

Annexe One VSO PPA Report 2004-5: HIV & AIDS Core Outcomes

	2005		2004	
	Number of countries with HIV & AIDS programmes (implemented)	20/34	59%	14/38
Number of countries with over five volunteers in HIV & AIDS ¹	10/34	29%	6/38	16%
Number of volunteers working primarily in the HIV & AIDS development goal	134/1374	10%	111/1477	8%
Number of volunteers in placements where HIV & AIDS is considered the secondary focus	85/1374	6%	88/1477	6%
Number of partners VSO is working with in HIV & AIDS development goal	109/1011	11%	n/a	
Satisfaction of employers with volunteers in HIV & AIDS (completing placements)	23/27	96%	n/a	
Specific HIV & AIDS project income	£,805,277		£,1,043,751	

Region	Country	Number of partners working in the HIV & AIDS goal area	Number of volunteers working in HIV & AIDS area as lead goal	Number of volunteers working in HIV & AIDS area as secondary goal	Region	Country	Number of partners working in the HIV & AIDS goal area	Number of volunteers working in HIV & AIDS area as lead goal	Number of volunteers working in HIV & AIDS area as secondary goal
Southern Africa	Malawi	9	15		3	Eastern Europe	Balkans		
	Mozambique	15	16		26	China			
	Namibia	16	19		1	and East Asia	Kazakhstan	1	1
	South Africa	14	15				Mongolia		
	Zambia	14	18		13	South East Asia	Cambodia		
East Africa	Eritrea					Indonesia			
	Ethiopia	3	5			Philippines			
	Kenya	5	5		4	Thailand			
	Rwanda	2	3			Vietnam			
	Tanzania	2	2		3	South Asia	Bangladesh	9	9
	Uganda	1	1		5		India	4	4
							Maldives		
West and Central Africa	Cameroon	1	1				Nepal	4	7
	Gambia						Pakistan	1	1
	Ghana	1	1		4		Sri Lanka		
	Guinea Bissau								
	Nigeria	6	9						
Caribbean/Pacific	Sierra Leone								
	Guyana								
	Kiribati.Tuvalu								
	PNG	1	2		18				
	Vanuatu								
						Total	109	134	85

1. Individual Capabilities

	Outcomes
<p>New skills or knowledge acquired (see also capacity building)</p>	<p><u>Progress towards outcomes</u></p> <ul style="list-style-type: none"> <p>Through the support to partner organisations in Zambia and China, VSO has supported individuals to feel increasingly confident to speak out about HIV & AIDS thereby breaking down barriers around stigma and discrimination.</p> <p>Zambia: Many of VSO’s partners have reported incidents of people being more open about sero-positive HIV status and telling their own story of the challenges they face. This has led to an increase in the formation of support groups and anti –AIDS clubs in workplaces and schools therefore helping reduce stigma. Support groups have increased confidence to speak out and are using community radio stations to state their case and carry out advocacy. <i>‘Stigma for ‘people with a cough’ has all but disappeared and TB is openly discussed among young and old alike’ (RAISA small grant narrative report)</i></p> <p>China: Peer education work amongst students illustrate power of positive people sharing their experiences with others. Powerful e.g. from China newsletter of Jin Xintang who was very moved by someone declaring their status at a workshop. The reaction of the peer workers indicates a gradual breaking down of stigma amongst students in TT Colleges from awareness raising workshop. Excerpt from VSO China newsletter ‘ During the break she stood up and said: “I’ll tell you the truth...I’m HIV positive.” The noisy classroom became silent suddenly for a minute, then warm clapping. A moment later you could hear the sound of weeping. We couldn’t believe what we had heard. All of us were so surprised. You know, she was so young and had such a good character. We clapped for her courage. She trusted us...I can’t find the right words to describe the situation. It was so moving. According to some latest materials, we know that the number of people living with HIV has increased quickly in recent years and more than half of them are young people. For college students like us peer education is one of the best ways to spread the information about HIV & AIDS.’ <i>Except from report on peer education training.</i> There is also evidence that indicates that the students who were trained in Beijing in May 2004 have been active in sharing their knowledge on HIV & AIDS with their peers. For example students in Yili have undertake a series of activities, which indicate an increase in awareness of HIV & AIDS issues amongst students at Yili Teacher Training College.</p> <p>Internal (with staff) and external (with partners) mainstreaming has led to changes amongst target populations who are able to speak out about gender and HIV issues with increasing confidence.</p> <p>Ethiopia: Amongst its team of education volunteers, VSO has a majority of female volunteers who have both been able to provide female role models in professional positions, and to find extra-curricular ways of promoting the confidence of their female colleagues and students. Gender clubs on campus have often been attended solely by female staff and students, and have provided a space to</p>

	Outcomes
	<p>address HIV and AIDS issues. The increased knowledge and confidence among women attending such clubs is evidence of a small change along the way to achieving the outcome of gender equality in negotiating sexual relations.</p> <p>A staff member from a VSO programme in Africa was recently training admin staff in another programme. ‘A few of us went out the other night and the bar we were in had the usual collection of sex workers and older expat men. People started talking about them along the lines of "need to get money", "it's the men who really annoy me". The staff member who was doing the training then started to bring up HIV and AIDS, reeling off various stats, risks of transmission etc etc.</p> <p>Whilst not a big thing I remember 2 years ago that this staff member would not have discussed such a thing and especially not in another country with people they did not know. So seems that mainstreaming training she has attended has paid off. <i>(Quote from current Country Director of that country)</i></p> <ul style="list-style-type: none"> • Through volunteer skill sharing in Bangladesh, VSO has supported skills development of staff in partner organisations leading to greater confidence in delivering services. <p>Bangladesh; VSO is recognised by partners as having a distinct role to play in terms of supporting local organisations and their staff to improve their programmes and services through the provision of increased technical knowledge to staff and service users by volunteers eg. carrying out staff training needs analysis leading to the introduction of skills training, HIV & AIDS and sexual health related materials development and ongoing ‘on-the-job’ support to staff working with the client groups. Partner organisations report that staff are becoming more confident to respond to the often challenging environment they face while working at grass roots level in the HIV & AIDS sector in Bangladesh. Challenges faced include a conservative society, stigma against PLWHAs and marginalised and vulnerable groups and low priority given to HIV & AIDS by local government and society in general.</p> <p>Bangladesh: Through the work of a volunteer linked to HASAB, staff are now technically empowered to offer training on HIV counselling (a team of 2 senior trainers and 4 master trainers now exists – all trained by the VSO volunteer and now able to run counselling training courses themselves)</p>
Changes in practices of colleagues (see also capacity building grid)	<ul style="list-style-type: none"> ⌘ Through LINKS activities including a study tour to Uganda and a 3 month UK based Commonwealth Fellowship placement, partners have been given opportunities to experience new approaches to organisational management and have put those experiences into practice in their own context. <p>VSO Bangladesh led partners study tour to Uganda had a major impact on the ability of one participating organisation (HASAB) to influence decision making around HIV & AIDS at the highest levels</p> <p><i>“Uganda helped me to learn the importance of political commitment...I was able to advocate the need for simultaneous focus on prevention and care and support for developing and implementing national programmes in Bangladesh context especially during the process of development of Bangladesh grant application proposal submitted to Global Fund for AIDS, Tuberculosis and Malaria (GFATM) and also during the development of National Strategic Plan for HIV/AIDS programming (2004 – 2009)” (Dr Malay Kanti Mridha, Programme Officer, HASAB - Uganda Study Tour participant)</i></p>

	Outcomes
	<p>Kenya: A Fellowship at Widows and Orphans International for the coordinator of SAIPE (Student AIDS Intervention & Prevention Education) has assisted the organisation by providing the coordinator with hands on experience of new techniques in information and financial management. Since his return to Kenya he has adapted these approaches and implemented a new financial management system, developed policies to improve the organisation's general management structures and begun community resource mobilisation.</p>

2. Strengthening Capacity of Organisations HIV & AIDS

<p>Service Delivery (<i>Outcomes which demonstrate improved service delivery of partner organisations</i>)</p> <p>Improved services for poor and marginalized people e.g. better service for users, improved quality of life, more secure livelihoods, rights realised, health indicators improved</p> <p>Development of people centred approaches to service delivery (i.e. based on expressed needs of students, public service users, farmers etc.)</p> <p>Increased inclusively - disability, HIV, caste, class, ethnicity etc. of those benefiting from services.</p> <p>(Other outcomes may relate to responsiveness, availability, etc.)</p>	<p><u>Programme Outcomes</u></p> <ul style="list-style-type: none"> • Through the support of VSO (volunteers and small grants), partner organisations in Zambia and South Africa have been able to increase scale and quality of services. <p><u>South Africa: Support of volunteers placed with economic empowerment initiatives has resulted in Increased income-generating projects for women in PAMA ADAPT WTTS, Saveto etc.</u></p> <p>VSO's partners working to support children have benefited from small grants awarded to improve access to services and better living conditions. This has included: access to safe water for 30 children; Improved living quarters for 20 children; Improved support for carers in 100 child headed household; Food supply for 50 CHH for 1 month.</p> <p><u>Zambia: Partners report increased use of condoms amongst target population (from demographic health survey 2003)</u></p> <p>Through a volunteer placement VSO has supported Kara Counselling to increase their VCT centres and utilisation. Number of centres has grown from 1 in 2000 to 7 in 2004. Increasing number of VSO partners are now supporting ARV rollout efforts, this has expanded from 0 to 12 partners from 2000-2004</p> <p><u>Progress towards outcomes</u></p> <ul style="list-style-type: none"> • Partner organisations in five countries are better able to provide greater scope of appropriate services for particular client needs. <p>Ethiopia Hiwot Tesfa Yeirdata Dirijit – is a local NGO established in 2003; working in the area of prevention as well as care and support to people infected and affected by HIV & AIDS. From the small grant fund they have been enabled to expand their programs in area of prevention, care and support in Addis Ababa Yeka sub city. In particular they focused on the training of peer educators, home based care and counselling to community representatives, and selected members of the community. Over one hundred members of the community took part in this training in the expectation that these individuals will then have a multiplier effect in the wider community.</p> <p>Bangladesh: 4 out of 5 VSOB partner organisations (PSTC, CASPER, HASAB and Ashar Alo) receiving long-term technical support from volunteers have reported that the partnership with VSO has resulted in improvements in HIV & AIDS and sexual health service/programme delivery over the past 12 months. It has been reported that HIV & AIDS programmes are becoming more focused and more responsive to client need. For example, the VSO volunteer at Ashar Alo has supported the development of a new client profiling system that, for the first time, records</p>
--	--

	<p>information about PLWHAs whilst maintaining confidentiality and which includes a regular record of client T4 cell counts. This enables the organisation to respond more effectively to meet the medical and support needs of clients whose T4 cell count is dropping.</p> <p>Malawi: VSO has significantly contributed to the capacity building of organisations that are providing care and treatment to people affected and infected by HIV and AIDS. It has worked with organisations to strengthen their service delivery capacities and there have been significant improvements in these areas. This is illustrated in the case study in the following section, as well as through PDP workshops, for example: - <i>“This review PDP workshop highlighted several areas where there have been improvements since the arrival of the volunteer, most of which have been directly contributed to by the volunteer. Other than the moving of the office to larger, more visible premises membership has increased significantly and the collection of membership fees has also improved. Many CBO members have been trained in basic accounting and proposal writing as well as in HIV knowledge. However there is now need for them to receive training in fundraising strategies to complement this.”</i> Manaso North PDP Report</p> <p>Malawi: Provided 30 doctors and nurse trainers / health professionals for programme to rollout free ARV’s and broadly building the capacity at the health systems</p> <p>Malawi’s capacity-building support to District AIDS Co-ordinating Committees is one such example where Ugandan and Kenyan volunteers have been recruited to share their expertise and experience in improving co-ordination of activities at a local level. The extract from the Karonga District Hospital/DACC PDP report below serves to highlight the potential impact of VSO’s intervention, whilst also highlighting some ongoing challenges: - <i>“This workshop was attended by many DACC members and highlighted huge areas of work that had been accomplished over the last year by the volunteer, using his extensive experience from Uganda in counselling and coordination. From a situation at the time of the last workshop of there being no VCT services in Karonga to provision for 150 clients a month at the District Hospital and three outreach centres due to be opened within the next few months. Great strides have also been made in encouraging and supporting home based care of the chronically ill as is evidenced by the reduction of average hospital stay from 2-3 months to 2 weeks and the almost total clearing of the TB wards.”</i></p> <p>South Africa; Through support of a youth for development volunteer, Sinikithemba has developed information booklets on HIV and ARVs by children for children.</p> <p>Zambia: Volunteer and colleagues have together produced materials around gender training and integrating HIV & AIDS education into maths level in a secondary school. These guides have been finalised and have been approved by the Ministry of Education for distribution and use in Zambia schools.</p> <p>Ethiopia: Within the SNNPR HAPCO the VSO volunteer working as a mainstreaming advisor has coordinated HIV research projects: one example is making a rapid assessment of HIV among prisoners. On the basis of this research mainstreaming activities for the prison sector have been planned. Other research projects have included HIV and demobilized soldiers, HIV and resettlement, and an impact assessment in the education sector.</p>
--	--

<p>Managerial Development <i>(Outcomes which demonstrate improvements to the management of partner organisations)</i></p> <p>Increased Transparency and accountability</p> <p>Development of people centred approaches to management</p> <p>Improved Gender practices and outcomes</p> <p>More effective and empowering use of Aid monies</p> <p>(Other outcomes may relate to strategic thinking, leadership, decision-making, performance management, Human Resources, communication, etc.)</p>	<p><u>Programme Outcomes</u></p> <p>⌘ Capacity support to two organisations in Ethiopia and Zambia has resulted in increased funding flows to national CBOs and NGOs.</p> <p>Ethiopia As a result of VSO volunteer placements, and other positive contributory factors, regional HAPCOs have released an increased amount of funding to a larger number of recipients. within the SNNPR region it can be said that communities working on HIV and AIDS at the grass roots level are now faced with less bureaucratic systems and now enjoy better access to regional HAPCOs. The VSO volunteer advising on fund management has worked with HAPCO staff to put in place standard proposal templates and reporting systems. Effective monitoring and evaluation systems are under development. In these tasks further assistance was available to the SNNPR HAPCO from the VSO database manager working alongside her Ethiopian counterpart.</p> <p>Zambia: VSO has helped develop financial and management systems with partners e.g. ZNAN one of VSO’s partners is taking on role of distributing sub-grant global funds to national NGOs and CBOs.</p> <p><u>Progress towards outcomes</u></p> <ul style="list-style-type: none"> • Partners and volunteers in Ethiopia and Bangladesh have supported processes focusing on managerial capacity building including development of strategic plans, and human resource policies and practices. <p>Bangladesh: At YPSA in Chittagong the volunteer has been successfully developing Human Resource policies in a highly participative style. She has created a dedicated HR team of YPSA programme officers to ensure that a new HR manual and new systems can be developed in a way which best meets the needs of the organisation as a whole. She has been the driving force behind the re-launching of the organisations Central Coordination Meeting, which is now meeting regularly, has set agendas and which acts as the principal information sharing body of YPSA. She has also ensured that the Chief Executive and Executive Committee at YPSA are regularly consulted about the development of HR policies and practices. She and her team plan to share the new HR manual and policies with field level staff and service users in an equally participative manner. The volunteer recognised that before she could begin to facilitate a process of change at YPSA she needed to spend sufficient time getting to know her organisation through consultation with staff at senior management level and observation of existing organisational practice.</p> <p>Ethiopia: VSO volunteers worked with the SNNPR Executive board to develop a three year strategic HIV & AIDS plan to scale-up activities in the region. This plan involved all major stakeholders, and recruitment of additional national staff was a crucial part of their strategy.</p>
<p>Operational Development <i>(Outcomes which demonstrate improved implementation practices of partner)</i></p>	<p><u>Programme Outcomes</u></p> <ul style="list-style-type: none"> • Partner organisations in four countries have developed enhanced operational practices of their

<p><i>organisations)</i></p> <p>Stronger systems e.g. planning, managing information</p> <p>Development of People centred approaches (i.e. participation)</p> <p>Improved Gender practices and outcomes</p> <p>Increased inclusivity - Disability, HIV, caste, class, ethnicity etc of those involved in planning and implementation.</p> <p>(Other outcomes may relate to structure and staffing, grant management, monitoring and evaluation, learning, etc.)</p>	<p>organisations including, work place policy development, fundraising, M & E and planning resulting in increased services.</p> <p>Bangladesh; Harrison has been working with HASAB since July 2003. He was the first Ugandan volunteer recruited by VSO Jitolee Programme in Kenya to be placed in Bangladesh</p> <p>Having completed a situational analysis, developed materials and secured funding for the project Harrison and his colleagues have been able to launch and promote HASAB as an effective provider of HIV & AIDS counselling services. Additional staff have been recruited to become HASAB Master Trainers in order to support the project. To date the following training has been completed: HIV & AIDS and STI counselling orientation trainings – (1 training, 16 counsellors); Core training – 4 week workshops, 4 courses, 12 trainees per course; Supervisory monitoring visits of 1 month of each 4 week course; Basic orientation. Counselling training – 2 courses conducted and 4 already planned in the future, 16 participants per training; Supervisors orientation – done after each core training – 4 courses, 2 days each, 8 participants per course; Training of the HASAB Master Trainers – 6 senior/masters trainers trained, 1 month long course, these were held at HASAB and Master Trainers are then able to train others</p> <p><i>Impact of training on trainees;</i> A team of professional HASAB based counsellors is in place; Those trained have had previous inaccurate assumptions about what counselling is challenged and are now skilled; Professional counselling service of improved quality delivery by counsellors as a result of training received through HASAB; Improvement in the lives of target groups receiving counselling from HASAB trained counsellors; Supervisory monitoring visits confirm changes in practice and skills by counsellors who have received HASAB training.; Counsellors are empowered and more confident as a result of improved problem solving skills; De-mystification of HIV & AIDS achieved amongst counsellors trained by HASAB which then benefits client groups.</p> <p>Namibia: During the last two years, placing a VSO volunteer in a small branch of Lifeline/Childline enabled huge improvement and expansion of counselling services with an increased focus on emotional health issues for OVCs and PLWHA. Some specific changes have been: Client turnover increased by 100% due to greater publicity and improved reputation; Developing the capacity and versatility of volunteer counsellors to competently carry out community mobilisations, radio presentations etc as well as face-to-face counselling; Monitoring and proactively tackling issues that people bring to counselling sessions; Establishing the organization as a key service provider in northern Namibia and developing strong links with other partners to help ensure sustainability.</p> <p>South Africa: Seven partners within the South African programme have been able to increase funds raised for the programme as a result of volunteer capacity building and support.</p> <p>Zambia: A number of partners have developed and implemented their workplace HIV & AIDS policies and influenced their target groups to do the same. Policies have addressed stigma and discrimination against PLWHA and provided ongoing care and support to staff</p> <p><u>Progress towards outcomes</u></p>
---	---

	<ul style="list-style-type: none"> • Partner organisations and volunteers together in Ethiopia and Bangladesh have made substantial progress on internal operational procedures including financial accounting, M & E, and database development. <p>Bangladesh: 5 out of 6 partner NGOs (YPSA, Ashar Alo, Light House, BSWs, SJA) being supported by the long-term presence of a volunteer are beginning to report that capacity building is taking place as a result of the partnership with VSO. With volunteer assistance organisations are developing new or improved policy manuals that are introduced to create greater transparency and clarity amongst staff and for donors. Changes are also being introduced in working methods with the introduction of structured meetings, improved recording and reporting formats, an increase and improvement in documentation. MIS systems are being developed in several cases to create greater internal awareness and better access to information. Volunteers are also sharing skills to improve or introduce organisational strategic planning, human resource management, new financial accounting and reporting systems and project proposal development and writing.</p> <p>Volunteers are contributing towards the sustainability of organisations by ensuring that staff training needs are identified and by delivering formal and ‘on-the-job’ training to colleagues in key areas related to organisational development. They are also helping to contribute towards improved working conditions that is leading to increased staff motivation and reducing high staff turnover rates in many partner organisations.</p> <p>Ethiopia; VSO volunteers were placed in Amhara, SNNPR and Addis Ababa regional HAPCOs. These volunteers were professionals with at least five years experience drawn from VSO recruitment bases in the UK, Netherlands, Canada, Kenya and the Philippines. They brought with them management skills honed in very different settings from Ethiopia, and entered organizations characterized by new and political appointments, and without established operating systems. During the course of 2004-5 the role of HAPCOs in the government structures was redefined with a move from the Prime Minister’s Office to the Ministry of Health. This move reflected the continued debate over the direction of the national HIV and AIDS response. Within this changing political context, volunteers placed in regional HAPCOs were mainly involved in building capacity in the areas of project planning and appraisal, administration and management systems, fund management, fund raising, and communication. As a result of these partnerships new staff structures were introduced, a standard developed for monitoring and evaluation, training was given to focal persons from government organizations on HIV and AIDS mainstreaming, and simple, but effective, database management systems were set up. In the southern region an NGO forum for sharing good practice and experience was initiated. Across the HAPCO placements additional outputs included training on proposal writing, fundraising and advocacy, and work was undertaken with youth Anti-AIDS clubs. As a result of VSO volunteer placements, and other positive contributory factors, regional HAPCOs have released an increased amount of funding to a larger number of recipients</p>

<p>Relational Development (Outcomes which demonstrate improved ability of partner organisation to engage in value added activities with external organisations – public, private and civil society)</p> <p>Development of partnership processes.</p> <p>Sharing learning with other agencies</p> <p>(e.g. joint events with other agencies, the value the staff of partner orgs place on exchange of skills and knowledge, development of networks, etc.)</p>	<p><u>Progress towards outcomes</u></p> <ul style="list-style-type: none"> • Through clustering volunteers in particular districts in Malawi and Ethiopia, VSO has been able to create opportunities for relational development amongst partner organisations. <p>Malawi; With the development of VSO's work in eight focus districts and targeted placement of volunteers at district level in all of these districts, particular opportunities have arisen in the following areas: -Training in memory and other psychosocial work with children and young people affected by HIV&AIDS, facilitated through Teacher Development Centres (TDC's) in partnership with District AIDS Co-ordinating Committees (DACCs) and the Department of Social Welfare (DSW) at District level; Further partnership working between Teacher Development Centres and DACCs to maximise the effectiveness of work to reach young people and parents in districts, using the TDC's as a community focal point and the DACC network to access expertise on issues of HIV&AIDS. This could be further enhanced with older youth if the re-establishment of work in CDSS clusters takes place; there are opportunities to reach more young people, particularly girls who are failing to access school because of HIV&AIDS related caring issues, through links with the non-formal education pilot programme and DACC networks</p> <p>Ethiopia: Where teams of VSO volunteers are working together, there are multiple opportunities for research and networking. Two volunteers working together in the SNNPR HAPCO were able to facilitate workshops for NGOs and sector bureaus and make inputs related to both fund management and other administrative systems. Out of these meetings, a more permanent forum has developed. The SNNPR NGO regional forum had its inaugural meeting in May 2004 with the purpose of developing joint interventions, capacity building, advocacy, and information sharing. It has an elected steering committee and, most importantly, has attracted funds for an Ethiopian coordinator to enable it to sustain the momentum given by the VSO volunteer.</p> <p><i>⌘ Within India, Namibia and Zambia, VSO has been proactively facilitated the development and establishment of coalitions and intra organisation partnership building.</i></p> <p>India: VSO played a key role in bringing together people living with HIV and AIDS in Orissa and supporting them to establish the Utkal Network of Positive People (UNP+). INP+ were at the forefront of this initiative with VSO India both providing logistical support as well as encouraging others INGOs in Orissa – Concern Worldwide, Oxfam and Catholic Relief Services (CRS) to play a similar role. Unfortunately, it has just been revealed that the network ultimately failed to secure registration and a section of the leadership hijacked the organisation. In consultation with INP+, it has just been decided to concentrate of development a district level structure in Cuttack District where there is a core group of people living with HIV and AIDS and to build up from there.</p> <p>The very recent demise of UNP+ in Orissa highlights the difficulties or identifying genuine leaders who both understand the difference between ruling and representation, and are then committed to working on behalf of their constituent rather than primarily for individual gain. With the benefit of hindsight, seeking to establish a network at state level with members spread across the state, with limited opportunities for direct interaction does not generate sufficient accountability. The decision to go down a level and concentrate on creating a structure in Cuttack District</p>
--	---

	<p>and later build up to a state network is perhaps a more productive strategy. A group of people who can meet together easily and remain in contact means that no single person need be left to their own devices and accountability to the membership, through their close proximity is more likely to create a membership-based organisation.</p> <p>India: Building the capacity of the positive people's network at state level is being met. In Kolkata, a volunteer has been working as an Organisational Development Advisor with En-Joy since July 2004. She has also been able to supporting the unification and restructuring of four similar organisations in Kolkata into a state level alliance called Bangla Network of Positive People (BNP+) which five branches at district level, including En-Joy. Delphine's time has been shared between En-Joy and BNP+ and has helped them both develop better systems as well as to define distinct roles and responsibilities for the state and district level structures.</p> <p>India: The absence of an advocacy network of people living with HIV and AIDS in the national capital is a major weakness in the HIV and AIDS movement. Although INP+ and PWN personnel make regular, almost weekly visits from their Chennai headquarters, there is no real substitute for a permanent presence close to the seat of government. VSO India is working with INP+ and ActionAid in Delhi to try and address this through the revival of the Delhi Network of Positive People (DNP+) and its transformation into a body that represents all people living with HIV and AIDS in Delhi.</p> <p>Namibia: Facilitated development of network of six organisations to support OVC. The six organizations have formed a network – Ounona Vetu Care Network (OVC Network), which meets monthly to discuss current issues, share learning and develop and implement ways of working together. Through the network they have been able to do a needs analysis and commence a training programme to address some of their shared training needs. The network has also provided an opportunity for members to meet with ministry officials and advocate for some of their needs in regard to registration, exemption from school fees and access to medical treatment and care for the children they are caring for.</p> <p>Zambia; Enhanced PLWHA networks through capacity building support. This has included partners setting up technical workshops to improve the health skills of symptomatic sero-positive people and to promote positive living for PLWHA. e.g. TALC working group and newsletter (Treatment Advocacy and Literacy Campaign)</p> <p>⌘ VSO has enabled organisations to develop stronger links with both partners in their own country and internationally through providing opportunities for groups of partners to visit successful work in Uganda</p> <p><i>Nigeria: Under the theme of 'Building the capacity of NGO's in Nigeria to fight HIV & AIDS with particular emphasis on youth care and support for people living with HIV & AIDS', eleven participants from Nigeria VSO partners, and one staff member were able to visit 19 Organisations in a period of 2 weeks. Participants reflected that networking was key to developing a coherent response to HIV and continue to work together to develop new approaches in Nigeria.</i></p> <p><i>Vanuatu: As a country now developing a wholesale response to HIV, the tour presented an opportunity for a wide range of participants to</i></p>
--	---

	<p><i>learn together from Uganda's Experience in the fight against HIV&AIDS. The Vanuatu learning visit involved seven participants including the VSO Vanuatu Country Director, Ministry of Health officials and representatives of NGOs. The tour highlighted many challenges to working together. A strained relationship between government and NGO participants was a hindrance to the learning, but despite this, seven lessons stood out among the other lessons learnt during the visit. These were mainstreaming, Coordination, Greater Involvement of People living with HIV&AIDS, supporting the PLWHA, the volunteer spirit, networking of NGOs and lessons from the ABC Model. The VSO programme is now working with participants to encourage the development of a national network for addressing sexual and reproductive health and HIV&AIDS and begin tentative encouragement of a multi-sector approach.</i></p>

3. Local, national and international policy – Pro-poor changes in policy and practice (including research, networking and coalition building; as well as insider influencing, changing discourse/agenda.)

<p>Local level e.g. district</p>	<p><u>Progress towards outcomes</u></p> <p>VSO has supported local partners to form a local advocacy group, one aim of which is to be conduit to national level.</p> <p>Bangladesh: VSO has supported a partners advocacy group, this has led to an alliance of 9 partner organisations working towards the development of HIV & AIDS prevention and awareness materials for national dissemination. What has been particularly significant about this activity is that only 1 of the organisations was previously engaged in any form of HIV work but involvement in the advocacy group has led to an increase in interest and understanding about HIV & AIDS in Bangladesh amongst all the advocacy group members.</p>
<p>National level e.g. programme office led.</p>	<p><u>Progress towards outcomes</u></p> <ul style="list-style-type: none"> • Partners and networks in South Africa and India have been supported by VSO to engage in advocacy focusing particularly on marginalised groups (such as men and disabled people) with a focus on hearing the voices of PLWHA. <p>India: Over the past year, VSO has started to encourage interaction between our partners in these respective sectors by highlighting the similarity of issues and promoting opportunities for complementary engagement. One example was the decision of the Delhi disability CSOs to include a group of people living with HIV and AIDS at their rally of World Disability Day to demonstrate solidarity with another group affected by discrimination and in view of the proximity between World AIDS Day and World Disability Day on 1st and 3rd December respectively.</p> <p><u>South Africa: The programme has focused on particular aspects of gender including supporting direct involvement of Men-In-Action Campaign and awarding a small grant to The Fatherhood Project which exhibited a photo display in Durban, Johannesburg and Pretoria. The Fatherhood project was launched in response to troubling social issues affecting children- the high rate of violent sexual abuse perpetrated by men against children, the absence of many fathers from the lives of their children and the crisis facing children’s care as a result of the HIV & AIDS epidemic. The project promotes men’s care and protection of children, by fathers and emphasises positive fatherhood messages.</u></p> <ul style="list-style-type: none"> • Through volunteer intervention and direct coalition support, VSO Bangladesh has developed the capacity of and supported partners to undertake advocacy particularly around gender and HIV & AIDS. <p><u>Bangladesh: There is evidence that 3 partner organisations (PSTC, BSWs and CASPER) have developed a stronger approach to their advocacy work. The presence of a long term VSO volunteer has been a significant factor in all 3 cases.</u></p>

	<p>At BSWs the volunteer has worked closely with the Executive Director and other staff in the development of a clear advocacy strategy, programme and funding proposal to support BSWs advocacy work on behalf of vulnerable men who have sex with men and transgender ('Hijra') groups. The advocacy strategy aims to reach key stakeholders and sensitise them about the specific issues faced by the target groups in order to increase understanding and reduce stigma and discrimination. The strategy specifically targets the media, law enforcement agencies, civil society organisations (other NGOs) and health care professionals.</p> <ul style="list-style-type: none"> • In four programmes VSO staff have proactively engaged in national and international forum (both NGO coalitions and government councils) to influence policy development and implementation (Malawi, Namibia, Nepal, Zambia) <p>Namibia: VSO Continues to be a member of the Take Control Committee (NGO & government coalition) which is responsible for supporting the implementation of the policies in the ministries.</p> <p><u>Nepal: VSON will be actively supporting the implementation of the 'National Operational Plan' for HIV & AIDS control.</u></p> <p>Malawi: VSO Malawi will be significantly increasing its number of volunteers on the ground to support Ministry of Health/Sector Wide Approach programme to tackle the human resource crisis in the health service, through the provision of around 30 doctors and nurse trainers.</p> <p>Zambia: VSO staff member who is represented on the CCM GFATM board within Zambia, 3 x 5 Global Partnership Advisory Group, represented VSO and GNP+(Global Network of PLHA) at the World Community Advisory Board, represented RAISA at the Medical Council of Zambia to facilitate at a capacity building workshop for medical doctors in Zambia on ART and the role of NGOs and CBOs in the expanded treatment access initiative in Zambia. The RAISA CC has also been instrumental in the new Coca Cola Africa foundation initiative to support national networks of PLHA in treatment access initiatives in African countries and was part of the team that negotiated and signed a 5 country pilot treatment support programme between the Coca Cola foundation and the Network of African people living with HIV/AIDS (NAP+), amounting to US \$ 500,000 for the next three years. The programme will be implemented in Zimbabwe, Nigeria, Kenya, Egypt, Ethiopia and Cameroon.</p>
International	<p><u>Programme Outcomes</u></p> <ul style="list-style-type: none"> • VSO through membership of STOP AIDS coalition successfully lobbied for universal free treatment by 2010 ("All by 10"), which, is now a Labour Party Manifesto commitment. (UK party in power) and in the Commission for Africa recommendations. <p>UK: through the UK AIDS Consortium we had called for the UK Government to commit to universal treatment, and the necessary funds by 2010. This commitment was announced in both the Commission for Africa Report (March 2005), and the Labour Manifesto (April 2005).</p> <p>VSO made an acknowledged contribution to WHO 3X5 campaign gender commitment.</p>

In response to VSO campaign work WHO made a commitment to gender equality in delivery of 3 x 5.VSOUK Received a positive response letter from WHO following lobbying and campaigning from VSO staff supporters and other organisations (ICW and world vision and SPW)

Progress towards Outcomes

- **Through publicising VSO's evidence based research to key target audiences and through supporting PLWHA voice, VSO contributed to DFID HIV & AIDS policies and positions (UK and India)**

UK; VSO has been a leading member of the Stop AIDS Campaign whose main call is for universal free treatment access by 2010. VSO has contributed to the promotion of this target through lobbying DFID HIV & AIDS strategy and No.10 through the AIDS Consortium, and policy & campaigns work through the Stop AIDS Campaign.

India: Following a submission by VSO to the UK Parliament's International Development Committee as part of their ongoing visit to India, VSO was invited to a lunch meeting with one group of the MPs. K.K. Abraham, President of INP+ was among the VSO delegation of 18 partners, volunteers and staff at a reception at the British High Commissioner's residence on 21st October 2004. During the meeting, Abraham was able to make INP+'s own case for the inclusion of people with HIV and AIDS in mainstream development given the connections between HIV and AIDS and poverty, as well as demonstrating to the assembled MPs that people with HIV and AIDS can and do input into decisions that affect their lives through their own organisations.

UK: Make AIDS History; In February 2005, VSO was a founder member of an international coalition of HIV activists and organisations from G8 countries called Make AIDS History (MAH), which sought to co-ordinate policy and action amongst activists across the G8 countries and maximise influence on the G8 leaders before their summit in July. We played a leading role in the development of the coalition's campaign platform, calling for finances for treatment, 2010 target and HCW condition and rights. VSO also co-organised the UK part of MAH's first international action on March 14th. Letters were handed in to officials at all G7 embassies regarding the funding gap for the Global Fund and meetings were held with the German Ambassador, the French Minister Consular and the Japanese Secretary for Economics.

- **As a result of *Gendering AIDS* research, VSO actively contributed to the debate on gender and HIV & AIDS, (with particular emphasis on the role of men) within internal organisational forums, and external conferences policy dialogues.**

- ***Sharing findings from Gendering Aids to lobby and create awareness.***

During this year we shared the findings from our stakeholder research undertaken in 2003, which is captured in our Position Paper *Gendering AIDS*, with many stakeholders in the UK including NGO's, government officials and academics. This assisted in raising awareness of the issues and added voice to our lobbying initiatives. We distributed copies of the report and participated in seminars addressing staff and supporters of the following:

	<ul style="list-style-type: none"> • Centre for AIDS Research, (Southampton University); • Para55 – a pan-commonwealth network of NGO's • Royal Society of Medicine • People and Planet debate at the London School of Economics • Tear Fund programme staff • A lecturer at the Institute for International Health & Development, Queen Margaret University College, Scotland, is using <i>Gendering AIDS</i> as part of the curriculum for two MSc courses. <p>The electronic version of <i>Gendering AIDS</i> was made available to supporters through the VSO website and was promoted through VSO email newsletters. It was also promoted in articles in the advocate mailing to VSO advocates and in presentations to returned volunteers at RV weekends.</p> <p><i>Presented at key conferences and workshops:</i></p> <p>We were invited to share our findings from <i>Gendering AIDS</i> at a number of key workshops and conferences, and found this to be excellent platforms through which to share our experience, lobby on our position and receive feedback on our work.. They included:</p> <ul style="list-style-type: none"> • First Asia/Pacific Women, Girls and HIV&AIDS Best Practice Conference (Pakistan,); • XV International AIDS Conference in (Bangkok) • International HIV/AIDS Alliance staff conference; and • TUC held a conference on HIV & AIDS in London at which VSO co-organised a workshop on the impact of HIV & AIDS on women in the workplace and families together with ICW and TGWU. <p><i>'Gendering AIDS' integrated into organisations and institutions understanding and theory/policy work on HIV & AIDS.</i> E.g. core text for MSc course at programme institute for INH Health and Development. and integrated into Amnesty International policy on HIV & AIDS and gender.</p>