

**Summary of the Thematic Review¹ of Danish Church Aid
“Organizational Decentralization and HIV/AIDS”**

Background

In accordance with Danida’s strategy² for its support to the Danish NGOs, thematic reviews of the framework organizations are undertaken regularly to enhance learning and dialogue between the Ministry of Foreign Affairs and these organizations, and to assess their organizational capacity and performance exemplified by their approach to a particular theme. The previous review of DCA was carried out in 2003 and focused on Rights Based Approach to Food Security in Cambodia. In March 2006 the most recent review was carried out focusing on HIV/AIDS in Zambia. The Review was not intended to provide a complete picture of how DCA works with HIV/AIDS in Zambia, but rather to assess the capacity and performance of DCA exemplified by Hiv/Aids programming in Zambia. Following is a brief summary of the main findings from the review and DCAs response to the principal recommendations:

Main findings:

- **Decentralization:**

The review team found that the decentralization and DCA presence on the ground has been instrumental for its impressive level of country analysis, improved local knowledge and development of relevant and coherent policies, country strategies and programmes. According to the review team, the decentralization of responsibility and decision making to the 10 focus countries, where DanChurchAid implements country programmes, is well underway. However, there is some room for improvement in relation to the clarification of roles and responsibilities to avoid duplication and gaps, coherence between workload and capacity, and harmonization of organizational set ups and work processes. According to DCA senior management the recent restructuring will hopefully contribute to this.

The review team finds that looking ahead, organizational decentralization - and hereby the more intensive work with partners – calls for a less ‘strategy heavy’ path in Head Quarters (HQ). This is not meant in terms of substance and quality, but in terms of volume and words. The key is going to be a successful development dialogue and implementation of the partners’ strategies, which include the core essence of DCA values and quality. For the next generation of DCA strategy development, brief principles are likely to be more suited and cost-effective. Also, more effort needs to be dedicated to activity plans turning the policies into practice.

- **Organizational restructuring**

The review team found that the organization has, in spite of organizational decentralization, continued to expand staff numbers in HQ. This trend should be reversed to ensure that field offices are strengthened and empowered to manage essential aspects of the country programmes without constant support and reference to HQ. Shift of

¹ The review was conducted by an independent consultant company. This report contains the views of the consultant, which do not necessarily coincide with the views of Danida or DCA

² *Strategy for Danish Support to Civil Society in Developing Countries (Danida, October 2000),*

resources and more emphasis on the role and resources of the Programme and Policy Advocacy Unit (PPAU) and Programme Management Unit (PMU)³ would be more appropriate for the continued strengthening of the quality of the programmes and the partnerships. There is also a need to anchor cross cutting issues in country offices through for instance staff training, appointment of anchor persons, a Technical Assistance (TA) placement system from HQ, external consultancies, or regional postings. This challenge should be met without delay because the programmes are presently being rolled out. PDU should be instrumental in this process.

Financial management is another key function in a decentralized organization, and needs upgrading in DCA⁴. The controllers are presently engaged in training of country office staff and partners to upgrade the capacity at country offices.

- **Delivery of HIV/AIDS programmes**

Overall, the quality of the community approach supported by DCAs partner; Church and Health Association, Zambia (CHAZ) (including HBC, community awareness, and micro finance) to support the HIV/AIDS activities in the community are assessed to be of high quality. However, the review team assesses that the exceptionally good work of CHAZ on care has tipped the balance between care/support and prevention that widens the gap to DCAs HIV/AIDS Strategy 2006-08. It is strongly recommended that CHAZ strengthen its prevention component especially targeted at young people.

The community based HIV/AIDS approach taken by CHAZ embeds a strategic mix of HIV/AIDS and poverty that is highly commendable in poor rural communities. The review team assesses that the approach developed by CHAZ with DCA as sparring partner represents best practice since it has many elements of sustainability and incentives for both the community and the caregivers involved. However, it is assessed to have reached its potential as a HIV/AIDS programme. Further development in the communities will have to include more comprehensive poverty alleviation strategies. DCA should be praised for pushing the agenda in this direction by assisting in getting HIV/AIDS to feature more prominently in the Poverty Reduction Strategy Paper (PRSP) cooperation in Zambia.

The review team recommended that organizations like CHAZ relying on volunteers to provide HIV/AIDS care and support services to the communities develop a “Caring for Carers” Charter (as has been done in Botswana and Swaziland) as soon as possible. Such a Charter could include a policy of incentives, and policies to avoid burn out including psychosocial support, TB screening and prophylaxis. DCA could assist CHAZ in this work by inviting other organizations – church based as well as non-church based – to share experiences and ideas.

Monitoring and evaluation (outcomes and impact) is still a sore point judged from the Zambia sample, however this is consistently being worked on and improvements are not

³These units have since the time of writing been combined into one: “Programme Development Unit”.

⁴ This finding was not Zambia specific, but general and based on interviews in HQ.

done overnight. The review team is confident that DCA addresses the shortcomings of monitoring and evaluation consistently and seriously. DCA should assist CHAZ in an effort to strengthen outcome/impact monitoring, as well as continuous evaluation activities in the communities. The demands on volunteers with sometimes very limited schooling need to be adapted to what is possible more than what is wanted. This makes reporting a challenge in itself and increases the demand for good baseline and impact studies by CHAZ – an issue that should be pursued by DCA.

There are more recommendations specific to the implementation of the HIV/Aids programme in Zambia. See them in the full report. (reference to the link on the internet)

- **Time for change in partnership?**

HIV/AIDS is by far the largest programme in Zambia and consists of 8 projects totaling 34 mill DKK over 3 years. DCA has since 1993 worked in Zambia to fight HIV/AIDS together with its main partner CHAZ that has worked in this field since 1986. With the assistance of DCA, CHAZ has developed its own HIV/AIDS Strategic Plan 2006-2010.

The programme in Zambia raises the question of DCA' s role as a partner to a strong organization. In terms of funding levels, DCA is a less important donor to CHAZ than it used to be, and CHAZ has experienced a significant growth in the last couple of years. Nevertheless, DCA is the most trusted partner and held in high regards by CHAZ for the long-term relationship and assistance provided, especially the capacity building is much appreciated. The review team recommends that DCA considers whether to phase out assistance to Chaz, and focus on other partners with a greater need for support, or develop a new type of partnership. CHAZ is at present trying to convince donors to stop funding specific programmes and projects and instead buy into CHAZ' s strategic plan for HIV/AIDS. Besides the known cost effectiveness gains of implementing one strategic plan, CHAZ also looks to harmonization of reporting and evaluation amongst donors. A group of core donors (including DCA) intends to establish a **basket fund** to finance the strategic plan and agree to common and joint procedures. A draft memorandum and joint financing agreement has been prepared.

It is the view of the review team that DCA should not automatically discard strong partners like CHAZ, but take the opportunity to test approaches, which make assistance more effective and less bureaucratic. This is an opportunity for DCA to pilot a harmonization process with other donors and join a basket fund arrangement with a trusted partner. This does open new avenues both at strategic, but also at an operational level, which need to be worked out - also vis-à-vis Danida. For this to work CHAZ (or another partner) must also build up capacity and develop and maintain high standards of monitoring of activities, outputs and contribution towards impact (outcomes), as well as in financial monitoring and management. Both DCA and Danida must be able, through reporting systems, to ascertain that the partner' s strategic plan delivers results both at programme level and towards strengthening of civil society.

There is a specific request from CHAZ that DCA provide organizational development support. CHAZ needs to establish and re-engineer business processes and this support

role would be obvious for DCA as the most trusted partner. DCA should consider if organizational development (OD) should become a core competence within the organization with special emphasis on helping partners in organizational restructuring and system development processes. Clear partnership principles, which will establish how DCA can add value to both weaker and stronger partners and the perspectives of partnerships, including exit strategies, are essential⁵.

Follow up to the review:

After the report was finalized a workshop was held with the teamleader, the two NGOs reviewed at the same time (the other was Danish Red Cross) and Danida to discuss the findings and recommendations and how to implement them. DCAs response to the principal recommendations was to:

- focus on fine tuning the restructuring to ensure the upgrading of the regional offices and their support in HQ
- strengthen the programme finance unit in HQ and the regional offices.
- generally focus more on practical guidelines for implementation of strategies and policies and build capacity in the regional offices. With regards to HIV/AIDS the strategy will be updated by December 06 to ensure the coherence between HIV/AIDS strategies and programmes. Furthermore practical guidelines and sharing of best international practices for project components dealing with Orphans and vulnerable children is currently underway – to support the capacity building of country offices and partners.
- build monitoring capacity with regional offices and partners
- encourage CHAZ to develop their HIV/AIDS activities in a less project oriented way by supporting the development of a comprehensive strategy for their HIV/AIDS work that includes several donors. Currently a joint framework agreement to this end is underway with the Royal Netherlands Embassy, the Irish Embassy and DCA as funders. The CHAZ “case” is expected to be one of a few pilot cases for testing the principles of DanChurchAid’s Partnership policy with its emphasis on basket funding and budget support.
- ensure that experience, ideas and good practices on “caring for the caregivers” are shared in DanChurchAid’s HIV/AIDS work in general by producing practical guidelines and sharing of best practices in 2007.
- continue its emphasis on the importance of strengthening prevention activities in its ongoing dialogue with CHAZ, both in relation to the specific projects that DCA supports and in the discussions on CHAZ’ HIV/AIDS strategy that lays the foundation for the Joint Frame Agreement. DCA will conduct an internal review of the entire Zambia HIV/AIDS programme in late 2006 where among other things the balance between different intervention areas will be assessed.

DCAs follow up to the recommendations was subsequently discussed with Danida as a preparation for the annual consultation in January 2007.

⁵ DCA Partnership Policy. Draft 15/8 2005 presents some of the issues, but the principles need to be more concrete. CHAZ as a pilot of a basket fund arrangement would help establish some of the principles for core partners.