Nassuna	HIV/AIDS Capacity Building Officer, Provincial Directorate	Ministry of Women and Social Action
3. Fredricka Ndeshi Friis	Former Acting Country Coordinator and Consultant	HACI Mozambique
4. Kriemildo Nouvele	General Manager	ICDP
5. Mark Fritzler	Field Office Director	Save the Children USA
6. Elise Tembe	Administration Manager	Save the Children USA
7. Zacharias Zandamela	Grants Manager	Save the Children USA
8. Hadera B. Tostai	Coordinator	APOSEMO
9. Santana Mourade	Director	ICDP
10. Santaka Mourade	Programme Officer	ICDP/REPSSI
11. Ndanatseyi Sande	Finance Manager	HACI Mozambique
12. Joyce	M & E, Quality Assurance	HACI Mozambique

Annex 13 Respondents in Senegal

Annex 13.1 People Interviewed

CPC Members

Name	Position Organisation
1 M Banda N'Diaye	President World Vision
2 Dr Thidiane N'Doye	Vice-President MSH
3 Dr Yakhya B§	Secretary General SPE
6 M Paul Sagna	Member Sida Service
7 M Bamar Gueye	Membre bureau Ong jamra
8 Mme Khadijatou Ba	Membre bureau ACEF
9 Pr Aissatou Gaye Diallo	Member SWAA Sénégal
10 M Ismaila Goudiaby	Member RNP+
11 Dr Ndeye Fatou Ngom	Member Cta/Opals
14 Magatte Mbodj	Member ANCS

Selected Implementing Partners and Governments Departments

Name	Position Organisation
1 Dr Ibra Ndoeye	Executive Secretary CNLS
2 Dr Abdoulaye LY	Technical Advisor Ministry of Health
3 H Famara Sarr	Deputy, National Assembly RPPD
4 Dr Safiatou Thiam	Project Officer CNLS
5 Daouda Diouf	Programme Director Enda Santé

HACI Staff & Host Agency Staff

Name	Position Organisation
1 Alioune Fall	Country Director HACI SENEGAL
2 Mme Rokhaya Nguer	Executive Secretary SWAA SENEGAL
4 Gisèle Védogbeton	Financial Manager SWAA Sénégal/HACI

Annex 13.2 NGO/CBO Respondents in Senegal

NGO/CBO	Location
1. AIDS Department	Dakar
2. And Bok Yaakar/Aboya	Dakar
3. Bok Dieuf Association	Dakar
4. The Senegalese Association of Aid and Assistance to the HIV positive and their family/Aasasfa	Dakar
5. Kaddu yaraax	Dakar
6. And Déggo Association	Dakar
7. Child and family development program	CFDP Jami Xaléyi, Thiès
8. Association for the support of PLVHIV Tacku Ligey	Mbour
9. Ong Jamra	Dakar
10. Association for the support of children in a difficult situation	Aased, Dakar
11. Japalante Association	Thiès
12. Association Karlène	Dakar

Annex 14 Reference Documents Received from HACI

Document

1. HACI Strategic Plan 2005–2010
2. HACI monitoring and evaluation framework
3. HACI communication strategy
4. HACI core and supplementary indicators
5. Plan Netherlands Annual Report – January–December 2005
6. Gates Budget Yr 1, 2, and 3
7. Draft Minutes of PPC Meeting 10–12th October 2001
8. Minutes of the PPC, April 1, 2001
9. HIV Inventory Results – Survey report of July 21, 2000 (Care)
10. Draft Inventory of Plan International Programmes, 13th July 2000
11. Circle of Hope Initiative, Synthesis of Internal Inventories of HIV/AIDS Activities in Africa, Care, Plan International, Save the Children (US) and Save the Children (UK), 2nd October 2000
12. Framework for coordinated fundraising for the Pan African initiative for Children affected by AIDS
13. HACI : Information for applicants to the granting programme , October 2003
14. HACI, PPC Meeting February 2-4, 2002
15. Organizational review of HACI, Final Report by KPMG, March 2004
16. HACI Annual Report July 2004–June 2005
17. HACI Annual Report July 2003–June 2004
18. HACI Annual Report July 2002–June 2003
19. HACI Annual Report 2001–2002
20. HACI frequently asked questions
21. CPC guidance from PPC
22. Report to Plan Netherlands, January–December 2003
23. Part 2 Programme Review by Simon Muchiru Oakwood and Associates Consultants

Annex 15 Terms of Reference for Evaluating HACI

1. Background

The *Hope for African Children Initiative (HACI)* is a pan-African effort established by leading global humanitarian organizations namely; Plan, Care, Network of African People Living with HIV/AIDS (NAP+), Save the Children Alliance, the Society for Women and AIDS in Africa (SWAA), World Conference on Religions for Peace (WCRP) and World Vision International. Through this effort, these organizations work together to increase the capacity of local communities to provide prevention, care and support services to African children and their families affected by HIV/AIDS. The initiative specifically addresses the challenges faced by children orphaned by AIDS in Africa, and the millions whose parents are sick or dying from opportunistic infections caused by HIV.

The vision of HACI is to offer hope to millions of children affected by HIV/AIDS for a future of dignity as part of a functioning, stable community whereas its mission is to mobilize a global initiative to address the needs of African children affected by HIV/AIDS and to engage, strengthen capacities, mobilize and share effective practices among stakeholders at all levels. Its purpose is:

- to strengthen the capacity of African communities to advocate, care for and support children impacted by HIV/AIDS and prevent further spread of HIV
- improve orphans and vulnerable children (OVC) welfare by increasing access to education, adequate food, psychosocial support, basic health services, and legal rights
- catalyze a global partnership to expand the resources available to achieve these goals.

At the local level, HACI is creating strong networks of local NGOs and community-based organizations and helping to build their capacity to serve their community's needs. At the global level, HACI is striving to bring the issue of OVC made vulnerable by AIDS to the forefront of HIV/AIDS policy making bodies and the public's attention as well as mobilizing additional resources for programs that serve vulnerable children.

HACI's core priorities are:

1. Expanding the network of local African organizations working to address AIDS-related challenges.
2. Providing financial, material, and technical support to communities so that they can adequately care for children affected by AIDS, by implementing programs that empower the family, children and communities to access social services in a sustainable manner.
3. Supporting local advocates and religious leaders in their efforts to engage government and encourage policy formulation pertaining to AIDS-related issues.

HACI is currently implementing OVC programs in nine (9) countries in Africa. Currently, the HACI focus countries are Cameroon, Ethiopia, Ghana, Kenya, Malawi, Mozambique, Senegal, Uganda and Zambia.

Various donors have funded HACI to-date among them the Bill and Melinda Gates Foundation, who provided the original grant of US\$ 11 million. Plan Netherlands which has provided core funding to HACI since 2002 totalling an amount of approximately US\$10 million; Plan Finland has provided funding over US\$1 million; Plan Norway has provided approximately US\$1 million and SIDA Regional HIV/AIDS Team provided a grant of US\$ 2.5 million. The SIDA Regional HIV/AIDS Team has been supporting HACI, through Plan Sweden, with core funding in 2004, 2005 and 2006. PEPFAR

through USAID awarded CARE USA a mechanism through which they could access up to US\$15 million for the *Strengthening and Scaling up of HACI* in March 2004. Through Plan, PEPFAR has provided US\$ 8 million to HACI to implement the Breaking Barriers project in Kenya, Uganda and Zambia. After six years of program implementation, the Core partners who form HACI and the Initiative's Stakeholders have decided to assess the progress, achievements, lessons and challenges of implementing OVC programming using the HACI model, structure and approach.

2. Rationale for the Evaluation

The current funding agreements between HACI and SIDA/Plan Sweden and Plan Netherlands respectively run up December 2006. Both donors require an external final evaluation of their funding. The final evaluation is part of the contractual agreement between the Plan National Offices and HACI as recorded in the GAD. This evaluation is also rooted in the genuine desire of parties involved to reflect and learn from the project/programme undertaken. To ensure an optimal outcome of the evaluation it has been agreed to combine efforts and commission a single major evaluation. Given the various stakes that could be served by an evaluation of HACI at this stage of its operations, the PPC approved the suggestion by the Secretariat of HACI to approach the various stakeholders and request for a joint evaluation. SIDA/Plan Sweden and Plan Netherlands have contributed to the development of this TOR ensuring that issues of specific relevance to them have been addressed. Through this evaluation, HACI would also like to take stock of its operations and programs now that the initiative has been operational for almost six years. The Secretariat of HACI would like to undertake a major evaluation of HACI both at the regional and national levels. This evaluation will inform the current process of re-thinking the strategic directions of HACI in two major areas: Program focus and Institutional set up.

3. Purpose

The purpose of the evaluation is to provide information essential for the establishment of a premise and modus operandi for realigning HACI with the changing context in which it works as well as developing new strategic directions. For Plan Sweden and Plan Netherlands the results of the evaluation will feed into Plan's and partners' policy and practice. The final evaluation will thus be a joint activity in order to involve all partners in the learning experience. The participatory nature of the evaluation process encourages problem analysis and development of solutions by HACI, Plan, partners and the target population.

4. Evaluation Objectives

The overall objectives of the evaluation are:

- I To assess whether the set programme/project objectives have been efficiently and effectively achieved
- II To assess how the programme/project contributed to the objectives set in the policy & programme framework of Plan Sweden and Plan Nederland.

The evaluation will be expected to achieve a number of objectives as outlined below. For each of these areas, the evaluation will address what has worked and what has not worked and why? The evaluation will provide a better understanding of country-specific results for children, cost-effectiveness, fundraising horizons, universe of players addressing OVC needs, office capacities, etc. to inform the future vision. The evaluation will also attempt to answer, among many other questions, the following: What does the data tell us about country operations? Should Country programs include all HACI's four priority activities: do they add value locally? How sustainable are they? Might it have been better to

endorse a more needs- and market-driven “menu approach” where country operations would be tailored to needs/opportunities, aiming to fill gaps? Standing in the future, how could HACI succeed in achieving its expectations?

Specifically, the evaluation will undertake the following:

4.1 To establish the achievements of HACI (outputs, outcomes and impact) since its inception.

- 4.1.1 Are the achievements of HACI consistent with the original vision? If not, what happened? To determine the regional added-value and the capacity of HACI to implement programs with a regional reach as well as establishing the regional work undertaken by HACI thus far.
- 4.1.2 How can HACI be re-aligned to deliver on internal and external expectations? Is the Vision of HACI still relevant to the operational context in which it is enveloped or are certain adjustments necessary? What adjustments are needed?
- 4.1.3 How have we performed across the board and especially in achieving the four objectives? How has the world changed since these four objectives were formulated and what changes does HACI need to make?
- 4.1.4 Are we getting the most resources to children? Has HACI been effective and efficient? Are the program interventions sustainable? To assess the programming approaches of HACI and determine how HACI and its implementing partners address among others: Gender issues among children and caregivers; Child empowerment and child participation; Prevention of HIV/AIDS; Rights based programming; Reproductive health education for children and adolescents
- 4.1.5 To what extent has the initiative contributed to the improvement in the lives of children affected by HIV/AIDS (either directly or indirectly)
- 4.1.6 To capture the lessons which have emerged from the implementation of the Hope for African Children Initiative.

4.2 To determine the extent to which HACI has adhered to stakeholder commitments and expectations.

- 4.2.1 HACI has received funding support from a number of donor agencies including SIDA from its Regional HIV/AIDS initiative in Lusaka. This evaluation will help the donors to assess the extent to which their expectations have been or have not been met and why? It will make recommendations which will inform future decisions by these donors as they explore ways of further collaboration with HACI. Some of these expectations were:

- Ensuring regional implementation of program initiatives with a regional reach.
- The extent to which HACI has implemented a rights based approach to programming
- The achievements of HACI, their quality and the way they were achieved

4.3 To analyse the extent to which the structure and modus operandi adapted for the implementation of the initiative influenced its outcomes

- 4.3.1 Has the structure of HACI enhanced or impeded the operations of HACI (governance, accountability, service delivery, resource mobilization, advocacy, technical exchange, partnership development etc.)? Does HACI envision a lean-and-mean secretariat that provides select services to national organizations that evolve in response to country needs and opportunities and are affiliated with the HACI “network” or “branch offices” of a Kenyan based organization that will be registered in time in various other countries? What type of governance arrangement is appropriate to these – or other – scenarios?

- 4.3.2 How should the structure of HACI be adjusted to enhance achievement of future strategic directions?
- 4.3.3 How have the partners supported the growth and evolution of HACI?
- 4.3.4 What are the specific concerns of various stakeholders and how have they (or can they) be addressed?
- 4.3.5 Are there other strategic competencies that would be essential for the success of this vision? If so, which or how can they be identified?
- 4.3.6 Has HACI always obtained value for its investments? Have the operations of HACI been cost effective?
- 4.4 To make recommendations for improving the operations of HACI and suggest the basis for establishing the strategic directions for the next five years of the initiative.**
- 4.4.1 What is HACI's niche and comparative advantage? What gaps can and should HACI be filling? How best can the initiative re-organise itself to achieve this niche?
- 4.4.2 What set of competencies should HACI be developing in view of the changes in the impact of the HIV/AIDS pandemic on children?
- 4.4.3 How can HACI become more regional in its operations?
- 4.4.4 How can the Circle of Hope and Human Rights Based programming be integrated?

5. Specific Research Questions

To address the specific objectives stated above, the following will be some of the questions that we shall need to answer. The questions are grouped according to a) Programme and Field Operations and b) Institutional and structural assessment.

- a) *Specific research questions with regard to Programme and Field operations*
- I Is the vision of HACI still relevant to the operational context in which it is enveloped or are certain adjustments necessary?
- II What has HACI achieved?
- III Are the achievements of HACI consistent with the original vision? If not, what happened?
- IV Is the 'Circle of Hope' framework approach to HACI programming effective?
- V How has HACI performed across the board and especially in achieving the four objectives?
- VI How has the world changed since these four objectives were formulated and what changes does HACI need to make?
- VII Are we getting the most resources to children?
- VIII To what extent has the initiative contributed to the improvement in the lives of children affected by HIV/AIDS (either directly or indirectly)?
- IX What is the strength/added value of the HACI partnership in achieving its objectives?
- X What lessons have we learned along the way? What worked well and what did not? What were the main challenges?

- XI Are monitoring tools and indicators appropriate?
 - XII To what extent have the priority areas of SIDA/Plan Sweden and Plan Netherlands been addressed? (TENs, Capacity Building of African partners, right-based programming, child participation)
 - XIII To what extent have Plan Sweden and Plan Netherlands played a role and contributed to the planning, design and monitoring of the programme
- b) Specific research questions with regard to institutional and structural aspects*
- I Has the structure of HACI enhanced or impeded the operations of HACI (governance, accountability, service delivery, resource mobilization, advocacy, technical exchange, partnership development etc.)?
 - II. Has HACI always obtained value for its investments? Have the operations of HACI been cost effective?
 - III How can the operations of the organizations be improved?
 - IV How have the partners supported the growth and evolution of HACI? Do they have concerns that need to be addressed?
 - V What are the specific concerns of various stakeholders and how have they (or can they) be addressed?
 - VI What set of competencies should HACI be developing in view of the changes in the impact of the HIV/AIDS pandemic on children?
 - VII How should the structure of HACI be adjusted to enhance achievement of future strategic directions?
 - VIII What is HACI's niche and comparative advantage? What gaps can and should HACI be filling?
 - IX How best can the initiative re-organise itself to achieve this niche?

6. Scope of Work

Over the past three years, a number of reviews and assessments have been undertaken on specific components of the initiative. Each of these assessments has produced invaluable information and lessons for the partnership. Notable among these assessments were the one conducted by KPMG in 2003, Accenture in 2004, on the basis of which the current strategic framework was developed. The other is the more recent case study (documenting the experience of HACI operations), undertaken by Simon Muchiru. This evaluation will be expected to build on these other studies.

The evaluation will be undertaken at a number of levels: The regional level to establish the extent to which HACI has achieved its original vision and its adherence to commitments to the Stakeholders, especially SIDA and the Netherlands, whose funding through the corresponding Plan offices provided the bulk of HACI's undesignated funds. The Evaluators will be required among others to review the contracts made between HACI and these donors, subsequent communications between these agencies and HACI; minutes of the annual review meetings conducted between HACI and the agencies especially SIDA and the reports that were submitted by HACI to these agencies. At the regional level, the evaluation will also help establish how HACI has functioned as a regional initiative, showing what regional level impact the organisation has and make recommendations on what HACI could focus on

as the niche for future regional level involvement. The regional level will also assess the extent to which the structure of HADI has facilitated or undermined the work of HADI.

The second level of this evaluation will be undertaken at the country level. While the long term desire will be to undertake the evaluation of HADI programs in each of the nine countries where HADI operates, it will not be possible due to a number of factors. The evaluation will, therefore, cover four sample countries which will be selected on the following basis:

- a. Regional representation
- b. Inclusion of a Francophone country
- c. Ensuring that various HADI projects and programmes are represented
- d. Inclusion of a Portuguese speaking country
- e. Balance between Host Agency representation
- f. Ensuring that donor representative programs are included
- g. Inclusion of ongoing and phased out programs of HADI

In view of these criteria, Ethiopia, Kenya, Mozambique, and Senegal will therefore be the four countries selected for this evaluation as shown by the table below:

	Ethiopia	Kenya	Mozambique	Senegal
Regional representation	Horn	Eastern	Southern	Western
Inclusion of a Francophone country				X
Ensuring that various HADI projects and programmes are represented	PC3	BB	Scaling up Hope	
Inclusion of a Portuguese speaking country			X	
Balance between Host Agency representation	CARE	PLAN	SAVE	SWAA
Ensuring that donor representative programs are included	SIDA, US, Finland, Netherlands,	SIDA, US, Finland, Netherlands,	SIDA, US, Netherlands,	SIDA, US, Netherlands, Global Fund
Inclusion of ongoing and phased out programs of HADI	GATES	GATES funding		GATES

As resources become available later, the remaining Country Programs of HADI (Ghana, Cameroon, Uganda, Malawi and Zambia), will be evaluated. If, however, the evaluation team in consultation with the Secretariat determines that there is essential information or critical lessons in another country other than those herein listed, then such a country may be incorporated in the evaluation as required. The reason for inclusion of that country will be defined in the report. The findings and recommendations of the country level evaluations will be analysed and integrated into the overall evaluation. As much as possible, the country specific findings and recommendations will be communicated to and discussed with the Country Management teams including the CPC, Country office and Host Agency. The country level evaluation report will be disseminated mainly in-country and to those stakeholders for whom the country level evaluation will be of strategic importance. The regional level and country level evaluation will be essentially one exercise. The following will be the expected modus operandi for the evaluation:

6.1 Range of Evaluation Tasks

The Consultant will be expected to perform the following tasks;

- Review HACI manuals, reports and relevant documents related to HACI, to obtain a thorough overview of HACI (set up, operations, structure, strategies etc.)
- Develop evaluation instruments and prepare an evaluation strategy and action plan, which will be reviewed by various stakeholders including: the PPC, the Secretariat, the CPCs, Host Agencies, Country Offices, and some donors. The final sign off on the strategy will come from the Secretariat.
- Implement the evaluation process (Review secondary data, conduct key informant interviews, hold focus group discussions with selected representatives of communities and children, conduct individual discussions with stakeholders including, the PPC, the CPC, the staff, Host agencies, donors, government representatives, previous employees etc)
- Generate a report that should be ready for discussion and circulation by the end of October 2006
- Critically analyse the findings and make recommendations for the improvement of HACI operations including organization structure, framework for service delivery, niche, regional reach etc.
- Provide feedback through ongoing discussions with the staff, CPCs and PPC members as appropriate.
- Make a presentation of the draft report to a selected team of stakeholders at the end of October 2006
- Integrate feedback from the stakeholders into the report to be ready in the first week of November 2006
- Make a presentation of the final report to the expanded PPC meeting due to take place in November (Date to be announced)
- Finalize the report integrating all the findings, recommendations and feedback from the stakeholders and hand it over to the Secretariat.

6.1.1 Deliverables

The Consultant(s) will deliver to HACI:

- The Technical strategy for conducting the evaluation
- Evaluation instruments
- Ongoing discussions and feedback
- Presentations to stakeholders as indicated
- A draft report
- Final report in hard and soft copy
- A summary sheet of lessons learned while conducting this evaluation.

6.1.2 Responsibilities of HACI

- HACI will be responsible for providing approval and sign off on any of the consultants' requirements to ensure quick and efficient delivery of the evaluation
- HACI will provide all needed materials in a timely manner

- HACI will provide appropriate transportation or refund acceptable travel costs incurred by the consultants as part of the evaluation
- Helping the consultants in country with appointments and logistics as necessary

6.1.3 Responsibilities of Consultant

The Consultant will be responsible for the following:

- Submitting to HACI all required deliverables in a timely and professional manner
- Typing services
- Identifying needed appointments and informing HACI accordingly; making appointments and following up on them
- Consultants should be computer literate and should have access to their own PC preferably a laptop
- Meeting personal costs incurred during the evaluation.

6.1.4 Expression of interest

Prospective consultants can express their interest to be considered for the consultancy by submitting a technical strategy to HACI Secretariat, with the following documents:

- Updated CV showing qualifications and experience of the actual individuals who will conduct the study. Availability of other qualified personnel in the firm will be of added advantage but the decision to offer will be based on the strength of the actual persons to undertake the evaluation.
- An action plan with time frame and modus operandi
- A financial quotation (Should be as close to the final cost as possible)
- Commitment letter to undertake and complete the consultancy assignment, indicating previous jobs undertaken at this level.

The evaluation team will consist entirely of external (non-HACI) experts. The consultant(s) will be selected purely on a competitive basis through a bidding process. The announcement will be placed in the papers and applications solicited. The Evaluation Technical Committee will select the final consultant(s) basing on the technical strength of their proposal; the competitiveness of their cost and the strength of the CVs among others. Evaluation team members will be selected and approved jointly by HACI and the stakeholders especially Plan Sweden and Plan Netherlands. The team leader is appointed by the HACI secretariat in correspondence with Plan Sweden and Plan Netherlands.

6.1.5 Profile and Qualifications of the Consultant:

The overall evaluation will be conducted by a firm or individual selected on competitive basis. Previous knowledge of HACI and its operations will be useful but not a pre-requisite for selection. The firm or individual selected should however be able to generate a report from their own evaluation of HACI and that of the country level evaluations.

- Minimum of Masters Degree level professional qualifications. Applicants with specialization in M&E will have added advantage
- Previous experience conducting programme evaluations
- Proficiency in Word-processing and Excel computer packages and writing skills
- Experience in HIV/AIDS and specifically OVC programming will be required

- Knowledge of functional French and Portuguese will be a great advantage.
- Gender and child rights expertise should be present in the team.

6.1.6 Suggested Timeframe for overall Evaluation

No.	Activity	Desired Outcome	Number of days	Time Frame
1.	Review HACI manuals, reports and relevant documents related to HACI, to obtain a thorough overview of HACI (set up, operations, structure, strategies etc.)	Consultants upraise themselves of HACI.	3 days	Sep 1 to 4
2.	Develop evaluation instruments and prepare an evaluation strategy and action plan, which will be previewed with various stakeholders including: the PPC, the Secretariat, the CPCs, Host Agencies, Country Offices, and some donors. The final sign off on the strategy will come from the Secretariat. Develop evaluation instruments and prepare an evaluation strategy and action plan, which will be previewed with various stakeholders including: the PPC, the HACI Executive Director and Management, the Technical staff of HACI, the CPCs and some donors. The final sign off on the strategy will come from the Secretariat.	Action plan Evaluation tools ready Consensus on strategy	3 days	Sep 10 to 15th
3.	Attend a consensus building meeting with stakeholder before undertaking the evaluation	Consensus on desired outputs and outcomes	1 day	September 14th
4.	Implement the evaluation process (Review secondary data, conduct key informant interviews, hold focus group discussions with selected representatives of communities and children, conduct individual discussions with stakeholders including, the PPC, the CPC, the staff, Host agencies, donors, government representatives, previous employees etc)	Evaluation completed	25 days	Sep 15th to Oct 20th
5.	Generate a report that should be ready for discussion and circulation by the middle of October	Draft report	10 days	By October 30th
6.	Critically analyse the findings and make recommendations for the improvement of HACI operations including organization structure and framework for service delivery.	Meeting held	Part of the report writing	
7.	Provide feedback through ongoing discussions with the staff, CPCs and PPC members as appropriate.	Consensus, technical soundness, monitoring	Part of the report writing	
8.	Make a presentation of the draft report to a selected team of stakeholders at the end of October	Feedback	1 day	October 25
9.	Integrate feedback from the stakeholders into the report to be ready in the first week of October.	Representativeness	2 days	By October 30
10.	Make a presentation of the final report to the expanded PPC meeting due to take place in October between the 18th and 23rd.	Ownership	3 days	November (Date to be announced)
11.	Finalize the report integrating all the findings, recommendations and feedback from the stakeholders and hand it over to the Executive Director and CEO of HACI.	Conclusion	2 days	November 30th

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