Challenges for civil society organisations in HIV and AIDS programme monitoring and evaluation

Submitted by

SUSAN CHENG SIM CHONG

BA, MA

A thesis submitted in partial fulfilment of the requirements

for the degree of

Doctor of Public Health

School of Public Health

Faculty of Health Sciences

La Trobe University

Bundoora, Victoria 3086

Australia

January 2010

TABLE OF CONTENTS

LIST OF TABLES

LIST OF FIGURES

LIST OF ABBREVIATIONS

ABCDE	Abstinence, Be faithful, use a Condom, don't take Drugs and Education
ACHIEVE	Action for Health Initiatives
ADB	Asian Development Bank
AIDS	Acquired Immunodeficiency Syndrome
AMTP	AIDS Medium Term Plan
APCASO	Asia Pacific Council of AIDS Service Organizations
ASAP	AIDS Society of Asia and the Pacific
ASEAN	Association of Southeast Asian Nations
AusAID	Australian Agency for International Development
ARV	Antiretroviral
BSS	Behavioural Sentinel Surveillance
CAPS	Center for AIDS Prevention Studies
CARAM	Coordination of Action Research on AIDS and Mobility
CBPR	Community-Based Participatory Research
CBO	Community-Based Organisation
CCM	Country Coordinating Mechanism
CDA	Cooperative Development Authority (Philippines)
CDC	Centre for Disease Control
CHOW	Community Health Outreach Worker
CINALH	Cumulative Index to Nursing and Allied Health Literature
CIPP	Context, Input, Process and Product
CODE-NGO	Caucus of Development Non-Governmental Organisations
CRIS	Country Response Information System
CSO	Civil Society Organisation
DAC	Development Assistance Committee
DFID	United Kingdom Department for International Development
DJANGO	Development, Justice and Advocacy Non-Governmental Organisation
DoC	Declaration of Commitment
DoH	Department of Health (Philippines)
DOLE	Department of Labour (Philippines)
FBO	Faith Based Organisation

G8	Group of Eight (nations that represent the major industrialised economies)
GFATM	Global Fund for AIDS, Tuberculosis and Malaria
GMHC	Gay Men's Health Crisis
GONGO	Government Organised Non-Governmental Organisations
HAIN	Health Action Information Network
HIV	Human Immunodeficiency Virus
ICASO	International Council of AIDS Service Organizations
IDU	Injecting Drug Use
IEC	Information, Education and Communication
IHBSS	Integrated HIV Behavioral and Serologic Surveillance
INTRAC	International NGO Training and Research Centre
IOCE	International Organization for Cooperation in Evaluation
ITPC	International Treatment Preparedness Coalition
JAKIM	Jabatan Kemajuan Islam Malaysia (Department of Islamic Development Malaysia)
MDG	Millennium Development Goal
M&E	Monitoring and Evaluation
MAC	Malaysian AIDS Council
MAF	Malaysian AIDS Foundation
MARP	Most-At-Risk-Population
MCCBCHS	Malaysian Consultative Council of Buddhism, Christianity, Hinduism, and Sikhism
MoH	Ministry of Health (Malaysia)
MSC	Most Significant Change
MSM	Men-who-have-Sex-with-Men
NASPCP	National AIDS/STI Prevention and Control Program (Philippines)
NCPI	National Composite Policy Index
NEDA	National Economic and Development Authority
NHSS	National Sentinel Surveillance System
NGO	Non-Governmental Organisation
NPM	New Public Management
NSP	National Strategic Plan
ODA	Official Development Assistance
OECD	Organisation for Economic Co-operation and Development
OFW	Overseas Filipino Workers

PiP	People in Prostitution
PMTCT	Prevention of Mother-to-Child-Transmission
PNAC	Philippine National AIDS Council
PO	People's Organisation
PR	Principal Recipient
PRRM	Philippine Rural Reconstruction Movement
PT	Pink Triangle
PWHA	People Living with HIV and AIDS
RCT	Randomised Controlled Trial
SEC	Securities and Exchange Commission (Philippines)
SFAF	San Francisco AIDS Foundation
SIDA	Swedish International Development Cooperation Agency
SPSS	Statistical Package for Social Science
SR	Sub-Recipient
SSC	South-South Collaboration
SSR	Sub-Sub Recipient
STD	Sexually Transmitted Disease
TASO	The AIDS Support Organisation
TSF	Technical Support Facility
UA	Universal Access
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Program
UNEG	United Nations Evaluation Group
UNGASS	United Nations General Assembly Special Session
UNICEF	United Nations Children's Fund
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
USA	United States of America
USAID	United States Agency for International Development
USD	United States Dollar
VCT	Voluntary Counselling and Testing
WHO	World Health Organization

SUMMARY

Civil society organisations (CSOs) have been at the forefront of the response to the HIV and AIDS epidemic and have developed innovative interventions for prevention and care and support. There has been increased interest from CSOs and donor agencies about gathering evidence of the effect of programmes. CSOs are concerned to find out if they are effectively meeting clients' needs and donors require accountability for funds. However, the literature is scarce on developing countries CSOs' accounts of HIV and AIDS programme evaluation.

In this thesis case studies of Malaysia and the Philippines are used to investigate the challenges HIV and AIDS CSOs encounter in the monitoring and evaluation of programmes. The focus is on CSOs' experiences in meeting the evaluation requirements of donors and on their capacity and resources to develop and undertake evaluation.

Data collection involved semi-structured in-depth interviews with representatives from 25 organisations from four sectors – CSOs, donors, government and the United Nations – in both countries. The themes explored included: evaluation knowledge, expertise and practice; technical support and resource allocation; perceptions and attitudes to evaluation; and donor and recipient relations. A cross-case analysis was undertaken.

The findings show that despite contrasting political, social and economic contexts, Malaysian and Filipino CSOs share similar impediments to evaluation, including the lack of skilled personnel, inadequate funds, onerous reporting obligations, limited ability to negotiate evaluation requirements, capacity limitations in evaluation methods and constraints in reaching marginalised groups.

Technical and resource support are key to strengthening CSOs' evaluation capacity. Findings also suggest that a review of donor and CSO relations would optimise collaborative approaches that lead to mutual learning and equitable partnership. Ultimately, evaluation should contribute to developing learning organisations and cultivating core skills to obtain evidence that would enable innovation in response to changing environments and demands that characterise an evolving epidemic.

STATEMENT OF AUTHORSHIP

Except where reference is made in the text of the thesis, this thesis contains no material published elsewhere or extracted in whole or in part from a thesis submitted for the award of any other degree or diploma.

No other person's work has been used without due acknowledgment in the main text of the thesis.

This thesis has not been submitted for the award of any degree or diploma in any other tertiary institution.

All work undertaken to for this thesis was completed by myself at the School of Public Health, La Trobe University. Professor Vivian Lin, Professor Dennis Altman and Dr Simon Barraclough supervised the research for this thesis. Approval was granted for the research procedures in this thesis by the La Trobe University Human Ethics Committee (No. 08-003)

---------- ----------

Susan Cheng Sim Chong Date

ACKNOWLEDGEMENTS

A dissertation such as this, one that spans regional locations and community groups, could only have been made possible by the support and generosity of a wide network of friends and colleagues.

I was fortunate to be offered a scholarship by La Trobe University and I am immensely grateful for the facilities and guidance provided that became indispensible to my work.

At La Trobe University, I found academics who were keen to provide quality education to students. Foremost of these are my supervisors, Professor Vivian Lin, Professor Dennis Altman and Dr Simon Barraclough. I am indebted to them for their clarity, focus, varied perspectives and for their care.

To my peers in the postgraduate room at the School of Public Health, my heartfelt thanks for your encouragement and camaraderie.

Finally, to the respondents who took the time to share their views, I am deeply appreciative.

And lastly, the final word goes to my family whose full support has carried me through the years. *Kam siah.*

CHAPTER ONE – APPROACHING THE THIRD DECADE: THE RESPONSE TO THE GLOBAL HIV AND AIDS PANDEMIC

INTRODUCTION

The global HIV and AIDS pandemic has required innovative action to stem its spread and to treat people infected with the virus. In most countries sectors of society, including governments, civil society and private enterprises, have become involved in the response to the epidemic. While the methods to stop the transmission of HIV are known, including the use of prophylactics, there is less empirical evidence on the effectiveness of interventions promoting prevention. A multitude of projects and programmes related to HIV and AIDS prevention, treatment and care and support have been implemented. Civil society organisations (CSOs) have proliferated in the AIDS field in carrying out these programmes. However, the monitoring and evaluation efforts to ascertain the effectiveness of these interventions have been ambiguous. The focus of this research is to examine how CSOs working on HIV and AIDS undertake project monitoring and evaluation. In particular, the aim is to investigate and identify the impediments that CSOs may have encountered in their planning and implementation of the evaluation component in the project cycle.

This chapter begins with a background to the HIV and AIDS pandemic. This is followed by a description of the importance of civil society organisations, their interventions, and their relations with other stakeholders. Then, attention is drawn to the various global AIDS initiatives of the last decade that have lead to an emphasis on monitoring the progress of national and global responses including those by governments and CSOs. Subsequently, an account is provided of the need to increase the knowledge and practice of the evaluation of HIV and AIDS programmes; particularly of CSOs' undertaking of evaluation efforts. This leads to the rationale and aim of this study. An explanation of the methodology to the investigation is provided. The chapter closes with brief descriptions of the next seven chapters.

BACKGROUND

Nearly 30 years have passed since the first cases of HIV were detected in 1981 in New York City (Centers for Disease Control and Prevention (CDC) USA, 1981). It was estimated that by the end of 2007, there were 33 million people living with HIV and that

there has been 20 million AIDS related deaths worldwide (Joint United Nations Programme on HIV/AIDS (UNAIDS), 2008b, p. 32). In the Asian region, an estimated five million people were living with HIV and close to four million had died (UNAIDS, 2008b, p. 48).

The Asian region is characterised by contrasting HIV epidemics. Countries (often neighbours) experience different patterns of disease distribution, and within countries more than one epidemic could be unfolding. These epidemics vary in characteristics that include populations most at risk and modes of transmission. For example, Indonesia reports regional epidemics of HIV through different transmission modes among different populations (Mboi & Smith, 2006). Some countries (e.g. Pakistan) are reporting rapid growth of HIV infections, albeit in specific populations (such as injecting drug users and men-who-have-sex-with-men) and heavily populated countries (e.g. China) are recording steady increases in HIV cases (UNAIDS, 2008b, p. 48). Thailand and Cambodia, have reported a considerable fall in the number of new HIV infections (except amongst injecting drug users and men-who-have-sex-with-men in Thailand) and reduced prevalence rates (Cambodia National AIDS Authority, 2008; United Nations Development Programme (UNDP), 2004). The Asian epidemics are propelled by risky behaviours including unprotected heterosexual sex (in commercial and non-commercial settings), injecting drug use (through the sharing of contaminated needles and syringes) and unprotected male-to-male sex. The Commission on AIDS Report (2006, p. 23) notes that men who buy and have unprotected sex "are the single-most powerful driving force in Asia's HIV epidemic". This report also identifies "social drivers" of the epidemic – poverty, gender inequalities and stigmatisation – that have to be addressed in long-term developmental strategies and in creating "enabling environments" to reduce the vulnerability of affected populations and to mitigate the impact of the pandemic.

The continuous increase in the incidence of HIV, particularly among marginalised groups, requires country HIV and AIDS programmes to put in place targeted prevention interventions as well as treatment and support initiatives for infected and affected populations. The diversity of epidemics in different circumstances requires interventions to be tailored within the context of local settings and available resources – a "one-size-fits-all" approach is not necessarily appropriate or effective. For example, the epidemics in China and Vietnam are driven by injecting drug use, but each country has responded

with a different emphasis on needle and syringe exchange and methadone maintenance respectively (Hammett et al., 2007).

CIVIL SOCIETY RESPONSE

As the epidemic spread, civil society became more organised in its responses and CSOs were formed. In general use, the term CSOs refers to entities that are independent of government structure, political parties and economic markets, and are established to pursue and achieve collective interest and goals. For the purpose of this study, CSOs refer to groups including community-based organisations (CBOs), non-governmental organisations (NGOs), faith-based organisations (FBOs), coalitions and networks which work at local, national, regional and international levels. In this thesis the term CSO is used when referring to the broad grouping of organisations. The terms NGO and CBO are used to refer to the specific type of organisation.

The examination and review of the conceptual frameworks, theoretical perspectives and the historical evolution of CSOs, in particular NGOs[1], is beyond the scope of this thesis. The study of and research on NGOs has generated voluminous literature that focused on a multitude of aspects, characteristics and relationships of the NGO. For example, there are discussions on description and classification as the heterogeneity of NGOs raises challenges in generating a comprehensive definition (C. Elliot, 1987; Esman & Uphoff, 1984; Korten, 1990; Salamon & Anheier, 1992; Vakil, 1997; Wolch, 1990). There are also examinations of NGOs' roles and participation according to sector, including health (Gilson, Sen, Mohammed, & Mujinja, 1994; Green & Matthias, 1995), human rights (Korey, 1998; J. Smith, Pagnucco, & Lopez, 1998) and environment (Breitmeier & Rittberger, 2000; Jepson, 2000). In addition, issue or theme specific debates and analyses abound, examples include the topic of relations between Northern and Southern NGOs (C. Elliot, 1987; Lewis, 1999; Mawdsley, Townsend, & Porter, 2005), and on NGOs and accountability (Ebrahim, 2003; Edwards & Hulme, 1996; Lee, 2004).

This background to the HIV and AIDS civil society movement and organisations is included in this thesis as references will be made to CSOs' experiences with project implementation on prevention, treatment, care and support interventions, and their relations with other stakeholders during the course of this study.

[1] The term NGO has its formal roots in the United Nations Charter which recognised organisations without government affiliation and provided them with consultative status with the United Nations (Willets, 2002).

Early responses by community-based groups

The civil society sector is a key stakeholder group in fighting the epidemic, particularly as communities have been at the forefront of the response (Altman, 1994; Bagasao, 2004). Community-based mobilisation and organising has significantly influenced the way other stakeholders, including governments, health care providers and donors, have dealt with HIV and AIDS. In many countries community groups were first to mobilise, with gay men's groups in the United States, namely the Gay Men's Health Crisis Centre (GMHC) and the San Francisco AIDS Foundation (SFAF), taking action as early as 1982 (Arno, 1986; Kayal, 1993). Similarly, in other industrialised countries where HIV was initially detected among homosexual men, gay communities were relatively expedient in setting up the provision of services such as home based care, counselling and education (Berridge, 1996). The mobilising and organising by small groups of people who have been affected by HIV and AIDS has occurred in non-marginalised communities as well. In African countries where infection is mostly through heterosexual intercourse, many organisations have been formed such as the pioneering Ugandan AIDS Support Organisation, also known as TASO, which started with support services for AIDS affected families in 1987 (Kalibala & Kaleeba, 1989).

Evolution of HIV and AIDS organisations

This community-based organising often resulted in the establishment of CBOs which have distinct characteristics. As described, their origin is from within the community (CBOs are also referred to as grassroots organisations) which sets the organisational and programme mandates, and to which the CBO is accountable. In the AIDS field, CBOs are often associated with specific sub-populations such as marginalised communities, including sex workers, transgender people and injecting drug users. CBOs can respond quickly and with flexibility, be innovative with approaches and importantly are "filling gaps [left] by governments due to political sensitivity or lack of contacts or expertise" (O'Malley, Nguyen, & Lee, 1996, p. 345).

From these small CBOs, the civil society sector has grown immensely with diverse configurations of NGOs that not only meet specific needs of populations affected by HIV (e.g. orphans and migrant workers) but focus on particular issues (e.g. treatment access) and have taken on varied roles that include being funders, information disseminators and advocates. It is not the intent of this section to examine the typology of NGOs, but a brief description of the diversity is given. For example, there are AIDS-specific, non-AIDS

specific and intermediary NGOs which are organised around different functions and have a range of organisational structures. Briefly, AIDS-specific NGOs implement only HIV and AIDS programmes and non-AIDS specific NGOs are usually larger international organisations with a focus on broader development and health agendas that have incorporated HIV and AIDS into their programmes or services. Intermediary NGOs are not directly linked to HIV and AIDS programmes, but they offer services such as technical support that aid the NGOs involved in HIV and AIDS.

As the pandemic spread geographically and demographically, CSOs, initially concerned with the impact of HIV and AIDS on their communities at local levels, began to create networks, share knowledge and expertise and collaborate on mutual agendas. National, regional and international networks and coalitions[2] were established to: coordinate their affiliates' programmes; provide capacity development (e.g. national NGO AIDS councils such as the Thai NGO Coalition on AIDS); function as advocacy platforms (e.g. International Treatment Preparedness Coalition); raise concerns of vulnerable communities (e.g. CARAM Asia - Coordination of Action Research on AIDS and Mobility); and promote specific issues (e.g. Canadian HIV/AIDS Legal Network).

At times, these networks and CSOs have partnered and cooperated at global forums. At the United Nations General Assembly Special Session (UNGASS) on HIV and AIDS in 2001 and at subsequent follow up assemblies and forums, civil society groups consulted, negotiated and coordinated amongst themselves to arrive at agreements to move their advocacy agendas forward. Then, CSOs advocated to government representatives for outcomes which reflected and responded to the issues and needs of people and communities on the ground who were affected and infected by HIV and AIDS (ICASO, 2007).

Civil society organisations' engagement with stakeholders

One major factor which has influenced how CSOs have evolved and responded to the epidemic is their relations with key stakeholders (e.g. government) and the environment they are immersed in, for example, political systems and socio-cultural structures. Broadly, CSOs in countries with well established democracies have been able to form and operate relatively openly and at times with financial support from the state.

[2] HIV and AIDS related networks and coalitions are entities that vary in membership and focus. For example, there are networks that are based on identity such as sex workers and people living with HIV and AIDS, and coalitions that are theme or issue based such as access to treatment.

However, this does not suggest CSOs and their governments have conflict-free relations and in many instances CSOs have been critical of governments in matters such as policy decisions on contentious issues including harm reduction. For example, CSOs in South Africa and Thailand have had public disagreements with their governments on the issue of access to treatment (Krikorian, 2009; Schneider, 2002; von Schoen Angerer, Wilson, Ford, & Kasper, 2001).

There are models of productive partnerships and relations between the government and non-governmental sectors. The successful intervention of the Australian government was precipitated by pressure from community groups (e.g. the gay community) affected by AIDS for action. Subsequently, the government's multi-sectoral or "*partnership*" approach bringing together NGOs, researchers, clinicians, community groups and people living with HIV and AIDS led to comprehensive and sustained efforts to contain the epidemic (Bowtell, 2006; Feachem, 1995; Sendziuk, 2003). CSOs continue to play a crucial role in determining Australia's AIDS strategies.

In other instances, it is the tenacity of the AIDS-related CSOs and their collaboration with the local health officials and administrations' AIDS programmes that has maintained responses at municipal and state levels. Brazil may be world renowned for its free universal access to anti-retroviral (ARV) therapy for its population (Okie, 2006), but the exceptional mobilisation of its non-government stakeholders to HIV and AIDS is equally acknowledged (Levi & Vitoria, 2002). A significant part of Brazil's achievement in mitigating the epidemic is attributed to the social mobilisation and solidarity among different sectors of society, including the most affected communities (e.g. the gay community), health advocacy groups, academics and health officials to develop a national response (Berkman et al, 2005; Headley & Siplon, 2006; Parker, 2003).[3] Brazil was able to implement a comprehensive countrywide expanded prevention effort in the 1990s when it secured a loan from the World Bank (de Mattos, Terto, & Parker, 2003). Again, CSOs were pivotal partners and ensured NGOs were allocated funds to work with hard-to-reach populations (Berkman et al., 2005; Beyrer, Gauri, & Vaillancourt, 2005). It should be noted that leadership from the civil society sector may not have been sustained if the Brazilian government itself was not committed to ensuring a continued partnership

[3] Berkman et al refers to political, legal and socio-cultural contexts that influenced the Brazilian response such as the new constitution of 1988 that set the framework for civil society's engagement in national agendas and strong human rights fundamentals such as right to health care which is embedded as a government responsibility.

with their non-government counterparts. This is evident in the collaboration between the government and NGOs and supported by the broader social movements to implement to ensure universal access to ARVs by people living with HIV (Galvao, 2002).

In less democratic settings, the structure of CSOs is different, as undemocratic political regimes have not been as tolerant of civil society organising but instead in some cases established alternative entities such as Government Organised NGOs (GONGOs) (Steinberg, 2001). Often, CSOs in this context face strict government regulations which hamper their organising and operations (Lu, 2005; Ma, 2002; Saich, 2000). Even so, NGOs have formed, although many have links to the government as current or ex-government personnel have positions as board directors or members. Smaller community-based groups have also emerged, usually linked to marginalised groups, which periodically puts them in a precarious position with the authorities as their projects often deal with illicit activities and behaviours (Saich, 2000). Frequently, they are under state surveillance and AIDS CSO activists have been detained by authorities as their actions were perceived to be critical of the government such as has occurred in China and Burma (Fan, 2006, November 26; Lae, 2007). Change is slowly happening in these non-democratic countries as governments recognise the value of the contributions of CSOs, particularly in their interventions with hard-to-reach population groups. Many of these CSOs have links with international NGOs and funders that provide technical and funding support. This has strengthened CSOs' capacity to be effective providers of services and advocates for policy and legislative change, as observed in AIDS CSOs in Russia (Brown, 2006).

Difficult relations with government are one of a number of obstacles for CSOs in undertaking their organisational operations, programme implementation and advocacy. The challenges faced by NGOs, CBOs and networks vary depending on factors including human and financial resources, technical capacity and logistics. For example, a common issue is capacity building for staff in project development and implementation, as services are expanded to meet demands of the community or increased numbers of clients. The shortage of skilled staff and expertise for specific aspects of programming such as programme management and monitoring and evaluation continues to hinder the effective delivery of services and compromises the documentation of project processes and progress (Kegeles, Rebchook, & Tebbetts, 2005).

In some cases a significant increase in funding is obtained by an NGO but capacity to absorb and deploy the resources properly can be limited (Halmshaw & Hawkins, 2004). For example, its financial system may require substantial adjustment, and there may be difficulties in recruiting skilled staff. Moreover, the AIDS field is crowded with a myriad of NGOs, CBOs, international organisations and intermediary NGOs who compete among themselves for resources. This often manifests in antagonism between those organisations that are able to access funds and those who are not and between organisations drawn to respond to HIV and AIDS partly due to the availability of resources with those who have been involved from the beginning (O'Malley et al., 1996).

The on-going advocacy by civil society to governments, the UN and the donor community for a place on decision making bodies, be it national AIDS councils or international committees, has resulted in some progress as civil society representatives are given voting rights. Examples of such positions include the board representative for the Communities Living with the Diseases on the Global Fund for AIDS, Tuberculosis and Malaria (referred to hereafter as the Global Fund or GFATM) and the regular practice of UN taskforces related to HIV and AIDS to include civil society representatives (GFATM, 2004). However, it can be a big step for CSO representatives to engage at these forums where they are expected to represent their large civil society constituency across a broad agenda. Frequently, CSO representatives are at a disadvantage as they do not have the resources (such as those their government counterparts have) for broad based consultation or a technical advisory group to provide strategic guidance (ITPC, 2008). In addition, the geographic spread of some countries, such as India, China and the Pacific Islands pose logistical barriers for developing coordinated action, and poor communication technology (e.g. limited internet access) limits access to and dissemination of information.

NEW IMPETUS IN THE NEW MILLENNIUM

In this third decade of the pandemic, a number of key initiatives influenced the AIDS agenda at the global and national levels. These initiatives came about in order to significantly scale up prevention and treatment, mobilise substantially more resources, advance country ownership of tackling the disease and encourage alignment of donor aid to country priorities to stem the pandemic.

Global commitments and shared responsibilities: UNGASS and universal access

In 2001, the Declaration of Commitment on AIDS (UNGASS Declaration) was adopted by the 189 member states of the UN at its General Assembly Special Session on HIV and AIDS (United Nations, 2001). As signatories, governments committed to "halt and reverse" the AIDS epidemic by 2010 and targets and milestones were set for 2003, 2005 and 2010 to direct countries towards achieving this goal. Countries were required to submit a national report at the end of the aforementioned years to document their progress and the challenges they faced in implementing programmes to meet targets. The national report was to be completed through a collaborative process led by the government with all partners including CSOs, people living with HIV and AIDS, the private sector and faith-based organisations. In 2006, the UN General Assembly reviewed the progress of the implementation of the UNGASS Declaration and adopted the Political Declaration on HIV and AIDS. This Declaration reaffirmed governments' commitment to achieving the goals of the UNGASS Declaration of 2001, and they pledged to scale up efforts "towards the goal of universal access to comprehensive prevention programmes, treatment, care and support by 2010" (United Nations, 2006, p. 3).

The scale-up meant countries were to set bold targets that would lead to a significant increase in people living with HIV and AIDS being able to access treatment, and for prevention interventions to reach those at high risk of HIV infection such as IDUs, MSM and sex workers. To monitor and measure the progress of countries in their efforts and to enable a systematic collection of data a standard reporting format, the National Composite Policy Index (NCPI) was developed by the Joint United Nations Programme on HIV/AIDS (UNAIDS) and is to be completed by countries at the agreed reporting dates (UNAIDS, 2007). The information gathered is compiled into a global report that includes financial allocations for HIV and AIDS by governments, the level of involvement of civil society and the progress and challenges of achieving set targets (UNAIDS, 2005a). In many countries CSOs are encouraged and requested to collect data on interventions with marginalised groups such as availability of services (e.g. for safer injection practices). The CSOs' role as data collectors and their use of data is examined in Chapters Five and Six of this thesis. The next and final report that countries should submit on UNGASS is due by March 2010.

At the regional and global level, international NGOs and networks engage with the UNGASS process through advocacy with national governments, multilaterals and UN agencies. The purpose of this is to enable CSOs to urge stakeholders to meet the commitments made on prevention and treatment, to resource countries to deliver on their interventions and to provide the technical support for effective scale up. Another function CSOs have taken on entails tracking the implementation of the UNGASS Declaration. For example, the International Council of AIDS Service Organizations (ICASO) collaborates with local CSOs in conducting community research on monitoring countries' progress in fulfilling the commitments in the UNGASS Declaration (ICASO, 2008).

Financing the fights against the pandemic: The Global Fund

The Global Fund was established in 2001 as Kofi Annan, then Secretary-General of the UN, proposed a fund to enable increased resources of USD1 billion annually for the global fight against AIDS. The recipients of these funds would be developing countries (Ferriman, 2001). Subsequently, the creation of the Global Fund was endorsed in the UNGASS Declaration (United Nations, 2001) and the Global Fund began operations in 2002 based in Geneva. The Global Fund is an innovative financing mechanism where the core principle is a public/private partnership of governments, civil society, affected communities (of the three diseases) and the private sector, working in collaboration with bilateral and multilateral agencies (GFATM, 2002). A unique feature is the composition of the Global Fund Board where three out of a total of 19 members represent civil society interests. The emphasis on civil society involvement is also reflected in the structure of the Global Fund. For example, it was recommended that at country level 40 percent of members of an entity called the Country Coordinating Mechanism (CCM), through which funding proposals are developed and approved, should represent civil society and affected communities from the non-government sector which includes NGOs and CBOs, faith-based organisations and academic institutions (GFTAM, 2005). In addition to CSOs' involvement in the governance structure, they participate as programme implementers in the roles of Principal Recipients (PR), Sub-Recipients (SR) and Sub-Sub-Recipients (SSR)[4]. However, the effective involvement of civil society representatives has been difficult to realise due to the unequal power balance between government and civil society, weakness in technical skills, limited communication

[4] Principal recipients are the grantees of funds from the Global Fund. PRs manage the funds and if applicable directs funds for project implementation to other CSOs referred to as Sub-Recipients and Sub-Sub-Recipients.

facilities impeding the flow of strategic information from CCM to civil society groups and inadequate capacity for constituency communication (GFTAM, 2008; International Treatment Preparedness Coalition (ITPC), 2008). While there have been positive results of programme implementation in countries where CSOs have been designated PRs there too are cases where SRs and SSRs have experienced difficulties in carrying out projects. In Chapter Six, illustrations are given by respondents who are fund recipients of the challenges they encounter, particularly on the monitoring and reporting of the interventions they are delivering.

Targeting treatment: For millions to be on antiretroviral therapy

The World Health Organization (WHO), in 2004, launched the "3 by 5" initiative with a target to have three million people in developing countries on antiretroviral treatment by the end of 2005 (WHO, 2003). The initiative fell short of its target[5] and although unsuccessful by this measure, it proved that barriers to cost and delivery of treatment could be addressed. This prompted world leaders at the G8[6] Gleneagles Summit in 2005 to commit to universal access to treatment by 2010 [7] (Anonymous, 2005). However, the rhetoric did not result in the financial assistance required as the pledges made by leaders for HIV and AIDS fell a good deal short of what was required globally (Labonte & Schrecker, 2006). Nevertheless, the "3 by 5" initiative led to more systematic setting of treatment (and prevention) targets by countries, on which they are to report annually as part of the universal access initiative.

In addition, the "3 by 5" initiative rallied treatment activists (led by people living with HIV and AIDS) from many countries, under the banner of the International Treatment Preparedness Coalition (ITPC), to engage in an assessment of treatment scale up in six select countries. This Coalition produced the report "Missing the Target" which details barriers and recommendations to the scale up of treatment access (ITPC, 2005). The assessment project is an example of successful evaluation research that had its genesis in the community most affected and involved community members in all aspects of the study, including design, implementation and findings dissemination. Furthermore, the

[5] Despite not reaching the target, 1.3 million were put on treatment and up to 300,000 lives saved due to the "3 by 5" initiative (Schwartlander, Grubb, & Perriens, 2006; WHO, 2006a).

[6] The G8 refers to the Group of Eight developed countries, consisting of Canada, France, Germany, Italy, Japan, Russia, the United Kingdom, and the United States who meet periodically to deliberate on economic matters.

[7] It has to be noted the tremendous efforts of groups of activists such as the International Treatment Preparedness Coalition (ITPC), Treatment Action Campaign (South Africa) and Thailand Treatment Action Group contribute significantly to the global advocacy for access to treatment.

activists used the report as an advocacy tool post- "3 by 5" to continue the pressure on governments, donors and multilaterals to deliver on their commitments to treatment access within the frameworks of universal access and the UNGASS DoC.

National priorities and coordination: The "Three Ones" into action

The "Three Ones" initiative was developed to promote country ownership of strategies and action on HIV and AIDS and for donor entities to harmonise their support to align with country priorities in responding to the HIV epidemic. This initiative, led by the United Kingdom, the United States and UNAIDS, was developed through a consultative process with governments, donors, multilateral agencies, the private sector and CSOs to guide stakeholders in countries to coordinate their national responses to HIV and AIDS (UNAIDS, 2004). The principles of the "Three Ones" are: *One HIV/AIDS Action Framework*; One *National AIDS Coordination Authority*; and *One Country-level Monitoring and Evaluation System*. The involvement of civil society is emphasised in the implementation of the principles. For example, CSOs should be actively involved in the development of the Action Framework, and collaborative partnerships should be formed between CSOs and the National AIDS Coordination Authority (UNAIDS, 2005c). In reality, a different picture emerges as UNAIDS reports that "there is generally insufficient participation of civil society in the review and update of national AIDS frameworks" (UNAIDS, 2005c, p. 38). In particular, Asia Pacific countries (and East Europe-Central Asia) have less participation by civil society including people living with HIV and AIDS and women.

The third principle relates to creating a central system to track and assess the national response to HIV and AIDS and has direct relevance to this research. This principle provides opportunities for CSOs to situate their programmes' contributions within the broader national response and to share data which can feed into the national framework of indicators. Theoretically, CSOs' programme monitoring and evaluation capacity could be strengthened through technical support (e.g. provided by technical support facilities) to develop and implement data collection and management and optimise the use of results and findings. However, there is little evidence to date of a significant increase in provision of coordinated technical support to local CSOs to increase their capacity to fully participate in instituting the "Three Ones". Furthermore, few countries can attest to productive collaborations between CSOs and the government sector in developing a national monitoring and evaluation system. One exception is the case of the Philippines,

described in following chapters, which provides an example of the unique circumstances that has lead to the "Three Ones" principle on evaluation being realised.

EVALUATION OF HIV INTERVENTIONS

The increase in HIV infections globally warrants evidence to inform governments, CSOs and donors of the most effective strategies and interventions to mitigate the epidemic. Evaluation efforts are undertaken by implementers but there remain significant gaps in information on the effects of projects.

As the epidemic spread rapidly, the priority of quickly putting in place interventions caused NGOs and CBOs to focus on developing and implementing awareness and education programmes and resources on behaviour change to the most-at-risk groups (Mantell, DiVittis, & Auerbach, 1997). Evaluation of programmes was poor and evidence to demonstrate what interventions worked and which were less successful was not systematically collected. The epidemic persisted and information was needed to understand the complexity of prevention interventions.

Globally, substantial resources have been directed to prevention interventions and treatment therapies. In 2008 available resources for HIV prevention, treatment, care and support from all donor sources (e.g. bilaterals, multilaterals, private and domestic) amounted to USD15.6 billion (Kates, Lief, & Avila, 2009). The substantial increase in funding has resulted in more programmes being developed and carried out. Monitoring and evaluation is critical in identifying those interventions that use resources optimally and are directed towards interventions that are effective and target highly affected populations. However, as Bennett, Boerma and Brugha (2006) assert, the "evidence base for designing effective packages of intervention against HIV/AIDS is thin" and evaluation of HIV and AIDS interventions should be escalated as there is a "need for data to demonstrate effect and secure future funding" (2006, p. 79).

Mantell, DiVittis and Auerbach (1997) stress the importance of appropriate monitoring and evaluation of HIV and AIDS interventions. The primary aims of appraisal at the project level are to ascertain whether the intervention achieved its objectives, whether resources were used efficiently, what the effects were and what were the issues and challenges. The processes and findings from completing an evaluation should inform partners (including clients, communities and donors) involved in the project of its results

and consequences. This kind of accountability to stakeholders is an important aspect as it contributes to an organisation's credibility and standing. The lessons learned and the knowledge gained should contribute to the development of (improved) future projects and add to the store of evidence-informed interventions that could be shared and adapted by other agencies.

The peer reviewed literature on evaluation of HIV and AIDS programmes implemented by CSOs, in terms of approaches, frameworks, methodologies and application is mostly concentrated on research in developed countries. An example is an article by Sanstad et al (1999) describing the findings from a model of community collaborative research on HIV and AIDS prevention in the USA. Although research has been conducted in developing countries, for example in South Africa (Harvey, Stuart, & Swan, 2000; Stadler & Hlongwa, 2002) and Thailand (Elkins, Maticka-Tyndale, Kuyyakanond, Miller, & Haswell-Elkins, 1997; van Griensven, Limanonda, Ngaokeow, Na Ayuthaya, & Poshyachinda, 1998), empirical data is lacking on the evaluation practice of CSOs involved in carrying out HIV and AIDS interventions.

In this thesis the discussion about evaluation is informed by literature drawn from the wider evaluation sector. The contemporary debates in the evaluation field, for example the arguments for, and, against quantitative and quantitative methods or the merits of mixed methods (Cook, 1997; Johnson & Onwuegbuzie, 2004) are discussed in Chapter Two.

RATIONALE FOR THIS RESEARCH

I have been involved in the planning and implementation of HIV and AIDS projects in the non-governmental sector for 15 years in various countries in Asia. In doing this work I observed that CSOs, particularly the better resourced organisations, were cognisant of the advantages of evidence-informed programme development, but did not usually use evidence-informed approaches. The smaller community-based organisations appeared to be less likely to be aware of the significance of evidence (e.g. the term evidence-based or evidence-informed was unfamiliar or not understood) or, if they did recognise its importance they generally lacked the capacity to access, use and generate the strategic information that could strengthen programming. The lack of expertise (e.g. skills in data collection and analysis) and resources often translated into the monitoring and evaluation component being the weakest aspect of project implementation.

The ramification of insufficient evidence on the effectiveness and coverage of CSO interventions is not only the loss of information at local project level. The cumulative lack of information affects broader sets of evidence and could distort the reporting of the national response. For example, the country monitoring process related to the UNGASS Declaration has shown that CSOs' capacity to contribute data, although improved over the years, remains limited (Asia Pacific Council of AIDS Service Organizations (APCASO), 2008). In many developing countries the overall capacity, including in the government sector, to undertake monitoring and evaluation of HIV and AIDS programmes is low. This is demonstrated by a survey conducted by UNAIDS where only five percent of the 66 countries surveyed had "sufficient" domestic expertise to conduct "good" monitoring and evaluation (UNAIDS, 2005c). A further consequence of deficiencies in evidence is that it could lead to inefficient distribution of scarce resources. Donors would be unable to make evidence informed judgements on the efficacious allocation of support for priority interventions. Programme implementers could be developing interventions that are not well targeted or less essential thus "missing" the aims of the national response. Thus, it is crucial to generate evidence that communicates specificities in appropriateness of an intervention to the population affected and the setting or environment.

AIM OF THIS THESIS

The aim of this study is to identify the challenges that CSOs encounter in planning and implementing HIV and AIDS programme monitoring and evaluation. Case studies of Malaysia and the Philippines are used for this investigation. The focus is on CSOs' experiences in meeting the evaluation requirements of donors and on their capacity and resources to develop and undertake evaluation. Three critical frames were used to direct this study.

One frame is to examine the relations between donor and recipient CSOs. In both Malaysia and the Philippines, CSOs rely on local and international donors for resources to support their organisations' operations and programmes. In Malaysia, the primary donor for HIV and AIDS programmes is the national government, while in the Philippines the reliance is on external donors for support. The relationship between CSOs and donors will be examined in the context of strategies CSOs use in negotiating

evaluation requirements. This is to bring to surface any tension or difficulties that may arise during negotiations.

The second frame is concerned with CSOs' responses to HIV and AIDS in their management of sensitive subjects such as sexual health and rights, sexuality, gender inequality and religion and working with culturally complex communities, including sex workers, IDUs, MSMs and migrant workers. In both countries CSOs contend with these issues and communities in their dealings with authorities in the policy advocacy arena and with their constituencies in programme implementation. Additionally, volatile settings and multi-layered interventions raise issues as to whether existing evaluation frameworks are relevant and culturally appropriate.

The third frame centres on CSOs' comprehension of the conceptual and technical aspects of evaluation related to theories, frameworks and methods. The focus is on examining the factors and circumstances that affect CSOs' decisions on the design and conduct of evaluation. Are evaluation theories formulated? Why and how do CSOs select particular methodologies and processes; and what is translated, adapted and implemented? In addition, gaps in CSOs' capacities and areas to strengthen to develop their evaluation expertise and knowledge are identified.

Malaysia and the Philippines provide contrasting countries as case studies. They differ significantly in political structure, economic status, religious traditions and social and cultural conventions. The distinctive environments have led to a divergence in the evolution of CSOs. In the Philippines, civil society organisations have flourished and are vibrant, reflecting the strength and participatory nature of their constituents. Philippine civil society is widely known for its role in the "people power" non-violent insurrection in Philippine democracy in 1986. Many civil society organisations are staffed by experienced employees with relevant expertise and skill sets in numerous fields such as the labour unions, the feminist movement, reproductive health rights, and legislative advocacy on rights for lesbians, gays, bisexuals and transsexuals and people living with HIV and AIDS. By contrast in Malaysia, the development of CSOs has been within a political system that strictly controls institutionalised affiliations and a legal environment that limits organising and assembly. Despite this, M. L. Weiss (2006b) suggests that the "hands-off" approach of the Malaysian government to dealing with populations most affected by HIV and AIDS (e.g. sex workers and MSM) has enabled the creation of "free

spaces" for these communities to mobilise and develop. The differences in civil society development between the countries provide part of the backdrop that enables comparison of the distinct challenges CSOs confront in monitoring and evaluation in the two countries. Background to each country is provided in Chapter Four.

OVERVIEW OF METHODOLOGY

This study was undertaken mostly using qualitative methods. Semi-structured in-depth interviews with a total of 25 organisations with 33 key informants from four sectors – CSOs, donors, government and the UN – in both countries were conducted. The themes used to guide the interviews included: evaluation knowledge, expertise and practice; technical support and resource allocation; perceptions and attitudes to evaluation; and donor and recipient relations. Document analysis was also conducted on primary sources such as strategic plans, evaluation protocols and budget/financial reports.

Data analysis was done using computer software package NVivo 8 to assist in the coding, organising and analysis. A cross-case analysis to compare data from Malaysian and Filipino respondents was undertaken.

OUTLINE OF THE THESIS

There are eight chapters to this thesis. In this first chapter, the response by civil society to the epidemic and the gaps in information on CSOs efforts to evaluate their interventions was described to provide the context in the thesis. Then, the rationale, aim and methodology of the thesis were presented.

Chapter Two covers the literature in the field of monitoring and evaluation to illustrate the debates and challenges. The review encompasses the evolution of: evaluation frameworks, approaches and methodologies; evaluation of HIV and AIDS programmes; and contemporary evaluation debates and perspectives.

Chapter Three details the research design and methodology. An explanation of the rationale for using a qualitative method to collect data and the case study approach is provided. The profile of study respondents is also defined.

Chapter Four provides background context on the HIV and AIDS epidemic in Malaysia and the Philippines. The epidemiology, financing arrangements and strategies and responses by the government and CSOs are presented.

Chapters Five and Six present the data collected from in-depth interviews with respondents in Malaysia and the Philippines. The interviewees from the CSO, UN, donor and government sectors shared their views on the impediments to project evaluation. Additionally, respondents identified the capacity needs of CSOs to strengthen and develop their skills and knowledge on monitoring and evaluation.

Chapter Seven presents the cross-case analysis of the data presented in Chapters Five and Six. The similarities and differences in the challenges CSOs experienced are highlighted. As well, the contextual factors that impact on CSOs' capacity to undertake evaluation is examined.

Chapter Eight concludes with suggestions for addressing the evaluation capacity strengthening needs of CSO. Further research possibilities on the relationship dynamics between donors and CSOs and its effect on project evaluation, learning paradigms and on knowledge production are put forward.

CHAPTER TWO – EVALUATION RESEARCH AND PROGRAMME EVALUATION BY HIV AND AIDS CSOs

INTRODUCTION

This chapter begins with a historical overview of the developments in evaluation in the social programmes sector and traces the different schools of thought that have influenced the paradigms and methodological focus over time. This is followed by a description of a range of evaluation models and frameworks, and a discussion of major debates among evaluation practitioners. Trends in evaluation approaches and praxis in the development sector are discussed. Finally the facilitators and challenges to evaluation of programmes in the HIV and AIDS are examined. The purpose of this chapter is not to provide an exhaustive examination of the evaluation literature but to highlight the range of paradigms, frameworks, models. Each of these may be useful for different evaluation research question and in different contexts. The debates and differences also point to potential challenges and areas of contestation when applied to HIV and AIDS work done by CSOs.

BACKGROUND TO THE EXPANSION OF EVALUATION

In the last 50 years, the field of monitoring and evaluation in both the private and public spheres has grown. Developed countries including the USA, the United Kingdom, Australia, New Zealand and the European Union have been at the fore-front of the development of evaluation theories, frameworks, methods and practice. However, a number of developing countries have become more visible in the international arena as national evaluation societies have emerged, collaborating among themselves in regional forums, as well as linking with counterpart societies and organisations in developed countries (Mertens, 2005).

In the early 20th century, evaluation was geared towards the public and educational sectors' social and educational policies and programmes. The progress of evaluation in other sectors including public health, particularly in health promotion interventions, has raised the complexities of designing and conducting evaluation in quasi-experiments, ecological models and open systems (Glasgow, Vogt, & Boles, 1999; Potvin & Richard, 2001; Springett, 2001; Swerissen et al., 2001; WHO, 1998). Furthermore, debates on

methodologies have been vigorous, particularly between the quantitative and qualitative schools.

The integration of an evaluation component into programmes has often been arduous within the HIV and AIDS setting, including in the non-governmental sector (Rugg, O"Reilly, & Galavotti, 1990). Evaluation frameworks were not designed with consideration of the unique environments in which CSOs operate and of the populations they work with. For example, the gold standard for collection of data about interventions - the randomised control trial - is acknowledged to be difficult to apply across many prevention interventions (Coyle, Boruch, & Turner, 1991). There is also the issue of resources, which relates directly to the capacity levels of an organisation to undertake programme evaluation. Resource mobilisation, of both funds and skilled staff, is a constant challenge for most NGOs and CBOs and they are confronted with practical dilemmas of making choices about allocating money, time, and expertise to evaluation or service provision, each of which is essential in ensuring effective programmes for clients (Huba et al, 2000).

Significant developments in the evaluation field

In the first half of the 20th century, scholars in the fields of education, social psychology and sociology in the USA played pioneering roles in formulating evaluation theories and practices (Guba & Lincoln, 1989). These knowledge bases were foundations for social programme evaluation development when the United States federal government increased support for the expansion of social programmes. Specifically, the 1960's "War on Poverty", which was part of the *Great Society* agenda of President Johnson, required substantial funding to generate social programmes to improve education, housing, health and to protect the environment (Shadish et al, 1991; Stame, 2003). Furthermore, legislation was passed mandating evaluation of these programmes and the appropriate funding for conducting the assessments. Over the following two decades, these programmes were pivotal in the growth of the evaluation sector and profession. During this time, debates on methodology emerged such as the positivist versus the constructivist, but also led to the approach of utilising mixed methods (Stame, 2003).

The evolution of evaluation in other places including Europe, the United Kingdom, Australia and New Zealand took a different course. The political context of these countries was different to the USA in that they did not have policies like the *Great*

Society agenda on such a scale. Instead it was the New Public Management (NPM) reforms in the public sector in the 1980s that most influenced the evolution of evaluation (Stame, 2003). Prior to the 1980s evaluation of programmes by government had occurred in Australia, but on a small scale and in the fields of education, social work and health (Sharp, 2003).

The NPM brought about fundamental changes the way business was conducted in the public sector. The emphasis was on enhancing efficiency and quality of services delivered by the public sector. The characteristics of the NPM emulate those of market orientation with its emphasis on economic value. The role of government shifted from one of executive to that of providing direction and guidance; non public sector entities were contracted to carry out the activities. These administrative and bureaucratic transformations raised new challenges for evaluation as different approaches, models and frameworks were required to deal with assessments focused on performance outputs and public accountability (Kushner & Norris, 2007; van der Meer, 2007).

Developing countries were brought into the sphere of evaluation largely through development assistance programmes, including those by bilateral donors and the World Bank (Horton & Mackay, 1999). From the mid-1990s there was rapid growth of regional and national evaluation societies in developing countries. Prior to this only a handful of regional or national evaluation bodies existed in the USA, Australia, New Zealand, Canada, Europe and Central America (Russon, 2003). A contributing factor to this growth was the process leading up to the establishment of the International Organization for Cooperation in Evaluation (IOCE) that included deliberations at the Presidents Panel (consisting of six presidents of national and regional evaluation organisations) on "creating a worldwide evaluation community" (Russon & Love, 1999). After seven years of preparation the IOCE was launched in 2003 and was guided by principles of "cultural diversity, inclusiveness, and bringing together different evaluation traditions in ways that respect this diversity, given the inequities that exist in the economic resources of the various countries or the sponsoring evaluation organizations" (Mertens, 2005, p. 128). The priorities of the IOCE included capacity building in developing countries, exchanges in theory and practice and dealing with global challenges vis-a-vis evaluation. To date there are 62 national and regional evaluation societies (with 11 in the Asia Pacific region), more than half a dozen evaluation journals in several languages and numerous national, regional and international conferences organised regularly covering topics on

theories, methods and practice (International Organisation for Cooperation in Evaluation, 2007).

The increasing demand for, and expansion of, evaluation requires expertise and skilled human resources to carry out evaluation practice and this has resulted in the growth of the evaluation profession. For example, when evaluation was required for the social programmes commencing in the 1960s in the USA, there was insufficient public sector staff with the requisite skills to undertake evaluation projects (Shadish et al., 1991). The private sector was not much more able to provide evaluators as its profit-oriented focus was not compatible with evaluation needs of social programmes. Academia was better able to offer the required proficiencies with its knowledge base and expertise in social science research. Following this there was a proliferation of evaluation programmes run by tertiary institutions to meet the demand for evaluators (Shadish et al, 1991).

EVALUATION: DEFINITIONS AND EXPANDING SCOPE

This section provides an overview of the evaluation field with focus on a) the purpose evaluation serves; b) contemporary evaluation types and models; and c) a key debate among evaluation practitioners.

A multitude of definitions of evaluation have been advanced by practitioners and theorists, reflecting the wide scope of the field and consequently there is no agreed definition that captures the entire meaning of evaluation. However, there appears to be some key properties of evaluation and these are discussed in the following section.

In providing a definition of evaluation, Scriven (1991) highlights the determination of merit, worth or value and judgement as the major characteristics. In Weiss' (1972) definition, the emphasis is on impartiality and fairness and on measuring the effect of a program to inform prospective programmes. According to Patton (1986, p. 14), "program evaluation is the systematic collection of information about the activities, characteristics, and outcomes of programs for use by specific people to reduce uncertainties, improve effectiveness, and make decisions with regard to what those programs are doing and affecting". Yet another definition is provided by Rossi and Freeman (1989, p. 18), "evaluation research is the systematic application of social research procedures for assessing the conceptualization, design, implementation, and utility of social intervention programs" . Clarke and Dawson (1999) perceive evaluation

as “not to discover new knowledge, as is the case with basic research, but to study the effectiveness with which existing knowledge is used to inform and guide practical action” (p. 4). Stufflebeam & Shinkfield (2007) present an explanation of evaluation that expanded on the definition by the Joint Committee on Standards for Educational Evaluation - “evaluation is the systematic assessment of the worth or merit of an object” (Joint Committee on Standards for Educational Evaluation, 1980, p. 1) - by emphasising a set of values to be included in evaluation that centre on probity, feasibility, safety, significance and equity.

These definitions, while providing the essence and characteristics of evaluation, allude to another dimension of evaluation - its purpose. Before an evaluation is conducted, it is practical to consider the question of what is its purpose? Prior deliberation and agreement, ideally between the evaluator and the agency (to be evaluated), on the evaluation purpose positions both parties to start with a clear comprehension of the task at hand. This facilitates how the enquiry is constructed with consideration to the parameters of investigation and the appropriate frameworks and methods for use. Chelimsky (1997) describes three purposes of evaluation – accountability, development and knowledge. The accountability perspective covers the areas of “cause-and-effect” (p. 11) and efficiency to enable determination of the extent to which the intervention achieved results, and value for the invested funds.

From the development perspective, it has been suggested that the focus of the evaluation should be towards the development of the organisation. This means that evaluation is primarily geared towards assisting in the improvement of the organisation’s various functions including performance, programme effectiveness, management information systems and internal capacity for evaluation (Chelimsky, 1997, p. 12). While development focused evaluation revolves around the organisation, the knowledge perspective is directed to the public sphere. The focus here is the production and creation of knowledge gained from evaluating implementation of policies and programmes to address public problems to enable generalisability and contribute to theory building (Chelimsky, 1997, p. 13). When the evaluation purpose is made clear, evaluation practitioners are better able to explore the approaches and methods appropriate for the evaluation task. However, as discussed below, evaluators could be challenged by the increasingly dense discourse on approaches and methodologies.

Types, approaches and models of evaluation

The evaluation field is continuously expanding with the development of new models and approaches. The heterogeneity in evaluation is reflected in the *Encyclopaedia of Evaluation* (Mathison, 2005) which contains 42 approaches and models. The prolific state of evaluation methods is highlighted in the following quote:

> Once upon a time, the evaluator researcher read only the Bible … to look up an appropriate research design and hey, presto, be out in the field. Nowadays, typo investigators have to burrow their way through "sage" advice on "summative evaluation", "formative evaluation", "cost-free evaluation", "goal-free evaluation", "functional evaluation", "tailored evaluation" … before they even get their hands on a social program. (Pawson and Tilley cited in Furubo & Sandahl, 2002, p. 2)

Guba and Lincoln (1989) describe four generations of evaluation which commenced from the early part of the 20th century. Each generation was marked by definitive characteristics including normative methodologies, methods and tools. In the first generation, the preoccupation was on measurement, specifically on the design of before and after tests for use in the education, psychology, military and private sectors. In the second generation, the role of description became prominent and evaluators were designated as "describers". The emphasis was on the "description of patterns of strengths and weaknesses with respect to certain stated objectives" (Guba & Lincoln, 1989, p. 28). The third generation, from the 1960s onwards, incorporated the function of judgment, "both about an evaluand's merit – its inner and intrinsic value – and about its worth – its intrinsic or contextual value" (Guba & Lincoln, 1989, p. 21). The critique of these three generations revolved around the absence of value plurality and the heavy investment in the scientific paradigm. Some of these issues are addressed in the most recent trend known as fourth generation evaluation. In this phase the emphasis is on stakeholders and evaluators working together to identify the priority concerns and issues of stakeholders and using a constructivist methodology to facilitate the process of evaluation. These authors suggest there is no end or completion to an evaluation per se, as evaluation should be continuous and recursive (Guba & Lincoln, 1989).

In a review of evaluation approaches that has contributed to the foundation of contemporary models, of significance is Scriven's (1967) work describing formative and summative evaluation types. More programme evaluation models emerged, mostly from the evaluation practitioners in the USA where, as mentioned above, a combination of

political and social motivations advanced the expansion of the evaluation field. Models focus differently on specific elements within evaluation including purpose, application and the evaluator's role (Robinson, 2002), will have specific strengths and disadvantages and be likely to be useful in different contexts (Stufflebeam & Shinkfield, 2007). The diversity of existing models is illustrated by one analysis where 26 models were (Stufflebeam & Shinkfield, 2007).

More recently, there are models that emphasise participatory methods of evaluation. Fetterman (1994) described empowerment evaluation for evaluators interested or engaged in cultivating self-determination where "the focus is helping people help themselves" (p. 1). This approach has acquired supporters but has also generated debate and critique. Critics question whether empowerment evaluation can be differentiated from evaluation approaches that have similar features, including being collaborative and participatory, and whether the intended outcome of empowering the people involved in the evaluation does occur (Fetterman & Wandersman, 2007; Miller & Campbell, 2006; Patton, 1997a). Another model of participatory assessment is democratic evaluation (Kushner, 2006) which brings together stakeholders, such as governments, civil society, development agencies, academia and the private sector to create synergistic collaboration and improved transparency.

A different participatory approach is the 'Most Significant Change' (MSC) technique, created by Rick Davies (1998) and further developed with Jessica Dart (2004). The MSC "process involves the collection of significant change stories emanating from the field level, and the systematic selection of the most significant of these stories by panels of designated stakeholders or staff" (Davies & Dart, 2004, p. 8). The emphasis is on monitoring intermediate outcomes and impacts. It is practical for use in settings where participants have limited evaluation skills and where there is a focus on learning and the valuing of people's perspectives, and for long term programmes focused towards social change.

With the evaluation field replete with models, the evaluator can be challenged by selecting the approach most appropriate for the evaluation question. Then, there is the consideration of the methodological direction and subsequently the methods for data collection and analytical procedures. As an example, the next section will explore one of

the on-going debates in the evaluation field – the relative value of qualitative versus quantitative methods.

At the right time in the right context: Appropriate use of methods

Evaluation does not align to a specific methodology. Rather, it draws considerably from social research methods linked to its genealogy in the fields of education, sociology and social psychology. Not surprisingly, however, it has inherited the paradigm debates that have pitted proponents of qualitative and quantitative methods against each other. In the 1960s evaluation was dominated by quantitative methods and experimental designs (Campbell & Stanley, 1966), with randomised controlled experiments being seen as the true determinant of the causal effect of programmes. In the following two decades, qualitative methods were assertively advanced. Academics and researchers, many of whom made epistemological shifts from quantitative to qualitative methods, argued for the merits of qualitative methods (Cook, 1997). As new evaluation models emerged and approaches that utilised qualitative methods were more widely practiced, the quantitative versus qualitative debate continued. The push towards non-quantitative measures was in part due to the evolution of the evaluation field towards learning and knowledge building objectives, as well as a focus beyond results onto the processes involved in programme implementation and on producing findings that could be used (Segone, 2006). Cook (1997) recommends that both methodologies be recognised and accepted for the respective strengths they bring to a study. For example, quantitative methods generate data that is better for generalisability whereas qualitative methods enable collection of data related to the contextual components of programmes.

Clarke and Dawson (1999) urge evaluators to comprehend the ontological and epistemological positions and philosophical underpinnings of methodological paradigms to better comprehend the implications of the methods selected. Other scholars recommend that the setting, context and inquiry be key considerations when choosing the methodology and that evaluators should be adaptable in their utilization of methods (Chelimsky, 1997; Patton, 1990, 1997b; Rossi, Lipsey, & Freeman, 2004). The method and whether qualitative and quantitative methods are used, should be determined according to appropriateness to the evaluation question and not the reverse where the method is determined first (Cook, 1997).

Many contemporary evaluators conduct evaluations that include both quantitative and qualitative methods. This use of "mixed" method evaluations is becoming more common (Bryman, 2006; Caracelli & Riggin, 1994; Greene & Caracelli, 1997; Murphy, 1997; Reichardt & Cook, 2006). Johnson and Onwuegbuzie (2004) argue that mixed methods offer more possibilities to researchers and encourages a comprehensive approach that counters the rigidity of a singe method. Their view echoes those of scholars who argue that the method should not dictate the conduct of evaluation, "investigators who conduct mixed methods research are more likely to select methods and approaches with respect to their underlying research questions, rather than with regard to some preconceived biases about which research paradigm should have hegemony in social science research" (Johnson & Onwuegbuzie, 2004, p. 23).

DEVELOPMENT AID AND EVALUATION

This section presents a brief overview of development assistance, the issues of evaluating programmes funded by such aid and the influences and trends for evaluation set by development assistance agencies. In doing so, it will provide the background to how development assistance affects and shapes the evaluation required of, or encountered by, NGOs and CBOs at the ground level. This is further considered in Chapters Seven and Eight where donor and CSO relations are discussed in relation to the findings of this thesis.

Governments of developed countries have been a compelling influence in the expansion of evaluation as they instituted evaluation policies and procedures into their own administrative systems. Many were driven by internal pressure and public demand to strengthen accountability mechanisms. This push for accountability extended into the official development assistance (ODA) sector. The major development assistance and cooperation agencies are the bilateral donor agencies such as the United States Agency for International Development (USAID), the UK Department for International Development (DFID), the Swedish International Development Cooperation Agency (SIDA) and the Australian government's development aid agency (AusAID)

In addition to bilateral agencies there are multilateral bodies that provide aid, including the World Bank, the Global Fund, and the UN entities, for example United Nations Development Programme (UNDP), UNAIDS and the United Nations Population Fund. These agencies have their own evaluation units or departments. Furthermore, there are

inter-agency bodies to support evaluation in the development field. For example, the Organization for Economic Co-operation and Development (OECD) has the Development Assistance Committee (DAC) Network on Development Evaluation (formerly the Working Party on Aid Evaluation) and the UN has the UN Evaluation Group (UNEG) (Quesnel, 2006). Through these groups, evaluation specialists and representatives from government bureaus, multilateral and bilateral agencies and UN bodies collaborate to provide capacity strengthening in-country, harmonise evaluation priorities and policies and promote good practice in evaluation.

Collectively, donors and aid agencies provide a substantial volume of development assistance amounting to hundreds of millions of US dollars to developing countries worldwide. The aid is targeted at diverse programmes in multiple sectors, related to poverty eradication, environmental sustainability, education and literacy, health systems and infrastructure development, among others. Donors are compelled to institute evaluation of development aid not least as public funds are used in countries other than the ones in which they are raised and accountability is essential to mitigate misappropriation (Dabelstein & Rebien, 2002). All agencies have policies about, and preferred approaches to, evaluation, to guide strategies, procedures and techniques (AusAID, 2007; DFID, 2005; UNEG, 2005). Integral in the disbursement of aid are requirements for audit and assessment for purposes of accountability and the efficient use of funds. Evaluation of programmes funded by development aid also provides information and key findings to inform relevant personnel and stakeholders about the effects of new programmes and policies on the effectiveness of on-going implementation procedures, and whether modification of current programmes is required (Dabelstein & Rebien, 2002). Furthermore, donors face aid fatigue and a public that requires evidence to verify that development assistance is effective and improves the lives of intended beneficiaries (Cracknell, 1996).

It has been suggested that the evolution of development aid evaluation has three main phases (Cracknell cited in Rebien, 1997). The first phase, starting in the 1950s, was marked by donor agencies (located in the USA) conducting appraisals of the development programmes they funded. Later in this phase (in the 1970s) the logical framework approach was introduced and set the standard for programme development, that is, planning, implementation and assessment. In the second phase, beginning in the 1980s, evaluation was formally institutionalised in donor agencies' operations as a

distinct and separate entity. The third phase saw the continuation of the professionalisation of evaluation as well as emerging concerns about measuring the longer term impact of aid. Further to this, Rebien (1997, p. 447) states that there was an "aid-evaluation-at-the-crossroads" period extending into the 1990s where, despite the pronouncement of the importance of evaluation, limited resources hindered the donor agencies in achieving evaluation aims. Moreover, Rebien argues that capacity strengthening to progress evaluation practice was inadequate and has "remained relatively static theoretically and methodologically over the past 20 to 25 years" (Rebien, 1997, p. 438) due to a deficit in capacity.

Development programmes funded by bilateral and multilateral agencies have diverged from initiatives focussed solely on economic growth to encompass broader concerns including the environment, human capital formation and development of non-governmental sectors such as civil society and private enterprise (Picciotto, 2002, p. 430). Furthermore, development initiatives now often incorporate equity and sustainability measures. These changes have inevitably led to changes in the applied evaluation frameworks in this field. A few of the trends in development aid evaluation are highlighted in the following section.

A number of evaluators note the increasing inclusion of participatory methods as a response to the growing understanding of the benefits of involving recipients and other stakeholders in the programme cycle of planning, implementation and evaluation (Bamberger, 2000; J. Elliot, Heesterbeek, Lukensmeyer, & Slocum, 2005; Rebien, 1997). Stakeholder participation is important to ensure that programmes are developed in ways that will meet recipient needs and that evaluation is relevant and do-able. Additional benefits of such participation include developing the capacity of stakeholders to participate in decision making, providing feedback and undertaking evaluation. Participatory evaluation also enables the collection of in-depth qualitative information on internal programme processes and the perspectives of beneficiaries which can be used to complement quantitative studies. Ultimately, as Cracknell (1996, p. 25) states, "projects and programs belong to the recipients, and clearly any assessment of success or failure must take their own views fully into account". Bickel (2006) notes that civil society is playing a more visible role as consumers of evaluation findings as they use evaluation reports to assist in their watch dog function and also to promote deliberations on the effectiveness of interventions and policies.

Dabelstein and Rebein (2002) observed that there has been a shift in some donor agencies' funding agendas. Many now prefer programme-based and sector focused aid characterised by longer time frames with an emphasis on process. As a result, some evaluation strategies have been reshaped so that donors, development agencies, international NGOs and recipient countries are partnering in joint evaluations. Three main categories of joint evaluations have been described, these are: a) synthesis of multiple donors' evaluation accounts and results specific to a sector, theme or programme; b) sector-wide programme evaluations commissioned by sizeable parties of donors; and c) evaluation based on thematic interest and select projects commissioned by smaller sized parties of donor agencies (Binnendjik cited by Dabelstein & Rebien, 2002). The benefits of this joint approach include shared ownership and lessons learned (Dabelstein & Rebien, 2002). However, a major challenge is determining the appropriate involvement of partners at different stages of the evaluation (DFID, 2005).

The persistent question of aid effectiveness has stimulated development assistance evaluation, particularly in ascertaining the causal effects (both positive and negative) of an intervention on beneficiaries in the long-term. Impact evaluation is often the approach proposed for the conduct of this type of assessment. The World Bank, the leading proponent and practitioner of impact evaluation , states "an impact evaluation assesses changes in the well-being of individuals, households, communities or firms that can be attributed to a particular project, program or policy" (World Bank, 2008). Additionally, the World Bank Independent Evaluation Group's definition emphasises determining the counterfactual (Baker, 2000) and the welfare outcomes in the long term (White, 2006).

Choosing when to conduct impact evaluation is important as there are many difficulties reported by country partners, programme implementers and institutions. These range from the high levels of resources required, technical challenges, the extended time period often necessary to determine effects, inconsistent data availability and quality, and the sensitivity of results to policy-makers (Bamberger, Rugh, Church, & Fort, 2004). There are also debates about methods including: qualitative versus quantitative approaches; the suitability of different methods; and the relevance of experimental designs for evaluating complex long-term interventions. In response to critics, the World Bank's evaluation practitioners have issued handbooks and reports which address issues of experimental and quasi-experimental approaches, qualitative and quantitative methods, theory-based

evaluation, lessons learned and logistical and budgetary constraints (Baker, 2000; Bamberger, 2000, 2006; White, 2006).

At the country level, there is a necessity to develop the capacity of project implementers to undertake evaluation. This is not only to meet the requirements of accountability for donor assistance. It is also to build the knowledge base to inform future policies and programmes, and to acquire lessons on the practice of evaluation for the recipient country to develop and strengthen an evaluation culture (Furubo & Sandahl, 2002). In recent years, donors and aid agencies have increasingly added technical support and evaluation capacity building to developing countries. An example is the World Bank Institute's evaluation unit which provides training and guidance, and the fostering of relations with their local counterparts for joint collaborations (Picciotto, 2002). However, while many countries are now involved in evaluation, their role tends to be relegated to that of contributor of information and data and they often have little involvement in analysing the data and drawing conclusions (Dabelstein & Rebien, 2002).

The constraints of limited evaluation expertise in aid recipient countries, within the private, public and even academic sectors, are a reality. Bamberger (2000) highlights the necessity for donors to coordinate their informational needs and reduce the need for multiple evaluation structures and data systems to minimise burdening the limited capacity of countries. The call for coordination is echoed by Dabelstein and Rebein (2002, p. 402) who argue for promoting evaluation as a combined management and accountability tool and to realise this "donors need to be flexible, to adjust to the planning cycle of the developing countries, to enable the recipient country to take the lead in the evaluations, and to be accountable not only to their own constituencies, but also their clients – the people of the developing countries".

More recently, aid evaluation is undergoing a shift as donor countries, recipient partner countries and multilateral agencies collectively work on improving developmental aid architecture. The milestone Paris Declaration on Aid Effectiveness, 2005 (OECD, 2008), sets out clear directions and action steps to enhance the quality of aid. Adoption of this Declaration could in turn transform the practice of evaluation in that it requires "a systematic approach to evaluation so that policy decisions can be informed by knowledge streams that are the result of continuous analysis, not individual evaluation reports only" (Segone, 2006, p. 10). There will be a need for the ownership and coordination of

evaluation to be at country level, with development partners and donors harmonising their support and aligning it to national priorities.

EVALUATION AND HIV AND AIDS PROGRAMMES AND INTERVENTIONS

Billions of dollars have been expended globally on HIV and AIDS prevention, treatment and support programmes. Some authors have argued that too much aid is allocated to this area (England, 2007) while others suggest significant additional resources are required for a comprehensive response (de Lay, Greener, & Izazola, 2007). For example, UNAIDS (2005b) estimated there was a shortfall of approximately USD6 billion of the USD15 billion needed in 2006, and estimated that a total USD22.1 billion was necessary to finance the fight against HIV and AIDS in 2008. This vast expenditure has meant there has been increased pressure on UN agencies, development bodies, bilateral and multilateral agencies and government ministries to report on and account for these funds. Similarly, the non-governmental sector is also being called on to demonstrate greater accountability; this includes both financial audit and assessment of programme effectiveness.

The early literature on the evaluation of HIV and AIDS programmes originated from developed countries including the USA. One of the primary USA government agencies responsible for HIV programmes is the Centres for Disease Control and Prevention (CDC). Initial strategies for HIV programme evaluation, described in a review commissioned by the CDC in the late 1980s, targeted programmes dealing with three different population groups – a mass media campaign for the general public, community-based education and risk minimisation interventions for sub-populations and counselling and testing services at the individual level (Coyle et al., 1991). The Review Panel promoted the full spectrum of evaluation approaches, particularly of formative, process and outcome evaluations. However, the Panel suggested the application of each approach should be matched with the specificities of the programme and the evaluation question. Of interest was the Panel's recommendation that randomised controlled experiments for outcome evaluation should be the standard, albeit recognising the drawbacks including cost and time. However, the Panel also acknowledged that randomisation may not be possible or suitable for all programmes, and suggested that in these cases nonrandomised studies including quasi-experiments and natural experiments could be considered. Possibly, the viewpoint that randomised controlled trials (RCTs) were the ultimate method for conducting evaluation reflected that period when the methodological debates

(as discussed in the previous section) were intense. However, research by Rugg, O'Reilly and Galavotti (1990) showed that RCTs of HIV prevention with high risk groups were problematic. Ethical issues related to withholding interventions from the controlled group and difficulties in stopping control participants from accessing treatment are examples of difficulties that arose.

As the HIV epidemic progressed into the 1990s, CSOs and health workers were pressured to develop and implement innovative programmes including harm reduction interventions (Padayachee, 1991). Frequently, the evaluation component was not well defined, often due to unclear programme objectives or lack of skills specific to dealing with HIV related sub-populations and interventions, for example behaviour modification at individual and community level. A guide produced by Mantell, DiVittis & Auerbach (1997), based on experience with HIV prevention programmes and their evaluation, directed attention to key features that should be considered for inclusion into evaluation frameworks. These included: a) the involvement of communities throughout all phases of evaluation from the design to dissemination of findings stages; b) the appropriate use of methods to suit the evaluation research; c) the use of theoretical frameworks related to health behaviour; and d) the wide dissemination of evaluation findings to contribute to the knowledge base on effective HIV prevention interventions.

Another approach to the evaluation of HIV prevention programmes was described by Rugg et al (1999), that is a comprehensive framework that covered national, state and local initiatives and interventions in the USA. This included developing a strategic and phased course of action for evaluation to ensure the more crucial queries were addressed first. The framework comprised of components that were relevant to the specificities of the programme, including process, outcome, impact evaluations and economic evaluations.

Involving communities in evaluation

Community involvement is a significant theme in HIV programme development. The participation of effected and affected people is often emphasised and promoted as good practice in the evaluation of HIV interventions. The term 'community' is used to refer to "a specific group of people, often living in a defined geographic area, who share a common culture, values, and norms and who are arranged in a social structure according to relationships the community has developed over a period of time" (CDC USA, 2008).

The involvement of communities is necessary, as "for change to occur, people must be directly involved indentifying their own needs, setting priorities, and planning programmes" (Mantell et al., 1997, p. 11). Evaluation involving communities includes approaches such as participatory rural appraisal, participatory action research, empowerment evaluation and participatory evaluation (Chambers, 1984; Cornwall & Jewkes, 1995; Fetterman, 1994; Stringer, 1999).

Community-based participatory research (CBPR) is an approach that is gaining visibility and increasingly being applied to HIV and AIDS interventions in collaborative partnerships between organisations working with specific communities and researchers. CBPR has been influenced by other participatory approaches such as those mentioned above, Paulo Freire's (Freire, 1970) seminal work on education, and contributions of critical theories including feminism, post-structuralism, post-colonialism and debates about positivist science (Wallerstein & Duran, 2003). The following is a definition of CBPR:

> Community-based participatory research in health is a collaborative approach to research that equitably involves all partners in the research process and recognises the unique strengths that each brings. CBPR begins with a research topic of importance to the community with the aim of combining knowledge and action for social change to improve community health and eliminate health disparities. (W. K. Kellogg Foundation cited in Minkler & Wallerstein, 2003, p. 24)

The main principles of CBPR include the building of trust, empowerment, mutual learning and capacity building, and these are elements often present in interventions by CBOs (Israel, Schulz, Parker, & Becker, 1998). The CBPR and other participatory frameworks have been applied in interventions in diverse settings and with varied communities, including HIV prevention for at-risk Latina women (Mejia, Vasquez, & Sanchez, 2006); testing and sexual behavioural studies with migrant African communities (Fenton, Chinouya, Davidson, & Copas, 2002); an exploratory study on sexual risk among young immigrant Latino men and STIs (Rhodes, Hergenrather, Wilkin, Alegria-Ortega, & Montano, 2006); and the modification of a research agenda to incorporate the priorities of local community stakeholders and HIV risk reduction programme for clients of female sex workers (Morisky, Ang, Coly, & Tiglao, 2004). The benefits of involving community stakeholders can be manifold. For example, obtaining

their “buy-in” to the intervention or study and getting their feedback and engagement increase the likelihood of implementing an effective programme.

However, there can be difficulties when applying participatory frameworks in practice. Interactions between researchers, communities and community-based organisations can lead to tensions. These include: a) differences in expertise and skills, often resulting in academics or medically trained researchers being seen as the experts and those with local knowledge being viewed as not meeting standards of scientific rigor; b) the changeable level of participant involvement over time which may result in inconsistent representation; c) the selection of community representatives who may not have the expertise to carry the community’s agendas; and d) the power imbalance between research stakeholders (Cornwall & Jewkes, 1995; Hiebert & Swan, 1999; Israel et al., 1998). There are specific issues for some stakeholder groups. For example, there may be potential for conflict between roles for a community participant who holds positions in both the organisation (e.g. service provider) and in the wider community (e.g. community leader) to also be involved in the research. As well, confidentiality is a particular concern in HIV projects, especially in small and close communities as stigma and discrimination continue to be major concerns (Harris, 2006).

Specific to the topic of community-based evaluation, Cockerill, Myers and Allman (2000) proposes five broad elements for evaluators and community representatives to work through: a) defining the nature and purpose of the evaluation; b) methodologies to be utilised and skills needed; c) participation parameters (e.g. expectations and responsibilities); d) process for conflict and conflict resolution; and e) dissemination and utilisation of evaluation findings. These elements are facilitators to building a collaborative and productive relationship between stakeholders and evaluators to optimise the benefits from an evaluation project. Even so, it is common that multiple issues arise when implementing evaluation in community-based organisations.

Similarly, Huba et al (2000) suggest three key areas as being important for CBPR. These are: programmatic considerations; evaluation design issues; and hurdles that arise when the programme and evaluation concerns cross. The inner workings of programmes are affected by factors such as shifts in the trajectory of the epidemic, changing environment, funding circumstances and sustainability concerns. The considerations for evaluation design should include methodology, data collection standards, design of tools and

measures, staff skills, continuity of evaluation systems and practice, and the distribution and use of evaluation findings. Finally, the interaction between the evaluation and programme can potentially produce dilemmas that include: the struggle of programme staff to balance data collection and time for service delivery; miscommunication between programme and evaluation staff that could affect data interpretation and analysis; and the negotiations to set a practical budget that meets both the programme and evaluation objectives.

The consortia approach to HIV evaluation demonstrated by the Center for AIDS Prevention Studies (CAPS) at the University of California has been instrumental as a model of community collaborative research (Sanstad et al., 1999). A key feature was the process where service providers and researchers work together to construct the research questions and plan and conduct the study. The model not only brings together researchers and service providers but also CAPS program administrators and funders. The latter were crucial agents in making possible avenues for needed changes in programme design and extending the time-frame to enable completion of the programme.

The evaluation research projects of the CAPS consortium were diverse in their partnerships with CBOs and service providers and involved varied vulnerable populations including American Indian women (Klein, Williams, & Witbrodt, 1999), young intravenous drug users (Weiker, Edgington, & Kipke, 1999), Latina immigrant women (Gomez, Hernandez, & Faigeles, 1999) and incarcerated males and their female partners (Grinstead, Zack, & Faigeles, 1999). The lessons drawn from these consortium projects contributed towards the understanding of the features of a successful partnership. To start with, an investment in time and funds in developing and sustaining relationships and in the collaborative research itself was a necessity. Without resources, CBOs were hard pressed to give the required attention to the evaluation as often their staff were over-extended. Secondly, commitment from all stakeholders was crucial to ensure everyone was actively involved in all aspects of the collaboration. The inclusion of clients in all phases of the evaluation (e.g. design, data collection, outcome measures and dissemination of results) also strengthened the evaluation as it improved comprehension of the context within which risky behaviour occurred. There was also the need for expectations to be managed and realistic vis-à-vis the research undertaken and funds available. Flexibility was essential in the research design to accommodate unexpected changes during implementation.

The CAPS experience also brought to the surface problems that evaluation research may encounter in general. Schensul (1999) observed CAPS was constrained by "tyrannies" that included time and funds commitments. In addition, the pressure on researchers and the emphasis on generating peer reviewed publications raised the need to review the structural requirements of academic institutions. This was in order to encourage and develop rigorous alternative approaches to RCT methods, building partnerships with local communities and strengthening their overall research capacities.

DISCUSSION AND CONCLUSIONS

Government policies on social programs and public sector reforms in the last few decades directed the course of the evolution of the evaluation field. Prolific efforts produced many evaluation theories, models and methods, particularly in developed countries. In many developing countries evaluation was advanced primarily through external influences from development aid and donor agencies as assistance packages were attached to requirements for accountability and assessment of projects' effectiveness. More recently, the architecture of development aid has undergone a shift. The Paris Declaration, among others, commits donors to working together to align their aid contribution to the priorities of the recipient country. Also, consideration was made to not overburden the recipient country (which has limitations in human resources as well as expertise) with multiple evaluations and reporting systems.

Within the evaluation field itself, it appears the debate about the relative merits of quantitative and qualitative methods is ongoing and has extended to whether rigorous impact evaluation should be required. It could be one of the fundamental issues of evaluation that will continue (Smith, 2008). As a response to the debate many evaluation practitioners are utilising the mixed method approach. The proponents promote it as an alternative technique which provides for a broader perspective to evaluation that prioritises the evaluation question ahead of the selection of methods.

The peer reviewed literature is limited on the topic of community-based evaluation in the Asia Pacific region. However, implications from studies in developed countries contain pertinent lessons for how researchers and community-based organisations and community members could collaborate productively.

Of the models and approaches that detail evaluation research on HIV and AIDS prevention interventions by CSOs, a theme that arises repeatedly is collaboration. Community-based collaborative or participatory evaluation has supported the strengthening of assessment capacities of organisations and enabled them to improve service provision (Myrick, Aoki, Truax, Lemelle, & Lemp, 2005). The characteristics of the collaborative approach include an inclusive process involving all stakeholders, investment in time and funds, flexibility in adapting intervention design, accommodation of unforseen problems and the dissemination of results to and by community. However, the challenges in implementing such an approach can be formidable. Before such a collaborative model is put into place a number of enabling factors such as sufficient resources and skilled human resources have to be present and strong capacity is necessary.

While one aim of the collaborative model is to facilitate capacity development for CSOs in evaluation methods and practice, it is often necessary to have a prior phase of strengthening the organisation's basic capacity before it can undergo specific capacity strengthening in evaluation research. This means that an organisation's commitment to integrating evaluation has to translate into making available or obtaining the resources to enable it to participate. For example, availability of staff is a requirement to carry out evaluation. If staff are unavailable, the organisation has to either re-assign other staff to the evaluation position or seek additional funds to recruit new personnel. Thus, it is important to involve donors in discussions about resource mobilisation for evaluation. The early involvement of the donor creates an opportunity for better communication of the capacity gaps and expedites the resolution of impending difficulties (Kegeles et al., 2005). This example highlights only one of the challenges a community organisation can face even before engaging in the technical aspects of evaluation. Thus, the preliminary step to assess organisational capacity and subsequent action to address gaps can only better prepare the organisation.

The CAPS model's process has maintaining regular coaching and open and on-going communication between all stakeholders as a key feature. Without the coaching mechanism the service provider has few avenues to seek assistance during implementation of the evaluation research and to learn from others' experiences. Service providers may gain knowledge and skills of assessment frameworks and methods but what is essential is the continuous support to apply this expertise. A need arises for

donors, CSOs and researchers to explore and develop innovative strategies to generate resources to create opportunities for collaboration in evaluation research.

Finally, in the wider perspective, CSOs are in a similar position to their counterpart agencies in the public sector. Health ministries and departments, despite official documentation in national AIDS plans that outline monitoring and evaluation strategies, face comparable difficulties as they too struggle with capacity challenges and resource constrains as well as the complexities of national scale programming. If the government and non-governmental sectors could come together in a consultative process to review the country's priorities in HIV and AIDS evaluation research, it would facilitate improved programme coordination and resource utilisation in the overall response to the epidemic.

In this chapter I have shown some of the diversity of methods, approaches and debates in the evaluation field. I have also provided an account of the evolution of development aid evaluation and the contemporary discourses and debates in the development evaluation field. This discussion illustrates the complexity in the field in which evaluators work and sets the scene to better understand some of the challenges encountered in evaluation. These issues are further explored in Chapters Five, Six and Seven.

CHAPTER THREE – RESEARCH METHODOLOGY

INTRODUCTION

This chapter details the research methods used for data collection and analysis. The steps undertaken for data collection including the sample selection, recruitment of key informants, identifying themes and formation of questions are described in Section One. Section Two details the data analysis procedures. The two main components in this section are the procedures for organising and coding of data.

OVERALL METHODOLOGY

For this study qualitative methodology (semi-structured interviews) to collect data was preferred as in-depth investigation of respondents' attitudes, beliefs and the meaning of their perspectives was sought. The case study research approach was used for a comparison of the Malaysian and the Philippines CSO sectors in relation to their engagement with programme evaluation. As such, there are two case studies and the unit of analysis is the CSO sector. Document analysis and quantitative data was also used to provide contextual information.

The case study method was selected over others such as the survey method as several factors were considered in collecting the appropriate data. For example, as this study was intent on gaining a comprehensive understanding of the challenges to evaluation, the case study enabled rich detailed information to be collected from respondents. In contrast, a survey is less likely to generate the depth of answers sought. Moreover, key informants response to questionnaires may be low, and for self-administered questionnaires there is no opportunity to seek clarification. In addition, surveys are better suited for the collection of individual level data but as this study is concerned about challenges of project evaluation at the organisational level, the case study approach was more appropriate.

Malaysia and the Philippines were selected as the countries to conduct the case studies for several reasons. These include:

- The contrast in political, social, economic and religious contexts that have influenced the different responses of the two governments and the AIDS CSOs to the epidemic;

- the time and funds available for field work was limited, hence, it was feasible to select only two countries;
- the English language is widely spoken and documents were available in English in both countries

Semi-structured interviews were conducted with 25 organisations across four sectors in each county. The semi-structured interviews were essential as this data collection method reflects the intent of the research question to comprehensively understand the issues surrounding evaluation which HIV and AIDS CSOs face. This technique enables an in-depth exploration of the issues (Minichiello, Aroni, & Hays, 2008); in this case, the "how" and "why" of the challenges faced by organisations. Data generated may not be generalisable, nevertheless it contributes to the knowledge on CSOs' experiences with evaluation. Document analysis comprised review of primary sources such as strategic plans, evaluation protocols and reports and budget/financial reports to obtain supplementary contextual data. Quantitative data collected included data relevant to the key research themes including resource allocation data (e.g. budgets) and population demographics.

Literature review on HIV and AIDS programme evaluation

A literature review was undertaken on evaluation of HIV and AIDS programme and the following databases were used:

- sociology and anthropology - ProQuest Social Sciences and Humanities Collection;
- social work - ProQuest 5000, Informit databases, Social Service Abstracts, Expanded Academic ASAP;
- health sciences and pharmacy - CINALH, Embase, Medline;
- the Cochrane library; and
- politics - PAIS International

The search produced a range of documentation including economic studies, behavioural intervention reviews and knowledge assessments. In the economics field cost effectiveness studies are numerous covering subjects such anti-HIV and anti-opportunistic infections drug/treatment therapies, treatment related to addiction and drug use, prevention interventions (e.g. sexual transmission and injecting drug use) at community-level with marginalised populations. Other literature on programme

evaluation focused on practice, description of the evaluation process, for example, who are involved (e.g. stakeholders), and methods and tools, followed by lessons learned and recommendations. There were fewer published studies of overall programme evaluations and their results. The Cochrane Library holds 47 completed reviews under the topic HIV and AIDS but only 11 reviews are within the behavioural, social and policy prevention and health services and care sub-sections; the rest are concerned with biomedical prevention and therapeutics, prognostics and diagnostics (Cochrane Collaboration, 2008).

Research ethics review

Ethics approval for this research was granted by the La Trobe University Human Ethics Committee (No. 08-003) before commencement of data collection.

Each respondent was provided with two forms to complete before the interview was conducted: The "Participant Information and Consent Form" and the "Revocation of Consent Form" (see Appendix A). All respondents gave their permission and signed the consent form and no respondent withdrew from the study.

In Malaysia, the Prime Minister's Department requires researchers to apply for a research permit and the Ministry of Health Research and Ethics Committee requires studies linked to health issues to be registered with the National Medical Research Registrar. A research permit was obtained and this research was registered.

SECTION ONE: DATA COLLECTION

Sampling

The sample selection was conducted using purposive sampling. This is a non-random sample technique employed to select informants who have the information and experience linked to the research topic (Berg, 2004; Silverman, 2005). Respondents for this study were selected because they were key stakeholders who possessed unique knowledge, were directly involved in HIV and AIDS initiatives and were engaged in project evaluation. Relevant key informants were identified through public sources and the researcher's network of colleagues working in the HIV and AIDS field.

The respondents were drawn from four sectors – CSOs, donors, government ministries or departments and UN agencies. Data was collected from both the Philippines and

Malaysia. The non-CSO groups were included as they were major stakeholders in the HIV and AIDS field and through their links with CSOs provided the contextual picture within which CSOs operated.

The sampling strategy was the same for each country. Prior to field work, the sample size estimate and justification were established. However, during field work flexibility was required to accommodate adjustments in the sample size due to the availability of respondents. The following describes the initial sampling composition and the adjusted actual number of respondents after data collection per country.

The first group of respondents was to consist of individuals from ten NGOs and CBOs working on HIV and AIDS and an evaluation society. These ten organizations included: two peak bodies (e.g. umbrella organizations); six CBOs working with marginalized and vulnerable populations such as MSM, sex workers, migrant workers, IDUs and women; one organization of people living with HIV and AIDS; and one NGO focused on evaluation. The sample of diverse respondents within this CSO grouping was based on the composition of NGOs and CBOs involved in the response to the epidemic at country level. This range of key informants was to ensure data gathered were comprehensive.

The second group of respondents was from donor agencies supporting HIV and AIDS related programme implemented by CSOs. Representatives from three donors were to be selected as key informants. There are several categories of donors such as government, multilateral and bilateral agencies, international NGOs and philanthropic foundations. Most NGOs are recipients of support from international NGOs and foundations as multilateral and bilateral donors primarily fund governments and not CSOs directly. In each country, CSOs have access to different donors.

The third group of respondents was officials in the government ministry/department of health. The health ministry is the key player in coordinating the national response. This study intended to recruit officials from other ministries, such as education, finance and welfare. However, attempts to obtain their participation were unsuccessful. The national response is framed within the global initiatives of UNGASS and universal access. The universal access process explicitly calls for the full involvement of CSOs in attaining country targets for HIV and AIDS prevention and treatment. One component is for CSOs to contribute data sets extracted from their programmes to the national reporting system.

Hence, there are direct links between the government sector and CSOs vis-à-vis evaluation research.

The fourth respondent group comprised of personnel from UN bodies. A few agencies operate at country level in Malaysia and the Philippines including UNAIDS, WHO, United Nations Children's Fund (UNICEF), United Nations Population Fund (UNFPA) and UNDP. Respondents from two of these agencies were invited to participate in the interviews. Their significance is tied to the UNGASS initiative as these agencies, namely UNAIDS and WHO, provide technical support to countries, that is to the government and civil society sectors, to develop a national monitoring and evaluation system. UNAIDS does not have an office in Malaysia but several other UN bodies link with the government and CSOs on HIV and AIDS related initiatives. In the Philippines, where there is a UNAIDS presence they were recruited as an interviewee. UNAIDS recommended that I interview a representative of another UN agency, but I was not successful in obtaining an interview. In addition, the UNAIDS Regional Support Team, based in Bangkok, was recruited as a respondent as it provides support to country UNAIDS offices on monitoring and evaluation and involves CSOs in regional evaluation capacity development forums.

The proposed (prior to field work) and actual (post field work) total number of respondents is shown in Table 3.1. The purpose for showing the difference is to explain the change in composition of respondents from the four sectors. The actual sample size reached saturation point when no new insights were generated from respondents.

During field work in Malaysia the total number of agencies recruited was fifteen. The variation from the proposed thirteen consists of additional respondents from the CSO and UN sectors. Instead of three donors as originally envisaged, only one donor was recruited. In this case it was a government agency as the government is the primary source of financial support for CSOs. Of the government agencies, the health ministry was recruited. In the Philippines, the total number of respondents from the CSO and governments sectors remained the same as proposed but there was variation in the composition of informants. One donor instead of three was recruited. Two agencies from the health department were recruited and only one UN body participated.

A coding system was generated to safeguard the confidentially of the respondents. The codes indicate the sector and country the respondent was from, and they are used in Chapters Five and Six which present the field data from Malaysia and the Philippines.

Table 3.1 – Key respondent composition – Proposed and actual number of agencies

Key Respondent Groups	Malaysia		Philippines	
	Proposed	Actual	Proposed	Actual
Civil Society Organisations: • Non-government organisations & Community-based organisations	6	10(13)*	6	6(7)
Donors: • Philanthropic foundations • International Organisations • Local NGOs • Bilaterals • Multilaterals • Government • UN bodies	1 1 0 0 0 1 0	0 0 0 0 0 1 0	1 1 1 0 0 0 0	0 0 1 0 0 0 0
Government agencies: • Health • Others (e.g. education, finance, welfare & home affairs)	1 1	1(3) 0	1 1	2(3) 0
UN bodies: • UNAIDS • Others (e.g. UNDP, UNICEF, UNFPA & WHO)	0 2	0 3	1 1	1(2) 0
Total respondents	**13**	**15**	**13**	**10**

* Where more than one individual was interviewed from one or more of these agencies, the total number of individuals interviewed in the category is indicated in brackets.

Recruitment

The recruitment of key respondents from the CSO, government and UN sectors was straightforward. The recruitment of respondents from the donor sector was problematic in both countries. In the Philippines, most of the international (philanthropic) donors with country presence (e.g. an office or representative) have ceased support in recent years. The representative of one of the last remaining donors agreed to be a respondent. However, despite several attempts to schedule an appointment the representative did not reply and an interview was unattainable. In Malaysia, an international corporation with a

policy to support HIV and AIDS initiatives and which contributed to local CSOs was approached for an interview but declined and a reason was not provided. However, the major funder of CSO initiatives, the government, represented by the Ministry of Health (MoH) was recruited as a respondent.

For the government sector, in addition to the MoH, requests were made to the Ministry of Finance (Malaysia) and National Economic and Development Authority (NEDA) (Philippines) for interviews. In Malaysia, the MoH requests a financial allocation for HIV and AIDS from the Ministry of Finance. An interview with this Ministry could have provided information to how decisions were made regarding HIV and AIDS funds allocation and the audit of these funds. NEDA in the Philippines tracks national HIV and AIDS funding and expenditure by the government and foreign donors. NEDA could have informed on requirements related to assessment, particularly of funds received from international or external sources. However, both respondents did not respond to several requests for interviews.

In some cases, more than one person was interviewed from an organisation as the interviewee suggested another person (e.g. staff or board member) who may have better knowledge of project evaluation. Nevertheless, the organisation remained the unit of analysis regardless of the number of persons interviewed from that organisation.

Data collection method, theme lists and questions

Semi-structured interviews were conducted with the key respondents. The semi-structured interviews were guided by the three critical frames mentioned in Chapter One (as described on Page 15). From these frames, theme lists were generated. Subsequently, questions were developed from the theme lists. There were two sets of questions. One set comprised the qualitative questions that detailed the themes from the critical frames and the other set detailed quantitative measures of demographic type data.

Field work commenced in April 2008 and concluded in September 2008. This included approximately two months in the Philippines followed by three months in Malaysia. Many respondents were contacted prior to field work and consented to be respondents. Others were identified and recruited while on-site. The interviews with respondents were conducted in the English language, although English is the second language for many of

the respondents. The quotes from interviewees, for example in Chapters Five and Six, are presented verbatim. Hence, they may contain colloquial English.

The interviews generally took between 60 to 90 minutes, and were recorded with a digital audio-recording device. In addition to the recording, notes were taken by hand.

Qualitative questions

Kegeles et al (2005) conducted a study using semi-structured interviews on "Challenges and facilitators to building program evaluation capacity among community-based organisations" with CBOs, donors and technical support agencies working on HIV and AIDS in California. Napp et al (2002) carried out a similar study in which CBOs, technical assistance providers and local health departments in the USA were interviewed to identify barriers and facilitators to evaluating HIV prevention programmes implemented by CBOs. A copy of the Kegeles et al (2005) interview protocol (Appendix B) was requested and permission to use the protocol was granted. The protocol was then adapted, along with the three critical frames, to guide the development of the themes and questions for the interviews for this research. The themes included capacity development, evaluation knowledge, expertise and practice, evaluation requirements, technical support and resource allocation, perception and attitudes to evaluation and donor and recipient relationships vis-à-vis evaluation. The questions were open-ended and exploratory. See Appendix C for the interview schedule.

Quantitative measures

The following is a description of the type of information gathered from respondents from the four sectors.

1. The quantitative data collected from CSOs include organisation size (e.g. number of staff) and programme budget.
2. Data collected from the donor group included information on funds distributed to NGOs and CBOs, funds received for country HIV programmes from headquarters, funds allocated for recipients to conduct evaluation, size of donor office (e.g. staff numbers and portfolios), position of donor office (e.g. country office or regional office) and type of donor (e.g. philanthropic foundation, bilateral and international organisation).

3. Government ministries/departments were asked for information on the national budget for HIV and AIDS, breakdown of national HIV and AIDS budget (e.g. prevention and treatment areas), amounts spent on NGOs and CBOs, whether a monitoring and evaluation component was included in national HIV and AIDS strategic plans and the size of HIV and AIDS unit within the ministry/department (e.g. staff numbers, rank and portfolios).
4. From UN bodies, key information sought was the size of the office (e.g. staff numbers and portfolios), what type of NGOs and CBOs they collaborated with, funds distributed to NGOs and CBOs, funds distributed for evaluation (e.g. for capacity building and conduct of evaluation) and the budget allocated for internal evaluation.

A pilot test of the questions to verify their reliability was conducted with the CSO sectors in Malaysia and the Philippines. Time and cost constraints were barriers to trialling the questions with the other sectors. I conducted all the interviews. In Table 3.2, a summary of the type of quantitative and qualitative themes and questions is presented.

Table 3.2 – Summary of theme lists and questions

Quantitative Measures	Qualitative information

CSOs
• Organisation information
  o size (e.g. staff), location, legal status & constituent(s)
• Budget
  o amount allocated for programme, administration & evaluation
	CSOs
	• Description of programmes
	  o objectives, data collected, & evaluation modules
	• Evaluation protocols & capacity needs
	  o tools & methods
	  o problems
	  o gap in resources
	  o resource needs
	• Organisational view of evaluation & donor relations
	  o internal evaluation
	  o negotiation on evaluation requirements
	  o description of relationship with donors

Donors
• Organisation information
  o size (e.g. staff), donor type, regional/country status
  o recipient type (eg NGO/CBO)
• Budget
  o amount allocated for HIV&AIDS
  o amount allocated for non HIV&AIDS
  o amount allocated for evaluation
	Donors
	• Evaluation mandate
	  o evaluation protocols
	• Data
	  o CSOs requested to collect what information? Methods and tools used
	  o how is collected data used
	• CSO capacity info
	  o view of CSO capacity and needs for evaluation
	• Resources offered by donors
	  o technical support and funds

Government sector
• Agency information
  o size (e.g. staff), ranking (e.g. hierarchy of positions)
• Budget
  o amount allocated HIV&AIDS national programme (eg prevention & treatment)
  o amount allocated for CSOs
  o amount allocated to CSOs for evaluation
  o amount allocated for other recipients
  o amount allocated for internal evaluation
	Government sector
	• General info on strategic plan and evaluation
	• Role of CSOs in evaluation & data collection for national report
	  o data for universal access process
	  o data collected by CSOs
	• CSO capacity info
	  o view of CSO capacity and needs for evaluation
	• Resources offered by government
	  o technical support and funds
	• View on CSO and donor relations

UN agencies
• Agency information
  o size (e.g. staff)
• Budget
  o amount allocated HIV&AIDS national programme (eg prevention & treatment)
  o amount allocated for CSOs
  o amount allocated to other recipients
  o amount allocated for internal evaluation
	UN agencies
	• General info on evaluation protocols, support for evaluation to government
	• Universal Access initiative
	  o role of CSOs & government
	  o what data should be collected by CSOs
	  o how can data be used by CSOs?
	• CSO capacity info
	  o view of CSO capacity and needs for evaluation
	• Resources offered by UN agency
	  o technical support and funds
	• View on CSO and donor relations

SECTION TWO: DATA ANALYSIS

After field work was completed at the two country sites, I transcribed all the interviews and the transcripts were sent to respondents for review. Effort was made to complete transcription quickly so that if clarification was needed and it could be obtained while I was in the country. The short time frame also afforded more accurate recall on the respondents' part. Approximately half of the respondents responded with amendments out of which four respondents made substantial changes. These changes related to respondents rephrasing comments they had made that were critical of specific agencies they had engaged with.

After the interview notes were finalised, the process of coding began. The first step was manual coding. As this research was predominantly a qualitative study, thematic analysis of the narrative text enabled a preliminary reading of common trends or plots. As the interviews used the theme list in Table 3.2 much of the data gathered reflected these categories of themes. As the analysis deepened, the themes moved from a general layer to more specific sub-themes and the coding reflected these demarcations. Following the manual coding, the computer software package NVivo 8 was used to assist the organising and analysis of the data. The second round of coding with NVivo 8 allowed for confirmation of plots from the preliminary round and identification of new threads. Using this software also enabled easier retrieval of quotes from respondents.

An essential part of case study research was the within-case analysis followed by cross-case analysis (Miles & Huberman, 1994; Yin, 2003). The within-case analysis allowed for each case to be examined and described thoroughly. In addition, this enabled distinct features to be identified specific to each of the two cases. With the two case study reports, cross-case analysis was conducted to discover similarities and differences along select themes.

SUMMARY

In this chapter I have described the research methods used to collect and analyse the data in this study. Details that were provided included the sample selection, information on key informants, the theme lists and questions and the data analysis procedures.

The data collected for the case studies of Malaysia and the Philippines are presented in Chapters Five and Six. The cross-case analysis is discussed in Chapter Seven.

CHAPTER FOUR – THE PHILIPPINES AND MALAYSIA: CONTRASTING RESPONSES TO THE EPIDEMIC

INTRODUCTION

This chapter describes the HIV epidemic in Malaysia and the Philippines and examines government and civil society organisations' strategies and programmes within the context of each country. The information was drawn from both published literature and unpublished documents. It provides the reference for discussions in the later chapters. The first section presents the epidemiological status of the disease in Malaysia and the Philippines and an account of the resources mobilised to manage the epidemic. The following sections address government and civil society initiatives, the policy and legislative environment and CSO relations with donors.

EPIDEMIOLOGICAL STATUS

The "hidden and growing" epidemic in the Philippines

The first reported case of HIV in the Philippines was in 1984 and by the end of 2007 the cumulative number of reported HIV cases was 3,061 (Philippine National AIDS Council (PNAC), 2008); the population of the Philippines is approximately 88.5 million according to the last population census in 2007 (National Statistics Office Philippines, 2008). The relatively low number of reported cases and the adult HIV prevalence of under 0.1 percent categorises it as a low prevalence country, but it is also described by local experts as having a "hidden and growing" HIV epidemic (PNAC, 2008). Two-thirds of reported HIV cases are males and the majority of cases are among adults in the age group of 25-39 years (see Table 4.1). The main mode of infection is sexual transmission, predominantly heterosexual transmission, and injecting drug use is another known transmission route. HIV prevalence amongst most at risk populations (MARPs) is 0.8 percent (PNAC, 2008). These populations include people-in-prostitution (PiP), MSM, IDUs and Overseas Filipino Workers (OFWs). The data shows OFWs account for 35 percent of all cases, but this seemingly high figure could be due to the compulsory HIV testing of OFWs by employers in host countries, while routine HIV testing is not conducted for all sub-population groups (PNAC, 2008).

Table 4.1 – The Philippines: HIV seropositive cases by sex and age group as of December 2007

Age	Male	Percentage of HIV seropositive males	Female	Percentage of HIV seropositive females
<10	26	1.28	19	1.85
10 – 19	16	0.79	35	3.42
20 – 29	531	26.2	416	40.70
30 – 39	778	38.3	356	34.80
40 – 49	464	22.9	125	12.20
>50 *	176	8.68	44	4.30
No age reported	36	1.78	28	2.73
TOTAL	**2,027**	**100**	**1,023**	**100**

Source: HIV and AIDS Registry 2007, National Epidemiology Center, Philippines

* The 50 year age group was not included in the original source.

A concentrated epidemic in Malaysia

In Malaysia, the first case of HIV was detected in 1986 (Goh, Chua, Chiew, & Soo-Hoo, 1987). Since then, cumulative reported HIV cases have increased to 80,938, at the end of 2007; the population of Malaysia was 27.7 million in 2008 (Department of Statistics Malaysia, 2008). Adult HIV prevalence is below 0.1 percent but as the HIV prevalence of MARPs range between 3 percent and 20 percent, this places Malaysia in the category of a concentrated epidemic (AIDS/STD Section MoH Malaysia, 2008). As with the Philippines, males account for the majority of reported HIV cases at 91.6 (see Table 4.2).

Table 4.2 – Malaysia: Number of HIV infections by gender per year reported (from 1986 until December 2007)

YEAR	HIV INFECTION				
	Male	%	Female	%	TOTAL
1986	3	100	0	0	3
1987	2	100	0	0	2
1988	7	77.8	2	22.2	9
1989	197	98.5	3	1.5	200
1990	769	98.8	9	1.2	778
1991	1741	97.0	53	3.0	1794
1992	2443	97.3	69	2.7	2512
1993	2441	97.4	66	2.6	2507
1994	3289	97.0	104	3.0	3393
1995	4037	96.1	161	3.9	4198
1996	4406	95.8	191	4.2	4597
1997	3727	95.0	197	5.0	3924
1998	4327	93.6	297	6.4	4624
1999	4312	91.9	380	8.1	4692
2000	4626	90.6	481	9.4	5107
2001	5472	92.2	466	7.8	5938
2002	6349	91.0	629	9.0	6978
2003	6083	90.0	673	10.0	6756
2004	5731	89.2	696	10.8	6427
2005	5383	88.0	737	12.0	6120
2006	4955	85.0	875	15.0	5830
2007	3,804	83.6	745	16.4	4549
TOTAL	**74,104**	**91.6**	**6834**	**8.4**	**80,938**

Source: AIDS/STD Section, Ministry of Health, Malaysia, 2008

Although the percentage of HIV cases is much lower for female than males, authorities note that infection among females is increasing at a higher rate than 10 years ago. Most of the cases fall within the age group of 20-49 years (see Table 4.3).

Table 4.3 – Malaysia: Total number of reported HIV cases by age (from 1986 until December 2007)

		Number of HIV cases	Percentage of total HIV cases
Age Groups	< 2 years	232	0.29
	2 - 12 years	532	0.66
	13 - 19 years	1,140	1.40
	20 - 29 years	27,955	34.53
	30 - 39 years	34,770	42.96
	40 - 49 years	12,580	15.54
	> 50 years *	2,895	3.58
	No Data	834	1.03
	TOTAL	**80,938**	**100**

Source: AIDS/STD Section, Ministry of Health, Malaysia, 2008

* The 50 year age group was not included in the original source.

As a multi-ethnic country, disaggregated data by major ethnic groups show that most HIV reported cases are Malays at 72 percent, Chinese at 14.7 percent and Indians at 8 percent [8](see Table 4.4).

Table 4.4 – Malaysia: Total number of reported HIV cases by ethnic group (from 1986 until December 2007)

		Number of HIV cases	Percentage of total HIV cases
Ethnic Groups	Malay	58,267	72.00
	Chinese	11,886	14.69
	Indian	6,532	8.10
	Bumiputra Sarawak	338	0.42
	Bumiputra Sabah	432	0.53
	Original	39	0.05
	Others in Peninsular	528	0.65
	Foreigner	2,722	3.33
	No Information	194	0.24
	TOTAL	**80,938**	**100**

Source: AIDS/STD Section, Ministry of Health, Malaysia, 2008

[8] The population of Malaysia by ethnic group comprises of Malays and other Bumiputera groups at 65 percent, Chinese at 26 percent, Indians at 8 percent and other ethnic groups at 1 percent (Department of Statistics Malaysia). Bumiputera in the Malay language translates to "son of earth" and it is a term used to describe the indigenous people.

However, unlike the Philippines, the major risk factor for transmission in Malaysia is injecting drug use, with 58,135 reported HIV cases amongst IDUs representing 71.8 percent of the total reported cases. HIV infection through sexual transmission (heterosexual and homosexual) is 14,510 cases, amounting to approximately 18 percent of total reported cases (see Table 4.5). Malaysia, a host or receiving country of approximately 2.2 million registered migrant workers (as of end 2008), has a medical screening policy which includes HIV antibody testing (Migration News, 2009). Of a total 4,158,034 migrant workers screened between 2000 and 2004, 1,192 (0.03 percent) have tested HIV positive (AIDS/STD Section MoH Malaysia, 2008).

Table 4.5 – Total number of HIV cases reported in Malaysia by risk factor (from 1986 - 2007)

		Number of HIV cases	Percentage of total HIV cases
Transmission based on risk factor	IDU	58,135	71.8
	Needle prick	0	0
	Blood receiver	29	0.04
	Organ receiver	3	0.004
	Homo/Bisexual	1,472	1.8
	Heterosexual	13,038	16.1
	Mother to child (vertical)	692	0.9
	No Information	7,569	9.4
	TOTAL	**80,938**	**100**

Source: AIDS/STD Section, Ministry of Health, Malaysia, 2008

FINANCING THE EPIDEMIC: CONTRAST IN RESOURCE MOBILISATION STRATEGIES

The economic status of a country provides an indication of its capacity to finance the health sector (see Table 4.6) and also to finance the national response to the HIV and AIDS epidemic. Malaysia is ranked as an upper-middle income country and the Philippines is positioned as a middle-income country. Due in parts to the rapid growth and stability of the Malaysian economy and the government's self-sufficient stance, official development assistance by donor countries[9] has decreased over the years and aid is limited to specific sectors (WHO, 2007). The UN presence (UNDP, UNICEF,

[9] The main donors of official development assistance are Japan, Denmark, Germany, France and Spain.

UNFPA, UNHCR and WHO) is relatively low profile. The UN bodies run small offices that contribute, among other resources, technical support related to HIV and AIDS. This support is mostly provided to the government, which is the UN's primary development partner. However, some support is also provided to CSOs. In contrast, ODA is more significant in the Philippines with USD60 million provided for the health sector (to both government and CSOs) (WHO, 2006b). UN bodies (UNDP, UNICEF, UNFPA, UNHCR, UNAIDS and WHO) have a more visible presence in their partnerships with government departments in multiple developmental programmes (WHO, 2008). The presence of an UNAIDS country office is significant as it is able to provide or facilitate the provision of dedicated resources for HIV and AIDS programmes.

Table 4.6 – Socio-economic data: Malaysia and the Philippines

	Year	Estimate - Malaysia	Estimate - Philippines
Gross national income per capita (PPP int. $)	2006	12 160	3 430
Per capita total expenditure on health (PPP int. $)	2005	454	199
General government expenditure on health as percentage of total government expenditure	2005	7.0	5.5
Adult literacy rate, both sexes (%)	2006	91	93

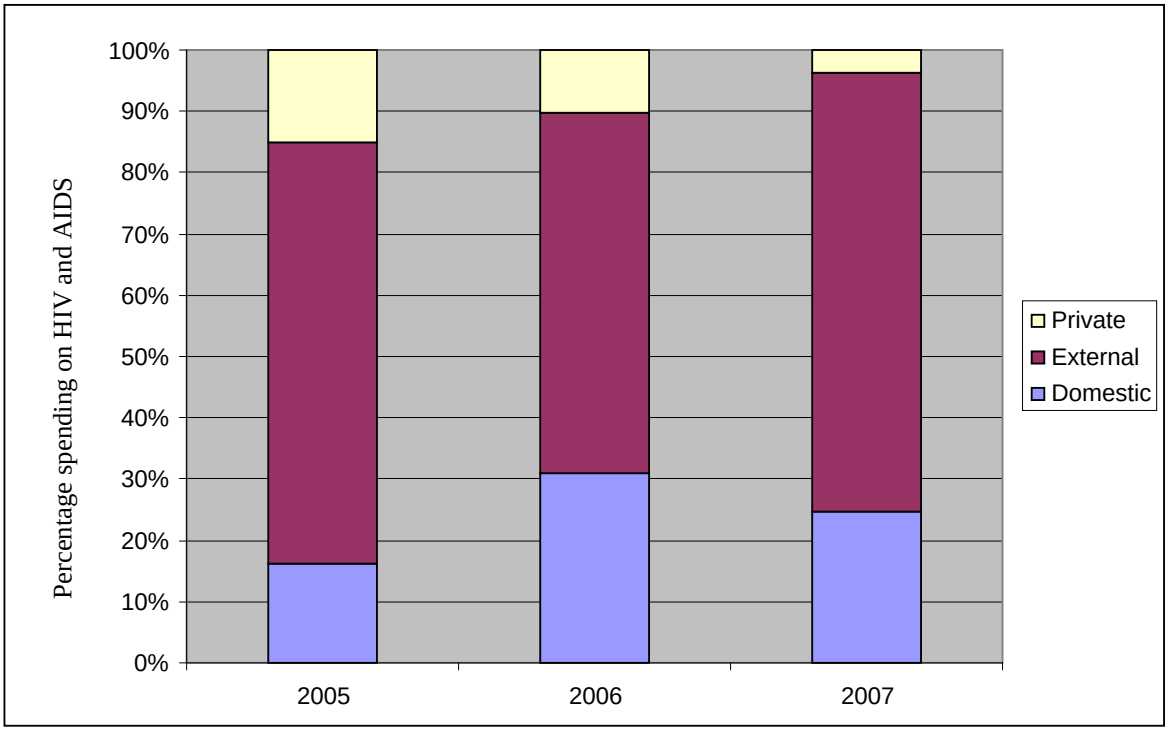
Source: World Bank; World Health Statistics 2008, WHO; UNESCO

Data for financial resources related to each country's response to HIV and AIDS is reported differently. The Philippines details AIDS expenditure but Malaysia provides information on AIDS budget allocations; records are unavailable of spending and fund allocation further back than 2004.

In 2005, 2006 and 2007 the Philippines spent USD8,054,566, USD8,561,155 and USD4,829,217 respectively on HIV and AIDS. Figure 4.1 and Table 4.7 show that external sources provided over 50 percent of these funds in all three years. Approximately 60 percent of expenditure was for prevention interventions, 25 percent was for programme support and 5 percent was spent on treatment and care; the remaining resources were for maintaining human resources, creating an enabling environment and research (PNAC, 2008). It was estimated that in the Philippines there was a funding gap

of approximately USD1,659,436 per annum between the total resource requirement and available resources from both government and donors for the period 2005-2010 (PNAC, 2006).

Figure 4.1 – Philippines: AIDS spending for 2005 to 2007



Source: Philippine National AIDS Council, 2008

Table 4.7 – Source of funds for AIDS spending in the Philippines

Source of funds	Year		
	2005	2006	2007
Domestic	USD1,294,358	USD2,662,864	USD1,193,838
External	USD5,547,308	USD5,023,260	USD3,462,823
Private	USD1,212,900	USD875,030	USD172,557
Total	USD8,054,566 (adjusted for exchange rate)	USD8,561,155 (adjusted for exchange rate)	USD4,829,217 (adjusted for exchange rate)

Source: Philippine National AIDS Council, 2008

In Malaysia the government provides most of the resources to support public sector and CSO HIV and AIDS programmes. The MoH reported that the government allocation for the national response on HIV and AIDS preceding the National Strategic Plan (NSP) on HIV and AIDS 2006-2010 did not exceed USD10 million annually (AIDS/STD Section MoH Malaysia, 2008). Funding was increased to USD30 million per annum to support the NSP HIV/AIDS 2006-2010. On the non-governmental side, a small percentage of the overall national financial support for HIV and AIDS initiatives is derived from fund-raising efforts by CSOs, external aid sources and the private sector.

In terms of budget allocation by intervention, in Malaysia approximately 60 percent of resources are designated for prevention programmes and 40 percent to treatment and care related services (N. Ismail, personal communication, September 9, 2008). In both countries a large portion of resources are allocated to various government ministries. Since the early 1990s, the Malaysian government has earmarked some of the funds for CSOs. The portion allocated to CSOs is proportionately smaller but provisions were increased in the 2000s. In 2003, the Malaysian government announced an annual grant of approximately USD1 million to be provided to CSOs for 10 years (Mahathir, 2004). By contrast, the Philippines' government does not have the resources to allot funds to CSOs and Filipino CSOs rely on aid from foreign sources.

MALAYSIAN AND FILIPINO GOVERNMENT RESPONSES: NATIONAL STRATEGIC PLANS

Both the Malaysian and Philippine governments undertook comparable public health approaches to managing HIV in the initial stages. Malaysia gazetted AIDS as a notifiable infectious disease through the Prevention and Control of Infectious Diseases Act 1988 (Act 432). This was followed by routine screening for HIV of blood and blood products and mandatory HIV testing of incarcerated persons held at sites such as government drug rehabilitation centers, correctional institutions and prisons. Mandatory testing was also conducted on persons perceived to be at risk of infection such as patients with tuberculosis and sexually transmitted infections and migrant workers. The Philippines Department of Health established the HIV and AIDS registry and implemented a passive surveillance system in 1987 (WHO and Department of Health Philippines, 2000). Subsequently, the National HIV Sentinel Surveillance System (NHSSS) for "high risk groups" such as sex workers, MSM and IDUs, and the Behavioural Sentinel Surveillance (BSS) were set up in 1993 and 1997 respectively.

Each country uses different protocols for the formulation of policies on HIV and AIDS. In Malaysia the highest policy making body is the Cabinet Committee on AIDS chaired by the Deputy Prime Minister[10]. There is also the National Coordinating Committee on AIDS and the Technical Committee on AIDS which are responsible for strategic directions, programme mandates and coordination of the national AIDS prevention and control programme.

Instead of a high-level ministerial committee, a more inclusive outlook prevailed in the Philippines with the establishment of a multi-stakeholder agency situated within the Department of Health (DoH). The Philippine National AIDS Council (PNAC) was established in 1992 by Executive Order 39 issued by the President. The PNAC has a membership of representatives from different sectors of government, private and civil society. It is mandated to advise the President on policies related to HIV and AIDS and to coordinate and direct the HIV and AIDS response in the Philippines (Caccam, 2006). In addition, the Philippine's Republic Act 8504 (RA 8504), also known as the AIDS Prevention and Control Act of 1998, is a mechanism used to institute HIV and AIDS policies in a wide range of settings including local government, educational institutions and workplaces.

To coordinate the implementation of HIV and AIDS policies and programmes, new government departments were created in both countries. In Malaysia this was the AIDS/STD Section of the MoH created in 1993[11], and in the Philippines it was the National AIDS/STD Prevention and Control Program (NASPCP) of the Department of Health, Philippines created in 1988[12].

Both countries developed national plans on HIV and AIDS which provide a framework specifying goals, priority areas and the partnerships required to address the specificities of the epidemics the countries are undergoing. These plans often also include a record of

[10] The Malaysian AIDS Council was only appointed to the Cabinet Committee on AIDS in December 2008 (MAC, 2009).
[11] The AIDS/STD Section holds multiple roles as funder (to government and non-government agencies), manager of programs and services, information center and advocate (AIDS/STD Section Ministry of Health Malaysia, 2009)
[12] The NASPCP's main focus is administering policy guidance, technical assistance, capacity building and monitoring and evaluation on HIV and AIDS interventions (National AIDS STI Prevention and Control Program, 2008).

the process leading to the development of the plan. At present, Malaysia and the Philippines are midway through another iteration of their national plans.

The Philippines initiated its First AIDS Medium Term Plan (AMTP) in 1988, the same year Malaysia developed its Plan of Action on HIV/AIDS. The Philippines produced successive AMTPs at regular intervals but in Malaysia's case there was a gap of 10 years before the next national plan was released in 1998. This was then reviewed in 2000 and 2004 (AIDS/STD Section Ministry of Health Malaysia, 2005) and the current NSP on HIV/AIDS covers the period 2006-2010. The Philippines is in the final year of its Fourth AMTP 2005-2010[13], which has been integrated into the Medium Term Philippine Development Plan 2005-2010.

Malaysia's NSP on HIV/AIDS 2006-2010 identified that Malaysia needed to update its 1998 Plan not only based on the compelling evidence that the epidemic was surpassing prevention efforts but in the light of commitments made at international and regional forums - the Millennium Development Goals (MDGs), the UNGASS Declaration and the ASEAN AIDS Declarations[14]. The timeframe for achieving goals and targets is drawing close to its end for the UNGASS Declaration in 2010 and for the MDGs in 2015. The approaching deadlines could account for the turnaround in government policy observed in Malaysia's NSP HIV/AIDS 2006-2010 in two strategy areas, specifically Strategies 3.3 and 3.5 which focus on reducing HIV vulnerability among IDUs and their partners and among marginalised and vulnerable groups respectively (AIDS/STD Section MoH Malaysia, 2006, pp. 11-12).

In Malaysia a pilot scheme to introduce harm reduction measures including needle and syringe exchange, condom distribution and drug substitution therapy (i.e. methadone maintenance) in order to mitigate transmission through injecting drug use and sex was approved by the Cabinet in 2005 (Harm Reduction Working Group, 2004, 2005). This was a significant shift in policy, as harm minimisation as a course of action in the government's prevention and control of HIV efforts was highly contentious. Reid, Kamarulzaman and Sran (2007) suggest the Malaysian government was spurred on by a

[13] HIV and AIDS national plans are to be supplemented by costed operational plans to establish the resource needs for implementation. The Philippines Fourth AMTP 20005-2010 is complemented by the Operational Plan 2007-2008 and another process is taking place for the next Operational Plan 2009-2010. A costed operational plan for Malaysia's NSP 2006-2010 has not been completed.

[14] At the Seventh and Twelfth ASEAN Summits, two declarations were made by the heads of states - 7th ASEAN Summit Declaration of AIDS and the ASEAN Commitments on HIV and AIDS.

status report on the MDGs indicating that it has not achieved the goal of arresting the spread of HIV. HIV and AIDS CSOs, under the banner of the Harm Reduction Working Group (Harm Reduction Working Group, 2004) advocated for approval from the government to employ harm reduction methods as they had been stymied by severe drug laws and challenged by enforcement authorities such as the National Anti Drug Agency and the police force. This was despite epidemiological data showing a considerable increase of infections among IDUs throughout the course of the epidemic. Several researchers observed that prior reluctance of the government to undertake harm reduction could be based on anticipation of such objections to this initiative (Huang & Mohd Taib, 2007; Vicknasingam & Narayanan, 2008, April). Religious leaders and politicians expressed uninformed, prejudiced and moralistic positions stating that harm reduction measures would increase drug taking and promote sexual promiscuity when they were introduced (Beh, 2005). However, the negative views were countered by agencies (linked to the government) which support the harm reduction policy; examples were provided by these agencies of Muslim countries undertaking harm reduction programmes. As well, Vicknasingam and Narayanan (2008, April) note a harm reduction policy challenges the government's hard line approach on drug policy.

The Strategies 3.3 and 3.5, in the Malaysian NSP HIV/AIDS 2006-2010, which are focused on the marginalised and vulnerable groups, are significant. In addition to the standard sub-populations of MSM and sex workers, it recognises the specific needs of mobile populations (that is migrant workers and refugees), and states that they are to receive educational and service oriented interventions. Migrant workers faced immediate deportation to their home country if their sero-status was confirmed to be HIV positive. The endorsement of condom promotion, albeit specific to marginalised and vulnerable groups, the expansion of services such as voluntary counselling and testing for HIV, and the involvement of these groups from planning to assessment of interventions, mark the government's public stance in acknowledging the necessity of a comprehensive course to manage HIV and AIDS within these communities. However, it is unclear how these strategies will translate into interventions for implementation.

The weight of a national strategic plan cannot be underestimated as it is, in the case of Malaysia, the authoritative record of government policy that is accessible to stakeholders, including CSOs. Often, the public sector in Malaysia has not been forthcoming in articulating policies. This is not to say that prior to the current NSP HIV/AIDS 2006-

2010 CSOs faltered in their response due to the lack of pronounced policies and directions. On the contrary, many CSOs were committed to working with marginalised and vulnerable communities and embarked on "sensitive" programmes entailing condom distribution, cleaning of needles and syringes and sexual and reproductive health. Thus, the implication of the policy shifts as reflected in the NSP was an affirmation to CSOs of their direction and of support to continue their efforts. Official documentation of the country's response facilitates the alignment of responses from the government and non-government sectors.

The set timeframe for the development of the Philippines' AMTPs and the adherence to the principle of partnership and multi-sectoral consultation over the course of the strategic planning processes could be argued to have allowed for more consistent and focussed setting of direction. The regularity of the AMTPs enabled a process to identify and fill gaps in the national response. Furthermore, the inclusive consultative mechanisms brought in comprehensive views from all sectors and more importantly ownership of the AMTPs by stakeholders and the opportunity to act in an integrated and cohesive manner (PNAC, 2000).

FILIPINO AND MALAYSIAN CIVIL SOCIETY RESPONSES

Before embarking on an examination of the non-governmental response to the HIV and AIDS epidemic, the evolution of civil society organisations within the political structure and social milieu in Malaysia and the Philippines is presented. This is to provide a context to the relations and engagement between CSOs, the government and other stakeholders and the contributions that have been made by CSOs to the community and state spheres. The second part to this section describes the emergence of AIDS organisations and of existing organisations incorporating HIV related initiatives as the epidemic took hold.

CSOs in Malaysia: From secret societies to activism

CSOs have been part of the social, cultural, economic and political life in Malaysia dating back to its colonial era. M. L. Weiss (2003) describes the evolution of CSOs from their origins under British colonial rule to the contemporary developments of the non-governmental sector. Prior to the country's independence in 1957, there were numerous

civil society groups. Most were formed along communal lines and reflected the specific interest and needs of each community.

Organisations established within the Chinese community were already evident from the 19th century, and were concerned with clan relations, commercial interest, triad underground activities, Chinese language education and cultural pursuits. The smaller minority Indian populace formed, among others, religious organisations, youth groups and guilds and led the way in forming trade unions (Tham, 1977). The Indians, similar to the Chinese, were influenced by political movements in their home countries in the first half of the 20th century – the reform movement and independence campaign in India and the revolutionary and communist uprisings in China. Among the local Malay population formal organisations such as social, cultural and religious clubs and associations were established early in the twentieth century but as Tham (1977, p. 25) notes the early organisers were the Malayo-Muslims. This was followed by the Malays (mostly urban-based and educated) setting up 'progress associations' to promote self and community enhancement (Roff, 1967). Soon after this, organisations that focused on literary endeavours (e.g. journal and newspaper) flourished and quasi-political organisations forged pathways in political discourse and Malay nationalism. Subsequently the quasi-political organisations became formalised into political parties (in the 1950s an 1960s) consisting mostly of elite bureaucrats from the public sector. Concurrently, the non-political organisations such as the social clubs, literary and cultural associations continued their facilities and services to the Malays.

Unlike other developing countries where development NGOs were known for their development oriented initiatives and programme implementations with rural and urban communities, Malaysian NGOs were less involved in these efforts (B. K. Tan & Singh, 1994; M. L. Weiss, 2006a). The government had upheld the responsibility to provide for the social welfare needs, rural development and health care provision for the population. Hence, the space for organisations to engage with traditional development projects has been limited. In part, this has led to contemporary CSOs focusing on specific issues and agendas.

In the 1970s, a new era of non-governmental organising which was theme-based or issue-oriented began to emerge in Malaysia. The social and welfare type organisations, far exceeding the small group of issue-oriented organisations, continued their growth as

well. Consumer associations (starting in the mid-1960s) were the pioneers among the issue-focused NGOs. Other NGOs concerned with the environment, human rights and women's rights and causes such as indigenous people's rights became more visible and organised in the 1980s. For example, the contemporary women's movement grew from the early 1980s and the human rights groups one decade later spurred by political clampdowns such as Operation Lalang[15] (Crouch, 1996, pp. 106-112; Ng, 2007). Modern issue-based NGOs organise along non-communal lines but the long-standing affiliations according to ethnicity have influenced the membership profile of NGOs; moreover, "English-speaking, middle-class, urban non-Malays predominate in secular advocacy groups", (M. L. Weiss, 2006a, p. 110). Formal organising in response to HIV and AIDS began in the late 1980s and early 1990s.

The contemporary CSO sector has seen the expansion of non-governmental entities. Lim (Lim, 1995) and Tan and Singh (1994) described the groups, associations, societies and organisations which were diverse in their characteristics, mandates, operations and membership. There were also organisations identified as government-organised NGOs (GONGOs) and NGOs independent of government control (B. K. Tan & Singh, 1994, p. 3). Furthermore, there were CSOs that range from community–based organisations and community-service organisations to youth and professional organisations. M. L. Weiss (2006a, pp. 12-13) adds to the description of NGOs in a typology that groups organisations using the categories of issue advocacy, Islamist, professional, Chinese and religious (non-Muslim).

Malaysia's economic achievements and its reluctance to accept foreign development aid has been a significant factor in the limited aid from external donors to local CSOs. Although a few NGOs receive external funds most local NGOs raise funds through membership subscription and fund-raisers from the public and private sector. The government provides assistance at varying levels to select NGOs. In addition, there are NGOs which have explicit policies not to solicit or receive funds from foreign donors, partly to counter allegations made by the government of external agents influencing NGOs' agendas and also for NGOs to maintain their autonomous standing.

[15] Operation Lalang, 1987, was a crack down by Malaysian police on key social activists and opposition party leaders to purportedly quell racial tensions.

The evolution of CSOs has been marked by various pieces of legislations which are aimed at controlling associational terms, activities and assembly. The origin of the Societies Act (1966) and its predecessor, the Societies Ordinance (1890) (Blythe, 1969)), instated by the post-independence government and the colonial establishment respectively, was based on threats to public and national security, such as those stemming from the secret societies' violent conflicts, communist insurgency and ethnic unrest. Amendments to the Societies Act were undertaken, but under considerable opposition by a grouping of diverse organisations and amidst controversy (Barraclough, 1984).

The Societies Act articulates strict conditions to which organisations have to abide and the Registrar of Societies has wide powers to clamp down on activities deemed political and "deviating" from organisations' stated objectives. In addition, there are other legislations that curb and regulate organising by CSOs (and opposition political parties). For example, there is the Police Act 1967 which restricts public assembly of more than five people without a police permit which can be difficult to obtain. As well, there is the Printing Press and Publications Act 1984 which requires a permit, to be renewed annually, for all printed material. The Act has stringent regulations and the Minister of Home Affairs (who is vested with the power to enforce this legislation) can limit or prohibit publications that are perceived as a threat to national security. Other groupings also face constraints such as university students who are prohibited from political activities under the Universities and University Colleges Act 1971.

The use of the legal framework to curtail civil society mobilisation has been justified by the government as a means of maintaining social order, racial harmony, political stability and economic development (M. L. Weiss, 2003). The restrictions by the government reflect its perception of NGOs, especially issue-oriented organisations such as human rights organisations that confront the government with its ideology and methodologies. Public statements by government leaders and officers indicate that they consider many issue-based NGOs as being: influenced by western democratic practices which are not applicable to the Malaysian context; manipulated by foreign interest; and those involved with these NGOs of being elitist and ineffectual intellectuals. These statements are testament to the often fraught and strained relations between the government and non-governmental organisations (M. L. Weiss, 2003), particularly if the issues raised by NGOs are "sensitive" to the government as when "NGOs actively seek to make the

political system more transparent and people oriented" (Lim, 1995, p. 167). However, as M. L. Weiss notes (2003), there have been platforms whereby the government and NGOs have collaborated. An example is women's NGOs working with government to draw up anti-rape legislation, and cooperation between the government and environmental groups to address environmental concerns. However, in these cases, NGOs and their representatives are usually hand-picked by the government and final decisions are the prerogative of the government. Even so, "many NGOs accede to this arrangement since it at least allows their ideas to be heard" (M. L. Weiss, 2003, p. 37).

Trials, tribulations and the rise of CSOs in the Philippines

The Philippines is characterised by its vibrant and prominent non-government sector, with politically active CSOs. These organisations also work with the poor on skills development and income generation, and on redressing issues ranging from human rights to land reform. The antecedents to contemporary NGOs were organisations formed by religious institutions, namely the Catholic Church, which were engaged in providing parish welfare services during the late 19th century Spanish colonial period (Racelis, 2000).

Under the American colonial administration CSOs (e.g. charities and civic organisations) were encouraged to form. In addition external organisations were introduced such as the American Red Cross which established local affiliations (G. Clarke, 1998, p. 53). The thrust of CSOs changed post-World War II as the Philippines was threatened by a communist insurgency and rural unrest. Many CSOs were set up to counteract the disturbances and turmoil. CSOs focused on issues including poverty reduction, social transformation and economic development were also established, for example the Philippine Rural Reconstruction Movement (PRRM) (Carino & Fernan, 2002). Later in the 1950s the Catholic Church was active in counter-insurgency efforts through engaging with peasants and workers. Other Christian churches were also involved in initiatives such as cooperatives and rural development (G. Clarke, 1998).

The dictatorship of the Marcos era was a difficult period for NGOs. The suppression of civil liberties forced many NGOs to operate underground or to organise through other entities such as religious-based organisations (Racelis, 2000). However, due in large part to the pressure of multilateral and overseas development aid agencies on the Marcos government to involve NGOs in socio-economic development programmes, NGOs

managed to continue their work (G. Clarke, 1998, p. 64). Although NGOs collaborated with the government, many were opposed to the Marcos regime and were a significant factor in the "people power" uprising that toppled the government in 1986 (Racelis, 2000, p. 159). Following the period of martial law, from 1986 onwards, NGOs re-grouped and continued to flourish.

The Aquino government (1986-1992) re-established democracy and worked to strengthen relations with NGOs and further institutionalised NGOs' participation in the government bureaucracy and state processes (Racelis, 2000, p. 172). The Ramos administration (1992 – 1998) continued to extend collaboration with NGOs. For example, key NGO representatives were assigned to cabinet positions and NGOs were involved in decision making platforms and the implementation of government development programmes (G. Clarke, 1998). The prominent role of NGOs in the country's development strategies and governance was provided for in the legislative framework. The 1987 Constitution promoted NGO participation and the Local Governance Code (1991), a legislation to put into effect the government's devolution policy, created formal space for the full engagement of NGOs and CBOs at the local level (Romero & Bautista, 1995, p. 188). Furthermore, NGOs were endorsed as development partners in the 1987-1992 and 1993-1998 Medium-Term Development Plans (G. Clarke, 1998, p. 77). The insistence of aid agencies that NGOs be involved in development projects and the channelling of funds to NGOs for programme implementation and service delivery further strengthened the position of NGOs within the political and development sectors. During the tenure of President Estrada (1998 – 2001), the relationship between NGOs and government was not as robust as this government was not as forthcoming as previous administrations in building and consolidating relations and partnerships (Racelis, 2000, p. 179). Moreover, the government was embroiled in issues such as corruption, curtailing the media and not achieving commitments on poverty reduction plans which contributed to the decline of support from many NGOs and other stakeholders (Abinales & Amoroso, 2005, p. 273). The current administration of President Macapagal-Arroyo (2001 - present) has re-endorsed NGOs as partners in carrying out government programmes in the 2004-2010 Medium-Term Philippine Development Plan (Asian Development Bank (ADB), 2007).

The NGO sector in the Philippines consists of a heterogeneous group of organisations. Constantino-David (1998) and Romero and Bautista (1995) present typologies of NGOs

that illustrate the dynamic and diverse entities that have been established under the nomenclature of NGO. They described several categories of NGOs. For example, there are NGOs formed according to ideological frameworks such as the Socialist and National Democrats or NGOs based on membership such as People's Organisations (POs). Each category is further divided into organisations such as the development, justice and advocacy NGOs (DJANGOs) which works directly with communities, assists through providing services and is self-determining. While NGOs have individual mandates and programmes, they also network, build coalitions and form taskforces to address cross-cutting issues. An example of collaboration is the establishment of the Caucus of Development NGO networks (CODE-NGO), a sizeable coalition of NGOs which composed the "Code of Conduct for Development NGOs" for use as a self-regulatory tool. CODE-NGO has also collaborated with other networks of NGOs on mutual agendas. (Constantino-David, 1998, p. 29). Even so, the NGO sector is not a harmonious whole as, ideological differences, rivalries (internal and between NGOs) and distinct organising strategies can be barriers to collaboration and difficult to overcome, and can even be the cause of strife.

A CSO in the Philippines has the option of registering with the government as registration is not compulsory (ADB, 2007). There are a few government agencies NGOs can register with including the Securities and Exchange Commission (SEC), Cooperative Development Authority (CDA) and the Department of Labor (DOLE). NGOs which choose to register do so to obtain legal standing. In addition, other provisions are gained including access to a bank account and being eligible to receive funds from external donors and consent to take part in government initiatives. Additional accreditation can be attained from various government departments if NGOs want to engage in specific activities such as social work. For example, one of the Philippine NGO respondents in this study stated that the NGO is accredited to the Department of Social Welfare and Development to enable it to provide care and support services and had to obtain a permit from the Department of Health to operate its clinical service facility. At present there are tens of thousands of NGOs. NGOs are increasingly "learning good management and financial practices and [professionalising] their staff" (Racelis, 2000, p. 178) and the NGO sector is a significant employer providing professional career opportunities.

A new kid on the block: HIV and AIDS CSOs in Malaysia

The initial response within the civil society sector to the reports of HIV cases in Malaysia, was the formation of a community-based organisation in the late 1980s. The PT Foundation (previously known as Pink Triangle) began their programmes targeting MSM and eventually their coverage expanded to include other marginalised groups including sex workers, IDUs, transgenders and people living with HIV and AIDS (PWHA) (PT Foundation, 2005). From basic education programmes on HIV and AIDS, the PT Foundation has, over the last twenty years, become a direct service provider that runs drop-in centers, outreach programmes, harm reduction interventions (e.g. needle and syringe exchange) and a voluntary counselling and HIV testing center.

By the early 1990s, other NGOs commenced their involvement in the civil society response, inadvertently or intentionally as it became noticeable that more clients with HIV and AIDS were being encountered (Chong, 1995). Others became engaged because they recognised the necessity to incorporate HIV and AIDS into their programmes as the epidemic unfolded. These NGOs, unlike the PT Foundation (a HIV and AIDS specific organisation[16]), were established entities with mainstream constituencies and agendas such as women, faith-based communities, reproductive health, healthcare and medical personnel, law and ethics and uniformed bodies (i.e. Red Crescent Society). They integrated HIV and AIDS as one component of their overall programmes. Up to 2008, awareness raising, information dissemination and education activities remained the predominant interventions, with several drop-in centers and half-way homes in operation. HIV and AIDS specific NGOs and community-based organisations (CBOs) comprised approximately one-fourth of the 42 organisations involved in the HIV and AIDS field who were partner organisations of the national AIDS peak body, the Malaysian AIDS Council (MAC) (MAC, 2009).

As civil society groups became more involved in HIV and AIDS, the MoH mooted the establishment of an umbrella organisation for NGOs and CBOs with a two-fold purpose. The MAC was formed in 1992, firstly, to coordinate the response by NGOs and CBOs and secondly, to manage annual grants from the government directed to NGOs and CBOs (Hussein, 1996, July). Its coordinating role encompasses directing advocacy initiatives and providing technical support to its partner organisations (MAC, 2009). In addition the

[16] HIV and AIDS specific NGOs/CBOs are organisations with a primary and full-time focus on HIV and AIDS programmes.

MAC implements several programmes including a needle and syringe exchange intervention and a community systems strengthening initiative.

To supplement government funding support, a fund-raising arm, the Malaysian AIDS Foundation (MAF) was established by MAC. The MAF raises donations (in cash and in-kind) from the general public and private sector, as well as being a recipient of small grants from international philanthropic foundations (MAC, 2009). The contributions from its fund raising activities enables the the MAF to directly support the PWHA community and affected persons through a Paediatric AIDS Fund and a Business and Medicine Assistance Scheme (MAC, 2009).

The earliest organised support group initiated by people living with HIV and AIDS (PWHAs) was Positive Living, developed as a programme component of the PT Foundation in the mid 1990s and which offered services mainly to PWHAs from marginalised communities. A few smaller PWHAs support groups started, usually hosted by AIDS NGOs but many have not been able to sustain their activities. A formal organisation of PWHAs was formed much later in the early 2000s. The Kuala Lumpur AIDS Support Services offers support services for PWHAs and affected individuals (Khoo, 2002, July). More recently, in 2008 the Malaysian Positive Network emerged as the national network for PWHAs with a focus on empowering PWHAs and reducing HIV and AIDS related stigma and discrimination.

Leading the way in the response to HIV and AIDS: Filipino AIDS organisations

In the Philippines, the civil society response has paralleled that of the Malaysian non-governmental sector. In the early 1990s, community-based organising occurred with HIV prevention efforts spearheaded by activists from the gay community who established HIV and AIDS specific organisations such as ReachOut and the Library Foundation (M. L. Tan & Dayrit, 1994). The Remedios AIDS Foundation was also established which catered to other communities. These initiatives were followed by NGOs such as Kabalikat integrating HIV and AIDS into their programmes and working with a wider range of populations from the marginalised (sex workers), the vulnerable (street children) and the general population (M. L. Tan, 1993).

The rising number of reported HIV cases among overseas Filipino workers led to the start up of the Action for Health Initiatives (ACHIEVE) in 2000, an NGO engaged in action-research on sexual and reproductive health and HIV with migrant workers and their families (Action for Health Initiatives (ACHIEVE), 2007; Quesada, 2006). ACHIEVE is also a partner organisation of the regional HIV and AIDS network Coordination of Action Research on AIDS and Mobility (CARAM Asia) which works with migrant workers to decrease their vulnerability to HIV.

The Filipino PWHA groups established themselves in the mid 1990s commencing with peer support activities. They later moved into the public arena and were committed to tackling HIV and AIDS related discrimination, promoting the rights of PWHAs and advocating for access to treatment and support.

To date, NGOs and CBOs in the Philippines are involved in a wide range of activities and services, including education, advocacy, resource centers, technical support, clinical services, outreach peer support, and care and support for PWHAs (Mateo Jr, Sarol, & Poblete, 2004). The contribution of civil society organisations is augmented by NGOs proficient in research such as the Health Action Information Network (HAIN) whose initiatives on community health programmes strengthen the information and knowledge base on HIV and AIDS. The Philippines' geographic setting of islands and the primacy of its capital city means most of the HIV and AIDS related organisations are clustered in and around metropolitan Manila. This poses some difficulties for networking and support between organisations based in Manila and those located on other islands, such as Cebu and Mindanao.

While Malaysian NGOs and CBOs are able to access support from and carry out advocacy through the MAC, the civil society groups in the Philippines organise differently, perhaps due in part to difference in the working relations between the civil society sector and the government. The creation of the PNAC at the outset afforded a platform for relatively open discussion and negotiation among its multi-sectoral members on policy and strategic directions. This allowed community-based representatives to put forth concerns and issues raised from the grassroots. Often, NGOs were assigned to take the lead role in major projects undertaken by the PNAC. For example, the development of the Philippines' HIV and AIDS programme monitoring and evaluation system was contracted to a NGO, which conducted countrywide consultations involving the public

and non-governmental stakeholders and engaged them in capacity building initiatives on monitoring and evaluation. The implications of this arrangement will be further discussed in Chapter Seven. NGOs in the Philippines can also be involved in monitoring the country's implementation of its UNGASS commitments by participating in an internet forum, called the Pinoy-UNGASS. Although Pinoy-UNGASS is primarily utilised by NGOs, other stakeholders such as UN agencies and the health department also participate. This forum provides another platform for advocacy.

SETTING THE ENVIRONMENT: HIV AND AIDS REGULATIONS AND POLICIES

There are two pieces of legislation, Malaysia's Prevention and Control of Infectious Diseases Act 1988 (Act 432) and the Philippines' AIDS Prevention and Control Act of 1998, that influence these countries' responses. Both Acts aim to manage the epidemic but divergent approaches were taken by each government in crafting the laws. One distinction between the laws pertains to the testing of individuals for HIV. Article III Testing Screening and Counselling of the Philippines AIDS Act prohibits compulsory HIV testing[17]. In Malaysia mandatory testing is conducted on several population groups including prisoners with high risk behaviour, drug users admitted to government drug rehabilitation facilities and migrant workers. In a few Malaysian states, mandatory pre-marital HIV testing is required of Muslim couples[18] (the government is considering this requirement to extend to non-Muslim couples in all states). It has been observed that the Malaysian Act contains components that are more oriented towards conventional public health measures whereas the Philippines Act embodies a human rights-based construct to public health and is more encompassing of the social and political dimensions that are required for a comprehensive response. It could be argued that this was the case because the Philippines AIDS Act was introduced 10 years after the Malaysian Infectious Diseases Act, during which time the Philippines gained a better knowledge of its epidemic, was able to be innovative in its response and learnt from good practice in other countries.

In the Philippines AIDS Medium Term Plans, the promotion of condoms has featured as an integral component of prevention strategies. In contrast, in the Malaysian strategic plans (prior to the current NSP 2006-2010) minimal mention was made of condoms and

[17] There are exceptions to compulsory HIV testing including blood and organ donation and persons under criminal charges.
[18] In each state of the Federation of Malaysia the Islamic State Religious Department is empowered to issue and implement regulations on Muslims.

then only as part of the MoH's *ABCDE*[19] HIV prevention campaign. The short reference to condoms in the Malaysian 1998 National Strategic Plan on HIV Prevention stated, "consistent and correct use of condom[s] will reduce the risk of HIV infection" (AIDS/STD Section Ministry of Health Malaysia, 1998, p. 15). In strategies to address sexual transmission among most-at-risk populations (e.g. sex workers), information dissemination was emphasised over condom promotion; in fact, there was no reference to condoms. It is only in the NSP on HIV/AIDS 2006-2010 that condom promotion was explicitly stated, and specifically for marginalised populations. Even so, the distribution of condoms as a prevention intervention continues to be a sensitive issue for the government. A Health Ministry Deputy Director in an interview with the media on condom promotion stated that "We realise that we are an Islamic country and we have to do things carefully", referring to government actions (related to condom promotion) that might be misconstrued as implicitly condoning pre- and extra-marital sex, and "… that is why we have given this duty (of condom promotion) to non-governmental organisations like the Malaysian AIDS Council" (Darshni, 2007)

FAITH-BASED ORGANISATIONS AND INFLUENCE OF RELIGIOUS DOCTRINES

Aside from government and civil society stakeholders, the faith-based sector is a dominant and influential player in its engagement with the HIV and AIDS epidemic worldwide. The Philippines is a secular state but with a Catholic Church that claims religious and moral authority over its populace, of whom more than 80 percent are Catholics. An example of the Church's influence is its close alliance with the Cory Aquino administration in the 1990s that ushered in a conservative stance towards reproductive health policies (Demeterio-Melgar, 2004; Son, 2005). The Church's teachings on HIV prevention prohibit the use of condoms in HIV prevention (Arie, 2005; Cohen, 2004). The Church has also made objections about interventions for vulnerable populations such as sex workers, IDUs and MSM (as these actions are deemed to endorse promiscuity and encourage immoral behaviours). However, as Stephens (2000, p. 200) notes, within the Church is "a theological pluralism expressed in the difference between official statements and the everyday practices of Church agencies and workers" which manifests in a more tolerant attitude towards prevention efforts by NGOs.

[19] The *ABC* campaign popularised in many parts of the world, eg Africa, promotes *A* for abstinence, *B* for be faithful and *C* for condoms (when *A* and *B* are not viable options). The Malaysian version with the addition of *D* and *E* includes *D* for Don't take drugs and *E* for education.

The official religion in Malaysia is Islam. Religious freedom is enshrined in the Constitution and non-Muslims are allowed to practise their religion. Islam is closely linked with the predominant ethnic group, the Malays (approximately 60 percent of the total population), and is integral to their social and cultural structures. The other (minority) ethnic groups are the Chinese and Indians who are mostly followers of Buddhism, Christianity, and Hinduism[20]. Islamic religious affairs are bureaucratised in the government systems and non-governmental Islamic agencies, institutions and quasi-government organisations are supported financially by the government.

Muslim and non-Muslim religious leaders and organisations are involved in HIV and AIDS prevention and support initiatives in pastoral care settings and general education activities. A number of faith-linked organisations are partners of the MAC, including the Islamic Medical Association, the Buddhist Missionary Society, the Catholic Welfare Services and the Malaysian Consultative Council of Buddhism, Christianity, Hinduism, and Sikhism (MCCBCHS). It is noted that affiliation to the MAC does not necessarily translate into agreement on issues. During debates on the Malaysian harm reduction policy, the faith based sector was solicited for its position by the media and a spokesperson of MCCBCHS[21] stated:

> Why give (HIV positive drug addicts) a context to have sexual relations? The move is like the Government giving the go-ahead to have sex. Instead of encouraging them, the Government should educate people on how the disease spreads (Darshni & Pakiam, 2005).

The official response of the MAC, a leading advocate of harm reduction, was supportive of the government and called for practical and realistic perspectives to prevail, "religious bodies may feel that these methods, especially on the condoms, are a bit taboo. But people have to separate promoting sex versus promoting condoms in terms of HIV prevention" (Darshni & Pakiam, 2005). Recognising the pivotal role of Muslim religious leaders, the MAC engages religious leaders through dialogues and projects. In 2003 the MAC hosted, with the Department of Islamic Development Malaysia (JAKIM), the Second International Muslim Leaders' Consultation on HIV/AIDS. Eighty participants from 21 Muslim countries deliberated on themes including Islamic teachings and harm reduction, sex and sexuality and the role of Muslim leaders (Mahathir, 2004).

[20] There are also Chinese, Indian and other ethnic groups who are Muslims.
[21] Other faith-based organisations (both Muslim and non-Muslim) responses echoed those of MCCBCHS in rejecting the harm reduction measures of distributing clean needles and condoms.

A government initiative, "Islam and HIV and AIDS"[22], was a nationwide four-year initiative to bring the primary government Islamic agencies and their federal and state religious leaders and officials on board. This initiative was touted (by the government) as a success in building the capacity of participants to provide HIV and AIDS education, care and support to their constituents (AIDS/STD Section MoH Malaysia, 2008). Yet these efforts are often overshadowed by media coverage of statements made by religious leaders who, without considering evidence, reject outright government proposals, such as the harm reduction initiative, and further deepen stigma and discrimination of PWHAs by calling for their isolation from the general public (Darshni & Pakiam, 2005).

RELATIONS BETWEEN CSOs AND DONORS

Resource mobilisation is a perennial challenge to the non-governmental sector as CSOs, especially the CBOs, expends considerable time and effort sourcing funds and technical support. Before early 2000, HIV and AIDS related NGOs in Malaysia could obtain funding from bilateral agencies, philanthropic sources and international NGOs to supplement grants from the MoH. These few organisations were mostly CBOs with grassroots links implementing interventions that were regarded as "controversial" (e.g. harm reduction and condom promotion) with marginalised groups who themselves have tenuous relations with the government and the public. Thus, foreign donors with mandates to support such programmes were sought by NGOs and CBOs. By the late 1990s these donors started reducing their contribution and then withdrew shortly after as their funding priorities directed resources to countries with demonstrably more need (i.e. with a heavier disease burden and which were more resource poor). This was reinforced by Malaysia's elevation in economic ranking and policy of self-reliance.

NGOs working on HIV and AIDS in the Philippines are dependent on foreign aid as the government is financially unable to support the non-governmental sector's response The resource landscape for NGOs is not much different from other countries in the region. The avenues to obtain funding have included bilateral overseas development aid agencies, Church linked bodies, international NGOs (e.g. International HIV/AIDS Alliance and Family Health International), philanthropic foundations (e.g. Ford Foundation, Packard Foundation and Tides Foundation) and UN agencies.

[22] The AIDS/STD Section collaborated with the Malaysian AIDS Council and UNDP to develop the project and the resource materials used in workshops.

The Philippines qualifies for aid from multilateral bodies such as the Asian Development Bank (ADB) and the Global Fund[23]. The Global Fund is the largest donor for HIV and AIDS in recent years. Since the Philippines received its first grant in 2003, a total of USD19.3 million has been approved for further three proposals (GFATM, 2009). The Tropical Disease Foundation Inc, a NGO, is the PR and receives funds from the Global Fund to implement programmes. Often SRs are selected as secondary implementers. The SRs are usually NGOs and CBOs already working with the target populations for which programmes have been designed. This structure allows for the flow of aid to the local level, however, as will be illustrated in Chapter Six the requirements made on SRs as grantees creates a tenuous situation between being able to access funds and the pressures of donor requirements (i.e. monitoring and evaluation and reporting) for project implementation. The inflow of resources from the Global Fund is in contrast to the retraction in support for NGOs by other donors in the Philippines since early 2000. The philanthropic foundations known to support HIV and AIDS projects have closed down their country office or ceased funding; presently, only the Packard Foundation remains but it is unknown if it will continue support after its current commitments conclude in the next year or two. The reduction in foreign aid has affected the operations of NGOs as a few have downsized and offering fewer services.

SUMMARY

This chapter has provided an overview of the status of the HIV and AIDS epidemic in Malaysia and the Philippines. Epidemiological data indicates Malaysia is experiencing a HIV and AIDS concentrated epidemic where injecting drug use is a serious threat to prevention efforts. However, the introduction of harm reduction interventions and drug substitution therapy is expected to strengthen the country response. The Philippines is considered to be a HIV low prevalence country but there are indications that the epidemic is "hidden and growing". The authorities take note of the increase in HIV cases among overseas Filipino workers.

Responses by the government and civil society sectors to HIV and AIDS in both countries have similarities. But, as each has different epidemics and distinct economic, social, religious and political contexts, it is not unexpected that different approaches were taken. While public health measures of screening and surveillance were administered, the

[23] Recently, a change in policy by the GFATM Board allowed for grants to be made to countries in the middle-upper income bracket. As such Malaysia is now eligible to apply and receive funding.

NGOs and CBOs organised and initiated prevention and care and support programmes, starting with marginalised communities and expanding to the general public. Government endorsed HIV and AIDS prevention policies and programmes that are deemed “controversial”, e.g. harm reduction and condom promotion, continue to face objections, particularly from religious leaders and politicians in both countries.

The Malaysian government allocates resources for public and non-government sector HIV and AIDS programmes but the weaker economic state of the Philippines means that the government relies on external aid for most of its resource needs. As funding is unavailable from the government, Filipino CSOs working on HIV and AIDS also seek support from foreign donors. While the Philippines currently receives the most aid for HIV and AIDS from the Global Fund, the NGOs and CBOs face an insecure future as their sources of financial support have declined, jeopardising their existence.

This chapter has presented the context and environment within which Malaysian and Filipino AIDS related CSOs work and inhabit. The descriptions provide the backdrop of the realities to project implementation and evaluation that are discussed in the following chapters.

CHAPTER FIVE – "THE SPIRIT IS WILLING BUT THE FLESH IS WEAK": MALAYSIAN AIDS CSOs AND PROJECT EVALUATION

INTRODUCTION

This chapter will present the data from the interviews conducted with 15 agencies from the CSO, donor, government and UN sectors in Malaysia. The views from respondents from each sector were collated according to themes derived from the semi-structured interview guide. In addition, themes which were not covered by the interview guide but which surfaced during the course of the interview were included.

There are unique features of the funding environment in Malaysia that bear repeating to provide the context for the views of respondents in relation to monitoring and evaluation. The government supports the majority of HIV and AIDS programmes through the provision of grants. The MoH manages the financial resources (which are allocated by the Ministry of Finance) for other government ministries and the CSO sector. The MoH established the Malaysian AIDS Council with the primary purpose of the Council acting as an intermediary to coordinate CSOs funded by the government, manage the resource flow and expedite the reporting process between government and grant recipients. A few CSOs also obtain funds from non-governmental sources such as foreign donors and the private sector.

CIVIL SOCIETY ORGANISATIONS: INSIGHTS INTO PROJECT EVALUATION

Organisations' perspectives on evaluation and its purpose

As a starting point to the topic of project evaluation respondents from the CSO sector were asked to describe their organisation's approach to evaluation and if any steps had been taken to integrate evaluation into project implementation or wider organisational systems. For example, respondents were asked about how the executive committee in their organisation viewed evaluation, or if there was a policy that framed the organisation's approach to monitoring and evaluation.

The range of positions organisations maintained on evaluation were varied. Some CBOs which focused on meeting the pressing needs of their constituents viewed monitoring and evaluation as less important than the services they delivered. One respondent from a CBO reflected, *"we started off an objective trying to fulfil a need, most NGOs are started*

cos of that […] just do it […] we don't start thinking [about evaluation]". (M-CSO-11)

Then, there were NGOs whose executive boards promoted the importance of evaluation, but had difficulties in translating such assertions into practise. The following were responses that offer insight into some of the factors that impeded the support for programme evaluations at board level from being carried out.

> *[Executive board] say [evaluation] important, believe it's important, this is the message coming down to us … unfortunately, the spirit is willing but flesh is very weak. (M-CSO-14)*

> *[Executive board] think it's important, we think it needs to be given enough emphasis and investment …but there are more pressing matters, in terms of getting the house in order […] evaluation is an issue we've not given it much thought yet at this point. (M-CSO-17)*

There were also CSOs whose management was able to establish a monitoring and evaluation system. In these organisations relevant personnel were recruited and operational structures were created. However, there were few organisations in this study that had been able to set up and maintain a functional assessment arrangement. Two respondents provided insight into the organisational process required to develop and integrate an evaluation system.

> *Management level itself decided [to establish a M&E unit] … it was welcomed because [we and our partners] have been wanting to have data. (M-CSO-8)*

> *Each of the individual officers do M&E at their level, not only that, in state level they do M&E so M&E doesn't rest with one person, it's all the way. Right up from our service provider, the nurse at our clinic, right up to our ED, national council members, each of our technical committees. It is done at every level. (M-CSO-15)*

Of the Malaysian organisations participating in this research, only one NGO had a formal committee to oversee matters related to programme evaluation.

> *[We have] a standing committee [on evaluation] required by the constitution, every two years we've to elect a chairperson … then it's made up of two or three from the council members itself and then we also have expertise from the community. (M-CSO-15)*

Respondents were asked their perspectives on their organisations' evaluation aims, specifically, why do or would they conduct evaluation. The interviewees focussed on five

purposes: i) financial accountability; ii) donor requirement; iii) generating lessons learned, iv) project effectiveness, and v) political reasons (e.g. for advocacy). Most respondents stated more than one reason their organisation would undertake evaluation. When dual reasons were given, often financial audit was the primary intention of an evaluation. In these cases, more resources and time was expended on financial reporting than on the other types of data collection for evaluation.

A comprehensive programme evaluation for the CSOs typically involved two separate but inter-linked components. One part was focused on financial reporting and the other on project outputs and outcomes. Every respondent stressed the need for accurate financial reporting as it was the minimum reporting requirement from donors, for example, *"[…] funding organisations do request a report on what has happened to the funds"* (M-CSO-10). One respondent commented on the emphasis placed on financial accountability by a donor:*"We're forever being asked how money is being spent, what have we done with it"* (M-CSO-8*)*. There was also a concern to understand *"if the money is being used well"* (M-CSO-8*)* and there was interest to *"see the trend of spending"* (M-CSO-8) which could inform future budget costing.

It was regular practice for donors to request an end-of-project evaluation report from grant recipients. NGOs tend to comply as they view it as a standard deliverable for a funding agreement: *"We're providing services and we need to do monitoring and evaluation because it's required by the funders"* (M-CSO-12). One respondent took a pragmatic approach: *"I always remind myself if you're looking for funding we'll have to answer their questions because we know they're also accountable to other people and justify whatever they do"* (M-CSO-14).

But there were respondents who were conscious that they themselves should initiate evaluation measures. They noted the importance of ascertaining the effect of an intervention, and not conducting monitoring and evaluation solely because it was an obligation to the donor. Some organisations undertook activities additional to those required by donors such as collecting additional data for more in-depth information pertaining to project implementation. Project effectiveness was a major concern for respondents: *"[Monitoring and evaluation] helps us know which way we're going, is it effective, are we meeting our targets, this is very necessary" (M-CSO-15).*

For some NGOs, programme evaluation was crucial for political reasons. In one case, a controversial pilot programme was being carried out and it was crucial for the implementing NGO to obtain assessment results that informed on whether the programme was successfully delivered and could be adopted on a larger scale. Measuring quality was also important to respondents who provided direct services as they had to ensure services were appropriate to clients so that they continued to use them, as if they did not project funding may have been jeopardised.

No money, no time, no staff: Constraints to project evaluation

Most CSOs encountered a combination of constraints that impeded undertaking and sustaining project evaluation. Capacity and time constraints were cited as the major barriers. Often there was a lack of personnel and technical expertise to design and conduct evaluation. Usually there was no, or insufficient, budgetary allocation for monitoring and evaluation activities. Moreover, there were numerous overriding priorities (e.g. servicing clients) and views that monitoring and evaluation itself was not essential, which meant that it was the least likely task to be completed. Many respondents found the reporting requirements a struggle. Interviewees complained that progress reports were required too frequently and often the tool(s) for reporting was unfamiliar and difficult to use.

Competing priorities

From the start, efforts to initiate monitoring and evaluation vied with other agendas organisations considered to be more important or urgent. CSOs have to juggle the many demands placed on them by their constituencies, partners and donors.

> *We've capacity to do our own self evaluation but we don't have the focus and time to do it, because we're too small so many other things we can't even organize activities for ourselves. (M-CSO-10)*

> *No doubt everyone knows it [monitoring and evaluation] needs to be there, it's important but in the scheme of things because we've got so many other competing priorities that it doesn't get the attention it probably deserves right now. (M-CSO-8)*

Furthermore, the significance of monitoring was unclear to staff and its benefits were not fully understood, as one respondent noted: "[…] *to [staff] it doesn't make sense, rather than to serve the [clients on the] ground it seems a lot of time is taken up with reporting*" *(M-CSO-15).*

Skilled personnel: A common scarcity

There were two main aspects to the lack of human resources to undertake project evaluation. One was the general shortage of potential employees, as respondents complained of the difficulties in staff recruitment. The second was the limited number of people with skills such as evaluation. The demand for workers in the CSO sector exceeds supply in the labour force. A consequence of personnel scarcity was that existing staff were often expected to take on more tasks than their positions specified, "*my one staff has to do everything*" (M-CSO-11). Inevitably this created an environment where staff "chose" the most pressing assignment to complete and monitoring and evaluation related tasks were usually deferred. The challenge of limited staff was compounded by the scarcity of employees with programme evaluation expertise and skills.

> *M&E (section in the organisation) is to do basic observation for now. For one thing is lack of staff […] [also] capacity of the staff is needed to be built before that person can do evaluation. (M-CSO-8)*

Insufficient resources

The difficulty in accessing resources for the additional activities required for programme evaluation was relayed by respondents as another hindrance. Respondents related the discrepancy between having to implement monitoring and evaluation and the fact that overall budget allocations for programme implementation seldom included a portion for assessment activities. Donors vary in their grant making policy on items that can be funded. In one case, a respondent's donor had been unclear on whether monitoring and evaluation could be a budgeted item, yet expected activities such as data collection to continue without reimbursing for costs such as travel expenses to project sites.

> *You cannot just write M&E [into the budget], [donors] don't give you funds … one is they don't realize you've to have some amount of budget, two, they needed a lot of data. (M-CSO-8)*

One NGO resorted to contracting external evaluators as the donor had decreased financial assistance and it was more cost-effective than supporting a full time evaluation staff position.

> *As Malaysia improves [its economic standing] funding level goes down. So we dare not commit ourselves to any more post right now. Because once you employ a staff it's very hard to pay for redundancy in staff so we find it makes more sense for us to farm out for evaluation. (M-CSO-15)*

Onerous reporting on progress and data

The requirement by donors for grant recipients to submit progress reports was not objected to by respondents. It was the frequency and format of the reports which respondents struggled with. As well, the type and amount of information required by donors was of concern and respondents questioned whether the reports they had generated were reviewed.

Respondents stated that reports were submitted at regular intervals and the time frame ranged from quarterly, biannually or in some cases one mid-term project report was sufficient. For example, for a one-off short-term project the recipient may only have to submit two reports, one at the mid-point of the project and the other at the project's conclusion. For longer-term projects the volume of reports increased. Some respondents found that quarterly reports consume too much time and were unproductive, *"… when you can see change? Not in three months, outputs you can talk about but not outcome"* (M-CSO-13).

A respondent from a larger NGO with partners located across the country stated that the high turn-around for reports had more acute implications.

> *The reporting period is very short …13 states it takes a long time […] when you call they don't have the info with them they've to go back to their volunteers, then it takes longer time for us. (M-CSO-15)*

The same respondent also commented that due to the support they received from multiple donors, the organisation was burdened by the quantity of reports and the multiple reporting requirements.

> *If tomorrow [a new donor] gives us funding then we'll have [another] reporting format. (M-CSO-15)*

> *Our [partners] complain too many reporting system, they try to catch up […] even for the HIV AND AIDS which is funding under MoH they've to do another type of reporting system […] every year they've catch up every reporting system. (M-CSO-15)*

Several interviewees reported that at times the reporting format was not made clear and caused confusion.

> *I think this is a communication break down, we understood we're suppose to report but how we were supposed to report was not something we focused on. (M-CSO-14)*

> *It's frustrating sometimes, especially when the reporting mechanism you've to learn how to fill in the blanks, how to answer questions. (M-CSO-13)*

Furthermore, the uncertainty of whether their reports were looked at was discouraging and de-motivating for a few respondents.

> *It is a lot of writing and numbers and the sadder part is the people we send it to I'm not sure that they even read it. It's frustrating all round. (M-CSO-8)*

Data conundrum

Respondents noted the increasing emphasis for evidence-based HIV and AIDS programming which has translated to attempts to expand data collection efforts within their organisations. In addition to determining their own information needs, CSOs have to respond to their donors' request for project data. Respondents have mixed experiences of data gathering. For some interviewees it was a straightforward activity while for others it was a tedious process which incurred an opportunity cost. For example, their priority was offering services which generated income instead of spending time on data collection tasks, as one respondent stated *"… better to keep the clinic open, get clients walking in, get more money"* (M-CSO-15)

Most respondents reported that quantitative data was the predominant type of data collected as often this was the donor's preference. Some respondents questioned the emphasis on quantitative data and its relevance to their work: "H*onestly speaking sometimes we're wondering why we need this kind of [quantitative] data and ask questions like is this that important"* (M-CSO-14). Interviewees considered qualitative data to be more useful to measure project effectiveness, as one respondent related an exchange with their project manager: "*They're good at giving numbers, 'oh but my staff meets 20 patients a day' but the quality, is the problem, we don't have"* (M-CSO-11). An obstacle indentified by a few interviewees to obtaining qualitative data stemmed from limited capacity to conduct qualitative research:

[…] to measure behavioural change that became difficult, how do you measure behavioural change. Therefore you need to have tools for that so it became more complicated for us. (M-CSO-13)

Tools: Which, when and how to use

A few respondents commented on the data collection tools they used to assist their information gathering. The logical framework (often referred to as the 'logframe') was used by a few CSOs as they would have self-designed instruments to meet their data needs or they had insufficient expertise and knowledge to adopt the framework for their programmatic use. By most accounts the implementation of the logical framework has been time consuming and complicated as staff had to learn and adjust to its distinct sequence of steps and requisite information flow.

Many of us have worked quite well in NGOs without the log frame. At the same time there was bit of resistance because some of us felt it was taking too long putting things into this […] I think comfortably settle in [the log frame], three years. And reporting within the log frame […] it also required a discipline of documentation which was another problem with staff and outreach persons because people forget to write. (M-CSO-13)

The logical framework was usually introduced by consultants and attempts to incorporate the framework into a NGO's programme design were curtailed by internal constraints.

A consultant did come up with a logical framework but again it's capacity within [the organisation] that we cannot do that. (M-CSO-8)

Instead, an organisation would resort to developing their own template to collect data.

We decided a simple excel template where they don't have to write out everything but to tick, e.g. age, sex … [staff and partners] found it a bit easier, they wanted us to do similar things for all their programmes. (M-CSO-8)

Whatever the tools used, the quality and usefulness of data depended on the diligence of staff in keeping up with data input.

Diary keeping […] whatever we've to keep recording it, updating […] if we don't do it we fall into trap of forgetting what we've done. (M-CSO-15)

Language blocks

Another obstacle for most respondents was the language and understanding of terms used in the evaluation field. Often, there was miscomprehension of the meaning of a word or term. For example, the expressions "impact" and "outcomes" (vis-à-vis a project) were

cited frequently by respondents but when they were asked to elaborate on their understanding many were unable to explain the words in terms of measure of change over a period of time.

Technical terms preferred by donors posed another hurdle to interviewees.

> *When it comes to "variance", this word itself is very difficult and [staff] don't understand. (M-CSO-15)*

> *One of the difficulties was understanding the language [donors] use … or terms they used […] when we're using their reporting tool it's couched in their language. (M-CSO-14)*

Misconceptions and aversions

Most respondents remarked on the impression their colleagues had of evaluation. Within organisations, it was not uncommon for staff to resist and hold negative perceptions.

> *[Monitoring and evaluation] has been tried before in past, it happens for little while then break down because nobody understood it … nobody wanted to see it through. (M-CSO-14)*

> *[Staff] consider monitoring processes as increasing the number of meetings, that de-motivates them from coming. (M-CSO-13)*

Respondents explained that the negative views could be based on the feelings of fear and trepidation associated with assessment exercises.

> *When it comes to evaluation exercise [staff] feel threatened … maybe they feel it might reflect personally on their capabilities or their abilities […] I think it's important to have that terminology, that definition of evaluation, what does it mean? That's difficult. (M-CSO-14)*

One respondent offered an explanation that the views were linked to cultural conventions.

> *I think we've a problem with confrontation. We've issues concerning pride and face, when we talk about evaluation people see it in negative light. They think it's about being critical, putting someone down or telling somebody what's wrong about them. (M-CSO-14)*

Respondents commented that some of their staff could not distinguish between the

components of monitoring and evaluation. A common misunderstanding was that the collection and reporting of data was the total sum of evaluation without further reflection of whether the project was effective.

> *When I ask my staff do we have a M&E process […] they say "yes we do" because we've weekly, monthly meetings … there's nothing wrong with that […] there's a difference between reporting and between that and evaluating […] what I felt we're doing is reporting. (M-CSO-13)*

Project evaluation: The experience of a grant coordinating body

The responsibility of managing grant proposals and fund disbursements from the government is placed on one peak AIDS organisation. Thus, it is not unexpected that this NGO encounters distinct challenges with monitoring and evaluation on a number of fronts as it has to deal with both its partners and donors. With its partners, who have varying degrees of organisational capacity, the peak NGO faced the hurdle of developing a monitoring and evaluation system which was applicable and user-friendly for all. To date, a basic monitoring process has been set up to collect quantitative data across the numerous projects implemented by partners. The development of the evaluation component is underway, which in itself is another challenge. Staff within the peak organisation are struggling to design a common evaluation framework that would capture the amalgamated effect of all the interventions.

The organisation has to grapple with the pressure from its main donor for outcome data when it is still at the stage of refining an output data collection structure. In the recent past the donor has increasingly requested that final reports contain evaluations that measure outcomes of funded projects. Moreover, the NGO's partners expect technical support to strengthen their monitoring and evaluation capacity.

In addition, the monitoring of partners' projects can become unwieldy for the peak organisation as for each quarter there could be up to over a 100 reports to collate and review; some partners receive multiple grants for different projects and would submit the commensurate number of reports. The peak organisation itself implements projects and the combined number of reports for submission to donors is overwhelming. In turn, the donor would have to review these reports. The volume of data would be difficult to process and even more problematic is converting the data into useful findings to feed back into projects.

Marginalised groups: Unique circumstances for evaluation

Respondents who work with marginalised and vulnerable populations spoke of particular problems of carrying out monitoring and evaluation activities with these communities. One impediment was linked to the capacity of organisations' workforce. Volunteers or workers from the community were often more focused on and skilled in direct service delivery with clients and may not place as much weight on other tasks, such as documenting information. They may also be unable to complete documentation appropriately because they lacked the necessary skills.

> *Our big challenge was with the peer educators programme, having a diary given to peer educators to document and they themselves having their monitoring and explaining why it was important and many of them think it's ok to have it here *points to head*[24] and not to write it down. (M-CSO-13)*

The environment in which monitoring was conducted was frequently not conducive to data collection as the illicit activities of some marginalised communities were under constant surveillance by authorities. The threat of raids by the police, the Islamic Religious Department and other enforcement agencies further discouraged the marginalised groups from gathering for an extended period. Also, vulnerable populations such as migrant workers were intimidated by these actions of the authorities. Efforts were made to secure safe spaces or locations to meet with clients but this involved extra resources which may not have been included in project budgets.

> *Each time we bring workers together there's a raid and they run away and we cannot do the programme and that's been a major aspect of our work HIV and AIDS […] then our costs increase because we need to ensure transport, close environment […] then the monitoring is important in this way because in our next costing we need to show [how much we need]. (M-CSO-13)*

The confidentiality of clients was a significant issue for NGO staff on the ground and they felt obliged to safe-guard the anonymity of their clients. A few interviewees reported that in cases where data had to be collected on clients' HIV sero-status the staff may be reluctant to gather more data which they deemed might expose the clients' identity. The reluctance stemmed from staff's perception that engagement with clients should focus on providing services and education and not "inconvenience" them with data collection demands.

[24] Describes action of respondent pointing to respondent's head to illustrate the point made.

A few respondents raised the issue of compensation to particular groups of clients such as sex workers, in lieu of the time they have to take off from work to participate in data collection. This has occurred when they requested clients' cooperation to provide information related to the interventions conducted. Often the budget to support such compensation was unavailable and this deterred the organisation from contacting clients for data collection purposes.

Civil society organisations' call for support

All of the NGO respondents articulated the need for capacity development in programme monitoring and evaluation. They identified the type of capacity that required strengthening and the resources to do so. Many cited funding assistance as necessary as they viewed funds as the essential means to procure capacity building services and educational materials, and as means to employ the services of external experts for specific pieces of work.

Respondents suggested ways financial support could be incorporated into overall project budgets. There was the view that a budget allocation for monitoring and evaluation should be part of any grant: "*Package [monitoring and evaluation] together with the programme funding*" (M-CSO-11). Furthermore, for projects where donors request additional data they should be willing to provide the necessary support such as funding staff time to collect and analyse data: "*If [donor] need the data [donor] need to fund*" (M-CSO-8). Additionally, funds to cover logistical cost were needed to support monitoring activities in the field.

The need for support to build the technical skills of personnel was widely mentioned as the skills gap was pronounced with very few workers in the AIDS CSO sector possessing evaluation expertise. A few respondents requested assistance for specific competencies including in developing indicators, selecting appropriate data collection methods and analysing and use of data. Other interviewees asked for assistance to acquire skills necessary to carry out the whole range of monitoring and evaluation activities.

> *Yet to even understand [evaluation] … why it's needed, what to evaluate, what indicators to look for in programmes … the tools needed, how to use those tools, how to analyse data, how to present, how to use that data to improve programmes, how to use that data to advocate for more money, all of those. (M-CSO-8)*

The few respondents who have been engaged in evaluation sought resources for data collection and analysis software including programme-wide databases and the Statistical Package for the Social Sciences (SPSS).

Support to contract external experts, particularly to conduct final project evaluation, was requested by many respondents. A view was held that an external evaluator would be less biased and key informants would be more at ease to speak to an individual independent of the project being evaluated. However, it was equally important to respondents that the evaluator had firsthand experience of working with marginalised and vulnerable communities in order to appreciate the context of working with these groups.

> *We need somebody from outside and there are very few people who're trained to do evaluation, that's part of the problem particularly in the areas we're working in. If you want to do an evaluation of migration and HIV and AIDS how many people really do understand? …HIV and AIDS and the community is different from average. (M-CSO-13)*

Training courses and workshops were frequently mentioned as a medium that would serve respondents' need for capacity development. However, one respondent, having participated in a training course on evaluation, recommended that instead of short term courses placement of personnel (e.g. as interns) in organisations experienced in implementing monitoring and evaluation would be more productive. The practical hands-on approach was more likely to be applicable to the "intern's" real-life work situation and the on-going coaching would enable on-site learning.

VIEWS FROM THE GOVERNMENT/DONOR SECTOR

The MoH liaises primarily with a peak AIDS NGO through which funds are channelled to the NGO's partners who are NGOs and CBOs implementing HIV and AIDS projects. The peak NGO also raises concerns and issues its partners may have related to grants to the MoH. The government has on many occasions made public statements that it views NGOs as important stakeholders who are more capable and effective in reaching marginalised and vulnerable communities with AIDS interventions than government agencies.

Respondents from the MoH AIDS/STD Section were asked for their viewpoint on the capacity of CSOs to implement programme monitoring and evaluation. Interviewees

stated the lack of human resources was a major drawback in CSOs' plans to implement programme monitoring and evaluation. Respondents perceived two sides to the staff shortage dilemma. One was the high employee turnover and the other was the scarcity of staff skilled in evaluation in the workforce. One respondent made the following observation of a NGO:

> *[The organisation] is facing the problem of rapid turn over of staff, the continuity [of] the people who understand, being trained, who get involved in setting up monitoring and evaluation […] once too rapid turnover that will slow down process, these are the obstacles they're facing. (G-3)*

The respondents recognised that CSOs' priorities were serving their clients and constituencies. However, as beneficiaries of grants CSOs, too, have a responsibility to their donors in meeting grant requirements, namely to report on the effect of the intervention funded. One interviewee observed that CBOs which originated from the community and recruited staff from the community would have workers skilled in engaging with peer clients but not as skilled in other programme components.

> *People at ground level, making them understand any project, programme involving money you can't run away from fact M&E is important. Trying to make them realise is tough for CSOs because they're people who implement, trying to get them to sit and come up with report I think will be challenging. (G-3)*

Another respondent stressed the need for CSOs to understand the reason for collecting data. They considered that CSOs should be clear about the purpose for gathering information as this would determine the appropriate data to be collected. As important was the use of the data collected and whether it was relevant to and met the information needs of the CSO.

Concerns were raised by respondents about inadequate information on project effectiveness as NGOs would carry out activities but *"we don't know if activity effective or not"* (G-3). Interviewees noted that CSOs have in place mechanisms to collect data relevant to process indicators whereas for outcome indicators data collection was insufficient and for impact indicators rare. However, the respondents acknowledged the difficulties in developing outcome and impact indicators and relevant data collection and suggested that NGOs consider alternative proxy indicators to address this.

Internal monitoring and evaluation concerns

The formal institutionalisation of a HIV and AIDS programme monitoring and evaluation unit in the MoH began in 2007. Commenting on their own capacity to undertake monitoring and evaluation the respondents acknowledged there were impediments that hampered their efforts. The constant rotation of staff, "*even we are facing the same problem [as the CSOs] … turnover of staff*" (G-3) detracts from building a team with expertise in monitoring and evaluation. One respondent said a major constraint due to the limited skilled staff was the inability to conduct outcome and longer term impact evaluation and this would have implications for future planning and budget forecasting.

> *Our setback is our officers, our people, not just the NGOs, even our officers from the agencies are not many well trained in impact indicators in trying to get good indicators to reflect their success of the programme. (G-3)*

The constraint of limited expertise was compounded by the shortage of personnel. This has resulted in existing staff being overburdened with responsibilities and inadvertently effecting monitoring and evaluation functions.

The pressure to conduct evaluation was compounded by the MoH having to submit reports to the Ministry of Finance and the Cabinet presenting results about the effect of programmes. As one respondent commented "*we from the government side is being asked at the Cabinet level what are the outcomes through all these activities"* (G-3). The key concern of the Cabinet was the impact of funded HIV and AIDS prevention programmes, specifically, whether HIV incidence and prevalence rates at population level have decreased.

Reporting against international agreements

As a signatory to the UNGASS Declaration, Malaysia is obligated to submit periodic reports to the UN on progress in meeting the commitments and on scaling up universal access of prevention and treatment. The latest country progress report was submitted in January 2008 and the next is due in March 2010.

Respondents were asked for an account of the processes involved in the country monitoring process. The interviewees pointed out the complexity of adopting the core indicators and determining indicators relevant to the Malaysian context. An example

given was the "overlap" in indicators for UNGASS and universal access reporting and these indicators have to be sorted through. Furthermore, new disaggregated data was requested in the last reporting period which has resulted in alterations to previous data collection formats to accommodate the additional information.

The respondents stated that the emphasis on indicators had highlighted the significant gaps in information available such as baseline and behavioural surveillance data (e.g. of specific populations such as marginalised groups) that were required for a comprehensive report. However, to address the data gaps, research was being commissioned by the government to generate the necessary information. One respondent stated that CSOs were also regarded as key contributors of data: *"Marginalized groups are being dealt with by NGOs. We are hoping NGOs can give data to complement data we provide to international bodies"* (G-3).

Despite the problems associated with reporting to an international protocol the respondents appreciated the opportunity that the UNGASS Declaration had afforded in assisting the government's efforts to develop a national monitoring and evaluation system.

Government support to strengthen CSOs' programme evaluation

In light of the capacity gaps of CSOs, the interviewees were asked what assistance the MoH (as a donor) could offer CSOs to strengthen their assessment capabilities. One respondent suggested the allocation of designated funds to be expended on professional courses to develop the skills of personnel assigned to project monitoring and evaluation. The financial assistance could also be used to support the secondment of evaluation specialists to CSOs, preferably for an extended period instead of on a short-term consultancy basis to maximise the benefits to CSOs. Additionally, one respondent proposed offering CSOs opportunities to participate in skills development programmes conducted by the MoH agencies such as the Institute of Public Health.

PERSPECTIVES OF RESPONDENTS FROM THE UN AGENCIES

The government sector is the primary partner of UN agencies at country level. Each agency links with the corresponding government ministry that shares the same focus. Although UN agencies have more binding relations with the government, the civil

society sector is regarded as an important development partner as well. In the UN agencies' collaboration with CSOs on HIV and AIDS projects, the cooperation extends from providing technical and financial support to promoting CSOs' participation in strategic consultations.

Pre-fabricated evaluation requirements

One of the respondents, currently funding a HIV and AIDS project, related the process of implementing a monitoring and evaluation framework with NGO recipients. This UN agency has a standard project assessment framework and an orientation was held to familiarise recipients with the format in the early stages of project planning. In addition, an advisory team was established to provide guidance and technical support. The reason, given by the respondent, for the pre-formulated assessment requirements was to put in place mechanisms that assisted the NGOs in project implementation. For example, the regular monitoring reports that had to be submitted by NGOs was to provide on-going opportunities to flag problems and revise the course of the project if needed and to gather data. The respondent stated that past experiences with NGOs had shown up their weak reporting systems and limited assessment capacity, thereby compromising the reporting of project outcomes: *"We have to insist [NGOs] have to comply in preparing standard progress report … [and] end of project evaluation"* (UN-4). This perception was echoed by other respondents who have also noted the deficit in personnel skilled in project evaluation in the CSO sector.

Different tongues

The lack of a common understanding and definition of evaluation terms and phrases among stakeholders was raised by an interviewee: *"Language that we speak on monitoring and evaluation has to be the same, everyone is talking about different monitoring and evaluation"* (UN-2). This could lead to confusion between UN agencies and their partners and would be detrimental if left unclarified through the span of the project's design and implementation of appraisal activities.

Documentation missing

The absence of systematic documentation by NGOs was seen as a drawback by respondents. They were concerned that gaps in data compromised capacity to review on-going progress and subsequently the conduct of final project evaluation.

Record keeping has to be a fundamental of M&E because to do evaluation you've to base on some records or reports and if you don't have those simple basic records, and you've to decide in advance what sort of records you need to keep and that again if it's some targets, indicators are there in your planning it makes it lot easier for process. (UN-3)

One respondent commented that the storage of institutional memory could be compromised by the high-turnover of personnel in NGOs. Thus, a strong documentation system is essential to organising and maintaining information and knowledge.

The UN sector support to CSOs

A frequent request from the wider civil society sector and government ministries is for the UN sector to source technical specialists to fill the gaps in human expertise. Often, consultants are assigned to assist in capacity development exercises or to carry out specific tasks. The respondents offered to extend this facility of contracting experts on monitoring and evaluation if NGOs expressed a need.

I don't think [NGOs] need financial resources, it is human resources and expertise and bringing in experts to talk to them, to discuss, to evaluate, how to carry out their M&E work, that would be best immediate solution. (UN-2)

Another suggestion was for a joint effort with CSOs to promote the importance of programme assessment through different mediums such as forums, training courses and workshops. The aim of these would be to create a culture of reviewing and assessment that becomes imbedded in organisational consciousness.

SUMMARY

The respondents from the HIV and AIDS CSOs expressed the importance of assessment as a component of project implementation and the commitment of their organisations to undertaking evaluation. The reasons that led to CSOs conducting appraisals were: i) financial accountability; ii) donor requirement; iii) generating lessons learnt; iv) measuring project effect; and v) political expediency.

Only a few NGOs had been able to translate their organisations' stated commitment to assessment into developing programme monitoring and evaluation systems. Many impediments to evaluation were raised by the interviewees. On the operational end, there were hurdles of limited resources in terms of personnel and funding. The technical side

to evaluation required expertise and competency in data collection methods, proficiency in evaluation language and skills in navigating reporting procedures. Organisations which worked with marginalised communities had additional barriers to contend with, such as enforcement agencies' policies that hindered access to clients, thus, curtailing monitoring activities.

The government interviewees raised similar concerns to the CSOs regarding the effect of the deficit in human resources on the planning and implementation of project evaluation. However, the respondents admitted that they face similar problems in retaining personnel. CSOs' limitations in assessment expertise were noted but thus far, minimal assistance has been extended to CSOs in developing their monitoring and evaluation capabilities. Yet, the MoH relies on NGOs to assist in data collection for national reporting, such as the UNGASS report, on the country's response.

The reporting to international agreements has in itself revealed some of the limitations of the country's monitoring and evaluation of HIV and AIDS programmes. The trials of adopting core indicators for UNGASS reporting further highlight constraints and the urgent need for the development of an integrated national monitoring and evaluation system.

The views of respondents from the UN sector reflected the comments and concerns of the interviewees from the civil society and the public sector. Noteworthy was the view that capacity to undertake monitoring and evaluation was inadequate within both the NGO and government sectors. In particular, it was noted that the systematic documentation of project processes and the collection of pertinent data were weak. The difficulties associated with the technical language of evaluation raised by NGO interviewees were also echoed by UN respondents.

The push by the MoH for outcome and impact data is a significant worry to NGOs who receive funding from the government. The current capacity of most NGOs is insufficient to conduct evaluation beyond output level assessment. Moreover, the MoH's funding policy of annual grants makes it impractical for NGOs to carry out longer term evaluation that measures impact; the short-term funding cycle also limits organisations from designing programmes that span a longer period. From the government's viewpoint, the funds distributed to NGOs have to be accounted for (and for which the NGOs do

provide regular and detailed financial reports) but of more concern is the effect of NGOs initiatives on the epidemic. It is clear there is a disjuncture between the government's expectations and NGOs' capacity to deliver the information that tracks progress (or not) and effectiveness of interventions. I will discuss practical ways that could address these concerns in Chapter Eight.

The next chapter presents the views and perspectives on project evaluation of respondents from the Philippines.

CHAPTER SIX – "HOW CAN WE INNOVATE?": FILIPINO AIDS CSOs AND PROJECT EVALUATION

INTRODUCTION

This chapter will present data from interviews conducted with 10 agencies from the CSO, donor, government and UN sectors in the Philippines. As with the Malaysian interviews, respondents' views (grouped according to their sector) are collated according to themes including purposes, perceptions, challenges and resources related to monitoring and evaluation. In addition, themes which were not covered by the interview schedule but which surfaced during the interview are included.

BACKGROUND: DEVELOPMENTAL AID AND INTERNATIONAL COMMITMENTS

The context for the Philippines' response to HIV and AIDS is fundamentally different from Malaysia in the area of resource mobilization to support interventions. Unlike Malaysia, the Philippines is a recipient of development aid and external assistance exceeds government funding for HIV and AIDS programmes. The donors that support the Philippine response to the epidemic include philanthropic foundations and international organisations which award grants mostly to the non-governmental sector. Multilateral and bilateral development aid is usually directed towards the both the public and non-governmental sectors. Thus, government departments and CSOs have experience in navigating the realm of international funding and are familiar with the contractual agreements of being recipients of aid and, in turn, are exposed to varied reporting and assessment obligations.

The UNGASS process is well-known to the Manila-based HIV and AIDS organisations as they were introduced to this initiative soon after the UNGASS Declaration was signed by their government. CSOs have actively participated in the preparation of the UNGASS country reports. These organisations are active partners in consultative processes with the government in the monitoring of progress towards achieving universal access targets. Their extensive involvement is exemplified by several NGOs being contracted by the PNAC to develop and implement the national monitoring and evaluation framework at both provincial and municipal levels across the country.

CIVIL SOCIETY ORGANISATIONS: VIEWPOINTS ON PROJECT EVALUATION

CSOs' perspectives on evaluation and its purpose

Each respondent was asked to elaborate on their organisation's approach to evaluation as related to programmes or the organisation itself. Most of the respondents stated that their organisations consider the matter of assessment vital and have embarked on at least some form of internal review. This self assessment was conducted to ascertain the organisation's developmental health, the state of relations with constituencies and whether the organisation's interventions were effectively meeting the needs of clients.

For some respondents the impetus towards more rigorous appraisal came about as their donors began discussions related to the effect of funded projects, and made calls for structured assessment frameworks. There were observations that, prior to the year 2000, donors were relatively flexible about project monitoring and evaluation and were satisfied with reports that were descriptive and without specific measures on effectiveness. Following the UNGASS Declaration, the awareness and appreciation of monitoring and evaluation grew among governments, donors and CSOs. CSOs recognised their role as key stakeholders in two contexts. Within the political arena, CSOs monitored their government's actions towards achieving the commitments. They also played a crucial role in developing and carrying out many of the country's HIV and AIDS initiatives and provided project data that supplemented government documentation of the response.

Not all respondents' organisations had assessment systems and procedures in place, but several organisations had invested resources to ensure evaluation was integral to the programme cycle. Some organisations have held informal self evaluations that raised questions about the effect of projects on their clients and the knowledge needed to improve on programmes. One respondent elaborated on the themes that have been generated during internal discussions.

> *How can we innovate after 10 years of service delivery … [are] our members satisfied with what we've represented to the government, to NGOs … how [the] organization grows from this project and what kind of programmes [for] the future". (P-CSO-2)*

Other organisations have organised formal annual evaluations, conducted in conjunction with strategic planning sessions and using assessment findings to inform upcoming programme direction. This was in addition to regular monthly meetings to monitor progress in project implementation. These meetings were also opportunities for remedial action to resolve problems. Executive board members were involved in the assessment process as programme staff held periodic meetings to update them on progress and to seek guidance. An example of a regular appraisal process is described by an interviewee, as follows:

> *A yearly evaluation or assessment and planning meeting so that's* w*here we look at all the projects and assess in terms of what has been achieved and what we did well and what needs to be improved and things like that so looking at concrete outputs and outcomes of project and possibly impact. (P-CSO-6)*

Respondents who were unable to systematically schedule evaluation exercises stated limited resources as the main reason that curtailed their assessment efforts. Instead, they depended on ad hoc or pro bono provision of services by local experts or technical service providers for the conduct of evaluation.

To ascertain the reasons for which organisations conducted assessment activities, interviewees were requested to articulate their views on the purpose of monitoring and evaluation. The responses from interviewees clustered around themes to do with acquiring feedback and checking on progress, determining the effectiveness of the project and utilising the findings for future interventions. There was considerable attention paid to establishing whether the needs of clients or intended beneficiaries were met and whether interventions had changed behaviour.

> *I want to know if our project benefits […] the clients, if not how can we improve. (P-CSO-7)*

> *To see that our engagement with this particular [community] affected their decision [to change behaviour]. (P-CSO-2)*

> *[Monitoring and evaluation is] part of the project cycle and it helps us in planning the subsequent activities at the shorter term … and the direction for the longer term. (P-CSO-6)*

Respondents stated that accountability to donor(s) and their constituency was essential. They strived to utilise funds efficiently and to ensure accurate reporting and verifiable audits of financial expenditure. Many of the interviewees would conduct consultations and dialogues with their constituents to gather views and concerns, particularly for feedback to improve project implementation.

The conduct of evaluation was not confined to project delivery, but extended to other aspects of organisational operations. A few respondents expressed their organisations' commitment to professional growth and stated that personnel appraisal was incorporated into human resource policies. One interviewee spoke of systematic steps to ensure the organisation's staff salary scale was fair across the different grades of positions and that scheduled staff appraisals were implemented.

Grappling with project monitoring and evaluation

There were a number of obstacles interviewees identified in their efforts to carry out programme monitoring and evaluation. These impediments relate to implementation procedures, resource needs, relations with partners and the process and methods of data collection.

Reporting to donors

Numerous issues were raised by respondents who elaborated on their experiences with the preparation and submission of reports to their donors. Most interviewees expressed some degree of dissatisfaction with their current reporting arrangements. The reporting timeframe was brought up as a hindrance as the tight schedule for reports was overly demanding for some respondents. The monthly reports they have to submit translated to a substantial amount of time spent on preparing reports and conversely less time with their clients and on assignment. One respondent, in particular, expressed frustration at project monitoring activities:

> *Burden of report is always there. It takes [staff] one and half weeks to put it together…that's bad for monitoring in a month's time when one third of your work is doing the report. (P-CSO-5)*

Furthermore, the volume of documents to be completed for each round of reporting was a struggle, as the same respondent stated, "*for one activity that you do you have to focus on five documents … that's just one activity*" (P-CSO-5). The field staff in some

respondents' organisations, in writing up the reports, complained of being administrators or clerks and not engaged enough in the "real" work, meaning delivering services and meeting the needs of clients. Staff were further frustrated by the frequent queries from donors on the reports. The workers felt deflated and that their capability was inadequate to prepare a satisfactory report. One respondent related the views expressed by personnel during a project staff assessment session:

> *Some of [the staff] felt they are not learning and growing anymore in the project because they're just been doing this paper pushing all time. Equally they feel their skills are not enough 'cause they can't work fast enough for the requirements and they feel bad […] from time to time experiencing errors, some of them minor some of them major but they always felt that "why can't we produce the perfect report?" (P-CSO-5)*

A few interviewees commented on their experience with reporting formats that were revised several times before being agreed on by all partners of the project. The amendments burdened their organisations with extra work hours they could ill afford, as often the project budget was strictly allocated for specific items with little latitude for modifications. One interviewee described an occasion where an attempt was made (by the donor) to change the reporting requirement whereby additional financial audits were requested. However, the organisations involved in that project protested as the change was mid-way through implementation and supplementary budget would not be granted for the added assessment.

UNGASS process, indicators and targets: Additional responsibilities for CSOs

All of the interviewees' organisations and the respondents themselves either were closely involved in the UNGASS and universal access processes and/or were recipients of grants from multilateral donors. As such they were familiar with structured target setting and monitoring processes for project implementation.

On the topic of the UNGASS monitoring indicators, a few interviewees recalled the complicated and laborious process involved in administering the indicators. The parameter and purpose of each indicator had to be defined and understood. Obtaining data for the indicators posed problems as there were gaps in available data or data that NGOs collected were not compatible with UNGASS indicators. As well, the Fourth AMTP indicators had to be aligned with the UNGASS indicators to streamline data collection to meet the data requirements of the UNGASS country reporting framework.

Additional indicators were developed to meet the specific data needs of the country that the UNGASS indicators did not cover. Furthermore, the interviewees reported that the information needs for the UNGASS 2005 country progress report differed from the 2007 report. The consequences of the changes include the revision of the type of data to be collected such as data disaggregated by sex. As one interviewee stated, "*for example, HIV testing in the general population, we only had men data for that or women for some other data*" (P-CSO-1).

The alignment of indicators extended to project indicators, particularly of sizeable initiatives, including those funded by multilateral donors. Funders were requested by the PNAC to adjust the indicators they set for project monitoring. One respondent, who was one of the earliest NGO representatives to have dealt with UNGASS indicators, noted:

> *"[Donors] have been requested to align their M&E requirements to those of UNGASS and universal access and to use similar indicators to avoid duplication and to reflect the programmes needs of the country" (P-CSO-4).*

Despite the complex composition of the indicators and the necessary coordination across sectors to align the data collection processes, one interviewee commented on the collaboration with government partners as "*open and [they were] able to revise the instruments for surveillance*" (P-CSO-1). The description of productive relations with government colleagues in the UNGASS process was echoed by most of the CSO interviewees.

Data dilemmas

The impetus to strengthen data collection efforts was mainly due to the confluence of the UNGASS country reports, which prompted the establishment of the national monitoring and evaluation system, and the inflow of substantial funding from external donors who required stringent assessment procedures. Within this context many of the respondents spoke of the data related obstacles encountered by their organisations. The difficulties consisted of the dissatisfaction with the type of data collected, mismatch of CSO data with the national monitoring and evaluation system's information requirements, limited utilization of evaluation findings and arduous negotiations with partners in data collection processes.

At the initial stage of putting in place systematic steps for data collection, a gap in baseline information for the populations which many projects were targeting was evident. This was data about marginalised groups such as MSM and PiP.

One informant involved in gathering the formative data stated:

> *It was all guesstimates, we're guessing. When we started the programme, we had to do baseline survey. We had to do an IHBSS as well, Integrated HIV Behavioural and Serologic Surveillance to set a baseline. (P-CSO-3)*

Various surveillance and survey exercises have been and continue to be conducted by government agencies and data needs are progressively being met. However, respondents noted that long term commitment by key stakeholders (e.g. the government and development agencies) and resources to match would be required to generate strategic information to inform on future responses.

It appeared that many of the respondents' organisations' projects were set up with data collection methods to obtain quantitative information. A few interviewees provided examples of the data gathered:

> *Number of MARPs, sex workers reached, number of condoms distributed, number of IEC produced and distributed, number of meetings conducted, number of participants … basically numerical, quantitative …it's heavy on quantities, indicators are heavy on quantities. (P-CSO-2)*

> *Coverage indicators such as the number of volunteers you have trained, the number of people that we have reached and given basic HIV and AIDS education, the number of condoms distributed, the number of people you have referred for STI treatment and VCT [voluntary counselling and testing]. (P-CSO-5)*

Several NGOs who were part of a major project consortium were consulted on project indicators and targets. However, in practice they found the collection of process quantitative data had become a repetitive task and had limited relevance to determining the effect of interventions on clients. Although the data collection template they were given to complete included a section for qualitative data to document concerns or challenges, there was no means for implementers to assess the quality of interventions. As one respondent elaborated:

X number of participants trained on this aspect and x number of infected individuals who receive this care and support services facility, x number of secondary target clients who in way or other are indirect recipients of the services […] easy because it's quantitative, it's not much into are we creating a difference in the lives of our target sector. (P-CSO-2)

Interviewees pointed out that funding for HIV and AIDS projects was usually for a period of a few months up to two or three years. The short-term basis of grants was not conducive to outcome and impact assessments as the timeframe limited the data that could be collected, and the effects of the intervention would be difficult to measure. The result was, as one respondent observed, "*the short-tem nature of projects means only output data is gathered*" (P-CSO-4). Another interviewee spoke about the practicalities of conducting an assessment on the ground:

The limitation only is that you can't really measure long term impact … especially if it's project based and you are only there one year or two years in the community …and the follow up also require some degree of resources to keep in touch with one community. (P-CSO-6)

A few respondents brought up the confusion that surfaced with the description of indicators whereby terminology used was understood differently by various stakeholders.

There's also problems with data definition, for example for data on MARPs reached, DoH's meaning is numbers of MARPs attended HIV 101 sessions. Whereas for NGOs it would mean number of MARPs who are given IEC materials in a bar. (P-CSO-4)

CSO relations with stakeholders and clients

The day-to-day activities of an NGO include exchanges with a myriad of stakeholders - be it as part of project implementation or advocacy efforts. The main stakeholders and partners include the public sector and NGOs. Several respondents' organisations were involved in joint projects with local government agencies and shared their experiences in building relations and establishing agreements related to the scope of work. The respondents commented that tactful negotiations were necessary. An example was exercises in delineating the parameters of coverage of target population groups for programme delivery. That is, NGOs and the government agencies had to reach an agreement on the client base, services to be provided and sites for service and outreach delivery.

The collaboration on monitoring and evaluation initiatives with partners in the government sector has been at times disrupted by political processes. One respondent working at local city sites stated that the change-over of government officials after elections has interrupted the flow of project implementation.

> *With the elections every 3 years [for mayoral seats], my God, I realize it's so difficult … as a concrete example, in 2006 pilot testing [of the national monitoring and evaluation system] [the local partners] were so receptive because the Local AIDS Council is close friends with the highest political position, the mayor. And when the mayoral position changed, the whole structure changed and we realized we're dealing with camps already and not as a whole Council. The change in political scene really effects M&E continuum … the delivery of reports, the mandate of M&E is not being strengthened because the one who we are talking to before is not talking to the mayor anymore. There should be a stronger mandate coming from the mayor to continue the M&E but if we're dealing with this camp how can that strengthen the whole local level if there're only a few people working here, we're not working with the entire system. (P-CSO-1)*

Resource limitations and its implications

The interviewees were asked to elaborate on the factors that contributed to their organisations' inability to fully implement programme monitoring and evaluation. Most of the respondents highlighted human resource as a necessity which they lacked for conducting project assessments. These organisations had identified the need for a monitoring and evaluation work unit but were constrained by budget limitations and the availability of skilled personnel. As one respondent explained:

> *If you're a small NGO and if you're running four or five projects at the same time […] if we don't have institutional funding we'll have to find ways and means to support the overhead costs … the only way is to get as many projects as you can and so if you have to do M&E for all of these […] we don't have full staff … staff is overburdened with doing so many things […] often times that part of documenting is neglected … from one project when it's completed you jump to the next one. (P-CSO-6)*

While organisations were obliged to report to donors, a few interviewees related that their organisations operating in multiple sites struggled with the reporting required. Particularly, for the task of reporting on project expenditure, the number of finance personnel allocated to the task (as per the budget) was not enough to cope with the volume of work. The labour involved was described by one respondent:

> *We have to do a balance sheet every time and several other financial instruments … a lot […] cash position reports, disbursements made, different schedules expenses like meals, transportation … it's really a lot for every month … since we're working with [several] sites it's really a lot for us … we have to have a full time finance officer and some finance or admin assistant to look into specifically how each project site performs … we don't have that. (P-CSO-5)*

Contributing to the increased workload was the extra personnel hours needed to process collected data. Interviewees raised the need to have the appropriate level of staffing to conduct the verification of data as only one staff member should not be responsible for the entire procedure of collection, processing, verification and analysis. One respondent provided an illustration:

> *I shift into different roles ensuring valid data and later looking at the same data that I prepared, looking at what is this telling me right now … I think it would be a better process that there would be some human resource complement doing that. (P-CSO-5)*

However, a few interviewees reported that their organisations take a practical and realistic approach in addressing the personnel shortage for assessment functions. As most of these organisations were without resources to employ monitoring and evaluation-specific personnel, the various aspects of monitoring and evaluation would be integrated into the work of existing project staff, if feasible. The respondents acknowledged that a full-time monitoring and evaluation staff position would have to be justified, "*one or two projects […] would be a waste of time and resources to just get that person focused on M&E*" (P-CSO-6), and untenable if projects were small scale.

Financial impediments have contributed to constraints in carrying out project monitoring and evaluation activities. Many respondents mentioned the limitation of recruitment of skilled staff but in addition inadequate funding has resulted in gaps in assessment activities. Project based funding, through which most organisations were supported, does not provide resources for activities beyond those directly related to the project. Organisations had to forego formal planning and assessment exercises, such as annual retreats or workshops and end of project evaluation if they were unable to obtain resources. The predicament was summed up by one respondent whose organisation had previously had budget allocations to conduct annual planning and assessment meetings:

> *We have a yearly evaluation or assessment and planning meeting so that's where we look at all the projects and assess in terms of what has been achieved and what we did well and what needs to be improved […] looking at concrete outputs and outcomes of project and possibly impact … when we had the institutional funding we do that really regularly … in fact we had twice a year evaluations but when we didn't have anymore money to conduct that sort of thing [where] we would go out of town and really look at the projects. (P-CSO-6)*

A few NGOs implemented projects with local partners in sites outside of Manila. The geographic spread of collaborations was wide and the logistics of remote oversight posed hurdles. The on-site monitoring of project activities was curtailed by limited budget allocations for travel and communication. This in turn, respondents stated, compromised their capability to validate progress and resolve difficulties.

Piloting the national monitoring and evaluation system

The Fourth AMTP was the first medium-term plan to contain a monitoring and evaluation framework. A Technical Working Group on monitoring and evaluation was established by the PNAC to develop the national monitoring and evaluation system. An NGO was contracted by the PNAC to lead the process. Subsequently another NGO was commissioned to continue the strengthening of the evaluation system which entailed a series of participatory consultations and training in cities and municipalities in different parts of the country. One of the interviewees, who was from the commissioned NGO and involved in the initiative, detailed the encounters of engaging local government, NGOs and AIDS councils in the national monitoring and evaluation system[25]. The initial stages were a struggle "*as the concept of M&E is not easily grasped in one sitting … to explain to [the participants] what's M&E and why we're doing M&E and what's the benefit of M&E"* (P-CSO-1). As the capacity development continued many of the participating sites recognised the benefits of the initiative and expressed the need for a national consultation to amalgamate the learning and to share experiences.

However, the enthusiasm of those sites interested in developing their monitoring and evaluation system to the extent of requesting for indicators "*to incorporate into their projects or data collection*" (P-CSO-1) was countered by other sites described by the interviewee as indifferent or averse to integrating the system into their operations. These latter sites perceived monitoring and evaluation as an additional workload and a strain on

[25] The primary target of the strengthening exercise was the government sector as the social hygiene clinic system was a key source of data that informed about the progress of the national response.

their resources and a common response was "*it's an add-on activity, it cost a lot and we don't have dedicated M&E staff for that*" (P-CSO-1). The interviewee interpreted these remarks as stemming from the view that data collected was for use at the national level with little applicability to local level. The sites had to be convinced that data generated was of relevance to programming and could be used to strengthen local initiatives.

A respondent noted that in the past, data generated by NGOs were often not included in reports on the country's response to the epidemic. However, now that a national monitoring and evaluation system has been established it could be instrumental in building the capacity of NGOs to develop sound monitoring and evaluation procedures. The intention was for NGOs "*to enhance their documentation*" (P-CSO-1), to possess the capability to align their initiatives to the Fourth AMTP and for their programme data to be input into the appraisal of the overall country's response. The interviewee recalled that collaboration with NGOs was at times hampered by unanticipated events including the frequent turnover of NGO staff leaving gaps in expertise and breaks in project assessment. Another impediment was the varied information sources from NGOs and often it was difficult to place their data within the data parameters of the national monitoring and evaluation system.

MARPs and project monitoring and evaluation

Many of the respondents had much experience in working and partnering with marginalised and vulnerable communities, specifically MSM, sex workers and migrant workers. The respondents identified significant impediments in the implementation of initiatives among these groups including hostile and unsafe environments and their transitory status.

Outreach to MARPs demanded prolonged and consistent contact between NGO workers and members of the community to build familiarity and trust. NGO outreach staff have been viewed by PiP as "*police assets*" - a negative entity that "threatens" the activities of the sex workers (and the sex industry). One respondent involved in delivering prevention interventions to the PiP community described the phenomenon:

> *We have challenges in our initial engagement, us as NGOs being looked at as police assets … We only have [anti] trafficking law in the Philippines but [PiP are] always rounded up and they experience abuses when the police and other groups do round ups with them. At first when approaching them through the*

Community Health Outreach Workers [CHOWs] they will not talk to us, they would always avoid us. We needed to increase visibility of the CHOW in the area working and trying several approaches building on the trust first before engaging them in any prevention activities. Luckily the selected team members have experiences in organizing efforts. (P-CSO-2)

Freelance[26] sex workers operate in sites that are widely scattered across metropolitan Manila and the logistics of servicing the different groups of PiP was a strain for outreach workers. As such, the need to maintain trust with PiP and the logistical challenges were hurdles to programme delivery. This, in turn, had implications for the tracking of progress and assessment of outreach interventions.

The mobile characteristic of the overseas migrant worker population also posed problems for NGOs in this study. Sustaining the provision of prevention interventions and maintaining contact with migrant workers was challenging. While workers were in the Philippines on leave or in-between assignments they were usually dispersed across the country to their home provinces and once they obtained employment and left for abroad, communication becomes a major difficulty. The transitory status of workers was especially challenging to project assessment efforts as related by one respondent working with migrant worker populations:

It's difficult for migrants because they leave and there's really no way of tracing or knowing where they are so that it in itself is already a barrier to assessing or evaluating the effectiveness of your programme. (P-CSO-6)

Donor requirements for evaluation

The funders of the respondents' organisations were diverse. Most CSOs have received grants from a combination of donors such as philanthropic foundations, UN agencies and development aid and multilateral bodies. The majority of the philanthropic institutions were based in the USA. The diversity of the types of donors was reflected in the different approaches they had to evaluation. Similarly, respondents' accounts of donor requirements for monitoring and evaluation were varied.

[26] As both NGOs and the social hygiene clinics provide education and services to sex workers, to avoid overlap in the provision of interventions, the clinics provide for the registered sex workers and the NGOs deal with the freelance sex workers.

Several interviewees pointed out that in recent years most proposal formats for grant applications usually included a section for details on the conduct of project assessment. One respondent described the information requested:

> *It's just in the proposal, [donors] ask […] to include the indicators for success … whether it is in terms of output and outcome … how do you intend to evaluate the project … the objectives … they have specific questions in the form. (P-CSO-6)*

Depending on the project, a short description of the evaluation component could suffice while in other instances more information was necessary. Often details such as methods and tools were not required.

Alternatively, different strategies have been employed in negotiating the conduct of project appraisal with donors. One respondent, whose organisation has extensive experience with implementing evaluation, described the process of reaching an agreement with one donor on the evaluation requirements of a grant:

> *We negotiate what's the bigger picture we want [to achieve] … we discuss what would be the deliverable for the project to contribute to our bigger mission. … we let [donors] know this is how [we] conduct [projects] based on evidence, our research, the skills and knowledge of our people … all of these things make up together for us to be able to design the project proposal well and same time the evaluation and monitoring tool. (P-CSO-1)*

However, a few other respondents recalled less affirming interactions. They mentioned the protracted consultations with a donor to determine project monitoring and evaluation requirements and of continuous amendments to assessment requirements during the life of the project. Even then, the interviewees reported that the evaluation results did not provide useful information about the quality and effectiveness of the interventions implemented.

Although the experiences of respondents varied with respect to their donors and project assessment most of them commented that requirements for financial assessment were particularly stringent. The interviewees recognized the necessity for transparency and accountability and of meeting obligations for financial acquittal and audit. However, as mentioned earlier, with some donors the requisite financial validation and reporting was

burdensome as the organisations did not possess, or were not provided with, the additional human resource capacity to undertake the specific requirements of each donor.

The bare necessities: Resources and strategies to enhance project evaluation

The all-encompassing phrase "capacity building" was used frequently by respondents when they articulated what was required to strengthen monitoring and evaluation of projects and organisational systems. The capacity building needs referred to by interviewees took many forms and covered a broad range of evaluation skills. The respondents spoke of the necessity of different data collections methods, the appropriate utilisation of assessment findings and the practical approaches to training.

The topic of data preoccupied several respondents as obtaining information on the progress and effectiveness of project implementation was essential. The strengthening of personnel skill in managing data was seen as important. Interviewees stated that know-how was needed to "*discern what info is useful and what's not useful … [to] develop monitoring tools"* (P-CSO-3) and to analyse and use data appropriately. A few respondents pinpointed the necessity for expertise to measure effectiveness beyond project output results, "*tools for ... projects in terms of seeing the impact or at least the longer term outcomes*" (P-CSO-1). Several interviewees emphasised the need to expand capability in broader research methods to augment project design and implementation. As one respondent stated: "*We need skills to qualify us for social science research*" (P-CSO-5). Another interviewee had the view that qualitative methods other than those traditionally used in assessment, such as case studies, should be learnt to expand knowledge on the scope of feasible methods.

Capacity building exercises were often delivered in the form of training workshops within an organisation or in learning forums offered by external agencies. While many respondents suggested formal classroom instruction, a few respondents preferred hands-on learning at organisations which were proficient in programme assessment. The one-off training events were viewed as having limited contextual applicability for participants and had short time frames for practical guidance. In relation to learning exercises, a further suggestion was made by respondents whose organisations were part of a consortium of grant recipients from one donor, to regularly bring together partners to

share lessons from project implementation and if possible to generate collective solutions to impediments.

A specific suggestion was made by an interviewee for a concerted effort to strengthen the capacity in evaluation of PWHAs who are staff and volunteers of NGOs and CBOs. Building the skills of PWHAs would assist in enabling organisations, be it PWHA or non-PWHA organisations, to integrate PWHA perspectives in the development of monitoring and evaluation frameworks. Furthermore, a pool of PWHAs with expertise to provide technical support could be created.

Respondents spoke of the gap in human resource in terms of insufficient personnel to undertake monitoring and evaluation activities. The need was for "*someone who really just does M&E of the various activities or projects the organisation does*" (P-CSO-6). The predicament of the lack of personnel was linked to limited resources as project budgets rarely provide support for supplementary staff not directly involved in implementation. Thus, access to financial support was viewed by interviewees as a key input to enhancing their organisations' capacity in documentation of progress and lessons learned, assessment of interventions, utilisation of knowledge generated and towards a "*systematic, regular and more organised*" (P-CSO-6) approach to monitoring and evaluation. Financial resources were also sought for logistical support as NGOs implementing projects at sites far from their main office required budget allocations to facilitate monitoring through site visits and consultations.

Aside from capacity development and human and financial resource needs, a request was made by one respondent to the donor community. The call was for aid agencies to cooperate among themselves to map out their support for the national response, to avoid duplication and to target assistance optimally. Furthermore, this interviewee considered that assessment of programmes should be conducted through a consultative process involving all partners. The respondent stated it is imperative "*for the donors to harmonise themselves with the [national] strategic plan [e.g. the Fourth AMTP] and discuss with us how our programmes should be evaluated*" (P-CSO-5).

After the respondents had identified their capacity needs, they were asked to identify prospective providers of financial and technical support. In relation to financial resources, most respondents maintained that donors should allow additional budget to

cater not only for appraisal activities but also for the personnel to carry out the related tasks or for independent evaluators. In addition, donors should provide for technical support but in the event they were unable to do so they should facilitate access to such assistance. UN agencies were seen as a provider of technical support, especially UNAIDS in relation to the UNGASS and universal access reporting process on country progress. A few interviewees recommended the academic sector as a source of support. Many organisations have members from the academe[27] on their governing or executive boards' who contribute expertise in many areas and subjects including social science research, gender, sexual and reproductive health and community development. Moreover, academics have been members of the PNAC, as one respondent pointed out:

> *[Academics] queried on what data and evidence was the AMTP developed as there was a lacked of information including behaviour surveillance reports, baseline data of most at risk populations and epidemiological statistics. As well, at the conclusion of the period each AMTP, academics would push for the assessment of its implementation. (P-CSO-4)*

GOVERNMENT SECTOR: VIEWS ON CSOS' EVALUATION CAPACITY

The national response to the AIDS epidemic in the Philippines has entailed a robust partnership between the CSO and government sectors. The collaboration was facilitated by government policy that promotes the meaningful involvement of NGOs in policy and decision making bodies such as the PNAC. The respondents from the government sector have regular contact and cooperation with representatives from CSOs in various forums including the PNAC meetings, steering or advisory committees and consultations and forums related to UNGASS and universal access. A significant example of collaboration between the two sectors was the development of the national monitoring and evaluation system. A technical working group comprised of stakeholders from the CSO, government, UN and donor sectors was formed with the mandate to guide the establishment and implementation of the assessment of the national response. NGOs were commissioned to undertake the development of the monitoring and evaluation framework and subsequently to refine and pilot the system. However, there were only a few NGOs who led the initiative and they were not necessarily representative of the evaluation competency of HIV and AIDS NGOs.

[27] The word 'academe' was commonly used by respondents to refer to academia.

The government affiliated respondents stated that NGOs were contracted as they possessed the requisite expertise whereas the government agencies assigned to HIV and AIDS (at that point in time) were unable to embark on the task due mainly to human resource constraints. The respondents were impressed with the efficiency, commitment and quality of work by the NGOs as expressed by one respondent who was closely involved in the initiative, "*I was very fortunate to have very good NGO partners, they […] did the majority of what you can see as the M&E initiative in the Philippines*" (G-2). But as for the broader HIV and AIDS NGO community, the respondents noted the capacity gap among a number of organisations.

> *The problem being an NGO I believe that resources, funding and human resources as well [is limited to undertake evaluation]. (G-2)*

The pilot implementation of the monitoring and evaluation system brought to the surface many of the challenges faced by NGOs. Limited expertise was observed by interviewees as a major impediment. Firstly, many NGOs were operating with insufficient human resource and secondly, there were few personnel skilled in project assessment. As well, respondents speculated about how NGOs viewed the matter of assessment and whether they had access to resources to conduct evaluation.

> *I think it's more the upper management [of NGOs], they know what M&E is ... it's integral to the planning process but they really don't implement it. (G-1)*

> *If [NGOs] perceive M&E as relevant and helpful to your programme ... someone has to find time for that ... it's really putting value on M&E that's lacking [...] there're not much opportunities for them to get capacity [...] maybe they understand, they value M&E but they don't know [...] how to get this capacity. (G-1)*

Organisations' expertise levels vary and it appeared that NGOs based in Manila or larger urban cities were better resourced and skilled than those in non-urban areas. The discrepancy could be caused by factors such as limited accessibility to capacity development resources. As well, one respondent noted: "*There's a lack of technical transfer from central NGOs to NGOs at the grassroots level*" (G-1).

One respondent remarked that some organisations which had implemented project monitoring activities appeared to do so at the behest of their donors and were collecting

and submitting data without the opportunity or competency to analyse and interpret the information gathered. Furthermore, the impression this respondent had was that organisations did not retain ownership of the data and considered it as "*property of their funder*" (G-1).

The many organisations which carry out HIV and AIDS related projects are not all affiliated with, nor have links to, the PNAC or the Local AIDS Councils at provincial levels. Respondents stated that the process of collating information to determine the contribution of the NGO sector was set back by the difficulty of accounting for the multiplicity of interventions. Specifically, the attempts to engage all HIV and AIDS related NGOs in providing data for the UNGASS country progress reports was problematic. The impediments to obtaining input from NGOs were not confined to logistical and communication obstacles. One respondent remarked that even with NGOs registered with the PNAC there remained significant hurdles as there are "*challenges in getting standardised data [as per UNGASS indicators] […] challenges in getting budget data*" (G-1) which led to gaps in the presentation of the country's response.

Evaluation challenges faced by government agencies dealing with HIV and AIDS

In narrating their observations of CSOs' experience with project assessment the government sector interviewees also acknowledged the hurdles they themselves encountered in carrying out monitoring and evaluation, specifically of the AIDS Medium Term Plans and in gathering data for the UNGASS country progress report. The respondents' views have been included as they provide context for the challenges in monitoring and evaluation encountered by their counterparts in the non-governmental sector.

At the operational level of government agencies, the respondents spoke of limited human resources as the major obstacle that curtailed the efforts to coordinate the assessment of the national response. Budget allocations were made for the full complement of personnel but the staffing dilemma arose from the turnover of employees. At the time of the interview one agency was functioning at fifty percent of its staffing level and was effectively without personnel support to fully attend to the monitoring and evaluation portfolio. An interviewee highlighted a ramification of the human resource constrains, "*all the technical expertise in the central office are not trickled down to every sub-*

national region because of the constraints of human resource" (G-1). Another respondent added that the difficulties encountered were not dissimilar to those experienced by NGOs:

> *I would say the problem the public sector is facing is reflected in the NGO side … that would be a clear understanding of M&E, how to proceed, how to implement, what are the tools […] I believe a good grasp is needed. (G-2)*

The Country Response Information System (CRIS) is data entry software introduced by UNAIDS to assist countries in their submission of data for country reporting related to UNGASS. Subsequently, CRIS evolved and can be used to strengthen a country's HIV and AIDS data management system. CRIS was set up in the Philippines to administer data but its utilisation has been mired in technical difficulties. One respondent disclosed: "*CRIS … was installed here but doesn't work and still has glitches*" (G-1), and the interviewee's agency resorted to collecting data through hard copies. Moreover, resources were insufficient to furnish relevant agencies at the local level with the appropriate hardware (e.g. computers) to run CRIS.

The respondents spoke of having to contend with the vagaries of coordinating with multiple stakeholders and maintaining relations with partners, as the involvement of strategic collaborators is an important component of a comprehensive national response. One respondent related the effect of external agendas on programming, including the consequence of the electoral cycle which occurs every three years: "*If the political leadership changes […] you may not expect the same reception from the local leader*" (G-1). Another respondent, with past experience in managing other infectious diseases, noted the coordination of monitoring and evaluation activities was relatively more complicated for HIV and AIDS. The interviewee speculated that as the HIV and AIDS response involved numerous sectors and collaborators, aligning responsibilities and tasks was a harder process especially as partners have varying capabilities in project appraisal. The issue of alignment was echoed by a respondent in relation to reporting to international bodies such as UN agencies where different requirements caused confusion at country level. The confusion arose from different definitions for indicators, and monitoring activities which were not coordinated resulting in duplication of effort, as one respondent involved in the UNGASS process reported:

The first phase is for them to agree what they really want … UNICEF has its own PMTCT reporting, it's in duplication of the health sector report of the WHO … UNAIDS [requirement] for the [UNGASS] report some overlaps with the UNICEF and WHO and then [there are different] definition [on indicators] … they need to talk. (G-1)

Support to CSOs to strengthen monitoring and evaluation capacity

Given the government sector respondents' observations of the impediments CSOs face, they were asked about provision of support to address organisations' capacity limitations. Specifically, whether the Department of Health could offer support to NGOs and what other sources NGOs and CBOs could approach for assistance to strengthen their capacity on monitoring and evaluation. Before broaching the matter of support, the respondents conveyed that their own agencies did not have adequate capacity in the area of monitoring and evaluation and would refer to external parties when in need of assistance. Neither could respondents' agencies offer financial resources to NGOs as the government was unable to be a funding source.

The respondents suggested the UN system as a possible focal point for technical assistance, specifically UNAIDS as it was mandated to support the country's monitoring and evaluation system albeit through working primarily with the government. Nevertheless, the UNAIDS monitoring and evaluation advisor could facilitate the provision of capacity strengthening support to CSOs, particularly in relation to data management and monitoring the progress of UNGASS. A point was made by one respondent on the role of UNAIDS in supporting the NGOs.

Since the UN sector also encourages empowerment of the civil society organizations in general, of course that comes with M&E, they should look for mechanisms so that they could provide the capability building of these NGOs. (G-1)

In addition, the Technical Support Facility (TSF), an agency supported by UNAIDS to facilitate access to HIV and AIDS related technical assistance for national bodies, government bodies and NGOs was highlighted by respondents as an appropriate source for CSOs to approach for capacity development.

Members of the academe were proposed as technical support providers. The respondents noted academics had been called on to enhance the functions of (government led) advisory or steering committees and their expertise could extend to building the human

capital in the CSO sector. Many academics were already engaged with the HIV and AIDS field and thus, would be competent in assisting organisations in identifying assessment needs, running training activities and guiding the implementation of project appraisal.

Interviewees remarked that while the donor community contributes significant resources that support government and non-governmental programmes, further provision should be made for capacity development of programme monitoring and evaluation for CSOs. The larger donors, including multilateral funders, were viewed by the respondents to have the capacity to provide the needed support and they stated it would be mutually beneficial for both donors and grant recipients for organisations to be competent in assessment.

A DIFFERENT TYPE OF AID PROVIDER

I made requests to interview funders from the external donor community but responses were not forthcoming (as described on page 157). In light of this gap, an alternative strategy was taken to interview a national level NGO which provided technical support to other organisations. While this organisation was not a traditional aid donor (with the primary mandate of disbursing grants), it was an entity that provided resources to enable NGOs to implement projects. This NGO coordinated a countrywide HIV and AIDS programme carried out by a consortium of NGOs. A major task was to manage the programme monitoring and evaluation component which involved close consultations with its implementing partners. Thus, the interviewee from this coordinating NGO could contribute observations from the collaborative project, and of other CSO HIV and AIDS initiatives involving monitoring and evaluation.

The lack of capacity of CSOs was highlighted by the respondent as a significant constraint in organisations' ability to undertake monitoring and evaluation. The capacity gap was more noticeable in the human resource section in terms of insufficient staffing levels and limited expertise in existing personnel, as noted by the respondent.

> *A core M&E unit doesn't exist in most of NGOs in the country. There's no M&E plan for the organization but they do recognize the importance of having one M&E unit. (P-CSO-3)*

The interviewee stated it was difficult for NGOs to access funds specifically to develop the requisite assessment skills, hence, the deficiency in this component of the project cycle. As for NGOs which have been implementing monitoring and evaluation, the interviewee remarked that often many of these organisations did not link data from their projects to the broader national monitoring and evaluation system.

> *Their M&E experience is project based ... meaning deliverables of projects are the only ones they're looking at, to them it's M&E […] it's not even anchored on official documents like UNGASS or the UA, nothing like that or even the MDGs it's all project based … how many people were trained, reached, how many IEC materials[distributed]. (P-CSO-3)*

Referring to the implementation of the NGO consortium programme, the interviewee highlighted a recurring predicament among implementers with understanding and definitions of monitoring and evaluation terms and phrases. Although steps were taken to address the misunderstanding through information sessions for project partners and the development of a dictionary related to indicators and data vocabulary, on occasion misconceptions would arise, "*we had to do a lot of validation [of project reports], during the validation it turned out despite the orientation different interpretation of indicators was being seen*" (P-CSO-3).

Often, programme monitoring and evaluation generated sizeable volumes of data. The interviewee noted much of the data collected was quantitative in format but the documentation of qualitative process data was minimal leading to gaps in information, "*what worked well, what practices not to do anymore*" (P-CSO-3), that otherwise would enhance project delivery. The reason given for the lack of process monitoring was "*the NGOs recognise the need but rarely do donors provide money for process documentation*" (P-CSO-3). Furthermore, the respondent noted that data and the outcomes from projects were often set aside and not used, particularly for the planning of future responses. The under utilisation of findings was observed to occur in both the government and CSO sectors.

> *Problem with data banking because sometimes after a project is ended the files are, I would say not thrown, it's just there and nobody has the time to look at because they get so busy with other things. That's why I was into advocating to NGOs that all NGOs must have a M&E unit, central filing of all these data and somebody translating data to something usable for the organization […] even in government there's lack of utilization, there's lots of data that should be inputs to*

planning but they're not used […] in government they still have to develop that mentality to use data for planning … it's always re-inventing the wheel. (P-CSO-3)

To mitigate the impediments, the respondent described examples of action taken to support organisations in implementing project assessment. Through consultations with implementers, templates (e.g. for reporting or data collection) and evaluation frameworks were designed to suit the NGOs' capacity and to minimise the associated workload. As well, regular assistance was extended to NGOs to counter hurdles that may arise. The interviewee remarked that in order to strengthen the overall monitoring and evaluation competency of NGOs, donors could allocate the resources to maintain the requisite human resource and facilitate accessibility to capacity development opportunities.

THE UN SECTOR: CSOs AND PROJECT EVALUATION

Many of the UN country offices in the Philippines have links with HIV and AIDS organisations, through engagements that include consultative forums and donor-recipient relationships. As well, UN agencies promote the involvement and participation of the non-governmental sector in the HIV and AIDS response. As the agency with the mandate to coordinate the UN response to the HIV and AIDS epidemic, UNAIDS has regular communication and association with CSOs and a partnership and social mobilisation officer is assigned to the CSO relations portfolio. In support of the country's implementation of a monitoring and evaluation system, UNAIDS is staffed with a monitoring and evaluation advisor who, among other responsibilities, provides technical assistance upon request from partners such as the PNAC.

The respondents from the UN agencies spoke of the CSOs being at the forefront of the response to HIV and AIDS and of their involvement in various aspects of programme monitoring and evaluation. However, interviewees pointed out that the levels of engagement and expertise of NGOs differ as those that are based in the capital or are "urban centric" were more robust and that the impression of NGOs' capabilities should be "*tempered with different realities in the provinces*" (UN-1).

One respondent raised the question as to whether the various elements in a programme development cycle were recognised by NGO project staff, and whether the function of monitoring and evaluation was fully understood by implementers, "*I don't have a sense*

of whether people understand M&E as an intrinsic part of programme or project implementation […] M&E is important but it's a component of the whole process" (UN-1). A related example was given of the process of data management NGOs were engaged in as project implementers. As part of project monitoring NGOs collect data and often the decision on the type of data to collect was prompted by the donor. The respondent queried the extent to which CSOs understood the purpose of data collection and how to use data, and whether the data generated was viewed by CSOs as beneficial to improving project delivery and building knowledge to inform future programme development, or whether data collection was viewed as merely a necessary obligation in order to obtain project funds. The ability to carry out the task of data collection does not necessarily lead to CSOs becoming adept at evaluation as noted by one respondent. Furthermore, the two distinct but inter-connected functions of monitoring and evaluation were often misunderstood as interchangeable or as being one and the same.

Respondents observed that organisations' capabilities might not be up to par with what was required of CSOs to undertake monitoring and evaluation activities and steps should be taken to build expertise. As one interviewee skilled in assessment practice commented: "*Assessing capacity for NGOs in M&E … unless we do that, defining needs, we are not able to know how to capacitate them*" (UN-1). In addition, the environment and context in which CSOs, especially those at the local provincial levels, operated should be considered as they can affect the degree of involvement of NGOs. One interviewee emphasised that NGOs should be engaged in all aspects of programme implementation.

> *I think we would have to be specific in the whole programming process. It's taking a look at, were [NGOs] involved in the development of the policy and programme development. Were they involved in implementation and monitoring and are they involved in the review? Are they involved after the review in the re-programming or revisiting priorities and still considered as partners in implementation. (UN-1)*

SUMMARY

The CSO interviewees spoke of a range of hurdles they experienced with project assessment, including: a) grappling with project indicators; b) contending with the data collection methods and generating relevant data to measure the progress of project implementation; c) reporting requirements that overstretched human resources; and d) the

dynamic political process and managing relations with donors vis-à-vis monitoring and evaluation obligations.

The underlying reasons for many of the obstacles were human and financial resource limitations. Interviewees lamented the difficulties in recruiting skilled personnel and the inadequate opportunities to strengthen capacity in project assessment. In addition, the funding climate and the common practice of donors providing short term (and often small) project based grants, were not conducive for CSOs to invest in dedicated staff to undertake monitoring and evaluation. The marginalised position and transient characteristics of the communities that NGOs worked with were also highlighted as hindrances to project evaluation.

Corresponding with the insufficient resources confronting CSOs, the respondents requested clearer and less complicated processes between CSOs and donors in determining monitoring and evaluation requirements, access to capacity development initiatives and resources to augment assessment activities.

The interviewees from the government and UN agencies observed hurdles and capacity needs comparable to those articulated by the NGO respondents. Specifically, the gaps in personnel and staff expertise (especially those located in the provinces) were evident. This resulted in limitations in implementing project appraisal as difficulties in carrying out activities, including data collection, analysis and utilisation, were encountered. However, the government respondents recognised that within the government agencies assigned to manage the HIV and AIDS epidemic their monitoring and evaluation capacity also required strengthening. Particularly, adequate and skilled personnel to undertake the coordination of the national monitoring and evaluation system needed to be obtained.

Many challenges to evaluation were highlighted, but the respondents were also able to clearly articulate suggestions to address the gaps and limitations. Many respondents emphasised the need for further dialogue and consultations among partners and stakeholders would be necessary in leading to better coordinated, targeted and resourced efforts to capacitate NGOs to implement project assessment. This should in turn strengthen the overall national monitoring and evaluation system to manage the HIV and AIDS epidemic.

The Malaysian and Filipino interviewees provide a wide range of responses on monitoring and evaluation. In the next chapter, the information gathered from both countries will be compared to identify similarities and differences in impediments and facilitating factors encountered in undertaking project evaluation.

CHAPTER SEVEN – TWO DIFFERENT CONTEXTS BUT SIMILAR IMPEDIMENTS TO EVALUATION: CROSS-CASE ANALYSIS OF THE PHILIPPINES AND MALAYSIA

INTRODUCTION

This chapter compares the case studies of Malaysia and the Philippines from the previous two chapters. The cross-case analysis takes into account the historical, political, social and economic context of both countries which has led to contrasting evolution of the CSO sectors. The divergence in experiences is apparent in several facets of the CSOs' responses to the AIDS epidemic. Despite the differences, CSOs in both countries faced comparable impediments in their implementation of project monitoring and evaluation.

POLITICAL ENVIRONMENTS

The pluralistic and dynamic CSO sector in the Philippines, with an entrenched position as development partner, is reflected in the committed and innovative CSOs involved in HIV and AIDS work. The Philippine government embraced CSOs as essential collaborative partners and recognised their significant contribution and technical expertise. CSOs are fully involved in all aspects of the response, as decision and policy makers, as well as implementers of prevention and treatment programmes. Moreover, CSOs have led the process of developing the national HIV and AIDS monitoring and evaluation system. This may explain the detailed and in-depth responses from the Filipino interviewees, and suggests they may have had more exposure to and experience with project evaluation.

The HIV and AIDS related CSOs in Malaysia operate in a political environment that is different to the Philippines. The Malaysian government maintains a tighter control over the mandates and activities of CSOs. However, the CSOs maintain a unique relationship with the government via the MoH. CSOs are beneficiaries of government funding but have been mostly able to carry out their projects without major interference from the MoH. The "hands-off" approach by the government in dealing with the marginalised communities, on the one hand, has allowed CSOs the room to raise awareness and deliver services with MSM, sex workers and IDUs (M. L. Weiss, 2006b). But the government still invokes legislation and policy such as mandatory HIV testing which

hinder the interventions of CSOs. Furthermore, the less than specific pronouncements by the MoH on prevention strategies such as condom promotion have stymied a coherent approach to curbing the spread of HIV. The difference in approach and strategy between Malaysia and the Philippines is summarised in Table 7.1.

Table 7.1 – Summary of the context in which CSOs operate in Malaysia and the Philippines

	Philippines	Malaysia
Epidemic status	• 3,050 reported HIV cases at the end of 2007 • Epidemic driven by heterosexual transmission	• 80,938 reported HIV cases at the end of 2007 • Epidemic driven by injecting drug use
Financing HIV & AIDS programmes	• Supported mostly by external aid • CSOs receive aid from foreign donors	• Government funded • CSOs rely on government grants
Political, social, religious, environment and legislative aspects	• CSOs embraced as development partners • Vibrant CSO culture • HIV & AIDS CSOs fully participate in policy and decision making • Anti-discriminatory AIDS legislation • Predominantly Catholic religious doctrines strongly influence HIV and AIDS interventions and policies	• CSOs tightly controlled by the government • HIV & AIDS CSOs actively engage with government but have limited participation in policy and decision making • Legislation based on public health measures • Islamic and other religious doctrines significantly effect public policy and initiatives related to HIV and AIDS

It is noteworthy that despite the contrasting context and settings, the findings from this research show that CSOs and the governments in both countries experience shared challenges and matching requests for support to strengthen their programme evaluation endeavours. By using a cross-case analysis approach the similarities and differences that emerged from interviewees' responses can be examined. The broader contextual issues, in particular constraints faced by the government sector and its effect on CSOs will also be considered.

SIMILARITIES: HURDLES TO IMPLEMENTING PROJECT MONITORING AND EVALUATION

Many barriers to carrying out project monitoring and evaluation were described by CSO respondents in the Philippines and Malaysia. Across these two countries, significantly

more similarities emerged than differences when interviewees recounted the impediments and hurdles related to reporting processes to donors, data collection, evaluation methodology selection and technical language.

Gathering data: The query of methods

The topic of data collection generated emphatic statements by many respondents as they questioned the preference of most of their donors for quantitative methods in assessing projects. The interviewees commented that the focus on quantitative data was insufficient for generating information to inform project implementers on the effectiveness and quality of interventions. Respondents were keen to determine whether their projects were benefitting the target communities. Patton (2004) suggests that mainstream HIV and AIDS monitoring and evaluation systems should include ways to collect data that captures the human stories of those affected by HIV and AIDS, and the perspectives of those "closest" to the data, such as the data collectors and users. In a study of evaluation methodologies used in development NGO projects in the Philippines, Miralao and Bautista (1993) note that these NGOs have similar concerns to those of AIDS NGOs in that ODA donors preferred quantitative indicators to measure the progress of projects. The contention was that quantitative measures did not capture the gains from the processes that occurred during the implementation of projects. The significant influence of donors on which monitoring and evaluation frameworks are adopted by recipients is not an uncommon phenomenon (de Lay & Manda, 2004).

Interviewees expressed a need to develop monitoring and evaluation approaches that incorporated methodologies suited to individual project specifications. This would entail the requisite competency and expertise, and the respondents recognised the capacity limitations of their organisations and partners in project evaluation. Thus, numerous requests were made for resource and technical support for capacity development and to recruit the appropriate complement of personnel.

The tension that arose between CSOs and donors on the desired project outputs and the accompanying methods to measure effectiveness revisits the quantitative versus qualitative methods debate in the evaluation field, as discussed in Chapter Two. While there are evaluation practitioners who are aligned to either camp, there are other evaluators who recommend that the selection of method should be contingent on the setting, context and evaluation question (Chelimsky, 1997; Cook, 1997; Patton, 1990).

Project reporting: Burden of volume and frequency

The main struggle CSOs had with reporting on projects to funders was the frequency of reporting. Staff time was consumed disproportionately by report preparation to the detriment of project delivery. Moreover, the report format several CSOs were provided with by their donors was sometimes unclear and/or had to be amended numerous times. This required additional personnel hours to deal with the ambiguity and revisions. The few Malaysian CSO respondents whose organisations had more than one funding source and received grants from several donors raised the issue of having to manage multiple reporting obligations as each donor sets out specific requirements. Filipino interviewees did not specifically mention the burden of reporting to numerous donors, but several of them spoke of the sizeable volume of reports that were part of contractual requirements by some donors. The pressures and frustrations with project reporting faced by respondents are not unique as there is evidence of similar experiences of NGOs in other sectors (Bornstein, 2006; Ebrahim, 2005; Miralao & Bautista, 1993).

The coordination of report preparation and submission was contingent on the availability of appropriate staff. As respondents have repeatedly stated, an on-going difficulty within their organisations was the gap in human resources, not only for reporting activities but other functions, such as data collection for project monitoring.

Limitations of financial and human resources

Most noticeable of the impediments encountered by respondents from the two countries were the predicaments arising from limited resources and capacity, particularly insufficient human resources and funding gaps. These barriers are commonly reported in evaluation undertakings in developing countries (Horton & Mackay, 1999). Respondents spoke of inadequate budget allocations from donors for activities related to tracking implementation and assessment of projects. Moreover, provision is often not granted for the personnel necessary to carry out these activities.

The shortage in human resources in the broader CSO sector and in particular the HIV and AIDS CSO sub-sector was evident in Malaysia. The pull factors for potential employees into the non-governmental sector are not great as remuneration and benefits are usually less competitive than the private sector, and opportunities for professional growth and career advancement are limited. Conversely, in the Philippines the CSO sector is well

established, employs significant numbers of workers and offers career pathways (Racelis, 2000).

Another aspect of the human resources dilemma, highlighted by respondents, is the technical proficiency of personnel as evaluators. Most interviewees spoke of the low levels of competency amongst project staff in project assessment in their organisations, and the shortage in both the CSO sector and general workforce of personnel with the expertise in programme monitoring and evaluation. In addition, respondents reported the high turn-over of personnel that resulted in destabilising the operations of the organisation and disrupting the conduct of programmes. This combined with the limited capability in key skills sets of project employees creates formidable challenges for organisations in carrying out effective programme monitoring and evaluation.

Respondents raised concerns regarding donors' funding strategies that were inclined towards short term project based funding as opposed to longer term programme grants. The Filipino interviewees reported that project based funding has placed their organisations in a tenuous state as this approach to grant making does not contribute towards supporting the core operating costs of the organisation. The consequence was that an organisation would have to continuously seek funding and "patch" together projects to sustain operations and to ensure its existence. Moreover, the short term funding confined intervention strategies to shortened projects rather than lengthier programmes. Yet, as noted by Prato (2006, p. 12), CSOs were expected to "generate 'concrete results' to prove' their effectiveness". Ebrahim (2005) provides a different account of how the interdependence between NGOs and donors has led to the inclination towards short term projects. He suggests that this approach serves both NGOs and donors as activities are easily measureable, quantifiable and meet the need for evidence of "success" of the project. The examination by Vincent (2006, p. 24) of the adverse conditions that accompany external aid and the difficulties NGOs faced as a consequence of organisational financial instability corroborate many claims of the respondents. The absence of sustained funding can lead to difficulties with recruitment and retention of personnel, organisational management deficiencies (e.g. resource flow) and curtailment of long-term planning of programme and organisational development.

Marginalised communities: Most at risk and hardest to reach

Another similarity shared by respondents from both countries was the impediments to determining the effectiveness of projects or service delivery to marginalised and vulnerable populations. For example, a study by Chillag et al (2002) of factors that influence the implementation of HIV and AIDS prevention interventions by CBOs, identified structural barriers such as policies and legislation impinging on CSO workers ability to carry out their work with various sub-populations, including MARPs. The interviewees in this study commented on the risks encountered by the hard-to-reach communities of MSM, PiP, IDUs and migrant workers in their social interactions and in the workplace. Threats to the safety of these populations included intimidation by enforcement authorities, scarce space to meet safely and hazardous working conditions. NGO outreach workers to these populations reported the exposure of their clients from these communities to these threats and their transient status to be barriers to developing the relationships and trust needed for the effective delivery of prevention interventions. As such, project activities were often compromised and the tasks of documenting progress and data collection were difficult to complete satisfactorily. Thus, the evaluation of projects involving marginalised populations can be fraught with logistical and communication obstacles and environmental threats.

The difficulties in conducting interventions and evaluation with most at risk and hard to reach groups is also described in research by Rugg, O'Reilly and Galavotti (1990). Although literature exists on methodologies and ethical considerations on conducting research with marginalised and vulnerable communities[28], there is a need for further studies specific to appropriate approaches and methodologies to evaluate interventions with these populations. The need is more pressing given that rigorous evaluation is necessary to inform the scale up of prevention initiatives, including for marginalised communities, to meet the targets set for universal access.

Table 7.2 below presents the key barriers to project monitoring and evaluation in both the Philippines and Malaysia.

[28] For example, 'A framework for monitoring and evaluating HIV prevention programmes for most-at-risk populations' by UNAIDS (2008a); also see Liamputtong (2007) and Pitts and Smith (2007).

Table 7.2 - Summary of impediments to project monitoring and evaluation

		Malaysia	Philippines
Impediments to project monitoring and evaluation	Personnel, technical expertise and funds	• Lack of workers in CSO sector generally • Lack of workers with evaluation skills • Inadequate budget allocation for evaluation by donors	• Relatively more staff with evaluation skills, but overall, limited human resources with evaluation expertise • Minimal funds for evaluation activities
	Donor requirements: reporting obligations, methods and data	• Reporting period too frequent; different reporting format for each donor • Monitoring and evaluation method usually decided by donor • Emphasis on quantitative data collection	• High volume of documents; reporting too often • Evaluation method set by donor or self-developed by CSOs • Quantitative data preferred
	Political, legal, religious and social context: working with marginalised groups	• Need to keep confidentiality of clients' personal details • Difficulties to access and maintain contact • Legislation and policies hinder interventions	• Transient status hampers follow-up with clients • Groups widely dispersed

A UNIFIED CALL FOR SUPPORT

Capacity strengthening in all aspects of project monitoring and evaluation as articulated by respondents from both countries is a pressing need. Interviewees made comparable suggestions about what was needed to assist their development of assessment competencies. The capacity development needs were broad ranging and included understanding of the approaches and purposes for project evaluation (from elementary to advanced levels), proficiency in methods for evaluation research and skills in presentation and utilisation of evaluation findings. The respondents were unanimous in their call for resources, particularly budgetary allocations for monitoring and evaluation. This financial assistance was required to support personnel to undertake monitoring and evaluation activities, to obtain capacity development services, and to cover costs associated with carrying out monitoring at project sites.

The lack of sufficient support for project evaluation from donors was an impediment highlighted by Malaysian and Filipino respondents and merits closer examination. The issue of inadequate funds may not be due to donors' unwillingness to grant funds for monitoring and evaluation. The NGO recipient may not have the ability during project planning to design an appropriate assessment framework. Thus, the project proposal may not include a budget item for the monitoring and evaluation component. Conversely, it is possible donors may not have the competency to determine the relevant project evaluation requirements and, in turn, may not provide the appropriate support. Sanstad et al (1999) describe a community-based collaborative research consortium that brought together project implementers and researchers for mutual learning and sharing of skills leading to a better understanding of HIV prevention. One lesson gained was the necessity for adequate funding of evaluation of interventions if outcomes were to be assessed comprehensively. Thus, it was beneficial to engage donors during implementation so that they comprehended the extent of resources needed for different project components, particularly evaluation.

A few interviewees remarked that their organisations received some support from donors in strengthening their capacity. Others reported that they taught themselves to undertake monitoring and evaluation. But the overall view was that support, so far, has been inadequate and more resources and technical support were essential to further develop competency in designing and conducting assessments that met the specificities of individual projects. The respondents identified several entities which could provide the support CSOs sought for capacity development including donor agencies, UN bodies, technical assistance providers and government departments. A summary of the assistance and cooperation requested by interviewees is presented in Table 7.3.

Table 7.3 - Support needs identified by CSO respondents

		Malaysia	Philippines
Capacity strengthening for monitoring and evaluation	Technical support	• Approaches and frameworks for project assessment; selection of methods and tools; and presentation and use of findings • Evaluation language proficiency • Staff placement for hands-on learning	• Social research skills • Methods for outcome evaluation • Build evaluation capacity of PWHA NGOs/CBOs and CSOs working with PWHAs • Share lessons learnt among CSOs of funding consortium
	Resources	• Percentage of project budget allocated for monitoring and evaluation • Independent evaluator	• Adequate funds for evaluation • Documentation of lessons learned
	Source of assistance	• Donor agencies, UN bodies, technical assistance providers and government departments	

CONTEXTUAL FACTORS INFLUENCING CSOS' EVALUATION CAPACITIES

Although the Malaysian and Filipino respondents highlighted many similar issues vis-à-vis project monitoring and evaluation, they also reported on different opportunities and constraints given they operate within markedly different contexts. For example, in the case of the Filipino interviewees, global agendas, such as UNGASS, provided opportunities for NGOs to be engaged in monitoring and evaluation endeavours at the national level. Their participation illustrates the vital role of NGOs as providers of strategic information, contributors to the country progress report and as watchdogs to track government action towards fulfilling their commitments. The key HIV and AIDS NGOs in the Philippines became involved in the UNGASS and in universal access country monitoring processes from the onset. Through applying the monitoring modalities, some Filipino CSOs were able to gain skills, for example, in administering monitoring indicators and quantitative data collection methods about behaviour and knowledge outcomes among marginalised and vulnerable populations.

External aid to support the non-governmental sector's response to HIV and AIDS has also contributed to the development of monitoring and evaluation competencies among

the Filipino NGOs in this study. Most of the respondents spoke of the influence donors had on increasing their organisation's understanding of project assessment approaches and techniques. Furthermore, the prerequisite of an assessment component in grant proposals compelled organisations to acquire the skills needed to complete evaluation obligations. Many Malaysian CSOs in the HIV and AIDS field, unlike their Filipino counterparts, did not have similar engagements with foreign funders. Perhaps the limited exposure to external aid and different types of grants had curtailed CSOs learning experience and development of skills in project evaluation. This could account for some of the differences in the relative levels of competency in evaluation between the Filipino and Malaysian CSOs.

The interviewees from both countries concurred that evaluation was an indispensable part of the project cycle; however, there were mixed views on the monitoring and evaluation agenda set by donors. The emphasis on collecting quantitative data was considered inappropriate by the respondents as the information gathered was inadequate to inform about the concerns relevant to their organisations, in particular, whether they were delivering appropriate interventions to their clients or communities.

In addition to the stimulus from global initiatives and exposure to assessment requirements packaged with external aid, the Filipino respondents commented that members from the local academe also promoted and called for rigorous monitoring and evaluation systems to be established. Academics have been actively involved in the national HIV and AIDS response and are regarded as valued partners by other stakeholders. They have provided technical input on monitoring and evaluation to the government and NGO sectors through participation in technical committees and as board members of organisations. Thus, respondents viewed the engagement of the academe as instrumental in ensuring that resources were targeted and used efficiently to deliver an effective response.

In the case of Malaysia, most of the interviewees did not mention links with academics, except for the sporadic collaboration on research projects between NGOs and tertiary institutions.[29] Except for one respondent, whose organisation intentionally recruits academics to be members of a technical committee, academics were not visibly involved

[29] On a broader level, academics are involved in HIV and AIDS through their participation in government technical committees and are also commissioned to conduct studies by the MoH.

in the majority of the organisations. There is one Malaysian NGO which is based in a local university that has a membership consisting of academics and students. This NGO was not a respondent. If NGOs were to establish formal relations with the relevant departments in universities (e.g. academics in social science could be drawn on for their expertise), an exchange of skills could enhance organisations' competencies, not only in undertaking monitoring and evaluation but in other aspects of programme development.

The most significant facilitator to the Filipino CSOs being involved in the national monitoring and evaluation system has been the unique position of CSOs as essential partners in the country's HIV and AIDS response, and the technical expertise they could contribute. The high-level participation of NGOs in the PNAC, for instance, and their dynamic partnership with government departments has produced a collaborative and productive relationship. This has manifested in NGOs, mostly at the central level, being fully engaged with the national HIV and AIDS monitoring and evaluation system and the UNGASS and universal access initiatives. The partnership between HIV and AIDS NGOs and the government has been recognised as an illustration of good practice in collaboration (Coalition of Asia Pacific Regional Networks on HIV/AIDS, 2007, p. 33). In Malaysia, in comparison, opportunities such as the establishment of a national HIV and AIDS monitoring and evaluation system were not available to CSOs to work with their government colleagues, and to advance their knowledge and skills in evaluation. Furthermore, unlike the Filipino CSOs, Malaysian CSOs were not as engaged in the UNGASS and universal access processes. Their involvement was limited to intermittent consultations in the preparation of the periodic country progress reports and input for the Part B[30] section of the NCPI (UNAIDS, 2007).

It should be noted that the number of Filipino CSOs that have increased their evaluation capacity by way of platforms such as UNGASS and as recipients of grants from external donors was relatively small. As was observed by a government sector respondent, NGOs located at provincial and local levels lack the opportunities to gain training and knowledge from their counterparts based in the capital or larger cities.

[30] Part B of the NCPI is the section that is to be administered to representatives from CSOs, bilateral agencies and UN organisations. The questions in this part pertains to topics on human rights, civil society involvement, prevention and treatment. Part A is to be completed by government officials and covers the topics on the national HIV and AIDS strategic plan, political support, prevention, treatment, care and support and monitoring and evaluation.

RESPONDENTS' SKILLS: ON-THE-JOB LEARNING

During the course of the interviews, all respondents were asked about their professional background, training and expertise to ascertain if they had experience in project evaluation. It was noteworthy that most of the interviewees, from all four sectors, reported that they had limited exposure or practice in designing and conducting project monitoring and evaluation. This included those who were recruited into designated monitoring and evaluation positions, with all but one of these respondents having minimal or no prior formal instruction in this area. Mostly learning occurred on-the-job as respondents grappled with their new portfolio, since technical support was not easily accessible. The scarcity of skilled personnel was a scenario corroborated by repeated statements of interviewees on the difficulty of recruiting staff. Kegeles et al (2005) and Napp et al (2002) in their studies on barriers and facilitators to CBOs undertaking evaluation found that among the impediments were high staff turn-over and the lack of evaluation expertise among personnel.

The deficit in expertise could be due, in part, to the "lag time" in the (global) historical evolution of evaluation as many developing countries only embarked on expanding evaluation practice following the advent and promotion of evaluation by development aid agencies and multi-lateral organisations (for example, in the agricultural sector). As an indication of local interest in evaluation, the number of evaluation societies in developing countries grew only as recently as the 1990s. However, the increase in evaluation societies has not necessarily led to significant expansion of evaluation endeavours. Furthermore, an "evaluation culture" may not have been developed or instituted broadly in the NGO and public sectors. For example, it is in the current Ninth Malaysia Plan 2006-2010 that a more comprehensive outcome based planning, monitoring and evaluation framework was introduced (Economic Planning Unit (EPU) Malaysia, 2008, p. 100).

Implication of limited evaluation knowledge and experience

The issue of the scarcity of skilled personnel has already been highlighted. There are significant ramifications of inadequate expertise. For example, the UNGASS country reporting process is framed around effectively monitoring the country's response. The limited human resources with appropriate monitoring and evaluation skills could compromise the collection and analysis of data. Consequently, how will the data gap from the CSO sector affect targeting appropriate prevention interventions for scaling up,

particularly for the most-at-risk populations? In addition, how can resources be allocated efficiently if the effectiveness of interventions is not measured?

THE MONITORING DILEMMA: REPORTING ON UNGASS INDICATORS

As illustrated earlier, the descriptions from the Filipino NGO respondents about their involvement with the UNGASS process varied from their Malaysian counterparts. However, in examining the overall commentary about UNGASS made by NGOs and government sector interviewees from the two countries, similar impediments and concerns emerged.

The main issue concerned the monitoring indicators and the related data collection processes. A key element of the UNGASS monitoring framework is the set of indicators against which information is to be collected and submitted in the country progress report. A major hurdle to providing a comprehensive report is the difficulties in adopting the indicators, an exercise which has not been conducted before, not least as both countries had not established formal monitoring and evaluation systems prior to UNGASS. Thus, on the operational level, systems and structures to enable the administering of the indicators had to be put in place. For example, the creation of new positions and additional budget allocations were necessary in the government departments; however, these transitions have yet to be fully implemented. Another hurdle to reporting was the revision of the type of data sought with disaggregated data being required for the first time for some indicators in 2007. This meant that the data collection design had to be modified accordingly. On the technical aspects of data collection, the gaps in information, such as behavioural surveillance data have become apparent. However, there was a beneficial effect of UNGASS as both governments were prompted to improve and augment their efforts in obtaining relevant evaluative information.

The alignment of existing national programme and project indicators with UNGASS indicators has been a complex operation and will probably continue to be a challenge. The capacity of CSOs in both countries has to be strengthened in monitoring methods in order for them to be effectively involved as partners in contributing data towards a comprehensive country progress report.

Equally important is the need for increased CSO involvement in the UNGASS reporting process, particularly in Malaysia. Malaysian interviewees reported that while CSOs were

involved in the consultative process, their engagement beyond this was limited. The situation of the Malaysian CSOs contrasts with their Filipino counterparts who fully and continuously participated in the UNGASS agenda through the Pinoy-UNGASS forum.

GOVERNMENT CONSTRAINTS: THE EFFECT ON CSOS

Examining the issues of the government sector in establishing a monitoring and evaluation system for the national response was not the intention of this study. Nevertheless, an examination of the Malaysian and Filipino governments HIV and AIDS agencies' constraints could offer a better understanding of the implications these limitations had for the CSOs. Government respondents of both countries acknowledged that the impediments to evaluation they encountered were not dissimilar to those reported by CSOs, including the shortage of personnel with evaluation expertise and the frequent turn-over of staff (the rotation of staff is a common practice in government departments).

Although both governments faced comparable challenges, different steps were taken to deal with the limitations. For example, in the Philippines, the PNAC Secretariat undertook to put in place a monitoring and evaluation unit and to recruit the full complement of personnel. As well, some NGOs were commissioned by the PNAC to assist in the development of the national HIV and AIDS monitoring and evaluation system as these NGOs were recognized as having the requisite skilled human resources. The scenario was different in Malaysia for the CSOs as the MoH AIDS/STD Section set up an evaluation unit and took the lead in developing the monitoring and evaluation processes. The extent of CSO involvement has been their involvement in the development of a preliminary national HIV and AIDS monitoring and evaluation framework for the NSP HIV/AIDS 2006-2010.

CONCLUSION

In Chapter One of this study, three critical frames were described that would be applied to structure the analysis of the data generated from the research question. Each frame was concerned with specific aspects of the monitoring and evaluation continuum. One frame considered the relations between grant recipients and donors in terms of the contractual agreement and negotiations related to assessment and reporting. The second frame intended to consider broader social, cultural and religious contexts that may affect how CSOs develop, implement and evaluate their projects. The last frame focused on CSOs'

interaction with the conceptual and technical facets of monitoring and evaluation and to ascertain the capacity development needs of CSOs.

The responses from the interviewees were compelling in presenting an illustration of the reality of project implementation vis-à-vis the three frames. In their dealings with donors on evaluation requirements CSOs in Malaysia and the Philippines reported flexible arrangements, whereby CSOs were given the prerogative to construct their own evaluation frameworks. The exceptions were projects funded by a multilateral donor (in the Philippines) and UN agencies and to some extent the MoH (in Malaysia).

Perceivable change was observed by CSOs and acknowledged by donors in terms of the trajectory towards more formal monitoring and evaluation systems. Possibly, the combination of significant events over the last decade contributed to the emphasis on accountability and results-oriented frameworks. The increased resources for the HIV and AIDS disease component and political agreements have been the main impetus to fund recipients (CSOs and governments alike) to strengthen their internal capacity on monitoring and evaluation expertise and to obtain conclusive results on programmes and interventions.

In the course of the epidemic, the responses to HIV and AIDS have often been mired in controversy and deemed inappropriate by opponents of prevention methods, which promote condom distribution and harm minimisation, as these strategies are contrary to local cultural and religious beliefs and practices. Opponents also object to the involvement and endorsement of the participation of marginalised communities as major partners in prevention efforts. Adhering to religious conventions is a significant part of the daily lives of many Malaysians and Filipinos and religious leaders were highly visible in promulgating their views on various topics. In this study, CSO respondents recounted tension created by objections of religious institutions and leaders to the initiatives necessary to educate and protect targeted populations on averting HIV transmission. As noted by Huang and Mohd Taib (2007) the conservatism of the religious leaders in Malaysia has placed undue pressure on CSOs in the implementation of initiatives, particularly with marginalised populations. Nevertheless, the CSOs continue with their interventions, albeit without directing attention to their activities. In addition, the legal environment, specifically in Malaysia, was unsupportive of prevention programmes in terms of legislation which deems marginalised communities' activities as

illegal, thus conflicting with the interventions implemented by CSOs. The consequence for monitoring and evaluating projects was an unstable and unsafe environment that was not conducive to conventional assessment practice. For example, to conduct data collection additional safeguards have to be instated to protect the confidentiality of clients, secured space is required to convene and CSO workers are only afforded short periods to meet with their clients.

The comparison of descriptions by CSO respondents in the two countries of their direct experience with technical aspects of monitoring and evaluation showed they shared similar impediments. This is in spite of the significantly different backgrounds of the HIV and AIDS NGO sectors in the Philippines and Malaysia, due to their distinctive political, economic, social and community mobilisation contexts. The main challenges common to NGOs in both countries included data collection, reporting, methodological application, human and financial resource constraints. In particular, the terms used in, and unfamiliar frameworks of, evaluation employed by donors have not been easy to grasp and apply. CSOs were occupied with learning and adopting these approaches which limited the development of local knowledge in evaluation models. The challenge for CSOs is to generate their own interpretation of the culture of evaluation, to explore its uses and applicability and to have the assurance to create different tools and mechanisms. However, considering the relatively embryonic stage of monitoring and evaluation among CSOs in both countries, it may be advantageous that CSOs first build on their elementary knowledge and expertise through structured and practical learning. When CSOs have strengthened their competencies, then they should be better positioned to critique and problematise existing frameworks and to develop approaches that meet, and are more appropriate to, local specificities and the resources available. Setting agendas locally to generate and promote indigenous knowledge should be encouraged to affirm community capabilities and to expand the evaluation research discourse beyond perspectives from developed countries (Kawakami et al, 2008; L. T. Smith, 2002).

This chapter has compared the responses from the stakeholders from the CSO, public, UN and donor sectors in Malaysia and the Philippines. Notable findings from the study include the similarities in the difficulties CSOs encountered with project evaluation, and in turn comparable calls for technical support and financial resourcing to address capacity gaps. The next chapter will outline the final observations from this study and suggest further research and consideration to strengthen the evaluation capacity of CSOs.

CHAPTER EIGHT - CONCLUSIONS AND PROPOSITIONS

INTRODUCTION

This chapter presents the conclusions derived from the findings in previous chapters, and suggests practical steps to strengthen CSO evaluation capacity, particularly in developing country settings. In addition, the changing dynamics of CSO and donor relations on funding arrangements and the setting of project evaluation requirements are examined. The implications of broader environmental pressures on CSOs that affect their programme implementation and evaluation are also discussed.

OVERDOSE OF TRAINING WORKSHOPS? ALTERNATIVE AVENUES TO STRENGTHEN PROJECT EVALUATION

The cross-case analysis of the data from the two countries in the previous chapter showed that despite the different contexts and experiences of CSOs in Malaysia and the Philippines, on the whole, there were many similarities in the challenges encountered. The interviewees identified similar capacity development needs to improve evaluation planning and execution. The scenario in both countries is not unique to CSOs in developing countries or to CSOs in the HIV and AIDS field, as studies on CSOs and accountability illustrate that CSOs in other settings encounter comparable hurdles (Edwards & Hulme, 1996).

Holistic framework for evaluation capacity development

Support to address evaluation capacity and resource gaps among AIDS CSOs is clearly a necessity. But before focusing on the aspects of evaluation that should be strengthened, a point has to be raised that evaluation is but one component of the program cycle and evaluation is integral to programme design. The project conceptualisation process is most important as it sets the rationale, strategies and activities of the intervention and if the objectives are unclear, or stated aims are unreasonable, then the monitoring and evaluation that follows will be difficult to execute or it will be difficult to work out how to do monitoring and evaluation. Thus, if the weakness in monitoring and evaluation is partly attributed to poor project design, then the technical support that is provided to a CSO should be holistic. A CSO should firstly be provided capacity strengthening in project planning starting with building competency in setting reasonable objectives based

on evidence and obtainable resources. This should be followed by specific assistance to construct the evaluation component.

Resources for project development could be allocated as part of the funding package by donors to CSOs where applicable. For example, through the grant proposal submission process donors could aid potential grantees in need of support by providing the pertinent resource persons (agreed upon by both donor and CSO) to assist in strengthening the preparation of the proposal. As well, CSOs could approach specialised HIV and AIDS technical support providers such as the regional HIV and AIDS Technical Service Facilities to source for technical support in project development.

South-South collaboration to strengthen project assessment

The appeal by CSOs for capacity development is often directed at donors as traditionally funders are able to provide the expertise from within their organisation or source external technical assistance providers. Informed by the responses of interviewees this study identifies another option for CSOs to obtain technical support to enhance evaluation capacity. The proposal is for CSOs to explore South-South Collaboration (SSC)[31] between the more evaluation experienced and proficient CSOs such as the Filipino organisations and CSOs in other countries in the region that lack evaluation competency. For example, the strategies that have led to the effective civil society involvement of the UNGASS country reporting process could be relayed in "how to" guides instead of only being documented as good practice case studies. Additionally, CSOs with evaluation expertise could be drawn on to second their personnel as resource persons or technical assistance providers (for reasonable recompense). Furthermore, the tactics and strategies used by CSOs successful in negotiating evaluation requirements with donors could also be shared with other CSOs.

The SSC approach including learning between developing countries, self-sufficiency and minimising the use of frameworks of the North (Rosseel, De Corte, Blommaert, & Verniers, 2009) (as they can be inappropriate to the local context) could be suited to inter-NGO collaboration. In the HIV and AIDS field SSC is yet to be widely practiced and available evidence shows that this model of capacity development can be successfully implemented (Garten et al, 2008). For Southern CSOs to convene and

[31] The South-South collaboration framework promotes exchanges of information, expertise, technology and resources between developing countries.

examine the prospects of undertaking SSC, platforms are required and could be facilitated by donors or UN bodies. CSOs could initiate the SSC proposal to these agencies; alternatively the latter could begin dialogue with CSOs they collaborate with or fund to identify those in need of and those competent to provide technical support. The organisers of international and regional HIV and AIDS conferences could program similar fora as these significant events assemble CSOs, donors, community representatives and other stakeholders. Furthermore, the regular intervals of these conferences provide a timeframe for reporting on SSC initiatives that may have commenced.

Promoting collaboration between academia and CSOs

The contribution of members of the academe through their active participation as technical advisors and executive members on AIDS related government and NGO committees has been important in the AIDS response. Depending on the local context and existing relations with the academic sector, the expertise and guidance of academics could be further drawn on by CSOs. In addition to providing knowledge and skills related to social research, academics may be able to facilitate processes to generate local theories, methods and tools that are more applicable for use in the local context. An example of collaboration between the academic sector and AIDS CSOs is described by Paiva, Ayres, Buchalla and Hearst (2002) whereby a Brazilian university trained local CSO and health workers on project evaluation. This capacity building endeavour enabled participants to conduct their research and disseminate their findings.

However, in many cases CSOs may not be familiar or unsure of engaging with the academic sector. In such circumstances CSOs could call on their board members and supporters to assist in opening communication channels or the exchange of ideas with academe. CSOs could also approach academics who present research relevant to the CSO's priority programme areas at forums and conferences.

Competing paradigms of evaluation

The findings from this study highlight the differences between the needs of donors and recipients with respect to monitoring and evaluation. Donors appear to be more focused on the accountability purpose described by Chelimsky (1997) where financial audits and output measures are a priority. The recipients, while not disputing the importance of accountability and of reporting on outputs, recognize the need to collect data that informs

them about the quality, appropriateness and effectiveness of interventions for the client group and/or communities they work with. The Community-Based Participatory Research (CBPR) approach discussed in Chapter Two may provide useful principles and methods for CBOs in undertaking evaluation.

In short, CBPR involves agencies and communities working together from the beginning to identify programme objectives, implementation processes, indicators of success, the relevant data required, methods of data collection and ways of disseminating findings. The likely benefits of this model are: development of well targeted programmes; increased uptake of interventions through buy-in from the client group; and empowerment of all stakeholders as they learn from each other and realize the value of different perspective and contributions. A significant spin-off could also be that community participants (often from marginalised groups) may have acquired capacity, skills and confidence to become more able to advocate about issues relevant to them.

While the implications of the CBPR approach for donors include the additional time and resources required and the requirement for new frameworks for reporting on programme implementation and outcomes (e.g. qualitative data about programme quality), there are potentially significant advantages to supporting the use of CBPR. Interventions are likely to be more appropriate and effective and the evaluative data collected will provide information about the quality of interventions, not just programme outputs. Consequently, this model could lead to better allocation of resources. Over time it should enable the development of a substantial evidence base about what works in different context and with diverse groups.

A further benefit of CBPR is that accountability for the use of donor funds is not only to donors themselves, but also to the communities who are beneficiaries of funded programmes. Furthermore, the CBPR model is appropriate to meet the development objective of evaluation of strengthening the functions of an organisation (e.g. its performance and programme effectiveness) as described by Chelimsky (1997) (see page 23). Therefore, donors should seriously consider the application of the CBPR approach.

CSO-DONOR RELATIONS: MOVING BEYOND A TRANSACTIONAL RELATIONSHIP

For most CSOs contact with donors is focused on resource mobilisation. The funding relationship between AIDS CSOs and donors is usually a straightforward contract specifying the support provided and the deliverables expected in return for means to implement a project. It typifies a recipient and benefactor dichotomy. Within the package of deliverables, there may be implicit or explicit conditions to be met, such as reporting obligations and data requirements. The terms of project evaluation, including the purpose of the appraisal, selection of assessment models, methodology for information collection and the use of findings are often set by donors as recipient CSOs may not possess the expertise or confidence to negotiate on evaluation conditions. The power differential in a donor-recipient relationship often places the latter in a vulnerable position in these negotiations, which discourages questioning.

Evaluation requirements: Who should decide?

The normative practise of the donor setting the evaluation conditions for projects they fund is being increasingly resisted by recipients who are weighed down by having to deliver on often unwieldy requirements. While there are efforts to implement consultation and orientation sessions between donors and CSOs to discuss and negotiate assessment procedures, current practice is inadequate and an improved process is essential. In a study by Bornstein (2006, p. 53) it was found that donors' evaluation requirements had inadvertently resulted in "widely-used M&E systems [creating] incentives for deception rather than enhanced accountability, and have contributed little to better project implementation or wider learning".

The opportunity for CSOs to negotiate on evaluation obligations should be a standard step in the management of projects by donors. It would be more effective if such consultations were conducted early when the project proposal was being developed and negotiated. The agenda items for consultation between donor and CSO on project evaluation are important. Budget allocation and the identification of capacity strengthening for monitoring and evaluation activities should be considered, in addition to items such as data collection and reporting requirements. Additionally, a platform or mechanism could be established, whereby the NGO and donor, together, could deal with unintended deviation or "threats" to project implementation. Taking into account these factors should contribute to developing realistic evaluation requirements based on CSOs'

available resources and capacity, mitigate misunderstandings related to project deliverables and enhance working relations between donor and recipient. The implication for donors is that they will have to possess evaluation expertise to expedite dialogue and agreements with fund recipients on project assessment obligations.

Technical support: obligation of donors?

The considerable gap in evaluation capacity has been a major impediment to CSOs to effectively implement projects. Donors are one of the main sources of technical support or are agencies able to access assistance for CSOs. However, the form and delivery of technical support should be determined through a process where CSOs assert their requirements (Jolly, Gibbs, Napp, Westover, & Uhl, 2003). The type of knowledge and skills that could be needed by CSOs is broad ranging including the fundamentals of monitoring and evaluation, planning evaluation, determining or designing appropriate tools, data analysis and utilization of assessment findings. The methods of delivering capacity development could include a combination of structured courses, hands-on practical learning and placements or interning with organisations with higher competencies.

The task for donors is to balance the evaluation challenges encountered by CSOs and their capacity building needs with support that is viable and feasible for donors to provide. For example, donors play a role in making clear the purpose of evaluation in order that CSOs do not view evaluation as a difficult and complex activity that requires high skill levels. Rather, evaluation should be promoted as a means of improving project implementation and not as a tool to "catch" organisations which are not performing well. Furthermore, evaluation should be directed towards gathering data that is pertinent to CSOs to encourage them to take on evaluation and in order that the data is of use to their projects.

Napp et al (2002) in their study of impediments and facilitators to evaluation of CBOs HIV interventions conclude that technical support, while necessary to strengthen CBOs' evaluation capacity, is one of many elements that influence organisations' evaluation undertakings.

> Contextual issues such as evaluation expectations, utility of evaluation data, quantity and duration of funding, and trust among CBOs and

> between CBOs and funding agencies must be considered part of an overall strategy for promoting evaluation. (Napp et al., 2002, p. 47)

Funding agencies often do not have in-house evaluation expertise that could be extended to grant beneficiaries. Instead, a donor is likely to contract consultants or technical support providers to engage with the CSOs seeking to augment their competency or needing external evaluation expertise to conduct independent assessments. A study by Jolly et al (2003) outlines suggestions which donors could consider when embarking on providing or contracting technical support for CSOs. Included in these suggestions were: the emphases on utilising clear-cut jargon-free language; matching capacity development initiatives with CSOs' resources and expertise; CSOs being able to access long-term on-going assistance from the technical support provider; allocation of evaluation specific funds within project budgets; and ensuring the "cultural competence" of the technical support provider or consultant (e.g. they should be familiar with and have experience of the environment and context within which the CSOs operate).

An assessment of initiatives on capacity development of programme evaluation for CSOs could be conducted by technical support providers and donors to determine whether CSO capacity needs were appropriately met and skills gained could be maintained. The findings could be instructive for funding agencies and technical support providers to ascertain if modifications are needed and to enhance outcomes. In addition, practical steps of conducting a needs assessment related to evaluation with CSOs prior to a capacity development endeavour would better tailor its delivery and contents to align with CSOs requirements.

Documentation of good practice and lessons learnt

In the course of this study, I was struck by the scarcity of literature on evaluation research of HIV and AIDS interventions conducted by CSOs in developing countries. It is surprising, considering that financing has significantly increased to intensify prevention programmes and care and treatment. Documentation on lessons learnt and good practice on monitoring and evaluation undertakings by agencies such as bilateral agencies, multilateral organisations and even international NGOs who have supported CSOs should be published or made widely accessible. Information that would be useful includes: frameworks and models; methodology and strategies that have been used when working with specific population groups; and commentary about the success or otherwise of the method/strategy for working with particular groups. As noted by Smillie (1996),

NGOs should give more emphasis to research and dissemination of knowledge gained as part of the important learning and sharing process. Many CSOs acknowledge the importance of documentation; however, they usually prioritise implementing projects and delivering services. Moreover, they often lack the resources, including skills, and time needed to establish processes including information gathering, carrying out analysis and communicating findings. CSOs could negotiate with donors to allocate an appropriate amount of project budget for documentation of lessons learnt. Also, such documentation would promote the practice of accountability to stakeholders including the communities CSOs work with.

It is just as important for funding agencies and organisations which support CSOs to present the less successful processes and outcomes. The reality is that both CSOs and their donors would be reluctant to draw attention to "failures" for different reasons. Donors would have reasons relating to political expediency and CSOs would be conscious of safeguarding their stream of revenue. Unless an alternative value mechanism is created that holds up the "failures" as being as instructive as the successes, the generation of such knowledge will be lost to project implementers and the stakeholder communities at large.

EFFECTS OF BROADER ENVIRONMENTAL PRESSURES

Legislation to promote, not hinder, the response to AIDS

AIDS CSOs are cognisant that they exist and operate within complex settings and are drawn into broader global and national agendas through which they have to navigate and position themselves. A concern for CSOs is the contradictions that often exist between the national HIV and AIDS strategies and policies and the country's legal environment. Legislation which discriminates against marginalised and vulnerable communities is a barrier to carrying out prevention and care and support initiatives (e.g. the prohibition of needle and syringe exchange). Such laws intimidate CSOs and hamper their workers from delivering services for fear of arrest and prosecution. In addition, views espoused by religious leaders opposing prevention interventions do not favour the creation of an enabling environment to meaningfully engage the most at risk populations. The continuing existence of these counter-productive forces exacerbates the difficulties already encountered by CSOs. The repercussions directly impact on efforts to determine the effect of interventions. For example, as discussed in Chapter Seven CSO respondents

commented on policies and legislation which adversely effect marginalised populations and had led to impediments in implementing and evaluating interventions with these communities. Without evidence on effectiveness, the expansion of coverage and scaling up of programmes that are well targeted and sufficiently resourced is significantly hindered.

Thus, governments have the responsibility to urgently prioritise the review of detrimental legislation and make necessary amendments to decriminalise marginalised populations and to counter religious perspectives that hinder prevention programmes. For example, governments could initiate or continue dialogue with religious leaders to find practical ways to prevent the spread of HIV. The report of the Commission on AIDS in Asia "Redefining AIDS in Asia: Crafting an Effective Response" (2006) emphasises the leadership role of countries' top political leaders in removing barriers and tackling stigma and discrimination and taboos. As long as leaders are reluctant to adopt and implement a human rights approach, history has proven that stigma and discrimination will assist the spread of HIV.

Inflated expectations of CSOs

The vital involvement of CSOs is emphasised in numerous national, regional and international policy and funding documents, political agreements and mechanisms such as national plans on HIV and AIDS, the ASEAN AIDS Declaration, the UNGASS Declaration and the Global Fund CCM. The rhetoric promotes the imperative to ensure CSOs and representatives of marginalised and vulnerable communities participate with equal weight in decision making at strategic, policy and financial fora. Concurrently, the NGO sector has advocated for civil society participation in those platforms. Consequently, expectations are increasingly being raised about the contributions CSOs can make in the areas of prevention, treatment and care and support.

The universal access agenda provides an impetus to scale up on prevention and treatment and care, and further spotlights that the full involvement of CSOs and CBOs is essential in national responses to the epidemic. The financing by the Global Fund and aid commitments by bilateral agencies have substantially increased resources for the global response to HIV and AIDS. However, there is a lack of evidence to show that most CSOs have been resourced sufficiently to ensure the sustainability (and expansion) of programmes and to continue organisational operations.

Similarly, in the promotion of the "Three Ones", particularly the "One" on monitoring and evaluation, the technical support to countries has mostly focused on assisting governments to strengthen their systems. The call for CSO involvement, for example as strategic information providers, has largely been confined to proclamations. What are the most appropriate strategies and processes to ensure CSOs are full partners in realising the "Three Ones" is a critical question that needs to be addressed. Further, a critical analysis of the impact of initiatives, such as the "Three Ones" on the on-the-ground realities of CSOs would be useful.

The concern is whether the expectations placed on CSOs are commensurate with the support and aid needed for organisations to effectively deliver the expanded response required. Therefore, governments and other stakeholders in seeking to measure the contributions of the NGO sector should fully comprehend the impediments of limited human and financial resources as well as contextual barriers over which CSOs have to prevail.

BREAKING DEPENDENCE ON DONORS: PROMOTING DEMOCRATIC PARTNERSHIP MODELS

For most CSOs to function and deliver services, they rely on obtaining financial assistance, either through generating their own revenue (i.e. membership subscriptions and fund-raising events) or, through grant applications to external donors. The latter is where the majority of CSOs obtain most of their funding. Inevitably, the recipient NGO is tied to conditions set by donors and is often steered by donor-driven priorities, particularly if the NGO depends on external means for more than half of its expenditure on programmes and core operational costs (Vincent, 2006). Recipient CSOs are also caught up in cycles of "application-waiting for response-implementation-reporting" (Prato, 2006, p. 12) produced by donor policy that sets short-term funding for projects, usually for periods of one to three years. The repercussions of interrupted and abridged funding are that: CSOs continuously scramble to write grant proposals which subsumes an inordinate amount of administrative time; projects are stalled; and longer-term planning is difficult to achieve. Furthermore, funding agencies expect recipients to determine effectiveness of projects using outcome benchmarks that are more applicable for longer-term programmes.

The larger, better resourced and more competent CSOs have enhanced capability to consult and negotiate with donors on different aspects of grant agreements, be it aims and outputs or reporting procedures. If the CSO's organisational health is not robust or if it is not empowered to engage with donors on broader policy matters, as is the case for many smaller CBOs, it is likely that the current status quo of donor-recipient relations will remain untransformed. At the global level, aid architecture is undergoing major shifts facilitated by landmark agreements such as the Paris Declaration on Aid Effectiveness, 2005, signed by donors and developing countries. The implementation of the Paris Declaration is based on principles, including country ownership, alignment with countries' operating frameworks, harmonisation among donors and developing "partnerships". The report of the evaluation of the early phase of the implementation of the Declaration highlights the difficulties for both donors and countries in putting in place requisite processes and policies to implement the agreement (Wood, Kabell, Muwanga, & Sagasti, 2008). Likewise, a study on civil society within the discourse of aid effectiveness reports significant gaps in CSO participation at policy level and in resources allocated for their work (Wright, 2008). The recommendations for CSOs from Wright's (2008) study include forwarding evidence-based information to relevant stakeholders (e.g. donors), participating in development forums and working together to further common agendas. These are strategies that could be considered to pursue the dialogue with funders on independence and self-direction.

The "partnership" approach is a phenomenon that would be useful to further critically examine and problematise, particularly within the Asia Pacific region where few CSO platforms are available in the HIV and AIDS sector to consult and deliberate on broader development issues. Partnership is a term peppered in policy documents and bandied around in forums, and used wholesale by many stakeholders, including donors, CSOs, UN agencies and the governments as a key framework, device and prescription that would implicitly contribute to an improved response. Yet the understanding of partnership is not fully grasped and its practical application unclear. The conversation could begin with fundamental queries on the definition, types, modalities and operational mechanisms of partnership. Subsequently, the exchange should be directed to analysing relations between stakeholders, for example, between a CBO and its constituent community or between Northern and Southern CSOs. Furthermore, process indicators on the development and conduct of partnerships would contribute evidence to developing

appropriate and productive relations. Research on partnerships with and among CSOs[32] has been conducted but it is vital that a (Southern) HIV and AIDS CSO led critique is promoted and that it occurs within the local context and realities.

IMPLICATIONS FOR FURTHER RESEARCH AND DEVELOPMENT OF MATERIAL RESOURCE FOR EVALUATION

The necessity for improved and expanded technical support on evaluation is clearly an area that requires greater coordination between CSOs and agencies (e.g. donors and international CSOs). This is to ensure appropriate provision of technical support to CSOs, and the gaps in their capacity are addressed. While literature abounds on the various aspects of capacity building there is limited research relating to determining whether the provision of capacity development to enhance an organisation's evaluation capability correlates with improved evaluation competency. Studies on capacity strengthening initiatives carried out with CSOs in developing countries that examine and identify effective methods of the delivery of capacity building and the conditions to cultivate an evaluation culture within an organisation would advance the development of technical support that sustains evaluation practice.

The evaluation field has produced numerous resources such as manuals that incorporate various evaluation theories, frameworks and approaches targeting different users. Often these materials are substantial tomes suited for audiences possessing tertiary education and proficient in the English language. The exceptions are resources such as the "Most Significant Change" (Davies & Dart, 2004) that are targeted more to the grassroots.

To add to the evaluation resources to assist civil society organisations working in the HIV and AIDS field, particularly the smaller less resourced CBOs, an evaluation handbook based on the types of projects CSOs implement such as prevention initiatives involving the delivery of services and education (e.g. outreach with marginalised communities) should be produced. The manual should be developed with an underlying approach that promotes evaluation as a learning and knowledge building endeavour aimed at strengthening the organisation and the programmes it implements, and ultimately, to effectively meet the needs of clients and constituencies. A component that

[32] See for example INTRAC's (International NGO Training and Research Centre) publications such as "CSOs and partnerships" (Brehm, 2001) and "Autonomy or dependence: case studies of North-South NGO partnerships" (Brehm, Harris-Curtis, Padrao, & Tanner, 2004).

guides CSOs in communicating with stakeholders (e.g. donors and evaluation research partners) on the specificities of the evaluation undertaking such as the roles and responsibilities of each entity, evaluation frameworks and proposed outcomes would be of practical use to organisations. The text should lay out simple explanations on the different aspects of evaluation. This would include evaluation purpose and approaches, methods and tools and the use of evaluation findings that are based on the daily realities of HIV and AIDS project implementation with distinct populations, and taking into account the impediments to evaluation faced by CSOs. A training guide could be developed concurrently and utilised for group training of CSOs or for organisations to conduct internal training.

In tracking the global response to HIV and AIDS, civil society organisations are increasing their involvement as contributors of project data to the UNGASS and universal access country reporting processes and in monitoring governments' fulfilment of commitments to political agreements. However, CSOs are at different levels in their data collection efforts and technical support is not as accessible as it is to government departments which are provided with technical support from donors, WHO and UN agencies to strengthen monitoring and surveillance systems. In order to facilitate improvement of data quality and expand the collection of data from the NGO sector an internet-based monitoring and evaluation hub could be established on a regional or sub-regional basis. The facility could provide real-time assistance to CSOs and in turn encourage CSOs to continue to provide inputs on the progress of interventions. In addition, the hub could cross-link with other monitoring centers and promote a coordinated partnership approach between CSOs and government sector to collecting data for the UNGASS indicators.

Donors could facilitate the production and establishment of the monitoring and evaluation manual and hub by providing technical support. For example, funders could source for evaluators (either in-house or from outside) to work with CSOs in developing a resource that meets CSOs requirements. Also, the internet hosting of the hub, including the provision of internet technology skills could be made available by donors.

LIMITATIONS OF THIS STUDY

Not being able to secure interviews with all intended respondents is a drawback in this study. In particular, it was difficult to obtain interviews from all the proposed

respondents from the donor sector. The study design indicated that interviews should be conducted with three representatives from different types of donors who were providing support to CSOs in Malaysia and the Philippines. Despite numerous communications with donor representatives, interviews could not be arranged or the interview request was declined and I was unable to gather more comprehensive information on the views and recommendations from the donor sector. As such the responses that were attainable are confined to limited perspectives.

The NGO respondents recruited were located in capital cities and major metropolitan areas as time and resources were insufficient for travel to interview organisations in less urban settings or outside of national capitals. Responses should be considered within the context that these organisations, based centrally, benefit from closer strategic access to stakeholders and partners such as government departments, UN bodies and donor agencies. The urban environment is also distinctly different from non-urban sites in terms of how interventions are designed and delivered and could effect the implementation of project evaluation. As such, the responses from NGO interviewees are not representative of the entire civil society organisation sector.

Interviews with respondents were conducted on terms of confidentiality. Respondents may have used the occasion as an opportunity to give vent to their dissatisfaction with partners or other stakeholders and current arrangements or processes related to evaluation matters or with partners. Alternatively interviewees could have been compelled to express positive viewpoints as they may have perceived that to safeguard the status quo (with donors) non-contentious views would be appropriate.

The case study approach does not generate findings that are generalisable. However, there are highlights and lessons learnt from this study that could be instructive for others in middle-income countries, if not low-incomes countries as well. For example, it is illustrated that despite the differences in context and experience of the CSOs in Malaysia and the Philippines, there were distinct similarities in the challenges they faced in project evaluation, including donor reporting requirements and the use of data collected. Furthermore, the similarities extend to respondents' requests for capacity strengthening as they echo each other in identifying the resources and technical support needed.

CONCLUSION: LEARNING NOT FEARING

"M&E must really be the "in" thing … it's the fashion" was a statement made by one of the respondents in this study. The interviewee was commenting on the significant increase in emphasis and the surge of activities on measuring the effect of HIV and AIDS programme interventions and the national response to the epidemic, since early 2000. Many CSOs were swept along by the language and jargon of accountability systems, indicators, denominators, variance, and impact and so on. It was expected that CSOs would fall in line with assessment procedures and contribute the relevant information. This is not to say CSOs themselves were not cognizant and committed to being accountable, and intent on determining if their intervention was delivered effectively and with quality. They were (sometimes) provided with training and orientation and with that limited capacity expected to be able to measure effectiveness accurately. As the findings from this research have shown, the efforts of CSOs to design and carry out project assessment are fraught with impediments. Of particular concern is the manner in which monitoring and evaluation is presented to CSOs, the concentration on coverage and achievement of targets while the priority evaluation questions of implementers are not fully addressed. Nor is the use of evaluation findings demonstrated and promoted to advance CSOs' programming or advocacy undertakings. To maximise the benefits of evaluation, endeavours should be owned by the civil society organisations who undertake them.

Against this backdrop, monitoring and evaluation could be perceived as an end unto itself whereby it is disconnected from the overall project integrity and the fundamental purpose of interventions by CSOs. This would be worrying as evaluation is not meant to tie implementers into procedures and systems which detract from, instead of contributing to, organisational strengthening. The common message from respondents is that for monitoring and evaluation to be useful it has to aid CSOs to better serve their communities and clients.

Thus, the purpose of monitoring and evaluation should be towards developing learning organisations and cultivating the requisite core skills to obtain evidence that would enable innovation in response to changing environments and demands that characterise an evolving epidemic.

APPENDICES

APPENDIX A

PARTICIPANT INFORMATION and CONSENT FORM
Date:

Project Title:	Challenges of Monitoring & Evaluation Programming to HIV and AIDS Non-governmental Organizations in Malaysia & the Philippines: Meeting the Requirements of Donors versus Developing Localised Frameworks
Principal Investigator:	Dr Vivian Lin, Professor, School of Public Health, La Trobe University, Australia
Researcher:	Susan Cheng Sim Chong, Doctor of Public Health Candidate, School of Public Health, La Trobe University, Australia

---

This Participant Information and Consent Form are five (5) pages long. Please make sure you have all the pages.

1. Your Consent
   You are invited to take part in this research project.

   This Participant Information contains detailed information about the research project. Its purpose is to explain as openly and clearly as possible all the procedures involved in this project before you decide whether or not to take part in it. Feel free to ask questions about any information in the document.

   If you agree to be a participant in this research, you will be asked to sign the Consent Form.

   A copy of the Participant Information and Consent Form will be given to you to keep as a record.

2. Purpose
   The purpose of this research is to investigate the challenges HIV and AIDS non government oganisations (NGOs) in Malaysia and the Philippines confront in monitoring and evaluation programming. The focus of this research is to examine the tension that may arise for NGOs when they have to meet the evaluation requirements of donors, versus the NGOs' need to develop their own local evaluation frameworks. The outcome of this research has the potential to lead to an improved understanding of challenges faced by HIV and AIDS NGOs in planning, designing and conducting evaluation research. Subsequently a protocol will be developed for NGOs to use to seek support for capacity building to

strengthen their monitoring and evaluation undertakings for both organisational development and programme implementation.

This research is being conducted as a part of the requirements for Susan Cheng Sim Chong's Doctor of Public Health degree at La Trobe University, Australia.

3. Procedures

As a participant in this research project, you will be asked to participate in a face-to-face interview that will take approximately 60 to 90 minutes.

The interview will be audio recorded with your permission (i.e. you may ask that the interview is not recorded). A copy of the transcript will be made available to you to confirm accuracy.

4. Possible Benefits

This research will provide an opportunity for participants to identify the gaps and needs of NGOs in strengthening their capacity in evaluation. The outcome of the research is expected to be a procedure to assist NGOs to seek support from donor agencies to improve evaluation expertise and skills. This may directly assist participating NGOs in a core part of their programmes.

The outcome of this research could prospectively improve the quality of HIV&AIDS programmes implemented by NGOs. Thus, mitigating the consequences of the epidemic on those affected.

5. Possible Risks

Possible risks include breaches of individual confidentiality as the pool of organisations and possible respondents is small and it may be possible to infer, from information reported, the source.

These risks will be minimised by de-identification of the data. Moreover, comments will not be attributed to specific participants.

You can suspend or even end your participation in the research at any time.

6. Privacy, Confidentiality and Disclosure of Information

For the duration of the research data collected will be de-identified and stored in the researcher's office in a locked cabinet at La Trobe University. The researcher will have sole access to the cabinet. All computer files will be password protected. Upon completion of the research, data will be stored in the research data archives of the School of Public Health, La Trobe University. The data will remain stored for seven years after which they will be destroyed.

Any information obtained in connection with this project and that can identify you will remain confidential. It will only be disclosed with your permission.

Whilst every effort will be made to protect your anonymity, due to the small number of people participating in some parts of this project it is possible that you may be identifiable as a participant. If this becomes a concern to you at any stage during the project you may withdraw and ask that data arising from your participation is not used.

If you agree to be a participant and sign the Consent Form, the result to this research may be communicated through the thesis, publications and conferences.

You will be provided with an opportunity to review the transcript of your interview after data collection is completed.

In any publication, information will be provided in such a way that you cannot be identified.

7. Results of Project

A plain English summary of the research results will be made available to you at the end of the study. The researcher will invite you by email to contact her to obtain a copy.

8. Further Information or Any Problems

If you require further information concerning this project, you can contact the Principal Investigator:

Professor Vivian Lin
School of Public Health
La Trobe University
Victoria 3086
Australia
Tel: +61 3 9479 1771
Email: v.lin@latrobe.edu.au

If you have any problems or complaints concerning this project, you can contact the Secretary, UHEC, La Trobe University:

The Secretary
University Human Ethics Committee
Research and Graduate Studies Office
La Trobe University
Victoria 3086
Australia
Tel: +613 9479 1443
Fax: +613 9479 1464
Email: humanethics@latrobe.edu.au

10. Participation is Voluntary

Participation in any research project is voluntary. If you do not wish to take part you are not obliged to. If you decide to take part and later change your mind, you are free to withdraw from the project at any stage. Furthermore, you can demand that data arising from your participation are not used in the research project provided that this right is exercised within four weeks of the completion of your participation in the project.

If you decide to withdraw from this project, you are asked to complete the "Revocation of Consent Form".

11. Ethical Guidelines

This project will be carried out according to the *National Statement on Ethical Conduct in Research Involving Humans* (June 1999) produced by the National Health and Medical Research Council of Australia. This statement has been developed to protect the interests of people who agree to participate in human research studies.

12. Reimbursement for your costs

You will not be paid for your participation in this project.

Consent Form: Face-to-face in-depth interviews

Project Title: Challenges of Monitoring & Evaluation Programming to HIV and AIDS Non governmental Organizations in Malaysia & the Philippines: Meeting the Requirements of Donors versus Developing Localised Frameworks

---

I have read and I understand the Participant Information. Any questions I have asked have been answered to my satisfaction.

I freely agree to participate in the **face-to-face in-depth interviews** for this research according to the conditions in the Participant Information.

I realise that whilst every effort will be made to protect my anonymity, it is possible that I may be identifiable as a participant in this research.

I realise that I may physically withdraw from the study at any time and may request that no data arising from my participation are used. I agree that research data provided by me or with my permission during the research may be included in a thesis, presented at conferences and published in journals on the condition that neither my name nor any other identifying information is used.

A copy of the Participant Information and Consent Form will be given to me for my record.

Participant's Name (printed) ……

Signature Date

Name of Witness to Participant's Signature (printed)
……

Signature Date

Researcher's Name (printed) ……

Signature Date

Name of Student Supervisor (printed)……

Note: All parties signing the Consent Form must date their own signature.

Revocation of Consent Form

Project Title: Challenges of Monitoring & Evaluation Programming to HIV and AIDS Non governmental Organizations in Malaysia & the Philippines: Meeting the Requirements of Donors versus Developing Localised Frameworks

---

I hereby wish to WITHDRAW my consent to participate in the research proposal described.

Participant's Name (printed) …….

Signature Date

APPENDIX B

Sample interview protocol by Kegeles et al (2005)

Interview schedule with CBOs

What organization do you work for?

How long have you worked there?

What is your position there?

Could you please describe your intervention (prevention) program?

What is the target population you are trying to reach with this intervention?

What is your role with regard to this intervention (e.g., supervisor, field worker, etc.)?

What is the goal of your intervention?

What would make you feel your intervention was a success?

Do you evaluate your intervention to see if it is effective?

How often do you have meetings?

What outcomes do you try to assess in your evaluations of the intervention, e.g. sexual behavior change, attitude change, knowledge change, belief change, etc.
Specify:

What are the parts or components of your intervention (e.g., small group session, outreach, social marketing or publicity campaign, etc.)?

For Each Component:
Outreach, small groups and drop-in center

Small groups
What are the goals of your small groups?

Are they well attended?

For the small groups, what would make you feel that your small groups were successful in reaching their goals?

How do you measure the effectiveness of your small groups?

How did you develop or select that evaluation measure?
Probe: were there any other evaluation strategies that you considered and didn't use or used to use and don't use anymore? If yes, explain…..

How is that evaluation measure completed/administered?

How long does it take to fill out the forms?

Who fills out the forms?

How has that evaluation measure worked for you?
Probe: How convenient has it been to use?

Have you had any problems with people completing it?

How valid do you feel the information it gives you is

How useful have you found it to be?

How have you used the information you get from your small group evaluations?

Outreach
What are the goals of your outreach?

What would make you feel that your outreach was successful in reaching its goals?

How do you measure the effectiveness of your outreach?

How did you develop or select that evaluation measure?
Probe: were there any other evaluation strategies that you considered and didn't use or used to use and don't use anymore? If yes, explain…..

How is that evaluation measure completed/administered?

How long does it take to fill out the forms?

How have you used the information you get from your outreach evaluations?

Who fills out the forms?

How has that evaluation measure worked for you?
Probe: How convenient has it been to use?

Have you had any problems with people completing it?

How valid do you feel the information it gives you is?

How useful have you found it to be?

Drop In Center

What are the goals of your drop in center?

What would make you feel that your drop in center was successful in reaching its goals?

How do you measure the effectiveness of your drop in center?

How did you develop or select that evaluation measure?
Probe: were there any other evaluation strategies that you considered and didn't use or used to use and don't use anymore? If yes, explain…..

How is that evaluation measure completed/administered?

How long does it take to fill out the forms?

Who fills out the forms?

How has that evaluation measure worked for you?
Probe: How convenient has it been to use?

Have you had any problems with people completing it?
How valid do you feel the information it gives you is?

How useful have you found it to be?

How have you used the information you get from your drop in center evaluation?

Social Marketing
What are the goals of your social marketing campaign?

What would make you feel that your social marketing was successful in reaching its goals?

How do you measure the effectiveness of your social marketing?

How did you develop or select that evaluation measure?
Probe: were there any other evaluation strategies that you considered and didn't use or used to use and don't use anymore? If yes, explain…..

How is that evaluation measure completed/administered?

How long does it take to fill out the forms?

Who fills out the forms?

How has that evaluation measure worked for you?
Probe: How convenient has it been to use?

Have you had any problems with people completing it?

How valid do you feel the information it gives you is?

How useful have you found it to be?

How have you used the information you get from your social marketing evaluation?

Social Activities
What are the goals of the social activities?

What would make you feel that your social activities were successful in reaching its goals?

How do you measure the effectiveness of your social activities?

How did you develop or select that evaluation measure
Probe: were there any other evaluation strategies that you considered and didn't use or used to use and don't use anymore? If yes, explain…..

How is that evaluation measure completed/administered?

How long does it take to fill out the forms?

Who fills out the forms?

How has that evaluation measure worked for you?
Probe: How convenient has it been to use?

Have you had any problems with people completing it?

How valid do you feel the information it gives you is?

How useful have you found it to be?

How have you used the information you get from your social activities evaluation?

<u>For the overall intervention:</u>

Do you have any ways to measure the overall effectiveness of your intervention?

If so, what are they?

How has this evaluation measure worked for you?
Probes: How convenient has it been to use?

How much time does it take?

Have you had any problems with people completing it?

Any other difficulties?

How valid do you feel the information it gives you is?

How useful have you found it to be?

Process Evaluation:
Do you collect any process evaluation data for (small groups, outreach, social marketing, drop in center, social activities)?

(Definition of process evaluation: usually asks the question "what was done", "to whom" and "how". Sometimes it is done to insure that the components of the intervention continue to be delivered by the right people, to the right people, in the right manner, and at the right time….things that are usually collected=# of individuals attended, race/ethnicity, age, etc.)

If yes, what do you collect?

What types of information would make you feel you had good "quality control" in how your program was run?

How would you know whether or not the program was run the way it's ideally supposed to be run (probe for things like behavioral objective forms that are delivered weekly, or weekly staff meetings)? Do you assess those factors in any way? If so, how?

Do you try and measure unduplicated individuals served?

What insights or recommendations do you have about good ways of evaluating HIV prevention programs?

If you were advising an agency that was developing an evaluation method for an HIV prevention program, what advice would you give?

Do you know of any other organizations or programs that have excellent evaluation methods that you would recommend we contact? If so, who?

Would you be willing to send us copies of the various evaluation instruments you have mentioned? (List what you'd like to have sent to us)

Before your program began, did your organization gather any information from the target population to help design the program (formative evaluation)? If yes, please describe this process and how you used the information.

Interview Schedule for Technical Assistance Organizations

Hello, my name is Scott Tebbetts and I work at the Center for AIDS Prevention studies at UCSF. Thanks for agreeing to speak with me today to discuss your prevention programs and evaluation activities. Your comments will remain strictly confidential and private and you name will never be used in any of our writings. This interview will be helpful to us as we try to discover different ways to evaluate the Mpowerment Project, a community level HIV prevention program for young gay and bi men. We understand that evaluation is a difficult task and that no evaluations are perfect. We're interested in hearing about the real problems and successes that you experience with program evaluation. Our hope is to develop a replication package for the project that includes evaluation tools that CBO's could easily use so I urge you to be honest in your responses. I want to make sure you understand that your participation is voluntary, you can refuse to answer any questions that you want and you may terminate this interview at any time. You will also be paid $50.00 for your time. Do you understand that and fully agree to participate? Great. I'd like to start out with some basic background questions so we can better understand the answers to your questions.

How long have you been in your current position?

How long have you worked in this field?

What training have you had in program evaluation?

What are the different types of consultation requests that you usually get?

What is the most frequent evaluation request?

Do you ever spend time "on site" with the program staff explaining how the results of data collection can be used?

Once you help organizations collect data, do you also help them to analyze it?

If yes, do you then help them to adapt or modify the project based on the data collection?

How long is the average relationship between your organization and the CBO?

Are there opportunities for the CBO to ask questions and request input on fine tuning the instruments or methods for data collection after they've begun implementation?

What are some of the different options available to CBO's for evaluating small group sessions or workshops?
Probe: What are some of the tools you've created for this purpose? Which one(s) tend to be the most successful? Why? What one's tend to give the most valid information? Why? Would you be willing to share some of those with us (list)?

What are some of the different options for evaluating outreach?
Probe: What are some of the tools you've created for this purpose? Which one(s) tend to be the most successful? Why? What one's tend to give the most valid information? Why? Would you be willing to share some of those with us (list)?

What are the different options available for evaluating drop in centers?

What are some of the tools you've created for this purpose?

Which one(s) tend to be the most successful? Why?
What ones tend to give the most valid information? Why? Would you be willing to share some of those with us (list)?

What are the different options available for evaluating social marketing campaigns?
What are some of the tools you've created for this purpose? Which one(s) tend to be the most successful? Why? What ones tend to give the most valid information? Why? Would you be willing to share those with us (list)?

What are the different options available for evaluating large social activities?
What are some of the tools you've created for this purpose? Which one(s) tend to be the most successful? Why? What ones tend to give the most valid information? Why? Would you be willing to share those with us (list)?

How do you help organizations measure customer satisfaction or how well the target population likes the project?

How do you help organizations measure the overall effectiveness of their projects (i.e. annual survey)?

How do you help organizations evaluate changes in sexual behaviour, condom use, harm reduction, alcohol/drug use, self-esteem, communication skills, community building, empowerment, etc.?

How often do you suggest organizations evaluate their projects?

Do you ever help organizations evaluate projects over time or between groups?

How long does the average evaluation project take?

In general, do you find the staffs you work with are prepared for the tasks involved in evaluation?

How willing is agency staff to conduct evaluation?

What are some of the biggest barriers? Where do you find the most resistance?

What is the best place for organizations to begin the process of evaluating their projects?

What evaluation options do you think would be most useful but are underutilized? Why do you think these methods aren't being used?

What programs do you know about that have high quality evaluations in place? Who should we contact?

Well, that's all the questions that I have. Do you have any questions or comments that you'd like to add?

Thank you very much for your time. Please feel free to re-contact me in the future should you remember something that may be of interest to us. You should receive a check for $50.00 within the next couple of weeks…who would you like the check made out to? Great…thanks again.

Interview Schedule for Funders

Hello, my name is Scott Tebbetts and I work at the Center for AIDS Prevention studies at UCSF. Thanks for agreeing to speak with me today to discuss your prevention programs and evaluation activities. Your comments will remain strictly confidential and private and you name will never be used in any of our writings. This interview will be helpful to us as we try to discover different ways to evaluate the Mpowerment Project, a community level HIV prevention program for young gay and bi men. We understand that evaluation is a difficult task and that no evaluations are perfect. We're interested in hearing about the real problems and successes that you experience with program evaluation. Our hope is to develop a replication package for the project that includes evaluation tools that CBO's could easily use so I urge you to be honest in your responses. I want to make sure you understand that your participation is voluntary, you can refuse to answer any questions that you want and you may terminate this interview at any time. You will also be paid $50.00 for your time. Do you understand that and fully agree to participate? Great. I'd like to start out with some basic background questions so we can better understand the answers to your questions.

How long have you been in your current position?

How long have you worked in this field?

Have you had any training in program evaluation? If so, what?

Great. Thanks. Now I have some questions specifically about the projects your organization funds. Keep in mind that we're not interested in idealized evaluation goals and strategies. We're interested in knowing from you what your organization expects in the way of evaluation for projects that you fund.

Do you *expect* organizations you fund to conduct evaluations? Do you *require* evaluations from the organizations?

Is there a minimum level of evaluation that you require?

What types of data do you want them to collect?

When you specify what types of data you want collected, do you suggest certain instruments, tools or methods for them to use? If yes, would you be willing to share those with us?

Do you require organizations to collect any sort of data or gather information from the target population to help in the design of the program? If yes, how helpful was this formative evaluation process?

Do you require organizations to conduct staff *performance* evaluations?

What do you feel makes for a good evaluation of a program?

How often would you like organizations to evaluate their projects? Do you require it?

Do you ever require projects to compare data over time or between groups?

In your experience, how long does it take for organizations to complete evaluations?

Now I'd like to discuss what happens following data collection…

How useful are the results of the data collection?

Does your organization also require the organization to analyze the collected data?

What would you like to see in the evaluations of the programs you fund?

Have you seen programs become altered or modified based on the evaluation findings?

Now lets talk about the effect any given project has on the community…

Would you like organizations to measure participant satisfaction? Do you require it?

What outcomes would you like your organizations to measure?
Probe: sexual behavior, condom use, harm reduction, alcohol/drug use, self esteem, communication skills, community building, empowerment?

What is your understanding of how well equipped CBO's are to conduct evaluation procedures?

What is your understanding of how much time is available to staff to conduct evaluation?

What do you think might be most helpful to the staff for evaluation purposes?

Now lets talk about any resources you may provide or refer organizations to in order to conduct evaluation….

Do you provide money for the evaluation of the programs you fund that is separate from money to be used for operating procedures?

Do you offer supplemental grants for projects so they can conduct evaluations?

Do you ever refer organizations to a specific technical assistance organization for help with evaluation procedures? If yes, which ones?

Do you provide any sort of capacity building or assistance to organizations to help them better implement evaluation plans?

Have you ever heard from an organization that your evaluation requirements were unrealistic or beyond the scope of staff expertise, time or monetary constraints?

Now lets talk about more general issues….

Are there evaluation approaches you would like to see used but aren't?

What suggestions do you have for CBOs regarding program evaluation?

Have you found that organizations follow through with the evaluation promises they make in their proposals?

Can you tell us about the best evaluation of a program you funded?
What about it was so good?

What projects do you know of that have high quality evaluations in place? Who should we contact?

That's the end of my questions. Any questions or comments that you would like to add?

Great. Thank you very much for your time. You should receive a check for $50.00 within the next couple of weeks…who would you like the check made out to? Please feel free to contact me again with any information you feel might be useful. Thanks again.

APPENDIX C

Theme lists for face-to-face in-depth interview

A. Theme lists for NGOs

Demographic & resource allocation questions:

- Location, membership size and profile, staff size and organisational and programme budgets
- History of organisation and nature of engagement with national HIV/AIDS prevention and control efforts

Programme info and assessment of programmes:

- Types of programme implemented, staffing for programmes, tools and methods for programme evaluation,
- Issues encountered in carrying out evaluation and capacity building needs for strengthening evaluation work

Organisational views on evaluation:

- how does organisation regard evaluation in general (ie is evaluation seen as a donor requirement) and whether there is any value in them
- what aspect of monitoring and evaluation requirements are seen as appropriate or inappropriate, have any evaluation activities contributed to program improvements
- experience of NGO negotiating evaluation requirements with donors.

B. Theme lists for donor agencies

Demographic & resource allocation questions:

- category of donor, staff size, who donor funds, what programmes donor funds and budget allocations to recipients (and proportion of funds spent on government vs NGOs)

Info on donor agency's evaluation portfolio global and country level:

- Global level: what is donor's global evaluation mandate for funded programmes, what is donor's global evaluation mandate on HIV&AIDS, if different from non HIV&AIDS programmes, are resources (eg budget and technical expertise) allocated for evaluation of HIV&AIDS programmes and what are the data required from evaluation.
- Country level: what is donor's country evaluation mandate and is flexibility given to country office to adapt global evaluation mandate to local context.
- Country level: description of evaluation portfolio, eg budget and staffing

Info on what evaluation data donor agencies wants from NGOs:

- when is evaluation required from NGOs, what data is collected, what evaluation tools and methods are required to be used by NGOs and how are evaluation results used to improve programmes

NGO evaluation capacity info:

- donor view of NGO sector capacity in the country generally
- donor view of NGO capacity to undertake evaluation, what donors think NGOs require to strengthen evaluation and have NGOs requested for technical support to improve evaluation

What donors offer NGOs to improve evaluation

- budget allocation for evaluation, technical support offered by donor and any other items/factors that can assist NGOs

C. Theme lists for government ministries & departments of health

Organisational info & resource allocation questions:

- staff size, position of HIV&AIDS section/unit in ministry hierarchy, staff assignment for NGO liaison and evaluation, budget allocation for HIV&AIDS and budget allocation for HIV&AIDS evaluation

Info on national HIV&AIDS programme and evaluation

- description of national strategic plan and evaluation component, role of NGO in strategic plan its evaluation, what evaluation data collected, what evaluation data collected by NGOs, what tools and methods utilised, how is data utilised

NGO evaluation capacity info:

- ministry view of NGO sector's capacity and contribution generally
- ministry view of NGO capacity to undertake evaluation, what ministry think NGOs require to strengthen evaluation and have NGOs requested for technical support to improve evaluation

What ministry offers NGOs to improve evaluation

- budget allocation for evaluation, technical support offered by ministry and any other items/factors that can assist NGOs

D. Theme lists for UN bodies

Organisational info and resource allocation questions:

- overall staff size and for evaluation, NGO liaison, budget allocation for HIV&AIDS and evaluation, budget allocation for NGOs

UN global evaluation mandate on HIV&AIDS

- description of evaluation priorities and programmes and what resources allocated to country offices to conduct evaluation, eg staff and budget

Programme info on HIV&AIDS and evaluation at country level

- how is UN global mandate adapted to local context, what negotiations and consultations have to occur
- what HIV&AIDS programmes implemented, what funding to NGOs and government ministries, collaboration with NGOs on evaluation research, type of evaluation data collected by NGOs and how NGOs use data

NGO evaluation capacity info:

- UN body view of NGO sector capacity and contribution generally
- UN body view of NGO capacity to undertake evaluation, what UN body think NGOs require to strengthen evaluation and have NGOs requested for technical support to improve evaluation

What UN body offers NGOs to improve evaluation

- budget allocation for evaluation, technical support offered by UN body and any other items/factors that can assist NGOs

APPENDIX D

List of organisation respondents in Malaysia and the Philippines

Malaysia	Philippines
• Malaysian AIDS Council • Kuala Lumpur AIDS Support Services • PT Foundation • Community AIDS Service Penang • Tenaganita • Malaysian Care • Federation of Family Planning Associations Malaysia • Pengasih • Malaysian Evaluation Society • All Women's Action Society • AIDS/STD Section, Ministry of Health • UNICEF • UNFPA • WHO	• Remedios AIDS Foundation • The Library Foundation • Health and Development Initiatives Institute • Health Action Information Network • Action for Health Initiatives • Philippine Council and Population on Health and Welfare • Pinoy Plus • National AIDS/STD Prevention and Control Program, Department of Health • Philippine National AIDS Council • UNAIDS

REFERENCES

Abinales, P. N., & Amoroso, D. J. (2005). *State and society in the Philippines*. Lanham, Maryland: Rowman & Littlefield.

ACHIEVE. (2007). Action for Health Initiatives (ACHIEVE): About us. Retrieved December 29, 2009, from http://www.achieve.org.ph/about_us.html

ADB. (2007). Overview of NGOs and civil society: Philippines. Retrieved September 24, 2009, from http://www.adb.org/Documents/Reports/Civil-Society-Briefs/PHI/CSB-PHI.pdf

AIDS/STD Section Ministry of Health Malaysia. (1998). National Strategic Plan: Prevention and control of HIV infection, Malaysia. Kuala Lumpur: Ministry of Health Malaysia.

AIDS/STD Section Ministry of Health Malaysia. (2005). AIDS/STD Section Annual Report 2004. Kuala Lumpur: Ministry of Health Malaysia.

AIDS/STD Section Ministry of Health Malaysia. (2009). Section of AIDS/STD. Retrieved October 15, 2009, from http://www.dph.gov.my/aids/

AIDS/STD Section MoH Malaysia. (2006). National Strategic Plan on HIV/AIDS 2006-2010. Kuala Lumpur: Ministry of Health Malaysia.

AIDS/STD Section MoH Malaysia. (2008). UNGASS Country Progress Report Malaysia: Reporting period January 2006 - December 2007. Kuala Lumpur: Ministry of Health Malaysia.

Altman, D. (1994). *Power and community: Organizational and cultural responses to AIDS*. London; Washington, DC: Taylor & Francis.

Anonymous. (2005). Maintaining anti-AIDS commitment post "3 by 5". *Lancet, 366*(9500), 1828.

APCASO. (2008). Asia Pacific Civil Society and 2008 UNGASS on HIV and AIDS. Kuala Lumpur: Asia Pacific Council of AIDS Service Organizations.

Arie, S. (2005). Crusading for change. *British Medical Journal, 330*(7497), 926.

Arno, P. S. (1986). The non-profit sector's response to the AIDS epidemic: Community-based services in San Francisco. *American Journal of Public Health, 76*(11), 1325-1330.

AusAID. (2007). Policy: performance assessment and evaluation [Electronic Version]. Retrieved December 23, 2009, from http://www.ausaid.gov.au/ode/pdf/performance_policy.pdf

Bagasao, T. M. P. (2004). NGOs in Asia: Key partners in the fights against AIDS. In J. P. Narain (Ed.), *AIDS in Asia: The challenges ahead* (pp. 334-348). New Delhi and Thousand Oaks, CA: WHO and Sage.

Baker, J. L. (2000). Evaluating the impact of development project on poverty: A handbook for practitioners. Washington, DC: World Bank.

Bamberger, M. (2000). The evaluation of international development programs: A view from the front. *American Journal of Evaluation, 21*(1), 95-102.

Bamberger, M. (2006). Conducting quality impact evaluations under budget, time and data constraints. Washington, DC: World Bank.

Bamberger, M., Rugh, J., Church, M., & Fort, L. (2004). Shoestring evaluation: Designing impact evaluation under budget, time and data constraints. *American Journal of Evaluation, 25*(1), 5-37.

Barraclough, S. (1984). Political participation and its regulation in Malaysia: Opposition to the Societies (Amendment) Act 1981. *Pacific Affairs, 57*(3), 450-461.

Beh, L. Y. (2005). Needle exchange scheme legalises adultery? *Malaysiakini*. Retrieved December 23, 2009, from http://www.malaysiakini.com/print.php?id=37688

Bennett, S., Boerma, J. T., & Brugha, R. (2006). Scaling up HIV/AIDS evaluation. *Lancet, 367*(9504), 79-82.

Berg, B. L. (2004). *Qualitative Research Methods for Social Sciences*. Boston, MA: Allyn and Bacon.

Berkman, A., Garcia, J., Munoz-Laboy, M., Paiva, V., & Parker, R. (2005). A critical analysis of the Brazilian response to HIV/AIDS: Lessons learned for controlling and mitigating the epidemic in developing countires. *American Journal of Public Health, 95*(7), 1162-1172.

Berridge, V. (1996). *AIDS in the UK: The making of policy, 1981-1994* New York: Oxford University Press.

Beyrer, C., Gauri, V., & Vaillancourt, D. (2005). Evaluation of the World Bank's assistance in responding to the AIDS epidemic: Brazil case study [Electronic Version]. Retrieved January 14, 2010, from http://siteresources.worldbank.org/EXTHIVAIDSIEG/Resources/hiv_brazil_case_study.pdf

Bickel, S. (2006). The Status of the Evaluation Function Worldwide. In M. Segone (Ed.), *New Trends in Development Evaluation* (pp. 13-16). Geneva: UNICEF.

Blythe, W. (1969). *The impact of Chinese secret societies in Malaya: A historical study*. London: Oxford University Press.

Bornstein, L. (2006). Systems of accountability, webs of deceit? Monitoring and evaluation in South African NGOs. *Development, 49*(2), 52-61.

Bowtell, W. (2006). Australia. In T. Yamamoto & S. Itoh (Eds.), *Fighting a rising tide: The response to AIDS in East Asia* (pp. 19-52). Tokyo: Japan Center for International Exchange.

Brehm, V. (2001). NGOs and partnership. Oxford: International NGO Training and Research Centre.

Brehm, V., Harris-Curtis, E., Padrao, L., & Tanner, M. (2004). *Autonomy or dependence: Case studies of North-South NGO partnerships*. Oxford: International NGO Training and Research Centre.

Breitmeier, H., & Rittberger, V. (2000). Environmental NGOs in an emerging global civil society. In P. Chasek (Ed.), *The global environment in the twenty-first century: Prospects for international cooperation*. Tokyo: United Nations University Press.

Brown, H. (2006). Russia's blossoming civil society holds the key to HIV. *The Lancet, 368*(9534), 437-440.

Bryman, A. (2006). Editor's introduction: Mixed methods research. In A. Bryman (Ed.), *Mixed Methods* (Vol. 1, pp. XXV-LII). London: Sage Publications.

Caccam, E. M. J. (2006). The Philippines - Fighting a rising tide: The response to AIDS in East Asia. In T. Yamamoto & S. Itoh (Eds.), *Fighting a rising tide: The response to AIDS in East Asia* (pp. 207-225). Tokyo: Japan Center for International Exchange.

Cambodia National AIDS Authority. (2008). UNGASS Country Progress Report Cambodia: Reporting period January 2006 - December 2007. Retrieved September 14, 2009, from http://data.unaids.org/pub/Report/2008/cambodia_2008_country_progress_report_en.pdf

Campbell, D. T., & Stanley, J. C. (1966). *Experimental and quasi-experimental designs for research*. Chicago: Rand McNally.

Caracelli, V. J., & Riggin, L. J. (1994). Multimethod evaluation: Developing quality criteria through concept mapping. *Evaluation Practice, 15*, 139-152.

Carino, L. V., & Fernan, R. L. I. (2002). Social origins of the Sector. In L. V. Cariño (Ed.), *Between the state and the market: The nonprofit sector and civil society in the Philippines* (pp. 27-60). Quezon City, Philippines: Center for Leadership, Citizenship and Democracy, National College of Public Administration and Governance, University of the Philippines

CDC USA. (1981). Kaposi's Sarcoma and Pneumocystis Pneumonia among homosexual men - New York City and California. *Morbidity and Mortality Weekly Report, 30*(4), 305-308.

CDC USA. (2008). Healthy places terminology [Electronic Version], *2008*. Retrieved November 21, 2008, from http://www.cdc.gov/healthyplaces/terminology.htm

Chambers, R. (1984). *Rural development: Putting the last first*. London: Longman.

Chelimsky, E. (1997). The coming transformations in evaluations. In E. Chelimsky & W. R. Shadish (Eds.), *Evaluation for the 21st Century* (pp. 1-26). Thousand Oaks, CA: Sage Publications.

Chillag, K., Bartholow, K., Cordeiro, J., Swanton, S., Patterson, J., Stebbins, S., et al. (2002). Factors affecting the delivery of HIV/AIDS prevention programs by community-based organizations. *AIDS Education and Prevention, 14*(3), 27-37.

Chong, S. C. S. (1995). Responses to HIV/AIDS: The case of Malaysia. *Venereology, 8*(3), 149-152.

Clarke, A., & Dawson, R. (1999). *Understanding evaluation*. London: Sage.

Clarke, G. (1998). *The Politics of NGOs in South-East Asia*. London: Routledge.

Coalition of Asia Pacific Regional Networks on HIV/AIDS. (2007). Minimum standards for civil society participation in the Universal Access initiative. Bangkok: Coalition of Asia Pacific Regional Networks on HIV/AIDS.

Cochrane Collaboration. (2008). Cochrane reviews: HIV/AIDS. Retrieved Novermber 19, 2008, 2008, from http://www.cochrane.org/reviews/en/topics/69_reviews.html

Cockerill, R., Myers, T., & Allman, D. (2000). Planning for community-based evaluation. *American Journal of Evaluation, 21*(3), 351-357.

Cohen, J. (2004). *The Philippines: Unprotected: Sex, condoms, and the human rights to health*. New York: Human Rights Watch.

Commission on AIDS in Asia. (2006). Redefining AIDS in Asia: Crafting an effective response. New Delhi: Oxford University Press.

Constantino-David, K. (1998). From the present looking back: A history of Philippine NGOs. In S. G. Silliman & L. G. Noble (Eds.), *Organizing for democracy: NGOs, civil society and the Philippine state* (pp. 26-48). Manila: Ateneo de Manila University Press.

Cook, T. D. (1997). Lessons learned in evaluation over the past 25 years. In E. Chelimsky & W. R. Shadish (Eds.), *Evaluation for the 21st Century* (pp. 30-52). Thousand Oaks, CA: Sage.

Cornwall, A., & Jewkes, R. (1995). What is participatory research? *Social Science and Medicine, 41*(12), 1667-1679.

Coyle, S. L., Boruch, R. F., & Turner, C. F. (Eds.). (1991). *Evaluating AIDS prevention programs*. Washington, DC: National Academy Press.

Cracknell, B. E. (1996). Evaluating development aid. *Evaluation, 2*(1), 23-33.

Crouch, H. (1996). *Government and society in Malaysia*. St Leonards, NSW: Unwin and Allen.

Dabelstein, N., & Rebien, C. C. (2002). Evaluation of developmental assistance: Its starts, progress and current challenges. In J.-E. Furubo, R. C. Rist & R. Sandahl (Eds.), *International Atlas of Evaluation* (pp. 393-405). New Brunswick, NJ: Transaction Publishers.

Darshni, S. (2007, June 21). Condom snag: Tough task of promoting condom goes to NGOs. *News Straits Times*, p. 4.

Darshni, S., & Pakiam, R. (2005, June 3). Free condoms and needles: Pros and Cons. *News Straits Times*, p. 4.

Davies, R. (1998). An evolutionary approach to organisational learning: An experiment by an NGO in Bangladesh In *Development as process: Concepts and methods for working with complexity* (pp. 64-79). London: Routledge & ODI.

Davies, R., & Dart, J. (2004). *The 'Most Significant Change' (MSC) technique*. Retrieved November 23, 2009, from http://www.mande.co.uk/docs/MSCGuide.htm

de Lay, P., Greener, R., & Izazola, J. A. (2007). Are we spending too much on AIDS? *British Medical Journal, 334*, 345-346.

de Lay, P., & Manda, V. (2004). Politics of monitoring and evaluation: Lessons from the AIDS epidemic. In D. Rugg, G. Peersman & M. Carael (Eds.), *Global advances in HIV/AIDS monitoring and evaluation: New Directions for Evaluation, No. 103*. San Francisco: Jossey-Bass.

de Mattos, R. A., Terto, V. J., & Parker, R. (2003). World Bank strategies and the response to AIDS in Brazil. *Divulgação em Saúde para Debate,, 27*, 215-227.

Demeterio-Melgar, J. L. (2004). Philippines: Barriers impeding reproductive health and rights [Electronic Version]. *Arrows for Change, 10*, 4-5. Retrieved December 30, 2009, from http://arrow.org.my/home/images/publications/AFC/v10n2.pdf

Department of Statistics Malaysia. (2005). Census of Population and Housing Malaysia 2000. Kuala Lumpur: Department of Statistics Malaysia.

Department of Statistics Malaysia. (2008). Population (Updated 5 September 2008). Retrieved January 5, 2010, from http://www.statistics.gov.my/portal/index.php?option=com_content&view=article&id=50%3Apopulation&catid=38%3Akaystats&Itemid=11&lang=en

DFID. (2005). Guidance on evaluation and review for DFID staff [Electronic Version]. Retrieved December 23, 2009, from http://www.dfid.gov.uk/Documents/publications/evaluation/guidance-evaluation.pdf

Ebrahim, A. (2003). Accountability in practice: Mechanisms for NGOs. *World Development, 31*(5), 813-829.

Ebrahim, A. (2005). *NGOs and organisational change: Discourse, reporting and learning*. Cambridge: Cambridge University Press.

Edwards, M., & Hulme, D. (Eds.). (1996). *Beyond the magic bullet: NGO performance and accountability in the post-cold war world*. West Hartford, CT: Kumarian Press, with Save the Children.

Elkins, D., Maticka-Tyndale, E., Kuyyakanond, T., Miller, P., & Haswell-Elkins, M. (1997). Towards reducing the spread of HIV in Northeastern Thai villages: Evaluation of a village-based intervention. *AIDS Education and Prevention, 9*(1), 49-69.

Elliot, C. (1987). Some aspects of relations between the North and South in the NGO sector. *World Development, 15*(Supplement), 57-68.

Elliot, J., Heesterbeek, S., Lukensmeyer, C. J., & Slocum, N. (2005). *Participatory Methods Toolkit: A practitioner's manual*.

England, R. (2007). Are we spending too much on HIV? *British Medical Journal, 334*, 344-345.

EPU Malaysia. (2008). Mid-term review of the Ninth Malaysia Plan 2006-2010. Putrajaya, Malaysia: Economic Planning Unit Prime Minister's Department Malaysia.

Esman, M. J., & Uphoff, N. T. (1984). *Local organizations: Intermediaries in rural development*. Ithaca: Cornell University Press.

Fan, M. (2006, November 26). AIDS activist is detained on eve of meeting in China *The Washington Post*. Retrieved December 23, 2009, from http://www.washingtonpost.com/wp-dyn/content/article/2006/11/25/AR2006112500777.html

Feachem, R. G. A. (1995). Valuing the past ... investing in the future: Evaluation of the National HIV/AIDS Strategy 1993-94 to 1995-96. Canberra: Department of Human Services and Health Australia.

Fenton, K. A., Chinouya, M., Davidson, O., & Copas, A. (2002). HIV testing and high risk sexual behavior among London's immigrant African communities: A participatory research study. *Sexually Transmitted Infections, 78*, 241-245.

Ferriman, A. (2001). UN Calls for $10bn to wage war on AIDS. *British Medical Journal, 322*(7294), 1082.

Fetterman, D., & Wandersman, A. (2007). Empowerment evaluation: Yesterday, today, and tomorrow. *American Journal of Evaluation, 28*(2), 179-198.

Fetterman, D. M. (1994). Empowerment evaluation. *American Journal of Evaluation, 15*, 1-15.

Freire, P. (1970). *Pedagogy of the oppressed/ Translated [from the original Portuguese manuscript, 1968] by Myra Bergman Ramos*. New York: Herder and Herder.

Furubo, J.-E., & Sandahl, R. (2002). A diffusion perspective on global developments in evaluation. In J.-E. Furubo, R. C. Rist & R. Sandahl (Eds.), *International Atlas of Evaluation* (pp. 1-23). New Brunswick (USA): Transaction Publishers.

Galvao, J. (2002). Access to antiretroviral drugs in Brazil. *Lancet, 360*(9348), 1862-1865.

Garten, A. D., Judice, N., Rana, S., Reeves, M. H., & Shepherd, C. (2008). South-to-South collaboration in response to HIV/AIDS: The PACT Community REACH experience. Washington, DC: Pact Inc.

GFATM. (2002). About the Global Fund. Retrieved April 17, 2009, from http://www.theglobalfund.org/en/about/?lang=en

GFATM. (2004). Eight Board Meeting: Board Decisions. Geneva: The Global Fund on AIDS, Tuberculosis and Malaria.

GFATM. (2009). Grant portfolio: Philippines. Retrieved February 5, 2009, from http://www.theglobalfund.org/programs/search/index.aspx?lang=en

GFTAM. (2005). Guidelines on the purpose, structure, composition and funding of Country Coordinating Mechanisms and requirements for grant eligibility [Electronic Version]. Retrieved April 17, 2009, from http://www.theglobalfund.org/documents/ccm/Guidelines_CCMPurposeStructureComposition_en.pdf

GFTAM. (2008). Country Coordinating Mechanisms: Governance and Civil Society Participation. Geneva: The Global Fund on AIDS, Tuberculosis and Malaria.

Gilson, L., Sen, P. D., Mohammed, S., & Mujinja, P. (1994). The potential of health sector non-governmental organizations: Policy options. *Health Policy and Planning, 9*(1), 14-24.

Glasgow, R. E., Vogt, T. M., & Boles, S. M. (1999). Evaluating the public health impact of health promotion interventions: The RE-AIM framework. *American Journal of Public Health, 1989*(9), 1322-1327.

Goh, K. L., Chua, C. T., Chiew, I. S., & Soo-Hoo, T. S. (1987). The Acquired Immune Deficiency Syndrome: A report of the first case in Malaysia. *Medical Journal Malaysia, 42*(1), 58-60.

Gomez, C. A., Hernandez, M., & Faigeles, B. (1999). Sex in the New World: An Empowerment Model for HIV Prevention in Latina immigrant women. *Health Education and Behavior, 26*, 200-212.

Green, A., & Matthias, A. (1995). Where do NGOs fit in? Developing a policy framework for the health sector. *Development in Practice, 5*(4), 313-323.

Greene, J. C., & Caracelli, V. J. (Eds.). (1997). *Advances in mixed-method evaluation: The challenges and benefits of integrating diverse paradigms*. San Francisco: Jossey-Bass.

Grinstead, O. A., Zack, B., & Faigeles, B. (1999). Collaborative research to prevent HIV among male prison inmates and their female partners. *Health Education and Behavior, 26*, 225-238.

Guba, E. G., & Lincoln, Y. S. (1989). *Fourth generation evaluation*. Newbury Park, CA: Sage Publications.

Halmshaw, C., & Hawkins, K. (2004). Capitalising on global HIV/AIDS funding: The challenge for civil society and government. *Reproductive Health Matters, 12*(24), 35-41.

Hammett, T. M., Wu, Z., Tran, T. D., Stephens, D., Sullivan, S., Liu, W., et al. (2007). 'Social evils' and harm reduction: The evolving policy environment for Human Immunodeficiency Virus prevention among injecting drug users in China and Vietnam. *Addiction, 103*(1), 137-145.

Harm Reduction Working Group. (2004). Summary Report 2004. Kuala Lumpur: University Malaya Medical Center and Malaysian AIDS Council.

Harm Reduction Working Group. (2005). Summary Report 2005. Kuala Lumpur: University Malaya Medical Center and Malaysian AIDS Council.

Harris, G. E. (2006). Practicing HIV/AIDS community-based research. *AIDS Care, 18*(7), 731-738.

Harvey, B., Stuart, J., & Swan, T. (2000). Evaluation of a drama-in-education programme to increase AIDS awareness in South African high schools: A randomized community intervention trial. *International Journal of STD & AIDS, 11*(2), 105-111.

Headley, J., & Siplon, P. (2006). Roadblocks on the road to treatment: Lessons from Barbados and Brazil. *Perspectives on Politics, 4*(4), 655-661.

Hiebert, W., & Swan, D. (1999). Positively Fit: A case study in community development and the role of participatory action research. *Community Development Journal, 31*(4), 356-364.

Horton, D., & Mackay, R. (1999). Evaluation in developing countries: An introduction. *Knowledge, Technology & Policy, 11*(4), 5-12.

Huang, M. S. L., & Mohd Taib, M. N. (2007). HIV/AIDS health care policy and practice in Malaysia. In H. L. Chee & S. Barraclough (Eds.), *Health Care in Malaysia* (pp. 154-169). London: Routledge.

Huba, G. J., Brown, V. B., Melchior, L. A., Hughes, C., & Panter, A. T. (2000). Conceptual issues in implementing and using evaluation in the "Real World" setting of a community-based organisation for HIV/AIDS services. *Drugs and Society, 16*(1-2), 31-54.

Hussein, H. (1996, July). *Formation of a national non-governmental organisation (NGO) umbrella body: The Malaysian AIDS Council*. Paper presented at the XIth International Conference on AIDS, Vancouver, Canada.

ICASO. (2007). Civil society support mechanism. Retrieved September 17, 2009, from http://icaso.org/cssm.html

ICASO. (2008). Declaration of Commitment on HIV/AIDS and Political Declaration on HIV/AIDS: A review of progress from the community sector [Electronic Version]. Retrieved January 17, 2010, from http://icaso.org/publications/ICASO_PoliticalLeaders_260608.pdf

International Organisation for Cooperation in Evaluation. (2007). Members-Evaluation Associations Around the World. Retrieved 6/8/2007, 2007, from http://ioce.net/members/eval_associations.shtml

Israel, B. A., Schulz, A. J., Parker, E. A., & Becker, A. B. (1998). Review of community-based research: Assessing partnership approaches to improve public health. *Annual Review of Public Health, 19*, 173-202.

ITPC. (2005). Missing the Target: A report on HIV/AIDS treatment access from the frontlines [Electronic Version]. Retrieved December 8, 2009, from http://www.itpcglobal.org/images/stories/doc/report1.pdf

ITPC. (2008). *Making Global Fund Country Coordinating Mechanisms work through full engagement of civil society*. Retrieved January 5, 2010, from http://www.icaso.org/resources/CCM_Advocacy_Rpt_6Oct08.pdf

Jepson, P. (2000). Governance and accountability of environmental NGOs. *Environmental Science & Policy, 8*(5), 515-524.

Johnson, R. B., & Onwuegbuzie, A. J. (2004). Mixed methods research: A research paradigm whose time has come. *Educational Researcher, 33*(7), 14-26.

Joint Committee on Standards for Educational Evaluation. (1980). Principles: mission, objectives, joint committee, host organisation and staff, constituency and cooperating organization's, transition rule and indemnification [Electronic Version]. Retrieved November 20, 2009, from http://www.jcsee.org/wp-content/uploads/2009/09/Principles.pdf

Jolly, D., Gibbs, D., Napp, D., Westover, B., & Uhl, G. (2003). Technical assistance for the evaluation of community-based HIV prevention programs. *Health Education & Behavior, 30*(5), 550-563.

Kalibala, S., & Kaleeba, N. (1989). AIDS and community-based care in Uganda: The AIDS support organization, TASO. *AIDS Care, 1*(2), 173-175.

Kates, J., Lief, E., & Avila, C. (2009). Financing the response to AIDS in low- and middle-income countries: International assistance from the G8, European Commission and other donor governments in 2008 [Electronic Version]. Retrieved December 23, 2009, from http://www.kff.org/hivaids/upload/7347-052.pdf

Kawakami, A. J., Aton, K., Cram, F., Lai, M. K., & Porima, L. (2008). Improving the practice of evaluation through indigenous values and methods: Decolonizing evaluation practice - returning the gaze from Hawai'i and Aotearoa. In N. L. Smith & P. R. Brandon (Eds.), *Fundamental issues in evaluation* (pp. 219-242). New York: Guildford Press.

Kayal, P. M. (1993). *Bearing witness: Gay Men's Health Crisis and the politics of AIDS*. Boulder: Westview Press.

Kegeles, S. M., Rebchook, G. M., & Tebbetts, S. (2005). Challenges and facilitators to building program evaluation capacity among community-based organizations. *AIDS Education and Prevention, 17*(4), 284-299.

Khoo, S. (2002, July). *Kuala Lumpur AIDS support services (KLASS) society cell support groups for people living with HIV/AIDS (PLWHAs).* Paper presented at the XIVth International Conference on AIDS, Barcelona, Spain.

Klein, D., Williams, D., & Witbrodt, J. (1999). The collaboration process in HIV prevention and evaluation in an urban American Indian clinic for women. *Health Education and Behavior, 26*, 239-248.

Korey, W. (1998). *NGOs and the Universal Declaration of Human Rights: A curious grapevine*. New York: St Martin's Press.

Korten, D. (1990). *Getting to the 21st Century*. West Hartford, CT: Kumarian Press.

Krikorian, G. (2009). The politics of patents: Conditions of implementation of public health policy in Thailand. In S. Haunss & K. C. Shadlen (Eds.), *Politics of Intellectual Property: Contestation over the ownerships, use and control of knowledge and information*. Cheltenham: Edward Elgar.

Kushner, S. (2006). Democracy and Evaluation. In *New Trends in Development Evaluation* (pp. 35-38). Geneva: UNICEF.

Kushner, S., & Norris, N. (Eds.). (2007). *Dilemmas of engagement: Evaluation and the New Public Management* (Vol. 10). Oxford: Elsevier Ltd.

Labonte, R., & Schrecker, T. (2006). The G8 and global health. *Canadian Journal of Public Health, 97*(1), 35-38.

Lae, A. (2007). HIV patients campaign for activists' release. *The Irrawaddy*. Retrieved October 23, 2009, from http://www.irrawaddy.org/article.php?art_id=7644

Lee, J. (2004). NGO accountability: Rights and responsibilities. Geneva: Centre for Applied Studies in International Negotiations.

Levi, G. C., & Vitoria, M. A. A. (2002). Fighting against AIDS: The Brazilian experience. *AIDS, 16*, 2373-2383.

Lewis, D. (1999). Development NGOs and the challenge of partnership: Changing relations between North and South. In C. J. Finer (Ed.), *Transnational social policy* (pp. 49-60). Oxford, UK; Malden, Massachusetts: Blackwell.

Liamputtong, P. (2007). *Researching the vulnerable*. London: Sage Publications.

Lim, T. G. (1995). Nongovernmental organisations in Malaysia and regional networking. In T. Yamamoto (Ed.), *Emerging civil society in the Asia Pacific community: Nongovernmental underpinnings of the emerging Asia Pacific regional community* (pp. 165-182). Singapore and Tokyo: Institute of Southeast Asian Studies and Japan Center for International Exchange.

Lu, Y. (2005). The growth of civil society in China: Key challenges for NGOs. London: Chatham House.

Ma, Q. (2002). The governance of NGOs in China since 1978: How much autonomy? *Nonprofit and Voluntary Sector Quarterly, 31*(3), 305-328.

MAC. (2009). Malaysian AIDS Council and Malaysian AIDS Foundation: Annual report 2008. Kuala Lumpur: Malaysian AIDS Council.

Mahathir, M. (2004). HIV/AIDS in Malaysia. In Y. Lu & M. Essex (Eds.), *AIDS in Asia* (pp. 83-90). New York; London: Kluwer Academic/Plenum.

Mantell, J. E., DiVittis, A. T., & Auerbach, M. I. (1997). *Evaluating HIV prevention interventions*. New York: Plenum.

Mateo Jr, R., Sarol, J. N., & Poblete, R. (2004). HIV/AIDS in the Philippines. *AIDS Education and Prevention, 16*(Supplement A), 43-52.

Mathison, S. (Ed.). (2005). *Encyclopedia of evaluation*. Thousand Oaks, California: Sage.

Mawdsley, E., Townsend, J. G., & Porter, G. (2005). Trust, accountability, and face-to-face interaction in North-South NGO relations. *Development in Practice, 15*(1), 77-82.

Mboi, N., & Smith, K. H. (2006). Indonesia - Fighting a rising tide: The response to AIDS in East Asia. In T. Yamamoto & S. Itoh (Eds.), *Fighting a rising tide: The responses to AIDS in East Asia* (pp. 96-118). Tokyo: Japan Center for International Exchange.

Mejia, N. E., Vasquez, E., & Sanchez, M. (2006). Community-based participatory research: HIV prevention for Latinas (Part 1). *Hispanic Health Care International, 4*(2), 67-69.

Mertens, D. M. (2005). The inauguration of the International Organization for Cooperation in Evaluation. *American Journal of Evaluation, 26*, 124-129.

Migration News. (2009). Southeast Asia [Electronic Version]. *Migration News, 15*. Retrieved December 23, 2009, from http://migration.ucdavis.edu/mn/more.php?id=3445_0_3_0

Miles, M. B., & Huberman, A. M. (1994). *Qualitative data analysis* (2nd ed.). Thousand Oaks, CA: Sage Publications.

Miller, R. L., & Campbell, R. (2006). Taking stock of empowerment evaluation: An empirical review. *American Journal of Evaluation, 27*(3), 296-319.

Minichiello, V., Aroni, R., & Hays, T. (2008). *In-depth interviewing: Principles, techniques, analysis* (3rd ed.). Sydney: Pearson Education Australia.

Minkler, M., & Wallerstein, N. (2003). Introduction to community-based participatory approach. In M. Minkler & N. Wallerstein (Eds.), *Community-based participatory research for health* (pp. 3-26). San Francisco: Jossey-Bass.

Miralao, V. A., & Bautista, M. C. (1993). Standard evaluation methodologies and NGO projects. *Philippine Sociological Review, 41*(1-4), 59-70.

Morisky, D. E., Ang, A., Coly, A., & Tiglao, T. V. (2004). A model HIV/AIDS risk reduction program in the Philippines: A comprehensive community-based approach through participatory action research. *Health Promotion International, 19*(1), 69-76.

Murphy, J. (1997). Tracing gender issues through institutional change and program implementation at the World Bank. In E. Chelimsky & W. R. Shadish (Eds.), *Evaluation for the 21st Century* (pp. 251-259). Thousand Oaks, CA: Sage Publications.

Myrick, R., Aoki, B., Truax, S., Lemelle, A., & Lemp, G. (2005). Building capacity through partnerships: The use of community collaborative evaluation and research to build capacity for HIV/AIDS prevention. *AIDS Education and Prevention, 17*(4), 279-283.

Napp, D., Gibbs, D., Jolly, D., Westover, B., & Uhl, G. (2002). Evaluation barriers and facilitators among community-based HIV prevention programs. *AIDS Education and Prevention, 14*(3), 38-48.

National AIDS STI Prevention and Control Program. (2008). NASPCP: National AIDS STI Prevention and Control Program Philippines. Retrieved November 16, 2009, from http://www2.doh.gov.ph/naspcp/about_us.htm

National Statistics Office Philippines. (2008). Total population and annual population growth rates by region: Population censuses 1995, 2000, and 2007. Manila: National Statistics Office Philippines.

Ng, C. C. S. (2007). Listening to our voices: The women's movement and peace building in Malaysia. In Women's Development Collective (Ed.), *Working for democracy: Footprints from civil society in Malaysia*. Kuala Lumpur: Women's Development Collective.

O'Malley, J., Nguyen, V. K., & Lee, S. (1996). Nongovernmental organizations. In J. Mann & D. Tarantola (Eds.), *AIDS in the World II* (pp. 341-361). New York: Oxford University Press.

OECD. (2008). The Paris Declaration on Aid Effectiveness and the Accra Agenda for Action [Electronic Version]. Retrieved November 24, 2009, from http://www.oecd.org/dataoecd/11/41/34428351.pdf

Okie, S. (2006). Fighting HIV - Lessons from Brazil. *The New England Journal of Medicine, 354*(19), 1977-1981.

Padayachee, G. N. (1991). Evaluation of AIDS prevention programmes: The key to success. *South African Medical Journal, 80*, 310-311.

Paiva, V., Ayres, J. R., Buchalla, C. M., & Hearst, N. (2002). Building partnerships to respond to HIV/AIDS: Non-governmental organisations and universities. *AIDS, 16 Suppl 3*, 76-82.

Parker, R. (2003). Building the foundations for the response to HIV/AIDS in Brazil: The development of HIV/AIDS policy, 1982-1996. *Divulgação em Saúde para Debate,, 27*, 143-183.

Patton, M. Q. (1986). *Utilization-focused Evaluation* (2nd ed.). Newbury Park, CA: Sage.

Patton, M. Q. (1990). *Qualitative evaluation and research methods* (2nd ed.). Newbury Park, CA: Sage Publications.

Patton, M. Q. (1997a). Towards distinguishing empowerment evaluation and placing it in a larger context. *Evaluation Practice, 18*(2), 147-163.

Patton, M. Q. (1997b). *Utilization-focused evaluation: The new century text* (3rd ed.). Thousand Oaks, CA: Sage Publications.

Patton, M. Q. (2004). A microcosm of the global challenges facing the field: Commentary on HIV/AIDS monitoring and evaluation. In D. Rugg, G. Peersman & M. Careal (Eds.), *Global advances in HIV/AIDS monitoring and evaluation: New Directions for Evaluation, No. 103*. San Francisco: Jossey-Bass.

Picciotto, R. (2002). Evaluation in the World Bank: Antecedents, methods and instruments. In J.-E. Furubo, R. C. Rist & R. Sandahl (Eds.), *International atlas of evaluation* (pp. 425-437). New Brunswick, USA: Transaction Publishers.

Pitts, M., & Smith, A. (Eds.). (2007). *Researching the margins: Strategies for ethical and rigorous research with marginalised communities*. Basingstoke, England; New York: Palgrave Macmillan.

PNAC. (2000). Seizing the Opportunity: The 2000-2004 Medium Term-Plan for Accelerating the Philippines Response to HIV/AIDS. Manila: Department of Health Philippines.

PNAC. (2006). 4th AIDS Medium Term Plan 2005-2010 & Operational Plan 2007-2008. Manila: Department of Health Philippines.

PNAC. (2008). UNGASS Country Report of the Philippines January 2006 to December 2007. Manila: Department of Health Philippines.

Potvin, L., & Richard, L. (2001). Evaluating community health promotion programmes. In I. Rootnam, M. Goodstadt, B. Hyndman, D. V. McQueen, L. Potvin, J. Springett & E. Ziglio (Eds.), *Evaluation in health promotion: Principles and perspectives* (pp. 213-240). Copenhagen: WHO.

Prato, S. (2006). Funding NGOs: Making good the democratic deficit/Interview with Stefano Prato. *Development, 49*(2), 11-14.

PT Foundation. (2005). PT Foundation: About us. Retrieved December 28, 2009, from http://www.ptfmalaysia.org/about_us.htm

Quesada, M. (2006). Reducing Filipino migrant domestic worker's HIV and SRH vulnerability: The ACHIEVE experience [Electronic Version]. *Arrows for Change, 12*, 3-3,

Quesnel, J. S. (2006). The Importance of evaluation associations and networks (pp. 17-25). Geneva: UNICEF.

Racelis, M. (2000). New visions and strong actions: Civil society in the Philippines. In M. Ottaway & T. Carothers (Eds.), *Funding virtue: Civil society aid and democracy promotion* (pp. 159-187). Washington, DC: Carnegie Endowment for International Peace.

Rebien, C. C. (1997). Development assistance evaluation and the foundations of program evaluation. *Evaluation Review, 21*(4), 438-460.

Reichardt, C. S., & Cook, T. D. (2006). Beyond qualitative *versus* quantitative methods. In A. Bryman (Ed.), *Mixed Methods* (Vol. 1, pp. 213-237). London: Sage Publications.

Reid, G., Kamarulzaman, A., & Sran, S. K. (2007). Malaysia and harm reduction: The challenges and responses. *International Journal of Drug Policy, 18*, 136-140.

Rhodes, S. D., Hergenrather, K. C., Wilkin, A., Alegria-Ortega, J., & Montano, J. (2006). Preventing HIV infecton among young immigrant Latino men: Results from focus groups using community-based participatory research. *Journal of National Medical Association, 98*(4), 564-573.

Robinson, B. (2002). The CIPP approach to evaluation [Electronic Version]. Retrieved November 27, 2008 from http://hub.col.org/2002/collit/att-0073/01-The_CIPP_approach.doc

Roff, W. R. (1967). *The origins of Malay nationalism*. New Haven: Yale University Press.

Romero, S. E., & Bautista, R. J. (1995). Philippine NGOs in the Asia Pacific context. In T. Yamamoto (Ed.), *Emerging civil society in the Asia Pacific community: Nongovernmental underpinnings of the emerging Asia* (pp. 187-213). Singapore and Tokyo: Institute of Southeast Asian Studies and Japan Center for International Exchange.

Rosseel, P., De Corte, E., Blommaert, J., & Verniers, E. (2009). Approaches to North-South, South-South and North-South-South collaboration: Flemish Interuniversity Council - University Development Cooperation.

Rossi, P. H., & Freeman, H. E. (1989). *Evaluation: A systematic approach*. Newbury Park, CA: Sage.

Rossi, P. H., Lipsey, M. W., & Freeman, H. E. (2004). *Evaluation: A Systematic Approach* (7th ed.). Thousand Oaks, CA: Sage Publications.

Rugg, D., Buehler, J., Renaud, M., Gilliam, A., Heitgerd, J., Westover, B., et al. (1999). Evaluating HIV prevention: A framework for national, state and local levels. *American Journal of Evaluation, 20*(1), 35-56.

Rugg, D. L., O'Reilly, K. R., & Galavotti, C. (1990). AIDS prevention evaluation: Conceptual and methodological issues. *Evaluation and Program Planning, 13*, 79-89.

Russon, C. (2003). A decade of international trends in evaluation [Electronic Version]. *The Evaluation Exchange, IX*. Retrieved August 6, 2007, from http://www.hfrp.org/var/hfrp/storage/original/application/f1be9c61c5a4011b6637bb5d1a3190ed.pdf

Russon, C., & Love, A. (1999). Creating a worldwide evaluation community (Occasional Paper Series, No.15) [Electronic Version]. Retrieved August 6, 2007, from http://www.wmich.edu/evalctr/pubs/ops/ops15.pdf

Saich, T. (2000). Negotiating the State: The Development of Social Organizations in China. *The China Quarterly, 161*, 124-141.

Salamon, L. M., & Anheier, H. K. (1992). In search of the non-profit sector. II: The problem of classification. *Voluntas: International Journal of Voluntary and Nonprofit Organizations, 3*(2), 125-151.

Sanstad, K. H., Stall, R., Goldstein, E., Everett, W., & Brousseau, R. (1999). Collaborative Community Research Consortium: A model for HIV prevention. *Health Education and Behavior, 26*, 171-184.

Schensul, J. J. (1999). Organizing community research partnerships in the struggle against AIDS. *Health Education and Behavior, 26*, 266-283.

Schneider, H. (2002). On the fault-line: The politics of AIDS policy in contemporary South Africa. *African Studies, 61*(1), 145-167.

Schwartlander, B., Grubb, I., & Perriens, J. (2006). The 10-year struggle to provide antiretroviral treatment to people with HIV in the developing world. *Lancet, 368*(9534), 541-546.

Scriven, M. (1967). The methodology of evaluation. In R. W. Tyler, R. M. Gagne & M. Scriven (Eds.), *Perspectives of curriculum education* (pp. 39-83). Chicago: Rand McNally.

Scriven, M. (1991). *Evaluation Thesaurus*. Newbury Park, CA: Sage Publications.

Segone, M. (2006). Why Evaluate?, *New Trends in Development Evaluation* (pp. 9-12): UNICEF.

Sendziuk, P. (2003). *Learning to trust: Australian responses to AIDS*. Sydney: University of New South Wales Press.

Shadish, W. R. J., Cook, T. D., & Leviton, L. C. (1991). *Foundations of program evaluation*. Newbury Park, CA: Sage Publications.

Sharp, C. A. (2003). Development of program evaluation in Australia and the Australasian Evaluation Society - the early decades. *Evaluation Journal of Australasia, 3*(2), 6-16.

Silverman, D. (2005). *Doing qualitative research: Practical handbook*. London: Sage Publications.

Smillie, I. (1996). Painting Canadian Roses Red. In M. Edwards & D. Hulme (Eds.), *Beyond the magic bullet: NGO performance and accountability in the post-cold war world*. West Hardford, CT: Kumarian Press, with Save the Children.

Smith, J., Pagnucco, R., & Lopez, G. (1998). Globalizing human rights: The work of transnational human rights NGOs in the 1990s. *Human Rights Quarterly, 20*, 379-412.

Smith, L. T. (2002). *Decolonizing methodologies: Research and indigenous peoples*. London: Zed Books Ltd.

Smith, N. L. (2008). Fundamental issues in evaluation. In N. L. Smith & P. R. Brandon (Eds.), *Fundamental issues in evaluation* (pp. 1-23). New York: Guildford Press.

Son, J. (2005). Philippines: 'Church, a Goliath against reproductive health'. *Inter Press Service*. Retrieved December 29, 2009, from http://www.ipsnews.org/news.asp?idnews=31107

Springett, J. (2001). Appropriate approaches to the evaluation of health promotion. *Critical Public Health, 11*(2), 139-151.

Stadler, J., & Hlongwa, L. (2002). Monitoring and evaluation of loveLife's AIDS prevention and advocacy activities in South Africa, 1999-2001. *Evaluation and Program Planning, 25*(4), 365-376.

Stame, N. (2003). Evaluation and the European context. *Evaluation Journal of Australasia, 3*(2), 36-43.

Steinberg, N. (2001). Background paper on GONGOs and QUANGOs and Wild NGOs [Electronic Version]. Retrieved December 8, 2009, from http://www.wfm-igp.org/site/files/SteinbergGONGOs2001.pdf

Stephens, D. (2000). *Experts and activists: AIDS and human rights in South East Asia*. Unpublished doctoral dissertation, La Trobe University, Melbourne.

Stringer, E. T. (1999). *Action research*. London: Sage Publications.

Stufflebeam, D. L., & Shinkfield, A. J. (2007). *Evaluation theory, models, and applications*. San Francisco: Jossey-Bass.

Swerissen, H., Duckett, S., Daly, J., Borthwick, C., Bergen, K., Marshall, S., et al. (2001). Health promotion evaluation: A programmatic approach. *Health Promotion Journal of Australia, 11*(1), 1-28.

Tan, B. K., & Singh, B. (1994). Uneasy relations: The state and NGOs in Malaysia. Kuala Lumpur: Asian and Pacific Development Centre.

Tan, M. L. (1993). Socio-economic impact of HIV/AIDS in the Philippines. *AIDS Care, 5*(3), 283-288.

Tan, M. L., & Dayrit, M. M. (1994). HIV/AIDS in the Philippines. *AIDS, 8 (suppl 2)*, 125-130.

Tham, S. C. (1977). *The role and impact of formal associations on the development of Malaysia*. Bangkok: Friedrich-Ebert-Stiftung.

UNAIDS. (2004). "Three Ones" key principles. Geneva: UNAIDS.

UNAIDS. (2005a). Monitoring the Declaration of Commitment on HIV/AIDS: Guidelines on construction of core indicators. Geneva: UNAIDS.

UNAIDS. (2005b). Resource needs for an expanded response to AIDS in low- and middle-income countries. Geneva: UNAIDS.

UNAIDS. (2005c). The "Three Ones" in action: Where we are and we go from here. Geneva: UNAIDS.

UNAIDS. (2007). Monitoring the Declaration of Commitment on HIV/AIDS: Guidelines on construction of core indicators. Geneva: UNAIDS.

UNAIDS. (2008a). A framework for monitoring and evaluating HIV prevention programmes for most-at-risk populations. Geneva: UNAIDS.

UNAIDS. (2008b). Report on the global HIV/AIDS epidemic 2008. Geneva: UNAIDS.

UNDP. (2004). Thailand's response to HIV/AIDS: Progress and challenges. Bangkok: UNDP.

UNEG. (2005). Standards for evaluation in the UN system. Geneva: UN.

United Nations. (2001). Declaration of Commitment on HIV/AIDS. New York: United Nations.

United Nations. (2006). Politial Declaration on HIV/AIDS. New York: United Nations.

Vakil, A. C. (1997). Confronting the classification problem: Towards a taxonomy of NGOs. *World Development, 25*(12), 2057-2070.

van der Meer, F.-B. (2007). New Public Management and evaluation. In C. Pollitt, S. Van Thiel & V. Homburg (Eds.), *New Public Management in Europe: Adaptation and alternatives* (pp. 165-180). New York: Palgrave.

van Griensven, G. J. P., Limanonda, B., Ngaokeow, S., Na Ayuthaya, S. I., & Poshyachinda, V. (1998). Evaluation of a targeted HIV prevention programme among female commercial sex workers in the south of Thailand. *Sexually Transmitted Infections, 74*(1), 54-58.

Vicknasingam, B., & Narayanan, S. (2008, April). *Malaysian illicit drug policy: Top-down multi-agency governance or bottom-up multi-level governance*. Paper presented at the Second Annual Conference of The International Society for the Study of Drug Policy.

Vincent, F. (2006). NGOs, social movements, external funding and dependency. *Development, 49*(2), 22-28.

von Schoen Angerer, T., Wilson, D., Ford, N., & Kasper, T. (2001). Acccess and activism: The ethics of providing antiretroviral therapy in developing countries. *AIDS, 15*(Suppl 5), 81-90.

Wallerstein, N., & Duran, B. (2003). The conceptual, historical and practice roots of community participatory research and related participatory traditions. In M. Minkler & N. Wallerstein (Eds.), *Community-based participatory research for health* (pp. 27-52). San Francisco: Jossey-Bass.

Weiker, R. L., Edgington, R., & Kipke, M. D. (1999). A collaborative evaluation of a needle exchange program for youth. *Health Education and Behavior, 26*, 213-224.

Weiss, C. H. (1972). *Evaluation research*. Englewood Cliffs, New Jersey: Prentice-Hall.

Weiss, M. L. (2003). Malaysian NGOs: History, legal framework and characteristics. In M. L. Weiss & S. Hassan (Eds.), *Social movements in Malaysia: From moral communities to NGOs* (pp. 17-44). London: RoutledgeCurzon.

Weiss, M. L. (2006a). *Protest and possibilites: Civil society and coalitions for political change in Malaysia*. Stanford: Stanford University Press.

Weiss, M. L. (2006b). Rejection as freedom? HIV/AIDS organisations and identity. *Perspectives on Politics, 4*(4), 671-678.

White, H. (2006). Impact Evaluation: The experience of the Independent Evaluation Group of the World Bank, *Munich Personal RePEc Archive*. Washington, DC: World Bank.

WHO. (1998). Health promotion evaluation: Recommendations to policy makers. Copenhagen: WHO.

WHO. (2003). About the 3 by 5 initiative. Retrieved April 17, 2009, from http://www.who.int/3by5/about/initiative/en/print.html

WHO. (2006a). A Report on "3 by 5" and Beyond. Geneva: WHO.

WHO. (2006b). WHO country cooperation strategy at a glance: The Philippines. Retrieved February 17, 2009, from http://www.who.int/countryfocus/cooperation_strategy/ccsbrief_phl_en.pdf

WHO. (2007). WHO country cooperation strategy at a glance - Malaysia. Retrieved February 17, 2009, from http://www.who.int/countryfocus/cooperation_strategy/ccsbrief_mys_en.pdf

WHO. (2008). WHO country cooperation strategy at a glance - the Philippines. Retrieved February 17, 2009, from http://www.who.int/countryfocus/cooperation_strategy/ccsbrief_phl_en.pdf

WHO and Department of Health Philippines. (2000). Consensus Report on STI, HIV and AIDS Epidemiology: Philippines. Retrieved February 18, 2009, from http://www.wpro.who.int/NR/rdonlyres/B1D6D9DB-B27D-4BC4-A382-AF16A42E4E16/0/Consensus_Report_PHL_2000.pdf

Willets, P. (2002). What is a Non-Governmental Organisation? New York: UNESCO.

Wolch, J. (1990). *Building the shadow state*. New York: Foundation Center.

Wood, B., Kabell, D., Muwanga, N., & Sagasti, F. (2008). Synthesis report on the first phase evaluation of the implementation of the Paris Declaration, Copenhagen, July 2008. Copenhagen: Ministry of Foreign Affairs of Denmark.

World Bank. (2008). What is impact evaluation? Retrieved November 28, 2008, from http://go.worldbank.org/2DHMCRFFT2

Wright, K. (2008). Fostering democratic ownership: Towards greater impact on poverty. Copenhagen: Alliance2015.

Yin, R. K. (2003). *Case study research: Design and methods* (Third ed.). Thousand Oaks, CA: Sage Publications.