

Sida Funded HIV/AIDS Projects in Zimbabwe

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Sida Evaluation 07/30

Department for Africa

This report is part of *Sida Evaluations*, a series comprising evaluations of Swedish development assistance. Sida's other series concerned with evaluations, Sida Studies in Evaluation, concerns methodologically oriented studies commissioned by Sida. Both series are administered by the Department for Evaluation and Internal Audit, an independent department reporting directly to Sida's Board of Directors.

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Sida Evaluation 07/30
Commissioned by Sida, Department for Africa

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Registration No.: 2005-000123
Date of Final Report: August 2004
Printed by Edita Communication AB, 2007
Art. no. Sida39729en
ISBN 978-91-586-8150-7
ISSN 1401—0402

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Sida

Sida is the development aid agency for the Swedish Government. Currently, the organization specializes in HIV/AIDS prevention, reproductive health, human rights and good governance in Zimbabwe. The Swedish support to Zimbabwe has a strong humanitarian perspective both as providers of food, medicines, and care for HIV/AIDS infected populations. HIV/AIDS prevention activities are included in interventions in the area of human rights and humanitarian support.

List of Acronyms

AIDS	Acquired Immuno-deficiency Syndrome
ANC	Ante Natal Care
AREX	Agricultural Research and Extension
ARV	Anti Retroviral Drugs
BCC	Behaviour Change Communication
BEAM	Better Education Assistance Module
CABA	Children Affected by AIDS
CADEC	Catholic Development Commission
CBO	Community Based Organizations
CSO	Central Statistical Organisation
CSW	Commercial Sex Worker
CRS/STRIVE	Catholic Relief Service Support to Replicable, Innovative, Village/Community Level Efforts
DAAC	District AIDS Action Committee
DI	Deseret International
FACT	Family AIDS Counselling Trust
FOST	Farm Orphans Support Trust
FP	Family Planning
GoZ	Government of Zimbabwe
HBC	Home Based Care
HDI	Human Development Index
HIV	Human Immuno-deficiency Virus
IEC	Information Education Communication
IT	Information Technology
ITDG	Intermediate Technology Development Group
KAPB	Knowledge Attitude Practice Behaviour
LFA	Logical Framework Approach
MASO	Midlands Aids Service Organization
MCT	Mashambanzou Care Trust
MIS	Management Information Systems
MoHCW	Ministry of Health and Child Welfare
NAC	National AIDS Council
NACP	National AIDS Council Programme
NGO	Non Governmental Organisation
NPO	National Programme Officer
NRZ	National Railways of Zimbabwe
OR	Operations Research
OVC	Orphans and Vulnerable Children
PO	Partner Organisations
PRS	Poverty Reduction Strategies
PSZ	Population Services Zimbabwe
RCZ	Reformed Church in Zimbabwe

RUDO	Rural Unity for Development Organization
SAFAIDS	Southern African AIDS Network
Sida	Swedish International Development Agency
SOS	Save Our Souls
STI	Sexually Transmitted Infection
UNAIDS	United Nations Joint Programme on AIDS
UNFPA	United Nations Fund for Population Activities
VCT	Voluntary Counselling and Testing
WAG	Women Action Group
WHO	World Health Organization
WLG	Women Leadership and Governance Institute
WLLGI	Women Land Lobby Group Initiative
ZAN	Zimbabwe AIDS Network
ZAPSO	Zimbabwe AIDS Programme Support Organization
ZimRights	Zimbabwe Human Rights Organization
ZISCO	Zimbabwe Iron Steel Company
ZNFC	Zimbabwe National Family Planning Council
ZNPP++	Zimbabwe Network of People Living with HIV/AIDS
ZWLA	Zimbabwe Women Lawyers Association
ZRP	Zimbabwe Republic Police

Executive Summary

Sida has long identified HIV/AIDS as a strategic area of intervention in development cooperation and formulated a policy “Investing for Future Generations, Sweden’s International Response to HIV/AIDS” to guide implementation. In line with the policy initiative, Sida adopted a non-operational, multi-sectoral approach to combating the HIV/AIDS epidemic. This resulted in Sida forming partnerships with Non-Governmental Organisations (NGO’s), civil society and the private sector to mitigate the impact of HIV/AIDS on vulnerable populations. Specifically, Sida supports community-based programmes, serve for a few sector specific programmes like National Railways of Zimbabwe (NRZ), Zimbabwe Iron Steel Company (ZISCO) and Desert International (DI). After the first cycle of project funding which lasted around three years, Sida commissioned an evaluation of its sector programmes.

The overall objective of the evaluation was to assess the progress achieved towards the expected results and to provide recommendations to Sida and implementing partners to strengthen and/or modify implementing strategies. The methodology of the evaluation integrated both participatory and standard research methods including informal meetings, observations, individual semi-structured and group interviews, client exit interviews and gender checklists, as well as analysing existing documentary sources related to the HIV/AIDS situation in project areas.

Sida works with 19 partner NGOs to reach out to the target populations. Out of the 19 partners, no more than 14 were sampled including CADEC, CRS-STRIVE Project, DESERET, FOST, NRZ, Mashambanzou Care Trust, Musasa Project, PACT, PSZ, WAG, ZAN, ZISCO, ZAPSO, and ZWLA.

The projects are so drastically different in terms of strategies and operations that to appraise their collective impact, accomplishments, failures and lessons is an incredibly difficult task. Some of the programmes have made remarkable contributions, albeit on a limited scale, to both the reduction of vulnerability to HIV infection and enhancement of quality of life of targeted populations. The findings suggest that scaling up activities, broadening interventions, and targeting high-risk groups are likely to have a dramatic impact on behaviour change and consequently, prevalence reduction in Zimbabwe. Similarly, the findings point to a favourable review of the Sida policy but at the same time recommends some important changes to programme strategies.

There is little doubt that that Sida financial assistance has been adequate. In addition to financial grants, Sida provided technical assistance through short term consultancies to initiate organisational changes and to strengthen the capacities of projects in programme planning and management. During the review period, Sida gave assistance for institutional capacity building to a number of programmes including DI, ZAN, ZAPSO and ZISCO to mention a few. However, capacity in proposal and report writing, data analysis and monitoring still remains a big challenge to the programmes. Hence most of the reports have limited information and can not be relied upon for sound decision making. The programmes with support from Sida need to look seriously into this issue and invest in staff development and training programmes for implementing staff.

Similarly, the majority of the organisations lack strong and visionary leadership to the extent that some of programmes operate without strategic and operational plans, despite the fact that Sida has inspired the organisations to prioritise strategic planning and use of the logical framework approach. The issue of human resources and skills base is critical. In some cases, recruitment and selection does not prioritise skills and competences and consequently key positions are filled by grossly under-qualified persons. This brings to the fore the issue of human resources management. It was found that supervision of implementing staff is grossly inadequate and there is poor communication between management and staff. Staff morale and motivation is low across the board and consequently staff turnover is high. Through interviews with project staff, the evaluation team was able to assess satisfaction with manage-

ment processes. It was noted that the decision making process is centralized and in most cases the organisations have hierarchical structures with linear reporting relationships. Poor communication partly due to lack of communication strategy and as well as infrastructure was a major source of concern to the team. For instance, at ZWLA and WAG, it was observed that there is minimal contact between field offices and the main programme offices. Oftentimes, field staff face technical and operational problems that require backing from management but due to lack of communication infrastructure such support is not forthcoming.

For interventions to be effective, they ought to be research driven. In addition to the research function, there is also need to disseminate and share information with policy makers and donors, so that promising interventions can be replicated elsewhere. Moreover, the transferability of “best practices” is enhanced when there is supportive evidence that the strategies employed are indeed related to positive outcomes. Surprisingly, it was found out that the majority of the partner NGOs operate without IT, MIS and Research departments. Similarly, it was found out that most of the interventions are not theory-driven. In the absence of theoretical frameworks, the selection of the target populations was not systematic and lacked scientific justification. Due to lack of formative research studies, one can also conclude that some of the interventions were planned and designed on a limited understanding of the scale of the research problem. This also means that the construction of impact measures were based on inappropriate assumptions. Consequently, evidence of impact at the wider objectives/goal level should not be anticipated.

The lack of baseline studies and data on target populations also hampers thorough analysis of actual achievements and collective impact of the programmes. Without this data it is very difficult to assess actual program coverage of proposed interventions. It should be noted that impact assessment requires meaningful information on the way in which interventions were designed, organized and delivered to the target groups.

Sida policy strategies of mainstreaming cross cutting issues like poverty reduction, gender, human rights, democracy and governance into HIV/AIDS programming are not fully understood and operationalised by the partner organisations. Examining HIV/AIDs programmes in isolation gives, at best, a narrow view of mitigation. Thus different strategies envisaged by Sida can interact additively or multiplicatively to mitigate impact of the pandemic as well as reducing vulnerability to infection. Political sensitivity and mistrust between GoZ and civil society may have contributed to this scenario. This factor was identified as the major barrier to mainstreaming cross cutting issues into HIV/AIDS programming by some of the organisations.

Likewise, gender issues are not well articulated in programming. The majority of the organizations do not have gender mainstreaming frameworks and policies to guide implementation. It was found that women focused organisations like Musasa and ZWLA practised reverse discrimination and deliberately limited male involvement in their programmes. Recruitment and selection practices at Musasa, PACT and ZWLA discriminate against employment of males in key positions to the extent that conceptual awareness of gender issues in these organisations is problematical.

At the sponsorship level, POs reported satisfaction with the partnership and collaboration with Sida. However, disbursement delays leading to funding interruptions, though infrequent, were reported by some partner NGOs as affecting progress. Whilst acknowledging the delays, Sida cited late submissions of financial reports and quality of progress reports and proposals as reasons necessitating the delays. However, in one case concerning the NRZ funding interruptions were caused by inefficiencies in the banking system and in particular, the partner’s bank.

The financial systems and reporting requirements put in place by the POs and Sida are generally sound and adequate. Some systems have been put in place to prevent fraud and abuse of resources. The majority of partner NGOs use accounting software packages to process their accounts. The most

common package used is Pastel. KPMG, the external auditor, is generally satisfied with the state of accounts in most of the organisations they have audited so far. Checks and balances are being observed per best practices in financial management. By and large, the accounts are reconciled on a monthly basis while audits are done annually.

Partnerships and networking is strong amongst some of the organizations. The OVC and HBC projects rely a lot on community participation. With regard to sustainability of interventions, the partner NGOs highlighted the need for continued funding and support as the programmes and targeted populations cannot sustain future operations without external support. For this reason, issues of long-term programme sustainability should be given more consideration.

The clients' assessment of the quality of services given to target populations is generally positive. The majority of the clients felt that the programmes were meeting their stated goals and objectives. However, it was impossible to establish whether the intended (and unintended) outcomes of the programmes materialised; whether the target groups were adequately covered and whether the interventions were implemented as designed as this required a wider range of information at programme, individual, household and community levels. Generally, the service statistics generated by the partner organisations do not capture this information. More specifically the service statistics do not address impact indicators.

Despite efforts to prevent the spread of HIV/AIDS in the project areas, conditions still exist for a rapid spread of infection in the target and general populations. The main reason is that the strategies employed by POs do not address the vulnerability factors holistically. The interventions have hitherto excluded core transmitter groups (CSW and truckers) and other mobile populations (the military, cross-border traders and migrant workers). It is important to note that population targeting for intervention must be done scientifically. In addition, use of formative research like baseline studies and needs assessments is equally important. As things stand, gaps exist in the programmes and due diligence has not been given to components like IEC, BCC, VCT, FP and STI management. Likewise, stigmatisation has not been adequately dealt with in the programmes. For instance, FOST supported OVC in Chipinge complained of the label '*vana veFOST*' (literally means FOST's children) that comes with donor assistance.

Taking into account the findings discussed above, a number of recommendations are proposed to Sida and partner organizations. Some of them are that:

- There is need by Sida to strengthen management and technical capacity of implementing partners.
- Sida should seek proposals of good scientific quality that incorporate a study design appropriate to the stated objectives.
- Sida should insist on gender mainstreaming policies for all organizations they fund.
- Sida should develop a standardized monitoring and evaluation toolkit that should be used as a minimum standard by all funded programmes.
- Sida should broaden the current strategy and take on board programmes targeting high-risk groups like the military and CSWs.
- Sida should develop a funding approach that offers maximum benefit to the intended beneficiaries.
- Sida and its partners should ensure that operational research is directed at enhancing programming so as to make it more responsive to client needs.
- Sida should promote exchange of best practices and successful interventions between POs regarding issues such as OVC, VCT, HBC, and Advocacy.

1. Introduction

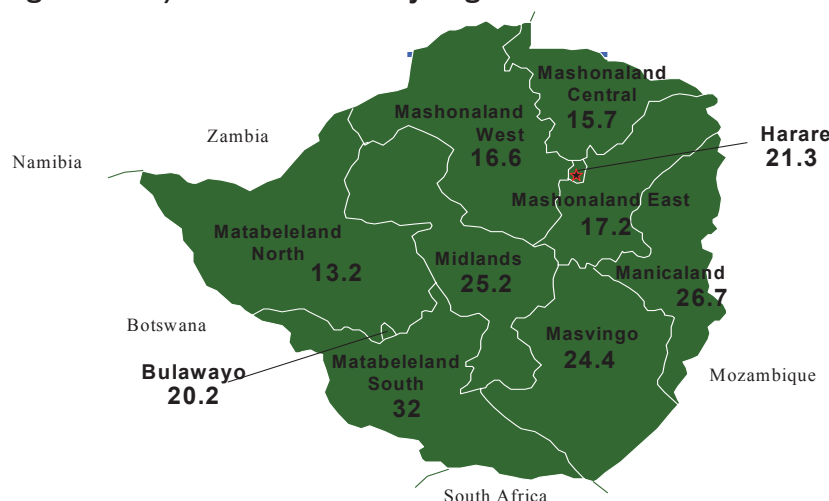
Background

Zimbabwe is a Southern African country with an estimated population of approximately 11.6 million (CSO 2002). While 58% of the population is rural based, 32% resides in urban areas and the remaining 10% in areas not classified strictly as urban or rural. The population is 51% female and 49% male (CSO 2002). Since the first AIDS case was classified in Zimbabwe in 1985, HIV/AIDS has transformed into a major public health challenge. It has put a heavy burden on the increasingly under-funded health sector and consequently the health system has been severely constrained. In addition to the population sector, the pandemic has negatively affected the economic sector, eroding economic and social gains made over the past two decades.

According to UNAIDS, Zimbabwe is at the epicenter of the epidemic with 33.7% of the adult population infected (UNAIDS, 2002). Overall HIV prevalence among ANC attendees for 2002 was estimated at 25.7%, with highest level among the 25–29 age group (MoHCW, 2002). However, there are indications of a declining trend in prevalence rates.

Figure 1, gives an indication of the regional distribution of rates of HIV infection in 2002. The highest rate is observed in Matabeleland South province, while Matabeleland North province has the lowest rate. By and large, provinces in Mashonaland are the least affected by the pandemic. By the end of September 2000, a cumulative of 655 000 AIDS cases had been reported. It is estimated that 2500 people are dying every week from AIDS related diseases [NAC, 2004]. Life expectancy at birth has plummeted from 65 years in the early 1990s to 43 years (UNAIDS, 2001). Similarly, Zimbabwe's rankings on the Human Development Index (HDI) fell from 128 to 145 (out of 173).

Figure 1: HIV/AIDS Prevalence by Region



Source: UNAIDS 2002

The situation of orphans and vulnerable children is worsening in Zimbabwe. The orphan population is estimated to be growing by 60 000 per year. The proportion of orphans is projected to peak to 1.1 million between 2000 and 2005 or one third of all children under 15 years of age (NACP 2003). Currently, there are more than 1 million orphaned children in Zimbabwe (Europa 2004).

HIV/AIDS in Zimbabwe: An overview

- Approximately 1.8 million people living with HIV/AIDS.
- HIV prevalence is 24.4% among the 15–49 age group.
- About 90% of the infected are not aware of their status.
- Approximately 600 000 of those carrying the HIV virus have the signs and symptoms of AIDS and require varying degrees of care and support.
- An average of 2 500 people die as a result of HIV/AIDS per week.
- About 60–70% of under 5 deaths are a result of HIV/AIDS.
- Life expectancy has fallen from 62 years in 1990 to the current 43 years due to HIV/AIDS.
- Incubation period from acquiring HIV to developing full-blown AIDS is 5–10 years.
- Mother to child transmission rate is 30–40%.

Source: Mashambanzou Care Trust, Annual Report, Dec 2003

HIV/AIDS is impacting on all sectors of society. Most notable effects are the breaking down of family structures and children losing parents leading to child-headed households. In addition, attrition of the most productive age groups has resulted in the loss of skilled manpower and income to households. It is important to note that impacts of the pandemic are extreme, affecting all aspects of development and not just health.

Zimbabwe faces a number of challenges in responding to the HIV/AIDS epidemic:

- Due to its falling budget, the health sector is currently unable to respond adequately to the HIV/AIDS crisis.
- To become more effective, the Ministry of Health must eliminate duplication of services and use all opportunities to educate people about HIV transmission.
- Although general awareness of HIV/AIDS is near universal, sustained changes in sexual behavior have not been achieved.
- HIV/AIDS remains highly stigmatized; people are generally unwilling to acknowledge that a death was caused by AIDS.
- Due to gender inequality, Zimbabwean women are especially vulnerable to HIV infection.

Internationally, Zimbabwe has been excluded from benefiting from the Global Fund to fight AIDS, TB and Malaria. Also, other global funding initiatives like United States PEPFAR have excluded Zimbabwe, thus limiting the funds available to fight the epidemic in the country.

Sida HIV/AIDS Program in Zimbabwe

Sida has long identified HIV/AIDS as a strategic area of intervention in Zimbabwe and accordingly included it for development cooperation. Previously, support to HIV/AIDS programmes was provided through the mainstream health sector program. As part of bilateral arrangements between Sweden and Zimbabwe, a Strategic Planning Fund was created for the sole purpose of channelling assistance to the programmes. However, significant changes in the political arena in Zimbabwe compelled Sweden to revise its policy strategies. Development aid to Zimbabwe was reduced by approximately 50% and funding was prioritised to two main areas, namely HIV/AIDS and Good Governance. Consequently, in 2001 Sweden revised its development cooperation policy and adopted the multi-sectoral approach as opposed to bilateral agreements. The major advantage of the multi-sectoral approach is that it reaches out to wider population and economic sectors thus enabling multi-sectoral participation.

The thrust of the revised policy is to mitigate the impact of HIV/AIDS through partnerships with civil society, including community-based organizations (CBOs) and Non-Governmental Organizations (NGOs), and the private sector. Inevitably, the policy shift has seen Sida forming partnerships with various organizations working in the HIV/AIDS sector. Whereas the majority of the interventions are long term, the only exception is the FOST programme which is an ad hoc response to the humanitarian crisis on commercial farms resulting from the implementation of the land reform.

The strategic areas of intervention that Sida supports include but are not limited to the following:

1. Prevention of HIV transmission focusing on increasing knowledge, risk perception and health-seeking behavior among the most vulnerable groups.
2. Promoting the expansion of STI/HIV/AIDS information and services to ensure universal access of target populations;
3. Encouraging community, private, and civil society collaboration and involvement;
4. Advocating a policy environment that allocates increased resources to historically and culturally disadvantaged and vulnerable populations; and
5. Promoting and supporting home-based and community-based programs to provide care and support to people infected and affected by HIV/AIDS.

Some of the proposed target populations include in-school and out-of-school youth, women, men, people infected with HIV/AIDS and households affected by HIV/AIDS. Sida works through 19 partners to reach out to the target populations by providing financial and technical assistance. Of these 19 partners, only 14 were included in the evaluation exercise. The sampled partners include CADEC, CRS-STRIVE Project, DESERET, FOST, NRZ, Mashambanzou, Musasa Project, PACT, PSZ, WAG, ZAN, ZISCO, ZAPSO, and ZWLA. The table below shows the details of the implementing organizations that are funded by Sida.

Table 1: Implementing Strategies and Target Population

Organization	Core Business	Target Population
1. Mashambanzou	- Provision of quality care and support for poor people infected with HIV. - Assisting orphans and vulnerable children who are in difficult situations.	- Terminally ill - OVC
2. PACT	- Strengthening the capacity of local NGOs. - Provision of grants to CBOs for scaling-up home-based care.	- Terminally ill. - CBOs
3. FOST	- Provision of educational assistance to OVC. - Promoting community care for children without alternative care through the establishment of foster care schemes.	OVC
4. DESERET	- Developing a critical mass of trainers and peer educators in schools. - Education for life training. - Promoting behavioral change.	In-school youths
5. CADEC	- Increasing access to education of primary and secondary children, mostly orphans. - Improving the economic security of the households with children affected by AIDS.	OVC
6. Musasa Project	- Raising public awareness of domestic and sexual violence. - Promoting gender equality and sensitivity.	Abused women and children.
7. ZWLA	- Provision of free legal aid and empowerment of women. - Court monitoring of women's maintenance claims.	Women and children

Organization	Core Business	Target Population
8. ZAPSO	• Providing comprehensive and coordinated training in counseling communication and care to the workforce. • Enhancing the capacity of business and community groups to manage HIV/AIDS prevention and care at the workplace.	• Workforces • Industry and Commerce
9. PSZ	• Recreational activities offered as edutainment. • Session delivery through group talks and individual counseling. • Motivation meetings and distribution of IEC materials	• Out-of-school Youths
10 CRS-Strive	• Awareness and caring for infected and affected children. • Educational assistance.	• OVC
11 NRZ	• Awareness campaigns through peer education. • Management and Treatment of STIs.	• Employees and their families
12 WAG	• Advocacy for women's rights. • HBC and orphan care • Health education to women	• Women and OVC • Terminally ill
13 ZAN	• Training and technical support for member organizations. • Facilitating coordination and information sharing. • Lobbying and advocacy on HIV/AIDS issues.	• HIV/AIDS Organisations
14 ZISCO	• Awareness campaigns and training of peer educators. • Management and Treatment of STIs.	• Employees and communities

Objectives of the evaluation

The overall objective of the evaluation exercise was to assess the strengths, weaknesses, accomplishments and failures of Sida-supported initiatives and to provide practical recommendations to Sida and implementing partners to strengthen and/or modify implementing strategies. The specific objectives were:

- To determine whether the assumptions and strategies considered by Sida/Partner Organizations were still valid;
- To measure the extent to which program objectives were achieved;
- To measure the impact of the interventions on the target populations;
- To determine if capacity building was taking place and was effective;
- To review Sida HIV/AIDS sector policy and support activities; and
- To document lessons learned and future directions emerging from the exercise.

Methodology

The methodology of the evaluation integrated both participatory and standard research methods including meetings, observations, individual interviews, group interviews, client exit interviews and checklists. The participatory tools allowed respondents the ability to understand the research process and thereby give answers that were more likely to be thought through. On the other hand, standard research tools allowed for collection of data that involves specific variables that require quantification and comparisons. The Logical Framework Approach (LFA) was used as a point of reference for the evaluation. The LFA, though sparsely used by projects, proved to be a useful tool for monitoring and verifying the progress and impacts of projects. A gender checklist was developed to collect information relating to gender issues. A gender analysis tool was used to rate the gender sensitivity of the each of the projects under review.

In order to answer the objectives outlined above, the following methodological mix was considered:

1. Review and examination of documents such as project proposals, project agreements, project amendments, studies and research papers related to the HIV/AIDS situation in project areas, bilateral and tripartite agreement;
2. Meetings and discussions with the NPO HIV/AIDS and Gender at Sida and programme staff of partner organizations (POs);
3. Review of monitoring and evaluation reports;
4. Site visits to project funded areas to enable the research team to have contact with service providers, beneficiaries and target populations;
5. Interviews with partner organization representatives and Sida focal persons;
6. Group and individual interviews with beneficiaries, target populations and vulnerable groups;
7. Observations and anecdotal data; and
8. Debriefings with Sida focal persons on conclusions and recommendations.

The interviews captured stakeholders' views on progress and performance and sought to identify needs and guidance for future activities. The methods assessed whether interventions were effectively applying strategies, and whether the approaches and strategies used were effective in mainstreaming HIV/AIDS and gender issues into the various levels of programming. The evaluation exercise also sought to determine the level of inter-agency coordination and achievements related to project activities.

The respondents were asked to assess project activities in relation to their relevance, complementarities, and ability to reach target populations. The level of knowledge and participation of project staff in management, monitoring and evaluation, and decision-making was also assessed. An instrument with a combination of fixed-response and open-ended questions was administered to samples of youth and women to assess the impacts of the interventions. Client interviews mainly focused on the following issues:

- Do the clients or beneficiaries receive the services they come for or they are seeking?
- Do they receive information related to the service they receive?
- What do they like best about the facility?
- What do they like least about the facility?
- What are their suggestions on improving the quality of services?

Limitations of the study

This assessment does not meet the test of a formal evaluation. Therefore any links drawn between interventions and impacts on target populations would at best be spurious. There are so many other confounding variables at work which have not been addressed in the study designs. Thus it is impossible to rule out the possibility that any changes observed might have occurred irrespective of the interventions sponsored by Sida. For instance, there are other NGOs not funded by Sida doing prevention and related activities in the same project areas as Sida-supported ones. The lack of comparison groups is another limitation. For this reason, it is extremely difficult to assess the extent to which social and economic changes generated by the interventions have influenced behaviour change and reduced vulnerability in project areas.

Similarly, the evaluation exercise has its own internal weaknesses in that its findings lack generalisability largely due to design issues. The information collected is qualitative and relies heavily on personal experiences. Non-probabilistic sampling techniques were used. More importantly, the sample sizes for client exit interviews were small. Accordingly, the analysis is limited and inferential statistics cannot be computed.

Limitation also related to the coverage of partner organisations as not all the partners were included as initially planned. Out of the 19 organisations supported by Sida, only 14 were sampled. WLLGI could not be located at the address provided and WLLGI has ceased to operate. At least 2 other partner organisations were uncooperative to the extent that the evaluation team failed to obtain meaningful information and the requisite project records. Similarly, vital evidence was missed due to the inadequacies or lack of MIS. The manual filing systems of some of the organisations are in shambles. For instance, logframes and strategic plans could not be located in the files though it was reported that they were documented.

2. Findings: Organisational Issues

Organizational Structure

The 14 partner NGOs surveyed had structured organograms that clearly defined how communication and work flow through the organizations. The typical organizational chart is a hierarchical structure with linear reporting relationships. At the top of each organization is an executive director (though others come with unique titles such as Chief of Party, Chief Executive Officer, Managing Director etc.), who in turn is responsible to the board. However, it should be noted that some of the titles do not auger well for not-for-profit organisations and consequently do not inspire confidence in the same. For instance, MD and CEO are titles mostly associated with profit making, private enterprises and send wrong impressions to the public and donor communities. Sector specific programmes, such as NRZ and ZISCO, are structured differently from the others. The workplace programs are not independent of any other health, safety and welfare related issues within the respective companies. The programme managers are answerable to company line management. There is an inherent weakness and it looks like the programmes operate at the “whims of top management”. The way top management decides on what social services to offer at a particular moment in time has a strong bearing on the operations of the HIV/AIDS programmes.

More important to the structure is the communication process, which is a fundamental element of management. It was generally observed that the communication process is uni-linear with information cascading from top management down the structure. The major disadvantage of linear reporting is that it is affected to a great extent by interpersonal skills and the nature of relations between the superior and subordinate. If there is no proper interaction, it means that subordinate has no recourse to the decision by one's superior. In most cases it was found that decision-making is a prerogative of one individual, mainly the executive director. This is a structural defect that needs rectification, as the work of NGOs should involve all stakeholders in decision-making.

Through interviews with the staff of different projects, the team assessed satisfaction with management processes. It was noted that some of the program directors and managers lack visionary leadership and are not guided by any leadership principles. When prompted to articulate team-building activities being undertaken by programmes some of the managers failed to provide convincing answers. Communication between management and staff was rated poorly. At some organizations, staff morale was said to be low and tension between program management and project staff was evident.

Notably lacking in the organizational structures of most POs are IT and research departments. These two inter-related departments are crucial in that they deal with information management and monitoring and evaluation. Without them programmes are like a “ship without a navigator”. CRS Strive Project is the only notable exception. Needless to emphasize that it is only through well-structured organizations that service delivery to targeted populations is assured.

Program Planning and Design

While some interventions are of high calibre, many others are weak. It was noted that the majority of projects were not supported by theoretical frameworks. Again very few interventions have well articulated study designs. The finding points to inadequacy of planning skills in the projects. It should be noted that frameworks provide program managers with logical concepts, principles and rules for implementing programs. In the absence of theoretical frameworks, one can conclude that interventions were planned and designed on a limited understanding of the scale of the development problem. It also means that construction of impact measures were based on inappropriate assumptions. Thus one should not therefore, anticipate much evidence of impact at the higher objectives/goal level.

Whilst some of the interventions operate with logframes, some of the indicators on the logframe were not operationalised. Similarly, some of the indicators were not related to stated objectives. Yet the tool is a basic requirement for Sida-funded programmes. Consequently, there were gaps in the information supplied about the logframe. Very few implementing staff members were knowledgeable about the logframe, its use and purposes. Not surprisingly, the majority of project staff interviewed failed to distinguish the differences between purpose and impact indicators. Likewise, the project staff had a relatively poor understanding of monitoring systems and tools. It should be noted that for projects to demonstrate impact, the indicators and target levels should be appropriate and carefully chosen.

The selection of target populations was not systematic. The majority of the projects could not justify the selection of target populations. This shows that programming is not evidence-based. Without proper planning and designing, it is difficult to find evidence on whether programmes are working or not.

The planning processes were not participatory with little input coming from the targeted populations. It is important to note that stakeholders are more likely to be committed to a program if they are involved in its planning from inception. To increase program ownership, planning should be done in a way which is bottom-up, participatory and collaborative.

The evaluation revealed certain anomalies in programme designing which make it rather difficult to determine precisely the impact of the interventions. To this end, the majority of the interventions reviewed have methodological shortcomings. Very few POs reported having conducted formative research studies and baseline surveys. Others like FOST and DI conducted baseline surveys well after implementation had begun. It is important to collect baseline indicators as they form the basis of comparisons with mid-term and end-line surveys.

Another methodological issue that needs careful attention is that of selecting appropriate study designs as well as defining appropriate variables for measuring demographic and epidemiological changes. It was observed that all the programmes are non-experimental in nature. Since most of the interventions lack comparison groups, it was not possible to test the direct impact of the projects on sexual behaviours of the target populations. Measures must therefore be developed carefully to capture changes during the reference period of the interventions. In general, some of the objectives and indicators built into the designs were not specific, measurable and time-bound.

The OVC interventions (CRS Strive Project and FOST), the behaviour change interventions (NRZ and DI) and home-based care programmes (Mashambanzou and PACT) are good examples of models that have potential to mitigate impact of HIV/AIDS. However, due to the aforesaid methodological short-

comings it would be difficult to measure their effectiveness and impact. Therefore, one has to be a little cautious in interpreting the results and drawing conclusions from such studies.

Human Resources

The current staff levels and skills in some of the projects are grossly inadequate. Some of the organizations are multi-disciplinary with experts drawn from different fields. Projects like CRS-Strive and PACT have well-trained staff who are capable of handling the diverse areas of project implementation. While PACT and CRS-Strive have expertise in monitoring and evaluation, other programmes do not have these skills. Whereas projects like ZWLA, and WAG have experienced high staff turn over due to poor remuneration policies, others like CRS-Strive have had to rationalize staff due to inadequate funding. Unplanned and unexpected staff changes affect continuity and sustainability of operations.

The common practice among Sida partners is to appoint individuals on the basis of qualification and skill rather than background. However, past recruitment practices at DI were based on nepotism and religious affiliation. Generally, religious influence has affected recruitment at church run organizations resulting in under-qualified staff manning key programme positions. The evaluation team found the current practice of excluding men from key positions in women-focused organizations like Musasa, Pact, and ZWLA disconcerting. In such cases where organisations narrow their recruitment base, key skills become increasingly difficult to identify.

Most of the projects are run on a professional basis. Programming is guided by policies and plans. Financial, transport and human resources were the most popular policies cited by the implementing partners. However, strategic focus is lacking as shown by the fact that very few organizations have documented strategic plans. Where the strategic plans are available, there is no linkage with operational and/or sectional plans. Strategic plans provide general performance expectations and thus help project staff understand how they are expected to perform including the minimum standards. Only a few organizations, namely CRS, Mashambanzou, ZAN and CADEC have gone through the strategic planning processes and have documented plans. Others reported have gone through the process and that plans are at the formative stage.

Almost all the organizations conduct staff performance appraisals at least once a year although they are not linked to remuneration. It is important to note that appraisals present managers with an opportunity to review progress and performance and also set new targets for staff.

The greatest challenge facing the majority, if not all, of the Sida funded projects is attracting and retaining a qualified staff cadre. At the time of evaluation CRS, Mashambanzou and DI indicated the need for more staff.

Cross-cutting Issues

It was widely acknowledged by the programme directors that HIV/AIDS interventions are inter-related with family planning, gender, poverty reduction, and human rights. Yet not a single PO is following the Sida policy strategies of mainstreaming gender, poverty reduction, human rights, and democracy and governance issues into HIV/AIDS programming. It was also surprising to note that few organizations have mainstreamed gender issues into HIV/AIDS interventions despite the fact that women are more vulnerable to HIV/AIDS than men. Whereas Musasa Project, WAG, and ZWLA mainly target women, their responses are not particularly focused on HIV prevention. Clearly, the needs of women living in the communities with regard to HIV prevention are not being met. The POs should attempt to address the power imbalances between women and men, girls and boys by facilitating and encouraging all these sub-groups to participate equally in HIV/AIDS prevention efforts.

One would expect the POs to incorporate poverty reduction strategies in their programming to improve food and economic security of households affected by HIV/AIDS. The majority of clients interviewed felt that this is one area that the programmes are not adequately addressing. Only RUDO, CADEC, FOST and CRS Strive are engaged in activities to enhance employment and income opportunities as well as food security situation of households in their respective project areas. At the community level, FOST and CADEC mitigate the effects of poverty by mobilizing communities to establish nutritional gardens and communal fields to cater for the needs of OVC. As a result of this approach, FOST reported that the rates of malnutrition in the project areas are lower than the district average. On the other hand, programmes like Mashambanzou focus on the short-term needs of households by distributing food handouts to families of inmates at their halfway home in Waterfalls. However, such strategies are not long-term and their impact is insignificant. Similarly, few POs have integrated democracy and human rights issues into their programming. Political sensitivity was identified as the major barrier to mainstreaming democracy, governance and human rights issues into service delivery. Apparently, the government feels challenged and threatened and suspects that NGOs dealing with these issues are motivated by hidden political agendas. Nonetheless, POs like Musasa Project, CRS, FOST, ZWLA and WAG deal with sectional issues pertaining to women and children's rights. As aptly put by one of the directors:

"The issue of human rights is a contested terrain and as such it becomes easier to talk about children's rights".

CRS works in partnership with Peace and Justice Youth Parliamentary program and Child Protection Society (child friendly courts) to address children's rights and other issues affecting children. FOST liaises with the police in cases of child abuse. By and large, the designs of the programs have proved to be ineffectual in integrating the various strategies advocated by Sida into HIV/AIDS programs, in spite of their own good intentions.

3. Findings: Programmatic Issues

Goals and Expected Results

The ensuing section gives a glimpse of the goals and expected results of some of the partner organisations that were evaluated.

Deseret International seeks to increase the knowledge on HIV/AIDS in youths who are still in secondary schools. Emphasis is on behavior change as opposed to the use of condoms. Their goal is to reach all schools in Bulawayo and Matabeleland North and expected results are that students should change their behavior. Deseret International has reached targeted population that is students in secondary schools. So far a total of 146 schools have been reached in both Bulawayo and Matabeleland North.

The goals and expected results of the NRZ Workplace Program are to reduce the incidences of absenteeism due to illness as well as staff turnover attributed to HIV/AIDS related deaths. At personal level the preservation and prolongation of life are fundamental. The NRZ program is dynamic and its adaptability has brought positive results for the organization and has facilitated the achievement of their stated objectives as well as targets. The NRZ AIDS Prevention and Control Programme started in 1987 and its thrust was providing HIV/AIDS awareness to its highly mobile workforce. Besides HIV/AIDS awareness the programme now also offers counselling services to the infected and affected NRZ staff and home visits to the very sick. It has also set up an orphan fund which is however failing to take

off. In terms of target population the programme initially targeted NRZ staff and has now moved to involve their partners and immediate families. To date it is estimated that about 70 000 people, both within and without the NRZ workforce have received services from the programme.

FOST was initiated and registered in 1997 as a response to an economic and orphan support crises in the large commercial farms in Chipinge. It has since spread to many parts of Manicaland province. FOST aims to cover psychosocial and material support of vulnerable children. They have a deliberate policy to keep children within the community of their origin and thus not risk separating siblings. Their desire is to have a psychosocial support officer to mainstream psychosocial support.

The goal of ZWLA is to assist vulnerable and poor women with legal assistance of any kind free of charge. The end results being that women would stand up in court, negotiate with confidence, negotiate meaningfully and are empowered. For children, the goal is to assist the children both boys and girls to report cases of abuse, whether sexual or abuse with regard to inheritance rights.

The goal of Population Services Zimbabwe project is to provide adolescent reproductive health services including counseling, education, and treatment to out-of-school youths through youth friendly centers. The expected results were youths with open minds who can freely come forward and discuss their reproductive health problems. The strategy is to attract youths to the center through games and then get an opportunity to discuss issues of concern.

The CRS-Strive project has two strategic objectives. Firstly, it aims to improve care and support to children affected by HIV/AIDS throughout Zimbabwe. Secondly, it aims to empower local partners to address HIV/AIDS in the communities, with particular emphasis on youth and children affected by AIDS (CABA).

The aim of PACT-Zimbabwe is to establish and equip HBC programs. Pact works with 13 CBO/ASO partners to expand HBC programs to 13 communities through Zimbabwe. This involved training community caregivers in medically acceptable HBC skills, setting up HBC service delivery systems with trained community volunteers and supervisors, and distributing HBC kits. in communities. The expected result is that the infected are properly cared for and correctly referred for services within the community.

The ZISCO Peer Education Programme (ZPEP) falls under the department of welfare which is concerned with provision of welfare services to ZISCO employees. The program is tasked with spearheading any activities relating to peer education issues to do with HIV/AIDS in the workplace. In addition to peer education activities, it has carried out awareness campaigns, training of trainers courses in peer education, communication and counselling for supervisors as well as community outreaches.

Vulnerability

Adolescent girls and young women remain the most vulnerable groups in the project areas. It has been highlighted elsewhere that intergenerational and transactional sex are major contributory factors to the vulnerability of these population subgroups. It was noted during the evaluation that limited access to economic and educational opportunities increased the vulnerability of women and girls to HIV infection. Compounding this are gender roles and social norms that deny women sexual health knowledge and practices that prevent them from controlling their bodies. It was also noted that programme strategies do not probe and address stigma despite the fact that it enhances vulnerability to HIV infection and compromises attainment of human rights especially for women.

Nonetheless, young men are also vulnerable though to a lesser extent compared to young women. It is unfortunate that the PO's interventions are not targeting CSWs as this group is the main source of infection for young men seeking initiation into the adult world. The position of the mobile workforces

within NRZ is unique. They remain at high risk and in the same breadth are a core transmitter group due to their mobility. Consequently, their spouses are at high risk of contracting the HIV virus.

Target Populations

HIV/AIDS interventions are usually directed towards target populations which often possess characteristics different from other population sub-groups. Some of the proposed target populations defined by Sida include in-school and out-of-school youth, orphaned and vulnerable children, women, rural and urban poor, and people living with HIV/AIDS. However, high-risk groups or core transmitter groups identified in the literature like commercial sex workers, truck drivers and the military forces are not targeted.

The selection of households targeted for interventions has had a share of its own problems particularly in the OVC and home-based programmes. Reports of double counting and selection biases are rampant. To overcome this problem CADEC has put in place community structures (chief's committee) to assist in the unbiased selection of households to receive its interventions. On the other hand, CRS Strive project has put in place monitoring tools to eliminate double counting.

Children: A minor focus of Sida HIV/AIDS strategy has been on children. Organisations such as CRS-Strive and FOST focus exclusively on OVC. They also focus on children's rights.

Youth: A major focus of the Sida HIV/AIDS prevention strategy has been on In-school youths. However, out-of school youths have not been effectively targeted by the interventions. Only PSZ has a programme for out-of-school youths. The programmes that have been working with in-school youth are CRS Strive, CADEC, Deseret International and FOST. To a certain extent CADEC also targets out-of school OVC through a life skills programme. NRZ also covers youths but only focuses on youths who are dependents of their employees. However, given that CSWs, a core transmitter group and main source of HIV transmission among the youth, are not targeted under current strategies, the youth remain at high risk of HIV infection.

Women: Women are a major focus of prevention efforts of Sida funded projects. Activities around issues of wills and inheritance, legal education and care giving are quite popular amongst women. However, at-risk groups such as pregnant and lactating mothers remain largely outside the purview of current programs. Similarly, other at-risk groups such as domestic workers and orphaned girl children who are susceptible to sexual abuse are not sufficiently targeted.

Men: Men remain an important high-risk group given that most of the HIV transmission is heterosexual. A number of risk factors are present for rapid heterosexual spread of HIV/AIDS in Zimbabwe. These include sexual networking, widespread multiple partnering, high mobility for certain groups, high prevalence of STIs, and untenable "dry sex" practices. Conditions of poverty, high unemployment and lack of access to treatment facilities are contributing factors.

The general finding is that programmes target specific groups and exclude others. However, there is need for a holistic approach. Programmes should broaden their target populations. In cases where scaling out is not feasible, the individual programmes should link up with other Sida programmes reaching out to the concerned groups in their areas.

Program Implementation

Program implementation has been reported successful. The majority of the programme managers interviewed reported that programme implementation is on track, whilst others reported incomplete implementation of activities. Capacity building and technical assistance were reported to be satisfactory. However disbursement delays, funding interruptions and supervision problems have also plagued some of the Sida-funded programmes.

At DI, internal problems and the slow implementation of the internal change processes has resulted in delays in disbursement of funds leading to complete stalling of certain aspects of the programme and slowing others. The partnership with ZNPP++ was unsuccessful and the contract was terminated. The initial partnership with RUDO was successful and the orphan care programme has since been transferred to CADEC. However, RUDO is still collaborating with Sida through the CRS Strive Project. Implementation in the rest of the programmes is on-going with a few projects about to come to an end.

Overall, POs reported satisfaction with the partnership and collaboration with Sida. However, POs with basket funding were concerned with multiple reporting frameworks. The different donors have different expectations with regard to reporting. Oftentimes organizational time is wasted on reporting. They indicated that donors should agree on a single framework for reporting in order to minimize time and resources spent on generating reports. This requires Sida to liaise with other donors on this issue to chart the way forward.

Monitoring and Evaluation

The need for institutional strengthening in monitoring and evaluation is quite evident. The majority of the projects lack in-house capacity to monitor and evaluate their activities. This hampers thorough analysis of the activities being undertaken. This could be related to the overall level of skill in the projects. As noted earlier, very few of the partner organisations have research departments or dedicated M&E personnel. The most notable exceptions are Deseret International, Pact, CRS-Strive and ZWLA. Yet Sida expects the POs to generate regular progress reports for its consumption. The above organisations have impact monitoring systems that collect service statistics though there is need to improve the systems. For instance, DI has put in place a database that captures data on the 146 secondary schools covered by the project. This data is available on diskettes and hand copies. FOST employs a monitoring system which ensures that there is transparency in the various departments of the project. There are spot checks for food, uniforms and stationery stocks. For the Mashambanzou project, four teams of nurses move around the communities monitoring home-based cases. A management information system (MIS) that captures data on activities including drugs and movement by vehicles is in place and can be accessed at any time. ZWLA employs evaluators that sit-in on court sessions and make comparative observations during court proceedings. Their observations and analysis show that ZWLA trained women are more confident and more articulate in court than their counterparts without ZWLA experience. Similarly, children were reported to be more open and tended to report accurately about all forms of abuse following ZWLA awareness sessions. All cases are well documented with date, age, nature of problem and mitigation applied.

With regard to evaluations, Sida has a deliberate policy to carryout evaluations at mid-and end-terms of each projects. The evaluations are commissioned by Sida and carried out by independent experts. Examples of partner organisations evaluated to date are CADEC, Deseret International, Mashambanzou, Musasa Project, NRZ, and Pact, just to mention a few.

Generally, monitoring and evaluation of programmes is not standardized. The need for a toolkit for this purpose need not be overemphasized.

Log Frame Indicators

As indicated in Table 2, some of the projects have logframes with well defined indicators that can be helpful in measuring success at the purpose level (Table 2). In practice, however, the indicators are never tested. Nevertheless, it would be more useful to separate health related, household and general indicators for ease of tracking changes. Furthermore, the indicators are not objectively verifiable i.e. they are not SMART. In general, the format for indicator formulation needs improvement.

Table 2: Examples of some of the indicators used to assess the impact of Sida-supported projects

Organisation	Indicator	Verification Means	Periodicity
CADEC	1. Increased participation of orphans in community mobilization. 2. 90%+ school attendance and 90%+ cases of illness attended to monthly. 3. 100% supply of food, soap and vaseline to child headed families. 4. 12 self sufficient and productive projects. 5. 180-trained orphan care givers (facilitators). 6. 6 groups of trained church leaders. 7. 5 groups of chiefs committees.	KAPB School records Registers Clinic records Financial reports Workshop reports Field reports	Annual
Mashambanzou	1. Increased knowledge of HIV and AIDS. 2. Increase in the number of children catered for under feeding schemes. 1. Increase in the patients admitted for palliative care.	MIS	Biannual
NRZ	1. Increased knowledge of HIV and AIDS. 2. Partner reduction 3. Increased condom use. 4. Increase in health seeking behaviour	KAPB KAPB	Annual
PACT	1. Health seeking behaviour 2. Increased knowledge of HIV and AIDS 3. Risk reduction 4. Consistant use of condoms	CS Surveys KABP MIS	Annual
PSZ	1. Increased knowledge of HIV 2. Reduction in STI cases among the youth 3. Increased use of condoms 4. Reduction in unwanted pregnancies 5. Increase in utilization of recreational facilities by youths.	KAPBs especially among youth MIS	Biannual
ZAPSO	1. Increased knowledge of HIV. 2. Provision of and consistent use of condoms 3. Number of trained peer educators	KABP Service Statistics	Annual
ZWLA	1. Clients received favourable court orders 2. More people asserting their legal rights and using the law to guide them.	Service statistics Workshop Reports	

Operations Research

As indicated above, the POs have so far neglected operational research. On the contrary, key issues such as stigma would benefit from further research. The issue of stigmatization, as highlighted in client exit interviews, is preventing target populations from seeking services from PO's. Likewise, OR is needed to direct strategies so that the programmes become more responsive to the needs of stakeholders. Currently, the capacity of programme managers to enhance desired effects and to minimize undesired effects is greatly compromised due to lack of OR. The data that is currently collected does not make much sense if it is not analysed and packaged for management needs.

Financial Management

The financial systems that have been put in place by the POs and Sida are generally sound and adequate. Sida expects its partners to operate within agreed budgets and contracts. Where need arises, Sida expects partners to seek consent for budget adjustments and amendments. Sida expects audited accounts from its partners on an annual basis. KPMG are the external auditors contracted by Sida to audit POs books. To date their work has been exceptional.

It was found that almost all the POs reported that they have put systems in place to prevent fraud and abuse of resources. They have established financial databases and use accounting software packages to process their accounts. The major serious issue of abuse of resources was reported at ZNPP++ and this led to the termination of the contract. A case involving unauthorized expenditures was also noted at ZISCO. However, it was resolved amicably between Sida and its partner.

Generally, the people manning the accounts department are qualified and have adequate accounting skills. A common finding was that accounts are reconciled on a monthly basis while audits are done annually. Checks and balances have also been put in place. As per best practices in financial management, different people do requisitions, approvals and signing of cheques.

As indicated earlier on, Sida has been proactive in dealing with financial issues. Where anomalies are detected, Sida engages the offending partner to get to the bottom of the issue. External auditors KPMG are brought in if the issues are serious. This has worked very well for both Sida and POs except in one case involving ZNPP++ where funding was unilaterally withdrawn due to the gravity of the situation. Nonetheless, some programmes need technical assistance in strengthening their financial and administrative systems.

4. Findings: Program Results

The evaluation team designed a tool that rates the POs against key result areas. Whilst the tool is not perfect, it provides a rough picture of the performance of the POs. The results are shown in Table 3 below. As noted earlier, the majority of the organisations operate without strategic and operational plans. Typically, strategic plans and operational plans are not linked. The majority of the POs were rated as employing good strategies. However, there are mixed results as regard mainstreaming of poverty reduction strategies and gender sensitivity.

Table 3 Rating of Programmes by Key Result Areas

Organization	Strategies	Logframe	Management Structure	Strategic and Operational Planning	Poverty Reduction Strategies	Gender Sensitivity
CRS Strive	Good	Good	Very Good	Documented	Low	High
Mashambanzou	Good	N/A	Very Good	Not documented	None	None
NRZ	Good	Good	Needs Improvement	Not documented	None	Low
PACT	Good	Good	Very Good	Documented	None	Low
FOST	Good	Good	Very Good	Not documented	None	High
CADEC	Good	Good	Needs Improvement	Initiated but not documentd	Low	Low
PSZ	Good	Needs Improvement	Good	Not documented	Low	Low
ZAN	Good	N/A	Good	Documented	N/A	N/A
DI	Good	Needs Improvement	Needs Improvement	Not documented	None	High
MUSASA	Somewhat	Good	Needs Improvement	Not documented	None	Low
ZWLA	Somewhat	Needs Improvement	Needs Improvement	Needs Improvement	None	Low
ZISCO	Somewhat	Poor	Not defined	Not documented	None	Low

Commenting on the service provided by Deseret, beneficiaries indicated that they were satisfied with their strategies, mainly because it offers information they cannot get from parents. The activities were described as fun, entertaining and challenging. In this regard, DI has encouraged openness, improved communication and created an enabling environment for dialogue between students and teaching staff on sexuality and reproductive health issues. The beneficiaries reported improved decision-making skills, confidence levels and positive attitudes. The program has also been useful in the daily living of the beneficiaries insofar as access to information on HIV and AIDS is concerned, thus reducing their vulnerability and risk of exposure.

According to key informants, the NRZ program has succeeded in raising awareness about HIV/AIDS to the highly mobile NRZ workforce “*so much that whoever engages in risky sexual behavior does so out of choice, not ignorance*”. The NRZ workers have been empowered to counsel and hold discussions on HIV/AIDS issues self-confidently. NRZ key informants felt the program was succeeding in meeting people’s needs and has managed to reduce HIV related mortality: “*Whereas a lot of conductors were lost between 1995 and 1997 due to AIDS, not even a single conductor died in 2003*”.

The PACT Ruvheneko Project is a good example of innovative programming in that it integrates HBC, OVC, VCT and psychosocial support services. The HBC volunteers are provided with transport (bicycles) for home visits, whilst hospitals are equipped with vehicles, laboratory equipment, ARV drugs, counseling skills and staff. Thus the quality of care is well enhanced. The coordination is on-site and the different components are linked together on one site.

Partnerships and Networking

Partnerships and networking is quite strong amongst the partner organizations. For instance, CRS works in partnership with sixteen partners and Pact is working with 13 community-based partners. The partnerships ensure that POs reach remote communities. There is also evidence of networking and information sharing amongst some of the partners. Networking happens at defined levels and networking has been extended to government departments such as local government, agriculture, home affairs, transport, social welfare, health and education. However, some barriers have been

encountered in trying to develop partnerships and networks with ministries and departments due to the bureaucratic nature of government operations. Sector programmes like DI and NRZ have managed to penetrate government ministries with some measure of success. To this end, the POs have also integrated project components into the health care system at various levels.

The NRZ program is reportedly working in liaison with ZAN, SAFAIDS, FACT, MoT and Matebeleland AIDS Council. FOST is well networked with other NGOs and CBOs operating in their project area, notably Plan International, World Vision, Red Cross, Ministry of Health, Ministry of Education, ZRP, Ward Councilors, Department of Social Welfare, Chipinge Rural District Council and District AIDS Action Committee (DAAC), FACT, Catholic Development Program, Christian Care, among others. The Rural District Council serves as a coordinating mechanism through the District AIDS Coordinating Committee. The DACC makes sure there is no duplication of services or overlap. The DACC provides a forum for actors and partners to share reports and exchange information.

The CADEC project has made linkages with Dutch Care, Care International, Reformed Church in Zimbabwe (RCZ), ZAN, Concern Zimbabwe, and RUDO. CADEC has established links with AREX on poultry projects for the youths, and for training of youth on seed distribution and growth. CADEC also exchanges ideas with other orphan care projects. CADEC also works with social welfare whenever welfare issues arise.

PSZ is reported to have established linkages with a lot of organizations such as PSI, UNFPA, Batanai, ITDG, Young Christians Movement, and the Ministry of Health and Child Welfare among others. Organizations like PSI for example, are said to be using PSZ infrastructure in providing VCT services in Chinhoyi and Gokwe. ZNFPC supplies PSZ with free condoms

Mashambanzou is well linked to other organizations and government departments through ZAN so as to avoid duplication of activities. Because of thorough linkages, the organization had to relinquish operations in areas such as Glen View and Glen Norah to SOS as there was duplication of activities in these communities. Donor conference workshops were said to help in identifying areas where there is duplication of services.

WAG regularly attends networking meetings where organizations exchange information on HIV/AIDS activities. WAG liaises with such organisations as Zimbabwe Women Resource Center and Network, Girl Child Network Chitungwiza, ZimRights, ZNPP+ and ZIMNA.

However, there is still room to further networking and exchange information on best practices. Fears expressed by some of the POs that organisations would snatch their ideas and projects are ill founded.

Community Participation

Almost all the programmes are community based except for a few sector specific programmes like NRZ, ZISCO and DI. However, whilst some community dialogues and meetings were conducted, the communities were not directly involved in the conceptualization and planning of the projects. Community involvement is mainly limited to implementation and interventions like the OVC and HBC rely heavily on voluntary skills. Of the five hundred volunteers recruited in the Mashambanzou project, two hundred (40%) are still active. Programmes like CADEC and WAG utilise community structures to help with the identification of beneficiaries and assessment of their needs. CADEC has managed to establish, with some measure of success, community fields along the Zunde raMambo concept in certain programme sites in Masvingo district. FOST has done the same with nutrition gardens in Chipinge.

It should be noted that involvement of communities in programming instills a sense of ownership and enhances commitment to the goals of the project. Besides volunteer skills, community resource mobilization has been marginal across projects. In Chimanimani, clients complained that the PSZ youth center is run like a private institution with little input from targeted population.

Gender Mainstreaming

Gender issues are not well articulated in the majority of the programmes surveyed. In spite of the fact that Sida policy guidelines highlight gender as a key result area, the majority of the organizations evaluated do not have a gender mainstreaming framework and a policy to guide programme implementation. Gender mainstreaming ensures that gender inequalities are addressed in the design, planning, implementation, monitoring and evaluation of programmes. More importantly, it ensures that the beneficial outcomes are shared equitably by all population subgroups – women, men, boys and girls alike. The rationale for gender mainstreaming is simple. Biologically, women are more susceptible to HIV infection compared to men. Scientific studies have shown that the virus preferentially targets the cervix. Sex with infected males carries a higher risk since abrasions and cuts from forced entry are more likely to facilitate passage of the virus into the blood stream. From a social science perspective, a variety of factors increase the vulnerability of women and girls to HIV including limited access to economic and educational opportunities. Compounding the situation are cultural norms that deny women sexual health knowledge and practices that prevent women from controlling their bodies.

The NRZ programme is predominantly male and lacks a gender balance. However, efforts are being made to train all the female employees as peer educators. Several workshops have been held on gender to empower women. However, key informants noted that generally women in NRZ are very few compared to men and because the workplace is male dominated women may not really be involved “...as the talk is predominantly male talk”. The issue of the company employee base being predominantly male was raised also at ZISCO. However, having a male dominated workforce should not be a pretext for gender insensitivity. Staff should be conscientised on gender issues. Gender awareness and gender sensitivity should be improved through gender training and workshops.

Mashambanzou has deliberately adopted a gender neutrality policy. The empowerment of both men and women is priority and there is no gender-based screening of patients. According to the project coordinator, “...both sexes are treated equally”. In contrast, the FOST project is on an empowerment drive. Women’s participation in FOST program is encouraged and social attitudes seem to be changing, on issues to do with education and employment opportunities, and the selection of students for BEAM support. In Chipinge, however, more boys drop out of school than girls. PACT, Musasa Project, WAG and ZWLA are gender sensitive, but biased towards the female sex who are more vulnerable. PACT like Musasa Project, WAG and ZWLA employs mainly women whilst men are given lowly paid and less influential jobs such as drivers and caretakers.

Like most of the organizations in this study, Deseret International does not have a gender policy. However, the organization has since realized that the girl-child is disadvantaged And the project has since realised the need for gender sensitivity.

Women’s participation in public life is very low and limited to the role of caregivers. Very few are in positions of leadership in the project areas. Issues around access to land are not being addressed despite the fact that the economy is agro-based.

Some of the gender gaps identified in programming during evaluation include:

- Availability, accessibility and affordability of the female condom have not been ensured.
- Inadequate emphasis on gender-based violence including rape, sexual abuse and incest especially for the girl child.

- Lack of specific strategies to address stigma, discrimination, and human rights issues pertaining to the affected and infected.

Capacity Building

There is evidence that capacity building is taking place at both partner and community levels. Specific capacity building activities have included development of a critical mass of trainers (DI), lay counselors (ZWLA), and peer educators, attendance of HIV/AIDS workshops, initiation of strategic planning processes, development of strategic plans (Cadec, ZAN, DI) and development of IEC materials and training programmes for other sectors (NRZ and DI). Capacity building is an ongoing process in all the organizations. At the community level, the programs have empowered communities by developing skills and competences in counseling and peer education. The involvement of volunteers in the projects is part of capacity building. Volunteers are equipped with the relevant skills which will ensure sustainability of projects in the post-donor era. In those projects that deal with orphan care, the communities are also trained in psychosocial skills. The results has been reduction in cases of abuse of orphans as the communities are made aware of the children's rights through the projects.

At the programme level, Sida has supported short-term technical assistance to projects in need. A good example is ZISCO where Sida contracted ZAPSO to strengthen its institutional and programmatic capacity. Sida has also supported strategic planning processes for a number of projects including DI, ZAN and ZAPSO. Similarly Sida has engaged Ernst and Young to conduct internal change and development projects at DI, ZAN and ZAPSO. The Ernst and Young consultants have been helpful and supportive though some programme areas remain in need of continuous support. In particular, skills in proposal development, monitoring and evaluation, and report writing are inadequate. Similarly, the majority of POs lack capacity in documentation and dissemination of knowledge.

Organizations employing peer education as a strategy, highlighted the need for periodic refresher courses to keep them abreast of developments and challenges in the HIV/AIDS field. The need for Sida to hold capacity building workshops and meetings with POs to share experiences and exchange information was highlighted during interviews with programme managers.

Quality of Care

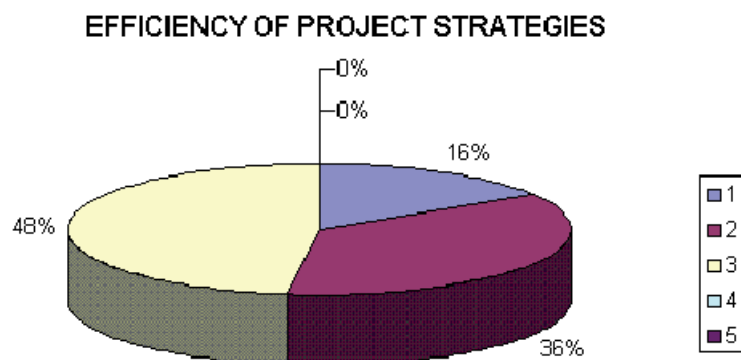
An assessment was made using client interviews on how the target population evaluated the quality of services they were receiving from the implementing organizations. The Client Survey elicited direct feedback from clients on their perception and experiences of the services they would have received. The aim of Client Survey is to improve the quality of service delivery offered by the implementing organizations. It measures client satisfaction, which includes staff competence, perceptions and experiences of the services.

The clients' assessment of the quality of services given to target populations is generally positive. There was also a generally positive feeling among the clients, with 69% of the respondents pointing out that the projects were meeting their stated goals. A similar proportion indicated that the projects were meeting the general expectations of the target populations. However, the clients had some misgivings with regard to the efficiency of project strategies as shown below:

From the pie chart next page it is evident that about 16% (9) felt that the strategies were not working and 36% (20) felt they were somewhat working whilst the remaining 48% could not shed their view. This not very impressive rating is a source of concern to the evaluation team. Some of the POs need to revisit their strategies. Generally, the majority of PSZ clients in Chimanimani were not satisfied with the quality of service offered. The reasons cited were lack of privacy and confidentiality, lack of resources for the youth center, and exorbitant pricing of services. They also felt that project strategies

needed improvement. Similarly, some of the NRZ, DI and ZWLA clients were not quite satisfied about program strategies and quality of service although they were in the minority. At Mashambanzou, it was gathered that the staff is very responsive to the clients' needs to the extent that some of the patients treat it as their second home. The programme has been useful to the clients insofar as medication is concerned. One beneficiary had this to say:

Figure 2: Efficiency of Project Strategies



"I was almost dead when I came to the center but I am now feeling better."

The center is referring clients for ARVs and one excited client reported that she was set to start the treatment in September following recommendation from Mashambanzou. Overall, Mashambanzou is said to be up to standard as the communities are found volunteering to bring in their sick, traumatized and poor to the center because of its reputation. One patient said, *"I am very glad to be here, the treatment is excellent and I now look healthy. I am ready to go home and re-start on my life"*.

While quality of services were generally good in most areas there was a big concern on the project support to life skills. Participants in group interviews expressed a need for credit support and creation of employment opportunities in order to reduce vulnerability to HIV/AIDS in project areas.

Socio-economic and Cultural Factors

The contextual constraints the Sida support operates under are well known. These include among a host of others: hyper inflationary environment; the high cost of living; the political sensitivity; the brain drain to the international sector and attractions of the local competing organisations; shortages of basic commodities such as fuel, transport, food and medicine; and a large, impoverished and rapidly increasing population of people living with HIV/AIDS. In addition to the context, cultural issues such as poverty levels, human rights violations, incest, sexual violence on minors and women and high increase in OVC numbers and street children are widespread. It is also evident that there is deep-rooted mistrust between the government and NGO's and donors. At times suspicions of a political nature have resulted in interference in the operations of partners in certain areas. Programme implementation at FOST and DI has been interrupted on occasions. The sum of these factors is that rapid change is unlikely to occur and that interventions must be implemented over a lengthy period of time before measurable and significant behavioural and epidemiological impact is evident.

However, it is encouraging to note from some of the findings that attitudes and behaviours are amenable to change. The change has been attributed to increased awareness and knowledge about HIV/AIDS issues. For instance, a midterm assessment of PACT showed that knowledge levels are close to 100 percent and that reported condom use with casual partners is above 90%.

Impact Assessment

The broader impact assessment requires a wider range of information both at household and community levels. When considering the issue of impact, it is important to have meaningful information on the way in which interventions were designed, organised and delivered to the target groups. It is impossible to evaluate any impact of the programmes without good baseline data. This information is inherently lacking in the majority of projects surveyed. The service statistics generated do not address impact indicators. It is likely that some of the reasons for poor MIS are lack of training and capacity in M and E. Currently, there is therefore poor data on possible impact measures, although in some cases there has been informal opportunistic recording of impact indicators. Nonetheless, projects like DI, NRZ and CRS-Strive have reported a “demonstration effect”. For this reason, the DI and OVC interventions and workplace programmes pioneered by NRZ are being replicated in other areas and sectors.

It is therefore difficult to estimate the overall benefit that introducing the interventions may have had on the various target groups in particular and on the country in general, without concrete knowledge of the impact indicators. Lack of operational research has also contributed to this scenario.

Sustainability

Generally, most organizations (Deseret, ZISCO, NRZ, PSZ, FOST) indicated that they would not be able to continue operations without financial support from Sida. Difficulties are being faced and will be faced in terms of general resources to run the projects e.g. transport, bicycles, production of materials etc.

However some organizations felt their projects can sustain themselves. CRS noted that the component of Sida funding is relatively low, hence the focus on basket funding. PACT noted that their projects are community-based and hence it is foreseen that the project is likely to sustain itself once funds are exhausted. The strategy of using existing infrastructure such as mission hospitals with both facilities and drugs made it easy to introduce new activities and interventions without stretching resources.

SWOT Analysis of HIV and AIDS Sector Programmes

The SWOT analysis focuses on the common findings.

Strengths

- High institutional capacity building of communities.
- Well developed networking and partnerships.
- High quality of care as reported by clients.
- Ability to reach out to remote and vulnerable groups.

Weaknesses

- Lack of inter-sectoral collaboration, government cooperation and clear integration in health sector.
- Lack of strategic focus, technical capacity and weak governance on the part of implementing partners.
- High staff turnover and burnout rates.
- Uncoordinated and poor communication processes on the part of implementing partners.
- MIS, M and E, IT and OR not prioritized.
- Faulty project designs and weak implementation strategies.
- Heavy dependence on donor funding and lack of exit strategies.

Opportunities

- Cooperation and coordination with key stakeholders such as MoHCW and NAC.
- Technical assistance from Sida.
- Information exchange and sharing between a multiple players.

Threats

- Hyper-inflationary environment.
- Shortages of basics such as fuel and drugs.
- High rates of brain drain to local and international sectors.
- Political sensitivities and hostilities.
- Chronic poverty and persistent droughts increasing vulnerability of target populations.
- High unemployment rates exposing more people especially the unemployed youth to risk behaviours

Lessons Learnt

The general perception is that the multi-sectoral approach reduces bureaucracy and speeds up implementation activities. Sida and its implementing partners have observed a significant added benefit as the bulk of the funding goes directly into programming. However, this is not a complete solution as government involvement is needed to guarantee sustainability of interventions.

There is a widely shared conviction that community-based approaches in orphan care are more appealing as compared to institutionalisation as this approach fosters integration of orphans in communities. This approach works perfectly well when communities are effectively mobilised and their capacities developed. It is the primary responsibility of communities to cater for OVC and projects should take advantage of this cultural capital..

It has been difficult to follow the Sida policy of integrating HIV/AIDS interventions with human rights, democracy, good governance, gender and poverty reduction in this current political climate. The issues are politically sensitive. This explains why POs have scored lowly on this key result area.

Volunteer motivation is a challenge. In some instances volunteer turnover has affected implementation. POs like CADEC have provided uniforms, PACT has provided bicycles to alleviate transport problems but still volunteer expectations remain high. POs lack volunteers policies to assist them in responding to some of the challenges.

Organizational capacity and well-defined organizational structures are the key to programme implementation. Professionalism inspires confidence in staff and donors. Sida has engaged short term consultants to build capacities and organizational development of non-performing POs. This strategy have been successful and should be replicated in the remaining POs.

The following are the specific lessons learned by individual programmes as reported by project managers, staff and key informants.

CADEC

- Dealing with orphans and vulnerable children involves patience and tolerance.
- Children in these circumstances should not be displaced from their communities or institutionalized as this allows them proper integration in the communities and affords them a normal life.
- Education improves the situation of orphans and enhances their quality of life.

- Cultural norms and values play a key role in mobilizing community resources around OVC. There is greater realization that OVC is a community problem and as such responsibility for orphans lies more with communities than donors who are mere helpers.

NRZ

- Openness and dialogue are important factors in the fight against HIV and AIDS. Without information sharing, people are increasingly at risk of getting infected.
- Knowledge levels and behaviour change are not always correlated. Knowledge does not necessarily translate into behaviour change without other supporting mechanisms.
- The level of support in terms of human and material resources affects programming. Maximum cooperation from all the stakeholders is required.

WAG

- Local and community leaders need to be extensively consulted during planning and designing stages for the project to gain community support.
- It is increasingly difficult to plan in the prevailing environment characterized by hyper-inflation. Timeframes for plans and budgets should be shorter to cushion them against inflation.
- Women should form coalition groups and speak with one voice if they are to influence change for the better.
- Small studies are easier to implement and monitor. The successes and failures of small projects are easily measured.

FOST

- It is important that OVC remain in their communities where they can learn essential community values and life skills.
- Education is important for children as it instills confidence and self-esteem. The skills developed are vital for the survival of children and vulnerable groups.

CRS/STRIVE

- Foster parents should possess certain characteristics and love is one of them. Without love it is difficult to give care orphans.
- Interventions should be implemented holistically.
- Partners should engage communities in goal setting and not to dictate ideas to them. Communities are capable of planning as well.
- In order to appreciate the situation of orphans, communities must be involved in the processes so that they identify with the problem of orphans. In turn community members are compelled to assist their kindred.

Deseret International

- Stakeholders should be involved at all stages from planning through evaluation to ensure sustainability of interventions.

Mashambanzou Care Trust

- Participatory approaches provide insurance cover for the sustainability of projects. Planning should be democratic and views of the communities should be respected.
- Knowledge about HIV and AIDS is an essential tool in dealing with stigmatization.

ZWLA

- Peer educators should be monitored. There is need to equip them with skills to record events and cases. This helps to identify training needs.
- Because of the unbearable workload cases should be prioritized and only the urgent and desperate are attended to.
- Networking and efficient referral systems are important. Some clients with needs beyond the capacity of ZWLA need referral e.g. food hence referrals are made to WFP. Mobile sessions are coordinated with WFP.
- The law is the solution to all problems.

PACT

- Integration of services in one model has many advantages to society as time and distance are saved.

PSZ

- The idea of youth centers is a noble one but they have to be well equipped to have a meaningful impact.
- The fees structure is driving clients away. Clients cannot afford to pay for some of the services offered.
- It is important for activities to target youths and women, since they have a higher retention capacity than men.

RUDO

- The program should work closely with communities and schools and government departments relevant to the project to enhance program impact.
- Income generating projects empower communities and thus reduce vulnerability to HIV/AIDS and poverty.
- Project mobility is vital in ensuring that remote but vulnerable groups are reached.
- Peer educators should emanate from all sexes and ages to stimulate interaction.

Musasa Project

- Interventions should set realistic time frames especially where the things are out of your control.

ZAPSO

- That there is need to approach interventions in a more holistic manner and there is need for coordination of initiatives in order to have better impact.
- An invisible board and/or a weak board processes delay growth towards organizational maturity in terms of leadership style and decision-making structures and processes.
- Cost sharing by many companies resulted in improved program ownership which also ensured program sustainability.

ZAN

- That networking is crucial and should be reciprocal.
- There is need to take stock once in a while to see where you are and where you are going.
- There is also a need for all stakeholders in the HIV/AIDS sector, and who are key players to have a shared vision.

5. Conclusion and Policy Implications

The Sida supported programs have somewhat effected changes in people's sexual behaviour and attitudes. Sida used a non-operational approach that involves mobilisation of target groups through partner organisations. The key strategies employed by the POs include skills training, development of effective referral systems and improvements in service delivery. Sida, through the POs, is adequately reaching vulnerable populations in remote areas across the country though there is ample room for improvement. However, programme coverage is somewhat low for some of the projects and there is need to scale up services to reach out to more people.

Despite efforts made by the Sida-funded projects to prevent the spread of HIV/AIDS in the project areas, conditions still exist for a rapid spread of infection in the target and general population. This is partly because some of the activities have focused narrowly on the vulnerable and target populations, largely excluding core transmitter groups in the general population. Such an approach does not address the vulnerability factors holistically. Population targeting for intervention must be done scientifically, using baseline studies or needs assessments. The activities of the POs have not given enough attention to IEC, BCC, VCT and STI management. Stigmatisation which is widespread in the project areas has not been adequately addressed in programming. OVC supported by FOST in Chipinge complained of the labeling that comes with the assistance.

It is important to note at this stage that M&E activities have been poorly conducted and only a few POs have documented M&E plans. However, activities that were planned are yet to be undertaken and formative studies like baselines were not done prior to implementation. Similarly, documentation of activities is not systematic and the type and quality of data collected is not useful for impact assessments and measurement of project outcomes. Consistently, tracking of outcomes and impacts at mid and end terms becomes a mammoth task.

The overall conclusion is that the projects need to be sustained and reinforced for them to have any lasting effect on the targeted populations. The gaps that have been identified in project planning and implementation strategies need urgent redress. The multi-sectoral policy needs to be revisited to enhance effectiveness and sustainability of results. Whilst direct funding of POs is less bureaucratic and reaches the needy faster, evidence on the ground shows that results and impacts can not be sustained without involvement of the public sector. HIV/AIDS issues are of national importance and need to be addressed under the umbrella of government. Direct funding tends to address issues at micro level, whereas bilateral agreements are more encompassing and address issues at macro level. Thus there is need to adopt broader strategies that engage key stakeholders including government and NAC in combating the epidemic. Therefore, all stakeholders including POs, donors, government, and organizations working specifically on HIV and AIDS such as NAC, UNAIDS and WHO with their 3 by 5 initiative need to present a coordinated and consolidated front to combat the epidemic.

In spite of their methodological shortcomings, the interventions do suggest certain guidelines for assessing impact and for designing future interventions so as to enhance the impact of such interventions on people's sexual behaviours.

6. Recommendations

The recommendations are presented in two broad categories i.e. those targeted at Sida and those for the Pos.

Recommendations Specific to Sida

- Sida should encourage its partners to draw up defined structures and reporting relationships. In cases where the skill is lacking, Sida should fund organizational development workshops that involve all the levels of the organization.
- Sida should seek proposals of good scientific quality that incorporate a study design appropriate to the stated objectives.
- Renewals of agreements should be based on clear evidence of results.
- All organizations ought to operate with a logical framework.
- Sida should insist on gender mainstreaming policies for all organizations they fund. This will ensure that issues pertaining to gender equity and overall community development are taken seriously.
- Sida should promote operational research and behavioral surveillance of general population groups where there is no data collected on HIV/AIDS in the project areas.
- Sida should develop a standardized monitoring and evaluation toolkit as a minimum requirement for all funded programmes.
- Sida should be involved in the development of the recruitment guidelines of key programme positions.
- Sida needs to broaden current strategy and take on board program targeting high-risk groups like the military and CSWs. Although Zimbabwe is experiencing a generalized-epidemic, the high-risk groups remain important intervention groups.
- Sida should rethink and review its funding approach and settle for an approach that gives maximum benefit to the intended beneficiaries.
- Sida should use lessons learned to address emerging challenges in the next round of funding. Future challenges include cooperation with government and widening PO base to reach out to “high risk groups”.
- Sida should provide a funding mechanism that cushions organizations against the hyper-inflationary environment prevailing in Zimbabwe.
- Sida should review how the new proposed “NGO Bill” will affect its operations and that of its implementing partners.
- Sida should expand and scale up projects that promise impact.

Recommendations to POs

- There is need to improve quality of care indicators by instituting standards of care; training staff on interpersonal skills; filling gaps in knowledge and skills; and enhancing supportive supervision.

- There is need to collect good quality information on outcome and impact indicators
- Explore possibilities and opportunities for expanding operations across provinces.
- Ensure that operational research is directed at enhancing programming to make it more responsive to client needs. In particular research should investigate problems faced by OVC and their carers. Clients can provide feedback through such techniques as exit interviews, suggestion boxes, and community meetings.
- Emphasize community participation and community based approaches.
- Initiate strategic planning processes and team building activities.
- Use lessons learned and experience gained to address emerging challenges in the next round of implementation. Future challenges include mainstreaming gender and poverty reduction in programming and enhancing monitoring systems.
- Promote exchange of best practices and successful interventions between POs regarding issues such as OVC, VCT, HBC, and Advocacy.
- Develop websites, post and update activities to promote cooperation, information exchange and sharing.
- Promote greater involvement by church leaders and members in HIV/AIDS care and prevention. This largely untapped and critical sector has the potential to curtail a national epidemic.

7. Future Directions

The organizations under review have expressed a number of issues and activities that enhance the continuity of their projects. Highlighted by most of the organizations are the need for continued funding; support with resources; scaling up of current activities; replication of current projects in other communities; gender mainstreaming; capacity building and training in proposal and report writing.

In future Deseret International wishes to run the project in a more scientific and professional way after undertaking a baseline survey. DI also wishes to carry out monitoring and evaluation tasks from time to time to establish whether the project is adding value or not. There is need to recruit more people to enable scaling up of activities. Deseret International is also setting up new projects in Harare. DI also expressed a desire to be assisted with proposal and report writing.

ZISCO requires library facilities and a computer for research purposes. There is need to expand the program to include training of community members, schools and churches. Training needs for the future have also been identified in Home Based Care and the provision of material needs to the infected.

CADEC intends to continue promoting the welfare of children by checking on progress and attendance in school. There is also need to support caregivers as well as to try to reach all problem areas of the Orphan Care Program. There is need to introduce more income generating projects for the youths. The program hopes to embrace the under-fives and the provision of material needs such as shelter, blankets, clothes and stationery among others.

The NRZ program needs more centers to take care of the sick. Financial assistance with running the HBC program is also required. There is need to reach management people who have largely ignored meetings organised for the general workforce. The strategy for the future is to bring everybody on

board the program including both managers and employees. There is need for NRZ to increase staff working on HIV/AIDS desks, and to provide VCT services to all depots. There is also need for NRZ to provide ARVs at affordable prices. There is also need to carry out evaluation on the effectiveness of the project.

The FOST project intends to include all the underprivileged, even those with both parents. Some children with both parents are at times worse off than the orphaned children. In such cases, the underprivileged might also need assistance. Internal monitoring and evaluation of the project needs to be strengthened and evaluation procedures put in place.

CRS intends to include an activity on the provision of ARVs to children who are living positively. The current ARV program seem to focus more on adults. Programs should also be put in place to ensure healthy nutritional status of children.

The current CADEC project does not cover tertiary education, and this is sad situation especially for orphans who do well in secondary school.

ZWLA intends to introduce new training programs and hold refresher courses that will update women on issues that concern their rights. New activities will also cater for orphans and widows in a separate manner, to better their standard of living.

For Mashambanzou, the future direction is to cover as many communities as possible and strengthen the “Shamwari yokuwadzana nayo”, concept. This would see at least everyone having someone to share problems with. This is envisaged to minimise both stigma and trauma.

In general, evidence-based decision-making should be the guiding principle for interventions. Research results should be used to develop and monitor projects. It is proposed that a Research Toolkit should be developed which the implementing partners can use to develop their monitoring and evaluation plans.

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Appendice 1 Terms of Reference

Background

The strategic planning fund through the bilateral agreement with Zimbabwe was created in 1998 to support projects/programmes in an effort to combat the spread of HIV/AIDS.

Since 2001 the Swedish government has decided that development co-operation should focus on support to civic society within the areas of human rights, democracy and HIV/AIDS.

In 2001 an initial memo written in Swedish was prepared, that analysed the support prior to 2001 in order to find out if it had followed the Swedish AIDS policy “Investing in future generations”. It also outlined the possible direction for the forthcoming support to the civic society. This formed the basis for the guidelines for the development cooperation in Zimbabwe that was approved by the Swedish Government.

In 2002 a greater focus on vulnerable children was added into the guidelines, as was the humanitarian aspect.

In 2003 the guidelines for Swedish support were updated and approved along the lines of 2002.

Purpose and Scope of the Evaluation

The aim of the evaluation is to find out the collective impact of the HIV/AIDS projects supported by Sweden between 2001 and 2003.

It is expected that the findings from the evaluation will be used to guide the Embassy and Sida to possibly refocus the present support to match further possible needs of vulnerable groups in Zimbabwe. The analysis has to be made in relation to the existing guidelines as regards Swedish development cooperation to Zimbabwe

The Assignment (issues to be covered in the evaluation)

An analysis of the entire portfolio of the projects shall be performed and, if necessary, suggest possible changes to the composition of projects.

The evaluation shall find out the physical number of people assisted in projects, in what area they were assisted, the sustainability of the activities carried out, analyse the target group from gender perspective, analyse the inclusion of the target group in the decision process when designing the project. A cause and effect analysis shall also be carried out.

Methodology, Evaluation Team and Time Schedule

The evaluation shall consist of:

- Desk review of the project proposals, work plans and budget submitted by the projects to the Swedish Embassy, project narrative and financial reports, evaluations etc and other relevant documents
- Interviews with embassy and project staff
- Visits to all supported organizations and assess the projects in relation to the Swedish support to the sector

The proposed time schedule is 27 man-days.

Reporting

The evaluation report shall be written in English and should not exceed 40 pages, excluding annexes. Format and outline of the report shall follow the guidelines in Sida Evaluation Report-A Standardized Guideline (see Annex 1). The draft report shall be submitted to Sida electronically and in 2 hardcopies (air/surface mailed or delivered) no later than July, 26, 2004. Within 2 weeks after receiving the Sida's comments on the draft report, a final version shall be submitted to Sida, again electronically and in 2 hardcopies. The draft report shall be presented at a seminar at the Embassy one week after the draft report has been presented to the Embassy. The evaluation report must be presented in a way that enable publication without further editing. Subject to decisions by Sida, the report will be published in the series *Sida Evaluations*.

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