Review of Core Funding Support to the Pacific Islands AIDS Foundation

Ministry of Foreign Affairs and Trade

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1. Executive Summary

1.1 Review of core funding support to PIAF

- The Pacific Islands AIDS Foundation (PIAF), founded in July 2002, is a not-for-profit regional organisation advocating for people living with Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS) in the Pacific Region.

- The New Zealand Ministry of Foreign Affairs and Trade (MFAT) provided core funding support to PIAF from 2003 to July 2010. Total support provided by MFAT to date totals approximately NZ$1.4 million.

- MFAT commissioned an independent review of core funding support of PIAF. The review had five objectives:
  1. To describe the framework in PIAF's strategic plan.
  2. To assess the relevance of PIAF's work programme.
  3. To assess the organisational capacity and health of PIAF.
  4. To determine the effectiveness (outcomes) of PIAF's work programme.
  5. To assess the value for money of PIAF's work programme.

- The review was undertaken between June and November 2010. A range of data sources were drawn on to address the review's objectives and associated questions:

  - **Desk Review:** Litmus reviewed relevant documents provided by MFAT and PIAF and downloaded from PIAF's website.

  - **Stakeholder Interviews:** Litmus conducted 47 interviews with MFAT, PIAF, regional agencies and selected countries known to have involvement with PIAF. Engagement with people living with HIV and AIDS (positive people) was an important consideration in sample selection.

1.2 PIAF's strategic focus

- The goal of PIAF defined in the 2007–2009 Strategic Plan is *'Improving the quality of life for people living with HIV and AIDS and ensuring that HIV positive people play a central role in HIV education and advocacy'.* The Strategic Plan has been and is being used to guide implementation activities which are aligned with one or more of the Strategic Objectives.

- Consultants have been engaged to develop a new Strategic Plan for 2011–2015. It is intended that the Review findings will inform the new Strategic Plan.

- 2010 is a year of transition for PIAF. The organisation faces uncertainty over the future of core funding support and the CEO who founded and led the organisation since its inception is resigning in December.

- An Outcomes Framework was developed by the Review Team to describe the intended outcomes for PIAF, and to help evaluate progress against these outcomes.

1.3   Relevance of PIAF

- A core principle of the Pacific Regional Strategy Implementation Plan (PRSIP II) is the Greater Involvement of Positive People (GIPA).

- Most regional and national stakeholders consider that PIAF is meeting regional needs and its focus and activities are aligned with PRSIP II.

- PIAF is a Pacific regional-based non-government organisation (NGO) founded by Pacific people that grew out of a need to represent and be the voice of positive people in the Pacific Region's HIV and STI Response. PIAF is considered by regional stakeholders and most national stakeholders to be the regional positive people's organisation. Its core role is AIDS Ambassadors, advocacy, communications and supporting and building the capacity of positive networks.

- PIAF networks with the 22 Pacific Island Countries and Territories (PICTs) that form the Pacific. However, its physical interventions have taken place where requests for assistance have been more frequent and/or where potential for having a positive person to become a public speaker was highest, e.g. Fiji, Samoa, Vanuatu, Kiribati, French Polynesia and the Solomon Islands. Funding arrangements also determine where PIAF focuses its effort.

- Overall, regional and national stakeholders believe that PIAF mainly complements the work of partners. However, there are also instances where PIAF proactively fills gaps in areas where there is an agreed need and no other agencies are offering these services (e.g. legal training and temporary shelter). Some stakeholders believe that other regional and national organisations may be more appropriately positioned to offer these services (given adequate resources and support), as these activities have a greater strategic fit with these agencies' roles.

- MFAT's Health Policy 'Ending Poverty Begins with Health' provides the rationale and direction for MFAT's work in the health sector. The organisation's Health Strategy 2008–2013 determines priorities for health spending. HIV and AIDS are a priority under the Strategy. MFAT is integrating its support for HIV activities under the regional sector-wide approach by providing substantial support for HIV and sexually transmitted infections (STIs) through the Pacific Islands HIV and STI Response Fund, which is coordinated by the Secretariat for the Pacific Community (SPC). This coordinated funding approach is also in line with MFAT's Strategic Intent.

1.4   Organisational capacity and health

- There is a Trust Deed for the organisation and a comprehensive set of policies and procedures.

- The five-member Board of Trustees has a depth of experience but faces competing demands on their time. Up until this year, the Board has met infrequently. PIAF could have benefited from greater guidance and direction from the Board. There has also been a lack of proactive succession planning for the CEO role, and the last performance appraisal for the CEO was in 2006.   The CEO also being a current Board member has presented a conflict which has not been appropriately managed.

- The CEO, Maire Bopp, is credited with having successfully led the organisation from start-up phase to an organisation with a budget of approximately NZ$700,000 per year. It is acknowledged that the organisation will soon be undergoing significant change with

her imminent departure and therefore has an uncertain future. It is difficult for many stakeholders to separate 'Maire from PIAF and PIAF from Maire'.

- PIAF's human resources have grown in recent years from being largely volunteer-intern based to employing 11 full-time and part-time staff. Many new staff are Pacific and positive. Formal staff appraisals have been weak.

- While there have been a few examples of incorrect financial reporting to MFAT, PIAF has undertaken a review of its financial management system to strengthen financial accountability.

- PIAF's main operations are in the Cook Islands. PIAF opened a second office in Fiji to house its Positive People and Legal Programmes. There is no strong evidence to support having two offices in future. Fiji would be the logical location of PIAF's office, given its proximity to other regional agencies, the size of the positive population and its transport links to PICTs.

- There is a lack of monitoring and evaluation capacity in PIAF, consistent with NGOs in the Pacific region.

1.5 PIAF effectiveness (outcomes)

- PIAF's implementation activities can be grouped into four broad areas: Positive People Programmes; Advocacy, Communications and Research; Infrastructure Supporting Positive People; and Legal Programme. Stakeholders are mainly satisfied with their services, but there is evidence to suggest some lack of quality control and ongoing sustainability of PIAF's flagship programme AIDS Ambassadors (e.g. lack of follow-up and support of trainees).

- PIAF's Positive People Programme has made progress towards positive people playing an active role in the HIV and AIDS Response, and therefore fulfilling GIPA principles. PIAF's Advocacy, Communications and Research function has made progress towards positive people having their needs and aspirations met. PIAF's involvement around setting up and supporting positive networks and their role of Secretariat of the Pacific Alliance has also made progress towards positive people being networked and supported. There is evidence of progress towards outcomes from the Legal Programme .

- Outcomes are greater in Fiji than in the other PICTs that PIAF works with, due to the relatively large number of positive people resident there, the availability of resources in-country to support positive people and PIAF's physical presence in-country.

1.6 Value for money

- From 1 January 2007 to 30 December 2009, MFAT allocated NZ$709,000 to PIAF for core funding support. This three-year funding agreement was extended to 30 July 2010 (and NZ$60,181 was allocated), to allow for the timing of this Review and future decisions regarding MFAT's core funding support to PIAF.

- There is evidence that PIAF could have achieved the same outcomes for less money, if they had rationalised operations and relocated to Fiji.

- Core funding support was intended to develop the capacity of PIAF so it could fulfil its overarching goal and strategic objectives. The Review has identified that the organisation has significantly developed its capacity since its inception and is making progress against its intended outcomes. While core funding support is valued and provides assurance, the organisation has reached a stage in its development where it perhaps no longer requires core funding support to be operational.

- In the foreseeable future, there does not appear to be any alternative form of core funding support to PIAF, should MFAT discontinue assistance.

1.7   Recommendations

Based on the findings of the Review of Core Funding Support to PIAF, the Reviewers make the following key recommendations:

1. The development of PIAF's Strategic Plan for 2010–2015 should fully consider the findings and recommendations of this Review.

2. PIAF should focus its future direction on activities that PIAF is best placed regionally to do. This Review provides evidence that PIAF is best placed to provide AIDS Ambassadors, advocacy and communications, and to strengthen and support positive networks. The Review also indicates that other regional agencies may be better placed to provide some of PIAF's activities (Legal Programme and Research).

3. PIAF should strengthen the AIDS Ambassadors Programme by ensuring better-quality management and ongoing support of positive people. . It should undertake further training as soon as practicable.

4. PIAF should have less of an implementation role in-country and focus more on building the capacity of positive networks or supporting organisations to support positive people. PIAF and FJN+ should put their differences aside and work together for the benefit of positive people.

5. PIAF's Strategic Plan should be accompanied by a Monitoring and Evaluation (M&E) Framework to determine progress against outcomes intended and to inform monitoring activities. The M&E Framework should adopt or refine the Outcomes Framework developed for this Review.

6. The Board of Trustees should provide greater governance and guidance to PIAF and the incoming CEO, including regular (at least quarterly) Board of Trustees meetings. This will be critical in the first 12 months of the new CEO's term.

7. The Board of Trustees should put in place written protocols for managing conflicts of interest for Board members.

8. In relation to PIAF locations, PIAF should merge its two operations, to enable cost savings. PIAF should be located in Fiji, to be closer to regional partners and to more easily access PICTs.

9. As a transitional measure, MFAT should continue core funding support for a further period of 12 months to support good governance during the early implementation of the new Strategic Plan and the transition to the new CEO.

10. PIAF should seek to build core funding and overhead contributions into all funding agreements.

2. Review of Core Funding Support to PIAF

2.1 Pacific Islands AIDS Foundation

Since Human Immunodeficiency Virus (HIV) was first reported in the Pacific Region in 1984, the Region has had more than 29,631 cumulative reported cases of HIV and Acquired Immune Deficiency Syndrome (AIDS), of which 95% of cases were from Papua New Guinea (PNG). HIV and AIDS are not solely health issues. There are human rights implications as well as threats to the socio-economic development of Pacific Island Countries and Territories (PICTs).

The Pacific Islands AIDS Foundation (PIAF) is a not-for-profit regional organisation advocating for people living with HIV and AIDS (positive people) in the Pacific Region. PIAF was founded in July 2002 by Maire Bopp, one of the first Pacific Islands people to go public with her HIV status.

The New Zealand Ministry of Foreign Affairs and Trade (MFAT) provided core funding support to PIAF from 2003 to July 2010. Total support provided by MFAT to date totals approximately NZ$1.4 million. PIAF also receives funding from other donors and funding mechanisms to implement programmes and activities.

PIAF is governed by a Board of five members from the Pacific Region. Its headquarters are in Rarotonga, Cook Islands and it has an office in Lautoka, Fiji.

A Mid-term Review of PIAF was completed in December 2006.

2.2 Review of core funding support 2010

With the conclusion of MFAT's contract with PIAF in July 2010, along with MFAT's progression towards more streamlined support to the regional response to HIV and sexually transmitted infections (STIs), MFAT determined it timely to review core funding support to PIAF.

The Review findings will help inform MFAT's decision around continued funding support of PIAF and also PIAF's strategic direction from 2011 to 2015.

This Review focused on the period 1 January 2007 to 30 June 2010, i.e. from the completion of the Mid-term Review to the end of MFAT's contract. The Review had five key objectives:
1. To describe the framework in PIAF's strategic plan.
2. To assess the relevance of PIAF's work programme.
3. To assess the organisational capacity and health of PIAF.
4. To determine the effectiveness (outcomes) of PIAF's work programme.
5. To assess the value for money of PIAF's work programme.

2.3 Methodology

The Review was undertaken between June and November 2010. A range of data sources were drawn on to address the Review's objectives and associated questions, as follows:

1. **Desk Review:** Litmus reviewed relevant documents provided by MFAT and PIAF and downloaded from PIAF's website. This documentation included contracts, correspondence, six-monthly and annual progress reports, Board papers, strategic plans, policies, media releases, articles and other communications. A full list of the documentation reviewed is included as Appendix 5.

2. **Stakeholder Interviews:** Litmus consulted with a total of 47 stakeholders, including MFAT, PIAF and regional agencies, as well as government agencies, non-government organisations (NGOs) and positive people's networks[1]. Stakeholders were identified with the guidance of MFAT and PIAF and through Litmus' own networks. Focus groups and most interviews were undertaken face-to-face. Discussion guides used in focus groups and interviews are included in Appendix 4.

Table 1: Stakeholder Interviews

Audience	Method of engagement

MFAT:
  ▪ Programme staff, Wellington
  ▪ New Zealand High Commission, Fiji
	Face-to-face interviews

PIAF:
  ▪ Board of Trustees members
  ▪ CEO
  ▪ Programme staff
	Face-to-face interviews and teleconferences

Regional agencies:
  ▪ Secretariat of the Pacific Community (SPC)
  ▪ Regional Rights Resource Team (RRRT)
  ▪ United Nations Programme on HIV and AIDS (UNAIDS)
  ▪ Oceania Society of Sexual Health Medicine (OSSHM)
  ▪ International Planned Parenthood Federation (IPPF)
  ▪ United Nations Population Fund (UNFPA)
  ▪ Foundation of the Peoples of the South Pacific International (FSPI)
  ▪ Burnett Institute
  ▪ Individual offering regional perspective
	Face-to-face and telephone interviews

Fiji:
  ▪ Ministry of Health
  ▪ FJN+
  ▪ Reproductive Health Association of Fiji
  ▪ Positive people's networks
	Face-to-face interviews Focus groups in Suva and Lautoka

Solomon Islands:
  ▪ Ministry of Health
  ▪ Oxfam
  ▪ National AIDS Committee
	Face-to-face workshop and interviews

Kiribati:
  ▪ Ministry of Health
  ▪ KANGO
	Telephone interviews

Vanuatu:
  ▪ Ministry of Health
  ▪ Wan Smol Bag
	Telephone interviews

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[1] The sample included positive people who were public (i.e. have publicly disclosed their HIV status) and not public.

Audience	Method of engagement
Samoa: ▪ Samoa Red Cross	Telephone interview
Cook Islands: ▪ Individual offering organisational perspective	Telephone interview

2.4   Limitations

In considering the findings of this Review, the following limitations are acknowledged:

Notes:

1. Stakeholders interviewed were purposefully selected to best answer the Review questions. For example, the positive people's focus groups were held in Fiji, because this is where most positive people live outside of Papua New Guinea (PNG), and the countries selected are those countries where PIAF has undertaken recent activity. Furthermore, due to time, resource and travel constraints, it was not possible to interview representatives of all national and regional stakeholders. Thus the findings should be treated as being the perceptions of those stakeholders listed in Table 1, rather than all stakeholders.

2. A representative from the New Zealand High Commission to the Cook Islands was not available during the Review period. The stakeholder nominated to participate in the Review from the New Zealand High Commission to the Solomon Islands did not consider they had sufficient knowledge of PIAF to effectively participate in the Review.

3. There were challenges recruiting country interviews via telephone, necessitating many call-backs and replacements.

4. No baseline or routine monitoring data has been collected for PIAF's work programme over the Review period. While it has not been possible to triangulate stakeholder interviews with any routine monitoring data, there is consistency in findings across the stakeholder interviews.

Having noted these limitations, the Reviewers are confident that this report accurately represents the views and perceptions of participants who contributed to the Review and that these views are supported by the Desk Review.

3. PIAF's Strategic Focus

This section responds to *Evaluation Objective 1 – To Describe and Assess the Framework in PIAF's Strategic Plan*. It includes:

- a description of PIAF's strategic planning process for 2011–2015
- a description of PIAF's previous 2007–2009 Strategic Plan
- the development of a high-level Outcomes Framework (Programme Logic) for PIAF.

3.1   Description of PIAF's strategic planning process 2011–2015

PIAF advises that it is in the planning phase for its new Strategic Plan 2011–2015 and has recently received funding from UNAIDS via the Technical Support Facility (TSF) for technical assistance to develop the Strategic Plan. PIAF intends that a draft of the Strategic Plan will be presented to the Board of Trustees, regional partners and donors for consultation, and then will be finalised and released by the Board of Trustees in December 2010.

PIAF advises that it has undertaken some activities to inform the new Strategic Plan. In February 2010, PIAF conducted a workshop with staff to review activities completed over the last three years and to identify improvements and future direction. The aim of the session was also to build staff capacity in strategic planning processes, as a number of staff had minimal exposure to these processes.

The new Strategic Plan will move from a three-year to a five-year cycle for the following reasons:

- Five years gives more time to complete activities.
- Three years is considered too short a duration to make meaningful progress on outcomes.
- The strategic planning process is costly and resource intensive.
- A five-year cycle aligns with other regional Strategic Plans, e.g. the Pacific Regional Strategy Implementation Plan (PRSIP II).

Previous Strategic Plans covered the period 2003–2005 and 2007–2009. The years not covered by Strategic Plans – 2006 and 2010 – have been described by PIAF's Board of Trustees as 'years of transition'. These years are used to reflect on the results of previous strategic plans and plan for the future. In 2010, PIAF is facing uncertainty over core funding support, is adjusting to a new regional funding mechanism for HIV and STIs (the Pacific Islands HIV and STI Response Fund) and will need to find a replacement for the CEO whose contract ends in late 2010.

PIAF intends that the findings of this Review will inform the development of the new Strategic Plan.

PIAF develops Work Plans each year to align with their Strategic Plan. There is no evidence to confirm whether PIAF consults with regional and national stakeholders when developing their annual Work Plans.

3.2   Description of PIAF's 2007–2009 Strategic Plan

In the absence of a current Strategic Plan, PIAF is working from the 2007–2009 Plan.

At the 2006 Board of Trustees meeting, Trustees commented on the significant changes to the HIV Response in the last two years, including the emergence of new projects and agencies mobilised to fight HIV and the significant increases in the number of positive people in the Pacific Region (particularly in PNG). The Board instructed PIAF when developing the 2007–2009 Strategic Plan to 'let go' of areas that other organisations were charged with doing, such as counselling support (PIAF/2006).

The Plan comprised an overarching goal, five guiding principles and six strategic objectives.

PIAF's **goal** defined in the Strategic Plan is:

- *'Improving the quality of life for people living with HIV and AIDS and ensuring that HIV positive people play a central role in HIV education and advocacy'.*

The guiding **principles** of PIAF's work are:

- Put people at the centre.
- Address needs.
- Fill gaps.
- Work with existing structures.
- Results.

The strategic **objectives** included in the Strategic Plan include:

- Positive Living: Increased numbers of HIV positive people and their families live in a friendlier environment.
- Positive Health: Reduced numbers of positive people develop AIDS and related mental illness.
- Positive Partnerships: HIV positive people benefit from more effective, efficient and targeted interventions by all players.
- Positive Action and Prevention: The policy environment addressing HIV issues is improved and the incidence of new infections is reduced.
- Positive Investment: The economic impact of HIV and AIDS on households and HIV positive people is minimised.
- Positive Management, Funding and Growth: HIV positive people and others benefit from PIAF initiatives that are effective and well managed.

While the 2006 Review of PIAF recommended that PIAF incorporate a Monitoring and Evaluation (M&E) Plan into their 2007–2009 Strategic Plan, this did not occur. In 2007, PIAF recorded that it had a first draft of an M&E Plan and promised a comprehensive document in the same year (PIAF/2007). PIAF advises that, due to challenges obtaining external M&E technical assistance and a lack of in-house capability, this Plan was never finalised.

PIAF advises that the 2007–2009 Strategic Plan has been and is being used to guide implementation activities (discussed in Section 6.1). While the Terms of Reference of this

Review did not include an audit of implementation activities included in the Strategic Plan, and instead focused on progress towards outcomes, there appears to be reasonably strong alignment between PIAF's activities and one or more of the Strategic Objectives.

3.3 PIAF Outcomes Framework

The Outcomes Framework shown in Figure 1 below was developed by the Reviewers to describe the intended outcomes for PIAF, and to help determine progress against these outcomes. The 2007–2009 Strategic Plan was used as a starting point to develop the Outcomes Framework. It was refined through interviews with PIAF's Board of Trustees, the CEO and staff. The Framework has not been formally accepted by PIAF.

The Framework embraces GIPA (Greater Involvement of Positive People) principles at all levels. GIPA aims to realise the rights and responsibilities of people living with HIV, including their right to self-determination and participation in decision-making processes that affect their lives, including positive people playing a key role in the response to HIV and AIDS (UNAIDS/2007).

The purpose of the Outcomes Framework for PIAF is to:

- depict the intended mechanism by which PIAF will achieve its desired short-term, medium-term and long-term outcomes

- enable the collection of relevant information across the evaluation objectives

- make explicit the linkages and relationships between the various outcomes

- evaluate progress against intended outcomes

- inform the future monitoring of PIAF.

Reading from left to right, the diagram shows the expected key short-term, medium-term and long-term outcomes of PIAF. The underlying logic is that achievement of short-term outcomes should help achieve medium-term outcomes and likewise long-term outcomes.

The Outcomes Framework includes:

- **Short-term outcomes –** Confident and skilled positive people; Human face to HIV; Positive people and civil society organisations (CSO) networks established; Government agencies and NGOs in countries engaged in HIV Human Rights Training.

- **Medium-term outcomes –** Public positive people; Needs and aspirations of positive people articulated; Positive people and CSO networks mobilised; Government agencies and NGOs in countries sensitised to HIV human rights issues.

- **Long-term outcomes –** Active positive people; Needs and aspirations of positive people met; Positive people networked and supported; HIV responsive policies.

PIAF outcomes are intended to contribute to positive people leading quality lives and PRSIP II outcomes. It is not in the Terms of Reference of this Review to describe or determine the extent to which PIAF's outcomes are contributing towards these higher-level outcomes.

Figure 1: Outcomes Framework for PIAF

PIAF INPUTS	SHORT-TERM OUTCOMES	INTERMEDIATE-TERM OUTCOMES	LONG-TERM OUTCOMES	
POSITIVE PEOPLES' PROGRAMMES	Confident & Skilled Positive People	Public Positive People	Active Positive People	P R S I P II
ADVOCACY COMMUNICATIONS RESEARCH	Human Face to HIV/AIDS	Needs & Aspirations of Positive People Articulated	Needs & Aspirations of Positive People Met	
INFRASTRUCTURE	Positive People & CSO Networks Established	Positive People & CSO Networks Mobilised	Positive People Networked & Supported	
LEGAL PROGRAMME	Countries Engaged in HIV Human Rights Training	Countries Sensitised to HIV Human Rights Issues	HIV Responsive Policies	

3.4 Conclusions

It is positive that PIAF has developed Strategic Plans to guide the strategic direction of the organisation, and the Strategic Plans have been used to guide the implementation activities of the organisation.

It is also positive that the 2011–2015 Strategic Plan is being developed in consultation with staff and external stakeholders. However, it is less than ideal for maintaining forward momentum to have years where there are no Strategic Plans or 'years of transition', as was the case in 2006 and 2010. Instead, there should have been a continuous planning cycle.

The Outcomes Framework developed for this Review is a mechanism for describing PIAF's intended outcomes. It is important when developing the new Strategic Plan that PIAF adopts or refines this Outcomes Framework. This would also form the basis of an M&E Plan, which should be developed in conjunction with the new Strategic Plan.

4. Relevance of PIAF

This section answers *Evaluation Objective 2 – To Assess the Relevance of PIAF's Work*. It includes:

- PIAF's relevance to the Pacific Region's HIV and STI Response
- the extent to which PIAF has changed and adapted to meet regional/national needs
- an assessment of PIAF's unique proposition (comparative advantage) vis-à-vis other national/regional partners
- an assessment of PIAF's legitimacy
- the extent to which PIAF complements or overlaps with other partners' work in the Response
- the extent to which PIAF engages with regional/national partners to inform its strategic direction and work plans.

4.1 Relevance of PIAF to the Pacific Region's HIV and STI Response

PIAF was established in 2002 when the Pacific Region's HIV and AIDS Response (the Response) was lacking in leadership, relatively weak and uncoordinated, and positive people did not have a voice in the Response. In this context, PIAF saw the need to create a regional positive people-led organisation that would energise and provide pathways for people tested positive for HIV and AIDS to be involved in the Response and supported to lead quality lives.

Much has changed in the HIV and AIDS landscape since 2002. There have been two Pacific Regional Strategy Implementation Plans on HIV and AIDS (PRSIP I and PRSIP II[2]) and significant scaling-up of resources in the Pacific through a multi-donor fund that supports the implementation of regional and national HIV and STI Plans (the Pacific Islands HIV and STI Response Fund), and significant contributions from other donors (e.g. the Global Fund to Fight HIV and AIDS, Tuberculosis and Malaria). There has also been a greater acknowledgement of STIs as a risk factor to HIV, more resourced and robust regional agencies (SPC and UNAIDS) and the development of in-country National Implementation Plans for HIV and STIs.

PIAF's first key implementation activities focused on delivering treatment services in Fiji and training and supporting positive people to become public speakers – a programme known as AIDS Ambassadors. Over time, it has added a number of projects to its stable, including HIV and Human and Legal Rights Training, and taken on the role of Secretariat for the Pacific Alliance on HIV and AIDS (Pacific Alliance).

Most regional and national stakeholders consider that PIAF is meeting regional needs and PIAF's activities are aligned with PRSIP II. PIAF is also a committee member overseeing distributions from the Pacific Islands HIV and STI Response Fund to inform progress towards PRSIP II outcomes.

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[2] First and second implementation plans for the Pacific Regional Strategies on HIV.

PIAF is considered by a few regional stakeholders to be innovative and have fewer constraints than other regional agencies. It can therefore 'push boundaries', and enter into fields that other regional and national organisations do not appear to be offering (e.g. the HIV Human and Legal Rights Training and temporary shelter to positive people in Fiji). PIAF confirms that their ability to be responsive and flexible is facilitated by the fact that they are not bound by political and/or religious affiliations.

PIAF networks with the 22 PICTs that form the Pacific. However, its physical interventions have taken place where requests for assistance have been more frequent and/or where potential for having a positive person to become a public speaker was highest, e.g. Fiji, Samoa, Vanuatu, Kiribati, French Polynesia and the Solomon Islands. Some national stakeholders in Fiji consider that PIAF is meeting their country's needs, while other national stakeholders believe that their countries' needs could be better met (e.g. assisting with capability building of national networks or NGOs to support positive people). PIAF advises that under current funding arrangements it cannot meet all requests for support.

4.2   PIAF's unique role and legitimacy

A core principle of PRSIP II and inherent in GIPA is 'Involving affected individuals and communities at all levels of the development and implementation of services, programmes and policy' (SPC/2009). It is this 'lived experience' of HIV and AIDS that legitimises the participation of PIAF and other national positive networks in the Pacific Response.

PIAF is a Pacific regional-based NGO founded by Pacific people that grew out of a need to represent and be the voice of positive people in the Pacific Response. The organisation has approximately 50 positive people and stakeholders on its contact list. PIAF is considered by regional stakeholders and most national stakeholders to be the regional positive people's organisation.

The work of PIAF has encouraged the establishment and/or further development of a number of positive networks at the national level. These national organisations are at different levels of growth, with Igat Hope (PNG) and FJN+ leading. These organisations have reasonably large networks of positive people (FJN+ has around 50 positive people in their network) and offer established programmes, other than peer support. There are less than positive relations between FJN+ and PIAF, and FJN+ is working independently from PIAF.

However, in other countries, such as Vanuatu, Samoa, Kiribati and the Solomon Islands, positive networks are emerging, and have limited resources and capacity (e.g. IZA in Vanuatu is formed around one positive adult and her child). These organisations have a strong need for PIAF, as a regional organisation to advocate on their behalf and provide support.

In contrast to the above national positive networks, PIAF is considered by regional and most national stakeholders to:
- have a broad and diverse stakeholder constituency – men and women, gay and straight, high and low education/income, urban and rural
- work across a range of countries
- be well-resourced through donor commitment

- be staffed by experienced individuals, some of whom hold tertiary qualifications
- provide their services in a professional manner
- have experience across a range of implementation activities
- be well connected and credible at both regional and international levels.

'PIAF is inclusive of all sectors not just MSM [men who have sex with men].'
(Regional agency)

4.3 Extent to which PIAF complements and overlaps with other partners' work

Overall, regional and national stakeholders believe that PIAF mainly complements the work of partners. However, there are also instances where PIAF is proactively filling gaps in areas where there is an agreed need and no other agencies are offering these services. Some stakeholders believe that other regional and national organisations are more appropriately positioned to offer these services (given adequate resources and support), as these activities have a greater strategic fit with these agencies' roles.

For example, at a regional level, they believe that the Regional Rights Resource Team (RRRT) may be better placed to implement the legal programme, given their role in law and human rights training. RRRT on the other hand supports PIAF leading this activity, as PIAF has specialist HIV and AIDS knowledge and connections with positive people in-country, and RRRT's resources are also fully committed to other activities. A few other regional stakeholders believe that UNAIDS or the newly opened Pacific STI and HIV Research Centre may have more capability to undertake the research programme and offer greater neutrality.

At a national level, some regional and national stakeholders believe that PIAF is providing capacity supplementation rather than capacity building to countries with positive people networks. They believe that, instead of providing implementation services in Fiji (e.g. temporary accommodation for shelter seekers and peer support), they should be supporting the national network (FJN+) to provide these services. However, Fiji organisations providing health and social support services to positive people value PIAF's service provision to positive people, as PIAF is considered to be well resourced and professional, and they are able to offer their clients a choice of service provider.

'They shouldn't be an implementer at country level, they should be helping countries set up their own networks and help them to be independent. PIAF needs to 'let go' at local level and let us excel in our own ways.' (Government agency)

At the very minimum, stakeholders believe that PIAF should be in touch with country networks and represent their perspectives.

'There needs to be an umbrella organisation to co-ordinate efforts and get positive networks engaged and feeding into the regional cycle. There needs to be more work getting in touch with country organisations and networks and representing their perspectives.' (Regional agency)

Most regional and some national stakeholders believe PIAF is 'spreading itself too thinly', which is not sustainable in the long term. Some stakeholders feel they have lost focus and

need to return to their 'roots' – advocacy and being the positive people's voice in the Pacific Region. They believe that PIAF should focus on a few specialist areas that they are best placed across the Region to do. These activities are considered to be AIDS Ambassadors, advocacy, communications and supporting positive networks. In relation to AIDS Ambassadors, no other regional organisation is thought to be able to offer this programme as effectively, and no other positive network is thought to have the capacity or experience to offer a comprehensive programme nationally.

These activities and their effectiveness are discussed further in Section 6.

> *'PIAF has progressed from an organisation that advocated for positive people to doing a range of things. They are "spread too thinly" and this is hard to maintain. To sustain the organisation, it needs to do a few key things rather than doing the whole spectrum.' (Regional agency)*

> *'It is doing just too many things. It needs an important and clear focus moving forward. It needs to ensure there are supportive networks for positive people.' (Regional agency)*

4.4   Relevance to MFAT of providing core funding support to PIAF

MFAT's Health Policy 'Ending Poverty Begins with Health' provides the rationale and direction for the agency's work in the health sector. The policy is set within the context of the organisation's overarching goal of poverty elimination.

In determining priorities for MFAT's work on health, the organisation's Health Strategy 2008–2013 aims to reflect MFAT's focus on poverty elimination and cross-cutting principles including human rights, HIV and AIDS, gender equality and environmental sustainability (NZAID/2008). The sixth strategic development outcome is *'human rights and gender equality norms and standards, and consideration of HIV and AIDS environmental implications, are integrated in all health activities'.* Providing funding support for HIV and AIDS best fits under key thematic areas 'Sexual and Reproductive Health' and 'Mainstreaming and Cross-cutting Issues'.

In line with PRSIP II, MFAT is integrating its support for HIV activities under a regional sector-wide approach. MFAT provides substantial support for HIV and AIDS and STIs through the Pacific Islands HIV and STI Response Fund, which is coordinated by SPC. This is also in line with MFAT's Statement of Intent 2010–2013: *'In order to improve the effectiveness of our development assistance, we will look to support larger, longer-term and more comprehensive initiatives, with clearly identified development outcomes'.* (MFAT/2010)

4.5   Conclusions

Overall, PIAF has relevance to the Pacific Response, as its activities are aligned with PRSIP II and its involvement fulfills GIPA requirements.

PIAF provides a 'lived experience' to its work. No other regional organisation can articulate positive people's experiences as well and no other organisation has the regional mandate

or capacity for articulating positive people's issues to the same extent as PIAF. If PIAF was unable to perform this role or changed its focus, the voices of positive people may be lost.

PIAF's unique role is that it is the only organisation advocating for positive people regionally and taking a regional strategic view of the involvement and participation of positive people in the Pacific Response. A regional organisation is also necessary to support small and/or fledgling national positive networks that are unable to stand on their own, and to support positive people in countries where there are no networks. In future, when national networks have more capability, PIAF as a regional organisation may have less or no relevance.

PIAF complements other regional agencies' work and fills gaps where services are needed. By being responsive to regional and national needs they have 'spread themselves too thinly'. Going forward PIAF needs to focus on a few areas (AIDS Ambassadors, advocacy, communications and supporting positive networks) that they are best placed regionally to do. It should investigate 'letting go' of other areas (Legal Programme and research) that partners are better strategically placed to do, with more resourcing.

PIAF has recently focused on providing services directly to positive people in-country, rather than collaborating with positive networks like FJN+ to provide these activities. This is not sustainable over the long term, and does not allow countries to come up with local solutions to local needs. They therefore need to move away from an implementation role in-country and focus on supporting other positive networks (e.g. FJN+), NGOs and CSOs to provide in-country services.

Providing core funding support to PIAF is relevant within the context of MFAT's Health Strategy, but inconsistent with the Statement of Intent.

5. Organisational Capacity and Health

This section answers *Evaluation Objective 4 – To Assess the Organisational Capacity and Health of PIAF*. It includes an assessment of:

- PIAF governance
- PIAF management and operations.

5.1 Trust Deed, regulations and policies

In 2003, PIAF founding members Maire Bopp and Nikki Rattle developed a Trust Deed for the organisation. The Trust Deed outlined the establishment, outputs and powers of the Trust, proceedings of Trustees and governing law and jurisdiction.

This was shortly followed by a comprehensive set of regulations and policies for the organisation, including:

- **Roles and Responsibilities of Trustees**, covering Trustee roles and responsibilities, activities of the Board, future requirements of the Board and portfolios for the Board.
- **Financial Regulations**, outlining appropriations, custody of funds, investment of funds, bank overdraft, internal control, accounting and external audit
- **Staff Recruitment Policy**, covering appointment and selection procedures for employees
- **Staff Regulations**, including duties and obligations, positions and emoluments, appointment and promotion, hours of work, leave, termination of appointment, disciplinary measures
- **Travel Guidelines**, covering determination of travel, and travel and subsistence allowances.

PIAF also has job descriptions for employees, including key objectives and expected tasks. There does not appear to be any evidence of these documents being updated since they were developed in 2003 and 2004. The Reviewers are not aware whether the Board and CEO are keeping to these policies and regulations.

5.2 PIAF governance

Board of Trustees membership

PIAF is governed by a Board of five members from the Pacific Region:

- Nikki Rattle, Secretary General of the Cook Islands Red Cross, Cook Islands (Chair)
- Dr Jimmie Rodgers, Director General, SPC, New Caledonia
- Ingrid Leary, Director of the British Council, New Zealand
- Dr Satish Chand, ANU College of Asia and the Pacific, Australia (and a Fijian national)
- Maire Bopp, CEO, PIAF, Tahiti.

The fifth Chair Nikki Rattle was appointed by PIAF members in March 2010.

There is a depth of experience on the Board, spanning leadership of regional and national organisations, as well as expertise in development, economics, public relations, journalism and communications. Importantly, Maire Bopp brings the 'lived experience' of a positive person to the Board.

The Board also has a special adviser Mr Bill Parr (Director of Social and Human Resources, SPC) to provide guidance to the Board. He has been involved in this role since PIAF's inception.

Managing conflict

Dr Jimmie Rodgers requested to be replaced on the Board in 2008 when he was appointed Director-General to SPC, due to the potential conflict of interest with SPC's role as PRSIP II's Fund Manager. However, the Board found it difficult to find a suitable replacement, as his governance skills and institutional knowledge were considered a significant asset. Consequently, he stayed on as a Trustee but has had low-level involvement and will officially retire in late 2010. PIAF confirms that this potential conflict of interest has therefore been appropriately managed. A potential replacement for Dr Rodgers has been identified and approached.

The Board advises that it manages potential conflicts of interest in relation to matters involving the CEO, Maire Bopp, by ensuring Ms Bopp does not vote on matters relating to the CEO role and performance. However, this conflict has not been managed well, as the CEO is always present at meetings and contributes to discussions about the CEO role. The Trust Deed makes it a requirement for founding members (Maire Bopp or Nikki Rattle) to be present at meetings (PIAF /2003). There does not appear to be any written procedures for how to manage this conflict.

Board of Trustees meetings

The Trust Deed requires the Trustees to hold a meeting at least once in each calendar year. This meeting can be by telephone or other means. At all meetings the necessary quorum shall be two Trustees (if there are only two Trustees) or more than 50% of Trustees (if there are more than two Trustees) (PIAF/2003). The Reviewers consider this a low minimum quorum for effective governance.

While the Board has a depth of experience, they have significant and competing commitments to attending Board meetings. The Board has gathered 10 times since PIAF's inception, with three of these meetings in 2010. Contrary to the Trust Deed, the Board did not meet in 2008. This coincided with the sudden death of the then Chair Robert (Bob) Worthington in the same year.

Between Board meetings there is bilateral dialogue (via phone and email) among Trustees to reach consensus on decisions without all members present. It is not clear from the evidence how these discussions are recorded.

The first five meetings were face-to-face and the later meetings were via telephone/Skype. While core funding from MFAT allows for one full face-to-face Board meeting per year, PIAF acknowledges that it inadequately costed for face-to-face Board meetings in funding proposals to MFAT. It budgeted NZ$5000 per meeting, but estimates actual costs are closer to NZ$15,000 per meeting. Regardless of this under-budgeting, it should have been

possible to fund travel for up to two Board members within the budget, with other Board members joining in via teleconference.

MFAT has in the past raised issues about the detail and transparency of Board minutes. However, in the last six months, the quality of Board minutes has improved considerably as demonstrated by the increased level of detail and engagement with matters at hand (e.g. CEO succession planning, strategic planning). It is not clear what has precipitated the improvement in Board minutes.

While in the main, the frequency and format of meetings are in line with the Trust Deed, PIAF could have benefitted from greater strategic guidance and direction from the Board in recent years. PIAF through the leadership of the CEO has had to navigate largely independently a new regional funding model, a larger work programme and donor requirement of greater accountability for outcomes. Up until now, the Board's role has mainly been confined to approving Strategic Plans, Annual Work Plans and Annual Reports, rather than fully encompassing more strategic governance functions (e.g. strategic direction, resource development, financial accountability and CEO appraisals).

There is no record in the documentation of the Board approving key decisions, e.g. the opening of the Fiji office in 2008 and the launch of the HIV and Human and Legal Rights training in 2009. However, PIAF advises that the Board approved the training when it approved the 2007–2009 Strategic Plan and Annual Work Plans, and that 'exploration' of the geographical location of PIAF by the Board was noted in the 2004, 2005, 2006 and 2007 minutes.

At the Board of Trustees meeting in July 2010, the CEO raised that *'the Board has to make stronger commitment to meeting and addressing issues pertaining to PIAF's current and future operations and development'.* The Board agreed for the Chairperson to request monthly Board teleconferences from now until December 2010 (PIAF/2010). From the evidence, this appears to be happening.

CEO succession planning

The 2006 Review of PIAF recommended that *'in the event the CEO leaves or ends her contract with PIAF, the organisation should begin to identify positive people with comparable credentials of the current CEO, and for the CEO to train, coach and mentor a possible replacement'.* While the Board raised the issue of succession planning for the CEO's role in 2006 (PIAF/2006), there has been a lack of forward planning to fill this critical role. The Reviewers are not aware of any tangible steps to find or groom a potential replacement for the CEO, whose contract expired in December 2009 to coincide with the end of the core funding term:

- The CEO advises that in September 2009 she alerted the Board that her contract would be expiring in December 2009. There is no record of this 'alert' in any minutes or other correspondence.

- At the March 2010 Board meeting, the Board formally agreed that Maire Bopp would be offered a short-term contract as CEO, on the same conditions until June 2010.

- At the July 2010 Board meeting, this contract was extended until December 2010. The minutes of this meeting recorded the recommendation to split the CEO role into two roles – the CEO role and an Advocacy Officer Position, given the size of the workload. There is no evidence of any budget being formulated for this new role.

- At the August 2010 Board meeting, the Board instructed the CEO to prepare Terms of Reference for these two positions and a brief advertisement for the CEO position for Board approval.

- The Board was scheduled to meet in October 2010 to approve the Terms of Reference and CEO advertisement and to advertise the CEO role in late October 2010 (it is not known whether this occurred) .

The uncertainty regarding the leadership of the organisation has been unsettling for PIAF staff, and caused confusion and uncertainty for regional and national agencies and donors.

> *'No real answers have been provided to regional partners about what happens after Maire.' (Regional agency)*

5.3   PIAF management and operations

Maire Bopp, CEO

The CEO, Maire Bopp, is considered by stakeholders across the board as extremely determined, courageous, inspirational and gifted. Ms Bopp is credited with having successfully managed the organisation from start-up phase to an organisation with a budget in 2009 of NZ$727,818 (PIAF/2010). Many stakeholders believe the organisation's achievements can be directly and often wholly attributed to her. They have difficulty separating *'PIAF from Maire and Maire from PIAF'.* It is acknowledged that the organisation will soon be undergoing significant change with Ms Bopp's imminent departure as CEO and therefore has an uncertain future. PIAF states that while Ms Bopp is retiring as CEO she will still remain a Trustee on the Board and therefore will still play an important role in the governance of PIAF.

> *'My biggest concern is when you talk PIAF you talk Maire. What will PIAF be without Maire? If Maire leaves that could lead to uncertainty and from PIAF's view that would be unsustainable. She has the clout, capability, and is vocal. She is an activist. She has a different background to other positive people. She has come a long way.' (Regional agency)*

Stakeholders acknowledge recent efforts to broaden the capacity of the organisation with the appointments of respected Pacific people Laitia Tamata and Temo Sasau, who share Maire Bopp's vision for the organisation. A few stakeholders also comment that the organisation has reached a point of maturity that it does not need a charismatic leader, but rather a 'capable and responsible pair of hands' to consolidate or rationalise its activities rather than breaking into new territory.

Organisational capacity

PIAF has significantly grown its capacity since its inception, and is similar in size to other regional NGOs. However, 80% of staff are project based and limited by the life span of the grant for the programmes. PIAF is committed to recruiting positive people in line with GIPA.

PIAF operated as a two-person team from 2003 to 2004. Shortly after, PIAF established a relationship with the University of Victoria, Canada to host interns under a programme coordinated by the Centre for Asia and the Pacific Initiatives (CAPI) and the United States

Global Volunteer Programme. PIAF hosted a total of eight interns in 2008. The Canadian government later reduced funds for this volunteer programme and limited the number of volunteers, which resulted in higher demand for the interns.

During the last two years, PIAF has had a substantial growth in staff, many of them local Pacific positive people. As at June 2010, it had 11 full-time and part-time staff, including permanent staff, contractors and an intern. Further investigation is needed to give a detailed breakdown of fulltime versus part time employees and volunteers. During the last two years:

- two new positions for positive people have been created – the Positive Programme Coordinator to design, supervise and coordinate activities and the HIV Positive Internship, a one-year capacity-building placement that aims to support the emergence of new leaders

- a two-person team has been established to manage the Legal Programme and run the HIV and Human Rights Training

- two new roles have been created (the Research Officer and the Communication Officer) which have strengthened PIAF's advocacy function and contributed to broadening HIV and AIDS awareness throughout the Pacific

- staff have participated more at regional and international meetings, conferences and other networking events.

However, despite these positive changes in staff capacity, low salaries in Pacific NGOs are reported to be a key factor in the recruitment and retention of PIAF staff. The Finance Officer role has remained vacant for two years, as no suitable candidates have applied for the position, which has impacted on the workloads of the CEO and Office Administrator.

While personnel appraisals requested by institutions were completed for interns, up until recently, there has been no formal appraisal system for PIAF staff, and the CEO's last performance review was in 2006. PIAF recognises this is a weakness and says that it is embarking on a system of formally appraising staff performance, starting with the Fiji office. This weakness was also identified in the 2006 Review of PIAF.

In relation to training, key staff attended two courses on project management and financial management through the University of the South Pacific (USP). Accounts staff also received training from a UNAIDS-funded TSF consultant on financial management. A second phase of training focusing on financial reporting has been approved, but is waiting on consultant availability.

HIV positive PIAF staff and volunteers have undergone AIDS Ambassadors training to enable them to undertake public speaking roles on HIV and AIDS awareness and education. However, many positive volunteers have few or no qualifications and minimal work experience.

Location of PIAF operations

The main PIAF office is located in Rarotonga, Cook Islands, as founding Trustees Nikki Rattle and Maire Bopp were both resident there when the organisation started. Maire Bopp has since moved to Tahiti. PIAF's finance and administration, communications and research activities are run from this office.

Over the last three years, there has been ongoing dialogue between MFAT and PIAF over the location of PIAF's main operations in the Cook Islands. PIAF has advocated for the Cook Islands location because it offers a stable currency, political, administrative, professional environments, cooperative local partners, access to advanced technology and communications, and enjoyable living conditions for its employees (PIAF/2009).

Regional partners believe that PIAF's main Cook Islands location somewhat undermines their perceptions of PIAF as a regional agency. They believe the organisation should relocate to Suva, Fiji, as:

- Suva offers proximity to regional partners, and therefore opportunities for greater engagement
- Fiji has the greatest number of positive people in the Pacific region outside of PNG
- the cost of operations is less in Fiji than the Cook Islands
- Fiji is a regional airport hub, enabling more regular, direct and cheaper flights to PICTs.

'Being in the Cooks is not a wise move. All the regional organisations are in Suva. It's strategic to be in Fiji. The price of travel to get to meetings…every week there are meetings.' (Regional agency)

In late 2008, PIAF opened a second office in Lautoka, Fiji. This location was chosen as it is near Nadi International Airport, can provide greater support to positive people and NGOs in Fiji's west, and is a suitable distance from FJN+, which is based in Suva and with whom there have been less positive relations. The Fiji office houses the Positive People and Legal Programmes, as well as temporary accommodation for shelter seekers. It is not clear from the documentation or from discussions with PIAF why they opened a second office rather than relocating all operations to Fiji.

The two offices hold weekly SKYPE meetings to keep in touch with progress.

'Why are they in Lautoka? If they are a regional organisation they should be in Suva. There are hardly any offices in Lautoka let alone regional offices? (Government agency)

Financial management

PIAF's accounts are audited annually. In 2009, PIAF's auditors gave an unqualified opinion that *'proper accounting records have been kept and the financial statement comply with generally acceptable accounting practice, give a true and fair view of financial position of PIAF as at 31 December 2008 and its results and cash flows for the year ended on that date'* (Woods and Co/2009).

PIAF undertook a review of its financial management system in 2009 to strengthen financial management capacity and systems, given the increase in funding. The findings of the review recommended revising and improving the management requirements of multiple grant environments. Consequently, PIAF contracted a local accounting firm to undertake this task (PIAF/2009). PIAF advises that it is acting on these recommendations.

PIAF has provided MFAT and other donors with six monthly and annual reports of progress, including copies of audited accounts.

MFAT's policy allows for relocation of items within existing budget items but new items need approval. In 2009, MFAT while checking PIAF's annual report discovered that PIAF used core funding for items and/or amounts that were not approved in the 2009 Work Plan.

These items included recruitment/relocation expenses for the Positive Internship position, finalising the production of the third documentary in the Positive Lives series, and asset depreciation.PIAF claims that in the past MFAT did not hold them to the strict terms of the agreement and allowed for budget reallocation as long as they contributed to the 'overall spirit of the grant'. They therefore did not consider it necessary to seek prior approval from MFAT for these unbudgeted items and for a formal variation of the funding agreement to be approved. MFAT has exercised its discretion and allowed some of these expenses as legitimate expenses, and others (notably the depreciation costs) to be repaid.

MFAT recently discovered that PIAF had recorded $3824.50 for attending a Board meeting in 2008 to ensure good governance, but had instead used the funds for another purpose deemed important by PIAF (for sensitivity reasons PIAF has requested that the purpose for which the money was used is kept confidential). MFAT in communications to PIAF stated the cost of this expense should have been met by internally generated funds (MFAT/2010).

Monitoring and evaluation

Like most regional and national organisations in the Pacific Region, PIAF is lacking in M&E capacity. PIAF advises that, over the last three years, it has made several requests for funding from SPC and UNAIDS for technical M&E support, yet this support has not been forthcoming. PIAF has also requested funding for an M&E Officer as part of their proposal to Phase 2 of the Global Fund to Fight HIV and AIDS, Tuberculosis and Malaria Round 7, due for notification at the end of 2010.

PIAF notes that although M&E is seen by donors as a 'condition' for accessing their funding, donors do not allocate specific support to this activity in the grants they provide. This limits the capacity of organisations to develop and implement their own M&E activities. Note: this claim has not been validated by the Reviewers.

As discussed earlier, PIAF has no M&E Plan in place to review progress against stated outcomes or collected baseline data. However, PIAF advises that two PIAF staff have received training in M&E and the organisation is starting to build M&E into their programmes.

5.4   Conclusions

PIAF could have benefited from greater governance over the last three years. The organisation through the efforts of the CEO and her staff has largely navigated independently a new regional funding model, a larger work programme and donor requirements of greater accountability for outcomes. Up until recently, the Board's role has mainly been confined to approving Strategic Plans, Annual Work Plans and Annual Reports, rather than fully encompassing more strategic governance functions. While the frequency of meetings is in line with the Trust Deed, annual meetings were not sufficient to effectively govern PIAF. The Board could have also acted a lot sooner to prepare for the imminent departure of the CEO, as this was one of the recommendations from the 2006 Review. It is pleasing that the Board in the last few months has stepped up to its responsibilities, evidenced by more regular meetings and their engagement in critical issues, e.g. finding a replacement for the CEO. PIAF did not manage well the conflict of the CEO also being a Board member. There needs to be clear written procedures for managing such conflict in future.

PIAF has significantly grown its capacity since its inception, and is similar in size to some other regional NGOs. It now has 11 full-time and part-time staff and volunteers. It has also expanded operations by opening a second office in Lautoka, Fiji.

The location of PIAF's main office in the Cook Islands has always been a contentious issue, and there is no clear rationale for this location, given that other regional agencies are based in Suva, Fiji, and this is where the main population of positive people lives in the Pacific, outside of PNG. Given that the CEO has departed from the Cook Islands and PIAF has established a presence in Fiji, it is now time to make the move and relocate all operations to Fiji.

While there have been a few examples of incorrect financial reporting to MFAT, PIAF has undertaken a review of its financial management system to strengthen financial accountability. Other elements of good practice include the auditing of accounts and financial management training.

Despite efforts to build M&E capacity, this discipline continues to be weak.

6. Effectiveness

This section responds to **Evaluation Objective 4 – To Assess the Outcomes (Effectiveness) of PIAF's Work**. It includes:

- implementation of PIAF's activities
- progress towards outcomes identified in PIAF's Outcomes Framework (refer to Section 3.3).

6.1 Implementation of PIAF's activities

PIAF's implementation activities can be grouped into four broad areas:

1. Positive People Programmes
2. Advocacy, Communications and Research
3. Infrastructure Supporting Positive People
4. Legal Programme.

As discussed earlier, these activities evolved from the 2007-2009 Strategic Plan and activities are aligned to one or more strategic objectives.

1. POSITIVE PEOPLE PROGRAMME

Since PIAF's inception it has been implementing the Positive People Programme. Early activities under this Programme include its flagship programme, AIDS Ambassadors, and hardship grants and telephone support. More recently, PIAF has offered temporary shelter to positive people and online support. Having a positive people's organisation deliver support to positive people makes this Programme concept effective.

> *'Coming out is a courageous act and PIAF gives support on how to deal with it. They make a concerted effort to support positive people by saying that you are still human beings. It is very profound.' (Regional agency)*

AIDS Ambassadors

- The AIDS Ambassador's Programme implemented by PIAF in 2003 mentors positive people to take on public speaking roles in their countries and become experts in HIV and community development. This model of positive people being trained by other positive people to publicly raise awareness and educate on HIV and AIDS is considered to have merit by most regional and national stakeholders.
- PIAF's 2009 Annual Report stated that six positive people completed Life Skills Training (a pre-requisite for AIDS Ambassadors), nine people completed AIDS Ambassadors and 15 positive people gathered at the annual AIDS Ambassadors retreat (including newly trained Ambassadors). People attending these events were resident in Fiji, Samoa, the Solomon Islands, Kiribati and PNG.

- Positive people who have participated in the training speak very favourably about it. Some positive people who were particularly isolated and marginalised from their families and communities before the training describe it as a 'life changing' event.

   'The training is good. Sharing stories was exciting. We have all been through difficult situations. It was supportive. They didn't pressure us. We learnt from the experiences of those who have come out before us.' (Positive person)

- As discussed in Section 4.3, most regional and national stakeholders believe PIAF should continue to focus on implementing this Programme. However, there should be improved effort on ensuring greater quality management and ongoing support to positive people, e.g. buddying up the new Ambassador with a more experienced person (the suicide by a Kiribati man who had unprotected sex with an AIDS Ambassador was provided by two stakeholders as poor quality control). Positive people also feel that more support should be offered to participants following training and starting work in their communities.

   'After the training we were left on our own. PIAF doesn't follow up and mentor us. They should follow up once or twice a year after training. I went through a lot of problems when I went "Public" and PIAF was not there. The connection fell off.' (Positive person)

- A few regional stakeholders believe the AIDS Ambassadors Programme should focus more on training and supporting Ambassadors to work in-country, particularly at grassroots level, where stigma and discrimination lie. These stakeholders believe the training and work of Ambassadors is too focused on international events.

   'The AIDS Ambassadors Programme is successful in giving positive people confidence to go public. However, it has come to a stage where it gives the impression that Ambassadors will be going to conferences and meetings internationally. That should not be the focus. The Programme needs to work with positive people locally, building community networks and addressing stigma and discrimination.' (Regional agency)

- There is a sense among a few regional and national agencies and positive people that PIAF is no longer providing AIDS Ambassadors, as there has been a lack of recent activity. A few positive people interviewed who had not attended training are looking forward to an opportunity to receive training in future. PIAF confirms that the last training was held in 2009. The Reviewers are not aware whether there is a future date for training.

Hardship grants

- PIAF's annual reports state that since 2003, the organisation has provided positive people with hardship grants when criteria associated with deteriorating health or discrimination are met. These grants have helped with shelter, food, children's school fees, bathroom renovations, glasses, dentures and other essential items for living a healthy and meaningful life.

- During 2009, NZ$7357 was raised for 12 PICTs and NZ$1800 disbursed. Funds were disbursed to positive people residing in Kiribati, Vanuatu and Samoa (PIAF/2009). The documentation does not explain why most of the funds collected have not been disbursed. Note: this information came to hand after the stakeholder interviews were conducted and therefore was not investigated futher.

- One positive person who applied for a grant and did not qualify feels the qualifying criteria are too stringent and the process too onerous. There is not enough evidence to suggest whether this is a wider issue, but it warrants further investigation.

Temporary shelter

- The Fiji office recently started providing emergency temporary shelter to local positive people in need. Sometimes when families become aware of positive people's HIV status, they are 'chased away' from their homes and communities. FJN+ provided this service in Suva in the past and intends to provide it in future (although there is no start date for this service). PIAF advises that it has asked FJN+ to implement activities for positive people living in Fiji's west, but this support has not been forthcoming. PIAF therefore provided temporary shelter as they felt there was an unmet need.

  'We take them in and build up the positive person through counselling and support. We also try and reunite them with their families and support them in the reconciliation process. So far three people have been through.' (PIAF)

Online, telephone and face-to-face support

- The Fiji office instigated weekly telephone calls/internet contact with positive people in 12 PICTs in 2009 and 2010. There are approximately 50 positive people and stakeholders on PIAF's contact list (PIAF 2010 and 2009). PIAF advises that the CEO began phoning positive people and offering support from 2004.

- Nuidei online forum was launched in 2009. It offers a confidential arena in which positive people can share information, discuss relevant issues and communicate ideas on dealing with stigma and discrimination. At the end of 2009, 32 members were registered across Pacific and Asia (PIAF/2009).

- PIAF acknowledges that they are only reaching a proportion of positive people through their telephone and online support forums. They also say it is challenging to keep in contact with positive people on a regular basis; often people only contact them when there is a crisis situation or an immediate need.

- Launched in 2008, 'Building Incredibly Beautiful Lives Enthusiastically' (B.I.B.L.E.) workshops, conducted in partnership with the Pacific Theological College in Fiji, aim to build peer support and group counselling for positive people. In 2008, 24 positive people from Fiji, the Solomon Islands, Samoa and Kiribati completed B.I.B.L.E. (PIAF/2009).
  'I hope there will be more B.I.B.L.E. and life skills workshops in the future as I believe that it is a big relief to some of my brothers and sisters, especially to those who have not told their families about their HIV status…they feel more relaxed and comfortable sharing and telling their own stories with other positive people and we are all in the same situation…' (Letter of endorsement from B.I.B.L.E. participant)

2   ADVOCACY, COMMUNICATIONS AND RESEARCH

Since PIAF's inception, it has been a strong advocate for the rights and aspirations of positive people to have a quality life, and to be recognised as valued members of Pacific communities. The CEO's training and experience as a journalist and her personal and influential skills as an orator are considered significant facilitators to PIAF's success in this area.

'Maire has had an enormous influence on raising the level of involvement of different sectors. She has a powerful personal story and generates a lot of empathy and does not play the victim. She has challenged leaders to step up to respond to HIV. Her experience in the media has been good at shining the light. She is an educated, openly positive person, highly articulate and able to access people of influence. She challenges stereotypes and can communicate in French and English.'
(Regional agency)

Advocacy

PIAF plays a significant role in many international, regional and country-level forums, advocating for the rights and aspirations of positive people. PIAF is recognised by some regional stakeholders as successfully getting onto the agenda of many important forums and advocating on important matters (e.g. advancing issues of access to Antiretroviral Therapy – ART – in the Pacific Region). No other national organisation is advocating for positive people across the Region, and only a few have the capacity to advocate at a national level.

> *'They do a lot of advocacy and work at a high political level. They have done a great job at raising the voice of positive people.' (Regional agency)*

One regional stakeholder feels there is an emerging fatigue in the small number of positive people presenting at forums, and there is a desire for 'fresh' perspectives. They therefore believe that PIAF should step up their role in mentoring more positive people to become 'public' and positive role models for HIV and AIDS in their communities. PIAF responds by saying only a limited number of positive people are public, and although this number has grown in recent years, it is unrealistic to assume it will grow continuously with current resourcing.

> *'There are a handful of positive people that everyone knows and we need more voices. People get complacent and fatigued when you hear the "same old stories". It becomes personal like "oh yeah [positive person's name], I know her story".' (Regional agency)*

Key examples of advocacy include:
- The CEO is sought after as a member of Pacific Boards and working groups, such as the Global Fund Coordinator Mechanism and the Pacific Commission on AIDS.
- In 2009, PIAF attended and presented at key decision-making platforms, including the 53rd Commission on Status of Women (New York), 9th PIRCCM (Fiji), PPAPD (Cook Islands), Commonwealth People's Forum (Trinidad and Tobago) and the Pacific AIDS Commission (Thailand, Australia, New Zealand and Fiji) (PIAF/2009).
- Since 2004, PIAF has been promoting and supporting various World AIDS Day activities.
- PIAF promoted and supported the Cook Islands and Fiji AIDS Candlelight Memorial Ceremonies to remember those who have been affected by HIV and AIDS and to show solidarity with those living with the disease.

Communications

PIAF's implementation activities involve a range of offline and online communications, including radio, documentaries, posters, brochures and a web presence. The majority of communications portray positive people in their Pacific context, which is a key criteria for ensuring communications are relevant. There is a general sense among regional and national stakeholders that PIAF delivers prolific, quality communications. Key examples include:
- PIAF's website www.pacificaids.org is a comprehensive and engaging website. As well as providing online information about PIAF's current programmes, it also provides a database of organisations across the Pacific Region that offer services to positive people.

- PIAF produced and broadcast a radio programme *A Walk with Mele* in four countries. The programme aimed to minimise misinformation about HIV and the stigmatisation of positive people in 2008 (PIAF/2008).
- PIAF produced a new Positive Lives documentary – *Maiinga* – featuring two positive people living in New Zealand and focusing on sexuality and parenthood in 2009 (PIAF/2009).
- Four Positive Lives films were distributed and broadcast at key regional and international events in 2009 (PIAF/2009).
- Over 20 radio talkback shows and interviews were given and nine press releases and feature stories were written on positive people and the Pacific Response in 2009 (PIAF/2009).
- Distribution of UNGASS booklets and *HIV and Your Rights Legal Rights* booklets to positive people, government agencies and NGOs in 2008 (PIAF/2008).

> *'They did great resources on rights and law, which got disseminated regionally. They are there to advocate on behalf of HIV and law reform.' (Regional agency)*

Research

Recently PIAF embarked on research to provide an evidence base of the experiences of positive people and issues important to them. PIAF advises that no other organisation undertakes research about or with positive people and this work is required to inform its advocacy function. PIAF employed a full-time researcher in the Cook Islands from September 2008 to manage this work. Findings have been presented at a number of high-profile national and international events, and there is no information provided to the Reviewers on how, if all research has been used to inform policy and practice. The following research projects have been undertaken or are in planning:

- PIAF instigated research on stigma and discrimination in the Pacific.
- PIAF's Research Officer is currently working on a project titled *Women and HIV: Perspectives of HIV Positive Women Living in Fiji and PNG.*
- Research into satisfaction with treatment and medical care received funding approval and is scheduled for implementation in 2010–2011.

As discussed previously, a few regional and national stakeholders believe other regional agencies are better placed to provide research services.

3   INFRASTRUCTURE SUPPORTING POSITIVE PEOPLE

Soon after its inception, PIAF began working with positive people in-country to form country networks so they could find strength from and support one another and help develop and implement their countries' National Plans for HIV and STIs. More recently, PIAF has taken on a leadership role of mobilising and strengthening CSOs to support positive people.

Supporting and mobilising positive people's networks
- Most regional and national stakeholders believe that PIAF has had a significant role in setting up, mobilising and providing ongoing support to positive people's networks and associated organisations. Many leaders of these national positive networks have participated in the AIDS Ambassadors Programme.
- PIAF advises that it has had a role in:

- supporting the inception of FJN+ in Fiji, by advocating on their behalf for early core funding support from AusAID[3] and supporting them in their early search for premises
- providing draft constitutions and early advice to positive people to enable the establishment of the Samoan AIDS Foundation (SAF). PIAF also helped launch the organisation and contributed with seed funding
- providing in-country assistance to positive people in Samoa to set up a positive person's network, separate from SAF. PIAF advises that they are providing this support as positive people believe they are not getting support from SAF.
- providing ongoing support to IZA (Vanuatu), including more recently working in-country to help reintegrate a positive child into school
- providing guidance and support to IGAT members and positive networks in New Caledonia, French Polynesia, Kiribati over the years.

- As discussed earlier, some regional and national stakeholders believe that PIAF is providing capacity supplementation rather than capacity building to countries with weak positive people's networks.

- A few national stakeholders say they have requested in-country support from PIAF (e.g. help setting up a positive network) and this assistance has not been forthcoming. PIAF advises that under current funding arrangements it cannot meet all requests for support.

- At least two countries are critical of PIAF's approach to communicating directly with positive people and not advising government agencies and NGOs when they are in-country. They feel this approach is derisive, does not contribute to collaborative relations and does not offer countries the opportunity to build capacity or put issues right.

'They deal directly with the positive person, and therefore the positive person doesn't have the confidence about what the country can provide. We are not given the opportunity to come up with local support. They interfere so the positive person doesn't have confidence in the country. There should be more empowerment with the local team so we can all be part of it.' (Government agency)

Pacific Alliance of HIV and AIDS

- In 2007, PIAF undertook the role of Secretariat for the Pacific Alliance.

- The Pacific Alliance on HIV and AIDS (Pacific Alliance) is a network of CSOs and positive people, supported by regional NGOs. The formalisation of this regional network of CSOs first began in 2003 through the establishment of the Pacific Islands Regional Multi-Country Coordinated Mechanism (PIRMCCM). The Pacific Alliance met twice in 2008 (in Fiji and the Cook Islands) and once in 2009 (in Fiji) and a steering group meeting was held in May 2010 (in Fiji). The Pacific Alliance has 27 member organisations. Stakeholders who are members of the Pacific Alliance speak positively about this initiative's capacity building opportunity. One regional agency considers that a larger and more connected regional NGO (e.g. the International Federation of the Red Cross) may be better placed to perform this role.

'It's a good initiative as it brings focused coordination. It is relatively small and focused and easier to coordinate.' (Regional agency)

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[3] AusAID funding to FJN+ has now been replaced with funding from the Fiji Government and Pacific Response Fund.

Partnership agreements

- In 2009, PIAF signed new partnership agreements with the International Federation of the Red Cross and national societies in four PICTs to build a regional and anti-discrimination campaign, and to build capacity for caregivers and positive people's support. A partnership agreement was signed with the Commonwealth Foundation to help build a stronger network of NGOs and positive people in Pacific Commonwealth countries. A Memorandum of Understanding (MoU) was also signed with the Pacific Conference of Churches, aimed at enhancing churches' response to HIV and AIDS.

- In 2010, PIAF signed four partnership agreements with NGOs and government agencies in Vanuatu and Kiribati.

4. LEGAL PROGRAMME

Regional and national stakeholders consider that this Programme, from early indications, is relevant and important. However, as discussed previously, some regional stakeholders, despite resourcing issues, believe that RRRT may be better placed to implement this Programme, given its legal role. The Legal Programme is managed from PIAF's Fiji office. PIAF engaged a Legal Training and Policy Analyst Officer on a fixed-term contract in October 2009, to implement the Programme.

HIV Human and Legal Rights Training

- The cornerstone of the Legal Programme is HIV Human and Legal Rights Training, designed regionally and delivered nationally. Training is aimed at parliamentarians, government agencies, NGOs, CSOs, lawyers and positive people.
- RRRT provides resources for course participants (e.g. the Law Digest). PIAF and RRRT have drafted an MoU to signify their commitment to working together on the training and other legal-related causes.
- Costs are shared between PIAF and host countries. PIAF pays trainers' salaries, airfares and per diems and countries provide venues, refreshments and local transport.
- The training was piloted in Fiji in 2009 and rolled out in Tonga and Kiribati in 2010. Over 90 participants have attended the training. Training was scheduled for Samoa in October 2010 (it is not known whether this training took place).
- PIAF notes that there are many challenges in delivering the training, including literacy (training is delivered mainly in English) and keeping legal concepts simple, and that some audiences 'drop in and out', rather than stay for the whole session (e.g. parliamentarians and lawyers). Furthermore, a lack of adequate resources prevents PIAF from dealing with the many requests received from countries.
- National stakeholders who attended training spoke very favourably of it in terms of engaging stakeholders, raising human rights issues and enabling practical application of learnings.

'The training is essential. There is very little knowledge on human rights in-country. PIAF helped with engaging national figures and parliamentarians who are disengaged from HIV. There was a definite increase in awareness of human rights issues following the training, positive people were included and were more comfortable and confident. We were very surprised with the number of national and regional documents PIAF brought with them, many we had not seen before.' (NGO)

Other legal/quasi-legal services

In addition to the HIV Human and Legal Rights Training, PIAF advises that it is undertaking the following implementation activities to support the Legal Programme:

- Networking with lawyers in PICTs to establish a legal network for HIV and AIDS human rights issues.
- Meeting with Ministries of Justice, Labour and Health in some countries to discuss and advance HIV and AIDS human rights issues and to develop HIV policies.
- Participating in national HIV law reforms (PIAF was an active contributor to Fiji's draft HIV Prevention and Care Decree).
- Providing legal advice and support to positive people needing legal representation. PIAF would like to offer a litigation service to positive people but lacks resources.

6.2 Progress made against outcomes

The Review focused on progress towards PIAF's outcomes developed for the Review and summarised in the Outcomes Framework (refer to Section 3.3).

No unintended outcomes were identified through the Review.

1. PROGRESS TOWARDS ACTIVE POSITIVE PEOPLE

PIAF's Positive People's Programme is intended to facilitate the achievement of 'Active Positive People'.

POSITIVE PEOPLES' PROGRAMMES	Confident & Skilled Positive People	Public Positive People	Active Positive People

1. Confident and skilled positive people

All nine participants who attended focus group discussions in Fiji agree that their participation in the AIDS Ambassadors Programme and/or their wider involvement with PIAF has:

- enhanced their confidence and self-esteem
- increased their knowledge of HIV and AIDS, including prevention
- increased their skills and capability in communications and public speaking
- assisted them to start rebuilding relationships with their families and communities.

'You learn how to prepare yourself about how to answer questions and what to do and say in public. It prepares a positive person and teaches them information about HIV. When they are ready to go out with their status, they help to reduce the further transmission of HIV.' (Positive person)

'Last year a positive person who had been "chased away" from home came to PIAF. PIAF showed the positive person that she could lead a normal life and helped her to the point that she could reconcile with her village. The PIAF team and CEO accompanied her in a traditional reconciliation.' (Positive person)

2. 'Public' positive people

- At the time of the Review, 24 people who have attended the AIDS Ambassadors Programme and participated in wider PIAF activities are 'public' (i.e. have openly disclosed their HIV status to their families and communities):
    - a minimum of 16 in Fiji
    - 2 each in Kiribati and Samoa
    - 1 each in Tahiti, PNG, the Solomon Islands and Vanuatu.
- The cumulative total of public positive people following AIDS Ambassadors is higher, as some people have passed away.
- This number needs to be put in context that outside of PNG the Pacific has relatively low numbers of positive people. These figures represent a modest proportion of positive people in the Pacific Region, excluding PNG, and there is a substantial number of positive people who are not accessing support from PIAF. This reflects that a significant number of positive people are not public or known to PIAF, a potential lack of telephone and online services for the more marginalised positive people, language/ literacy barriers and/or not feeling empowered or confident asking for help and support. PIAF states that, compared with Asia, the Pacific has a higher proportion of public positive people.
- PIAF has often had a strong involvement in helping the positive person disclose their HIV status, e.g. PIAF supported one positive person's disclosure at Parliament.

'Before I was involved in PIAF, I only told people I knew that I was HIV positive. PIAF has empowered me to disclose to a wider public audience.' (Positive person)

3. Active public people

- Approximately 10 public positive people are considered by PIAF and supported by regional stakeholders to be 'Active' in the Regional and/or National Response to HIV and other STIs, defined as:
    - participating in National AIDS Committees
    - taking a leadership role in positive people's networks, and/or
    - speaking publicly about their HIV status and HIV and AIDS in schools, youth/ community groups or other forums.
- Approximately six AIDS Ambassadors have presented 'their stories' on HIV at international forums in the last two years:
    - ICAAP (Indonesia) Pacific Youth Conference (Fiji) in 2009
    - Global Youth Living with HIV (Netherlands) and 63rd United Nations Department of Public Information (UNDPI) NGO conference (Australia) in 2010.
- A positive PIAF staff member is a committee member of the Pacific Islands HIV and STI Response Fund to govern funding decisions on HIV and STI programming.
- The 2009 PIAF Annual Report states that 13 AIDS Ambassadors actively facilitated 176 awareness sessions in-country (89 in Fiji, 51 in Vanuatu and 36 in Kiribati). The 2007 PIAF Annual Report states that at a minimum AIDS Ambassadors delivered 85

presentations in Fiji, Samoa, the Federated States of Micronesia, American Samoa, Tokelau and Vanuatu.

- The number of active positive people needs to be considered in the context of:
  - the relatively low literacy and capability of positive people
  - the stigma and discrimination positive people face in coming out and becoming active
  - the challenges public positive people face in maintaining a level of activity, while maintaining health and wellbeing.

- PIAF advises that it is financially supporting some AIDS Ambassadors and has helped others to find employment or financial support through NGOs and government agencies to enable them to actively participate in HIV activities that are in line with PRSIP II.

- There is some anecdotal evidence that the public are becoming aware of HIV and AIDS resulting from AIDS Ambassadors' activity.

'The greatest changes I saw were in Aitutaki. When we talk about HIV there "yeah, yeah, yeah" is the response. But taking Peati there filled the gaps of the puzzle, them seeing the reality of HIV with her life story. It made a huge impact. I still hear stories and still get older people asking about her health. One of the ladies said she had even started talking to her young girls about it, after listening to Peati say that parents can't afford to be shy about talking about HIV.' (NGO)

2. PROGRESS TOWARDS NEEDS AND ASPIRATIONS OF POSITIVE PEOPLE MET

PIAF's Advocacy, Communications and Research function is intended to help achieve 'Needs and Aspirations of Positive People Met'.

ADVOCACY COMMUNICATIONS RESEARCH	Human Face to HIV/AIDS	Needs and Aspirations of Positive People Articulated	Needs and Aspirations of Positive People Met
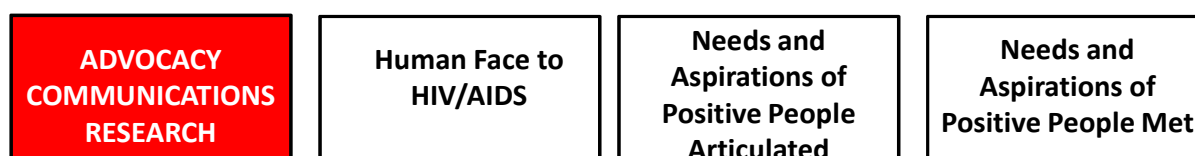
1. 'Human face' to HIV and AIDS

- Regional and national stakeholders and PIAF believe that through PIAF's Advocacy, Communications and Research function they have been very successful in 'humanising' HIV and AIDS. They consider PIAF has advocated that those infected and affected by HIV and AIDS should be at the centre of decision making on HIV and AIDS and has helped shift HIV and AIDS from a medical/scientific model to a social model. They also consider that PIAF has challenged negative stereotypes about HIV transmission (e.g. only promiscuous people get HIV) and perceptions about living positively with HIV (e.g. positive people can have a HIV negative child).

2. Needs and aspirations of positive people articulated

- Through putting a human face to HIV and AIDS and having an active presence, PIAF is considered by regional and national stakeholders to have been effective at lobbying for positive people's needs and aspirations at national, regional and international levels.

PIAF has been a strong and successful lobbyist on issues such as rights to treatment and care, education, employment, travel and having a family, and on justice and immigration issues.

'PIAF is the lead organisation in advocating for positive people. They were essential in the HIV Decree. They advocate to the Ministry of Health and constantly lobby on stigma and discrimination. I was in a lot of meetings with them and they never stopped. They were in your face.' (NGO)

'They were strong in advocating for ART. They really pushed WHO and SPC to bring ART to the Region in 2004. The Region was initially cautious and wanted a planned implementation to make sure we got it right. PIAF pushed it through.'
(Regional agency)

3. <u>Needs and aspirations of positive people met</u>

- There is some evidence that PIAF has contributed to positive people leading aspects of quality lives:
  - PIAF has assisted some positive people to reconcile with their families and communities.
  - PIAF has assisted some positive people to gain employment either through employing them directly or by brokering employment arrangements with country government agencies or NGOs.
  - The CEO Maire Bopp successfully fulfilled her desire to have a family, following an HIV diagnosis.

'The CEO has made it seem possible for positive people to have a baby, not as soon as they become pregnant needing to have an abortion or have their tubes tied. She has made a powerfully strong statement about living positively with HIV.' (Regional agency)

- However, some positive people participating in the Review consider that they and other positive people do not have their needs for a quality life met. These people do not have meaningful employment, have minimal disposable income, are isolated from their families and communities, and face ongoing issues with stigma and discrimination.

3. PROGRESS TOWARDS PEOPLE NETWORKED AND SUPPORTED

PIAF's involvement in setting up and supporting positive networks and their role as Secretariat of the Pacific Alliance was intended to help achieve outcomes leading to 'Positive People Networked and Supported'.

INFRASTRUCTURE	Positive People & CSO Networks Established	Positive People & CSO Networks Mobilised	Positive People Networked & Supported
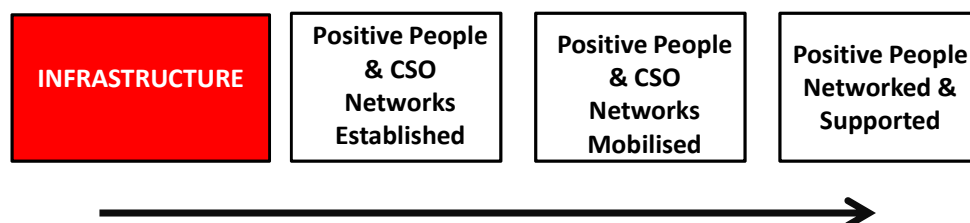
1. Positive people and CSO networks established

- PIAF was instrumental in the establishment of national positive people's networks (e.g. FJN+ in Fiji, SAF in Samoa and IZA in Vanuatu), by advocating for funding on their behalf and providing start-up documentation and seeding funds. PIAF is working with other positive people in Samoa and other countries to establish positive networks.

- Over time, PIAF has provided some mentoring and support to positive networks. However, at least one network is critical of the level of support it receives from PIAF. This lack of support and capability building to positive networks is echoed by regional agencies.

2. Positive people and CSO networks mobilised

- FJN+ provides a range of services to positive people in its network, e.g. training, capacity building and spiritual guidance.

- PIAF also provides an extensive range of services through its Positive People Programme (AIDS Ambassadors, Hardship Grants, Temporary Accommodation, etc).

- Some regional and national stakeholders believe that there could be greater mobilisation in Fiji if PIAF and FJN+ put aside their differences and worked more collaboratively together.

- There is minimal evidence of positive networks in other countries being mobilised.

- PIAF's role of Secretariat of the Pacific Alliance has contributed to bringing CSOs together in four forums in 2008, 2009 and 2010, and contributed to capacity building among CSOs working in the HIV and AIDS sector.
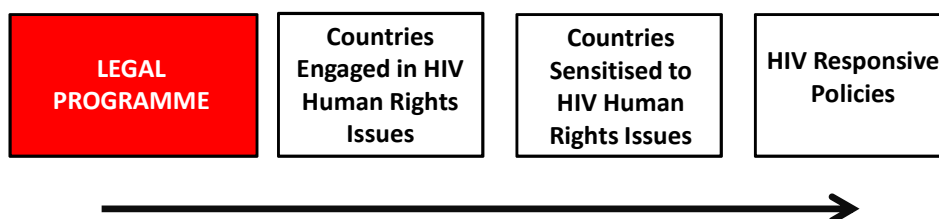
'It's fantastic to be involved in and is an excellent forum. It brings everyone together to share their experiences and ideas on how to contribute to PRSIP II. There is a good mix of finance, medical and HIV. It's been fantastic at giving skills and capacity building, e.g. on how to acquit a budget.' (Alliance member)

3. Positive people networked and supported

- Positive people participating in Fiji focus groups feel they are part of a supportive positive network (either FJN+ or PIAF). They achieve strength from the leadership of their networks and solidarity from one another.

- There is minimal evidence of positive people in other countries feeling networked and supported.

4   PROGRESS TO HIV RESPONSIVE POLICIES

PIAF's Legal Programme aims to help achieve outcomes leading to 'HIV Responsive Policies'.

| LEGAL PROGRAMME | Countries Engaged in HIV Human Rights Issues | Countries Sensitised to HIV Human Rights Issues | HIV Responsive Policies |

1. Countries engaged in HIV human rights training

- Over 90 government agencies, NGOs and positive people spanning three countries have undergone PIAF's HIV Human and Legal Rights Training (Fiji, Kiribati and Tonga) (PIAF/2009).

2. Countries sensitised to HIV human rights issues

- One regional NGO and one local NGO in Fiji who attended the HIV Human and Legal Rights Training and were interviewed say the training has 'opened their eyes' to human rights issues impacting on positive people.
- Positive people in focus group discussions say the training resulted in them feeling more aware of their human rights.
- PIAF and countries report that training has highlighted issues with existing laws in-country.

   'I know my rights to education and training, to access public places and to visit countries. I have a right to employment and to have a family. I have a right to access medication.' (Positive person)

   'Being part of the training was a real "eye opener" for us. It was also timely as it was at the time of the draft decree so we could see its application.' (NGO)

3. HIV responsive policies

- There is some evidence that as a result of the training a few organisations have reviewed their workplace policies to ensure they are HIV responsive.
- PIAF is actively contributing to workshops and meetings for legislative reform in countries.

   'Working with PIAF and attending one of their workshops made us think about putting in place an HIV workplace policy. While we knew from our parent organisation that we needed one, and had been already provided with a template, it was only through attending the PIAF workshop that it "clicked" and we adopted one.' (Country)

6.3   Would outcomes have been achieved if there had been no PIAF?

The Outcomes Framework was developed retrospectively for this Review and there was no baseline data collected at PIAF's inception. However, PIAF and some regional and national stakeholders consider that had PIAF not existed:

- there would be less positive people public with their HIV status participating in the HIV Response
- Antiretroviral Therapy (ART) would have been later coming to the Region
- regional and national strategies, policies and programmes may not have embraced GIPA to the same extent
- positive people's networks such as FJN+ in Fiji, SAF in Samoa and IZA in Vanuatu may not have been formed or sustained
- positive people in countries with weak or no networks would have received minimal support.

The Reviewers are not aware whether there is any other evidence to support these claims.

'If there was no PIAF, there would be less public positive people, less organisations around to support positive people. At regional level, there would not be any representation of positive people or network of positive people. It would be difficult to find national people, and we may lose peer support to national people.'
(Regional agency)

'If no PIAF, it wouldn't be felt in Fiji, as there are so many Positive people. It may not be felt in Samoa as they too have a support group. Where there is no network they would feel it. People are supported knowing PIAF is watching. If they pull PIAF out of the equation, there would be no GIPA, no watch-dog, only lip service.' (PIAF)

6.4   Conclusions

PIAF provides a range of implementation activities, ranging from supporting positive people directly to advocacy, supporting positive networks and CSOs and providing legal and human rights training. While stakeholders in the main are mostly satisfied with PIAF's services, there is evidence to suggest that there are some issues with the sustainability of PIAF's services, e.g. sustaining the momentum built from the AIDS Ambassadors Programme.

PIAF's Positive People Programme has made early progress towards positive people playing an active role in the HIV and AIDS Response, and therefore fulfilling GIPA principles. While numbers of active positive people appear small (approximately 10), this needs to be put into context of the resources and commitments needed to empower positive people and sustain the activity of people who are often marginalised or face barriers participating in the Response (e.g. income and literacy), and the extensive ground they cover. It also needs to be put in the context that, outside of PNG, the Pacific has a relatively low number of positive people.

PIAF's Advocacy, Communications and Research function has also made good early progress towards the needs and aspirations of positive people being met. PIAF has been effective in putting a human face to HIV and AIDS in the Pacific Region and articulating the needs of positive people. Despite this progress, many positive people do not have their needs met or lead quality lives. This outcome cannot be the sole responsibility of PIAF, and requires a multi-agency programmatic response.

PIAF's involvement in setting up and supporting positive networks and their role of Secretariat of the Pacific Alliance has also made early progress towards positive people being networked and supported. However, a key challenge for long-term and sustained progress towards this outcome is the small number of positive people in most PICTs (with the exception of Fiji and PNG) to support a positive network. Furthermore, as discussed previously PIAF needs to move away from a direct implementation role and instead focus on building the capacity of countries to develop their own solutions.

There has also been some progress in the Legal Programme.

As discussed earlier, the placement of some of these activities within the Regional Response requires further investigation.

Outcomes are greater in Fiji than in the other PICTs that PIAF works with, because of the relatively large number of positive people resident there, the availability of resources in-country to support positive people and PIAF's physical presence in-country.

There is evidence to suggest that these outcomes may not have occurred without the presence of PIAF.

7. Value for Money of PIAF

This section answers **Evaluation Objective 5 – To Assess the Value for Money of PIAF's Work**. It includes:

- actual costs of MFAT's core funding support from 1 January 2007 to 30 June 2010

- an analysis of whether better outcomes could have been achieved for the same cost or whether the same outcomes could have been achieved with less money

- alternative mechanisms for PIAF receiving core funding support.

7.1   Actual cost of MFAT's core funding support

The Desk Review drew on documentation relating to the actual cost of MFAT's core funding support from 1 January 2007 to 30 July 2010.

From 1 January 2007 to 31 December 2010, MFAT allocated NZ$709,000 to PIAF for strategic planning and core funding support. This three-year funding agreement was extended to 30 July 2010 and a further NZ$60,181 was allocated, to allow for the timing of this Review and future decisions regarding MFAT's core funding support to PIAF.

This funding was made available under New Zealand's Official Development Assistance in line with the Pacific Regional Health Programme. It was intended to develop the capacity of PIAF in order to achieve its overarching goal and strategic objectives. Funding is mainly for CEO and core staff salaries, travel and associated costs, office expenses, asset purchases and some project-related costs, e.g. AIDS Ambassador training.

MFAT advises that the total cost of managing a contract of the value of the PIAF contract requires the same internal resource as managing contracts with significantly larger budgets and scope of work.

Table 1: Core funding support allocated and spent January 2007–July 2010

Calendar Year	Allocated NZ$	Spent NZ$
Jan–Dec 2007	$238,000	$238,000
Jan–Dec 2008	$235,500	$235,500
Jan–Dec 2009	$235,500	$219,446
Jan–July 2010	$50,703	$60,181[4]
TOTAL	$759,703	$753,127

7.2   Value for money

MFAT defines value for money as 'achieving the best possible development outcomes over the life of an activity relative to the total cost of managing and resourcing that activity and ensuring that resources are used effectively, economically and without waste' (MFAT).

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[4] MFAT is allowing PIAF to spend the remaining sum on a Board meeting to consider this report and its new Strategic Plan

PIAF's Positive People Programme has made progress towards positive people playing an active role in the HIV and AIDS Response and therefore fulfilling GIPA principles. PIAF's Advocacy, Communications and Research function has made progress towards the needs and aspirations of positive people being met. PIAF's involvement in setting up and supporting positive networks and their role of Secretariat of the Pacific Alliance has also made progress towards positive people being networked and supported. There has also been progress with the Legal Programme.

Outcomes overall appear to be more significant in Fiji than in other PICTs, due to the relatively large number of positive people resident there, the availability of resources in-country to support positive people and PIAF's physical presence in-country.

It is useful to look at the per person costs of PIAF's flagship programme – AIDS Ambassadors. The 2009 audited accounts state that expenditure for AIDS Ambassadors training in 2009 was NZ$10,840 and a further NZ$27,929 was spent on supporting AIDS Ambassadors. PIAF's 2009 Annual Report states that nine positive people completed the training. PIAF also estimates that 22 people who have participated in AIDS Ambassadors are 'public' and 'active'. This represents a per person training cost of NZ$1204 and a per person cost of annual support of NZ$1,269.50. These per person costs are comparable to per person training costs of other Pacific programmes that have been funded by MFAT in the past. While not directly comparable, the per person cost of the Samoa In-country Training Programme in 2008 was NZ$1,721, including all direct costs (Litmus/2010).

The audited accounts do not allow for a breakdown in per person costs of other PIAF activities.

All stakeholders were asked whether they had ever questioned the worth of PIAF; there were few negative answers. A few stakeholders mention that it is not possible to put a monetary value on the provision of human rights. The few regional and national stakeholders who could comment on the value for money of PIAF considered PIAF's outcomes overall could potentially have been achieved for <u>less</u> money, if:

- PIAF had operated from one office in one location, thus avoiding two sets of operating costs (i.e. rent and telecommunications). Note: the 2009 audited accounts for Fiji Office Administration was NZD $21,923. This included rent, telecommunications and office administration person.
- PIAF had chosen to locate themselves in Fiji rather than the Cook Islands, as the cost of travel from Fiji to PICTs is significantly lower than the cost of travel from the Cook Islands to PICTs – a return trip booked seven days in advance from Suva to Port Vila (via Nadi) is approximately NZ$1,000, compared with NZ$1,500 to travel from Rarotonga to Port Vila (via Auckland) return (source www.airnz.co, www.airvanuatu.com)
- PIAF had focused on their advocacy activities in countries where stigma and discrimination mainly lie, rather than focused on regional and international forums.

It is not clear whether better outcomes could potentially have been achieved for the <u>same</u> money. No other regional or national organisation has the credibility and/or capacity to deliver on PIAF's core services (AIDS Ambassadors, advocacy, communications and supporting positive networks), and therefore would not have achieved better outcomes, if they provided these services. However, other regional organisations may be better placed to undertake some of PIAF's other 'add on' services (e.g. University of the South Pacific's newly opened Pacific STI and HIV Research Centre could conduct research services and RRRT could undertake the Legal Programme and the Red Cross could take on the role of

Secretariat to the Pacific Alliance).   There is also no guarantee that these organisations could and would pick up these programmes, if PIAF no longer provided them.

7.3   Alternative mechanisms for PIAF receiving core funding support

During the negotiation of MFAT's second phase of support to PIAF (2007–2009), it advised PIAF to explore opportunities to diversify their funding base, as MFAT was not committed to provide core funding in the long term (NZAID/2006).

These early discussions coincided with the development of the Pacific Islands HIV and STI Response Fund, for which MFAT is a major donor. The purpose of the HIV and STI Response Fund is to scale up the response to HIV and STIs in the Pacific through an efficient, responsive multi-donor fund that supports the implementation of regional and national HIV and STI plans, including the capacity-building needs identified in those plans. The HIV and STI Response Fund is overseen by a Fund Committee that is responsible for ensuring interventions are evidence based and funds are used appropriately and effectively.

The documentation shows that MFAT has communicated the message to explore alternative forms of support consistently throughout the duration of the second phase of support. There was significant dialogue on this issue between MFAT and PIAF in the last year of the funding agreement.

In June 2009, PIAF in communication with MFAT stated a strong preference to maintain its current joint partnership with MFAT independent from the HIV and STI Response Fund. The reasons put forward by PIAF included:

- The only available stream would be Funding Stream IV: Regional Support. This stream considers grants for up to AU$150,000 per year extendable for three years, which is significantly less than their annual operating expenses. PIAF advises that core expenses can only make up 30% of the grant.

- The Fund Committee had already allocated over six of the eight million dollars available to regional and national agencies in the first round. The remaining funds are unlikely to be allocated to the core funding needs of PIAF, considering the poor allocation given to positive people-focused activities and NGOs in the first call for submissions.

- The pressure on resources to successfully prepare competitive funding proposals.

MFAT referred in the documentation to SPC's confirmation of PIAF's concern regarding eligibility criteria for the HIV and STI Response Fund (MFAT/2009).

The challenge going forward is that there appears to be no mechanism for providing core funding support to PIAF through the Response Fund.

Aside from the HIV and STI Response Fund, in recent years PIAF has successfully grown its funding base by diversifying its funding sources to include other donors and funding mechanisms. In 2008 and 2009, other funding sources represented 65–67% of its total funding and included the Global Fund Rounds 2 and 7, Commonwealth Foundation and MAC AIDS Fund. However, the majority of these diversified funds are for specific projects and therefore MFAT remains the main source of core funding (two of these sources allow a contribution towards core funding and it is not known whether the other funding sources contain an overhead contribution).

Table 2: Sources of funding in 2008 and 2009

Category	Funding source	Amount NZ$ 2009	Amount NZ$ 2008
Core	NZAID	$235,500	$235,500
Project	Global Fund Round 2	–	$123,381
Project/Core	Global Fund Round 7	$343,164	$113,741
Project	Commonwealth Foundation	$53,912	$110,594
Project/Core	MAC AIDS Fund	$5,625	$71,316
Project	SPC	$77,599	$6,592
Project	CI Community Initiative Scheme	$5,438	–
Project	Other	$6,580	$7,526
TOTAL		**$727,818**	**$668,650**

PIAF continues to strive towards broadening its funding base. A statement made by PIAF in their 2009 Work Plan and budget to the PIAF Board read: *'We will continue to find longer support from partners again this year as well as exploring new avenues such as the Pacific Response Fund and the UN agencies'.*

In 2010, PIAF approached AusAID, SPC, the Pacific Islands Forum Secretariat and the British High Commission. AusAID replied that they had no funding outside that allocated to the Response Fund. SPC confirmed that the Response Fund could not be used for core funding. The Pacific Islands Forum Secretariat confirmed that they are not in a position to make funding decisions until funding has been received from the European Union (PIAF/2010).

The Board of Trustees and CEO have grave concerns for the future operation of PIAF, should MFAT withdraw core funding support to the organisation. A few regional agencies also support this view. One regional organisation also states that it is particularly challenging for 'smaller, single issues organisations' to survive without core funding support, as they have fewer projects and therefore receive less funding to support the organisation.

'It would be devastating if there was no NZAID [MFAT] core funding of PIAF. Without core funding we cannot function. We can get funding for projects but we need an office to work out of, and we need to pay our staff wages.' (PIAF)

'If they had no core funding they would be lost. Most of the funding is project based. This is not sustainable. They could continue through fundraising or set up a foundation for fundraising but they don't have the capacity to do this. They can't get core funding through the Response Fund.' (Regional agency)

7.4   Conclusions

PIAF has received core funding support from MFAT for just over six and a half years. During this time it has spent nearly all that it has been allocated.

There is evidence that PIAF could have achieved the same outcomes for less money if they had rationalised operations and been located in Fiji. It is not clear whether better outcomes could have been achieved from the same money.

Throughout the two funding periods, MFAT has continuously set expectations that core funding support was intended to develop the capacity of PIAF in order for it to fulfil its overarching goal and strategic objectives. As discussed in Sections 5 and 6, the organisation has significantly developed its capacity since its inception and is making progress against its intended outcomes. While core funding support is valued and provides assurance, the organisation has reached a stage in its development that it perhaps no longer requires core funding support to be operational.

It is a credit to PIAF that it has had the credibility to raise funds for projects through other sources. However, in the foreseeable future there does not appear to be any alternative form of core funding support to PIAF, should MFAT discontinue assistance.

8. Recommendations

Based on these conclusions drawn from the Review of Core Funding Support to PIAF, the Reviewers make the following key recommendations:

1. The development of PIAF's Strategic Plan for 2010–2015 should fully consider the findings and recommendations of this Review.

2. PIAF should focus its future direction on activities that PIAF is best placed regionally to do. This Review provides evidence that PIAF is best placed to provide the AIDS Ambassadors Programme, advocacy and communications, and to strengthen and support positive networks. The Review also indicates that other regional agencies may be better placed to provide some of PIAF's activities (Legal Programme and Research).

3. PIAF should strengthen the AIDS Ambassadors Programme by ensuring better-quality management and ongoing support of positive people. It should undertake further training as soon as practicable.

4. PIAF should have less of an implementation role in-country and focus more on building the capacity of positive networks or supporting organisations to support positive people. PIAF and FJN+ should put their differences aside and work together for the benefit of positive people.

5. PIAF's Strategic Plan should be accompanied by a Monitoring and Evaluation (M&E) Framework to determine progress against outcomes intended and to inform monitoring activities. The M&E Framework should adopt or refine the Outcomes Framework developed for this Review.

6. The Board of Trustees should provide greater governance and guidance to PIAF and the incoming CEO, including regular (at least quarterly) Board of Trustees meetings. This will be critical in the first 12 months of the new CEO's term.

7. The Board of Trustees should put in place written protocols for managing conflicts of interest for Board members.

8. In relation to PIAF locations, PIAF should merge its two operations, to enable cost savings and closer working relationships between staff. PIAF should be located in Fiji, to be closer to regional partners and to enable ease of access to PICTs.

9. As a transitional measure, MFAT should continue core funding support for a further period of 12 months to support good governance during the early implementation of the new Strategic Plan and the transition to the new CEO.

10. PIAF should seek to build core funding and overhead contributions into all funding agreements.

Appendix 1: Glossary

AIDS – Acquired Immune Deficiency Syndrome

CSOs – Civil Society Organisations

GIPA – Greater Involvement of Positive People

HIV – Human Immunodeficiency Virus

MFAT – The New Zealand Ministry of Foreign Affairs and Trade

NGOs – Non-government organisations

PIAF – The Pacific Islands AIDS Foundation

PICTs – Pacific Island Countries and Territories

Positive people – People living with HIV and AIDS or PLWHA

PRSIP II – The Pacific Regional Strategy Implementation Plan

Response Fund – the Pacific Islands HIV and STI Response Fund

Appendix 2: Terms of Reference

Pacific Islands AIDS Foundation

Evaluation of Core Funding Support

Terms of Reference

Background information and context

Since HIV was first reported in the Pacific region in 1984, the region has had more than 19,000 cumulative reported cases of HIV and AIDS, of which 18,000 cases occurred in Papua New Guinea. There are almost certainly many more unreported cases. HIV and AIDS are no longer solely health issues. There are human rights implications as well as threats to the socio-economic development of Pacific Island Countries and Territories (PICTS).

The Pacific Islands AIDS Foundation (PIAF) was established in 2002, with support from the Secretariat of the Pacific Community (SPC). PIAF had a core focus on improving the quality of life for people living with HIV and AIDS (PLWHA) and their families. PIAF has focused on two key roles, service delivery and advocacy with and for PLWHA NZAID has provided support to PIAF since mid 2003. Total support to date totals approx. NZD1.4 million. This comprised an initial Grant Funding Arrangement (GFA) for the month of June 2003, followed by two successive three year GFAs. PIAF has been required to provide annual progress reports, which are supplemented by annual PIAF/NZAID programming talks.

In 2006, NZAID commissioned a review the NZAID/PIAF Strategic Partnership. Key findings/recommendations from the review include a greater focus on national-led activities, the need to strengthen and formalise the relationship between PIAF and national partners, challenges in human resource capacity and the need to review the role of PIAF regarding support to PLWHA.

During the second GFA, and in response to calls from SPC to streamline support to HIV-related activity, NZAID began advising partners of an intention to reduce the number of specific HIV activities. This coincided with the development of the Pacific Islands HIV and STI Response Fund, which NZAID is now supporting. PIAF was advised that NZAID may not extend future support.

The response to HIV and AIDS in the region has changed dramatically since PIAF was established. HIV is on the agenda of Pacific Ministers of Health, Pacific Island Forum Leaders and regional agencies (such as SPC) and UN agencies are now providing a far greater level of support. More than USD77 million was available for HIV activities in 2008.

PIAF works closely with PLWHA and clinicians at the national level, national organisations where feasible (e.g. FJN+ in Fiji) and regional and UN agencies.

Rationale and purpose of the evaluation

With the conclusion of the current contract for PIAF at the end of December 2009, the changes in the HIV and AIDS response in the region and NZAID's progression towards more streamlined support to the response, it is timely to evaluate NZAID's support for PIAF. The results of the evaluation will be reported primarily to PIAF and NZAID, and will be used to inform the strategic direction of both agencies, including whether and how NZAID continues to support PIAF. It is expected the findings will also be of relevance/use to other regional and national stakeholders to their own policy and programmes regarding HIV and AIDS.

Scope of the evaluation

The evaluation will cover all activity since NZAID commenced funding of PIAF in 2003. The consultants are expected however, to draw on the results of the review in 2006 for the period preceding. This will include all planned and relevant unplanned activity within all target countries, including across the region (where applicable). The target group for the evaluation is primarily the PLWHA targeted. Other stakeholders include organisations with which PIAF has played an advocacy and/or service delivery role. It will be important for the evaluation to address the dual roles PIAF has focused on.

The evaluation will address three of the five Development Assistance Committee (DAC) evaluative criteria: relevance, efficiency and effectiveness. Impact and sustainability will be considered within the three criteria as it will be difficult to assess them given the limited scope of the evaluation.

As the previous review of PIAF's work was completed relatively recently, NZAID is predominantly interested in an assessment of relevance and organisational capability (objectives 1, 2 and 3 below). This evaluation will be done in two phases with the undertaking of the second phase being subject to the outcome of the first phase. Should the desk review report (see below) positively indicate the relevance of PIAF's work, then NZAID and PIAF will agree to consultant undertaking further activities to complete objectives 4 and 5.

Objectives of the evaluation

1   To describe and assess the framework in PIAF's strategic plan (i.e. explain the 'theory of change').

    Specific questions include:
    • What is the relationship between the mission, assumption, principles, objectives, outputs and activities?

2   To assess the relevance of PIAF's work.

    Specific questions include:
    • How relevant is PIAF's work at the national level? Where does HIV and AIDS sit within national development plans? What are the specific HIV and AIDS priorities?
    • How relevant is PIAF's work to the region? What are the specific HIV and AIDS priorities for the region? Where does it sit within the Pacific Regional Strategy on HIV and other STIs (2009 – 2013)? Are both the service delivery and advocacy aspects of PIAF's work well covered in the assessment?
    • Has the PIAF programme adapted to the changing HIV landscape over the years?

- Who is benefitting from PIAF's work programme? Who isn't?
- What is PIAF's comparative advantage in delivering services to PLWHA and in advocacy efforts compared to other national and regional organisations?
- What is the relevance of PIAF's work to NZAID?

3   To assess the organisational capacity and health of PIAF.

Specific questions include:
- What are PIAF's agreed organisational and governance processes/standards (e.g. constitution, procedures, systems etc) and does practice meet these standards?
- Are PIAF's organisational and governance processes/standards and practice fit for purpose?
- Does PIAF have core capabilities (both organisational and governance related) to enact its objectives? This includes the capability to carry out technical, service delivery and logistical tasks, allocate and attract resources/support, adapt and balance coherence and diversity?
- What makes PIAF's work legitimate and how are they accountable (to both the Board and other stakeholders)? For example, how broad-based are their networks and support, is there clear collective action for public good outcomes, is there demand for what they provide?

4   To assess the effectiveness and efficiency of PIAF's work.

Specific questions include:
- What are the factors that enhance and constrain sustainability of outcomes at the national and regional level that PIAF contributes to?
- How does PIAF's work complement that of others in the region? Are there any overlaps?
- What outcomes are being achieved? Has baseline information been gathered and is this being monitored and reported on?
- Is the PIAF work progamme clear and well designed?
- How does PIAF gather/take account of stakeholder views and needs?
- What would have happened without PIAF's work?
- Were the agreed recommendations of the 2006 review implemented? If so, how?

5   To assess the value for money of PIAF's work.

Specific questions include:
- Could a different approach lead to similar results at a lower cost? (Refer NZAID Operational Guideline on Value for Money)?

Methodology

The consultants are is expected to undertake/participate in the following tasks
- Attend an initial brief with NZAID in Wellington and virtually with PIAF.
- Complete a desk review of the support to PIAF using documents provided by NZAID and PIAF (and sourced independently). While considering all objectives of the review, the desk review will seek to fulfil objectives 1, 2 and 3 in particular.

- Facilitate a discussion with relevant NZAID staff to support findings, analysis and recommendations regarding the relevance of PIAF's work to NZAID.
- Complete a desk review report, providing findings, analysis and drawing conclusions on objectives 1, 2 and 3.

Should NZAID and PIAF agree to complete objectives 4 and 5 of the evaluation (based on the desk review findings), the consultants will be required to produce a short evaluation plan outlining the detailed methodology. This should include any recommendations for country visits (noting limited budget for in-country travel beyond the key PIAF hubs of the Cook Islands and Fiji). The plan should be based on the principles below, with the final plan (including any questionnaires, checklists of questions, summary of survey results) appended to the main report, see below. The consultant should consider the following questions when developing the evaluation plan:

- o Who are the stakeholders, what is their interest, type and what issues might there be with their involvement in the evaluation?
- o What information (including from whom) is needed to answer the review questions? What questions would be in any surveys etc (if used)?
- o What are appropriate methods for data collection?
- o How will information be cross-checked and analysed (including qualitative)?
- o How will cross-cutting and mainstreamed issues be taken into account? Have the needs of women, men, boys and girls been identified and addressed? Is sex-disaggregated data available?
- o How will the findings be fed back/discussed with appropriate stakeholders?
- o What risks, limitations, constraints might there be and how will these be mitigated?
- o How will ethical issues be addressed?
- o Further work required on the basis of findings from the desk review.

The evaluation plan will be approved by NZAID and PIAF, prior to work commencing.

The following principles should be employed in review:
- Working in partnership
- Ensuring transparency and independence
- Ensuring a collaborative participatory process
- Developing the capacity building of key partners and stakeholders in so far as possible (although this is not a key element of the process).

Governance and management of the evaluation

Governance

NZAID and PIAF are jointly responsible for the governance of the review. This includes joint agreement on this ToR, desk review report, evaluation plan and draft final report. NZAID and PIAF undertake to discuss and agree consolidated feedback to the consultant on the desk review report, evaluation plan and draft final report. NZAID and PIAF will work together for joint sign-off on the final report, however in the event of disagreement; NZAID will make the final decision.

Management

The Development Programme Officer (DPO) is responsible for the management of the review including responsibility for contracting issues with the partner and the consultants and leading for NZAID on the joint governance process. The DPO will seek support from the Development Programme Administrator (DPA) as necessary.

The consultants are responsible for managing feedback from stakeholders and ensuring accurate analysis is included in the reporting. NZAID and PIAF may engage on the accuracy and clarity of the analysis during consultation on the draft report.

Independence

The consultants are responsible for presenting the findings, analysis and any recommendations throughout the evaluation. In support of the collaborative participation and capacity building principles, the consultants are expected to engage PIAF, NZAID and other stakeholders as appropriate in the evaluation. The consultants will need to determine whether such involvement may influence the independence of the evaluation. Should issues arise, the consultants will need to raise them with NZAID and PIAF who will agree resolution.

Composition of the evaluation team

The evaluation will be undertaken by two consultants with an appropriate mix of the following skills and experience (NZAID will nominate a team leader):
• Participatory evaluative experience, including as the sole team member;
• Understanding of HIV in the Pacific context;
• Experience working with civil society;
• Skilled in being both an objective evaluator and an empathetic observer;
• Previous experience and skills in gender analysis are preferred.
• Not-for profit organisational development/management.

The consultants will be responsible for recommending the inclusion of PIAF, NZAID and other stakeholders in the evaluation as necessary.

Outputs and reporting requirements

Output	Due Date
Briefing with NZAID Wellington	TBC
Desk Review Report	TBC
Evaluation Plan	TBC
Draft Report	TBC
Final Report	TBC

The desk review report should be structured as per Annex A, with the final report as per Annex B. The outputs (excluding briefing) should be delivered electronically to the DPO

who will facilitate the governance process with PIAF. The main body of the report should be no longer than 20 pages (excluding annexes).

The draft report will be peer reviewed by NZAID and PIAF with both agencies to determine the mix of relevant staff. For NZAID, this is likely to include the DPO, Health Advisor and Evaluation Advisor. Further work, or revision of the report, may be required if it is considered the report does not meet the ToR, there are errors of fact or the report is incomplete or of an unacceptable standard.

The final report will be appraised before being considered for public release by NZAID's Evaluation and Research Committee. It is NZAID's policy to make part or all of review/evaluation reports publicly available and to provide full reports requested, unless there is prior agreement not to do so.

The report will comply with NZAID requirements for review and evaluation, and meet the quality standards as described in the Development Assistance Committee (DAC) Evaluation Quality Standards.

Follow-up of evaluation

NZAID will use the findings to inform future support to PIAF within the Human Development Programme. This will be following the development of an overarching Strategic Framework for NZAID's regional programmes. PIAF will use the findings to inform their strategic direction and any further programme design.

Sources of written information

NZAID Evaluation and Research Committee Process Guideline

NZAID Evaluation Policy Statement

NZAID Guideline on Evaluation and the Activity Cycle

NZAID Evaluation Guidelines on Participatory Evaluation

NZAID Guideline on the Structure of Review and Evaluation Reports

NZAID Guideline on Dissemination and Use of Evaluation Findings

NZAID Screening Guide for Mainstreamed and Other Cross Cutting Issues

NZAID Operational Guideline on Value for Money

OECD DAC Evaluation Quality Standards

Appendix 3: Evaluation Plan (Abridged)

1. Evaluation Plan

The Evaluation Plan for the Review of Core Funding Support to the Pacific Islands AIDS Foundation confirms:

- The scope and objectives for the Review
- Data sources to inform the Review
- Risks and limitations
- Work Plan to undertake Phase 2 of the Review.

The Review will be undertaken in two phases:

1) Desk Review. This phase consisted of a review of relevant documentation and discussions with PIAF and MFAT. The findings of the Desk Review were populated into a working draft report in July 2010.

2) Field evaluation: This phase will comprise of interviews with a range of stakeholders, as well as the review of additional documentation provided by PIAF following completion of the Desk Review. The findings from the interviews and this new documentation will be synthesised with the Desk Review findings into a final report due for completion in October 2010.

For further details on the background to the Review and the findings of the Desk Review, please refer to 'Evaluation of Core Funding Support to Pacific Islands AIDS Foundation, Working Draft Report (Completion of Desk Review)' 20 July 2010.

2. Objectives

This review focuses on the period since the last review was conducted (i.e. 1 January 2007 to 30 June 2010).

It has five key objectives:
1. To describe and assess the framework in PIAF's strategic plan
2. To assess the relevance of PIAF's work
3. To assess the organisational capacity and health of PIAF
4. To assess the effectiveness and efficiency of PIAF's work
5. To assess the value for money of PIAF's work.

3. Detailed evaluation questions

Detailed evaluation questions for each of the five objectives are as follows:

Objective 1: To describe and assess the framework in PIAF's strategic plan

a) To describe PIAF's strategic planning process

b) To describe PIAF's 2007–2009 Strategic Plan

c) To surface a high level outcomes framework (programme logic) for PIAF

Objective 2: To assess the relevance of PIAF's work

a) What is the relevance of PIAF to the Pacific region HIV and STI Response?

  - How relevant is PIAF at regional level?

  - How relevant is PIAF at national level?

b) How has PIAF changed and adapted to meet regional/national needs?

c) What is PIAF's unique proposition (comparative advantage) vis a vis other national/regional partners?

d) How does PIAF complement or overlap with other partners' work in the Response?

e) Where does PIAF derive its legitimacy?

f) How, if at all does PIAF engage with regional/national partners to inform its strategic direction and work plans (i.e. to what extent does PIAF consult)?

g) What is the relevance of PIAF to MFAT?

Objective 3: To assess the organisational capacity and health of PIAF

a) How effective has the governance of PIAF been from 1 January 2007 to 30 June 2010?

  - What are PIAF's governance policies and processes? Are these implemented? Are they fit for purpose?

  - How is accountability ensured?

  - What have been the facilitators to effective governance?

  - What have been the barriers to effective governances?

b) How effective has PIAF's management and operations been over the same period?

  - What are PIAF's organisational policies? Are these implemented? How is accountability ensured?

  - What are the organisations capabilities to undertake core functions?

  - What have been the facilitators to effective management/operations?

  - What have been the barriers to effective management/operations?

  - How sustainable is PIAF?

c) Were relevant recommendations from the 2006 review implemented? Why/why not?

d)   Has any baseline data been collected or programme monitoring being carried out in the last three years?

Objective 4: To assess the effectiveness of PAIF

a) What main activities and outputs has PIAF implemented and achieved between 1 January 2007 and 30 June 2010?

b) How effective has PIAF been in implementing these activities?

- What were the facilitators to implementation?

- What were the barriers to implementation?

c) What progress has been made against the short-term and intermediate-term outcomes?

- What were the facilitators to progress?

- What were the barriers to progress?

d) How sustainable is PIAF's work?

e) Who is benefiting from PIAF's work? Who is not?

f) What, if any unintended outcomes are emerging from PIAF's work?

g) What would have happened if PIAF had not been a partner in the HIV and STI Response?
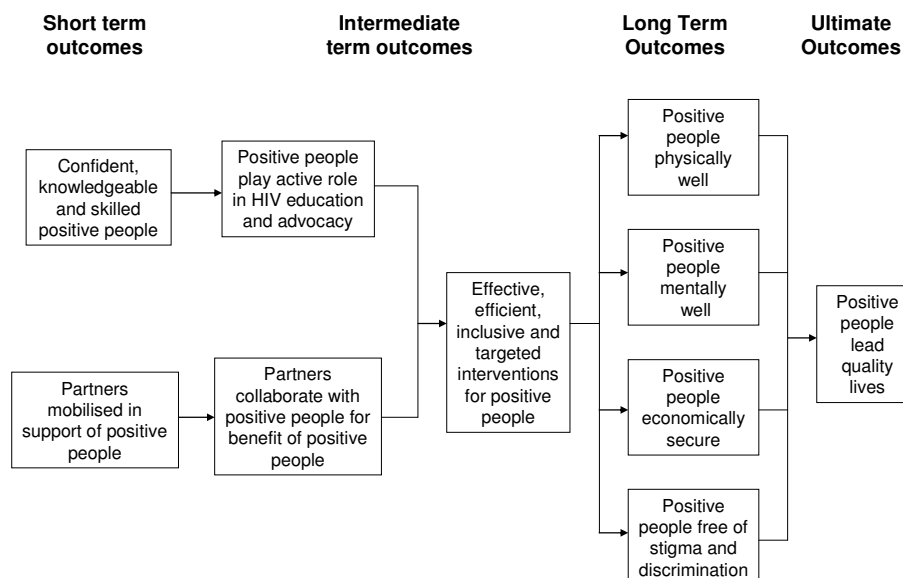
Objective 5: To assess the value for money of PIAF

a) What were the actual costs of MFAT's core funding support from 1 January 2007 to 30 June 2010?

b) What are stakeholders' perceptions of whether providing core funding support to PIAF offers value for money?

c) Could better outcomes have been achieved for the same cost? Could the same approach led to the same outcomes at a lower cost?

d) How, if at all has PIAF diversified its funding? What proportion of diversified funding is for core funding?

4.   Outcomes framework

A preliminary draft high level outcomes framework was surfaced through the Desk Review to inform objective 1 (describing PIAF's strategic framework). The draft framework has been presented to both MFAT and PIAF for their review and comment. It will be tested for logic and accuracy during Phase 2. It will be presented as a final high level outcomes framework in the final report.

As well as informing objective 1, it will also be used to inform, at a qualitative level, objective 4 (determining PIAF's effectiveness) in relation to the extent to which short-term and medium-term outcomes are being achieved. The review is not intended to determine the extent to which long-term outcomes or the ultimate outcome (impact) is being achieved. However, the review may highlight some perceptions of long-term outcomes for positive people.

Figure 1: High level outcomes framework for PIAF

Outcomes	Indicators	Data sources	Limitations
Confident, knowledgeable, skilled positive people	Perceptions and examples of confident, knowledgeable and skilled positive people	Documentation Positive peoples focus group PIAF/national/regional stakeholder interviews	No baseline data Positive people recruited via PIAF (therefore potentially biased) Can't access positive people who are not public Difficulties with attribution
Positive people active in HIV education and advocacy	Perceptions and examples of positive people active in HIV education and advocacy		
Partners mobilised	# of partners mobilised , perceptions and examples of effective mobilisation	Documentation PIAF/national/regional stakeholder interviews	
Partners collaborate	# of partners collaborating, perceptions and examples of effective collaboration		
Effective interventions	# of interventions, perceptions and examples of efficient, inclusive, targeted interventions	Documentation Positive peoples focus group PIAF/national/regional stakeholder interviews	
Positive people physically/mentally well, economically secure and free of stigma and discrimination	Perceptions and examples of positive people physically/mentally well, economically secure and free of stigma and discrimination	Documentation Positive peoples focus group PIAF/national/regional stakeholder interviews	
Positive people lead quality lives (out of scope)			

5 Data sources relative to objectives

The data sources include both documentation and qualitative stakeholder discussions.

The following table summarises the data sources for the evaluation and indicates the objectives they will inform.

Objective	Documents	PIAF	MFAT	Regional orgs	Countries	Positive people
1. PIAF's strategic plan	✓	✓				
2 Relevance of PIAF	✓	✓	✓	✓	✓	✓
3 Organisational capacity/health	✓	✓	✓			
4. Effectiveness and efficiency	✓	✓	✓	✓	✓	✓
5. Value for money	✓	✓	✓	✓	✓	

6. Documentation

Documentation included:

- Information provided by MFAT e.g. contracts between MFAT and PIAF, PIAF monthly and annual reports, PIAF agendas and minutes of board meetings, general communication between MFAT and PIAF and MFAT strategies and plans

- Information sourced by the reviewers, e.g. review of PIAF website and other positive organisations/networks in-country on-line communications

- Information provided by PIAF, e.g. PIAF policies, AIDS Ambassador information, trip reports, information on the Pacific Alliance, posters and other resources.

7. Qualitative stakeholder discussions

The Terms of Reference focussed on in-country consultations in Cook Islands and Fiji (where PIAF's offices are located). However, it became clear during Phase 1 that in order to fulfil the review objectives, it also needed to include consultations with countries, regional organisations and positive people. It also became evident that in-country consultations in Cook Islands would not offer significant value in addition to the discussions already had with the board and CEO in Phase 1, along with the review of available documentation.

It is therefore recommended that consultations will be undertaken with:

- PIAF Board, CEO and staff responsible for key work areas
- Key MFAT staff
- Other regional organisations (e.g. SPC/RRRT and UNAIDS, etc)
- Relevant country stakeholders working on the HIV national response selected across at least five countries including Fiji, Solomon Islands, Cook Islands, Samoa, Nauru, Kiribati, Tuvalu and Tahiti
- Positive people

Face-to-face discussions will be undertaken in Fiji, Solomon Islands and Wellington. Consultation in the remaining countries will be undertaken via telephone.

Stakeholder lists will be prepared in consultation with MFAT and PIAF, with both organisations contributing to the lists. We will send emails to potential participants outlining the review and requesting their participation. We will seek to interview approximately 40 stakeholders across both Phases of the Research.

Segment	Role	No of participants	Phase 1	Phase 2
PIAF	- Board members, CEO and staff members	5	✓	✓
MFAT	- Programme staff	5	✓	✓
	- Post	3		✓
Regional organisations/ NGOs	- SPC, RRT, UNAIDS, Pacific Council of Churches, IPPF, UNICEF, UNFPA, MSIPI, OSSHHM	7		✓
Countries	- Stakeholders working on HIV national response selected across government agencies, NGOs and positive people/networks - 5 of the following countries will be selected: Fiji, Solomon Islands, Cook Islands, Samoa, Kiribati, Nauru Tuvalu, Tahiti	14		✓
Positive people	- Focus group of positive people located in or near Lautoka. Where possible, a gender mix will be recruited	6		✓
TOTAL		40		

8.   Risks and mitigation strategies

We have identified a number of risks for the evaluation, which are detailed in the following table together with suggested mitigation strategies.

Potential risks	Mitigation strategies
Limitations of documentation as an information stream: ▪ Difficulties retrieving/ accessing relevant documents ▪ Reporting/ author bias in documents reviewed ▪ Biased selection of documents to be reviewed	▪ Where applicable, MFAT, PIAF and Litmus will use their respective resources to identify documents of relevance to the project ▪ Validity of documents will be carefully scrutinised to determine their origin and accuracy, and avoid incorrect or biased data. To this end, documents will be corroborated by evidence from other sources

Lack of willingness to participate amongst key stakeholders	▪ We use an informed consent process to ensure participants have a clear understanding of the evaluation and their right to withdraw. In addition, we will use:
	  – Careful recruitment processes to establish trust and build rapport
	  – Clear communication about potential usefulness of the evaluation
	  – Reassurances on confidentiality
	  – Reminder emails
	▪ We also recommend that MFAT provides an introduction letter introducing the review and its relevance for Litmus to provide to countries

Participants not available during evaluation period	▪ If not available, we will seek to make appropriate replacements in discussion with MFAT programme staff in Wellington ▪ Where appropriate, we will work with in-country connectors to encourage participation
Potential limitations of evaluation approach: ▪ Lack of rigour and validity, development of premature conclusions ▪ Inconsistent application of data collection and/ or analysis approaches by different members of project team	▪ We will agree with MFAT programme staff the protocols before entering the field ▪ Piloting of interview schedules to ensure they will deliver the information sought ▪ Clear and frequent communication between Litmus and MFAT, including regular debriefs
Limitations of interviews and groups as an information stream: ▪ Bias due to poor questions ▪ Response bias ▪ Incomplete recollection ▪ Reflexivity (participant reflects what	▪ We use appropriate open-ended questioning, prompts to aid recall and probing to clarity uncertainties and inconsistencies ▪ We will ensure interview and group notes faithfully portray participant feedback ▪ Limitations will be documented in the final report

Potential risks	Mitigation strategies
interviewer wants to hear) ▪ Absence of baseline or monitoring data	
▪ Potential to breach participants' privacy and confidentiality	▪ Use of informed consent procedures ▪ Participants are aware of any instances where guarantees of confidentiality cannot be made
Breaching cultural protocols or other sensitivities	▪ Use of an evaluation team who has significant development experience and previous evaluation experience in HIV
Stakeholder relationships harmed	▪ Use of a senior and experienced evaluation team with expertise in conducting senior and/or sensitive interviews ▪ Reporting to Geoff Woolford any relationship issues as they arise, providing this action does not breach participant confidentiality ▪ Debriefing with MFAT programme/evaluation staff on completion of interviews to highlight any relationship issue arising or other relevant matters
Delays in field or travel impact adversely on delivery of draft report	▪ Use of strong project management skills to ensure project stays to timeframe ▪ Reporting to Geoff Woolford any slippages in timeframe, reasons for occurring and, if possible, strategies to mitigate their effect

9.   Ethical standards

Litmus is a member of the Australasian Evaluation Society. As such, we operate under their code of ethics.

The Evaluation Team are experienced evaluators, incorporate participative approaches and apply the guidelines recommended by the Development Assistance Committee of the OECD (DAC/OECD) to ensure 'good practice and aim to improve the quality of development intervention evaluations'.[5]

We will place great emphasis on maintaining client and participant confidentiality. We will actively seek to maintain client confidentiality and ensure client information received is used solely for the purposes for which it is provided. We will not identify individuals in the main body of the report. With stakeholders' permission, we will list organisations (or perspectives in the case of public positive people) contributing to the review in the annex to the report.

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[5] DAC Evaluation Quality Standards, DCD/DAC/EV (2006)2, 07 March 2006 English Version

10.   Phase 2 Work Plan

The work plan for Phase 2 is as follows:

Stage	Milestones	Dates	Number of days
Meeting with Maire Bopp		2 Aug 2010	1
Develop short evaluation plan	Evaluation plan drafted	3-9 Aug 2010	1.5
	Evaluation plan finalised	10-12 Aug 2010	.5
Review additional documentation provided by PIAF	Documents assessed for validity and utility	9–20 Aug 2010	2
Preparation for qualitative data collection	Participants notified and recruited	9-13 Aug 2010 (Fiji) 16–20 Aug 2010 (other countries)	2
	Travel/logistics confirmed	9-13 Aug 2010	.5
	Discussion guides developed and agreed	16–20 Aug 2010	1
Conduct qualitative data collection	Fiji interviews completed	in-country interviews: 22-27 Aug 2010 Follow-up telephone interviews with stakeholders not available during in-country fieldwork period: 30 Aug-16 Sept 2010	6 1.5
	Remaining Pacific country interviews completed - Solomon Islands (face-to-face) - Other countries (telephone)	23 Aug-16 Sept 2010	5
Analysis and reporting	Fieldwork debrief meeting with MFAT	17-18 September 2010	.5
	Draft report to MFAT/PIAF	20 Sept-8 Oct 2010	19.5
	MFAT/PIAF provide feedback on draft report to Litmus	15 Oct 2010	-
	Final report completed	22 Oct 2010	2
TOTAL			**43 DAYS**

Appendix 4: Discussion Guides

REGIONAL STAKEHOLDERS

Introductions
- Introduce self/Litmus
- Review purpose/how MFAT/PIAF will use findings
- Informed consent

Relevance of PIAF
- What is the purpose of PIAF?

- PIAF's goal is 'Improving the quality of life for people living with HIV and AIDS and ensuring that HIV positive people play a central role in HIV education and advocacy'. How does it do this? What works well? What doesn't work well?

- How relevant is PIAF at national level? What is its unique contribution?
- How has PIAF adapted to meet regional needs over time?
- How does PIAF complement other regional partners' work?
- To what extent does PIAF consult with (you/other regional organisations) when developing its strategic direction, work plans, and/or activities?

- If PIAF was no longer around, what would happen? How would it change things?

- To what extent, if any, does PIAF need to change to better meet its goal? How should it do this?

PIAF effectiveness and outcomes

Activities implemented and outputs achieved
- What main activities and outputs has PIAF implemented and achieved in the last three years?
- Are these the right activities for the region?
- What worked? What didn't work?
- What helped? What hindered?

Outcomes
- What outcomes has PIAF achieved (unprompted)?
- To what extent, if any, has PIAF contributed to Positive People:

  – Having improved confidence and self esteem?
  – Increased knowledge of HIV and AIDS?
  – Increased skills?
  – Playing an active role in HIV education and advocacy?
  – Improved health and wellbeing?
  – Improved employment opportunities?

- Being free from stigma and discrimination?
- Being integrated into the community?

Probe for examples of the above (i.e. indicators of achievement)

- Who has benefited? Who has not benefited?

- To what extent, if any, has PIAF contributed to:

    - Partners mobilised and collaborating on HIV and AIDS?
    - Positive people engaging with NGOs
    - Effective, inclusive and targeted policies and programmes for positive people?

Probe for examples of the above (i.e. indicators of achievement)

Value for money
- Given the activities undertaken and the outcomes achieved, does PIAF offer value for money?

NATIONAL STAKEHOLDERS

Introductions
- Introduce self/Litmus
- Review purpose/how MFAT/PIAF will use findings
- Informed consent

Relevance of PIAF

- What is the purpose of PIAF?

- PIAF's goal is 'Improving the quality of life for people living with HIV and AIDS and ensuring that HIV positive people play a central role in HIV education and advocacy'. How does it do this? What works well? What doesn't work well?

- How relevant is PIAF at national level? What is its unique contribution?
- How has PIAF adapted to meet national needs over time?
- How does PIAF complement other country partners' work?
- To what extent does PIAF consult with (you/country) when developing its strategic direction, work plans, and/or activities?

- If PIAF was no longer around, what would happen? How would it change things?

- To what extent, if any, does PIAF need to change to better meet its goal? How should it do this?

PIAF effectiveness and outcomes

Activities implemented and outputs achieved
- What main activities and outputs has PIAF implemented and achieved in the last three years?
- Are these the right activities for the country?
- What worked? What didn't work?
- What helped? What hindered?

Outcomes
- What outcomes has PIAF achieved (unprompted)?
- To what extent, if any, has PIAF contributed to Positive People:

  - Having improved confidence and self esteem?
  - Increased knowledge of HIV and AIDS?
  - Increased skills?
  - Playing an active role in HIV education and advocacy?
  - Improved health and wellbeing?
  - Improved employment opportunities?
  - Being free from stigma and discrimination?
  - Being integrated into the community?

Probe for examples of the above (i.e. indicators of achievement)

- Who has benefited? Who has not benefited?

- To what extent, if any, has PIAF contributed to:

  - Partners mobilised and collaborating on HIV and AIDS?
  - Positive people engaging with NGOs
  - Effective, inclusive and targeted policies and programmes for positive people?

  Probe for examples of the above (i.e. indicators of achievement)

Value for money

- Given the activities undertaken and the outcomes achieved, does PIAF offer value for money?

POSITIVE PEOPLE DISCUSSION GROUP

Introductions
- Introduce self/Litmus
- Review purpose/how MFAT/PIAF will use findings
- Housekeeping (1.5 hours/refreshments/reimbursement for bus fares)
- Informed consent form

Discussion areas
- How long have we been involved in PIAF?

- Why did we get involved with PIAF? How did we get involved? When did we get involved?

- What is the purpose of PIAF?

- PIAF's goal is 'Improving the quality of life for people living with HIV and AIDS and ensuring that HIV positive people play a central role in HIV education and advocacy'. How does it do this? What works well? What doesn't work well?

- What role do we play in HIV education and advocacy, if at all? How does PIAF support us to do this?

- How has been involved with PIAF helped us?

- To what extent, if any, has being involved with PIAF increased our (and/or other positive peoples):

  – Confidence and self esteem?

  – Knowledge of HIV and AIDS?

  – Skills?

  Probe for examples of the above (i.e. indicators of achievement)

- In what other ways, if any, has being involved with PIAF changed our (and/or other positive peoples) lives? *Probe around:*

  – Health and wellbeing?

  – Employment and finances?

  – Stigma and discrimination?

  – Other changes?

- If we had not been involved with PIAF, would our (and/or other positive peoples lives) changed in this way?

- To what extent, if any, has PIAF contributed to:

  - Partners mobilised and collaborating on HIV and AIDS?
  - Positive people engaging with NGOs
  - Effective and inclusive policies and programmes for positive people?

  Probe for examples of the above (i.e. indicators of achievement)

- If PIAF was no longer around, what would happen? How would our (and/or other positive peoples) lives change?

- To what extent, if any, does PIAF need to change to better meet its goal? How should it do this?

Appendix 5: Documents Reviewed

The following documents were reviewed in the Desk Review:

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