

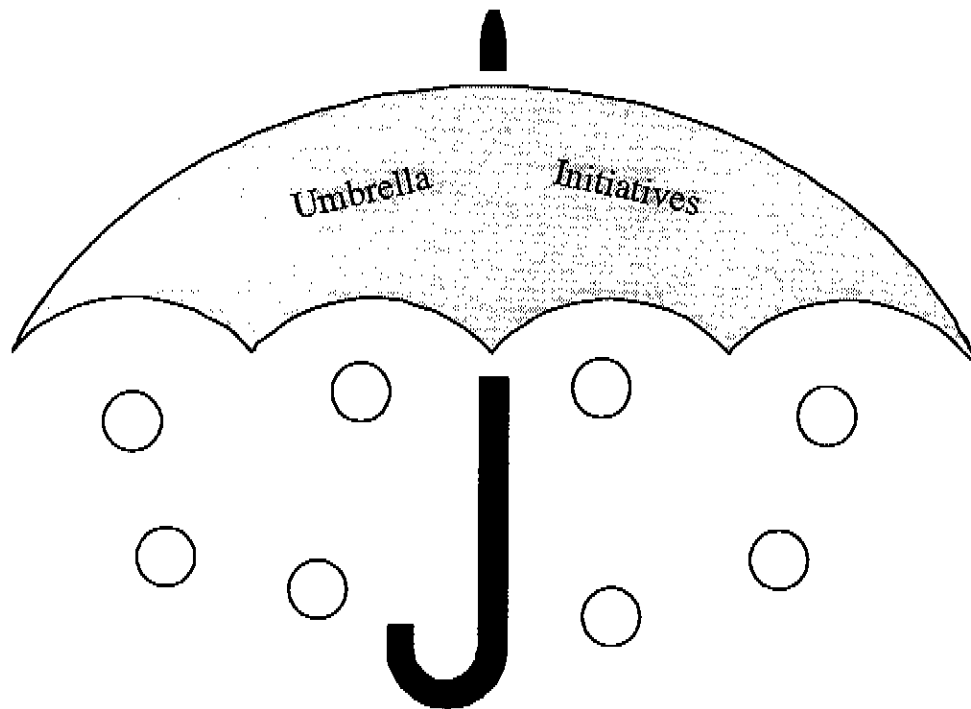
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Consultation on Strengthening NGO
HIV/AIDS Umbrella Initiatives
Geneva, 29-31 May 1995



FINAL REPORT



World Health Organization
Global Programme on AIDS

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A note on terminology

An umbrella initiative is defined as "an initiative whereby a donor gives funds to one organization which then provides financial and a variety of support services to a grouping of two or more partners to implement HIV/AIDS prevention and care activities at the community, district or national level".

A variety of terms are currently used to refer to organizations with roughly similar "umbrella" functions. These include: linking organization, support organization, intermediary organization, NGO donor/facilitator, facilitation team, service organization, coordinating body, umbrella unit, and umbrella management unit. For the purposes of this consultation, the term umbrella initiative or UI is used to refer to all these organizations.

The NGO, or other entity, that provides overall management and implementation of the umbrella initiative is referred to as the UI administrator.

Terms for the organizations, groups or associations funded or assisted by the Umbrella Initiative include implementing organization, partner or project partner, beneficiary, grantees or sub-grantee, NGO and CBO. For the purposes of this consultation, the term partner is used to refer to a funded or assisted organization or group.

Some umbrella initiatives employ a concept of lead or host organization which often provides administrative and logistical support to the umbrella initiative or to a cluster of NGO partner grantees.

The term mentor organization is also used where a well established NGO provides non-financial support to grantees usually within a defined geographic area or cluster.

Terms commonly used to refer to various kinds of support of a non-financial nature, provided by the UI to the partners include: technical assistance, organizational development, institutional development, capacity building, training, human resource development, collaboration, and cooperation. It was agreed that support for the building of specific HIV/AIDS related skills should be distinguished from institutional/management support needed by partners to effectively carry out HIV/STD/AIDS prevention and care activities.

1. Introduction

Donors are increasingly employing what is known as an "umbrella mechanism" for channelling their funding for HIV/AIDS prevention and care activities to non-governmental organizations (NGOs) and community-based organizations (CBOs). The umbrella mechanism has been in use for some time for the support of broad-based development initiatives and increasingly over the last five years for the support of HIV/AIDS prevention and care activities.

Despite this trend, little is known about the effectiveness, efficiency, strengths and weaknesses of umbrellas, in particular, how different models function, how partners are selected, what kinds of support are offered, how they collaborate with the National AIDS Programme (NAP), how they are evaluated and what are the long-term implications of this type of arrangement.

The overall goal of the consultation held in Geneva from 29-31 May 1995 was to examine and consolidate existing knowledge and experience about umbrella initiatives (UI) for HIV/AIDS prevention and care, to extract lessons learned and formulate preliminary guidance to share with countries, donors, the NGO community and UN system partners, in order to strengthen countries' responses to the epidemic.

Nine umbrella initiatives from eight countries were represented at the consultation (Burkina Faso, Indonesia, Nepal, Philippines, Senegal, Tanzania (2), Uganda and Zimbabwe) and participants included the UI administrator, the NAP and the NGO headquarters representatives.

The purpose of this report is to highlight information and lessons learned from the consultation. Recommendations were drawn up on broad issues corresponding to items on the agenda: UI purpose, structure and functions; collaboration with the NAP; package of support; sustainability; and evaluation. However, as participants repeatedly stressed during the consultation, individual partners within umbrella initiatives are operating in particular contexts and

responding to a unique set of socioeconomic and cultural factors in addition to a particular stage, pattern and extent of the HIV/AIDS epidemic. Discussions generated a wealth of specific and practical observations, on each of the issues on the agenda. These represent preliminary lessons on essential ingredients for success, pitfalls to avoid, principles to apply, and perspectives and issues for the future, and should contribute to strengthening current and future umbrella initiatives.

This report is addressed to NGOs, governments and donors who are currently involved in carrying out or supporting umbrella initiatives as well as future actors in this field. The information in this report is not prescriptive but rather provides various options and things to take into consideration when carrying out UIs. The consultation provided a forum for sharing of learnings in a non-judgemental, mutual exploration and analysis of issues rather than specific programme criticisms. Readers of this report are encouraged to contact consultation participants for more specific information on their umbrella initiatives.

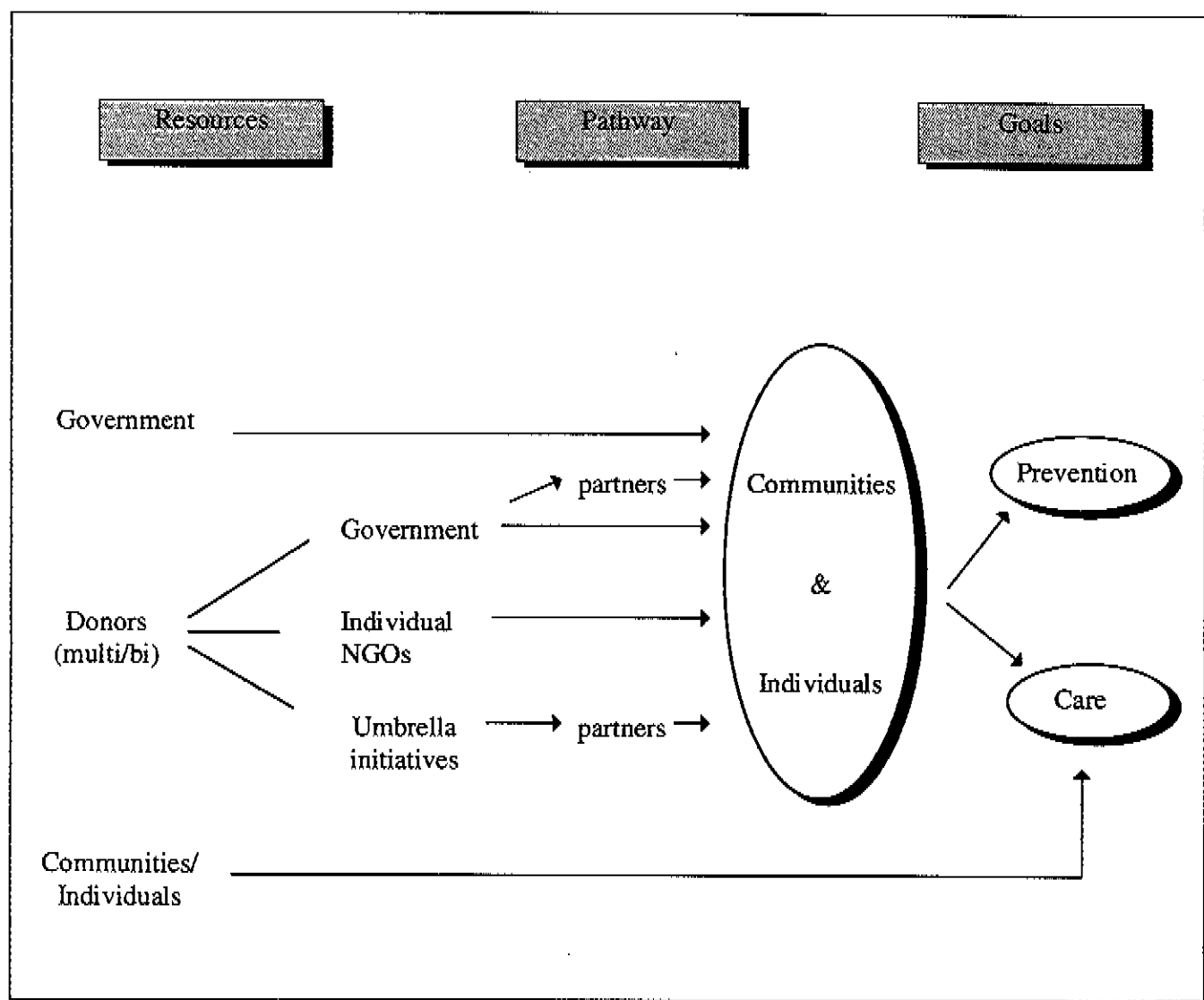
Preparations for the consultation

A pre-planning meeting was held in December 1994 with representatives of umbrella initiatives and WHO/GPA. The purpose of this meeting was to clearly define the objectives for the consultation and to determine the participant and umbrella initiative selection criteria.

The pre-planning meeting reviewed the context of various funding mechanisms employed to disburse funds to actors in the field of AIDS at country level. These mechanisms are described in Chart 1. Umbrella initiatives are only one way funds are distributed. It was not the purpose of the consultation to compare these various channels of funding.

Chart 1

Funding mechanisms for HIV/AIDS
at country level



In selecting the participants, efforts were made to ensure that a variety of umbrella initiatives, illustrating different roles and functions, were included. Eight countries in Asia and Africa were invited, representing nine umbrella initiatives (see Chart 2). Other factors considered were NGO organizational capacity, length of time the initiatives had been in operation, HIV prevalence, and approaches taken to the distribution of responsibilities and tasks.

Chart 2 Umbrella Initiatives Participating in the Consultation	
NGO	COUNTRY
ANCS ¹	Senegal
AIDSCAP	Tanzania
AmFAR	Nepal
AMREF	Tanzania
Canadian Public Health Association (SAT)	Southern Africa
IPC ²	Burkina Faso
PHANSuP ³	Philippines
Project Concern (EPOCH)	Indonesia
World Learning	Uganda
¹ Alliance Nationale contre le SIDA ² Initiative Privée et Communautaire ³ HIV/AIDS Support Programme All affiliates of the International HIV/AIDS Alliance	

The overall framework of an umbrella initiative was prepared during the pre-planning meeting and depicted all the actors involved in the implementation and management of the UI at country level. This framework is represented in Chart 3.

Each of the invited UIs provided project documents, evaluation reports, annual reports and other such materials which were consolidated into a descriptive umbrella initiative case

study for each UI represented in the consultation (see Annex 2 for summaries of the umbrella initiatives). The case studies covered the following key elements of umbrella initiatives: objectives, activities, budget, major players, partners and their selection criteria, structure and methods of work, financial and administrative management, decision making, provision of support services, sustainability, management issues, successes, lessons learned and future issues (see Chart 4). The agenda for the consultation was organized around these key elements.

Basic features of umbrella initiatives

Definition

An initiative in which a donor gives funds to one organisation which then provides financial and a variety of non-financial and technical support services to a grouping of two or more partners to implement HIV/AIDS prevention and care activities at the community, district or national level.

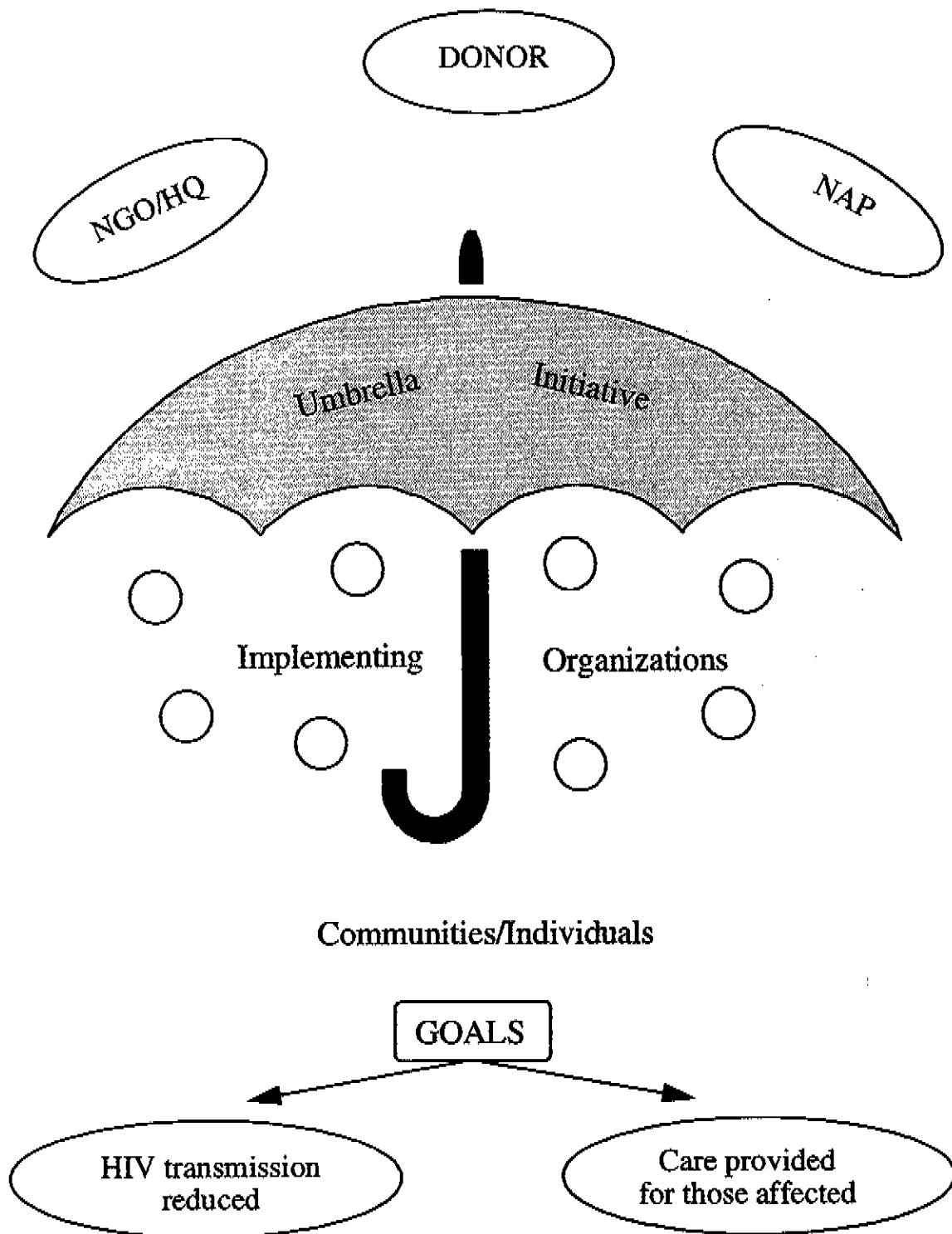
Objectives

The overall objective of an umbrella initiative is to enable NGOs to respond effectively, appropriately and promptly to the epidemic, avoid duplication of effort, pool expertise, rationalize resource distribution, streamline HIV/AIDS prevention and care efforts to correspond with national HIV/AIDS efforts, and simplify administrative tasks. Partners, in turn, exchange experience and knowledge through networking in order to increase their effectiveness.

Specific objectives

UIs have in common the above overall objective but may differ in the emphasis they place on other long-term goals relating to HIV/AIDS prevention and care and broad-based development issues. Specific objectives include: policy advocacy, long term sustainability, development of HIV/AIDS coalitions and networks at local and national level, development of research capability, or simply, strengthening partner skills in HIV/AIDS prevention and care.

Chart 3
Umbrella Framework



Common core characteristics

UIs differ in their design methodologies, specific objectives and priority activities, but they tend to share a number of common characteristics:

- They catalyze the development of community spirit to undertake HIV/AIDS prevention and care activities.
- They aim to achieve coverage of populations in need.
- They work to strengthen the organizational capacity of partners.
- They work to strengthen collaborative linkages between all involved actors.
- They create a forum for exchange of experience and knowledge through various mechanisms.
- They work with processes and not with a pre-determined outcome or structure.
- They evolve over time and avoid a rigid structure which would handicap this evolution.

Guiding principles

- Umbrella initiatives are directed and driven by the needs of the community and/or the partners they support. They may need to carefully balance participatory approaches and responsiveness to community needs with a more directive, interventionist approach to keep projects "on target".
- An umbrella initiative in and of itself may not be sustainable. The UI's aim may be to work itself 'out of business' (transferring skills and functions to country partners and local communities), or to adjust itself to a new purpose if the original purpose is no longer relevant.
- UIs need to be flexible, ready to respond to new elements and able to manage change.
- UIs need to be committed to HIV/AIDS as a development issue.

Chart 4

Summary of key aspects of the nine umbrella initiatives represented at this consultation

The nine umbrella initiatives represented at this consultation (see Annex 2 for more details) illustrate a wide variety of organisational structures, functions and objectives.

Life of Projects

The average life of the UIs participating in this consultation is three years. The 'oldest' UI has been in operation for five years. Two UIs are in their first-year, start-up phase. Some of the UIs intend to redirect their focus, once funding has ended, to become NGO foundations or NGOs in their own right. Other UIs will end as project funding ceases.

UI Staff

The number of staff employed to administer a UI varies from three to forty-three (some of these are part-time). All UIs employ a Project or Programme Director (expatriate or national), most an Assistant Director or Programme Manager, and a Financial Manager or Accountant. Staff employed for delivering a package of support assistance varies widely between UIs depending on their objectives and activities. Most UIs employ or contract local providers of assistance rather than international consultants.

Partners

Partners tend to be a mix of stable or emerging NGOs or CBOs. The number of partners funded by a UI ranges from under 11 to over 100. Annual funding per partner ranges from US\$3 000 to US\$99 000. In most cases UIs continue to fund the same partners over a period of several years. Some small grant funding is given, on a one-off basis, usually for product development.

Involvement of NGO Headquarters

Some NGO headquarters offices provide extensive assistance to the UI, taking a strong supervisory role, participating in the partner selection process, assisting in the planning and implementation of monitoring systems, aiding with donor diversification, training, disseminating information, reviewing reports, and interfacing with the donor. Other Headquarters offices are involved only in the transfer of funds from the donor to the UI.

Funding

During 1995, funding for UIs ranged from US\$103 000 to approximately US\$2 million for one year of operation. The average, excluding the lowest and highest figures, for this same year is approximately US\$480 000. Approximately 25-30% of a UI's budget is spent on administrative and support services to the partners and the remaining (70-75%) on grants to NGO/CBO partners. Some donors have established formulae for the UI's grant management (70% to partners, 20% for support services, and 10% for administration of the UI) and have set limits up to which the UI may fund a partner without receiving approval from Headquarters.

2. Structures and functions

There is no single model for umbrella initiatives. At the simplest level of analysis, UI structures always comprise the following components: donor, NAP, NGO headquarters, UI administrator, and partners.

Factors determining the structure of UIs include: the needs of partners and the community; donor policy or requirements, NAP strategies and policies and the existing available infrastructure (banking services and communications).

Examples of UI organizational structures

- The donor funds the UI, which directly funds the partners. This is the simplest and most straightforward organizational structure.
- Partners are "clustered" into networks in order to make it easy for them to provide support to each other and join together on common interests. A lead NGO and a steering committee take responsibility for the organisation of the network and for the coordination of services. The factors that influence the development of this particular structure include:
 - the need to involve more NGO's in HIV/AIDS work
 - the advanced stage of the epidemic
 - the urgent need for prevention activities
 - the scarcity of mature NGOs and a large number of inexperienced but enthusiastic NGOs that need assistance.

The cluster approach provides an opportunity for wide-spread NGO involvement in the areas of greatest need by having lead NGOs provide support to less mature NGOs/CBOs. The cluster approach also allows NGOs to share experiences on a regular basis.

- The UI's organizational structure is based on the facilitation of mentoring and tutoring between partners. In this model and the one described above, the partners

themselves determine how they would like to work together; the UIs support their decisions.

- "Linking organizations" form the central organizational structure for three UIs represented at this consultation. (These are all affiliates of the International HIV/AIDS Alliance.) This structure was backed by the international organization with support from donors. A board of directors brings together a group of NGO leaders, government representatives, and others, who guide the work of a secretariat of the linking organization or UI, which then distributes funds and support services to partners. This structure made possible close relationships and collaboration with the larger NGO community, a coordinated HIV/AIDS response, and provision of funding and a support package to smaller NGOs/CBOs who might not otherwise qualify for funds from other sources. In this structure, a "host" organization, a larger national or international NGO, provides office space, arranges for the exoneration of import taxes, and provides other services as needed by the emerging UI. This sharing of administrative tasks enables the UI to maintain a lean staff profile and to begin support to partners early on in the life of the programme.
- More than one NGO shares the implementation responsibilities for the UI. A lead partner NGO provides support in the area of institutional development to the partners, while the UI administrator provides HIV/AIDS specific support as well as overall administrative support to the UI.
- The NGO is both the donor and the administrator of the UI. In this case, the UI maintains all functions in-house and establishes a support unit at country level to provide grants management and a package of support to its partners.

Board of directors or advisory boards

Five of the UIs make use of a board of directors or advisory board in one form or another. The boards provide a strong base of local knowledge and resources from which to draw. Their functions include developing criteria for selection of partners, participation in selecting partners, setting policies and strategies, and developing evaluation criteria.

The major drawback identified is the potential for a conflict of interest. Board members are usually selected because of their expertise, knowledge or capability. They are usually associated with an NGO which then becomes ineligible for funds through the umbrella initiative on whose board they sit.

Some UI's have solved this problem by choosing board members from the larger, international NGO community who have no need for funds. This solution often leads to the exclusion of the partners that the UIs would most like to sit on their boards. Other board members such as PWAs, and NAP representatives may also have conflicts of interest. Building trust among members appears to be an essential factor in the successful functioning of these boards.

Lessons learned about advisory boards

- Develop an advisory board from the beginning and ensure that its composition is representative, reflecting the needs, interests and people of the country in which you are working, including PWAs, NAP, women, and local leaders.
- Advisory and executive boards are important support mechanisms for an umbrella initiative for quality of work and for accountability.

Umbrella initiative function

Functions are primarily determined by the nature of the funded or assisted partners and by donor policy. They include broadly:

- Capacity building.
- AIDS specific assistance.
- Grant management.
- Institutional/organizational development.

- Information dissemination and sharing of lessons learned.
- Information, education, communication (IEC)/behaviour change communication (BCC).
- Operational research.
- Materials supply and distribution (such as condoms and ICE materials).
- Advocacy and policy development.
- Coordination.
- Networking among partners and non-partners.
- Monitoring and evaluation.
- Fundraising.
- Facilitating donor contacts.
- Acting as a buffer between donor and partners.

Chart 5 Overall functions of Umbrella Initiatives Participating in the Consultation		
NGO	Functions	Interventions
AIDSCAP	Capacity building	Multiple, in clusters
AMFAR	Research driven Capacity building	Multiple, throughout Nepal
AMREF	Intervention driven Capacity building	Single, in 7 target areas
ANCS	Capacity building Intervention driven	Multiple, throughout Senegal
EPOCH	Capacity building Intervention driven	Multiple, in 3 target areas
IPC	Capacity building	Multiple, throughout Burkina Faso
PHANSuP	Capacity building	Multiple, outside Manila
SAT	Capacity building	Multiple, with mentoring NGOs
World Learning	Intervention driven Capacity building	Multiple, throughout Uganda

3. Working with partners

Partners

The term "partner" refers to the NGO/CBO or community groups which are funded or supported by umbrella initiatives. In some instances, umbrella initiatives may support a government or public sector project. These partners represent a broad range of groups and organizations with varying skills and capacities. They may be officially recognized as registered NGOs/CBOs or more informal groups. One or more partners may be encouraged and supported by the umbrella, to undertake the role and responsibilities of mentor or leader, which in turn provides support services to less experienced groups.

Partners in umbrella initiatives include:

- Individuals, groups or associations (groups of PWAs, women, and youth).
- Community-based organizations.
- National NGOs.
- International or internationally affiliated NGOs.
- Government ministries or city councils/commissions.
- National NGO HIV/AIDS Networks.

Some UIs work with small local and regional community groups, some with established NGOs which already have an HIV/AIDS component, others with a mix of government parastatals and established NGOs and CBOs. In some cases, the UI may support the creation of a new NGO to undertake a particular task, for example, HIV/AIDS testing and counselling.

In one country, the national UI is working with the complete spectrum of partners; all partners however small or large have the possibility of obtaining support from the UI.

Lessons learned working with partners

- There are advantages to working with a small, core group of partners over an extended period and in depth, though this is quite costly.

- Use local support services consultants, and if necessary, provide supplementary training beforehand.
- Focus on partner networking and exchanges.
- Establish partner mentoring, tutoring, 'horizontal' training, and horizontal capacity building.
- Assist partners to build mid-and lower level management capability for organizational continuity.
- Partners need to be actively involved in information sharing, and becoming critically analytical about a wide range of organisational, training, service and AIDS related issues.
- Investing time in initial partner consultation, assessment and explanation in order to avoid later misunderstandings.
- Make it easy for partners to work with you...be user friendly! ...
- Develop a variety of mechanisms to fund partners and projects.
- Stream-line, standardize and simplify the partner subgrantee disbursements.

Criteria for partner selection

UIs have different partner selection criteria depending on their specific objectives, donor requirements, and the nature and extent of the HIV/AIDS problem in the target population. However, commitment to HIV/AIDS prevention and care activities is a fundamental criteria stated explicitly by almost all the UIs. For many, the NGO's relationship to its community, the extent to which the project responds to the significant needs of the community, and a high degree of collaboration with other NGOs and government are additional primary criteria.

The ability to manage funds and prepare reports is often essential; the larger the size of the grant, the more stable or sophisticated the partner needs to be. NGOs which have arisen as a result of a felt need of the community to respond rapidly to the HIV/AIDS epidemic, support should be considered for support. Methods need to be established to ensure the partners selected are

genuine and accountable.

Geographical location may be a key criteria as some UIs work only in high risk areas, or only in rural areas or only with certain groups.

Some UIs have complicated selection and review processes due mainly to donor demands for accountability. Others have simple requirements requiring only that the partner meet very basic criteria, such as the ability to manage funds and agreement to use the funds for HIV/AIDS prevention and care activities.

Selection criteria listed by participants

- Government accreditation or, eligibility for registration or accreditation.
- Reputability (as assessed through a screening process).
- Experience in HIV/AIDS or in implementing other programs or projects.
- or, demonstration of commitment to HIV prevention.
- Potential to attract community volunteers.
- Well-established in the community.
- Capable of sustaining programme(s).
- Responsive to community needs.
- Resource and financial management capacity or the potential to develop it.
- Flexibility to shift to emerging issues.
- Two-way commitment from the partner to the community and vice-versa.
- Ability to leverage additional funding from the private sector and other donors.
- Avoidance of duplication of services, resources, and human resources.

- People involved in partner selection should not receive funding; the selection committee needs to be neutral to avoid conflict of interest.
- Even if an NGO is not selected, it is important to encourage and to keep in touch and possibly provide support services for the next round of funding by providing training on design and proposal preparation that is open to all NGOs/CBOs.
- Emphasize the non-financial as well as financial support that the UI may provide.

Chart 6 Partners supported by Umbrella Initiatives Participating in the Consultation		
Name	# of Partners	Type of NGOs
AIDSCAP	120	various
AMFAR	16	emerging
AMREF	7	developed
ANCS	na	emerging
EPOCH	11	emerging
IPC	6	emerging
PHANSuP	15	various
SAT	120	various
World Learning	16	developed

Lessons learned in partner selection

- Take care with the selection of partners so as to not undermine existing networks; work with the network in such a way as to support its membership; or build on existing NGO networks instead of creating a new one.
- Be aware that selection of partners can be a political and sensitive issue.
- Ensure that the UI selection criteria are clear and well developed.
- Once criteria are established, follow them.
- Use an independent entity to select partners as this removes the UI from politically sensitive issues and distances it from potential conflicts.

4. Package of support

The package of support provided by the UI to partners is comprised of three main areas:

- (1) financial support
- (2) HIV/STDs/AIDS specific support
- (3) institutional/management support

Strengthening the capacity of partners to implement HIV/STD/AIDS prevention and care activities is central to the work of the UI. Building the skills in institutional development and HIV/STD/AIDS is crucial. Participants considered the provision of these support services as a learning process directed towards a specific goal which is defined through a participatory process with partners.

Determining partner support needs

At least five of the UIs conducted pre-project interviews and assessments with the NAP and NGOs in order to determine the package of support service needs prior to UI implementation. Some UIs provide support services before partners have been accepted for funding, providing assistance in project design. In some cases, partners are asked, at the project proposal phase, to determine what type of support services they will require in order to strengthen their work.

Needs assessment and baseline surveys were undertaken by several UI organisations. These were used to jointly determine support services needs with the partner and will also be used in the final evaluation to try to determine impact results. One UI conducted a detailed needs assessment of the partners in financial management capacity.

One UI deliberately chose institutionally strong, international NGOs with an established infrastructure as partners. But most UIs chose a mix of emerging or established NGOs/CBOs as partners, all of whom require a package of support.

A few UIs have expended considerable energy, resources and support to bring partners to organisational maturity. One UI, in particular,

decisively targets a small number of partners in a limited geographical area, and provides intensive institutional strengthening and HIV/STDs/AIDS specific support.

All the UIs have struggled with balancing a package of support for implementing HIV/STD/AIDS interventions with support for institutional and organizational development of the partner. They also have to make difficult decisions about which partners need help first when a large number of partners need support and UI staff, time and resources are limited. One solution is to rely extensively on more mature partners to assist less experienced partners.

Guiding principles for the provision of support services

- a balance must be found between participatory and interventionist capacity building
- building trust and participation are important qualities of support services
- the autonomy of partners and the communities with which they work must be respected
- the umbrella should not dictate the nature or form of support services
- participatory needs assessments lays the groundwork for determining and prioritizing capacity building skills needs of partners.

Contents of the support package

The following is a list of some of the areas in which support is provided by the UIs represented at this consultation:

HIV/STD/AIDS specific support

- information, education, communication
- behavioural change communication
- STD case management
- condom promotion
- peer education
- home care
- counselling

- orphan support
- clinical care for people with HIV/AIDS
- protection of human rights
- legal assistance on issues related to HIV/AIDS.

Institutional/management support

- project proposal development
- action planning
- participation
- grant management
- financial management
- administrative management
- monitoring and evaluation
- management information systems (computerization)
- record keeping
- fundraising
- leadership skills
- presentation skills
- documentation of achievements
- design of reports and instruments
- SWOT self assessment (strengths, weaknesses, opportunities, threats).

Financial support

- small, medium and large grants.

Methods of delivering support

The UI's represented in the consultation used a great variety of methodologies to provide support services:

- *Skills clinics.* These are structured and thematic sessions in which concrete practical activities are taught such as record keeping, and monitoring and evaluation.
- *Training workshops and seminars.* Specific skills development offered in a variety of skills areas.
- *Local learning networks.* Once the NGOs know each other the UI assists them in continuing to meet to learn from each other.
- *Networking.* Organizing the partners into a network to share learning and experiences at the local, regional, national, and international levels.
- *Formation of clusters:* A lead NGO and a steering committee work in partnership with cluster members to support each other

and their work.

- *Training of trainers:* On a variety of topics which developed local capacity and replicability.
- *Coaching and mentoring:* More experienced and skilled partners assist less experienced and skilled partners.
- *Onsite programme support:* The provision of intensive one-on-one support on site.
- *Associate consultants:* Usually provided by donor to UI.
- *Open door policy:* A partner may at any time visit the UI and request assistance.
- *Internships and field exchanges and study tours:* These can be organized across borders if projects are close to one another or across regions and districts within a country.
- *Materials collection, development and provision:* Improving access to written and audio visual materials.
- *Surveys and directories.* Collection of information about country resources, HIV/AIDS technical personnel, testing facilities, and private sector resources.
- *Newsletters:* Promotes knowledge, coalition building, information exchange and coordination of partner and non-partner activities.

5. Strengthening collaboration with the National AIDS Programme

All participants promote close collaboration with the National AIDS Programme (NAP) which represents a strong ally and a valuable resource for umbrella initiatives.

Guiding principles

- The national AIDS plan of the country provides the framework for the design of umbrella initiatives.
 - Consultations should take place between the UI and the NAP in the early stages of umbrella design and on a regular basis throughout the life of the initiative. This could include joint UI and NAP planning and prioritizing, report sharing (UI to NAP), and NAP participation in partner selection and/or establishment of partner selection criteria.
 - Roles and responsibilities of all actors should be clearly defined at the design stage and reassessed throughout the life of the umbrella.
 - Building provincial and district coordination among partners and with government is imperative. The NAP and the UI at national level needs to advocate and support the building of this coordination at the peripheral level.
 - In forging a collaborative relationship it is helpful to bear in mind that both the NAP and the NGOs fear a loss of autonomy which may inhibit the establishment of effective coordination mechanisms.
- The early formation of an advisory board which includes NAP representation.
 - Use of both formal and informal modes of communication stressing the building of personal relationships.
 - The NAP provides supplies (such as condoms) to the UI partners.
 - The UI provides support to the NAP and line-ministry AIDS activities.

Obstacles to collaboration

- NGOs feel more accountable to donors than to the NAP, and this in effect, may undermine the NAP.
- Difficulty in establishing rates and modes of payment for NAP involvement.
- Less than adequate funding of the NAP creates an imbalance between the NGOs and the government. There is usually a competition for funds.
- Involvement of the NAP, especially in the approval process could create bottlenecks or delays.

Collaboration at peripheral levels

Long-term sustainability will ultimately depend on mutual support and good communication between provincial and district government line-ministries' AIDS Programmes and UI partners. This collaboration should be nurtured early in the life of the UI. There is a recognition of the importance of facilitating this relationship, at the same time being aware of the danger of overwhelming the government line-ministries with additional responsibilities.

Factors contributing to a positive relationship between the UI and NAP

- A pre-existing relationship between the NGO and the NAP prior to the NGO commencing an umbrella initiative.

6. Sustainability

Different kinds of sustainability were considered:

- (1) sustainability of behavioural change
- (2) sustainability of project activities
- (3) partner sustainability
- (4) UI sustainability

At the program design phase it is critical to determine the intentions for sustainability and then to design UI functions which will support those intentions. The intention may be that when the objectives or terms for end-of-project termination are met, the UI will cease to exist. Or, the intention may be that an emerging self-sustaining umbrella initiative will function as an independent NGO in its own right.

Factors that contribute to sustainability include:

- building on experience
- responding to felt needs of the population
- sustainable cost infrastructure
- horizontal capacity building/NGO to NGO
- government commitment in policy and resources
- government acting as broker between NGOs and donor
- UI facilitates but NGOs organize, take action, and ensure participation
- partners learning skills to market themselves to businesses and donors
- partners learning cost recovery options, negotiation of contracts etc.

Creating a supportive environment is essential for sustainability; some countries clearly have a more supportive environment than others and have more available resources.

Factors that hinder sustainability include:

- rigid donor conditions
- restrictive government conditions
- dependence on one large donor
- one leader instead of multiple leaders
- weak institutional capacity
- short term perspective adopted in response to the urgency of the epidemic

- lack of governance and accountability; mismanagement of resources.
- donor timeframe too short.
- NGOs can't say no even when outside of their stated mission.
- conflicts of interests between NGO, donor, and government.
- too narrow a focus (AIDS vs development).
- NGO competition or NGO monopoly.
- NGOs taking on too much.

No umbrella initiative in HIV/AIDS prevention and care has been operating long enough for sustainability (in terms of transferring functions to partners and community) to be assessed. It is too early in the life of the partners to determine which projects were "successful" and sustainable and what were the contributing factors.

Lessons learned about sustainability

- As much attention needs to be paid to the processes and impact of ending a UI as to its development and implementation.
- Plans for sustainability should be made during project design phase.
- Strategic planning should consider activities beyond the end of the UI.
- Local business owners should be encouraged to contribute to the partner projects.
- Local leaders should be encouraged to plan for the integration of project activities into mainstream community development issues.

7. Evaluation

Evaluation has been undertaken in a variety of ways:

- the UI has undertaken it alone
- external evaluators have undertaken it with participation from the UI/partners
- external evaluators have undertaken it without participation of the UI/partners
- all the key players have together decided how to undertake evaluation.

Participants expressed a strong preference for qualitative over quantitative evaluations. Doubts were expressed about the feasibility and value of conducting meaningful impact evaluation:

- the life of a UI is too short
- it is difficult to show results with HIV/AIDS as the epidemic is spreading, in some places very rapidly
- people now surveyed through KAP surveys know what you want to hear, self report may not correspond to actual behaviour
- with the amount of work going on in a country, it is difficult to attribute impact to one particular project
- measurement of indicators is often beyond the scope of the work of the UI.

Donors often insist on impact evaluation in order to support their funding positions. If there are multiple donors to a project, evaluation can be complicated. In one UI, each donor assesses its own funded programme component.

Guiding principles

- Baseline surveys are an important UI activity.
- Efforts should be concentrated on evaluating process indicators.
- Existing data should be used.
- Donors need to reach consensus on common indicators.
- Data collection and use of evaluation should be made as easy as possible.

- A participatory approach which includes all major players should be used.
- Partners and communities should be facilitated to design their own indicators.

For one UI, research is a primary design consideration. The UI is using research to support and to formulate public policy, and evaluation was built in from the start, including teaching partners how to undertake process evaluation in order to redesign their programmes. The process is participatory with all instruments and tools agreed upon by everyone before implementation. This UI uses external consultant assistance to implement this component.

Donors and evaluation

Donors often require thorough evaluation as they want to be sure that the interventions they support actually work. However, if their demands are too rigid, considerable stress may be created. CBOs may not be able to meet these requirements, and it is here that the UI must function as a buffer.

One UI was successful in delinking donor funds from evaluation so that evaluation is perceived as a learning experience rather than a threat to cut funds if the results were not what the donor expected.

Evaluating the impact of umbrella initiatives

Some of the first umbrella initiatives funded to undertake HIV/AIDS projects are just now moving into their final evaluation phase. Much has been learned about the functioning of UIs but little is known yet about the ultimate impact of the partners on reducing HIV/AIDS infection. Mid-term evaluations indicate positive impact. Of the two umbrella initiatives nearing the end of their funding period, evidence points to a strong impact on HIV/AIDS prevention and control practised at the community level.

Annex 1 – List of participants



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Annex 2 – Summary of umbrella initiatives

INITIATIVES	Amfar	AMREF	UNGS
OBJECTIVES To establish a sustainable, community-based infrastructure to combat the HIV epidemic from a research oriented framework. Its objectives are to: <ul style="list-style-type: none"> - develop a proposal and review process that enables NGOs to complete successfully - support the organizational development of the NGO to maximize sustainability - develop an AIDS specific capability within the NGO - develop a collaborative NGO-government relationship to improve planning - examine whether the establishment of a national prevention effort can minimize the size/extent and impact of the epidemic - build a truly national prevention infrastructure 	The goal of AMREF is to control the spread of HIV/AIDS in high transmission areas. This will be accomplished by: <ul style="list-style-type: none"> - assisting the implementing agencies to increase their operational efficiency - promoting condoms - developing educational materials - promoting STD materials - using peer health educators - identifying new strategies for reducing HIV transmission 	To support the participation of NGOs/CBOs to prevent the transmission of HIV/AIDS by: <ul style="list-style-type: none"> - providing TA in IEC/Counselling, administration, follow-up and evaluation so that groups can increase their capacity in prevention and care programming, integrate HIV prevention activities in development programmes, and improve their administrative skills - providing funding for HIV/AIDS prevention activities with emphasis on condoms promotion - supporting the activities which increase the quality of life of PHAs, their families and orphans - establishing a mechanism for the ongoing planning and administration of the Linking Organization 	
COUNTRY	Nepal	Tanzania	Senegal
TOTAL BUDGET	US\$ 3.0 million (approx.)/3 years	US\$ 5.7 million/3 years (estimated project budget)	US\$ 1.5 million/3 years
UI BUDGET	For years 1 & 2: US\$ 784 000 or 39% of total funds	The UI is funded for US\$ 306 500 or % of total funds	The UI is funded for US\$ 414 476 or % of total funds for 1995
DONOR	AmFAR	Ford Foundation	International HIV/AIDS Alliance
YEAR INTO GRANT	Two years	Three years (final year)	First year (start-up)
NUMBER OF NGOs FUNDED	17 NGOs/CBOs	Does not fund	NGOs have not yet been selected
RANGE: SG	US\$ 5 000 - 35 000	Not applicable	To be determined

OBJECTIVES	ENOUGH	TOO	TOO FEW
<p>The primary objective is to provide intensive institutional development and technical services to a smaller group of NGOs in order to build NGO institutional capability to undertake HIV/AIDS projects. This will be done through:</p> <ul style="list-style-type: none"> - direct interventions which support and facilitate the development of NGO HIV/AIDS interventions - policy advocacy for the formulation of informed and reasoned policies and regulations that protect rights - skills enhancement to selected NGOs in designing, managing, evaluating, and documenting HIV/AIDS programmes - development of HIV/AIDS coalitions and networks on the local and national level 	<p>The principle objective is to promote the participation of NGOs, of associations and of community groups in the struggle against HIV/AIDS by:</p> <ul style="list-style-type: none"> - funding community and regional projects in AIDS prevention and care in order to achieve tangible results at the community and individual levels - providing financial support to national level projects to increase local expertise and advocacy in HIV 	<p>The goal is to enable a critical mass of NGOs to develop and enhance their capabilities to implement HIV/AIDS activities:</p> <ul style="list-style-type: none"> - identification of and effective delivery to grantees technical assistance needs - assistance to grantees to achieve their programme objectives - development of PHANSUP's capacity to match current and future technical assistance needs <p>Financial support objectives:</p> <ul style="list-style-type: none"> - to source and mobilize funds for projects - to assist grantees in programme and financial management - to develop and maintain an effective financial system to maximize PHANSUP's financial support capacity to grantees 	<p>Philippines</p> <p>US\$ 711 680 for 1995</p> <p>The UI was funded for 8 months/1994 for US\$ 90 385 or 31% of total funds for 1994</p> <p>International HIV/AIDS Alliance</p> <p>First year (start-up)</p> <p>15 NGOs</p> <p>US\$ 4 000 - 32 000</p>
COUNTRY	Indonesia	Burkina Faso	Philippines
TOTAL BUDGET	US\$ 3.24 million/3.5 years	Unknown	US\$ 711 680 for 1995
UI BUDGET	The UI is funded for US\$ 1.9 million or 58% of total funds	The UI is funded for US\$ 385 177 or 5% of total funds for 1995	The UI was funded for 8 months/1994 for US\$ 90 385 or 31% of total funds for 1994
DONOR	USAID	International HIV/AIDS Alliance	International HIV/AIDS Alliance
YEAR INTO GRANT	Three years	First year (start-up)	First year (start-up)
NUMBER OF NGOs FUNDED	11 NGOs	6 NGOs	15 NGOs
RANGE	US\$ 2 000 - 99 410	Unknown	US\$ 4 000 - 32 000

INDICATORS	SAP (Community Health Extension Workers)	Welfare Funding	AIDSCAP
OBJECTIVES	<p>The project goal is to build a knowledge base for sustainable community AIDS programmes by developing the skills of organizations and people who share language, culture and economic affinities. Primary objectives are to:</p> <ul style="list-style-type: none"> - strengthen local organizations so they can better serve and articulate the needs of those most vulnerable to HIV/AIDS - build service delivery and advocacy capabilities of local NGOs and institutions - develop a sustainable regional approach to building organizational capability and human resources 	<p>The project goal is to limit the spread of HIV/AIDS in target populations and is to result in the following outcomes:</p> <ul style="list-style-type: none"> - statistically significant self-reported behaviour in target groups towards reducing risk of contracting HIV/AIDS - statistically significant increase in demand for condoms in target populations - rate of HIV transmission demonstrated to be lower in target population than in the population in general 	<p>Tanzania AIDS Project seeks to reduce the social and economic impact of AIDS on Tanzanian society by increasing the practice of HIV preventive measures and by ensuring the provision of adequate support services to orphans and their families.</p> <p>The HIV prevention strategy will be accomplished by promoting condom use, STD detection and treatment, and promoting change in sexual behaviours and beliefs.</p> <p>Ensuring the provision of adequate family support services will be realized by establishing home care and counselling services, NGO support services, and the development of social welfare systems.</p> <p>Project targets include:</p> <ul style="list-style-type: none"> - maintenance of HIV seroprevalence at 1993 levels - 20% reduction in syphilis among young pregnant women - 50% reduction in casual partners - 10% of annual increase in condom use - increased numbers of NGOs providing improved services for AIDS survivors and orphans
COUNTRY	10 countries in Southern Africa	Uganda	Tanzania
TOTAL BUDGET	US\$ 107 800/5 years	US\$ 16.4 million/5 years	US\$ 20 million/5 years
UI BUDGET	Unknown	The UI is funded for US\$ 4.4 million (approx.) or 27% of total funds	Unknown
DONOR	Canadian International Development Agency	USAID	USAID
YEAR INTO GRANT	Year 4	Final year	Year 2
NUMBER OF NGOS FUNDED	Over 100 project partners	16 NGOs or Parastatal Organizations	113 NGOs in clusters
RANGE	US\$ 40 000 (average)	Unknown	Unknown

Annex 3 – Overall recommendations

1. Umbrella initiatives should strive to be directed by and responsive to the needs of the community and/or partners they support. Flexibility of purpose, structure and function should be anticipated and built into the umbrella initiative design. Mechanisms need to be put in place to ensure that modifications can be made in response to new needs and changes in the situation.
2. The purpose of an umbrella initiative is to build the capacity of partners to enable them to effectively, appropriately and promptly respond to the HIV/AIDS epidemic and its impact, to increase coverage, provide services, mobilize resources, and participate in HIV/AIDS activities and advocacy and the protection of human rights. In order to strengthen the national response, the functions of the umbrella initiative should reflect this purpose.
3. There is no single model for the structure of umbrella initiatives. The structure of an umbrella initiative needs to fit the diverse elements of the local context.
4. Capacity building is a continuous process. Activities need to be undertaken to build HIV/AIDS/STD prevention and care skills and the organizational/community capacity to deploy them.
5. Sustainability of programmes and impacts beyond the life of the umbrella initiative should start to be addressed from the design phase.
6. Umbrella initiatives need to facilitate and support linkages among partners and participate in networking across the NGO spectrum.
7. The umbrella initiative needs to foster appropriate linkages between AIDS responses at local, regional and national levels.
8. Evaluation at all levels, including evaluation of donor mechanisms and donor requirements, needs to be part of the umbrella initiative learning process, useful for the sharing of experiences and programme modifications. Process and impact evaluation need to be developed from the design phase and use qualitative, quantitative and participatory approaches.