

**END OF TERM EVALUATION OF
THE GLOBAL ALLIANCE ON HIV IN THE AMERICAS
2008 to 2012**

**International Federation of Red Cross and Red Crescent Societies
Americas Zone Office**

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Annex 1: Terms Of Reference for Evaluation

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Acronyms

AIDS	Acquired Immunodeficiency Syndrome
ART	Anti-Retroviral Treatment or Therapy
ARV	Anti-Retroviral (drug)
CBHFA	Community-based health and first aid
CHF	Swiss Francs
CSO	Civil society organization
CSW	Commercial sex worker(s)
FBO	Faith-based organization
Global Fund	The Global Fund to fight AIDS, Tuberculosis and Malaria
HIV	Human Immunodeficiency Virus
IDU	Injecting drug user
IEC	Information, education and communication
KPs	Key populations
LGBTI	Lesbian, gay, bisexual, transgender, intersex
MARPs	Most at risk populations
MOH	Ministry of health
MOU	Memorandum of understanding
MSM	Men who have sex with men
NGO	Non-governmental organization
OSY	Out of school youth
OVC	Orphans and other children vulnerable to HIV
PLHIV	People living with HIV
PNS	Partner National Society (of the Red Cross Red Crescent)
STI	Sexually transmitted infection
TB	Tuberculosis
TWC	Together We Can peer education methodology
UN	United Nations
UNAIDS	The Joint United Nations Programme on HIV/AIDS
VCT	Voluntary counselling and testing
WLHIV	Women living with HIV

1. Executive Summary

Background

The Global Alliance on HIV was launched in the Americas in July 2008 as an enabling framework to support National Societies (NSs) to significantly scale up their resources and capacities in responding to HIV, building partnerships and collaborations in order to maximize their contribution to worldwide efforts to combat the disease and the stigma and discrimination that surrounds it. An initial ten NSs were joined a further three in subsequent years, focusing on the key populations who are most affected by the epidemic in the region through activities to preventing further HIV infection, expand care, treatment, and support, reduce HIV stigma and discrimination and strengthen their capacities to deliver and sustain scaled-up HIV programmes. Along with a common framework, NSs aimed to promote the 'Seven Ones' concept (the importance of a common vision, work plan and programme management practices). NSs participating in the GA were supported through multilateral funding via the Secretariat Americas zone office of the International Federation of Red Cross and Red Crescent Societies (IFRC) provided by Norwegian Red Cross/NORAD over the entire four years of the initiative, with Swedish Red Cross making contributions during the first two years. The IFRC zone office in Panama was charged with providing tailored support to the NSs.

Evaluation methodology

At the end of the four-year programme, an evaluation was commissioned to document good practices and lessons learned, evaluating the impact of the Global Alliance on HIV in the Americas and make recommendations. After an initial briefing, the evaluator visited three National Societies (Guatemala, Argentina and Jamaica) that were seen to have delivered strong results, visiting a number of branches in each NS. With NSs aiming to showcase the successes of their programme the evaluator notes unavoidable positive bias in the evaluation. During the field visits the evaluator interviewed a large number of staff, volunteers and partners using semi-structured interviews either in focus groups or in individual interviews. Questions centred on the impact, relevance and focus of programme activities, the role of multilateral funding, the extent to which NSs had expanded and diversified their funding, partnerships and collaborations and the future and sustainability for the NSs' HIV programmes.

Findings

The overall accomplishments of the Global Alliance on HIV in the Americas were seen to be significant, both in terms of numbers of people reached (over 5.5 million after 3 years) and funds mobilized for HIV programming (more than 7.26 million Swiss francs by 2011). The evaluation identified a number of key findings grouped under six key headings:

General Findings

1. All three National Societies visited during the evaluation found that the structure and approach provided by the Global Alliance on HIV was an effective and strategic way of working that gave coherence to their HIV programming. Staff interviewed suggested that they would continue to use this framework, regardless of whether or not the Global Alliance would continue to be promoted by IFRC in the future.
2. The process of identifying Global Alliance participants resulted in a two-tier level of HIV programming support provided to NSs that was not necessarily driven by the epidemiological priorities of the disease. While NSs that were part of the Global Alliance benefited from their involvement (and there were opportunities for new NSs to join over the four years) those NSs that were not part of the "club" received little support and guidance from an overstretched Secretariat that did not have the technical capacity or human resources to respond.
3. The Global Alliance approach encouraged National Societies to respond to the realities of the HIV epidemic in their countries by increasing their work with most at-risk populations, sometimes for the first time.

4. Working with key populations required National Societies to confront prejudice and discrimination within their own organizations. In some cases this has resulted in quite profound changes in the NS, both at branch and headquarters levels.
5. All three NS have increased the involvement of PLHIV and other key populations within their HIV programmes, including increasing numbers of PLHIV volunteers and staff, who report that the NSs are today more PLHIV-friendly organizations than they were in the past.
6. In order to reach key populations, NSs have developed new approaches and methodologies for working with individual populations, recognizing the importance of tailoring their work to the characteristics of each group.
7. All three NS visited have been able to scale-up their programming through the Global Alliance approach, initiating or extending work in more branches, training more volunteers and reaching more at-risk beneficiaries with a broader range of services and activities.

Findings Related to Programme Activities

8. Programme activities within the first three objectives of the Global Alliance were broadly relevant, with National Societies (both at headquarters and branch levels) demonstrating initiative and creativity in developing activities in response to the local context.
9. Including a fourth objective within the Global Alliance focusing on strengthening National Societies' capacities to deliver and sustain scaled-up HIV programmes was an important contribution to achieving overall results. NSs visited during the evaluation clearly built capacity at all levels, although there were concerns both about the longer-term sustainability of some activities as well as the extent to which capacity gains had been mainstreamed throughout the organization, particularly in regards to resource mobilization.
10. While the aim of including livelihoods activities focused on PLHIV within the second objective was often appropriate, NSs did not necessarily have the relevant experience to undertake such activities. Those NSs that developed partnerships with specialist livelihoods-focused organizations found that this approach was more likely to result in successful outcomes.

Findings Related to National Society Partnerships and Collaboration

11. The programmes of all three National Societies visited were well aligned with the National AIDS programmes and in all three cases the NS was a trusted partner with the government bodies charged with delivering HIV-related services.
12. At both branch and headquarters levels, NSs coordinated their activities with stakeholders, including local government, civil society and faith-based organizations and UNAIDS. In many cases these relationships have developed into important strategic partnerships.
13. All three NSs visited strengthened their profile and reputation in HIV over the period of the Global Alliance, both with the public and with other institutions such as UNAIDS. This was particularly the case for Guatemala RC due to the shift in focus to working with key populations and expanding its work to more branches throughout the country.
14. The NSs visited during the evaluation demonstrated some integration of their HIV work with other core areas of work, although HIV activities sometimes seem to operate in isolation from other programmes. NSs would benefit from more mainstreaming of HIV activities where relevant, as well as identifying areas where better integration could take place.

Findings Related to Financial Resources

15. The availability of multilateral funding to support NSs in the Global Alliance was pivotal for the success exhibited by NSs. Particularly useful was the flexibility that NSs had to assign these funds where they were most needed, particularly in order to fill strategic gaps left by other funding.
16. Although there were some good examples of NSs expanding and diversifying their HIV resource base (both nationally and at branch level), the Global Alliance did not deliver the

level of resources that were anticipated. NSs did not seem to develop resource mobilization strategies to accompany their HIV programme.

17. National Societies were creative in negotiating support in-kind from stakeholders and partners, both nationally and at branch level, although in many cases they were not able to articulate this in monetary terms, so that the true impact of the contributions are not adequately reflected in their documentation. A number of NSs also developed innovative partnerships with the private sector, the value of which is similarly not captured.

Findings Related to Global Alliance Processes

18. The 'Seven Ones' concept was partially useful to GA NSs. While all NSs agreed in theory with the principles, in practice some of the principles were more difficult to apply than others.
19. While NSs appreciated the flexibility of the Global Alliance approach and the space to develop annual work plans within the overall four year programme in response to their experience the previous year, some NSs found the requirement to sign a new memorandum of understanding every year overly bureaucratic and caused annual delays in start-up.
20. National Societies visited found the reporting requirements of the Global Alliance challenging, particularly at branch level given the reliance on volunteer coordinators. Reporting quantitative results against indicators was particularly demanding for some NSs. At the same time, most would have preferred reporting every three months to the Secretariat, in order to receive more frequent feedback on their reports.

Findings Related to Secretariat Support to the Global Alliance on HIV

21. Secretariat support (both from Geneva and the region) started reasonably strongly but declined over the course of the four years. At regional level the support provided was patchy, with some regional HIV coordinators not having the appropriate level of technical expertise that National Societies required. Staffing levels were generally inadequate for the size and reach of the programme and there were a number of staffing changes over the four years that negatively impacted on NSs.
22. The global HIV tools rolled out by the IFRC were appreciated the National Societies, although NSs found that the prevention, care, treatment and support manual needed to be heavily adapted to be appropriate to their own contexts.
23. The Global Alliance provided opportunities for horizontal peer learning and exchange between the member National Societies that were highly appreciated, although these appear to have declined over the four years. The reduction in Secretariat capacity may have resulted in insufficient sharing of tools and methodologies between National Societies, which may have led to a duplication of effort in some cases.
24. After a strong start producing the common advocacy document in 2009¹, the Secretariat was unable to continue supporting regional advocacy efforts to the same extent, losing valuable opportunities to present progress being achieved by NSs through the Global Alliance framework, which could also have proved valuable in resource mobilization efforts.
25. A key concern for all three National Societies visited was the longer-term sustainability of activities started during the Global Alliance period. With the ending of the multilateral funding, important activities in some branches were being curtailed as NSs had not found alternative sources of funding.
26. For a number of branches (and the Guatemala RC in general) it seems that the Global Alliance has been transformative, contributing to efforts to revitalize and modernize the NSs.

Recommendations

Recommendations address three main issues: how to build upon the outcomes of the Global

¹ *Inequalities fuelling HIV pandemic: Focus on Red Cross societies' response in Latin America and the Caribbean, IFRC 2009 -*
http://www.ifrc.org/Global/Publications/Health/177100-HIV_AMERICAS-Report-EN-LR.pdf

Alliance on HIV to continue to strengthen NSs; the future for Red Cross work in HIV in the Americas, and general recommendations related to lessons learned regarding implementing four-year programmes, with two further recommendations specific to individual NSs.

1. For those National Societies that have been part of the Global Alliance on HIV in the past four years, it seems clear that they should continue their work in HIV, building on their experience, reputation and relationships. They should particularly focus on:
 - Maintaining the holistic programme approach under the structure provided by the GA framework;
 - Continuing to prioritize their work with most at-risk populations;
 - Ensuring that their HIV programme sits within their overall National Society strategic plan;
 - Seeking out ways of integrating their HIV work with the NS's other core programmes;
 - Regularly revising the activities including in their HIV programme to ensure that they are incorporating new and emerging approaches and technologies and thus staying relevant and up-to-date. In many countries it seems imperative to expand the stigma and discrimination narrative to directly confront the high levels of homophobia that exist;
 - Exploring opportunities to partner with CSOs with experience of working on livelihoods development in order to improve and scale up their work in this area. This is an area where better collaboration with other departments within the NS could be beneficial, since livelihoods support is a key component to many programme activities;
 - Regularly documenting their work with key populations and sharing this widely with partners. This will help ensure continued learning and improvement but will also help with building relationships and securing programme funding;
 - Putting increased efforts to improving the NS's capacity to mobilize resources. This must include improving their abilities to develop high quality funding proposals nationally and at branch level, as well as continuing to explore collaborations with the private sector;
 - Prioritizing the improvement of the NS's capacity to evidence and report on what they do, including developing robust baseline methodology.
2. The IFRC Secretariat in Panama needs to re-build its technical capacity to support NSs' work on HIV as well as mobilizing NS capacity to better support one another, while also continuing to work with NSs to address various organizational development weaknesses that this evaluation has touched upon. This should include:
 - Finding ways of addressing the support needs of NSs that were not part of the Global Alliance in the past four years but are interested/committed in doing so and where the epidemiological evidence deems it to be necessary. It is suggested that the Global Alliance NSs should take an important mentoring role in this, actively sharing their experience, coaching and accompanying NSs. The Secretariat should explore the possibility of devolving responsibility for providing technical leads on certain issues to NSs with capacity and expertise (eg Argentina RC on substance use, Jamaica RC on violence and HIV, Guatemala RC on working with trans-women, for example). This could also include PNS that are active in the zone, eg the American RC in the Caribbean;
 - Working with NSs to ensure that their HIV strategies are integrated within their wider NS strategic plans (and that all NSs have up-to-date strategic plans);
 - Encouraging NSs to strengthen their resource mobilization capacity, particularly by working with them to improve their proposal-writing skills and to ensure that programme plans are accompanied by resource mobilization strategies;
 - Researching better approaches to addressing the livelihoods needs of PLHIV, including actively exploring opportunities to partner with other organizations that are experienced in developing sustainable livelihoods. Encouraging an integrated approach on livelihoods is key, given the increasing emphasis on livelihoods support with beneficiaries is key;

- Reviewing all IFRC methodologies (including CBHFA and DRR materials) to ensure that there is a better integration of HIV-related issues (and particularly issues related to working with MARPs). HIV-related materials should similarly be reviewed to help build these integration ‘bridges’;
 - Supporting NSs’ capacities to gather, analyze and present data, as well as to report on programme output and impact. This should include looking at advances in other programme areas (eg disaster risk reduction and the experience of the American RC in developing baseline methodology and data collection through the use of mobile phones, etc). This is an area where NSs need to greatly improve if they are to compete for ever more scarce ODA funding or secure long-term support from the private sector;
 - Facilitating the active sharing of good practices, lessons learned, methodologies and tools between National Societies.
3. A number of more general lessons can be learned from the experience of implementing a multi-country, multi-year programme such as the Global Alliance. These include:
- If the Secretariat launches a long-term programme such as the Global Alliance, it must commit to support and accompany the National Societies throughout the entire life of the programme, either by ensuring the appropriate resources (human and financial) are provided or by putting in place other mechanisms to ensure that NSs are (and feel) supported and that quality control is assured;
 - The MoU between the NS and the IFRC covering a long-term programme should remain valid for the entire life of the programme and should not be annually renewed, to avoid bureaucratic delays that can have a negative impact on NSs and beneficiaries. Instead, NSs and the IFRC should agree and sign off annual work plans and budgets under the umbrella of the MoU;
 - With any future development of long-term programmes (whether for single or multiple NSs), NSs should be encouraged to dedicate time and resources to adequate research and investigation, particularly at the start of implementation, to inform and orientate their subsequent work. It is also important to review programmes regularly to ensure that they take on board new approaches and innovations that might be emerging, as well as maintaining close coordination with other organizations working on the same issues;
 - As well as learning from the GA continue to include HIV as part of their strategic programmes programmatically, it is suggested that the lessons learned from the GA should be brought together with other experiences of promoting better strategic coordination within the Red Cross family in order to inform future collaborations. Given the ever-diminishing availability of ODA, smart collaboration within the Movement for more impact will only become more imperative;
 - The GA offers some valuable insights into broader institutional change in general. It is recommended that this evaluation is shared beyond the HIV and health sector (both within the IFRC but also with NSs and PNS) so that the lessons learned through the programme can inform other capacity building and organizational development work.
4. Guatemala RC is encouraged to seek to become a Global Fund sub-recipient for the next application round, with the support of IFRC. Given that Guatemala continues to be a strategic priority country for UNAIDS, the NS should also aim to build on their strong relationship.
5. Jamaica RC is recommended to take a more proactive and leadership role with its stakeholders to address the widespread concern following the ending of Global Fund support to Jamaica. The NS is also encouraged to explore ways of working with under-served key populations, such as lesbians, older people and children below secondary school age.

Conclusions

The evaluation shows that for those National Societies that participated in the Global Alliance on HIV, the experience was undoubtedly a fruitful one. While it is strongly recommended that the

Red Cross Societies in the Americas continue to include HIV as part of their strategic programmes, concentrating their work with key populations and contributing to reducing HIV infection rates, combating stigma and discrimination and responding to the needs of vulnerable, marginalized and stigmatized people affected by HIV, no clear message came through regarding whether there is any advantage to be gained by continuing to package National Societies' programmes together as a Global Alliance. While there may be programmatic, financial or advocacy reasons why it would be advisable for NSs to continue to be part of an Americas initiative, particularly in order to present a consolidated picture of the Red Cross role in HIV work in the continent and use the combined weight of Red Cross experience in order to influence policy and practice, the evaluator was unclear whether there were compelling reasons to continue this under a *Global Alliance* umbrella. With funding being increasingly decentralized, perhaps the moment for a Global Alliance has passed.

2. Background of the Global Alliance in the Americas

The Global Alliance on HIV was launched in the Americas in July 2008, having been previously rolled out in 46 countries in Africa and Asia as a four-year initiative between 2006 and 2010. This Global Alliance aimed to support National Societies (NSs) to significantly build on their past experience in responding to the HIV and AIDS epidemic by aligning and scaling up their resources and capacities, building partnerships and collaborations (with governments, non-governmental and civil society organizations and the private sector) in order to maximize their contribution to worldwide efforts to combat the disease and the stigma and discrimination that surrounds it. Conceived as an enabling framework for NSs, the Global Alliance aimed to:

- Improve the quality of Red Cross Red Crescent work through systematic peer involvement and knowledge sharing;
- Improve efficiency through greater coherence and reduced transaction costs;
- Attract more resources from traditional and new donors;
- Expand the volume of programming;
- Ensure that NS capacity building was given central emphasis; and
- Deliver better results and impact for vulnerable people.

In the Americas, the original ten members of the Global Alliance included Argentina, Belize, Colombia, Ecuador, El Salvador, Guatemala, Guyana, Haiti, Honduras and Jamaica. Subsequently in 2011 the Trinidad and Tobago Red Cross joined the Global Alliance on HIV, together with Costa Rica and Bahamas Red Cross Societies, both of which participated in some activities. National Societies that became part of the Global Alliance initiative had to be able to demonstrate significant previous experience of implementing programmes focusing on HIV, a political commitment to scaling up their work and focusing on the key populations who are most affected by the epidemic in the region as well as continuing to target the general population.

Global Alliance NSs developed four-year HIV strategies around four key axes:

- Preventing further HIV infection
- Expanding HIV care, treatment, and support
- Reducing HIV stigma and discrimination
- Strengthening National Red Cross capacities to deliver and sustain scaled-up HIV programmes

Along with a common framework, NSs aimed to work within the 'Seven Ones' concept. This concept promoted the importance of a common vision, common work plan and common programme management practices to be developed and adhered to by all partners, with the aim of achieving coherence and efficiency.

While the Global Alliance aimed to be a strategic framework rather than a traditional programme, the NSs participating in the GA were supported through multilateral funding from Norwegian Red Cross/NORAD over the entire four years of the initiative, with Swedish Red Cross making contributions during the first two years. The Federation Secretariat (both centrally from Geneva, but specifically from the IFRC zone office in Panama) was charged with providing tailored support to the NSs, with a particular emphasis on methodologies and facilitating learning.

3. Methodology for Evaluation

The terms of reference for this evaluation (see annex 1) indicated an evaluation that would focus on documenting good practices and lessons learned and evaluating the impact of the Global Alliance on HIV in the Americas using a case study approach. After an initial briefing, the evaluator visited three National Societies (NSs) – Guatemala, Argentina and Jamaica – and also conducted a number of interviews over Skype with key informants suggested by the IFRC zone staff. This list included IFRC staff in Geneva and regional representation offices, a range of participating NSs (PNS) staff and a limited number of other Global Alliance countries in the Americas that were not visited². A document review was also carried out both before and after the field visits, with key documentation provided by zone staff and the three NSs visited³.

IFRC zone staff identified the three countries to be visited (one in each sub-region⁴) on the basis that these were countries that had delivered strong results in the GA. The itineraries for the three field visits were developed by the national HIV coordinators in consultation with their senior management and were shared with the IFRC zone staff prior to the evaluator's arrival. In all three countries, NSs aimed to showcase the successes of their programme, so the branches that were visited were chosen based on the positive outcomes achieved during the four years (and also the logistical feasibility of visiting them during the inevitably brief field visit of the consultant). This does mean that there is a considerable positive bias to the evaluation that needs to be borne in mind when reading this report.

In all three countries the evaluator met with NS staff and volunteers, in headquarters and branches visited, either individually or in small focus groups. Opportunities to meet with beneficiaries were also built into the programmes where possible, as well as meetings with representatives of partner organizations that work with the NSs. On some occasions during the field visits it was difficult to conduct confidential interviews with key informants due to the large numbers of people from the NS who were present, although the evaluator tried to create opportunities for private moments of conversation with interlocutors where possible.

Interviews and focus group meetings were semi-structured, based around a set of questions defined in the terms of reference. Questions centred not only on the relevance and focus of programme activities at national level, the role of multilateral funding channelled through the IFRC, to what extent the NSs had expanded and diversified their funding, scaled up their programming and integrated their HIV work into the wider NS programme, but also their partnerships and collaborations with other organizations working in HIV. Interviews also focused on the future and sustainability for the NSs' HIV programmes, as well as the outcomes and impact

2 Expanding the key informants list to include more NSs that participated in the Global Alliance as well as NSs that had not participated would have been preferable but time limitations prevented it. The evaluator had initially suggested complementing interviews with an online questionnaire to gather views of all Global Alliance National Societies; again, time limitations meant that this was not possible.

3 It should be noted that at the time of the evaluation not all NSs had provided data and reports relating to results in 2012, so this report reflects on results demonstrated between 2008 and 2011 unless otherwise stated.

4 It cannot be said, however, that these countries are representative of the experience of each sub-region.

of the programming over the four years of the Global Alliance.

The Global Alliance on HIV put much emphasis on sharing lessons learned throughout the four-year period of the programme, both within and between NS; NSs have been encouraged to hold regular events bringing together branch staff and volunteers and throughout the course of the programme NSs have also come together with the IFRC zone to reflect on the advances and challenges of their progress. In December 2011 a lessons learned meeting was held involving all Global Alliance members and a review was commissioned which produced a comprehensive report documenting outcomes and good practices to date. With the close out of the Global Alliance, IFRC has also compiled a number of products documenting experiences from the Global Alliance in the Americas (including the preparation of case studies and a video), so this evaluation aims to complement rather than duplicate these efforts and refers to these documents were relevant.

4. Overall Accomplishments

Two key documents produced at the end of the first three years of the Global Alliance on HIV were both unequivocal in recognizing the achievements of the National Societies participating in the Global Alliance in the Americas. In its executive summary, the report produced for Norwegian Red Cross (RC) and NORAD reflecting on the programme between 2009 and 2011⁵ stated “14 National Societies in the Americas have reached over 5.5 million people with HIV prevention and non discrimination messages or direct services and collectively have mobilized more than 7.26 million Swiss francs for HIV programming” and noted in particular how NSs had almost doubled their beneficiary reach in prevention and combating stigma and discrimination⁶. The lessons learned review report⁷ concluded in its executive summary “The Global Alliance on HIV (GA HIV) has had a profound effect on the way in which the National Societies of the Red Cross Red Crescent in Latin America and the Caribbean approach their work in HIV/AIDS. The concepts of integrated planning and working with partners on a consolidated response to the epidemic in their countries have strengthened the National Societies’ role as an important contributor to their respective national AIDS’ responses. Programmatically, the GA HIV has provided an appropriate model for working with the most marginalized populations at higher risk of HIV in the region”.

For NS staff in all three countries visited during the evaluation, the Global Alliance was a useful framework by which to organize and unify their HIV programmes under a shared strategic approach. Interviewees who were NS decision-makers in all three countries were forthright in saying that they would be continuing to work in this way, whether or not a formal Global Alliance existed in the future (and whether or not there is multilateral funding to accompany it).

National Societies seem to have built capacity, experience and credibility through the Global Alliance on HIV, as well as strengthening their relationships not only with counterparts from government (particularly the Ministries of Health and local government) but also with the civil society sector, while partners working with the National Societies reported that NS credibility had also grown in the eyes of the general public. All were agreed that it was the focus that the Global Alliance put on working with key populations (KPs) that brought about this shift, a change that for some NSs has brought about significant change also within their organizations. For NSs such as Guatemala RC that had previously worked primarily on prevention, anti-stigma and discrimination with the general public and in-school youth, the impact of this focus shift was profound, both on what it has managed to achieve over the four years but also on the internal development of the

5 Periodic Results Report 2009-2011: HIV/AIDS and Emergency Health, Americas zone, IFRC April 2012, p1.

6 More than one million people reached, compared to the expected result of 570,000 people, Ibid, page 3.

7 Lessons Learned and Future Programming: Three Years of the Red Cross Global Alliance on HIV in the Americas 2008 – 2011, Victoria Ward, April 2012

organization itself, which has demonstrated success in challenging internal barriers and confronting prejudices. Even those NSs with more experience of working with marginalized at-risk populations such as Argentina and Jamaica RCs reported similar changes fomented by the Global Alliance.

One area where the Global Alliance was deemed not to have delivered however was its proposition to lead to significant scaling-up of financial resources. There seem to be several reasons for this, which will be explored below, but was not helped by the fact that the launching of the Global Alliance on HIV coincided with both a general decentralization of international HIV funding to the country level, together with the global economic crisis that drastically reduced the availability of overseas development aid (ODA) in general.

While most Red Cross Red Crescent interviewees believed that the Global Alliance had had positive results for the NSs that participated, a small number of interviewees regretted the fact that only a limited number of NSs were part of the GA, with more experienced NSs being prioritized for inclusion in the programme over those with little experience. They were concerned that other NSs in countries where HIV prevalence is high were excluded from the opportunities of developing programmes to respond to the epidemic. This issue is further discussed below.

5. Key Findings

5.1 General Findings

Key finding 1: *All three National Societies visited during the evaluation found that the structure and approach provided by the Global Alliance on HIV was an effective and strategic way of working that gave coherence to their HIV programming. Staff interviewed in all three NSs suggested that they would continue to use this framework, regardless of whether or not the Global Alliance would continue to be promoted by IFRC in the future.*

One of the explicit desired outcomes of the Global Alliance for HIV was to achieve broad institutional change within National Societies by encouraging a move away from dispersed and donor-driven HIV activities towards NSs implementing coherent, evidence-based programmes that are in line with a unified national response to the epidemic. All three NSs visited during the evaluation found that the structure of the Global Alliance around the four key outputs had made a significant contribution to developing their national HIV programme, with staff interviewed (both senior management and technical staff) reporting that the unified approach had helped their National Society to strengthen the impact and effectiveness of their work and in particular to move to a more strategic approach. As an interviewee in Jamaica RC explained: “Before our (HIV) projects were isolated, small and short-term satellite projects, now they are unified under a strategic umbrella”. For many of the National Societies in the Americas, the Global Alliance also introduced them to new activities (such as treatment, care and support activities with PLHIV) as well as encouraging them to start (or scale-up) work with various key populations who are particularly vulnerable to HIV. Both these issues are taken up below.

All three National Societies visited continue to structure their HIV programme nationally around the Global Alliance four objectives and to use this framework as the basis for all project proposals that they develop for different donors. Jamaica RC for example explained that they had developed two proposals for USAID in the past two years, in each case using the same four objectives. For Guatemala RC the Global Alliance had been an important factor in changing the dialogue with participating National Societies (PNS), “We now present our strategy to the partners rather than being presented with their strategies.” stated one interviewee.

As well as providing a strategic and systematic focus within a National Society, interviewees also believe and appreciate that the Global Alliance has created a common approach within the region. One interviewee in Guatemala RC explained that it had helped “organize the house” as he put it, while an interviewee in Jamaica RC suggested that the framework has been important in providing a common narrative for HIV work throughout the Caribbean region.

Key finding 2: *The process of identifying Global Alliance participants resulted in a two-tier level of HIV programming support provided to National Societies in the Americas that was not necessarily driven by the epidemiological priorities of the disease. While NSs that were part of the Global Alliance benefited from their involvement (and there were limited opportunities for new NSs to join over the four years) those NSs that were not part of the “club” received little support and guidance from an overstretched Secretariat that did not have the technical capacity or human resources to respond.*

The initial criteria for involvement in the Global Alliance on HIV included consideration of the prevalence rates of the virus in individual countries, a NS’s demonstrated level of capacity to work within HIV together with the political commitment of that NS’s governance to working within the GA framework with its emphasis on most at-risk populations (MARPs). The application process was a competitive one, with IFRC apparently looking for approximately ten NSs to join from the Americas, although the driver for this number was not clear (ie was it related to the estimated capacity of IFRC support or the amount of available multilateral funding?).

Although the evaluator did not speak to National Societies that were not part of the Global Alliance on HIV, a number of interviewees (including those from NSs that were part of the Global Alliance) were concerned that the decisions made were not closely enough associated to the epidemiological data related to the epidemic and while there were opportunities for NSs to subsequently join the Global Alliance (as did Costa Rica RC, Trinidad & Tobago RC and others), for the majority of other NSs that were not included, they then received little support from the IFRC due to the limited capacity of the regional representation offices that needed to work with the GA NSs due to the earmarked nature of the funding. This concern was particularly expressed in relation to the Caribbean, where informants suggested that HIV work in the NSs that were not part of the Global Alliance suffered and in some cases ceased over the last four years due to the lack of support, despite the relatively high HIV prevalence rates in a number of the countries that were not included.

While the decision to include NSs that already had a strong reputation in HIV programming with key populations (such as Argentina and Jamaica RCs) was understandable, both in order to be able to deliver the ambitious results that were sought in the GA but also perhaps to act as mentors and trailblazers for other NSs with less experience (which indeed was the case, with both NSs playing an important role in this regard), this decision did limit the reach in terms of capacity building of NSs.

Key finding 3: *The Global Alliance approach encouraged National Societies to respond to the realities of the HIV epidemic in their countries by increasing their work with most at-risk populations, sometimes for the first time.*

It is clear from both the document review and field visits that the Global Alliance approach was instrumental in prompting NSs to build their capacity to work more intensively (and sometimes for the first time) with key populations (KPs) such as men who have sex with men (MSM), transgender, male and female sex workers, substance users, out-of-school and vulnerable youth

(OSY), prisoners, migrants and indigenous populations⁸. While for some NSs (eg Argentina and Jamaica RCs) this was not new, for most others this represented a big shift of focus. As the periodic results report 2009-2011⁹ states, only four NSs were working directly with key populations at the start of the Global Alliance in 2008, but by 2011 all 12 Global Alliance members were actively engaged with KPs. National Societies' previous experience had centred primarily around prevention, anti-stigma and discrimination work focused on the general population, particularly on a relatively easy-to-reach population of in-school youth employing the "Together We Can" (TWC) peer education methodology that had been developed originally in Jamaica and rolled out by the IFRC in Central America and the Caribbean.

This was the case for the Guatemala RC, which started working in 2003 in HIV in a limited number of branches¹⁰ with support from a number of PNSs and the IFRC. In 2007 their NS strategic plan included HIV activities, but as suggested above, activities focused exclusively on generalized prevention, anti-stigma and discrimination and TWC. For many interviewees in Guatemala RC, the Global Alliance was described as being a "school" or "laboratory" for the NS to learn new skills and develop new competencies as it shifted its focus from peer education and ABC methodologies¹¹ to a much broader set of prevention activities including administering and counselling HIV tests, teaching safer-sex practices, focusing on treatment access etc with groups such as MSM and CSWs, as well as working with PLHIV.

A key strategy for reaching these new populations was to recognize the importance of developing new ways of working that respond to the specificities of each KP and including a broader range of volunteers with different profiles, including members of the key populations themselves. Building on the NSs' experience of the advantages of peer-to-peer learning (gained through TWC over the years), NSs looked to encourage KP peers to join activities, as well as building collaborations with different partner organizations, including PLHIV networks, all activities aimed to build trust and shift perception of the NS in the eyes of KPs and collaborating organizations. Including KP representatives as volunteers and/or facilitators has markedly increased access to KPs and built credibility, as well as leading to changes internally with the NS (an issue taken up below).

Today fewer NSs are involved in delivering TWC training. In Jamaica for example, the Jamaica RC was freed from this responsibility when in 2010 the Ministry of Education incorporated the theme into the secondary school curriculum. The NS today has scaled up its work with both out-of-school youth and MSM, moving away from generic materials to developing specific tools focused on the key populations they are working with (eg they are now working with an HIV prevention manual for MSM developed with the support of the American RC, through their CHAP¹² programme). The Jamaica RC recognizes the usefulness of the peer education approach but today acknowledges the need to adapt this generic approach to better meet the need of other target groups (interviewees spoke of the need of responding to older people, younger children, etc in the future, as the nature of the epidemic shifts and similarly tailoring methodologies to suit these different populations).

As a number of Global Alliance publications focusing on the Americas have highlighted¹³, each NS that is part of the Global Alliance on HIV has identified which key populations it needs to work

8 Individual NSs worked with other specific groups, eg Guyana RC with miners working in isolated mines far from home, Honduras RC working with rural pregnant women, etc.

9 Periodic Results Report 2009-2011: HIV/AIDS and Emergency Health, Americas zone, IFRC April 2012, Ibid, page 4.

10 National Societies use different names for their branches, sections, delegations, etc. For coherence this report will refer exclusively to branches throughout.

11 "Abstinence, Be faithful, use a Condom" methodologies promoted through TWC.

12 Caribbean HIV and AIDS Program.

13 Such as the lessons learned document produced in 2011 mentioned previously, as well as the "Global Alliance on HIV in the Americas 2008-2012", IFRC 2013.

with, based on the context of their own country and the gaps in services that exist. National Societies today work with groups of prisoners who are HIV+, with trans-women, with MSM, with commercial sex workers (both male and female), all highly vulnerable groups who often live in harsh and violent environments where they suffer extreme stigma and discrimination. Starting to work with these groups has not been easy for National Societies; as well as combating the resistance encountered within their own organizations, NSs found that it took time to build up trust and confidence. For the Argentina RC branch of Mar del Plata for example, work in the Batán Women's Prison began several years ago with simple activities to build up the relationship not only with prisoners but also with the prison authorities. The result of this patience is that today their volunteers enter freely into the prison, meet prisoners without the presence of officers and carry out a range of activities, including supporting an income generation activity with general prisoners as well as enabling a support group for women living with HIV (WLHIV).

Across the Global Alliance in the Americas are examples of NSs identifying specific at-risk groups and finding ways of reaching these groups. Examples include the Guatemala and Colombia RCs that both worked with the armed forces in prevention campaigns, the Guyana RC that has focused on working with mine workers in isolated mines in the interior of the country (often clients of the CSWs that the NS also works with), Colombia RC implementing prevention and anti-stigma activities with displaced people and refugees and the Ecuador RC, which is working with people employed in tattoo and piercing parlours.

Key finding 4: Working with key populations required National Societies to confront prejudice and discrimination within their own organizations. In some cases this has resulted in quite profound changes in the National Society, both at branch and headquarters levels.

Staff and volunteers in all three NSs visited during the evaluation shared many anecdotes of how challenging it was to shift its work in HIV to focusing on key populations and how they had encountered resistance within the National Society itself at all levels (branch and headquarters, staff, volunteers and members of governance). One volunteer HIV coordinator described how her branch had initially refused to allow trans-women to enter the branch buildings through the front door and similar stories were repeated throughout the field visits (albeit related to different KPs). In another branch, the president reflected that he had had to confront his own prejudices as part of the process of scaling up activities under the Global Alliance. These internal barriers meant that all NSs put a great deal of effort into combating the stigma and discrimination inherent within the NS itself, organizing awareness-raising and training sessions, focusing on all levels of the organization from volunteers to governance. It was reported that the branch that refused to allow trans-women inside today has over 70 trans-women involved in the programme, with the branch offering testing services to the women as well as acting as a distribution point for condoms and lubricants. "We worked for over a year before finally convincing the director to change her opinion!" the volunteer coordinator explained.

All three NSs visited during the evaluation recognized the importance of involving stakeholders from key populations in designing and implementing activities, particularly when it came to training and sensitization of National Society staff and volunteers, which helped break down resistance to working with these groups. National Societies work together with PLHIV who give personal witness of their story and their experiences of stigma and discrimination. A number of volunteer interviewees spoke of the power of these personal stories and how instrumental they are in shifting entrenched views.

Many volunteers in all NSs visited referred to the importance of rigorously applying the Fundamental Principles in their work and how motivating they found it to be able to put the principles into practice. These volunteers keenly felt the applicability of the principles within a programme focused on key populations who often experience the prejudice of the general

population¹⁴. As an interviewee in Argentina put it (and similar sentiments were heard in all three countries visited) “The Global Alliance helped to put meaning back into the Fundamental Principles”.

Bringing about institutional change is a long-term commitment. As coordinators and volunteers in all three countries testified, changing mindsets¹⁵, opinions and breaking down prejudices within the NS takes time: as one interviewee put it, “It’s ants’ work¹⁶ – many small steps are needed to bring about change”. As volunteers in a branch in Guatemala explained, just to move the branch to accept the promotion of condom use required a big change. Partners working with Guatemala RC similarly noted the change; an interviewee from Gente Positiva (the network of PLHIV in Guatemala) mentioned how the NS “became a less conservative, more open organization” when it started to work with MARPs and the director attributed this to the organization opening its doors to a more diverse and representative staff. This view was echoed by a number of volunteers in Guatemala who believed that the HIV program had fomented a deep change within the NS. As one volunteer put it, “Today the Red Cross is much more open-minded, there’s much less stigma and discrimination around HIV ... there’s better communication, with stronger (branches) and more skilled and trained volunteers”.

NSs were clear that change needs to take place at all levels within the organization; Argentina RC used the opportunity of the Global Alliance to organize an awareness-raising session during its general assembly in 2009, focused on all branch presidents, which it felt was important in shifting the organization (although it also recognized that policy changes in Argentina related to the legal recognition of gender change were also hugely significant).

Key finding 5: All three National Societies today have increased the involvement of PLHIV and other key populations within their HIV programmes, including increasing numbers of PLHIV volunteers and staff, who report that the NSs are much more PLHIV-friendly organizations than they were in the past.

Associated with the key finding above, it was notable how many National Societies that were part of the Global Alliance on HIV have made strides to ensure that PLHIV are integrally involved in programme design and delivery, as programme managers, members of staff and/or volunteers, which has clearly led to some of the shifts in attitudes mentioned in the previous finding. A number of NSs (including Argentina, Ecuador and Colombia) have taken a leadership role in putting in place HIV workplace policies, training staff, governance and volunteers.

For interviewees in Guatemala the incorporation of staff and volunteers who also identify either as members of key populations and/or are PLHIV was an important catalyst for changes within the organization. In the view of a number of interviewees, the Global Alliance (HIV) was instrumental in encouraging Guatemala RC to become an open and trusting space where diversity is welcomed and the fact that it was supported from the very top of the organization was emphasized as being important. Interviewees noted that as the staff and volunteer base became more diverse, this in its turn generated further change in the NS and a number of staff who had been with the NS for some time reflected on the extent of the change, remarking that it would have been hard to imagine ten years ago that today the NS would be working with trans-women, MSM and CSWs.

14 This focus on the Fundamental Principles was notable to the evaluator, given that when evaluating other programmes being implemented by NSs in LAC, volunteers have rarely commented without prompting of the importance of being neutral, impartial and independent in their work.

15 Many interviewees talked of the change of mindset (*cambio de mentalidad*) that was achieved over the period of the Global Alliance.

16 “Trabajo de hormiga”

Key finding 6: *In order to reach key populations, National Societies have developed new approaches and methodologies for working with individual populations, recognizing the importance of tailoring their work to the characteristics of each group.*

A key learning for NSs working as part of the Global Alliance on HIV was the importance of moving away from generic methodologies, recognizing the specificities of each key population and developing approaches and methodologies that respond to the needs and requirements of each population. As mentioned in the previous finding, directly involving people from KPs in the design and implementation of activities was an important step for ensuring that activities were correctly focused and interviewees in both Jamaica and Guatemala RCs acknowledged the contribution of “Together We Can” in helping the NS recognize the importance of peer involvement in all stages of programme delivery.

As previously mentioned, Jamaica RC developed their own HIV prevention manual for MSM and peer involvement also influenced the decision to extensively use social media, radio-drama, interventions at dance-parties and street fairs¹⁷. Guatemala RC also embraced the use of social media, for example in their World AIDS Day “Look to Understand”¹⁸ campaign, reaching out to many new beneficiaries through a Facebook page, but it also recognized that different approaches needed to be taken when, for example, it gained access to the Adolfo V Hall military institute in order to work with its students. Some of the more urban branches of Argentina RC (Saavedra in greater Buenos Aires for example) have developed a specialized programme working with substance users (including injecting drug users) that responds to the specific vulnerabilities of this group; see below for further details.

Key finding 7: *All three National Societies visited have been able to scale-up their programming through the Global Alliance approach, initiating or extending work in more branches, training more volunteers and reaching more at-risk beneficiaries with a broader range of services and activities.*

A particular focus of the Global Alliance (HIV) was to enable NSs to extend their HIV programming work and all branches visited during the field visits shared their experiences of successfully scaling up their work over the period of the Global Alliance. Members of the Retalhuleu branch of Guatemala RC explained that at the start of the Global Alliance they were only working with small groups of in-school youth and in a piecemeal and ad-hoc way. Through the Global Alliance they were able to train large numbers of volunteers (at one point numbers of skilled and active volunteers more than quadrupled it was reported) and work with more groups, plus they started to be involved not only in the provision of prevention information but also in offering low/no cost testing services through the branch clinic/laboratory, as well as supporting PLHIV.

The Mar del Plata branch of Argentina RC was dormant in 2009; it reportedly had few volunteers and practically no activities. Through its involvement in the Global Alliance, it today has an active group of volunteers and maintains a regular programme of activities, including supporting a reflection group in the women’s prison of Batán, working with a group of over 80 trans-women who live in the city and is actively involved with a harm reduction programme in at-risk schools, providing sessions both to students and parents. There are similar stories of regeneration from a number of the other branches that were supported through the Global Alliance (Argentina RC supported half of its branches through the Global Alliance, Guatemala RC today has 14 of its branches involved in HIV programming).

¹⁷ The 2013 IFRC publication “Global Alliance on HIV in the Americas, 2008-2012” includes a case study on Jamaica RC which gives more details of their innovative work in this area.

¹⁸ Ver Para Entender, also known as the “Red Glasses campaign”

A central preoccupation for all branches/NSs visited was the long-term sustainability of some of these activities. Although many of the activities are low cost, without minimal funding to support basic costs such as transport for volunteers or beneficiaries, NSs will struggle to continue to implement activities. This issue is taken up in more detail below.

5.2 Findings Related to Programme Activities

Key finding 8: *Programme activities within the first three objectives of the Global Alliance were broadly relevant, with National Societies (both at headquarters and branch levels) demonstrating initiative and creativity in developing activities in response to the local context.*

Objective One: Preventing further HIV infection

In the Americas the focus of this objective centred not only around activities such as community mobilization and the provision of information, education and communication materials (IEC) both to the general public and to most at-risk populations, peer education and raising awareness and skills for personal protection and practising safer sex, including condom use, but also a significant increase in NSs offering voluntary counselling and testing (VCT).

All NSs put a great deal of effort into both producing IEC materials focused on prevention and organizing outreach events into the community (either the general population or focused on specific KPs). For Jamaica RC for example, outreach into the community at large included setting up stands in health fairs organized by the Ministry of Health or other partners, developing radio spots, participating in radio talk shows and developing a radio drama focused on safer sex. As previously mentioned, social networking sites have proved an extremely useful means for reaching KPs and young people in general. The Guatemala RC produced a series of leaflets building on the previous “Faces” campaign (that had been developed by IFRC and widely taken up throughout Central America and the Caribbean), including one giving answers to frequently asked HIV questions and another on condom use. Argentina RC also developed a similar range of materials that were widely used in branches.

Condom distribution was another important activity that NSs adopted and scaled-up during the Global Alliance. For some branches this was said to be initially a controversial activity but all branches visited now seem to have embraced it as an important component to an effective prevention strategy. Argentina RC signed an agreement with the Ministry of Health which now ships condoms directly to NS branches that distribute them, including having condom containers installed in hallways and bathrooms of all participating branches so that visitors can help themselves. Many NSs distribute condoms when they are engaged in community outreach activities; Jamaica RC always accompanies distribution with a demonstration of how to correctly use a condom. In Guatemala City, Guatemala RC volunteers carry out weekly distributions of packs of condoms and lubricants to commercial sex workers (CSWs) in certain districts of the city and have developed strong connections with the women working in the areas, who often direct new CSWs to the NS to receive information and condoms.

The Global Alliance on HIV has led to NSs becoming involved in the provision of voluntary counselling and testing (VCT), with documentation suggesting that few NSs were actively involved prior to 2008. While some NSs (eg Guayana RC) confined their role to mobilizing communities, paying transportation costs so that community members could attend testing events run by the Ministry of health (MoH), other NSs trained their volunteers to provide pre- and post-test counselling, with the testing itself is carried out by MoH staff. All three NSs visited during the evaluation are closely involved in providing pre- and post-test counselling in a number of their participating branches, and in many cases also administer the test (either full or rapid test). NSs

work closely with their MoH colleagues, adopting the same protocols and methodologies for monitoring, reporting results and training volunteers.

The MoH often collaborates with the NS by supplying the tests used by the NS. Jamaica RC for example has signed a memorandum of understanding with the MoH, which provides free rapid testing equipment to branches offering a drop-in service. It, like Guatemala and Argentina RCs, includes VCT in all community outreach interventions, setting up tents (or creating confidential spaces) where people can come to be tested. Jamaica RC also offers testing in all NS training events and holds testing events for a number of organizations, such as the Ministry of Foreign Affairs, hotels, factories and companies. For a number of NSs a key issue is VCT adherence and the importance of regular testing, particularly for MARPs who may be engaging in risky behaviours. One branch of Jamaica RC offers testing on the streets in the evenings in the areas where CSWs work (between 7.30pm and midnight) although this is challenging for the branch which does not have transport to get the volunteers home afterwards. When offering VCT to out-of-school youth (OSY) the NS takes a peer approach and a number of the facilitators were themselves OSY.

The Concordia branch of Argentina RC only started offering testing in 2012, including mobile testing and testing at the branch. In 2012 the branch carried out over 90 tests during the public activities to commemorate Worlds AIDS Day, but by the time of the evaluation visit had already carried out nearly 400 tests in 2013.

Both Jamaica and Guatemala RC have been developing links between their HIV programming and their work focused on violence prevention, recognizing that various forms of violence (including both street and gender-based violence, as well as homophobic attacks) play a large part in the spread of the epidemic. With support from the Canadian RC, the Jamaica RC has introduced the 'safe space concept'¹⁹ in their work with out-of-school youth, as well as working with the police.

It does appear however that NSs have not kept up-to-date with new approaches to prevention that other organizations have embraced. Given the reach that NSs have achieved, it could have been highly effective for them to have considered incorporating newer strategies such as combination prevention, treatment as prevention approaches or the promotion of male circumcision.

Objective Two: Expanding HIV care, treatment, and support

While many NSs in Latin America and the Caribbean had been involved for several years in prevention, anti-stigma and discrimination activities at one level or another, comparatively few were working in care, treatment and support prior to the launch of the Global Alliance on HIV. As the 2011 periodic report to Norwegian RC/NORAD suggested, the number of PLHIV supported by NS in the region increased steadily during the first three years of the programme and by 2011, 12 National Societies were reaching over 7,800 PLHIV and OVC.²⁰ NSs have become involved in providing care and support to newly identified PLHIV post-test, supporting PLHIV groups²¹ and all three NSs visited have some involvement in supporting livelihoods for PLHIV. These experiences were quite tentative in some cases but were important, both in terms of the service they provided to PLHIV but also in bringing NSs closer to vulnerable groups in general.

A key strategy to respond to this objective for a number of NSs participating in the Global Alliance was to provide support to PLHIV groups and networks, both nationally and at branch level. In Jamaica for example, the NS supports self-help groups in each of the five parishes where it works on the provision of HIV services, as well as working closely with the national networks. In most

¹⁹ The Ten Steps Manual promoting this concept produced by Canadian RC and IFRC can be found on Canadian RC's website:

<http://www.redcross.ca/tensteps>

²⁰ Periodic Results Report 2009-2011: HIV/AIDS and Emergency Health, Americas zone, IFRC April 2012, p5.

²¹ Often known as self-help, support or reflection groups depending upon the NS.

cases the support groups are independent of the Jamaica RC, but are able to use the RC branch premises as a safe and neutral space for meetings once or twice a week and the RC has provided a travel stipend so that members can attend, as well as funding some refreshments; the stipend is particularly important due to the very high levels of unemployment in Jamaica. Some support groups are for general PLHIV, others (eg in Kingston and St James) are MSM groups. A number of support group members have become RC volunteers and several are going through the prevention, treatment, care and support training programme offered by Jamaica RC. Several interviewees in Jamaica spoke of the impact for them personally of moving from being a beneficiary to being a participant in the programme. One PLHIV interviewee (who himself is now a Jamaica RC volunteer) described how the opportunity to receive training had helped him to write a proposal (with Jamaica RC support) for a drama project he developed with HIV+ male CSWs. The group received funding from an international agency and he implemented and reported back on the project, helping him build his confidence and communications skills. At the time of the interview he was developing a more ambitious funding proposal to support male CSWs to undergo training so that they could gain work in the tourism industry.

Argentina RC also supports PLHIV groups, including two groups in women's prisons in Mar del Plata and San Juan. One of the women participating in the group in Mar del Plata spoke with great emotion about the importance of having this safe space available in which she and other PLHIV prisoners could talk in confidence about their issues and concerns.

All three of the NSs visited during the evaluation provide some livelihoods support for PLHIV who they work with. This support seems to take several forms, including ad hoc support to PLHIV families, for example the Guyana RC provides occasional food hampers to PLHIV and OVC carers when funding allows, while Guatemala RC branches seek to provide support to individual families at times of particular difficulty, for example recently assisting with funeral costs when a family member died in Retalhuleu. Guatemala and Guyana RC also became involved in providing support to OVCs; in one branch in Guatemala the branch worked with a faith-based organization (FBO) working with indigenous communities to provide educational grants and materials to PLHIV families (the grants were provided by the FBO, distributed via the NS's volunteers), while Guyana RC provided school materials to all OVC who were attending schools through the CHAP programme. In Jamaica, the CHAP programme is also providing educational support to some MSM to attend university.

As a number of PLHIV interviewed during the evaluation explained, the main preoccupation for many people with HIV is not their status but the difficulties they encounter in finding work to support themselves and their families. NSs recognize this and all three NSs visited developed some activities to try to address these issues, with mixed results. This is reflected upon in more detail below.

The harm reduction programme being implemented by Argentina RC presents an interesting development of the HIV programme responding to a particular key population. The NS combines both direct service delivery to substance users (including injecting drug users) as well as an important advocacy component. With elements of education for the adoption of safer practices and improved accessibility for substance users to counselling, care and treatment, the NS also provides access to counselling, as well as helping link users to health services. In partnership with drug user consumer groups they have advocated for the rights of drug users to adequate care within the public health system. They have also worked extensively to raise community-awareness of the issues facing injecting and other drug users. Argentina RC has secured funding for this programme from the Italian Red Cross²².

²² The 2013 IFRC publication "Global Alliance on HIV in the Americas, 2008-2012" includes a case study Argentina RC's work with this particular group, giving more details of their work.

Objective Three: Reducing HIV stigma and discrimination

All NSs had been engaged prior to the Global Alliance for many years in large-scale and general campaigns to combat stigma and discrimination and these campaigns were continued and scaled-up, with NSs continuing to share materials and further develop ideas. The “0%” campaign for example was enthusiastically taken up by a number of NSs, with local variations developed (eg in Argentina an additional image of a maté container was developed). Guatemala RC, working together with UNAIDS and an advertising agency BBDO developed the “See to Understand” campaign over the past two years, taking a viral marketing approach to spread the campaign, using social media sites as well as involving celebrities and journalists in the campaign to wear distinctive red glasses on World AIDS Day in order to build awareness of the issue²³. NSs have taken their campaigns into companies and organizations: when Guatemala RC started to work with BBDO they quickly realized that stigma and mis-information about HIV was rife in the company so they ran a series of awareness raising sessions with BBDO staff before starting to work on developing the campaign.

As well as a mass-campaigning approach, NSs have had particular success in segmenting their target audiences, working for example in campaigns with FBOs, religious leaders, nurses, health workers and trainee nurses (Jamaica RC for example reported having worked in nursing schools and reaching more than 150 nurses during the previous ten months alone). In all these interventions, a key approach for NSs is collaborating with PLHIV so that individuals give personal testimony of their experiences of being stigmatized.

As mentioned previously, another key focus for anti-stigma work has been internally within the NSs themselves. Throughout the field visits a number of anecdotes were shared of discriminatory behaviours exhibited by NS personnel (whether volunteers, staff, management or governance, at headquarters and branch levels). Training and sensitization sessions were widely held in NSs and many developed or updated their HIV workplace policies and trained their staff. Several NSs signed up to the Code of Good Practice for NGOs Responding to HIV and AIDS, with both Argentina and Colombia RCs becoming active champions of the code²⁴.

Interviewees in all three countries visited believed that levels of stigma and discrimination focused on PLHIV had begun to reduce over the last few years, but a number of people suggested that this was being replaced in some countries by sharply increased discrimination directed towards the LGBTI community, often expressed in terms of extreme verbal and physical abuse.

Key finding 9: Including a fourth objective within the Global Alliance on HIV focusing on strengthening National Societies’ capacities to deliver and sustain scaled-up HIV programmes was an important contribution to achieving overall results. National Societies visited during the evaluation clearly built capacity at all levels, although there were concerns both about the longer-term sustainability of some activities, as well as the extent to which capacity gains had been mainstreamed throughout the organization, particularly in regards to resource mobilization.

The Global Alliance put emphasis on the importance of building the capacity of the NSs so that they could scale-up their work in HIV, to work in more regions of the country and also significantly expand and deepen their work. NS leadership in all three countries were clear that the Global Alliance had helped them to build capacity and broaden their reach. Very large numbers of volunteers were trained in all involved branches over the four years and many new branches that

23 <http://www.verparaentender.org/ver-para-entender/>

24 <http://www.hivcode.org/> - the numbers of organizations that have signed up to the Code in both Argentina and Colombia are testament to the active championing of these two NSs.

had previously had little involvement in HIV activities were included for the first time²⁵. As well as focusing on training volunteers, NSs also included staff and governance members in HIV-focused training and all branches visited described how they now had more trained people available to work in the programme activities.

The funding that accompanied the Global Alliance was an important enabler for the NSs to build capacity. The Global Alliance contributed to the costs of funding an overall HIV programme coordinator and in both Guatemala and Jamaica funded branch or regional coordinators. For both these NSs volunteer retention was an issue, although the provision of stipends proved an important incentive for volunteers who did not have other means of support. A number of branches visited were concerned about their ability to retain volunteers given that with the reduction of funding following the ending of the Global Alliance has meant that they cannot continue offering these stipends.

Argentina RC took a very different approach to the other NSs visited. Rather than invest in a staffing structure, it decided to rely upon volunteer coordinators at the branch level and aimed to reach as many branches as possible, recognizing that different branches had different levels of experience. They therefore categorized branches on the basis of that experience and offered a different suite of activities depending on capacity and potential, as well as trying to focus on branches that were in areas of higher HIV prevalence. 32 branches (out of a total of 63) were included in the Global Alliance. The majority of participating branches (18) were categorized as having intermediate capacity; they had several years of experience but may not have worked with MARPs. These branches focused principally on outputs one and three, as well as increasing their work with KPs. A second group of branches with limited experience of HIV (for example they had participated in World AIDS Day activities) concentrated principally on prevention and stigma/discrimination activities focused on the general population and vulnerable youth, with eight experienced branches that already had considerable experience in HIV work and had participated in the Global Fund to fight AIDS, Tuberculosis and Malaria (hereafter referred to as the Global Fund) developing the most ambitious work plans, including working with a range of different at-risk groups in all three output areas. While some branches did not advance as planned, others demonstrated great progress; Concordia, Mar del Plata and Santiago del Estero, all initially categorized as having intermediate capacity are today working in all three objectives and all three support PLHIV reflection groups and work extensively with specific key populations. In all cases Argentina RC provided very small seed grants to the branches via Global Alliance funding, on average approximately US \$60 every month.

Interviewees in all branches visited during the evaluation believed that their branches were now stronger, with more volunteers who are better skilled. Guatemala RC believes that today it has at least five trained volunteers in each of the 14 delegations that participated in the programme, plus a further 14 active in the headquarters. The outgoing Retalhuleu branch director explained there were around 10 volunteers involved in HIV activities when Global Alliance started, with this number going up to more than 50 at one point (although numbers have dropped down again, due to the high turnover of volunteers who move away to study or work). "HIV was the door to the RC for many volunteers" he explained. The El Palmar branch president described similar changes to her branch, as well as noting an improvement in the relationship between the community and branch, which was seen to be increasingly trustworthy and discreet. El Palmar volunteer facilitators believed that the Global Alliance had taught them how to manage project funds and also develop proposals which meant that they had been able to access funding and support from other organizations locally. This point-of-view was echoed by branch volunteers in Argentina RC also; one interviewee explained that in his view "The Global Alliance contributed to the

25 It should be noted that volunteer training is a never-ending task for NSs as they tend to suffer unavoidably high volunteer turnover rates, particularly because the programme attracts younger volunteers, many of who are studying or looking for work so tend to be highly mobile, moving to study or to take up work.

professionalization of the branch due to the need to report back on the use of funds". At headquarters level in all NSs, staff reflected that the result of having long-term assured funding in HIV means that there has been more continuity, lower staff turnover and this had resulted in better quality work.

While these sentiments were echoed in all the branches visited during the evaluation, it is true to say that a number of these same branches were unsure whether they would be able to maintain all activities now that funding through the Global Alliance had come to an end. While some branches had successfully entered into collaborations with local partners or received small-scale funding, others said they did not have the income to continue with the high level of community outreach activities, particularly those branches without means of transport to reach more rural areas or the funds to support PLHIV treatment visits for example.

While it is clear that the Global Alliance has provided a framework for NSs' HIV strategies, what is less clear is the extent to which these strategies are aligned to the overall strategic plans of the NSs; indeed in some cases (such as the Guyana RC) it appears that NSs do not have current strategic plans. In the view of some interviewees, the Global Alliance could have had more influence on the overall development and long-term viability of the NSs if it had been able to focus its attention on helping NSs develop their HIV programming within the context of their overall strategic planning processes. With the decline in international funding for HIV activities in the Americas and the rise of other priorities being promoted by IFRC and other organizations, it is important that each NS defines the status of its HIV work going forward, as well as seeking to better integrate their HIV programming with other NS priorities. The issue of integration is taken up below.

Key finding 10: *While the aim of including livelihoods activities focused on PLHIV within the second objective was often appropriate National Societies did not necessarily have the relevant experience to undertake such activities. Those NSs that developed partnerships with specialist livelihoods organizations found that this approach was more likely to result in successful outcomes.*

As mentioned above, all three NSs visited as part of the evaluation undertook to support livelihoods activities with PLHIV groups that they were working with. However some of the experiences shared during the evaluation revealed NSs' relative lack of experience in this area, while reinforcing the importance of these types of interventions for people living with HIV. As a PLHIV interviewee in Jamaica put it: "I'm PLHIV, I know everything about HIV! But every time an organization invites me to participate in an activity it focuses on my status. What I need now more than anything is a job!" These are sentiments that would probably be echoed by many PLHIV throughout the Americas.

Jamaica RC has been providing livelihoods support in the form of income generation grants since 2011. While the NS explained that this was based on their experience of supporting income generation activities as part of the disaster management work, they do not use any particular methodology to identify the key issues or carry out any feasibility studies. Instead, individuals develop rough business plans for small-scale activities such as selling clothes, phone cards or cleaning materials, or setting up chicken farms. It was reported that some livelihoods activities are still functioning, although the NS admitted that monitoring and providing follow-up for these activities was challenging.

It was a similar story in the branches visited in Guatemala. Over the four years of the Global Alliance, the Guatemala RC in Retalhuleu has supported PLHIV in a number of micro-projects aimed at helping diversify their sources of income. It was explained that each year PLHIV identified a different project and they provided financial support. Micro-projects have included developing bread-making skills with the intention of starting a bakery, learning how to make

scented candles, make piñatas and more recently setting up kitchen gardens. Unfortunately most of these projects were reportedly unsuccessful, mainly it seems because the initial project ideas were not well researched: the bakery project could not get off the ground as the group did not have the funds to purchase an oven, the scented candles project faltered after the group had learned the skills and purchased the ingredients when they realized that there was not an adequate market to sell what they produced.

Fortunately the current projects seem more successful; in El Palmar the branch is working with PLHIV families to create small kitchen gardens (primarily to supplement the families' diet, with excess production available to be sold in local markets) with the Ministry of Health providing the technical input, while in Retalhuleu the branch provided funding to a PLHIV group run by APEVHIS²⁶ that is developing a nascent shampoo production cooperative that had previously been funded through the World Food Programme. Key to the success of both is that there is a counterpart organization that can provide the follow-up and technical input. This is an approach that is also being followed by the Concordia branch of Argentina RC, which has been providing some low-level support to small numbers of WLHIV with kitchen gardens, with the technical support provided by an organization called INTA²⁷. At the time of the evaluation visit, the president of the branch was meeting with staff from INTA as it was interested in extending its work to a larger group of PLHIV families, to provide access to micro-credit, training, seeds, tools, technical and marketing support to increase production for both family consumption and income generation. NSs should be encouraged to develop these types of collaborative relationships rather than attempting to develop skills in livelihoods support.

5.3 Findings Related to National Society Partnerships and Collaboration

Key finding 11: *The programmes of all three National Societies visited were well aligned with the National AIDS programmes and in all three cases the NS was a trusted partner with the government bodies charged with delivering HIV-related services.*

In all three cases, the NSs HIV programmes were well aligned with the National HIV programmes coordinated by government and while both Jamaica and Argentina RCs have long and strong relationships with the ministries responsible for HIV, it was clear from interviews with government counterparts of the Guatemala RC that its relationship with the MoH had deepened considerably over the period of the Global Alliance on HIV. The MoH HIV coordinators in both branches visited described the high level of collaboration that they have with the NS; they plan all activities together and are able to fill in for each other in the event that there are difficulties or shortfalls, for example in testing equipment. Of particular value was the support Guatemala RC provided to PLHIV living in rural areas so that they could travel to the clinic/hospital to get their medication, given that many PLHIV live up to 50kms away and would not be able to afford the transport costs. Guatemala RC has adopted all the MoH reporting protocols when administering tests and volunteers were trained by MoH staff, who were happy with the both quality and timeliness of the reporting from the volunteers as well as in the administering of the rapid test itself (indeed one interviewee explained that the reporting and testing procedures were better adhered to by Guatemala RC volunteers than by her MoH colleagues). All those interviewed spoke of being impressed by the capacity, maturity and discretion of the volunteers working in VCT.

In Jamaica and Argentina the NSs were also highly appreciated by the respective MoHs, both nationally and at branch level; branch volunteers meet their counterparts very regularly and closely coordinate their work together. Interestingly, these relationships were rooted in trust and confidence rather than formal agreements. In all three NSs it was clear that the MoH relied upon

²⁶ A local NGO that focuses on research and nutrition related to HIV (Asociación para la Prevención y Estudio del VIH/SIDA).

²⁷ INTA (Instituto Nacional de Tecnología Agropecuaria) is a decentralized unit of the Ministry of Agriculture - see www.nta.gob.ar for more details.

their RC counterparts in order to reach the broad range of affected populations; interviewees in the HIV and STI department of Argentina's MoH pointed out that one of the Argentina RC's strengths is that it is not a specialized HIV organization but one with great reach into the general population as well as the concentrated populations, which gives it an edge in relation to other partners. MoH has recently signed an agreement with Argentina RC to provide condoms directly to branches so that they act as distribution centres on their behalf.

Key finding 12: *At both branch and headquarters levels, the NSs coordinated their activities with most active stakeholders, including local government, civil society and faith-based organizations and UNAIDS. In many cases these relationships have developed into important strategic partnerships.*

As well as achieving good articulation with the MoH as mentioned above, many branches visited also developed strong relationships with their local municipality or town hall. Argentina RC's Concordia branch for example recently signed a reciprocal framework agreement with its municipality offices, which includes the branch providing training to municipality staff in HIV, health and first aid, fully funded by the municipality. The branch president believed that the experience of working together with the municipality in the Global Alliance activities had contributed strongly to building this relationship.

All three NSs demonstrated a wide array of collaborative partnerships with civil society organizations; both Argentina and Colombia RCs became official champions of the *Code of Good Practice for NGOs responding to HIV* and did much to promote the adoption of the code by CSOs in their own countries. All three National Societies visited partnered with PLHIV networks, as well as organizations supporting individual key populations. Argentina RC for example has been highly supportive to REDAR Positiva (the network of PLHIV in Argentina), supporting regional and national network meetings financially, providing conference space for meetings. Jamaica RC has long been an enabling organization for others, for example giving support to JN+ (the network of PLHIV in Jamaica) as it developed, providing meeting space, workshops, food packages to members, first aid training, etc. At a stakeholder meeting organized during the evaluation visit, collaborators from a wide range of civil society organizations articulated their appreciation of the Jamaica RC's role as a reliable and supportive partner, although they felt that more should be done to raise its profile in HIV work as in their view it is better known for its disaster risk reduction work despite the many years it has been working in HIV.

At branch level the Guatemala RC is developing some interesting relationships with local organizations; in Retalhuleu for example the branch followed up its initial collaboration with APEVIHS (supporting the PLHIV group in its livelihoods activities as mentioned previously), subsequently providing financial support for rural patients to travel to the health centre in order to access treatment. The two organizations are now exploring the possibility of entering into a more formal and longer-term agreement for on-going collaboration. For the staff of APEVIHS the success of the collaboration depends upon the pivotal role that the personnel (particularly the regional technical officers) had in this unfolding relationship. This was echoed by interviewees from other partners such as the Asociación Gente Positiva²⁸, all of who recognized the reliability of Guatemala RC as a partner; as one organization put it "We know that if we ever knock on their door, they'll never say no!" Despite examples such as these, volunteers who have worked for several years with the programme suggested that there was scope for Guatemala RC to be more proactive in developing and reinforcing alliances with a broader range of CSOs, particularly at branch level.

Key finding 13: *All three National Societies visited during the evaluation strengthened their profile and reputation in HIV over the period of the Global Alliance, both with the*

²⁸ The Association of Positive People in Guatemala - <http://www.gentepositiva.org.gt/>

public and with other institutions such as UNAIDS. This was particularly the case for Guatemala RC due to the shift in focus to working with key populations and expanding its work to more branches throughout the country.

The Global Alliance supported NSs to extend their work to more regions of the country, involving more branches. Of the three NSs visited, it was clearly Guatemala RC that profited most from this scaling up, given that at the start of the Global Alliance their presence, while significant, was confined to four or five branches only. UNAIDS staff interviewed in Guatemala have observed the growing strength and presence of GRC in HIV activities over the past years and now counts it as a key organization, highly rating its strong links with other protagonists, including a number of important networks throughout the country. It also values its reliability and consistency together with its impartiality and the credibility of both the programme and the people who work on the project and for this reasons chose it as a natural partner for rolling out the “See To Understand” campaign previously mentioned. Despite recognizing some of the inherent difficulties of working within the competitive environment of Global Fund programmes, UNAIDS suggested that Guatemala RC now had the credibility and track record to be applying for funds as a sub-recipient (particularly following the recent announcement of the three year extension), as well as possibly accessing funds through UNAIDS²⁹.

Key finding 14: *The National Societies visited during the evaluation demonstrated some integration of their HIV work with other core areas of NS work, although HIV activities sometimes seem to operate in isolation from other NS programmes. NSs would benefit from more active mainstreaming of relevant HIV activities through their core programmes, as well as identifying areas where better integration could take place.*

While NSs Global Alliance reports make mention of efforts to integrate HIV programming with other key strategic programmes, it would seem from the evaluation visits that those examples where NSs have been able to integrate HIV activities into other activities of the NS often appear to be ad hoc rather than planned. This is perhaps not the case for Colombia RC; its reports document several instances where HIV work has been integrated with other NS programming, with examples including: providing gender, diversity and non-discrimination training to members of emergency organizations as part of Colombia RC’s DIPECHO VI project, working with the World Food Programme and other agencies to adapt the *Inter-Agency Steering Committee guide to HIV in Emergencies* for use in Colombia, providing 20 hours certificated training to volunteers attending the national youth camp so that they could work as youth peer facilitators in SRH, HIV and STIs, or providing similar training at to the women’s national volunteer meeting.

While Guatemala RC has certainly integrated some HIV activities into its disaster management activities (for example condom distribution and the provision of prevention information in evacuation centres, as well as training first aid relief workers regarding bio-security and HIV) and also its mother and child health (MCH) programme with testing and referral services for pregnant women), the NS’s decision to re-structure the organization and promote programme integration recognizes that more could be done, particularly at the community level.

In Jamaica there also appears to be untapped opportunities to better integrate elements of HIV and disaster risk reduction programmes; it was surprising to hear from example that the HIV programme in St Ann’s branch has not to date held any activities within the canteen which the branch runs daily (although a few branch members have been involved in VCT and OSY training). Similarly the NS has not to date integrated any HIV activities into the DM programme for which the NS is so well known. This really is a lost opportunity for the NS.

²⁹ Guatemala and Brazil have been identified by UNAIDS as the two priority countries in the LAC region.

NSs seemed to have better experiences of integrating their HIV programmes with newer themes, such as violence prevention and harm reduction. As has been previously mentioned, Jamaica RC found important connections between the violence prevention programme they developed with support from Canadian RC and their HIV work due to violence associated with the stigma and discrimination experienced by PLHIV and particularly MSM. Similarly, Argentina RC successfully integrated their HIV work with their work on harm reduction with young substance users. This ability to bring together different programmes is probably the result of the confidence and experience of NSs that know the nature of the epidemic in their countries and are therefore able to develop integrated approaches to the issues that affect communities they work with.

In order to support better integration and mainstreaming of HIV programming, it would be extremely useful if the various IFRC methodologies such as the Community-Based Health and First Aid manual and various disaster risk reduction modules for example were revised to ensure that issues relating to MARPs were addressed (eg the importance of considering the medication needs of PLHIV), together with updating HIV-related methodologies to take into account broader issues like STIs, livelihoods, etc. With the increasing focus on urban risk and community resilience, the impetus to integrate programming responses to the key issues affecting communities is vital in order for the Red Cross to contribute to safer and more resilient communities.

5.4 Findings Related to Financial Resources

Key finding 15: *The availability of multilateral funding to support NSs in the Global Alliance was pivotal for the success exhibited by NSs. Particularly useful was the flexibility that NSs had to assign these funds where they were most needed, for example to fill gaps around other HIV programme funds sources.*

Although the three NSs visited during the evaluation valued the Global Alliance for HIV primarily as a strategic framework (rather than a traditional funded programme), the fact that it proved possible to align IFRC multilateral funding to the Global Alliance throughout the four years of the programme, coupled with the flexibility NSs had to use the funds strategically was enormously beneficial to their work, as well as demonstrating the ingenuity that many branches have to make relatively small amounts of funding go an extremely long way.

For all three NSs the relatively stable funding over four years was important, even taking into account reductions following the withdrawal of funding from the Swedish RC and the fact that the funding had to be applied to on an annual basis (of which more below). Given that NSs on the whole failed to access substantial new sources of funding over the period of the Global Alliance, the fact that they could at least rely on the multilateral funding throughout the entire four years of the programme was vital. In 2011 for example, the multilateral funding represented 70% of overall funding for Argentina RC and 40% of funds (or in-kind support) received by Guatemala RC. For Jamaica RC the funds represented a lower percentage of the total (approximately 20% in 2011, with the majority of this NS's funds coming from American RC, with contributions also from the Global Fund and USAID), but nonetheless for the NS it was an important complement to the other funds. All three NSs visited were concerned about their capacity to continue to deliver vital services now that the Global Alliance funding has ended (sustainability is picked up below).

As well as funding activities within the four objectives of the Global Alliance, multilateral funding was used in most NSs to fund (or contribute to) a light staffing structure. In Jamaica each branch hired a full-time HIV coordinator, who was supported from headquarters by a national coordinator. In both Guatemala and Argentina the branch HIV coordinators were volunteers; Guatemala RC put in place a regional structure of four paid technical officers each supporting between four and six branches and being a liaison between the branch and headquarters. Although Argentina RC initially planned a similar regional structure to that in Guatemala, when

the proposed Global Alliance budget was less than anticipated, the NS eliminated the regional structure and provided all support to the branches from the headquarters. This meant that branches in Argentina received far less management support and guidance than those in either Guatemala or Jamaica, although the Argentina RC invested quite a bit in organizing national training sessions and was in regular email and phone contact with the branches. While this did not seem to be a problem for those branches visited during the evaluation due to the energetic and committed volunteers who were working in the programme, the programme coordinator believed that some of the other branches had struggled, particularly when it came to reporting, given that the coordinators were volunteers who were working or studying full-time. The NS also found that as funding reduced, so it had to reduce the amount of monitoring and support it could provide from the headquarters (particularly given the costs associated with travelling), although it did try to mitigate against this, by for example pairing stronger and weaker branches where feasible, organizing exchange visits, etc.

All three NSs appreciated the flexibility they had to assign the Global Alliance funding where it was most needed and to be able to re-assign funds in response to changes at community level. This was particularly useful given the rigidity of some of the other funding sources.

For the Concordia branch president of Argentina RC, the Global Alliance funding, while small (approximately \$60 a month), was hugely important, “The Global Alliance started as a very small thing in our branch,” he said “But it’s become the branch’s most important project, recruiting many new volunteers and revitalizing the branch ... It’s generated a lot, particularly encouraging the branch to develop alliances with local organizations, the municipality, etc.”

Key finding 16: *Although there were some good examples of NSs expanding and diversifying their resource base during the Global Alliance (both nationally and at branch level), the Global Alliance did not deliver the level of scaled-up resources that were anticipated. NSs did not seem to develop resource mobilization strategies to accompany their HIV programme.*

Many people interviewed during this evaluation identified the failure of the Global Alliance to deliver scaled up resources as one of the key missed opportunities of the programme. National Societies clearly believed that the proposition of the Global Alliance back in 2007 was that by participating, National Societies would have access to significant new sources of regional and international funding through the IFRC Secretariat. It seems that this was the take-home message by NSs when they participated in the Global Alliance meeting in Panama with the HIV special representative in 2009. Even though the programme manual produced by the Secretariat³⁰ does not mention this, it did suggest that the Global Alliance would deliver “100% (at least) scale-up in resources programmed for HIV work by RCRC NS in low- and middle-income countries”³¹. This never materialized, partly because the launching of the Global Alliance in the Americas coincided with both the start of the global economic crisis, which significantly reduced the amount of ODA available for HIV programming, as well as the shift in funding mechanisms away from the global disbursement of funds in favour of a national focus. The concurrent reduction of Secretariat resources focused on HIV over the period of the Global Alliance might also have contributed to this, but it is true to say that NSs did not on the whole manage to access new sources of funding from foundations or other regional bodies.

Despite the fact that few NSs in the Americas managed to raise significant amounts of new funding throughout the period of the Global Alliance, there were many examples of innovative collaborations with government counterparts, NGOs, CSOs and the private sector, as well as

³⁰ The RCRC Global Alliance on HIV programme manual (version 6), IFRC (date unknown)

³¹ Global Alliance programme manual, *ibid*, page 17.

significant in-kind contributions to the NSs (both centrally and at branch level), many of which were not necessarily reflected in Global Alliance reporting (something taken up below).

A programme report written in 2011³² stated that during 2010 four of the eleven member countries at that time successfully mobilized more than 30% of their HIV programme resources from non-Red Cross Red Crescent donor sources. Several National Societies, including Argentina, El Salvador, Honduras and Jamaica RCs mobilized support from the Global Fund, with Jamaica RC also receiving funds from CARISMA (a regional partner of the International HIV/AIDS Alliance). Other NSs, such as the Trinidad and Tobago RC received significant funding from REPSOL (the Spanish petroleum company) and many other National Societies mobilized small amounts of funding from a range of non-Red Cross Red Crescent sources, including government, non-governmental and civil society contributions. What has not been adequately captured through the reports however, are either the small financial contributions negotiated at branch level or the in-kind contributions to National Societies from partners, an issue taken up below.

Key finding 17: National Societies were creative in negotiating support in-kind from stakeholders and partners, both nationally and at branch level, although in many cases they were not able to articulate this in monetary terms, so that the true impact of the contributions are not adequately reflected in their documentation. A number of NSs also developed innovative partnerships with the private sector, the value of which is similarly not captured.

All three National Societies visited during the evaluation shared examples of how they had developed supportive in-kind relationships with a wide range of stakeholders; the Argentina RC receives large quantities of condoms from the MoH and both Guatemala and Jamaica RC also receive significant in-kind support from their respective MoHs, including the provision of testing equipment, condoms and lubricants (Guatemala RC for example received 9,000 rapid tests from MoH in 2012).

As the Global Alliance periodic reports show, several NSs developed interesting collaborations with the private sector; Argentina RC with PRIME condoms, Ecuador RC with Diners Club and the airline TAME, Trinidad & Tobago RC with REPSOL and Guatemala RC with BBDO³³. As previously mentioned, the Guatemala RC collaborated with BBDO in both 2011 and 2012 to develop the “*Ver para Entender*” anti-stigma campaign for World AIDS Day, with BBDO donating their creative time, securing free spaces for the campaign on television, radio, billboards and digitally, as well as in the national newspapers and UNAIDS purchasing a large number of the red glasses that were the motif for the campaign. In 2012, this campaign was extended and the “*Reaching Zero*” (“*Llegar a Cero*”) campaign was added in. Guatemala RC tried to put a financial value on these contributions (a notional value of US\$70,000 was included in the financial reporting in both 2011 and 2012) but in discussions with Guatemala RC and BBDO it quickly became clear that this figure did not reflect the true costs of the campaign (for example it did not include any of the costs of producing the red glasses).

It was however perhaps at branch level that most ingenuity was displayed in securing small-scale in-kind support. In both Jamaica and Argentina, the branch coordinators shared multiple examples of how they collaborated with local government, receiving valuable support such as the provision of materials or transport for example. The Guatemala RC branch in El Palmar succeeded in getting their local HIV coordinator’s position supported financially by the local mayor’s office so that they now have a full-time coordinator. This was an unexpected result of the Global Alliance for the branch and has led to a further strengthening of the relationship between the branch and the municipality, with other in-kind contributions such as the provision of school materials for

³² Periodic Results Report 2009-2011: HIV/AIDS and Emergency Health, Americas zone, IFRC April 2012

³³ IFRC also worked with Honduras RC to develop a TB/HIV programme with support from the Eli Lilly Foundation.

PLHIV identified by the El Palmar branch. The branch president also noted that the municipality had recently agreed to build houses for PLHIV identified through their programme. None of these in-kind contributions are currently reflected in the budget of the National Societies.

5.5 Findings Related to Global Alliance Processes

Key finding 18: *The ‘Seven Ones’ concept was partially useful to National Societies participating in the Global Alliance. While all NSs agreed in theory with the principles, in practice some of the principles were more difficult to apply than others.*

While all the programme coordinators and senior management within the National Societies visited during the evaluation agreed with the theory of the ‘Seven Ones’ concept, all were agreed that they had only been partially successful in applying them, with most believing that some of the principles were unrealistic given the requirements of various donors. It was also suggested that not enough time was spent at the start-up of the Global Alliance preparing NSs for the application of these principles - as one interviewee put it, “We were still learning three years into the Global Alliance how to apply them”.

The first three principles (one set of needs analysis, one set of objectives and strategies and one HIV country action plan) were judged to have been largely successful, although there was some concern that the original needs analysis capacity of some NSs was weak. The positive impact of having one set of objectives and strategies and one unified plan was felt by all interviewees and there was evidence that some donors (for example the American RC) also subsequently adopted the four objectives of the Global Alliance in their programmatic support. As the Jamaica RC deputy director general explained, her NS had long experience of implementing HIV projects but this was the first time that they had presented their national programme holistically (rather than as a series of “small and isolated satellite projects”). As has been mentioned previously, there was some concern that in some National Societies the HIV strategy was developed within an overall institutional strategy vacuum, although this was not the case in others (both Argentina and Guatemala RCs, both have HIV firmly embedded in their current strategies).

The other four principles defined within the Seven Ones concept (one shared understanding of the division of labour, one results-based funding framework, one performance tracking system and one accountability and reporting mechanism) were seen to have had less overall impact, with some of the principles, particularly those related to reporting and accountability being unrealistic given the requirements of individual donors, many of which expect to receive detailed monthly reporting using their own detailed reporting formats. NSs perhaps did not necessarily fully understand the philosophy of the ‘Seven Ones’, which aimed to encourage NSs and partners to together agree a common reporting framework that yielded all the information that different donors require (rather than necessarily imposing a common format pre-defined by the Global Alliance). Notwithstanding this, NSs recognized the power of being able to present a consolidated report of activities carried out with financial support from a range of different funders.

Curiously, Guatemala RC cited inconsistencies between the reporting requirements for their two main donors, the Global Alliance and Norwegian RC bilateral funding (curious, given that Norwegian RC was the main supporter of the Global Alliance), with Norwegian RC requiring the bilateral funds to be reported on monthly, while the Global Alliance funds were reported on only twice a year³⁴.

³⁴ The (in)frequency of Global Alliance on HIV reporting was something that NS coordinators were generally unhappy about and is an issue taken up later in this report.

While some of the difficulties related to the 'Seven Ones' may have been due to donor constraints that NSs were unable to influence, it does appear that some of the inability to apply the 'Seven Ones' may have been due to NSs failing to exploit the opportunities of applying the principles for their own benefit. One example of this, again from Guatemala, related to terms and conditions for branch support. The HIV coordinator mentioned that different conditions applied in those branches supported by Norwegian RC bilateral funds and those supported by the Global Alliance; the former received stipends for their volunteers and support for vehicles, phone calls and utilities while the latter did not. Given that there were no restrictions applied to the use of Global Alliance funds, there is no reason why the NS could not have defined identical terms and conditions for all branches, regardless of the source of funding.

Key finding 19: *While National Societies appreciated the flexibility of the Global Alliance approach and the space to develop annual work plans within the overall four year programme in response to their experience the previous year, some NSs found the requirement to sign a new memorandum of understanding with the IFRC every year overly bureaucratic and caused annual delays in start-up.*

All NSs visited appreciated the flexible nature of the programme, particularly as it was reflected in the annual work plans. As one national coordinator put it, "Revising the work plan every year was really useful as it enabled the programme to grow on the basis of the experience of the previous year". Another coordinator gave an example of how following a disaster in one branch, the NS was able to include a number of follow-up activities in the next year's work plan, something that other programmes would not have easily accommodated.

What NSs did not appreciate or understand was the need to sign a new memorandum of understanding (MoU) every year, which for some NSs was complicated, due to internal regulations that can require sign-off from the president or the governing board. The annual rhythm of work that therefore permeated the Global Alliance (or "*annualismo*" as it was characterized by some interviewees) somewhat defeated the purpose of setting in place a long-term programme and for some NSs (such as Guatemala RC) had serious ramifications, particularly related to funding flows, an issue reflected further below. It was not clear why this MoU needed to be signed every year and it is suggested that in future with four-year programmes of this nature it would be better to sign a framework MoU for the period of the programme, with annual updates linked to the revision of the work plan, an approach generally taken by other funders of long-term programmes, such as American RC.

According to the lessons learned review produced in 2011³⁵ this annual programming cycle had serious consequences, particularly as it trickled down to the branches and in some cases resulted in NSs being forced to terminate key personnel contracts for a month or two, while in others staff continued to work without receiving a salary for several months, with other activities having to be postponed during each hiatus in funding. In Guatemala RC for example branches had to suspend providing travel stipends to beneficiaries who were PLHIV, which impacted on their abilities to attend vital clinic appointments. The El Palmar branch president explained that 2012 was a particularly difficult year, with no funds received for Global Alliance activities between December 2011 and April 2012. The branch was thankful to receive some small contributions from the municipality and a partner organization although activities had to be severely restricted.

The annual rhythm of work also negatively impacted Guatemala RC nationally. Despite being a four-year project and a core activity of the NS's strategy, staff working for the project were not initially on the payroll but had to submit monthly invoices for the provision of technical services as if they were consultants and the financial management rules of the NS meant that they would not get paid until funds had been received, which resulted in salaries sometimes being delayed.

³⁵ *Lessons Learned and Future Programming: Three Years of the Red Cross Global Alliance on HIV in the Americas 2008 – 2011*, Victoria Ward, April 2012

Some NSs with less experience felt that the initial planning phase of the Global Alliance was too rushed and in some cases not enough time was given to helping NSs understand the mechanism and scope of the Global Alliance. NSs could also have been well advised in some cases to dedicate some time (and resources) during the start-up phase to research and investigation activities, in order to get to know the epidemic in their own country and determine the service gaps that could correspond to the NSs' capacities and expertise, particularly around MARPs. Guyana RC for example began to realize quite late on that there was a lack of services focused on the needs of young PLHIV (children and adolescents). They mounted a small piece of research to confirm this and help inform the development of activities to respond to it, but were unable to respond to the findings due to funding reductions late in the programme.

Guatemala RC had difficulties setting targets in their annual plans (for numbers of beneficiaries reached, volunteers trained, etc) and every year they greatly exceeded the planned targets. Better support and feedback at the start of the programme might have helped it improve its target setting during the course of the four years.

Key finding 20: National Societies visited found the reporting requirements of the Global Alliance challenging, particularly at branch level given the reliance on volunteer coordinators. Reporting quantitative results against indicators was particularly demanding for some National Societies. At the same time, most NS would have preferred reporting every three months to the Secretariat, in order to receive more frequent feedback on their reports.

Reporting has long been a significant Achilles heel for the Red Cross, with PNS complaining about the quality and timeliness of reports and the implementing NSs finding the rigours of regular reporting challenging, particularly given their reliance on volunteer coordinators at the branch level and the generally low level of expertise in collecting and manipulating data. The experience of the Global Alliance on HIV in the Americas is therefore unsurprising, with similar views being heard throughout the evaluation. Local volunteer coordinators in all three National Societies visited struggled initially with reporting and in some cases, such as Argentina RC, the NS developed its own reporting format as it found the Global Alliance reporting formats too complicated and repetitive. However, for some branch coordinators (eg Concordia in Argentina), the discipline of having to report regularly on the use of Global Alliance funds was important in order to help the branch professionalize and get used to the rigours of being systematic and structured.

NS technical staff interviewed found it difficult to report back against the indicators for each objective, when in reality they were working at community level and often combining activities across objectives³⁶. While some NSs seemed not to have difficulties disaggregating results by gender, most were unable to provide disaggregated results even by the fourth year of the programme as evidenced by their reports. NSs were unhappy about the emphasis on providing quantitative indicators, particularly as they moved to working with key populations, which could imply working with fewer numbers of beneficiaries but in a more profound way. They were also concerned that distributing large quantities of IEC materials does not necessarily equate to people reached or behaviours changed. Most NS national HIV coordinators felt they would have preferred to report quarterly rather than six-monthly and were critical of the slow turnaround time for feedback from the IFRC Secretariat.

³⁶ For example, very frequently NSs combine prevention and stigma & discrimination activities when working with a particular community and then find it difficult to know how to report back without duplicating or excluding results.

For non-Red Cross interviewees, the importance of significantly strengthening the capacity of National Societies to be able to demonstrate impact on the ground, to make their actions more visible and provide tangible evidence of the effectiveness of their work was seen to be fundamental and the lack of robust baseline and tracking data was seen to be unfortunate. UNAIDS in Guatemala for example believed that this continuing weakness would be an impediment for the NS in its aim to diversify its funding sources, although it recognized that it had made improvements over the period of the Global Alliance. Interviewees urged the Red Cross to adopt modern data collection techniques as a priority.

5.6 Findings Related to Secretariat Support to the Global Alliance

Key finding 21: *Secretariat support (both from Geneva and the region) started reasonably strongly but declined over the course of the four years. At regional level the support provided was patchy, with some regional HIV coordinators not having the appropriate level of technical expertise that National Societies required. Staffing levels were generally inadequate for the size and reach of the programme and there were a number of staffing changes over the four years that negatively impacted on NSs.*

All those involved in the Global Alliance regretted the inability of the Secretariat to maintain sufficient capacity to support the implementing NSs throughout the entire four years of the Global Alliance programme. This reduction in capacity seemed to affect all levels of the Secretariat and had a detrimental impact on NSs.

At the global level the initial team of four people supporting the roll out of the Global Alliance back in 2006 (including a special representative for HIV reporting to the Secretary General wielding considerable political influence) had diminished to one technical officer by 2011 with responsibility for all HIV activities globally so however technically competent, his capacity was clearly limited. At the zone level, the Global Alliance HIV coordinator position was combined in 2008 with that of health, which stretched the coordinator's capacities thinly across the zone. At the sub-regional level, the zone office encountered many difficulties in recruiting and retaining sufficiently qualified and experienced technical officers³⁷ and a number of interviewees reflected that in some cases the supposed 'expert' in the region had much less technical capacity than the HIV coordinators in the NSs, so that in effect they took on largely an administrative rather than technical support role (indeed, in one sub-region interviewees suggested that one of the technical officers was technically incompetent). The capacity of the Panama office was further reduced due to the impact of a number of large-scale disasters, including the H1N1 pandemic and the earthquakes in Haiti and Chile. In hindsight, the previous zone health coordinator regretted not slightly reducing overall funding to NSs in order to fund an additional HIV zone position to provide the technical expertise that was lacking.

This loss of Secretariat capacity had a deleterious impact on the Global Alliance at all levels, both globally and in the Americas zone. Examples such as insufficient sensitization of NS leadership and lack of sufficient expert technical support to programme coordinators were two areas cited, together with the Secretariat's failure to better connect the Global Alliance to the organizational development and resource mobilization work that could have addressed some of the weaknesses that National Societies exhibited in the Global Alliance on HIV. For several interviewees it appeared as if the Secretariat had progressively lost interest in the Global Alliance; as one NS staff member who has long experience of working in the region remarked, "When the IFRC stops supporting something, it can quickly cease to be a priority for the NS and by extension the

³⁷ For example, the NSs in Central America were without regional support for more than a year as the Secretariat was unable to recruit an officer with the appropriate skills and experience; it was reported that a number of people were identified but none would accept the salary being offered.

branches". A number of interviewees from Global Alliance NSs felt abandoned by the IFRC when it appeared to move on to other priorities halfway through the four years of the programme and other observers of the process also expressed their view of the importance for the Secretariat to continue to accompany the NSs throughout the entire programme, particularly when a programme such as the Global Alliance was launched with fanfare and high expectations³⁸.

Finally, it is clear from the findings above related both to NS strategic planning and to resource mobilization that there appears to have been a lack of articulation between the Global Alliance and the organizational development and resource mobilization activities promulgated by the Secretariat (and coincidentally funded also by Norwegian RC). It is not known why these activities were not better connected but it is suspected that this was similarly due to a lack of human resource capacity within the Panama zone office.

Key finding 22: The global HIV tools rolled out by the IFRC were appreciated the National Societies, although NSs found that the prevention, care, treatment and support manual needed to be heavily adapted to be appropriate to their own contexts.

The manual provided to NSs at the start-up of the Global Alliance was clear and comprehensive (if rather long) but it was noticeable that none of the implementing staff interviewed during visits to NSs during the evaluation referred to it spontaneously during interviews.

In early 2010, the Secretariat formally introduced National Societies to the Federation's HIV Prevention, Care, Treatment and Support training package was widely adopted by the Global Alliance NSs. In some NSs (such as Argentina and Colombia) training was provided to community/PLHIV and NS volunteers over a three to five day period (reduced from the original recommended eight days³⁹). In Jamaica the NS provided the training extended over several months, with the training being reportedly provided to volunteers from other partner organizations.

Key finding 23: The Global Alliance provided opportunities for horizontal peer learning and exchange between the member National Societies that were highly appreciated, although these appear to have declined over the four years. The reduction in Secretariat capacity may have resulted in insufficient sharing of tools and methodologies between National Societies, which may have led to duplication of effort in some cases.

The Global Alliance on HIV in the Americas put emphasis on learning and sharing of experience, both internally within each National Society, but also creating opportunities for National Societies to come together to learn from one another. National Societies were encouraged to bring branches together not only for training courses, but also to reflect periodically on emerging good practices and lessons learned and some NSs, such as the Argentina RC also wrote up these experiences into documents to share more widely. For the first two years of the Global Alliance, national HIV coordinators and other NS personnel came together regularly to review progress and share experiences, culminating in the lessons learned workshop and review that was held in December 2011. NSs regretted that this level of support had not been maintained throughout the four years as Secretariat capacity dwindled with declining funding. Concern was expressed, for example, that with the demise of the Caribbean RC website, a common platform for sharing materials and tools was lost, which may have resulted in the duplication of efforts in the development of methodologies.

Despite the decline in opportunities, NSs particularly appreciated the horizontal learning, which also went beyond group meetings; for Guatemala RC for example, an exchange visit to El Salvador

³⁸ It was a surprise to hear from one IFRC interviewee that in Geneva "No one's talked about Global or Operational Alliances for some time now".

³⁹ In the San Juan in Argentina, the branch reportedly further reduced to the curriculum to a mini-training course of four three hour sessions.

introduced its HIV coordinator to the approach being taken to VCT by El Salvador RC, a methodology that was subsequently adopted in Guatemala. For the Jamaica RC, hosting an exchange visit from a neighbouring NS was equally fruitful; “Seeing one’s own programme through new eyes was really interesting,” explained one interviewee. For Colombia and Ecuador RCs, an exchange visit in 2012 reportedly resulted in plans to start a joint HIV initiative in 2013 with vulnerable populations on either side of the Colombia-Ecuador border. Argentina RC provided opportunities for exchange visits between branches, particularly useful given their strategy of involving a range of different branches with varying capacity⁴⁰.

It was unclear to what extent the National Societies had been able to benefit from (and contribute to) learning and exchange between the other zones that participated in the Global Alliance, beyond initial meetings organized at the time of the global HIV and AIDS meetings, when many Global Alliance on HIV NSs participated (although it was noted that this generally did not involve technical staff).

Key finding 24: *After a strong start producing the common advocacy document in 2009⁴¹, the Secretariat was unable to continue supporting regional advocacy efforts to the same extent, losing valuable opportunities to present progress being achieved by National Societies through the Global Alliance framework, which could also have proved valuable in resource mobilization efforts.*

The advocacy document that was put together by the Secretariat in 2009 presented an overview of what the Red Cross was accomplishing in the Americas at the start of the Global Alliance on HIV. While NSs at national level were engaged in a range of advocacy activities as reflected on previously, publishing at least one update of the impact of the Global Alliance on the Americas region for external audiences should have been prioritized by the Secretariat. This could have provided a strong platform for both National Societies and the Secretariat to be able to draw attention to common advocacy issues and raise awareness of the role of the Red Cross in HIV in the continent, as well as to present the impact the Global Alliance framework was having (and thus back up National Societies’ fundraising efforts). It could also have encouraged National Society leaders to become more proactive on HIV issues and could also have supported the cultivation of strategic relationships with key organizations such as UNAIDS. Unfortunately, this area appears to have been another victim of the decrease in capacity of the Secretariat over the course of the Global Alliance period.

Key finding 25: *A key concern for all three National Societies visited during the evaluation was the longer-term sustainability of activities started during the Global Alliance period. With the ending of the multilateral funding, important activities in some branches were being curtailed, as the NSs had not found alternative sources of funding.*

In one sense the ending of the Global Alliance on HIV appears not to be having too much of an impact on the three NSs visited during the evaluation. All three NSs are continuing to present their HIV programmes through the Global Alliance framework and as has been mentioned previously all three suggested they would continue to do so in their search for on-going support for their programmes.

For all three NSs, the key concern is securing the long-term viability of the programmes and finding new sources of funding to replace the lost multilateral funding that accompanied the Global Alliance, in a region that is experiencing a dramatic decline in ODA funding for HIV and

⁴⁰ During the evaluation visit to Mar del Plata, the coordinator from San Juan also participated in order to learn more about working with prisoners since San Juan had recently begun to work with this particular vulnerable group.

⁴¹ Inequalities fuelling HIV pandemic: Focus on Red Cross societies’ response in Latin America and the Caribbean, IFRC 2009 - http://www.ifrc.org/Global/Publications/Health/177100-HIV_AMERICAS-Report-EN-LR.pdf

other developmental work. All three NSs recognized the importance of continuing to build upon the strong partnerships they have forged with governmental and CSO counterparts (both nationally and at branch level), as well as continuing to develop their collaborations with the private sector. For branches, the ending of the multilateral funding has meant that some activities have had to be cut back, although in all cases they continue to support activities where they can; branches in Jamaica continue to welcome support group meetings, even if they are not in a position to provide travel stipends and refreshments as before, while branches in Guatemala continue to work together with the local ministry of health in offering VCT and other prevention activities, even if they are no longer in a position to necessarily support PLHIV to travel for medical appointments. It would seem that coupled with efforts at national levels to secure additional support, NSs need to redouble their efforts to support branches in their search for locally-sourced funding and support in-kind, building on their strong local relationships and reputation. The Mar del Plata branch of Argentina RC has had some success in making applications for a small local fund made available by the municipality but managed with community participation (organizations develop proposals and these are voted on by the community, so the reputation of the organization is an important criterion when voted). Funds may be small (in the case of Mar del Plata grants have been around US \$ 2,400) but at branch level can be made to go a long way.

Sustainability in a climate of reducing ODA funding is clearly a huge challenge. In Jamaica the vitally important Global Fund contribution came to an end in March 2013 with no clear certainty as to how the Jamaican government would be able to continue to ensure access to medication for PLHIV or support vital prevention work. Jamaica RC is well placed within the broader stakeholder group of organizations working on HIV to take a lead in advocacy efforts to ensure that the gains made over the past years are not undone through lack of funding.

Key finding 26: *For a number of branches (and the Guatemala RC in general) it seems that the Global Alliance has been transformative, contributing to efforts to revitalize and modernize the National Societies.*

The evaluation visit to branches of all three National Societies revealed the extent to which National Societies have benefited from the Global Alliance. For branches like Mar del Plata in Argentina, branch leaders were clear that the programme had revitalized a moribund branch, brought in new volunteers and catalysed a new sense of purpose and focus. A similar picture emerged in the visit to Concordia as well as in the meetings with local coordinators from other branches in Argentina such as Quilmes, Saavedra and Corrientes.

For Guatemala RC, the NS has been affected quite profoundly it would seem by the focus the Global Alliance on HIV put on working with the most at-risk populations. Although wary of overstating the impact, it is true to say that five years ago the NS was primarily working with more traditional target groups and particularly in-school youth and the general population. Five years on, not only has the NS expanded its HIV work to many more branches but the shift to working with key populations seems to have contributed to a change within the NS which today, according to staff and volunteers interviewed during the visit, is a more open and inclusive place to work.

6. Recommendations

Recommendations stemming from the findings above address three main issues: how to build upon the outcomes of the Global Alliance on HIV (and in particular how to continue to strengthen NSs in areas of potential or weakness); the future for Red Cross work in HIV in the Americas and some more general recommendations related to lessons learned regarding implementing four-year programmes. Two specific recommendations are addressed to individual NSs.

Recommendation 1: *For those National Societies that have been part of the Global Alliance on HIV in the past four years, it seems clear that they should continue their work in HIV, building on their experience, reputation and relationships. They should particularly focus on:*

- Maintaining the holistic programme approach under the structure provided by the Global Alliance framework;
- Continuing to prioritize their work with most at-risk populations;
- Ensuring that their HIV programme sits within their overall National Society strategic plan;
- Seeking out ways of integrating their HIV work with the NS's other core programmes;
- Regularly revising the activities including in their HIV programme to ensure that they are incorporating new and emerging approaches and technologies and thus staying relevant and up-to-date. In many countries it seems imperative to expand the stigma and discrimination narrative to directly confront the high levels of homophobia that exist;
- Exploring opportunities to partner with CSOs with experience of working on livelihoods development in order to improve and scale up their work in this area. This is an area where better collaboration with other departments within the NS could be beneficial, since livelihoods support is a key component to many programme activities;
- Regularly documenting their work with key populations and sharing this widely with partners. This will help ensure continued learning and improvement but will also help with building relationships and securing programme funding;
- Putting increased efforts to improving the NS's capacity to mobilize resources. This must include improving their abilities to develop high quality funding proposals, both nationally and at branch level, as well as continuing to explore collaborations with the private sector;
- Prioritizing the improvement of the NS's capacity to evidence and report on what they do, including developing robust baseline methodology.

Recommendation 2: *The IFRC Secretariat in Panama needs to re-build its technical capacity to support NSs' work on HIV as well as mobilizing NS capacity to better support one another, while also continuing to work with NSs to address various organizational development weaknesses that this evaluation has touched upon. This should include:*

- Finding ways of addressing the support needs of NSs that were not part of the Global Alliance in the past four years but are interested/committed in doing so and where the epidemiological evidence deems it to be necessary. It is suggested that the Global Alliance NSs should take an important mentoring role in this, actively sharing their experience, coaching and accompanying NSs. The Secretariat should explore the possibility of devolving responsibility for providing technical leads on certain issues to NSs with capacity and expertise (eg Argentina RC on substance use, Jamaica RC on violence and HIV, Guatemala RC on working with trans-women). This could also include PNS that are active in the zone, eg the American RC in the Caribbean;
- Working with NSs to ensure that their HIV strategies are integrated within their wider NS strategic plans (and that all NSs have up-to-date strategic plans);
- Encouraging NSs to strengthen their resource mobilization capacity, particularly by working with them to improve their proposal-writing skills and to ensure that programme plans are accompanied by resource mobilization strategies;
- Researching better approaches to addressing the livelihoods needs of PLHIV, including actively exploring opportunities to partner with other organizations that are experienced

in developing sustainable livelihoods. Encouraging an integrated approach on livelihoods is key, given the increasing emphasis on livelihoods support with beneficiaries is key;

- Reviewing all IFRC methodologies (including CBHFA and DRR materials) to ensure that there is a better integration of HIV-related issues (and particularly issues related to working with MARPs). HIV-related materials should similarly be reviewed to help build these integration 'bridges';
- Supporting NSs' capacities to gather, analyze and present data, as well as to report on programme output and impact. This should include looking at advances in other programme areas (eg disaster risk reduction and the experience of the American RC in developing baseline methodology and data collection through the use of mobile phones, etc). This is an area where NSs need to greatly improve if they are to compete for ever more scarce ODA funding or secure long-term support from the private sector;
- Facilitating the active sharing of good practices, lessons learned, methodologies and tools between National Societies.

Recommendation 3: *A number of more general lessons can be learned from the experience of implementing a multi-country, multi-year programme such as the Global Alliance. These include:*

- If the Secretariat launches a long-term programme such as the Global Alliance, it must commit to support and accompany the National Societies throughout the entire life of the programme, either by ensuring the appropriate resources (human and financial) are provided or by putting in place other mechanisms to ensure that NSs are (and feel) supported and that quality control is assured;
- The MoU between the NS and the IFRC covering a long-term programme should remain valid for the entire life of the programme and should not be annually renewed, to avoid bureaucratic delays that can have a negative impact on NSs and beneficiaries. Instead, NSs and the IFRC should agree and sign off annual work plans and budgets under the umbrella of the MoU;
- With any future development of long-term programmes (whether for single or multiple National Societies), NSs should be encouraged to dedicate time and resources to adequate research and investigation, particularly at the start of implementation, to inform and orientate their subsequent work. It is also important to review programmes regularly to ensure that they take on board new approaches and innovations that might be emerging, as well as maintaining close coordination with other organizations working on the same issues;
- As well as learning from the Global Alliance on HIV from a programmatic point-of-view, it is suggested that the lessons learned from the Global Alliance should be brought together with other experiences of promoting better strategic coordination within the Red Cross family in order to inform future collaborations. Given the ever-diminishing availability of ODA, smart collaboration within the Movement for more impact will only become more imperative;
- The Global Alliance on HIV offers some valuable insights into broader institutional change in general. It is recommended that this evaluation is shared beyond the HIV and health sector (both within the IFRC but also with NSs and PNS) so that the lessons learned through the programme can inform other capacity building and organizational development work.

Recommendation 4: *Guatemala RC is encouraged to seek to become a sub-recipient of the Global Funding the next application round, with the support of IFRC. Given that*

Guatemala continues to be a strategic priority country for UNAIDS, the NS should also aim to build on their strong relationship with UNAIDS.

Recommendation 5: *Jamaica RC is recommended to take a more proactive and leadership role with its stakeholders to address the widespread concern following the ending of Global Fund support to Jamaica. The NS is also encouraged to explore ways of working with under-served key populations, such as lesbians, older people and children below secondary school age.*

7. Conclusions

For those National Societies that participated in the Global Alliance on HIV over the past four years, the experience has been undoubtedly fruitful. They have extended their work to new populations, involved more branches, learned new skills, developed new partnerships, strengthened their credibility both at home and further afield and in many cases confronted and challenged old prejudices and encouraged change and modernization within their own institutions.

While it is strongly recommended that the Red Cross Societies in the Americas continue to include HIV as part of their strategic programmes, concentrating their work with key populations and contributing to reducing HIV infection rates, combating stigma and discrimination and responding to the needs of vulnerable, marginalized and stigmatized people affected by HIV, no clear message came through regarding whether there is any advantage to be gained by continuing to package National Societies' programmes together as a Global Alliance. It is for this reason that the recommendations above do not touch on this issue.

While there may be programmatic, financial or advocacy reasons why it would be advisable for NSs to continue to be part of an Americas initiative, particularly in order to present a consolidated picture of the Red Cross role in HIV work in the continent and use the combined weight of Red Cross experience to influence policy and practice, the evaluator was unclear whether there were compelling reasons to continue this under a *global* umbrella. With funding being increasingly decentralized, perhaps the moment for a Global Alliance has passed.

A final word ...

I would like to thank all the staff and volunteers of the three National Societies who organized my field trips as part of this evaluation, as well as all the staff in the zone offices who continued supporting me even while going through the re-structuring process of the zone, which impacted on all of them personally.

I very much appreciated the opportunity to get to know two new National Societies that I had not visited in the past and it was a great pleasure to be able to return to Guatemala Red Cross, five years after my last visit. As always when I visit National Societies, I am filled with awe and respect for the hard work and dedication of volunteers and frankly don't understand how they seem to manage to combine full-time work or study, a family and full-time volunteering with the Red Cross. I'd also like to thank all the beneficiaries who gave up their time to talk to me during my visits and who shared their views and opinions so openly and candidly. It was a privilege to spend time with you all.

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