

A large red ribbon symbol, a common icon for HIV/AIDS awareness, is centered on a white background. The ribbon is thick and forms a continuous loop.

# **DÓCHAS MEMBERS' RESPONSE TO THE HIV AND AIDS PANDEMIC 2012**

**DÓCHAS HIV & AIDS WORKING GROUP**

Compiled by Nessa Kennedy, World Vision Ireland



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# PREFACE

On behalf of the Dóchas HIV and AIDS Working Group, I am delighted to present this report of the work of Dóchas members in their responses in 2011 to the global HIV and AIDS crisis. Recognising the effect of the pandemic on all development efforts, the Working Group was established in 2001 to share expertise and learning on HIV and AIDS, and to provide a representative voice for the Irish development NGOs.

For more than thirty years, efforts to control and stem the spread of HIV have been implemented by governments and NGOs particularly in sub-Saharan Africa, with many Irish NGOs involved in efforts to raise awareness, prevent the spread of the virus and provide care for those affected, directly and indirectly. UNAIDS reports considerable progress in the reduction in new infections, particularly among children, and in AIDS related deaths in sub-Saharan Africa<sup>1</sup>. However we strongly believe that there is no room for complacency. UNAIDS also reports that in many countries, people living with and affected by HIV still face stigma, discrimination and injustice. Women and girls remain at higher risk because of gender inequity and sexual violence. There is still a 30% gap between resources that are available and what will be needed annually until 2015. New infections are on the rise in Middle East, North Africa, Eastern Europe and Central Asia and worldwide; 1.7 million people died from AIDS related causes in 2011. In 2010, AIDS was the leading cause of death in women aged 15-49 years (14.4%) and the second most common cause of death for men aged 15-49 years (10.7%)<sup>2</sup>. Appropriate responses will continue to be necessary while there are new infections and, while UNAIDS maintains it is achievable, a lot remains to be done if we are to achieve MDG 6 (Combat HIV/AIDS, Malaria and Other Diseases) by 2015.

This report is the third such study supported by Dóchas, previous studies having been carried out when the Working Group was first established in 2002 and subsequently in 2007 for activities carried out in 2006. These surveys help to present a picture of discernible trends in Irish NGOs' work in this area. The trends indicate a dramatic reduction in HIV and AIDS related projects and budgets since the 2006 survey was completed. The total number of projects implemented by the ten agencies in 2011 was 77, compared to 210 in 2006; and the total budget for these projects has seen a decline of 56% from 2006 levels. Despite the challenge of declining resources, the HIV and AIDS Working Group reconfirms its commitment to respond to the HIV and AIDS pandemic. Our recently launched strategic plan outlines our vision for the period 2013 - 2015 and serves to reinvigorate our efforts. We welcome like-minded members to join us.

I would like to thank the members of Dóchas who took the time to complete the survey form and to respond to any follow-up questions; thanks also to those individuals who provided guidance and support. Particular thanks are due to Nessa Kennedy of World Vision Ireland who conducted the survey and prepared the report.

**Pam McHugh**, ChildFund Ireland  
Chairperson Dóchas HIV and AIDS Working  
Group 2012

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<sup>1</sup> Global Report: UNAIDS Report on the global AIDS epidemic, 2012

<sup>2</sup> 'AIDS is not over'- the Lancet Dec. 2012

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# ACRONYMS

<b>AIDS:</b>	Acquired Immune Deficiency Syndrome
<b>CBO:</b>	Community-Based Organisation
<b>EU:</b>	European Union
<b>HIV:</b>	Human Immunodeficiency Virus
<b>IFPA:</b>	Irish Family Planning Association
<b>INGO:</b>	International Non-Governmental Organisation
<b>NGO:</b>	Non-Governmental Organisation
<b>OVC:</b>	Orphans and Vulnerable Children
<b>PLHIV:</b>	People Living with HIV
<b>R&amp;D:</b>	Research and Development
<b>UNGASS:</b>	United Nations General Assembly
<b>WG:</b>	Working Group

# 1. SUMMARY OF KEY FINDINGS

The profile of the organisations who participated in this audit differs significantly from that of the organisations who contributed to the audit in 2007. In 2007, thirteen organisations participated in the audit, while in 2012 only ten agencies participated. This discrepancy should therefore be taken into account when interpreting the findings of this exercise (see section 3).

## GEOGRAPHY

- In 2011, the total number of HIV and AIDS related projects implemented by the ten participant organisations was 77, as compared with 210 projects implemented across the thirteen participating agencies in 2006.
- Participating agencies' HIV and AIDS responses continue to be concentrated in Sub-Saharan Africa with 81% in 2011 compared to 82% in 2006.
- In Africa there is a heavy concentration of work in the Southern African region.
- Members' work in Central Africa, Central America and South Asia has declined since 2006.
- With regard to financial resources, the Southern African region draws the largest financial support, equivalent to around €3m in 2011, followed by East Africa (€1.8m) and South Asia (€1.7m).

## ACTIVITIES

- Activities focusing on prevention are at the forefront of the agencies HIV and AIDS work in 2011.
- 'Treatment, care and support' continues to represent the second largest activity for the organisations.
- Other major activities include lobbying, organisational building and mainstreaming.

## TARGET GROUPS

- There was no significant shift in the population groups being targeted in 2011: Men and women represent the two most common target groups, whilst People Living with HIV and AIDS (PLHIV), the elderly, children and teenagers are also frequently targeted.

## BUDGET

- The total 2011 HIV and AIDS budget of the ten participating agencies saw a massive decline of 56% from 2006 levels. Among the six agencies which participated in both audits, the overall decline in HIV and AIDS budget was 48%.
- 68% of the HIV and AIDS budget was allocated to direct HIV and AIDS programmes, 21% was spent on integrated programmes, whilst just 11% went towards mainstreaming activities.
- Irish Aid was the largest source of funding in 2011, contributing to 75% of all HIV and AIDS projects. However the overall proportion of funding provided by Irish Aid (44%) has declined from 2006 (50%).
- Bilateral organisations such as the EU contributed funds in 8% of 2011 HIV and AIDS projects in comparison to 2006 when their contribution was negligible.

## PARTNERSHIPS

- The ten participating organisations worked with 224 partners, a sharp decline from 2006, when the thirteen participating agencies worked with over 400 partners.
- Local NGOs and CBOs continue to be the most common partners, followed by AIDS Organisations and Faith-Based Organisations.

## TIMEFRAME

- 34% of all projects being implemented in 2011 were 5-year projects, followed by 3-year projects (18%), 1 year projects (16%) and 13-15 year projects (16%).



## 2. INTRODUCTION

### 2.1 BACKGROUND TO THE WORKING GROUP

The Dóchas HIV and AIDS Working Group (WG) is a sub-group of Dóchas, the Irish Association of Non-Governmental Development Organisations. The WG was established in May 2001 in order to respond to the first United National General Assembly Special Session (UNGASS) on HIV and AIDS draft Declaration of Commitment, and to present shared positions on a number of issues related to HIV and AIDS.

The WG first developed a strategic plan in January 2003. Since that time the HIV and AIDS WG has increasingly become the representative voice of Irish development NGOs in relation to HIV and AIDS.

### 2.2. TERMS OF REFERENCE OF THE WORKING GROUP

In May 2012, eight organisations were members of the WG. These were: ChildFund Ireland, Christian Aid, Concern, Friends of Londiani, Oxfam Ireland, Trócaire, VSO and World Vision.

At the time of writing (June 2012) new terms of reference were being developed for the WG.

### 2.3 HIV AND AIDS WORKING GROUP REVIEW

In 2002 the WG held a review of the HIV and AIDS activities undertaken by its members. The objective of the review was to develop a full understanding of the WG members' work and experience. In 2007 another review took place. This review provided a detailed examination of the changes undergone in the members' HIV and AIDS activities.

In 2012 the WG members decided to hold another review of their work. In addition to elucidating the WG members' activities, it was expected that this third review would inform the members' training and evaluation activities.

## 3. METHODOLOGY

To conduct the review an audit form was sent to the WG members as well as other Dóchas members involved in HIV and AIDS projects. Ten agencies responded. To ensure consistency the form used a very similar template to previous reviews.

However in light of changes in the aid sector, it was felt that there was a need to capture the members' integrated programming as well as their training practices in increased detail. The audit's questions were therefore modified slightly to reflect integrated programmes, whilst a section was added querying the members' learning and evaluation practices. The finalised template consisted of ten main sections:

1. Programme level INGO work & direct advocacy.
2. Name of main partner organisation
3. Programme/Integrated Programme title
4. Country or Region
5. Timeframe
6. Donor/s
7. Budget 2011
8. Type of Activity<sup>3</sup>
9. Target Groups<sup>4</sup>

Ten Dóchas members (seven Working Group members alongside three other organisations) returned the completed audit form. The organisations that took part in this audit differed substantially from those that took part in 2007. Six organisations participated in both studies: Trócaire, Oxfam Ireland, Concern Worldwide, World Vision Ireland, ChildFund Ireland and VSO. Six organisations (Action Aid Ireland, IFPA, IMRS, Hope Foundation, Skillshare Ireland and Christian Aid Ireland) that took part in 2007 did not participate in the 2012 audit. Conversely in 2012 three new organisations (Tearfund Ireland, Friends of Londiani, and Irish Red Cross) participated. Due to this variation in participation, comparisons between the two surveys must be made with caution.

Once all the forms were collected, the data was processed, analysed and collected. This report presents the findings gathered from the participant organisations under review.

***Detailed findings, tables and audit template, are available on request from Dóchas.***

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<sup>3</sup> The types of activities pre-listed in the form included: Treatment, Care and support; Prevention, awareness and information; Lobbying, advocacy, and human rights; Network development; Organizational building/capacity building; Mainstreaming; and Research and development.

<sup>4</sup> The target groups pre-listed included: Men; Women; Teens and young adults; Orphans and vulnerable children; Children; Elderly especially those caring for OVC; Sexual minorities (homosexuals, bisexuals and transsexuals); Ethnic minorities; Migrants and refugees; People living with HIV and AIDS; Government/policy makers; Sex Workers; Drug Users; Other high risk groups (truck drivers, etc); and Local NGOs, CBOs, and/or AIDS service organizations.

## 4. HIV AND AIDS RESPONSE: REGIONAL FOCUS

### 4.1 REGIONAL FOCUS

In 2011 the participant organisations implemented a total of 77 HIV and AIDS related projects<sup>5</sup>. The number of projects declined threefold from 2006 when the agencies implemented a total of 210 projects.

**FIGURE 4.1**  
**REGIONAL DISTRIBUTION OF HIV AND AIDS PROJECTS**

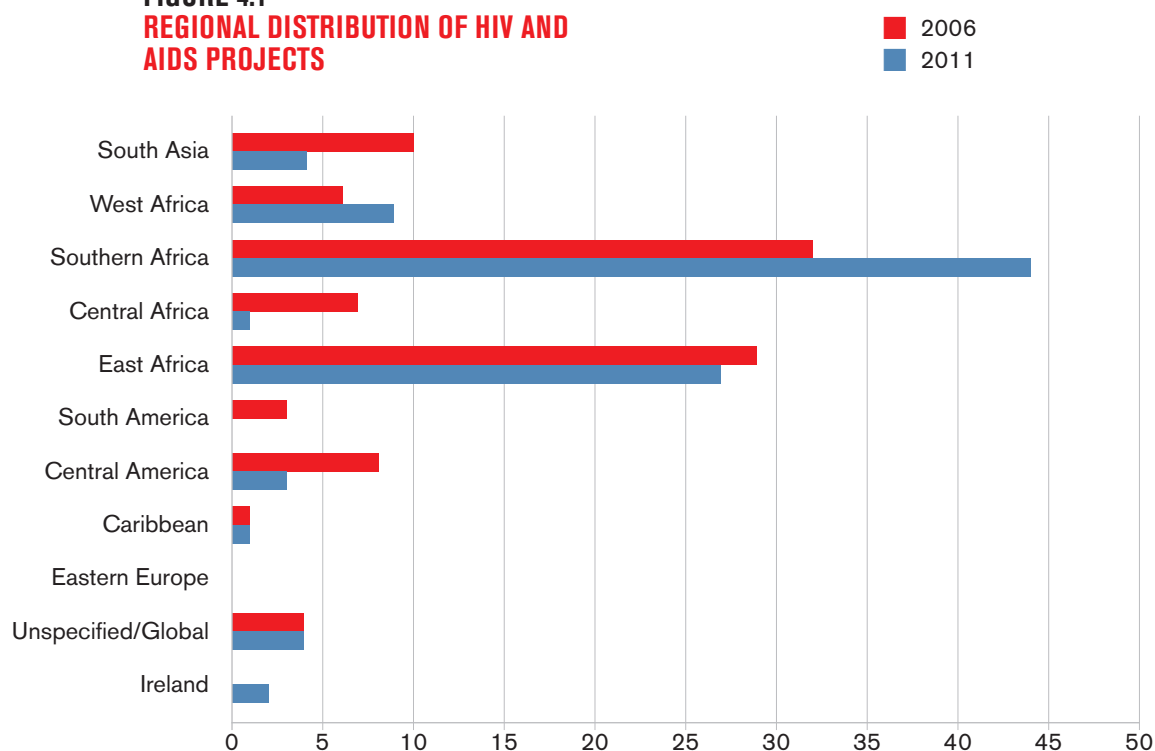


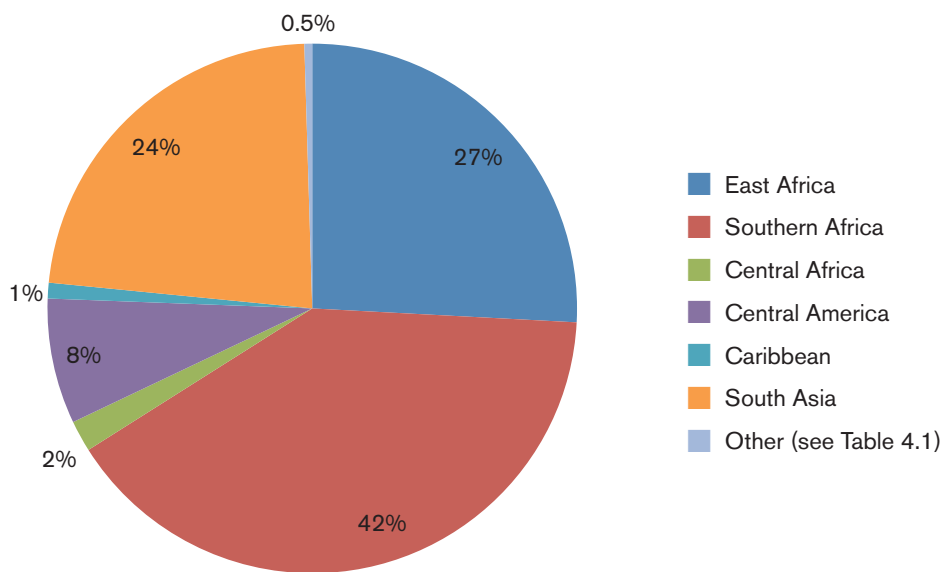
Figure 4.1 demonstrates that 81 % of the organisations' HIV and AIDS activities took place in Sub-Saharan Africa in 2011, as compared with 82% in 2006. On the African sub-continent, work is heavily concentrated in Southern Africa (44%), and to a lesser extent, East Africa (27%). 9% of projects took place in West Africa in contrast to 6% in 2006. Most significantly whilst Central Africa was the subject of 7% of work in 2006, only one project took place there in 2011.

<sup>5</sup> It must be noted that whilst this report only analyses individual projects implemented by participant organisations, these projects may also be part of overarching HIV and AIDS programmes.

Central America was the subject of 3% of work in 2011, in comparison to 8% in 2006. Whilst 3% of projects took place in South America in 2006, no projects were implemented there in 2011. South Asia saw a similar decline in support- only 4% of projects took place there in 2011, as compared with 10% in 2006.

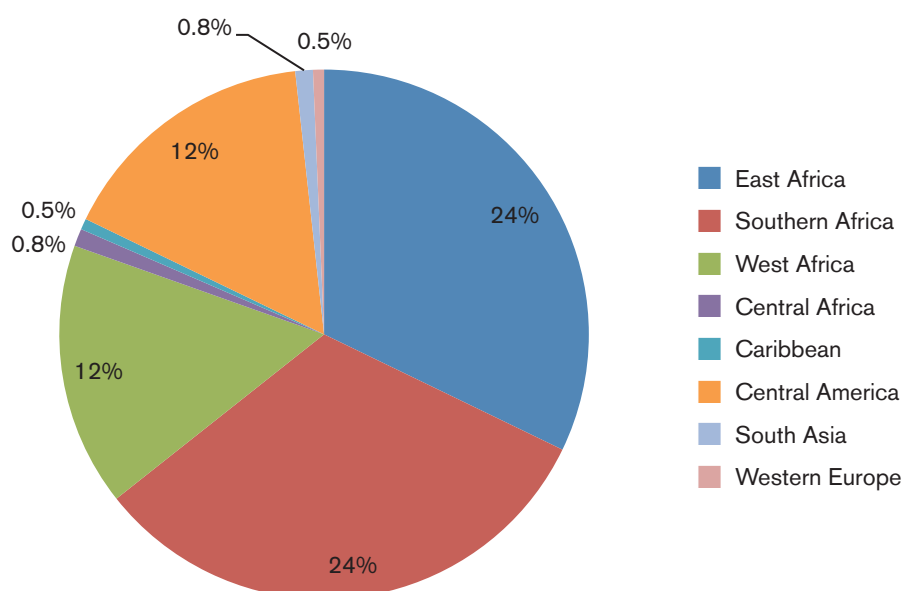
As in 2006, no projects took place in Eastern Europe.

**FIGURE 4.2**  
**REGIONAL DISTRIBUTION OF BUDGET**  
**IN 2011 (% OF TOTAL BUDGET)**



NB: Figures may not add up to 100% due to rounding errors

**FIGURE 4.3**  
**GEOGRAPHICAL DISTRIBUTION IN 2011**  
**(% OF TOTAL NUMBER OF COUNTRIES)**



%N=24 NB: Figures may not add up to 100% due to rounding errors

In terms of monetary resources, the Southern African region draws the most financial support, receiving 42% of the organisations funding in 2011. This is in contrast to 2006, when East Africa drew the most financial support (38%). In 2011 however East Africa drew the second largest share of funds at 27%. It is followed by South Asia (24%) and Central America (8%).

## 4.2 COUNTRY FOCUS

The number of countries in which organisations implemented HIV and AIDS projects declined sharply from 45 countries in 2006 to 24 countries in 2011. Mozambique has the highest number of projects (13) comprising 17% of all HIV and AIDS projects, followed by Zambia and Malawi, which comprised 9% of all projects each. This shows major change from 2006 when Tanzania (9%), South Africa (8%) and Uganda (8%) accounted for the highest number of projects.

The country that received the largest amount (22%) of the participant organisations' HIV and AIDS funding in 2011 was India, followed by Ethiopia and Zimbabwe (13%), Kenya (10%), Malawi (12%) and Mozambique (8%). This is a significant variation from 2006, when Kenya (11%), Ethiopia (7%), Tanzania (7%), Zambia (7%) and Mozambique (4%) received the largest amount of funding. It is noted that only one project was implemented in 2011 in any of the three countries with the highest prevalence rates globally (Swaziland, Botswana and Lesotho).

Overall, these figures indicate that the HIV and AIDS response of the participating organisations is broadly in line with recent global trends in HIV and AIDS prevalence: Sub-Saharan Africa remains the area with the highest prevalence rate, accounting for 68% of people living with HIV globally. While the steep increase in HIV levels in Eastern Europe has not been met with a corresponding increase in the agencies HIV and AIDS programmes in that region<sup>6</sup>, the geographical focus of HIV and AIDS programming among the participating agencies remains on the poorest and most vulnerable countries in the world.

**TABLE 4.1 REGIONAL/COUNTRY LEVEL DISTRIBUTION OF HIV AND AIDS PROJECTS<sup>7</sup>**

Country	Number of Projects	%	Euro	%
Uganda	6	7	295,057	4
Tanzania	4	5	154,573	2
Ethiopia	2	2	918,000	13
Kenya	6	7	666,988	10
South Sudan	2	2	11,559	0
Somalia	1	1	822	0
<b>East Africa</b>	<b>22</b>	<b>27</b>	<b>1,838,047</b>	<b>26</b>
Zimbabwe	6	7	886,620	13
Mozambique	13	17	567,250	8
Malawi	7	9	817,645	12
South Africa	1	1	300,000	4
Zambia	7	9	423,809	6
Swaziland	1	1	21,657	0
<b>Southern Africa</b>	<b>36</b>	<b>44</b>	<b>3,016,981</b>	<b>42</b>
Liberia	2	2		0
Sierra Leone	4	5	2,077	0
Mauritania	3	4	4,154	0
<b>West Africa</b>	<b>9</b>	<b>11</b>	<b>6,231</b>	<b>0</b>
Rwanda	1	1	78,337	1
DRC	1	1	78,337	1
<b>Central Africa</b>	<b>1</b>	<b>1</b>	<b>156,674</b>	<b>2</b>
El Salvador	1	1	182,934	3
Guatemala	1	1	182,934	3
Honduras	1	1	182,934	3
<b>Central America</b>	<b>3</b>	<b>4</b>	<b>548,802</b>	<b>8</b>
Haiti	1	1	90,700	1
Caribbean	1	1	90,700	1
India	2	2	1,583,129	22
Cambodia	1	1	153,782	2
<b>South Asia</b>	<b>3</b>	<b>4</b>	<b>1,736,911</b>	<b>24</b>
Ireland	2	2	950	0
<b>Unspecified/Global</b>	<b>6</b>	<b>7</b>	<b>300,950</b>	<b>4</b>
<b>Total</b>	<b>81<sup>8</sup></b>	<b>100</b>	<b>7,161,586</b>	<b>100</b>

<sup>6</sup> See UNAIDS, World AIDS Day Report 2011.

<sup>7</sup> Figures may not add to 100% due to rounding errors.

<sup>8</sup> As one project can span multiple countries, the total number of projects displayed here equals 81 and not 77.

# 5. HIV AND AIDS RESPONSE: ACTIVITIES

## 5.1 GLOBAL ACTIVITIES

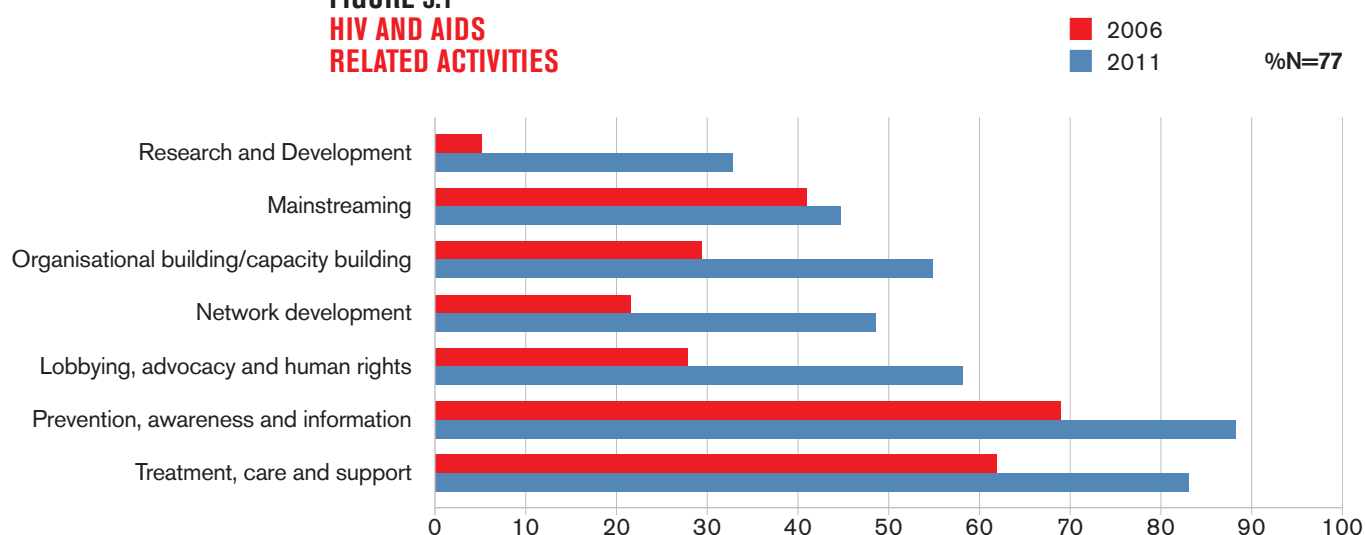
The number of organisations undertaking significant global level advocacy activities declined steeply in the last five years. Whilst the agencies were involved in eight global advocacy activities in 2006, they were involved in only two in 2011. These Northern/global level advocacy activities undertaken in 2011 are listed in Table 5.1.

**TABLE 5.1 NORTHERN/GLOBAL LEVEL ADVOCACY ACTIVITIES**

Northern/Global Activity	Action
AIDS Agenda	Promoting recognition and support for carers of people with HIV and AIDS.
World AIDS Campaign	World AIDS Day events

## 5.2 COUNTRY LEVEL ACTIVITIES

**FIGURE 5.1  
HIV AND AIDS  
RELATED ACTIVITIES**



NB: Figures do not add up to 100% as there can be several activities implemented per project

Prevention activities continue to be at the forefront of the participant agencies HIV and AIDS response. 87% of activities focused on prevention in 2011 in comparison to 68% in 2006. Treatment, care and support also represent a major activity for the organisations, included in 82% of support work in contrast to 61% in 2006.

Other major activities include lobbying and advocacy (57%) and organisational and capacity building (54%). This represents a significant change from 2006, when lobbying and organisational building were featured in only 27% and 29% of projects respectively. The share of projects including research and development work rose significantly from 5% in 2006 to 32% in 2011. The percentage of projects including mainstreaming activities increased the least, from 40% of all projects in 2006 to 49% in 2011.

### 5.3 MAINSTREAMING ACTIVITIES

Education mainstreaming increased slightly from 19% in 2006 to 23% in 2011. In contrast to 2006 when gender was the focus of just 3% of all mainstreaming efforts, gender represented 10% of mainstreaming activities in 2011. Livelihoods mainstreaming decreased slightly from 34% in 2006 to 23% in 2011. Mainstreaming in the health sector decreased slightly from 19% in 2006 to 17% in 2011.

There was a significant shift in the organisations' priorities away from social concerns such as peace building, justice, civil society, governance and human rights. These areas were the subject of 10% of all mainstreaming activities in 2006, yet received only two mentions in the agencies 2011 responses.

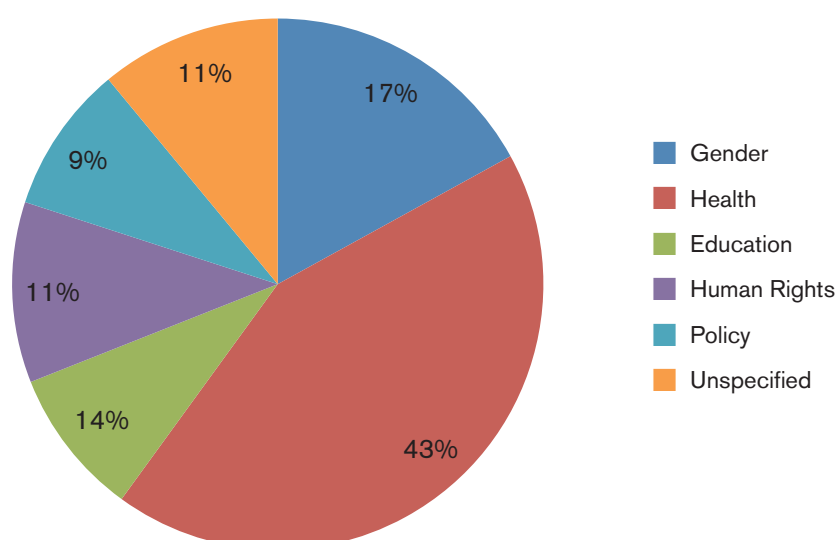


**TABLE 5.2 MAINSTREAMING SECTORS**

Mainstreaming sectors cited	Number of responses 2011	% of total responses	Number of responses 2006	% of total responses
Gender	3	10	2	3
Education	7	23	16	19
Health	5	17	15	19
Livelihoods	7	23	26	34
Emergency	2	7	4	5
Development	1	3	2	3
Justice	0	0	1	1
Peace building	1	3	1	1
Governance	1	3	0	0
Civil Society	0	0	4	5
Human Rights	0	0	4	5
Food Security	0	0	2	3
Disability	1	3	0	0
Women's rights	0	0	1	1
Institutional	0	0	4	5
<b>Total responses<sup>9</sup></b>	<b>30</b>	<b>100</b>	<b>83</b>	<b>105</b>
<b>Total mainstreaming projects</b>	<b>12</b>	<b>100</b>	<b>77</b>	<b>100</b>

## 5.4 ADVOCACY ACTIVITIES

**FIGURE 5.2**  
**ISSUE AREAS BEING ADVOCATED**  
**(AS A PERCENTAGE)**



<sup>9</sup> 'Total responses' refers to the number of times a particular activity was mainstreamed. One project can mainstream several different areas. Therefore the total number of mainstreaming projects is different from the total number of responses.

In 2006 advocacy activities were heavily concentrated in the areas of health (noted in 44% of all responses) and human rights (35%). In 2011 the focus remained on health issues (43%), whilst gender became the second most common advocacy area (17%).

Education received a slight increase in attention, being a component in 9% of all advocacy projects in comparison to 5% in 2006.

Human rights declined as an advocacy issue, being noted in just 11% of responses in contrast to 35% in 2006.

Perhaps more notable however is the stark decline in the *number* of issues being advocated. In 2006 a total of 25 issues were the subject of advocacy initiatives, yet in 2011 just 16 issues were supported.

**TABLE 5.3 PRIORITY ADVOCACY ISSUES**

<b>Priority advocacy issues cited</b>	<b>Number of responses 2011</b>	<b>%</b>	<b>Number of responses 2006</b>	<b>%</b>
<b>Gender</b>	<b>6</b>	<b>17</b>	<b>10</b>	<b>23</b>
Gender Equality	3	9	5	12
Rights of Women and girls/children	1	3	3	7
Gender sensitive policy environment	1	3	1	2
Violence against women/Domestic violence	1	3	1	2
<b>Health</b>	<b>15</b>	<b>43</b>	<b>19</b>	<b>44</b>
Water and Sanitation	3	9	N/A	N/A
Access to health services	2	6	10	23
Access to HIV services	2	6	1	2
Gender sensitive sanitation facilities	1	3	1	2
Voluntary Counselling & Testing				
Outreach/support	0	0	2	5
HIV and AIDS, malnutrition & food insecurity	7	20	1	2
Access to sexual/reproductive health	0	0	2	5
Access to Anti Retrovirals	0	0	2	5
<b>Education</b>	<b>3</b>	<b>9</b>	<b>2</b>	<b>5</b>
Right to Education	3	9	2	5
<b>Human Rights</b>	<b>4</b>	<b>11</b>	<b>15</b>	<b>35</b>
Stigma & Discrimination	1	3	7	16
Family Protection	0	0	1	2
Human Rights	2	6	2	5
Rights of PLHIV	1	3	2	5
Greater Involvement of People Living with HIV and AIDS	0	0	1	2
Integration in Community	0	0	2	5
<b>Policy</b>	<b>3</b>	<b>9</b>	<b>11</b>	<b>26</b>
Integration of HIV and Family Planning services	0	0	1	2
Enactment of legislation on sexual offences	0	0	1	2
National HIV AIDS policy/funding/expenditure monitoring	1	3	2	5
Community-level multi-sector AIDS response	1	3	4	9
Promotion/Reform of AIDS laws	1	3	1	2
Local Government involvement	0	0	1	2
Coordination of national advocacy initiatives	0	0	1	2
<b>Unspecified</b>	<b>4</b>	<b>11</b>		
<b>Total responses</b>	<b>48</b>	<b>100</b>	<b>57</b>	<b>133</b>
<b>Total Advocacy projects</b>	<b>35</b>	<b>100</b>	<b>43</b>	<b>100</b>

## 6. HIV AND AIDS RESPONSE: TARGET GROUPS

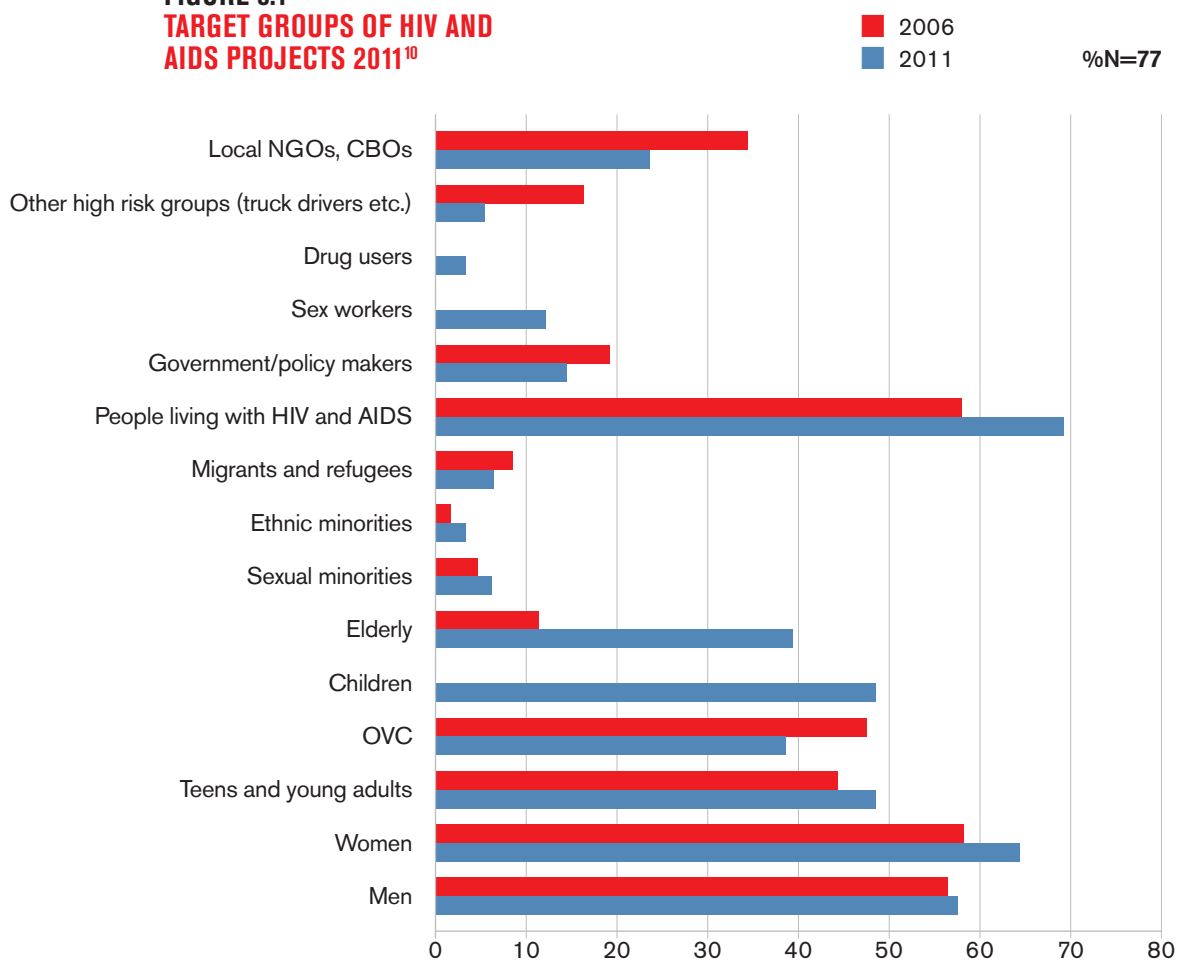
There was no major shift in the population groups being targeted in 2011. Men and women are the target groups in 57% and 64% of projects respectively, as compared with 56% and 58% in 2006. 69% of projects targeted people living with HIV and AIDS, as compared with 58% in 2006.

The most significant change was in work targeted towards the elderly- they were targeted in just 11% of projects in 2006 yet were targeted in 39% of projects in 2011.

Additionally 48% of projects were targeted at teens and young adults, as compared with 44% in 2006. Other groups receiving significant attention include children in general (48%), and orphans and vulnerable children (OVCs) (38%).

The staff of local NGOs, CBOs or AIDS services received less focus in 2011 when they were the subject of 23% of all projects as compared within 34% in 2006. Government or policy makers were also given less attention, being the target on 14% of projects in 2011 in contrast to 19% in 2006.

**FIGURE 6.1**  
**TARGET GROUPS OF HIV AND**  
**AIDS PROJECTS 2011<sup>10</sup>**



NB: Figures do not add up to 100% as there can be several groups targeted per project

<sup>10</sup> Children were not included as a separate category in the report of 2006 activities. Therefore there is no point of comparison for this group. Additionally drug users and sex workers were included in the high risk group in 2006. In 2011 however the high risk group was broken down into sex workers, drug users and other high risks groups. This was done to enable comparisons with recent UNAIDS reports which follow a similar system of categorisation.

## 7. HIV AND AIDS RESPONSE: PARTNERSHIPS

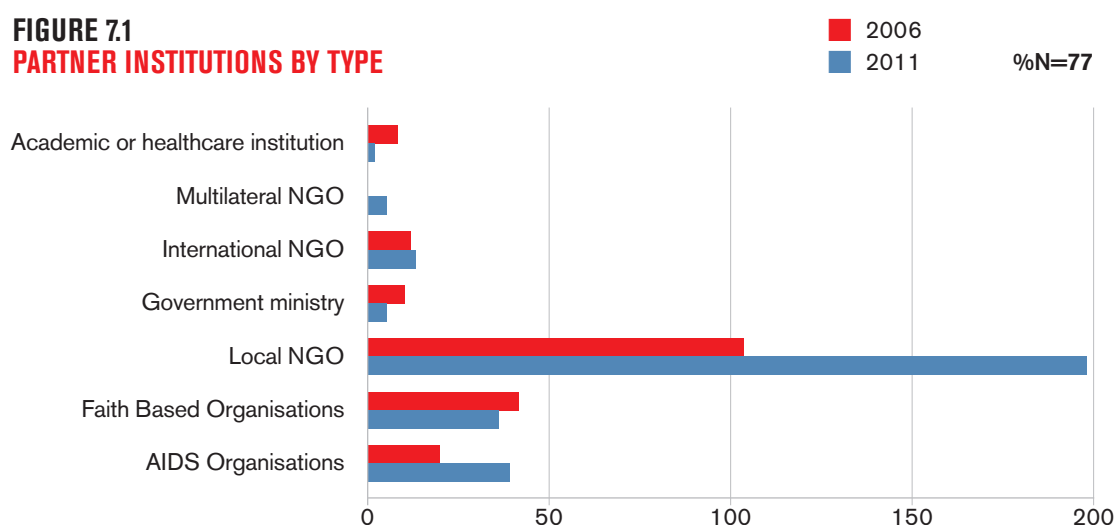
In 2011 the ten participating organisations worked with 224 partners at the country level, a 44% decrease from 2006 when thirteen agencies worked with over 400 partners.

The type of partners remained largely the same, with local NGOs continuing to be the most common partners. The number of faith based organisations with which participating organisations implemented projects decreased by 71%, although the percentage of projects in which organisations partnered with FBOs fell only slightly, from 41% in 2006 to 32% in 2011.

Government partnerships declined slightly from 10% of all projects in 2006 to just 6% in 2011<sup>11</sup>. Partnerships with AIDS organisations were also common, being noted in 40% of the participant agencies responses. International NGOs (11%) and multilateral organisations (6%) were also partners in a small number of projects.

**FIGURE 7.1**

### PARTNER INSTITUTIONS BY TYPE



**TABLE 7.1 DEVELOPMENT NGOS PARTNERS ON HIV AND AIDS RELATED PROJECTS**

Partners	Number 2011	2011 %	Number 2006	2006 %
AIDS Organisation	29	38	40	19
Faith Based Organisation	25	32	87	41
Local NGO	152	197	217	103
Government Ministry	4	5	21	10
International NGO	10	13	24	12
Multilateral Organisation	3	5	1	0
Other	1	1	16	8

<sup>11</sup> In previous audits, partnerships with government ministries tended to be under-reported, as member organisations tend to work with them quite indirectly. To avoid this distortion, the 2011 audit requested that agencies mention only their *main* partner organisations. It is likely that this alteration at least partially explains the slight drop in the number of government partnerships. Please note that % figures are calculated based on total number of projects (77), not partners.

# 8. HIV AND AIDS RESPONSE: BUDGET AND DONORS

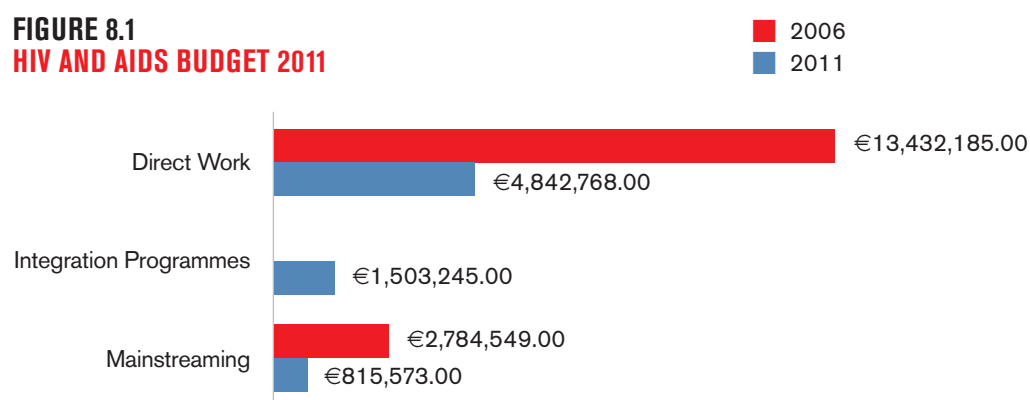
## 8.1 BUDGET

In 2011 the ten participant organisations had a total HIV and AIDS budget of €7,161,586<sup>1</sup>. This is a dramatic 56% decrease from 2006 levels (across thirteen agencies).

In 2011 71% of the members' collective HIV and AIDS budget was spent on direct activities, a decline of 8% from 2006 levels. 7% was spent on mainstreaming activities in comparison to 17% in 2006. 22% was spent on integrated programmes<sup>13</sup>.

It is important to note that in previous audits, integrated programmes were not considered separately from direct and mainstreaming work. Therefore there is no point of comparison for these types of programmes. Furthermore the inclusion of integrated programmes may explain much of the apparent decrease in direct work.

**FIGURE 8.1**  
**HIV AND AIDS BUDGET 2011**



<sup>12</sup> This figure is probably an overestimation as some figures provided by the participants may refer to their 2012 budget.

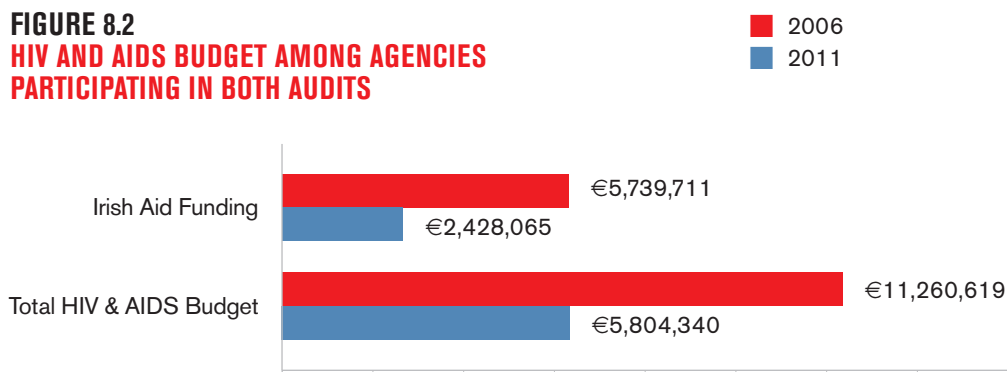
<sup>13</sup> It must be noted that the difficulty of separating direct, integrative and mainstreaming funding means that many of these figures are estimates only.

**TABLE 8.1 HIV AND AIDS BUDGET 2011**

	<b>Euro 2011</b>	<b>% of total budget 2011</b>	<b>Average per organisation</b>	<b>Euro 2006</b>	<b>% of total budget 2006</b>	<b>Average per organisation</b>
<b>Direct Work</b>	4,842,768	68	484,277	12,232,170	83	940,936
<b>Integration Programmes</b>	1,503,245	21	150,325	N/A	N/A	N/A
<b>Mainstreaming</b>	815,573	11	81,557	4,075,658	17	313,512
<b>Irish Aid Funds</b>	3,184,315	44	318,432	8,163,915	50	627,993

As the profile and number of organisations participating in the audit differed considerably between 2007 and 2012, changes in total HIV and AIDS budget and the contribution of Irish Aid funding between 2006 and 2011 were compared among the six agencies which participated in both 2007 and 2012 mapping exercises (Trócaire, Oxfam Ireland, Concern Worldwide, World Vision Ireland, ChildFund Ireland and VSO Ireland). These organisations experienced a 48% decrease in their combined HIV and AIDS budget between 2006 and 2011, while the proportion of the total HIV and AIDS budget provided to these agencies by Irish Aid dropped from 51% in 2006 to 42% in 2011.

**FIGURE 8.2  
HIV AND AIDS BUDGET AMONG AGENCIES PARTICIPATING IN BOTH AUDITS**





## 8.2 DONOR DISTRIBUTION

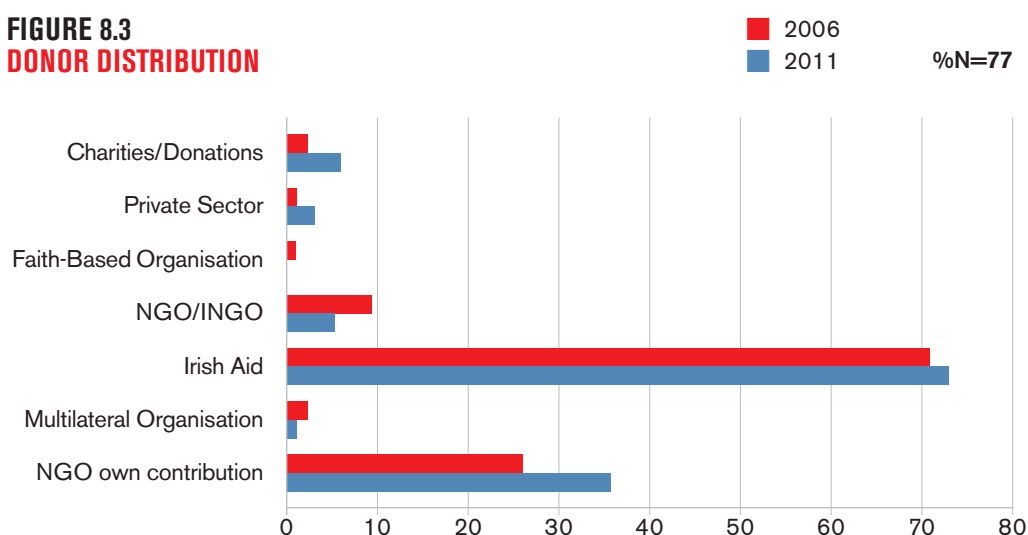
In 2011 Irish Aid was the principal contributor to the organisations' HIV and AIDS response. Irish Aid funding contributed to 73% of HIV and AIDS projects, an increase of 2% from 2006 when Irish Aid funded 71% of all projects. Interestingly however the overall proportion of funding provided by Irish Aid in 2011 (44%) has declined slightly from 2006, when it provided 50% of all HIV and AIDS funding. This finding should be examined with caution however. When the data were being collected, a number of the agencies were unable to provide final figures for their Irish Aid funding.

The second largest funding source was each member's own contribution which provided funding to 36% of all HIV and AIDS projects as compared to 26% in 2006.

In 2006 national and international NGOs was the third most common source of funding, contributing to 11% of all projects. In 2011 however, these organisations contributed funding to only 5% of projects.

Donations from other charities also grew significantly- they contributed to 11% of projects in 2011 in comparison to 5% in 2006.

**FIGURE 8.3**  
**DONOR DISTRIBUTION**



## 9. HIV AND AIDS RESPONSE: PROJECT TIMEFRAME

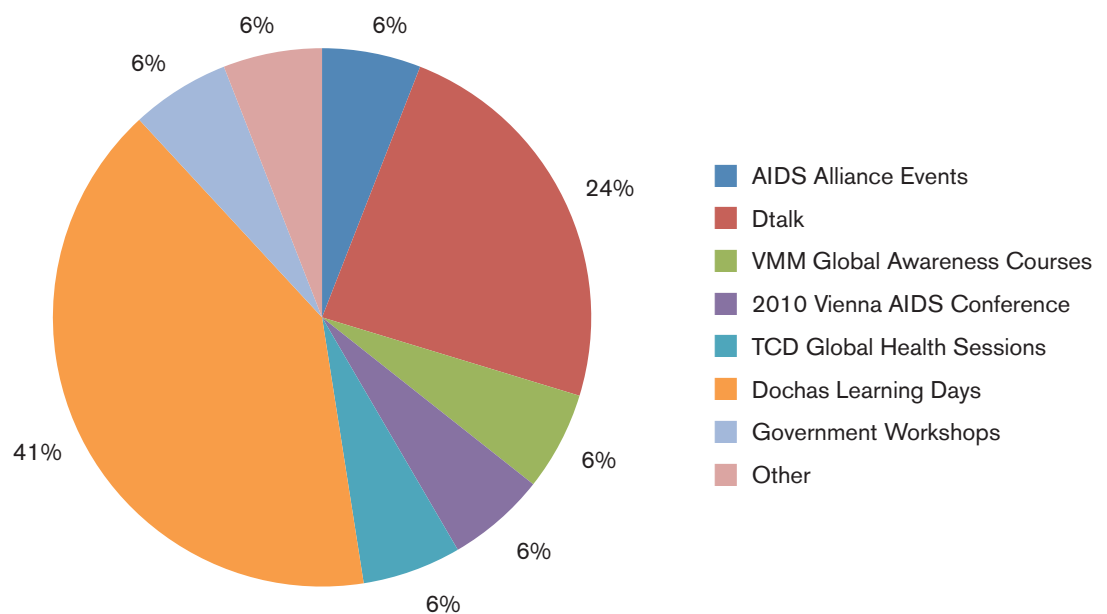
In contrast to 2006, when 3 year projects dominated the HIV and AIDS landscape, in 2011 5-year projects were easily the most prevalent, comprising 34% of all projects. 18% of projects were for 3 years, ahead of 1 year and 13-15 year projects (16% each).

**TABLE 9.1 PROJECT TIMEFRAME 2011**

<b>Timeframe</b>	<b>Number</b>	<b>%</b>	<b>2006</b>	<b>%</b>
1-year project	12	16	73	35
2-year project	2	3	5	2
3-year project	14	18	100	48
4-year project	4	5	6	3
5-year project	26	34	5	2
13-15-year project	12	16	17	8
Other	7	9	3	1
<b>Total</b>	<b>77</b>	<b>100</b>	<b>209</b>	<b>100</b>

# 10. HIV AND AIDS RESPONSE: LEARNING AND EVALUATION

**FIGURE 10.1**  
**TRAINING EVENTS**



## 10.1 TRAINING EVENTS ATTENDED

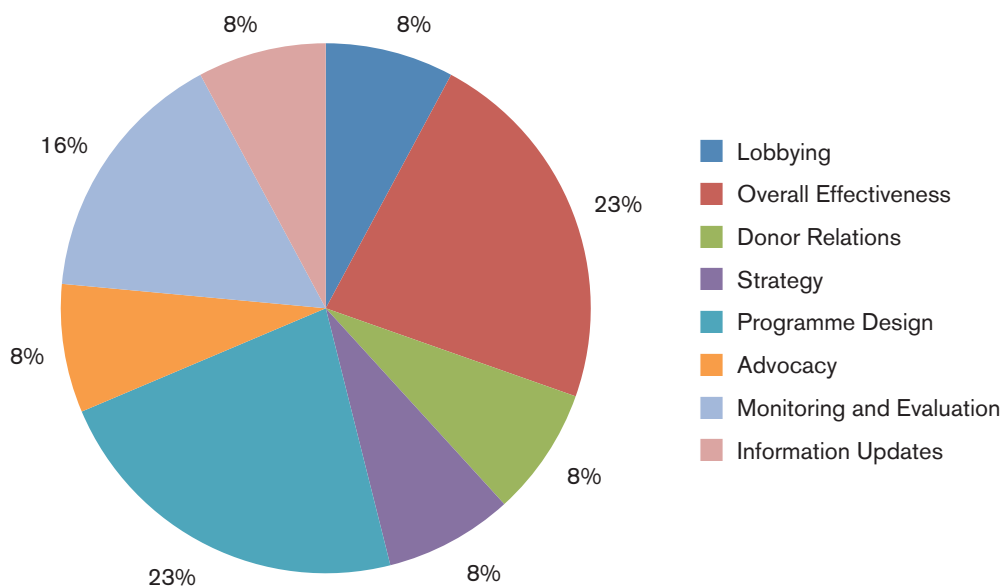
In 2012, 78% of the participant organisations reported having attending HIV and AIDS training or learning events in the past two years.

The most commonly attended learning events were Dóchas Learning Days, which comprised 41% of all learning and training sessions attended. These were followed by Dtalk sessions which comprised 24%. No other activities received more than one mention each.

## 10.2 IMPACT OF TRAINING

Virtually all participants stated that their training influenced their work in various ways. Overall effectiveness and programme design were the most common areas that training impacted on work, being noted in 23% of responses each.

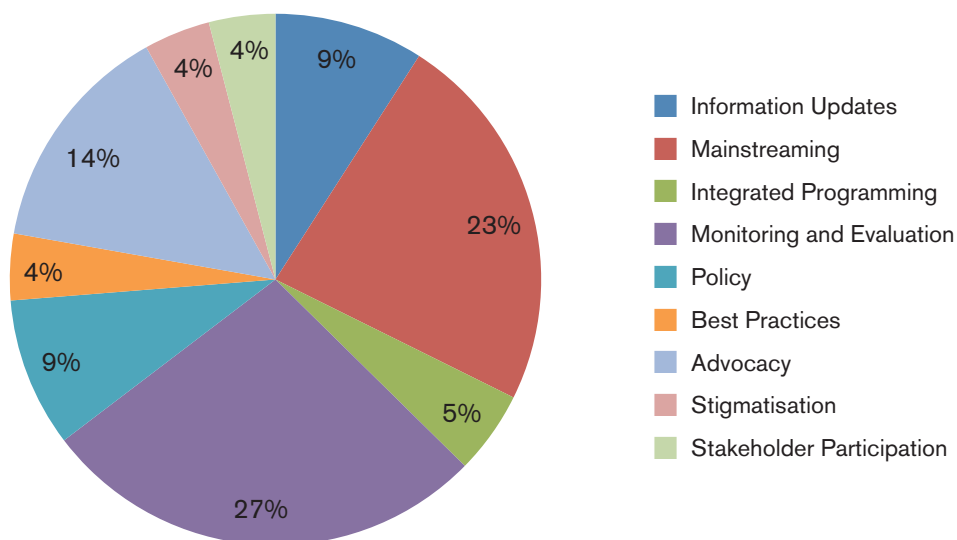
**FIGURE 10.2**  
**IMPACT OF TRAINING**



### 10.3 TRAINING NEEDS

All participants felt that their work would benefit from further learning. Members cited monitoring and evaluation as the area in which they most wanted training opportunities, comprising 27% of all training suggestions. This was followed by mainstreaming (23%), advocacy (14%), policy (11%) and information updates (11%).

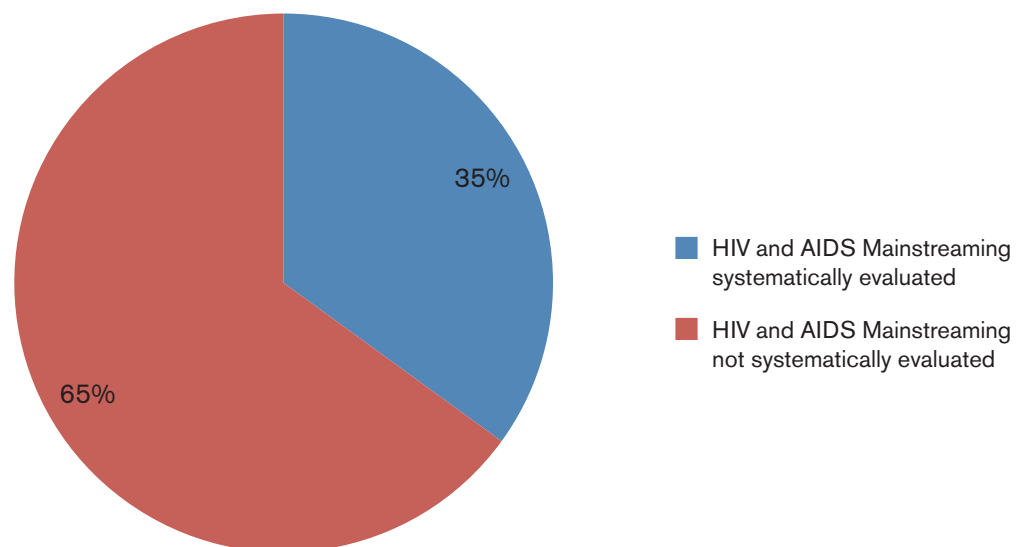
**FIGURE 10.3**  
**AREAS NEEDING FURTHER TRAINING**



## 10.4 EVALUATION OF MAINSTREAMING

Only 35% of participants reported that they systemically evaluated HIV and AIDS mainstreaming in their programmes; a clear majority of 65% reported that they either never evaluated mainstreaming in their programmes or evaluated it occasionally as a part of a broader evaluation of a programme.

**FIGURE 10.4**  
**EVALUATING HIV AND AIDS**  
**MAINSTREAMING IN PROGRAMMES**



# 11. CONCLUSIONS

In 2011, the **ten organisations** under review implemented **77 projects** in **24 countries**. The **majority** of these projects were being implemented in **Sub-Saharan Africa**. Within this sub-continent there is a heavy concentration of work in Southern and Eastern Africa. The **Southern Africa region** saw the **highest proportion** of work, accounting for 41% of all projects and drawing 42% of total resources. **Central Africa**, which was the setting for 7% of projects in 2006, was the location of **only 2%** of projects in 2011.

The portion of projects being implemented **outside of the African continent** fell from 25% in 2006 to only **19% in 2011**. **4%** of these projects were implemented in **South Asia**.

The audits findings demonstrate that the work of participant agencies **broadly reflects global trends in HIV and AIDS prevalence** by focusing heavily on the high risk region of Southern Africa. However, **agencies are not increasing** their efforts in regions with growing HIV and AIDS prevalence such as **Eastern Europe**.

The HIV and AIDS work of the agencies in 2011 focused primarily on **prevention work** (87% of all projects) and **treatment, care and support** (82%). Other major activities include **lobbying** (57%), **organisational building** (54%) and **mainstreaming** (49%).

In regards to the agencies' **advocacy work**, the area of **health** received most attention, (43%) followed by **gender** (17%).

The **principle target groups** of HIV and AIDS projects **are men and women**. PLHIV, the elderly, children and teenagers are also frequently targeted.

Other major developments in the participant organisations HIV and AIDS activities concern:

In the area of **learning and evaluation**, a majority of members do not systematically evaluate mainstreaming in their programmes. Concurrently members cited monitoring and evaluation as the area in which they believed further training was most required.

The agencies saw **a dramatic fall of 56% in HIV and AIDS funding levels**, a stark reflection of the impact of the on-going financial crisis. Among the six agencies which participated in this exercise in both 2006 and 2012, a decline of 48% in total HIV and AIDS budget was reported

It must be noted when reviewing these findings that there were **significant gaps** in the information that agencies were able to provide, whilst the size of the study was relatively **small**. Therefore all **findings should be viewed with considerable caution**, and ought not to be seen as indicative of nationwide trends.



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