

Final Report

Baseline Study:

Organisational Assessment of HIV/AIDS Consortia and their membership

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a g r o u p o f c o n s u l t a n t s
116, Street 20, F-10/2, Islamabad
Phone 2296988 Mobile 0333 5134715 E-mail aaa_isb@yahoo.com

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Dr. Arjumand Faisal
Team Leader

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Executive Summary

Background and Purpose of the Study

In Pakistan, Interact Worldwide through funding from European Commission is carrying out a *Tameer Project*, which aims to: (a) support Institutional development of the NGO HIV/AIDS Consortia/Networks, and (b) radically enhance the capacity of HIV/AIDS NGOs and to help them be effective and enduring partners in public-private sector partnerships fighting HIV/AIDS.

The purpose of the study is to provide a focused baseline and recommendations with regard to the organisational capacity of the HIV/AIDS Consortia in Pakistan, and their memberships.

Methodology of the Study

To begin with, the outputs were agreed with IW; and methodology of the study and schedule were decided in consultation with IW, PNAC, representatives of other Consortia/Networks (C/N). In conformity, study tools were prepared and shared with IW, Pakistan Office and suggested changes were incorporated.

AAA team proposed to IW and C/N to select the NGOs from each city through random sampling, however, this was not done. Only Sindh chose the NGOs for interviews through this process, while others selected them and provided the list to the team.

It was proposed by the C/N representatives that the respective C/N will arrange meetings with NGOs, but due to various reasons some of the NGOs were not available at the time of the interview.

The fieldwork began on 01 July 2004 and continued till 27 July 2004. The team visited 15 cities and interviewed 39 out of scheduled 50 NGOs. Interviews were conducted at the offices of the C/N and selected NGOs; and in majority of cases were for more than 2 hours. The discussions were candid and frank.

Findings: Assessment of the AIDS Consortia/Networks

The C/N were established on the initiative of UNAIDS during 1999-2002 for bringing together the NGOs working for HIV/AIDS. Currently, the offices of these are generally located in the office of the Head or General Secretary and shifts with the change of office bearers. Only NAACC is sharing premises with Northern Areas AIDS Control Program (NAACP). Due to non-availability of any financial support, currently, none of them hired any full time staff. However, with the help of Tameer Project C/N are in the process of hiring staff.

Criteria have been formulated for NGOs to become the member of C/N, however, these are not being strictly followed. A surprising finding was that 5 of the NGO representatives interviewed did not know what the abbreviation “HIV” or “AIDS” stands for. The visible trend shows an overall increase of membership in BAN, NAC and NAACC since inception, while SAN shows a decline and that of PAC is static.

All C/N mentioned that they have a constitution but none showed the document, however IW Pakistan confirmed that these have been provided to them. The governing body of C/N is the Executive Body (EB)/ Executive Council (EC), which consists of 8 to 9 members. Only PAC has 1 representative of PLWHA as member of this apex body. These members are elected by the General Body that consists of the member NGOs. Each NGO has one vote. All Member NGOs have the right to nominate their candidate. Currently, the Chairpersons/Executive Directors of EB/EC are males in 5 C/N, except in BAN. The tenure of the EB/EC is for two years, however, elections have not been held with this regularity.

From discussion it became evident that the individuals on top two positions play the major role in management and functioning of the EB/EC, either individually or together. Some members of EB/EC in two provinces expressed their reservations about its functioning and/or expressed their resentment for not being heard. They felt that decisions of the board are taken by only a few figures.

All C/N are required to hold at least four meetings per year, however, all of them mentioned that they have met more frequently utilizing the opportunity during different events. The proceedings are recorded and the Head or General Secretary follows up the implementation of the decision.

To date, the board members have made important contribution in survival of C/N to date, such as space for the office and utilization of other utilities of their personal/NGO offices without any charge. Furthermore, the services have been provided without any remuneration for their time inputs. Now, C/N are looking forward to developing independent secretariats under Tameer Project. However, they expressed the desire of having the liberty to decide about the required equipments, positions and their salaries.

The C/N did not have specific information about the total number of NGOs working for HIV/AIDS in their province, hence best estimates of coverage were provided. Majority of member NGOs are working in urban areas and the districts covered range from 65% to 100%. The membership to the NGOs is offered for one year on the payment of annual fee that ranges from Rs. 500 to 1000 and the process for renewal of membership is mainly based on payment of the annual fee.

The incentives, assistance and services provided to NGOs by the C/N are mainly limited to three areas: (i) networking, (ii) training, and (iii) sharing of experiences. The general impression gathered was that C/N have not yet been able to function up to the desired level due to lack of resources.

The EC/EB members of all the C/N interviewed appeared well-versed with the issues of HIV/AIDS and some of them had apparent expertise in a few specific fields. Therefore, the need for technical enhancement differs among C/N.

The C/N stated that they all disseminate the latest information and knowledge to the member NGOs. However, no formal system was identified by anyone. It is interesting to note that C/N were themselves not aware of the findings of most of the latest research on HIV/AIDS carried out in Pakistan. This reflects a gap of communication between them, the donors and NACP. The sharing of best practices and lesson learned has also been limited to date.

The C/N members have carried out advocacy activities jointly on the occasion of World AIDS Day with PACP and Member NGOs but none mentioned any specific consistent planned regular advocacy activities.

Various points were mentioned by C/N regarding their relevance to the Provincial/Regional/National AIDS Control Program. These include: ensuring transparency in selection of service delivery projects, playing a role in capacity building of NGOs in an organized way and specially strengthening smaller NGOs, bringing NGOs from far flung areas to limelight and establishing network among NGOs that facilitates communication with PACP. Nevertheless, the member NGOs showed a mixed response about the C/N, but very surprisingly a lot of NGOs expressed several reservations.

Four C/N have not thought about their sustainability at the end of the Tameer Project, while one believed that the “new” Secretariat will close. On the other hand, PNAC is very positive that the C/N will be able to acquire funding through other donors for continuation even after the end of the Tameer Project.

All C/N have had some linkages and/or collaboration with donors. UNAIDS and UNICEF have been their major partner in technical and/or monetary support. Linkages have also existed with PACPs and joint events have been organized. Most of them mentioned that they were consulted during the design of the Enhanced HIV/AIDS Control Programme. All C/N, except NAC, mentioned that they have been involved in planning of the Tameer Project. However, four of them expressed grievance that their suggestions have been ignored.

Findings: Assessment of the NGOs

The period of establishment of the 39 NGOs interviewed ranges from 3 to 24 years with a median of 8 years. The target groups being served by them include the ‘groups of concern’ identified by IW, as well as others. Almost all of them are working for multiple groups. It is interesting to note that 35 out of 39 NGOs are working with at least any one of the ‘groups of concern’, however, majority of them are working with youth/adolescents, and much lesser number with FSWs, MSWs, IDUs and Hijray.

All the NGOs mentioned that they have very clear aims but many of them could not spell them out clearly. Out of the 39 NGOs, 12 identified themselves as working specifically for HIV/AIDS control, while the remaining 27 are working primarily in different areas. But, 3 of them could not identify any work that they have ever done related to HIV/AIDS. The level of activities related to HIV/AIDS, therefore, also varied substantially among these NGOs; from regular activities to one activity per year.

Majority of the NGOs have offices located in rented place and only 5 owned it. The space varied from drawing room to a full house and about four-fifth of them have sufficient space for current level of staff. However, most of them did not have rooms for group meetings or conducting counseling privately. Almost all of the offices of the NGOs visited were reasonably well maintained. Thirty-six (92%) NGOs have computers and 32 (82%) are using email facilities. Only 20 (51%) NGOs have vehicle or any other form of transport for logistics support.

Out of the 39 NGOs, 38 were registered and most of these have adopted the constitution to fulfill the mandatory requirement for registration. The constitution clearly spell out guidelines for the

governance of the NGOs, however, most of them lack information about its contents. Even some NGOs considered it to be a worthless document, which was prepared only for registration. The constitution also allows the NGOs to generate amendable byelaws for their internal management. This provision has been availed by one-third of the NGOs for effective management.

All NGOs, except one, have either Board of Governance (BoG), Board of Directors (BoD) or Executive Body (EB). The membership ranges from 05 to 17, but only one NGO has PLWHA in its BoG. All NGOs have defined a fairly good criteria for becoming member of this apex body, but it does not exist in documented form. The process of selection of BoG/BoD/EB members varies. Majority of them holds elections for the position, others nominate, while in a few founder members are lifetime members of this apex body. According to most of the interviewees, there is culmination of friends and family in the BoG/BoD/EB in several NGOs. In most cases, this board is functional and meetings are regularly held.

The responsibilities of each member of BoG/BoD/EB are described in the constitution, but the knowledge and understanding about them among the members is variable. In majority of the cases it is only a few members of the BoG/BoD/EB who are actively working and are also involved in day to day management of the NGO. Hence, in many NGOs, there is not a clear distinction between the governance and management structure. In almost all NGOs the members of BoG/BoD/EB are involved in resource mobilization for the organization, either in cash or kind.

The number of paid staff (both technical and support) varies very widely from 0 to 102 among the NGOs, which also reflects the variation in scale of their services and programmes. According to the perception of the interviewees, 54% (21) of the NGOs are appropriately staffed according to the current level of their activities, whereas, 46% (18) are understaffed. About 20 NGOs mentioned that they have provided written job description to its staff members, and the evidence was shown by half of them.

Assessment of capacity and skills revealed that almost two-third of the NGOs has some arrangements to train their staff. Except 11, the remaining 28 NGOs have written a total of 455 project proposals and among them 158 (35%) were funded. The scale of funding for proposals approved, ranged from Rs. 20,000/- to Rs. 25 million. Eighteen (49%) NGOs stated that some of their staff has received training in proposal writing that has varied from 1 to 15 days. Surprisingly, staff of only 3 NGOs, who have received training, felt confident about gaining sufficient knowledge and skills to be able to write proposal.

Almost 50% of the NGOs have a good theoretical understanding about the project cycle management while 41% have very little or no idea about it. On probing, it became evident that many NGOs are unclear in their understanding about “objectives”. Only a selected number of NGOs choose activities in consultation with the target groups and overall monitoring of the projects by them is weak. Only 1 NGO reported having a proper MIS system. Quality Assurance is a totally neglected issue and standards have not been set either for management or services except in a very few NGOs (4). However, almost about half of the NGOs (18) have had evaluations.

The understanding about the BCC and processes involved in it is very weak among most (74%) of the NGOs. About one-fourth NGOs claimed that they are providing the VCT services, while 5 were even unaware of the term “VCT”. Discussions showed that most of the NGOs claiming to provide these services do not have a clear concept and understanding of the steps involved in VCT. Also, For a few interviewees, the abbreviation STD or Sexually Transmitted Disease was a revelation. It

was found that only 26% of the NGOs are offering STD case management services and among them 30% are not trained on standard guidelines.

A large number of NGOs (82%) claimed to “involve” community as an active partner in their programmes and projects. But the attempts for community involvement are done to gain access, rather than making the community the integral part of the activity.

NGOs are using different channels to reach the target groups that include group communication techniques, interpersonal communication, print materials and events. The level of activity fluctuates with the availability of funding, hence they are episodic, ad-hoc and often are not part of an overall plan. A large number of NGOs follows this pattern. Many of them were involved in carrying out activities pertaining to advocacy with multiple groups, which are generally infrequent and in many cases are initiated when faced with problem or hurdles in implementing the programmes. Hence, advocacy is being carried out more reactively than proactively. Only two NGOs are implementing the relevant Pakistan HIV/AIDS Services Packages. One is for jail inmates in Sindh and the other for harm reduction among street drug users in NWFP. The number of people benefiting from the services of NGOs varied widely. Most of the NGOs were unable to provide the team with exact numbers or close to accurate estimates of number of people who have access to their services and the number being served.

Almost all the NGOs prepare annual project budgets, whereas half of them prepare budgets annually for the NGO also. Fifty six percent (22) NGOs are using double entry accounting system as compared to 44% (17) relying on single entry accounting system. However, only 8 (21%) are using accounting software. Internal audits are performed at 30 NGOs (77%) and out of these 9 NGOs (23%) also have external audits. Besides these, 3 NGOs have only external audits while 6 neither have any internal or external auditing of their accounts.

The number of volunteers associated with the NGOs varied radically from 0 to 1800. Among the 32 NGOs who have volunteers, 88% claimed that they involve them actively. However in majority, no formal mechanism exist for volunteers’ database, training or participation on regular basis.

One-third of NGOs have had joint ventures with other NGOs as liaison for service delivery or partnership in projects. Assistance to other NGOs is provided by 18 (46%) NGOs in the form of technical input that includes assistance in proposal writing, training of staff and coordination of activities in the field. It is interesting to see that many NGOs have formed local and regional networks to work hand in hand with other NGOs. These are different from the Provincial AIDS Consortia/Network. Two-third of the NGOs have experience of working with national and international donor agencies. It includes NACP, PACP, Ministry of Education, UNAIDS and WHO.

Interestingly, only 28% of NGOs knew either objectives and/or components of the Enhanced HIV/AIDS Programme, while other 49% knew that a Programme by this name exist but have no idea about its objective and components. Surprisingly, 23% NGOs were totally unaware about this mega project launched by the MoH to control HIV/AIDS in Pakistan.

A. Background and Purpose of the Study

1. Background

In 2004, the European Commission (EC) and the British Government's Department for International Development (DFID) funded a Programme in Pakistan “Building-Up Rights-Based Approaches to HIV/AIDS in Pakistan: A National Civil Society Capacity Building Project”, commonly known as *Tameer Project*. Interact Worldwide, a UK-based firm that works to promote sexual and reproductive health and rights around the world, was selected to lead the Programme. Other implementing partners include Pakistan National AIDS Consortium and its constituent provincial Consortia/Networks, KIT Health of the Netherlands (Royal Tropical Institute), AIDOS from Italy, and the Centre for Population Studies of the London School of Hygiene and Tropical Medicine.

Tameer Project is based on a premise that the fight against HIV/AIDS can only be successful if there is an autonomous, quality oriented, transparent civil society / non-governmental sector which is in touch with the grassroots. Further, that this sector can be co-opted to deliver the Government of Pakistan’s (GoP) AIDS Control Programme’s Services Packages. It is however, well recognized that capacity with regard to HIV/AIDS intervention is low in both public and private sectors. This Programme was developed to address this low capacity in the private (NGO) sector.

The Tameer Project aims to: (a) support Institutional development of the NGO HIV/AIDS Consortia/Networks such that they are delivering legitimate, transparent, coordinated and sustainable civil society/NGO participation in public-private sector partnership with the Provincial AIDS Control Programmes (PACPs) and the National AIDS Control Programs (NACP), and (b) radically enhance the capacity of HIV/AIDS NGOs and to help them be effective and enduring partners in public-private sector partnerships fighting HIV/AIDS.

This includes capacity building for enhanced governance, as well as strategic, organisational, technical and project identification and management capabilities, and increased joint planning and coordination. These measures are in line with the objectives of the National HIV/AIDS Strategic Framework 2001-2006, and more specifically with the Program Implementation Plan (PIP) of Enhanced HIV/AIDS Control Programme, Ministry of Health, Government of Pakistan, November 2002.

This study came forth as one of the initial steps towards achieving the goals of Tameer Project.

2. Purpose of the Study

The purpose of the study is to provide a focused baseline and recommendations with regard to the organisational capacity of the HIV/AIDS Consortia in Pakistan, and their memberships. It will contribute to the overall Monitoring and Evaluation Framework of the

project: *Building up Rights Based Approached to HIV/AIDS in Pakistan: A National Civil Society Capacity Building Project*, and inform the fine-tuning of capacity building activities under the project.

3. Expected Outputs

A detailed assessment of the current capacity, capacity building needs and organisational potentiality of Balochistan AIDS NGO Network (BAN), Northern Areas HIV/AIDS Consortium (NAACC), NWFP AIDS NGO Consortium (NAC), Punjab HIV/AIDS NGO Consortium (PAC), Sindh AIDS NGO Network (SAN), and the Pakistan National AIDS NGO Consortium (PNAC) which represents the Provincial/Regional Consortia at the national level. This should include:

- Governance and structure (including representation of PLWHA);
- Capacity to govern a staffed secretariat effectively;
- Membership coverage (of HIV/Aids serving NGOs in the Province);
- Services offered to the membership;
- Technical leadership, knowledge management and advocacy / communications;
- Relevance to the Provincial / Regional / National Aids Control Programs;
- Peer / Stakeholder Reputation;
- Sustainability;
- Linkages and collaborative working with other National and Provincial AIDS Programmes and donors

An indicative assessment of the capacity, capacity building needs and potentiality of the current and future NGO membership of the five Provincial / Regional NGO Consortia. This should include:

- Governance and structure;
- General Human resource capacity (number and skills of staff);
- Knowledge about HIV/Aids, HIV/Aids best practices and rights based approaches (including participatory approaches and advocacy);
- Contact and experience of working with the groups of concern at the grassroots;
- Extent of coverage (regional and of the groups of concern) of NGOs;
- Delivery of the relevant Pakistan HIV/Aids services packages;
- Project identification, design and proposal writing;
- Project Cycle Management (including MIS, QA and Financial Management);
- Advocacy with Provincial and National Government and donors;
- Linkages and collaborative working with other organisations;
- Understanding of and relevance to the institutional and policy context;
- Knowledge about the National HIV/AIDS Enhanced Programme;
- Understanding of the roles of Networks and Consortia.

Arjumand And Associates (AAA) was hired to carry out the study from 23 June to 15 September 2004. The team consisted of Dr. Arjumand Faisal, Dr. Qazi Tauseef and Mr. Khurram J. Khan.

B. Methodology of the Study

4. Steps Taken to Accomplish the Assignment

The following steps were taken to accomplish the assignment:

4.1: Discussions and Clarifications on ToRs

The ToRs were reviewed and suggestions were exchanged initially through emails between IW, UK Office and AAA. These were then discussed and agreed upon in the meeting held in London in March. It was decided that for the study a sample of 50 NGOs will be taken from Islamabad, four provincial capitals and Gilgit. Later, Director Technical, IW, Pakistan Office, suggested to include the NGOs from outside the capital cities.

4.2: Meeting with IW and PNAC

At the initiation of the study on 23 June 2004, the AAA team met the Director Technical, IW, Pakistan and the President PNAC. This meeting was held to reach a clear and mutually agreed understanding of the outputs and to agree on methodology of the study and schedule.

The AAA team accepted the proposal of IW to interview the NGOs outside the provincial headquarters. In the interest of validity of the results, it disagreed with the idea of calling over the NGOs from different city to the provincial headquarters and offered to visit them without requesting increment in the budget. The list of cities to be visited was agreed upon.

IW and PNAC proposed to delay the start of the fieldwork as a meeting of all the Consortia/Networks (C/N) was being organized in the following week. AAA team requested to be given time in the meeting to brief the participants about the objectives of the assessment.

AAA team proposed to IW and PNAC to select the NGOs from each city through random sampling in front of the representatives of the consortia.

The minutes of the meeting are presented in Appendix 1.

4.3: Development of Study Tools

In the light of the agreed outputs, guidelines were prepared to conduct the Baseline Study and shared with IW, Pakistan Office. Changes were made according to the comments received. Tools are attached in Appendix 6.

4.4: Briefing of the Representatives of the Consortia/Networks

One of the Study Team members visited Changla Gali on 28 June 2004, where meeting of the representatives of C/N was being held. Mostly, the chairpersons and/or general secretaries were present. They were briefed about the purpose and objectives of the Baseline Study, and were requested to randomly sample the NGOs at that time. This was not possible as the incomplete lists of member NGOs were available at the meeting venue. The representatives from each C/N agreed to conduct it on return and provide the sampled list to the team, however, they made suggestions to revise the list of cities and number of NGOs for interview in each province.

The importance for selecting the NGOs to be interviewed through random sampling was reiterated.

It was proposed by the C/N representatives that the respective C/N will arrange meetings with NGOs, but due to various reasons some of the NGOs were not available at the time of the interview.

The minutes of the meeting are attached as Appendix 2.

4.5: Finalization of the List of Cities and Number of NGOs

The cities for the study and number of NGOs to be interviewed in each province agreed upon in the first meeting with IW and PNAC were revised on the suggestion of the representatives of the C/N, in agreement with IW on 01 July 2004.

4.6: Fieldwork

The fieldwork began with the interview of the President of PNAC on 01 July 2004 in Islamabad and continued till 27 July 2004. The team visited Rawalpindi, Lahore, Multan, Khanewal, Lodhran in Punjab; Sukkur, Larkana and Karachi in Sindh; Quetta and Kuchlak in Balochistan, Gilgit in Northern Areas; and Swabi and Peshawar in NWFP.

The list of NGOs to be visited was provided by the C/N of each province and Northern Areas. It is important to note that only Sindh AIDS Network stated that they picked the NGOs for the interviews through random sampling, while the remaining selected the NGOs.

Interviews were conducted at the offices of the C/N and selected NGOs and lasted from 15 minutes to 3.5 hours, and in majority of cases were for more than 2 hours. The discussions were candid and frank. At the end of each interview, C/N and NGOs were invited to provide and share any extra information that they considered essential but did not come under discussion.

The agreed schedule for the fieldwork is attached in Appendix 3. The names of the NGOs and persons met are given in Appendix 4.

4.7: Data Analysis and Report Writing

Data analysis began on 28 July 2004 and the draft report was written and submitted to IW on 17 Aug 2004.

C. Findings

5. Assessment of the AIDS Consortia/Networks

5.1 Formation of the Consortia/Networks

According to the board members of the Consortia/Networks (C/N), these were formed on the initiative of UNAIDS in 1999. It realized that that NGOs working for HIV/AIDS were functioning in isolation, hence, the attempt was made to bring them on one platform to: (i) avoid overlapping of work in similar areas, (ii) create a network of public-private partnership, (iii) assist adoption of integrated and common approaches, (iv) build capacity of smaller NGOs and to protect their rights, (v) share and learn from the experience of each other, and (vi) facilitate donors in making their accessibility easier to NGOs.

Six C/N were established over a period of 3 years, as shown in Table 5.1.

Table 5.1: Year of Establishment of C/N

Consortia / Networks	Year of Establishment
Balochistan AIDS Network (BAN)	1999
Punjab AIDS Consortium (PAC)	1999
Sindh AIDS Network (SAN)	1999
NWFP AIDS Consortium (NAC)	2000
Pakistan National AIDS Consortia (PNAC)	2000
Northern Area AIDS Control Consortium (NAACC)	2002

The offices of the PNAC is currently located in IW, Pakistan office in Islamabad. PAC and SAN offices are based in the General Secretary’s NGO, while NAC office is based in the Executive Director’s NGO. The office shifts with the change of Office Bearers. BAN Office is located in a member NGO office and NAACC is sharing premises with Northern Areas AIDS Control Program (NAACP). This shows that all the C/N offices are currently located in shared premises. However, all of them mentioned that they will be renting separate offices for the C/N, except one, which stated that though they will rent a place through IW support but it will be called “Tameer Project Office” and not the C/N Office.

5.2 Membership

The team was informed that initially only the NGOs working on HIV/AIDS were entitled to become the members of C/N, however, this has changed recently and is described later. The membership of PNAC consists of mandated / representative officers of the other five C/N.

The membership of C/N has fluctuated over the years, as seen in Table 5.2.

Table 5.2: Membership of C/N

Year	BAN	PAC	NAC	NAACC	SAN	PNAC
1999	15	50	-	-	40	-
2000	20	?	17	-	?	4
2001	23	?	27	-	?	4
2002	26	?	27	04	?	5
2003	30	?	27	10	80	5
2004	33	50	25	24	30	5

The visible trend shows an overall increase of membership in BAN (120%), NAC (47%) and NAACC (600%) since inception, while SAN shows a decline and that of PAC is static.

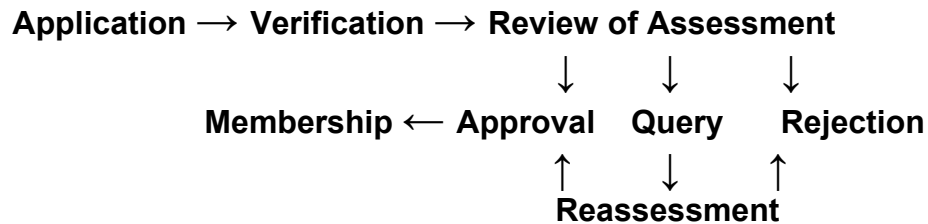
Criteria for Membership: Initially, the criteria followed to give the membership of C/N were that an NGO should be registered with government authority and has done some work related to HIV/AIDS. But according to the interviewees, over the years, these have become more stringent. All the five C/N mentioned at least five similar criteria that now allow any NGO to become their member. These include that NGO should have:

- been registered.
- worked on issues of HIV/AIDS
- track record of at least two years of work with evidence such as pictures of events, expenditure record, audit reports
- physical presence (existing office).
- paid the Membership fee.

Besides these NAC requires 2 references and also allows the NGOs working in health sector (not excluding HIV/AIDS) to be part of Consortia.

During discussions with NGOs it became apparent that the above criteria is not being strictly followed, as the team met some NGOs who did not meet the above common criteria. For example, 5 of the member NGO representatives interviewed did not know what the abbreviation “HIV” or “AIDS” stands for (None of them were member of NAC).

Membership Process: In general, the interested NGO submits a written application to C/N for becoming a member with necessary documents such as profile, constitution and byelaws, reports (activity & expenditures). This is followed by a verification process about the existence of the NGO and it’s program and services, which is mostly conducted by one of the board members of C/N. The findings are presented to the Executive Body/Executive Council of the C/N that either approves the membership or request for required documents/ appraisal. A minimum quorum of three members of the board is required to take decisions.



The membership is confirmed on receipt of one year fee that ranges from Rs. 500 to Rs. 1000.

The major variation in the above process is that the BAN, in addition, requires the NGOs to hold a presentation of their profile and programs for assessment. NAACC differs from others and only interview the NGO representative after review of their application.

5.3 Governance & Structure:

Constitution: All C/N, mentioned that they have a constitution but none showed the document to the team, however, it was confirmed by the IW Pakistan that they have the copies. BAN and NAC committed to send a copy but it was not received till finalization of this report.

PNAC has prepared the constitution with the input of members that has been revised by a lawyer and is being reviewed by members. SAN mentioned that their constitution is a loose document, in which minor amendments have been made and there are plans to improve it without any technical support from the donors.

The governing body of C/N is the Executive Body (EB)/ Executive Council (EC), which consists of the following 8 to 9 members:

- President / Chairperson / Executive Director / Chief Coordinator
- Vice President / Vice Chairperson / Director / Deputy Chief Coordinator
- General Secretary
- Joint Secretary
- Finance Secretary
- Press Secretary / Public Relation Officer
- Regional Coordinators
- District Coordinators
- Executive Members

Only PAC has 1 representative of PLWHA as member of this apex body.

These members are elected by the General Body that consists of the member NGOs. Each NGO has one vote. All Member NGOs have the right to nominate their candidate. BAN mentioned that NGOs from far flung areas are not preferred for EB as they are not

easily accessible and also that NGO must have completed one year of membership with the Network. Currently, the chairpersons of EB/EC are males in 5 C/N, except in BAN. The tenure of the EB/EC is for two years.

The Executive Director of PAC and SAN are the Provincial Manager of the AIDS Control Programme, Department of Health. In one province, the NGOs appreciated this structure, while in the other, some NGOs expressed their reservation. In their opinion, it is a strange phenomenon that Non Governmental Organizations are being lead by the Government official. They felt inhibited in expressing their views during meetings due to the fear of lash backs.

Role of Office bearers: From discussion it became evident that the individuals on top two positions play the major role in management and functioning of the EB/EC, either individually or together. The functions mainly carried out by them are stated to be capacity building of other NGOs through training, sharing information and experience, organizing HIV/AIDS awareness events, extending support. Some members of EB/EC in two provinces expressed their reservations about its functioning and/or expressed their resentment for not being heard. They felt that decisions of the board are taken by few figures.

The role of other members in EB/EC appeared to be limited to be partner in major decision making and verification of NGOs in their regions.

Meetings: It was mentioned that according to the constitution, all the C/N are required to hold at least four meetings per year. However, all of them mentioned that they have met more frequently. They utilize the gatherings for holding the EC/EB meetings during different event such as meetings, workshops, seminars organized by NACP, PACP or donors, the proceedings are recorded and the Chairperson or General Secretary follows up the implementation of the decision.

Resource Mobilization: The board members have made important contribution in survival of C/N to date. They have provided space for the office in their offices and have allowed the utilization of telephone and fax facilities without any charge. They have also paid at times for meeting expenditures and have mostly born the expense incurred during the verification of NGOs. Furthermore, the services have been provided without any remuneration for their time inputs. However, EB/EC members of any C/N have not made combined efforts to mobilize funds to strengthen and expand their secretariat.

5.4 Capacity to Govern Staff Secretariat

All C/Ns are running their secretariat from NGOs of current office bearer and utilizing their staff and facilities. Currently, none of them has hired any staff, as they do not have any funds to meet these expenditures. Only PNAC has one paid Administrative Assistant, and one volunteer who is working as a short-term consultant. The secretariat moves with

person on the post. Hence, their current capacity to meet the desired objectives is very limited.

C/N are looking forward to developing independent secretariats under Tameer Project. As stated by all, buildings are being rented out and will be furnished according to needs. About 40 positions have been advertised and recruitment is in process for the staff of National and Provincial C/N. Nevertheless, two C/N mentioned that the support through Tameer project should not be applied uniformly in all provinces. For effective utilization of funds, each C/N should be given the liberty to decide their staff positions and their salaries, equipment and other needs. Some felt that the provision of “luxuries” such as airconditioners is not appropriate utilization of funds as they have been working without them. They also mentioned that the proposed salary level of the staff is much higher than the current market rates. They fear that this new costly structure is likely to result in disengagement by the current board members, who have rendered services to date without any charge.

5.5 Membership & Services Offered

The C/N did not have specific information about the total number of NGOs working for HIV/AIDS in their province, hence best estimates were provided. According to these, a large number of NGOs working for HIV/AIDS in Balochistan and Northern Areas are member of the C/N, while in other provinces apparently 50% or less NGOs currently hold the membership (estimates about Punjab cannot be made as the number of total NGOs was not available).

As informed, the member NGOs are widely dispersed throughout the province and are present in majority of districts (see table 5.3). Nevertheless, most of them are working in urban areas, except in Balochistan. The ratio provided for services in urban/rural areas were not based on counting but on rough estimates.

Table 5.3: Membership Coverage of C/N

	Balochistan	Punjab	Sindh	N.W.F.P.	Northern Areas
Total NGOs	38	??	80	50	31
Members of C/N	33 (87%)	50	25 (31%)	25 (50%)	24 (77%)
District Coverage	73%	65%	74%	70%	100%
Urban :Rural	20:80	70:30	70:30	50:50	40:60

The membership offered is for one year on the payment of annual fee that ranges from Rs. 500 (BAN and NAC) to Rs. 1000 (SAN and PAC), while NAACC does not charge any annual fee.

The process described for renewal of membership is said to be mainly based on payment of the annual fee, however, the NGOs do not take this action on time. Reminders are sent 1 to 3 times before sending the final notice for termination of the membership. In case of non-response from the member NGOs, the decision of cancellation of the membership is taken by EB/EC. However, on discussions with NGOs it became apparent that this process is not followed very stringently.

Discussions about the incentives, assistance and services provided to NGOs by the C/N, it became apparent that these were mainly limited to three areas: (i) networking, (ii) training, and (iii) sharing of experiences. Networking implies that they invite member NGOs from all over the province to different meetings, seminars and workshops organized by PACPs or donors. This has allowed the NGOs from different part of the province to learn about each other and established their informal networks. Such occasions also provide opportunity for information sharing informally. Specific trainings have also been arranged for member NGOs in collaboration with PACPs and donors. PNAC and SAN expressed that C/N have not yet been able to function up to the desired level due to lack of resources. However, others were not that explicit, but it was clear from their responses that they also hold the same view.

5.6 Technical Leadership

The EC/EB members of all the C/N interviewed appeared well-versed with the issues of HIV/AIDS and some of them had apparent expertise in a few specific fields. Almost all of them were familiar in methods of raising awareness and advocacy. However, the expertise in methodology of training was seemingly not optimal. Very few of the board members in the C/N have received trainings in BCC, while some are trained in management of STIs. A few members from C/N have been exposed to programmes in other countries through international meetings and study tours. Therefore, the need for technical enhancement in differs among C/N.

In all C/N meetings, the members claimed that they update themselves with the latest information through websites such as those of FHI and UNAIDS, involvement in activities of PACP, trainings provided by donors. It is interesting to note that C/N were not aware of the findings of most of the latest research on HIV/AIDS carried out in Pakistan. This reflects a gap of communication between them, the donors and NACP.

The C/N stated that they all disseminate the latest information and knowledge to the member NGOs. However, no formal system was identified by anyone. PNAC, BAN and SAN mentioned that they mail the new literature to the NGOs when made available, NAC relies mostly on email exchange, while PAC is planning to establish a website.

The sharing of best practices and lesson learned has also been limited to date. BAN mentioned that they share occasionally via email with other C/N. PAC members visited Sindh and N.W.F.P. in the last two years. All mentioned informally sharing their experiences during interaction in meetings, workshops and seminars.

The C/N members have carried out advocacy activities jointly on the occasion of World AIDS Day with PACP and Member NGOs. None mentioned any specific advocacy activities with Nazims, Councilors, and Media Personnel. BAN and NAC mentioned that they invite MPAs as Chief Guests in various events. NAC has carried out two workshops with the leadership of the MMA government in NWFP. None mentioned any regular concerted planned efforts for advocacy.

5.7 Relevance of C/N to the AIDS Control Programs

Various points were mentioned regarding relevance of C/N to the Provincial/Regional/National AIDS Control Program. According to PNAC, it is ensuring transparency in selection of service delivery projects, playing a role in capacity building of NGOs in an organized way and specially strengthening smaller NGOs, bringing NGOs from far flung areas to limelight and establishing network among NGOs that facilitates communication with PACP. All the efforts contribute towards the objectivity of the Tameer Project. BAN, NAACC, PAC, and SAN also had similar viewpoints.

5.8 Reputation of Consortia/Networks:

The NGOs showed a mixed response about the C/N, but very surprisingly a lot of NGOs expressed several reservations. On the assurance given to NGOs for maintaining confidentiality, the feedback is not being presented provincially, but generally they were similar.

It was mentioned that there is lobbying, favoritism and politics and all member NGOs are not being given equal opportunities. Some dealings are not transparent, benefits are reaching to limited number of members, and sharing of important information with all members is not ensured. Furthermore, inactive NGOs have been given positions in the EB/EC, and individuals who do not have time are heading this apex body in some places. There is no accountability of the decisions of the EB/EC and minutes are not circulated to all members of the C/N. Some felt that the formation of C/N has blocked the channel for NGOs to reach the donors directly and also feared that funds will be wasted on management rather than their utilization on programmes. A few expressed resentment about the involvement of the government in C/N.

On the other hand, some NGOs expressed positive opinions about C/N. They appreciated the efforts for mainstreaming of small NGOs by providing a platform that is helping to bring them in contacts with the funding agencies. The minimization of monopoly as well as control of larger NGOs on grants has been applauded, and also the efforts for the capacity development of smaller NGOs.

5.9 Sustainability

Four C/N have not thought about their sustainability at the end of the Tameer Project, while one believed that the “new” Secretariat will close. On the other hand, PNAC is very positive that the C/N will be able to acquire funding through other donors for continuation even after the end of the Tameer Project. It was mentioned to the team that one of the major responsibility of all the Programme Managers in the Secretariats will be to search for funding resources.

It was explored whether C/N expect ‘external’ interference after their expansion, restructuring and receipt of grant under the Tameer Project, as has happened with other bodies created for managing NGOs (such as NATPOW). PNAC stated that it will not happen as the Consortium is being registered as a Private Limited Company; BAN, NAACC have not thought about the issue; PAC and SAN believed that it is a possibility; while NAC mentioned that their constitution will protect them against such interference.

5.10 Linkages and Collaboration

All C/N have had some linkages and/or collaboration with donors. UNAIDS and UNICEF have been their major partner in technical and/or monetary support. Linkages have also existed with PACPs in Punjab, Sindh and joint events have been organized. PAC has been involved in selection of the NGOs for service delivery packages. SAN is a member of the Steering Committee of PACP.

BAN, PAC, SAN and PNAC stated that they were consulted during the design of the Enhanced HIV/AIDS Control Programme. All C/N, except NAC, mentioned that they have been involved in planning of the Tameer Project. However, four of them mentioned that their suggestions have been ignored. PNAC has been invited also by SCF, WHO and Global Fund as participants in different meetings.

6. Assessment of the NGOs

6.1 Number of NGOs Met

As mentioned in the Methodology Section, the team was scheduled to meet 50 NGOs in Islamabad, four provinces and Northern Areas. It was successful in meeting thirty-nine NGOs (names are listed in appendix 4) with the following distribution.

Table 6.1

Area	Planned	Conducted
Islamabad	1	1
Balochistan	8	7
Punjab	12	9
NWFP	10	9
Sindh	15	9
Northern Areas	4	4
Total	50	39

Eleven NGOs were not accessible (names are given in Appendix 5) due to different reasons as listed below:

- Lead persons (president, chairman, etc.) of 5 NGOs were not available in the city during the survey period. However, these were contacted on phone and were requested for providing names of their substitutes from other members of their Board of Governor (BoG)/BoD/EB for conducting the interviews, but these were not given.
- Information about the team visit was not provided to the 2 NGOs by the C/N, hence they were not ready/prepared to meet.
- Address or contact phones number of 1 sampled NGO was not provided to the team.
- The officials of the 2 NGOs did not turn up in their office/meeting venue even after confirmation and reconfirmation of the meeting.
- Death in the family of the Head of the NGO on the meeting date.

6.2 Years of Service

The period of establishment of the NGOs interviewed ranges from 3 to 24 years indicating a large variation in experience of service. The mean year of establishment is 10.3 with the median of 8 years, which reflects that they have had exposure of significant number of years of practice.

6.3 Target Groups Being Served

The target groups being served by these NGOs include the ‘groups of concern’ provided to the team by IW, Pakistan Office as well as other groups. Almost all the NGOs are working for multiple target groups.

Table 6.2: Target Groups Being Served By the NGOs

Target Group	Balochistan	Punjab	N.W.F.P.	Sindh	Northern Areas	Total
Groups of Concern identified by IW						
Coal Miners	1	0	0	0	0	01
Fisherman	0	0	0	0	0	00
FSWs	0	6	1	4	0	11
Hijray	0	1	1	3	0	05
IDUs/ Dus	1	0	2	4	0	07
Khepiay	0	0	0	0	0	00
Migrant Workers	0	0	1	0	0	01
Men On the Move	0	1	2	0	0	03
MSWs/MSMs	0	3	1	1	0	05
PLWHA	0	3	2	1	0	06
Prisoners	0	0	1	1	1	03
Truckers	0	2	4	3	0	09
Youth / Adolescents	7	4	5	5	3	24
Other Target Groups						
Women/Women & Children	1	0	0	1	2	8
General Population	1	1	2	2	3	9
Barbers	0	0	1	0	0	1
Mechanics	0	0	1	0	0	1
Teachers	0	0	0	0	1	1
Unemployed	0	0	1	0	0	1
Poor People	0	0	0	1	0	1
Families of Truckers	0	0	0	1	0	1
Out of School/ Street Children	2	1	2	0	0	5
Farmers	1	0	0	0	0	1

It is interesting to note that 35 out of 39 NGOs mentioned that they are working with at least any one of the ‘groups of concern’ identified by IW. As evident, majority of them are working with youth/adolescents, which is not considered a high-risk group. Much lesser number of NGOs is working with the high-risk groups from where the epidemic is likely to start and spread such as FSWs, MSWs, IDUs, Hijray.

6.4 Aims and Focus of Activities of these NGOs:

All the NGOs mentioned that they have very clear aims and a large number of them stated that it is well defined in their constitution. However, many of them could not spell out the aims clearly and some of those mentioned were not coherent with their activities.

Out of the 39 NGOs, 12 identified themselves as working specifically for HIV/AIDS prevention and control. While among the remaining, 27 are working primarily in different areas like rural development, health, poverty alleviation, promotion of education, youth and women empowerment, prevention and rehabilitation of drug users; but they have also carried out some activities in area of HIV/AIDS. Surprisingly, 3 of these 27 NGOs could not identify any work they have ever done related to HIV/AIDS.

The level of activities related to HIV/AIDS varied substantially among these NGOs. Apparently, one third of the NGOs are carrying out activities regularly such as awareness raising through seminars, workshops, group discussion and lectures in schools; training of peer educators; syringe needle exchange programme; condom distribution; and provision of VCT. For others the activities are mainly limited to participation in and facilitation of events organized by PACP, consortia/networks and other organization. Some have also organized small scale events on adhoc basis whenever funds are provided to them by any donor agency (mostly UNAIDS). Only one NGO is providing anti retroviral (ARV) therapy to HIV positive individuals from all over Pakistan.

6.5 Information About NGOs’ Offices

Majority of the NGOs have their offices located in rented place and only 5 owned it as shown in the table 6.3 below:

Table 6.3: Information About NGO Premises

Province	Owned	Rented	Members Place	Leased from Government
Islamabad	1	0	0	0
Balochistan	1	6	0	0
Punjab	0	8	1	0
NWFP	0	8	0	1
Sindh	2	5	2	0
Northern Areas	1	3	0	0
	5	30	3	1

The space varied markedly, from drawing room of the owner to a full house on over 1000 sq yards. According to the team’s perception, apparently four-fifth of the NGOs have sufficient space for current level of staff. However, most of them did not have rooms for group meetings or conducting counseling privately. Among the remaining, 5 have insufficient space, 1 has no office and three claims to have office which could not be verified as they met the team in their home, shop or somebody else’s office. Almost all of the offices of the NGOs visited were reasonably well maintained. This implies that walls were painted, offices were clean, furniture was in functional conditions, and necessary fixtures such as lights, fans/airconditioners, were functioning, and toilet facilities were available.

The available equipments are listed in Table 6.4 below:

Table 6.4: Office Equipments Available with NGOs

Office Equipments	Sindh (9)	Punjab and Islamabad (10)	NWFP (9)	Balochistan (7)	Northern Areas (4)	Total (39)
Computers	8	9	9	7	3	36
Phones	7	8	9	6	4	34
Facsimile	4	4	9	4	1	22
Photocopiers	1	1	4	0	0	6
Vehicles	4	2	7	3	3	20

Almost all the NGOs (92%) have computers and 32 (82%) are using email facilities and a small number have their web pages. Seventeen NGOs have fax machine, while five are using the computer software. A few NGOs have a photocopier. Only 20 (51%) NGOs have vehicle or any other form of transport for logistics support.

6.6 Governance and Its Structure

Constitution: Out of the 39 NGOs visited, 38 were registered under different acts. Most of these NGOs have adopted the constitution to fulfill the mandatory requirement for registration. Majority of them has mainly filled-in the standard prescribed proforma of the registering authority with little or no addition, while only one NGO framed its own constitution.

The constitution, which is mostly followed by the NGOs, is the document of the Directorate of Social Welfare, developed in 1961 for NGO registration. The main components of the constitution are:

- Name, Address and Area of Operation of the NGO
- Aims and Objectives

- Eligibility criteria for the membership of the NGO
- Types of membership
- Procedure for admission/cancellation/restoration of membership
- Composition of Governing and General Body
- Power and functions of office bearers
- Types, quorum and frequency of meetings
- Election Details (eligibility criteria, frequency and voting mechanism)
- Financial Administration
- Conditions for Dissolution of the NGO

The components of the constitution clearly spell out guidelines for the governance of the NGOs. Though reference was made time and again to the constitution by the NGO representatives, while discussing governance and policy issues, most of them were unclear in their understanding of the constitution. Even some NGOs considered it to be a worthless document, which was prepared only for registration.

Table 6.5: Availability and Sharing of Constitution

	NGOs	Have	Gave a Copy	Shown During Interview	Committed to send later, but not sent	Refused to Share
Punjab	9	9	3	3	3	0
Sindh	9	7	2	3	2	0
NWFP	9	9	0	7	2	0
Balochistan	7	7	0	2	4	1
Northern Area	4	4	1	2	1	0
Islamabad	1	1	0	1	0	0
	39	37	5	18	13	1

This constitution also allows the NGOs to generate amendable byelaws for their internal management. This provision has been availed by one-third of the NGOs for effective management.

Board of Governance/Board of Directors/Executive Body: All NGOs except one have either Board of Governance (BoG), Board of Directors (BoD) or Executive Body (EB). The membership ranges from 05 to 17, that includes

- President/Chairman
- Senior Vice President/Vice Chairman
- General Secretary
- Joint secretary
- Press Secretary

- Office Secretary
- Information Secretary
- Finance Secretary
- Executive Members/Executive Directors

Most of the NGOs mentioned that following are the criteria for becoming a member of BoG/BoD/EB, and the individual should have some of these characteristics:

- a) Should have the membership of the NGO
- b) Should exhibit interest and participate in the activities of the NGO for a certain period of time, which varies from 6 months to two years
- c) Have a track record as a social worker
- d) Have influence and goodwill in the community and society
- e) Have expertise in a relevant field of interest to NGO
- f) Have time to work for the NGO
- g) Be a Founder Member

Only a few mentioned “to be educated” as a necessary criteria and none expressed the need or desire of having a PLWHA in BoG/BoD/EB.

The criteria listed above; do not exist in documented form. These have evolved with time and understanding of people working within NGOs. At the face value, this appears to be fairly good criteria for forming an effective apex governing body.

The process of selection of BoG/BoD/EB members varies among 38 NGOs. Majority of them (20) i.e. 53% holds elections for the position ranging from 1 to 5 years, while 15 (39%) either directly nominate the member to BoG/BoD/EB or present the names to general body for approval. While a few 3 (8%) have made founder members as lifetime members, of this apex body.

Among the NGOs following the process of election, only a few, conduct secret balloting while others use hand raising method in general body meeting. The nomination method involves mostly three processes: (i) a leaving office bearer nominates a replacement, (ii) an existing general body member presents himself for nomination, or (iii) general body nominates someone to take the office. According to most of the interviewees, this has led to culmination of friends and family in the BoG/BoD/EB in several NGOs. The lifetime membership does not allow new leadership to prevail in the NGO structure.

The role of BoG/BoD/EB is stated in the constitution but generally almost all NGOs have perceived its role for policy issues, taking major decisions, monitoring and review of progress of its programmes. In most of the NGOs this board is functional and meetings are regularly being held as evident from the 'minutes of the meetings' shown to the team.

The responsibilities of each member of BoG/BoD/EB are described in the constitution of the NGOs, but the knowledge and understanding about them among the members is variable. From the discussions held, it became explicit that in majority of the cases it is only a few members of the BoG/BoD/EB who are actively working while others are mostly dormant or play a very minimal role. These are mostly the president/chairman, general secretary and finance secretary, who are also involved in day to day management of the NGO and running its programme and services. Hence, in many NGOs, there is not a clear distinction between the governance and management structure. Only in about 6 cases, the BoG/BoD/EB and management are two distinct bodies and are functioning independently.

In almost all NGOs the members of BoG/BoD/EB are involved in resource mobilization for the organization, either in cash or kind. For example, the members have donated land for establishment of service facilities, office space, furniture, equipments for service delivery such as sewing machines and computers; provided logistic support for organizing events and meetings; collected donations from other members of the community. Besides these, donations in cash have also been made to share the cost of events, provide treatment to PLWHA and their families and for managing other affairs of the NGOs. The executive members also pay an annual fee that range from Rs. 100/- to Rs. 1,000/-.

Only one NGO that is dealing with PLWHA has PLWHA in its BoG and also as members. While three other NGOs also have PLWHA working with them on regular basis and few (3) others also mentioned the name of one HIV positive female working with them as a volunteer.

6.7 Human Resource Capacity of NGOs

Number of Staff: The number of paid staff (both technical and support) varies very widely from 0 to 102 among the NGOs, which also reflects the variation in scale of their services and programmes. It was reported that the number of staff fluctuates with the funding level of the projects. It is important to note that 15% of NGOs visited have no staff, while on the other extreme 39% have more than 20 staff members.

Table 6.6: Range of Staff Members

Number of Staff	Number of NGOs
0	6
1-5	4
6-10	7
11-15	4
16-20	3
21-30	4
31-40	3
41-50	4
50 +	4
	39

According to the perception of the interviewees, 54% (21) of the NGOs are appropriately staffed according to the current level of their activities, whereas, 46% (18) are understaffed. The group of NGOs that finds themselves understaffed generally mentioned deficiency in technical staff, such as doctors, paramedics, lab technicians and counselors and fieldworkers. A few also mentioned paucity of management staff. Among the NGOs who feel themselves appropriately staffed, some expressed that they are currently able to manage their activities with their existing staff but would expand when the need arises.

About 20 (51%) NGOs mentioned that they have provided written job description to its staff members, and the evidence was shown by half of them. Among these, some had well defined job responsibilities and even the performance appraisals and increment policies were stated.

Staff Skills: Almost two-third of the NGOs have arrangements to train their staff either internally or externally for building their knowledge and skills. However, 11 NGOs do not have any mechanism to train their employees.

An attempt was made by the team to assess the capacity and skills of each technical member of the staff though gathering of information about their qualification, relevant experience and training. However, this was not possible as only a few members were present at the time of the interview and they did not have sufficient information about the other staff members and neither it was conveniently accessible on the spot. NGOs were requested to provide this information through email/mail or fax but were complied by only a few. Hence, an overall assessment of the current capacity of the staff was made on the basis of the information provided by the interviewees about the NGOs capabilities for project management and service delivery. This is described later in section 6.8.

Volunteers: The number of volunteers associated with the NGOs varied radically from 0 to 1800. The ranges of volunteers associated with NGOs are given in the table 6.7. Only some NGOs maintained a formal record of their volunteers with names, addresses and

national identity card numbers; whereas others quoted the figures for which no verification was available. Some included even those people as volunteers who offered any kind of assistance even once. Very few NGOs (4) receive cash contribution from the volunteers in the form of monthly fee, which ranges from Rs. 5 to Rs. 10. Among the 32 NGOs who have volunteers, 88% claimed that they involve them actively in various activities like arrangement of camps, co-ordination of fieldwork, peer education etc. But most of these do not have volunteers' database or a defined mechanism for their participation on regular basis.

Table 6.7: Details about Volunteers

S. No	Number of Volunteers	Number of NGOs
1	0	7
2	1-5	9
3	6-15	2
4	16-25	1
5	26-60	5
6	61-100	3
7	101-500	6
8	500 +	6
		39

6.8 Knowledge about HIV/AIDS Best Practices and Rights Based Approaches

Voluntary Counseling and Testing (VCT): Among the NGOs visited, about one-fourth claimed that they are providing the VCT services, while 5 were even unaware of the term “VCT”. Out of the 10 NGOs claiming to offer VCT services, 7 have designated their staff as Counselors to perform the duty whereas in other 3, doctors are performing the task. In addition, there are 7 NGOs who, according to them, have trained staff but are not offering VCT services.

The trainings for VCT were mostly organized by NACP/PACP and the duration varied from 2 to 5 days. When asked about methods of conducting VCT, most of the NGOs identified a separate set up for maintaining confidentiality and privacy. Almost all follow the guidelines provided by NACP or PACP, except one who was unaware of them.

Though claim for delivering VCT services has been made, however, the discussions revealed that most of the NGOs claiming to provide these services do not have a clear concept and understanding of the steps involved in VCT. For example, an NGO counselor stated “I gather drug users in a group and tell them that HIV/AIDS is a threat to health and we should get ourselves tested”

Table 6.8: Voluntary Counseling and Testing (VCT) Services

VCT	Sindh (9) (staff trained)	Punjab and Islamabad (10)	NWFP (9)	Balochistan (7)	Northern Areas (4)	Total (39)
No VCT Services	5	9	5	6	4	29
Claiming VCT Services	4 (2)	1 (1)	4 (3)	1 (1)	0	10 (7)

Behavioral Change Communication (BCC): The understanding about the BCC and processes involved in it is very weak among most (82%) of the NGOs. Some have not even heard the terminology and a lot of them could not identify more than one to two essential steps. A large proportion of them are providing awareness on issues related to HIV/AIDS through distribution of print material or discussions in variety of ways that is similar to the ‘health education’ methods and lacks basic components of BCC.

Twenty one percent of the NGOs claimed to be running a BCC campaign. Three NGOs have received training on BCC for 2 to 4 days, while only one attended a 16 days course in Bangkok.

Table 6.9: BCC and its Understanding

	Sindh (9)	Punjab and Islamabad (10)	NWFP (9)	Balochistan (7)	Northern Areas (4)	Total (39)
Running BCC campaign	2	3	3	0	0	8
Awareness about BCC Steps						
Well	0	4	3	0	0	7
Fair	0	0	0	0	0	0
Unsatisfactory	9	6	6	7	4	32

KEY: Well = Those who knew all or majority of the steps of BCC
Fair = Those who knew half of the steps of BCC
Unsatisfactory = Those who knew only few of the steps of BCC

STD Case Management: For a few interviewees the abbreviation STD or Sexually Transmitted Disease was a revelation. It was found that only 26% of the NGOs are offering STD case management services. Among the people providing these services,

30% are not trained on standard guidelines. The group that has received training was trained by Greenstar, NACP, PACP and PAVHNA. The trainings received by NGOs ranges from 2 to 4 days in duration.

Table 6.10: STD Case Management

	Sindh (9)	Punjab and Islamabad (10)	NWFP (9)	Balochistan (7)	Northern Areas (4)	Total (39)
Doing STD Case Management	2	4	2	2	0	10
• Trained	2	2	2	1	0	7
• Untrained	0	2	0	1	0	3

Community Involvement: As evident from the table 6.11, a large number of NGOs (82%) claim to “involve” community as an active partner in their programmes and projects. The involvement of community varies from one NGO to another. With discussions, it became apparent that the attempts for community involvement were done informally and infrequently by a majority of the NGOs. Discussions and feedback sessions are held to gain access, rather than making the community the integral part of the activity.

Among those claiming to involve the community, 72% mentioned that they welcome exchange of ideas and opinions. Eighty-four percent of these also stated that they take feedback on programmes and services, however, 66% utilizes it for making decisions. Seeking approval on these decisions from the community was also mentioned by 63%.

Table 6.11: Level of Community involvement

	Sindh (9)	Punjab and Islamabad (10)	NWFP (9)	Balochistan (7)	Northern Areas (4)	Total (39)
Community Involved						
Yes	06	09	09	06	02	32
No	03	01	00	01	02	07
Encourage /Welcome exchange of Ideas						
Yes	03	05	09	04	02	23
No	03	04	00	02	00	09
Feedback taken and acknowledged						
Yes	05	08	09	04	01	27
No	01	01	00	02	01	05

Decision made according to the feedback						
Yes	04	04	08	04	01	21
No	02	05	01	02	01	11
Approval sought from the community						
Yes	03	05	08	04	00	20
No	03	04	01	02	02	12

6.9 Experience of Working and Contacts with Vulnerable Groups

As mentioned earlier in section 6.3 (Target Groups Being Served), a large majority of the NGOs working with ‘groups of concern’ have their focus on Youth and the smallest number is working with MSWs and MOMs. The breakdown of years of experience is given in the table 6.12.

Table 6.12: Experience of Working with Groups of Concern

Groups of Concern	Number of NGOs	Years of Experience	Mean
FSWs	9	2 to 7	3.66
Hijray	3	3 to 10	7
IDUs/Dus	8	1 to 14	7.25
MOM	1	2	-
MSWs/MSMs	2	1 to 4	2.5
PLWHA	5	1 to 10	6.2
Prisoners	3	2 to 7	5
Truckers	6	1 to 11	5
Youth	21	1 to 17	7.4

NOTE: Many NGOs are working with more than one group

It was found that a few NGOs that mentioned working with groups of concern as their target groups have conducted activities with them only once or twice in the past. Hence, those target groups with whom the activity was held only once or twice have not been counted in the above table. This omission is the reason for discrepancy in Table 6.2 and 6.12 in number of NGOs working for different target groups

Communication Channels with Groups of Concern: NGOs are using different channels to reach the target groups that include group communication techniques, interpersonal communication, print materials and events.

Almost all the NGOs participate in World AIDS Day events e.g. walks and seminars. A large number of them claimed to be arranging meetings at group and individual levels and seminars to communicate with their target population. Some disseminate information through print material which is mostly designed and printed by NACP or UNAIDS. A few NGOs have designed their own materials (brochures, leaflets, handouts, magazines) for distribution, and some of them have been issuing newsletters on regular basis (monthly or

quarterly) containing information about HIV/AIDS and related issues. However, it is important to note that the above activities are subject to availability of funds from the donors, hence they are episodic, ad-hoc and are not part of a BCC plan. A large number of NGOs follows this pattern.

6.10 Extent of Coverage of the Target Groups

The number of people benefiting from the services of NGOs varied widely. Most of the NGOs were unable to provide the team with exact numbers or close to accurate estimates of number of people who have access to their services and the number being served. On probing, “guesstimates” were reported without thoughtful rationale. This reflects on the validity of information that NGOs have about their accessibility, reach, and coverage of the target groups.

6.11 Delivery of the Pakistan HIV/AIDS Services Packages

Out of the 39 NGOs, only two NGOs (Sukkur Blood & Drug Donating Society and Dost Welfare Foundation) are implementing the relevant Pakistan HIV/AIDS Services Packages. One is for jail inmates in Sindh and the other for harm reduction among street drug users in NWFP. Both of these packages are part of Enhanced HIV/AIDS Programme of the MoH.

6.12 Project Identification, Designing and Proposal Writing

Except 11, the remaining 28 NGOs have written project proposal with the range mentioned in the Table 6.13.

Table 6.13: Range of Proposals Written By NGOs

Number of NGOs	Number of Proposals
11	0
05	1-5
05	6-10
11	11-20
05	21-30
02	31-50

A total of 455 proposals were written and among them 158 (35%) were funded. Only two NGOs who submitted 05 and 03 proposals respectively could not get any proposals funded while among the remaining 26 the success rate was 1% to 25% for 10 NGOs, 26% to 50% for 09 NGOs, 51% to 75% for 04 NGOs. Two who submitted 07 and 12 proposals respectively met with 100% success.

The scale of funding for proposals approved, ranged from Rs. 20,000/- to Rs. 25 million. This information was made available by 22 NGOs out of 26 who have received funding.

Among them, the level of project funding received have been up to Rs. 1 million for 2, more than Rs. 1 to Rs. 5 million for 12, Rs. 6 to Rs. 10 million for 5, and 3 NGOs received more than Rs. 20 million. Hence, it appears that almost 20 (51%) NGOs have experienced of handling millions of rupees.

Eighteen (49%) NGOs stated that some of their staff has received training in proposal writing that has varied from 1 to 15 days. Among them, some have attended more than one training. These training were provided by different organizations such as SAN, NATPOW, UNAIDS, UNDP, Oxfam, Aurat Foundation, NGORC, Fughati Foundation, PAVHNA, FHI, TVO, SPO, SACP, CRS, KZR, Caritas, IHRD, IPPF, RDO, ORA, HRDI and also IW. Surprisingly, staff of only 3 NGOs, who have received training, felt confident about gaining sufficient knowledge and skills to be able to write proposal. While the remaining 15 NGOs stated that the trainings were not very useful and they are still deficient in this area and would like to have more comprehensive training of longer duration.

6.13 Project Cycle Management

As evident from the table 6.14, almost 50% of the NGOs have a good theoretical understanding about the project cycle management while 41% have very little or no idea about it. This highlights their current capability about project management and underscores the need for their training in project management. It is interesting to note that NGOs from smaller provinces i.e. Balochistan and NWFP have more information about the project cycle management than Sindh and Punjab.

Table 6.14: Understanding of Project Cycle Management

Remarks	NWFP (9)	NA (4)	Sindh (9)	Balochistan (7)	Punjab (10)	Total
Good	5	1	4	5	4	19
Fair	1	0	0	1	2	04
Unsatisfactory	0	0	0	0	2	02
No Idea	3	3	5	1	2	14

Key:

Good: Identified 05 to 06 steps

Fair: Identified 03 to 04 steps

Unsatisfactory: Identified 01 to 02

No idea

It is worth recording that there are some NGOs (14) who stated that they have no idea about project cycle management and at least 7 (18%) have never managed a project. For example, this includes NGOs such as those that are running schools or vocational training centers and are charging substantially high fees from the students. Another example is an

NGO that manufactures and distributes medicines claiming to cure disability and has never conducted any project/activity related to HIV/AIDS or any other subject.

Project Identification/Needs Assessment: Discussions about the knowledge of project identification showed a similar pattern, i.e. about half of the NGOs conduct surveys or focus group discussions and some (mostly in NWFP) are using PRA tools for this purpose. While the remaining mentioned different methods such as through personal observation/experience (12), informal community feed back (5) and literature review (2). Seven have no idea that how it should be done.

Setting Objectives: As a common tendency, “problem identification” and ‘defining objectives” were considered separate from the project plan or proposal.

On probing, it became evident that many NGOs are unclear in their understanding about “objectives” of the NGO, as they generally referred to activities as objectives. These objectives were either set by the proposal writer or a team that worked on the project or the Executive Board of the NGO. Only a few interviewees mentioned that these objectives are decided in accordance with the identified problems.

Activities: Discussion on the process of selection of activities revealed that only a selected number of NGOs choose them in consultation with the target group. In most cases these are decided by the management, BoG/BoD/EB or one of its office bearer, according to the availability of resources.

Monitoring: Overall monitoring of the projects by the NGOs is weak. The major mechanism used is reporting at regular or irregular intervals. This is followed by informal mechanisms such as informed personal visits to the services by the management or surprise inspections. Only 8 (21%) NGOs have developed monitoring tools and schedules, and 1 NGO reported having a proper MIS system (while three mentioned that they are currently developing it).

Table 6.15: Monitoring Mechanisms

	Punjab	Sindh	NWFP	Balochistan	NA	Total
Have monitoring tools	2	2	4	0	0	8
Schedule monitoring	1	1	6	0	0	8
Reporting formats developed	4	4	7	5	0	20
Reporting done regularly	4	4	7	5	0	20
Informal mechanisms	3	3	1	4	2	13
MIS	0	1	0	0	0	1

Reporting frequency varies from daily to annual reporting. At the service delivery level, it comprises of daily record keeping that is consolidated into a weekly report. These reports are further forwarded monthly, quarterly, half yearly or annually to the NGO offices as well as donors with variable frequency.

Quality Assurance: It is a totally neglected issue. Standards have not been set either for management or services except in a very few NGOs (4) and only one has applied for ISO 9002 certification. Generally there is a lack of understanding about quality assurance. For example, a doctor assigned for providing services is assumed to be providing quality services by the management, remaining unaware that there are set standards and procedures for maintaining quality, such as for STIs.

Evaluations: Almost half of the NGOs (18) have had evaluations. Out of these 14 had evaluations conducted by the funding agencies, both as mid term and end of the project evaluations and three of these also had internal evaluations. The remaining four had only internal evaluations.

Financial Management: Almost all the NGOs prepare annual project budgets, whereas half of them prepare budgets annually for the NGO also. Fifty six percent (22) NGOs are using double entry accounting system as compared to 44% (17) relying on single entry accounting system. However, only 8 (21%) are using accounting software. Financial management mechanisms have not been established by any NGO and important information for services are not being calculated such as cost of services, overhead costs, calculations of cost effectiveness, expenditure projections etc.

Internal audits are performed at 30 NGOs (77%) and out of these 9 NGOs (23%) also have external audits. Besides these, 3 NGOs have only external audits while 6 neither have any internal or external auditing of their accounts. It is important to note that in Balochistan auditing is performed by Income Tax Consultants for most of the NGOs; while in Sindh, Punjab and NWFP, it is done by Chartered Accountants. NGOs in Northern Areas face difficulty in auditing as they lack appropriate Tax Consultant and Chartered Accountants. Since majority of the NGOs arrange auditing internally by the company of their choice and also for a small fee, it is difficult to assess the validity of the audits.

Table 6.16: Status of Financial Management

	Punjab	Sindh	NWFP	Balochistan	NA	Total
Annual Budgets	3	4	7	3	2	19
Single Entry	6	4	2	3	2	17
Double Entry	4	5	7	4	2	22
Manual	7	7	7	6	4	31
Using	3	2	2	1	0	8

Accounting Software						
Audit						
Internal	7	5	8	7	3	30
External	0	3	6	2	1	12

It is interesting to note that about 20 NGOs have carried out projects with funding in millions (as mentioned above in section on Project Identification), but only 8 are using accounting software.

6.14 Advocacy with Stakeholders, NGOs and with National/Provincial Governments

Twenty-six out of 39 NGOs could not differentiate between advocacy and awareness raising activities. Such ambiguity in concepts could lead to inconsistent and inadequate attempts towards gaining support on different issues. However, probing about their activities revealed that many of them were involved in carrying out activities pertaining to advocacy with multiple groups, as visible from the table below.

Table 6.17

	Punjab	Sindh	NWFP	Balochistan	NA	Total
Community and religious leaders	6	3	9	7	1	26
NGO	1	2	5	4	0	12
Provincial Governments	2	0	5	1	0	8
National Government	1	0	4	0	0	5
District Governments	2	3	6	2	1	14

These activities of advocacy are generally infrequent and in many cases are initiated when faced with problem or hurdles in implementing the programmes. Hence, advocacy is being carried out more reactively than proactively. In most of the cases, group and individual meetings are held or influential members from community and parliament are invited as chief guests in seminars, workshops or community meetings.

6.15 Linkages and Collaboration with Other Organizations

One-third of NGOs have had joint ventures with other NGOs as liaison service delivery or partnership project. The attempt for joint venture is made to enhance the outreach or to avail human resources.

Assistance to other NGOs is provided by 18 (46%) NGOs in the form of technical input that includes assistance in proposal writing, training of staff and coordination of activities in the field.

Two-third of the total number of NGOs has the experience of working with national and international funding agencies. It includes NACP, PACP, Ministry of Education, UNAIDS and WHO.

Table 6.18: Linkages and Collaboration

	Punjab	Sindh	NWFP	Balochistan	NA	Total
Joint Ventures	2	2	7	2	0	13
Assisting Others	4	5	6	2	1	18
Collaboration with donors	6	6	7	5	2	26

It is interesting to see that many NGOs have formed local and regional networks at provincial level to work hand in hand with other NGOs such as Society for Community Support for Primary Education (in Balochistan), Alliance for Behavioural Change (in Punjab), Sarhad Health Care initiative Network (in NWFP). These are different from the Provincial AIDS Consortia/Network. These smaller networks have been formed to build a support group, seek assistance from each other and improve service delivery, and have helped each other in activities such as proposal writing and project designing, training each others staff, pursuing common issues with district and provincial governments.

6.16 Knowledge about the National HIV / AIDS Enhanced Programme

Only 28% of NGOs knew either objectives and/or components of the Enhanced HIV/AIDS Programme, while other 49% knew that a Programme by this name exist but have no idea about its objective and components. Surprisingly, 23% NGOs were totally unaware about this mega project launched by the Ministry of Health to control HIV/AIDS in Pakistan.

Table 6.19: Knowledge About Enhanced HIV/AIDS Programme

Knowledge Level	Punjab/ Islamabad	Sindh	NWFP	Balochistan	Northern Areas	Total
Totally Unaware	2	3	1	1	2	9
Know that a Programme exist	6	3	6	4	0	19
Know Objective /some components	3	3	2	2	2	11

D. Recommendation

For Consortia/Networks

1. In the interest of ownership, the strengthening of C/N should not be done uniformly in each province but according to both, the felt needs of C/N and identified needs by the project.
2. The constitution of C/N most probably needs strengthening and should be reviewed in consultation with member NGOs and legal experts to ascertain the mission, provide clear aims, identify transparent mechanism for formation and functioning and gives equal rights and voice to all members. This should be done in a manner that allays current reservation and apprehension among member NGOs and also assure that non-relevant NGOs are not allowed to remain members.
3. Database needs to be developed at C/N to have a better understanding about the coverage of target groups, extent of services being provided by NGOs, and their current manpower skills and needs. This will be of help in providing the required assistance for capacity development.
4. With expansion of secretariats, the C/N should formulate a three year capacity building and activity plan in agreement with the member NGOs.
5. All C/N needs strengthening in management and technical areas, but the level of inputs required will vary. Therefore tailor-made training programmes should be conducted.
6. Acquisition of new information and its dissemination to member NGOs, and sharing of experience and lessons learned need to be made systematic such as quarterly newsletter, annual or biannual conferences, dissemination workshops etc. Information about objectives and components of Enhanced HIV/AIDS Control Programme should be provided to all members in writing.
7. C/N should proactively reach out to all funding agencies supporting activities for HIV/AIDS Control, for being partners in planning and development of programs.
8. The discussions for identifying mechanisms for long-term sustainability of the secretariats established under Tameer Project should be initiated forthwith.

For NGOs

9. The interest of NGOs in working with high-risk groups, from where the epidemic is likely to begin and spread should be encouraged.

10. Criteria for becoming member of C/N should be strictly followed and membership should not be given to very small NGOs, with no staff and evidence of services; or irrelevant NGOs.
11. The election process for BoG/BoD/EB needs to be made more transparent and criteria for becoming member of this apex body should be put in black and white.
12. All NGOs should be assisted in framing byelaws for management. This should help them moving from “individual-oriented” management to “system-oriented” management.
13. Most of the NGOs need technical assistance for developing knowledge and skills in Project Cycle Management and in professional management of the NGOs.
14. Majority of the NGOs needs to develop their skills in project proposal writing. This should be done through technical training in which a team of 2-3 individuals from each participating NGO should be invited to develop a proposal over a given period of time under guidance.
15. NGOs also require their capacity development in area of BCC, VCT and syndromic management of STDs/STIs.
16. Quality Assurance, both in management and service delivery needs to be introduced and gradually built-up.
17. NGOs need training for implementing effective monitoring. They need support in developing appropriate tools and functional MIS. This should help to identify coverage and level of effectiveness of services.
18. Financial management systems need to be introduced in NGOs, and training will also be required in using double entry systems and software packages. Audit facilities are to be provided for Northern Areas.
19. Community involvement needs to be given further impetus and encouragement. The target group should be made active partners in planning, delivery and monitoring of programs.
20. Measures need to be adopted to infuse professionalism and systems need to be identified for obtaining information about the best practices by the key staff of NGOs.

Appendices

Appendix 1

Meeting with IW and PNAC

To: Mr. Abid Atiq, Interact Worldwide
From: Dr. Arjumand Faisal, Lead Consultant, AAA
Date: June 23, 2004
Subject: Note for the record of meeting held on June 23, 2004 for Baseline Study: Organization Assessment.

1. This meeting was held in Interact Worldwide office, Islamabad.
2. The participant were:
 - Mr. Abid Atiq (AA) – Director Technical, Interact Worldwide (IW)
 - Dr. Arjumand Faisal (AF) - Lead Consultant AAA
 - Mr. Raja Khalid Mehmood (RKM) - President, Pakistan National AIDS Consortium (PNAC)
 - Dr. Qazi Tauseef (Consultant, AAA)
 - Mr. Khurram (Assistant Project Manager, AAA)
 - Mr. Usama Arjumand (Intern, AAA)
3. This meeting was held to reach a clear and mutually agreed understanding about outputs, agree on methodology of the study, schedule, and to request for early issue of contract. AA was informed by AF that the work of the study commences with meeting.
4. AF presented a proposed schedule for the study. AA suggested to delay the start of fieldwork, as FW is organizing a meeting from 27th – 29th of June 2004 and advised to revise the schedule accordingly. It was agreed that in each province NGOs from other cities will be included in the assessment besides those from capital city. AA suggested to invite the NGOs from other cities to the provincial capital. However, AF felt that this will not provide a fair assessment, hence proposed to visit them even though this will raise the expenses of AAA.
5. It was agreed that the schedule will be shared with the secretaries of the consortia who are coming to Islamabad to attend a meeting from 27th to 29th June 2004. AA, RKM, and if possible AF will brief them about the objectives of the assessment.
6. AAA proposed to select the NGOs through random sampling for each city in front of the secretaries of the consortia. AA and RKM will inform AAA about the timings after finalizing the schedule for the meeting.

7. AA, AF and RKM mutually agreed on the list of cities for the team of AAA to visit for the study. They are as follows:

Province	City	NGOs to visit
Islamabad (2)	Capital	2
Punjab (16)	Khanewal	1
	Lahore	9
	Multan	2
	Muzaffargarh	1
	Rawalpindi	3
Balochistan (6)	Quetta	4
	Mastung or Kuchlak	2
N.W.F.P. (10)	Peshawar	8
	Swabi	1
	Nowshera	1
Sindh (12)	Karachi	11
	Khairpur	1
	Larkana	2
	Sukkur	1
Northern Areas (4)	Gilgit	4

Subject to availability of time and budget, AAA acknowledged the request of RKM to visit and explore a few more NGOs outside provincial capital, in lieu of those in the capital city.

8. The AAA team also sought some clarification about some terminologies i.e. Right Based Approaches, Governance, Peer / Stakeholder Reputation and Groups of Concern. AA offered to provide a report of a workshop held in Karachi in 2004 which discussed Right Based Approaches. He also described the features that must be assessed under the heading of Governance. Regarding Peer / Stake holder reputation. AA advised to gather this information about the consortia from the NGOs to be visited. Groups of Concern were identified as follows:

- I. Female Sex Workers (FSWs)
- II. Male Sex Workers (MSWs)
- III. Hijras
- IV. Truck drivers
- V. Intravenous Drug Users (IDUs)
- VI. Youth
- VII. Coal miners
- VIII. Khepias

- IX. Fishermen
- X. Migrant workers
- XI. Men on the Move
- XII. Prisoners

9. IW and PNAC will provide a “Letter of Introduction” for the study to AAA team to be carried with them during the fieldwork. They will also request secretaries of the consortia to facilitate the team in organizing the meetings with the NGOs in their provinces.

Appendix 2

Meeting with the representatives of Consortia/Network at Changla Galee

To: Mr. Abid Atiq, Director Technical, Interact Worldwide
From: Dr. Arjumand Faisal, Lead Consultant AAA.
Date: June 30, 2004
Subject: Note for the record of meeting held on June 28, 2004 for Baseline Study: Organization Assessment.

1. This meeting was held in Royal Continental Hotel, Chhangla Gali, Murree.
2. The participant were:
 - Mr Chance Briggs (CB) – Country Director, Interact Worldwide
 - Mr. Abid Atiq (AA) – Director Technical, Interact Worldwide (IW)
 - Mr. Raja Khalid Mehmood (RKM) - President, Pakistan National AIDS Consortium (PNAC)
 - Dr. Qazi Tauseef ((QT) Consultant, AAA)
 - Members and representative of Provincial and National AIDS Consortia.
3. This meeting was held to: (a) share the visit schedule with National as well as Provincial AIDS Consortia and (b) randomly sample the NGOs for the Baseline Study.
4. QT explained the Baseline Study briefly to the PNAC members present in the meeting. CB also elaborated on its purpose.
5. It was found that the lists provided in the last meeting (held on June 23, 2004) to AAA were incorrect and were taken back. AA promised to provide correct and updated lists by Wednesday, June 30th, 2004.
6. Random sampling could not be performed as the correct list of consortia members was not available. AA and RKM were designated the responsibility for random selection of NGOs to be visited for Baseline Study. It was agreed that this will be provided to AAA by 30 June 04.
7. CB explained the rationale for choosing the numbers of NGOs from each province. He explained that these are based on the compositional proportion of each provincial consortium.
8. Terms of Reference (ToRs) for the study were shared with the Members of Consortia by AA. He read the Document of “Terms of Reference”.

9. RKM requested AAA to contact after two days to arrange a meeting a PNAC for the study and suggested that consortium should be met first in each province. However, the AAA team did not commit for scheduling.
10. Consortia members requested IW to be provided with a copy of TORs.

Appendix 3

Fieldwork Plan

Date	Day	Time	City	Meeting With
July 01, 2004	Thursday	2:00 pm	Islamabad	Pakistan National AIDS Consortium
July 02, 2004	Friday	10:00 am	Rawalpindi	DEWS
July 03, 2004	Saturday	9:15 am	Rawalpindi	UNIQUE
		11:30 am	Islamabad	Youth Welfare Councils
July 04, 2004	Sunday	Departure for Lahore		
July 05, 2004	Monday	10:00 am	Lahore	Savoir Faire
July 05, 2004	Monday	12:30 pm	Lahore	New Light AIDS Organisation

		3:30 pm	Lahore	Homeopathic Medical Association of Pakistan
July 06, 2004	Tuesday	9:30 am	Lahore	AIDS Awareness Society
		12:00 pm	Lahore	AIDS Prevention Association of Pakistan
		4:00 pm	Lahore	Punjab AIDS Consortium
July 07, 2004	Wednesday	9:00am	Lahore	Cathe Foundation Pakistan
July 07, 2004	Wednesday	Drive to Khanewal		
		4:00 am	Khanewal	Pakistan Lions Youth Council
July 08, 2004	Thursday	9:15 am	Multan	Pakistan Youth League
		2:30 pm	Lodhran	Rafiq Research & Educational Society
July 9, 2004	Friday	9:15 am	Multan	Antipollution Council

		Commute to Sukkur		
July 10, 2004	Saturday	9:15	Sukkur	Sukkur Blood Bank & Drug Donation Society
		12:30	Khairpur	Social Welfare Association
July 11, 2004	Sunday	10:00	Larkana	Mehran Welfare Trust
		12:30	Larkana	Ghazi Social Welfare Association
		Fly To Karachi		
July 12, 2004	Monday	10:00	Karachi	Sindh AIDS Network
		12:30	Karachi	Reproductive Health and Social Development Organization
		4:00	Karachi	Family Planning Association of Pakistan
July 13, 2004	Tuesday	10:00	Karachi	Social Student Forum
July 13, 2004	Tuesday	12:30	Karachi	Shah Abdul Latif Bhitai Welfare Society
		4:00	Karachi	Women/Children Organization

July 14, 2004	Wednesday	10:00	Karachi	Health and Development Forum
		12: 30	Karachi	Friends of Arabian Sea
		4:00	Karachi	Infection Control Society
July 15, 2004	Thursday	10:00	Karachi	AIDS Information and Diagnosis Services
		12: 30	Karachi	Hussaini Blood Bank
		4:00	Karachi	Young Generation Welfare Association
July 16, 2004	Friday	Fly from Karachi to Quetta		
July 16, 2004	Friday	10:30	Quetta	TEAM
		3:00	Quetta	SCD
		9:00	Quetta	AMAL

July 17, 2004	Saturday	11:15	Quetta	DANISH
		2:30	Quetta	Balochistan Rural Development and Research Society
July 18, 2004	Sunday	9:00	Quetta	Gender & Reproductive Health Organization
		11:15	Quetta	Balochistan AIDS Consortia
		03:00	Kuchlak	Kuchlak Welfare Society
July 19, 2004	Monday	9:00	Quetta	Pakistan Companion
		Back to Islamabad		
July 21, 2004	Wednesday	11:00	Gilgit	Northern Areas AIDS Consortium
		2:00	Gilgit	PEN
		5:00	Gilgit	Al-Sabah
July 22, 2004	Thursday	9:45	Gilgit	SSDC

		12:00	Gilgit	Al-Khair (Alternate)
July 23, 2004	Fly back to Islamabad			
July 24, 2004	Saturday	10:30	Swabi	Swabi Women Welfare Society
July 24, 2004	Saturday	3:00	Nowshera	UNHCR Rural Development
July 25, 2004	Sunday	9:00	Peshawar	Welfare Hand Organisation
		11:00	Peshawar	SHARP
		3:30	Peshawar	SAHAR
July 26, 2004	Monday	9:15	Peshawar	AIMS
		11:30	Peshawar	Orphan Refugees (ORA)
		3:30	Peshawar	FATIMID Foundation

July 27, 2004	Tuesday	9:00	Peshawar	NWFP AIDS Consortium
		11:30	Peshawar	DOST Welfare Association
July 27, 2004	Tuesday	3:00	Peshawar	PVDP
August 15, 2004	Submission of Draft Report			

AF: Arjumand Faisel KJK: Khurram J. Khan QT: Qazi Tauseef

Appendix 4

NGOs and Person Met

Balochistan

S. No	Name of NGOs	Name of Person Met
1	BRDRS	Mr. Ehtesham Kakar Mr. Khalid Hayyat Mr. Shah Mohammad
2	Drug and Narcotics Education Services for the Community (DANISH)	Ms. Ishrat Ms. Robina Anwar
3	Kuchlaq Welfare Society	Mr. Malik Rasheed Mr. Malik Wali
4	AMAL Human Development Network	Mr. Sultan Ahmed Mr. Ahmed Ali
5	Society for Community Development	Mr. Sir Buland Khan Mr. Nasir Kakar Mr. Amanullah Khan Kakar
6	Gender & Reproductive Health Organization	Mr. Attaullah Khan Kakar
7	TEAM for Environment Awareness & Management	Ms. Saeeda Manan Mr. Sarwar Ali

Northern Areas

S. No	Name of NGO	Name Of Person Met
1	Al-Sabah Welfare Trust	Mr. Ameer-ur-Reham Mr. Sultan
2	Blessing Hand	Mr. Haroon Mr. Sultan Shah Mr. Maqsood
3	Strengthening Services for Rehabilitation of Disabled Children	Mr. Rauf Shah Mr. Zeeshan Ejaz Dr. Ejaz Tasheen
4	Al-Qalam Welfare Society	Mr. Akhtar Jan

NWFP

S. No	Name of NGO	Name of Person Met
1	United Rural Development Organization	Mr. Zaheer Khattak
2	Welfare Hand Organization	Mr. Atteeq-ur-Rehman
3	Orphans Refugee & AIDS	Mr. Shahzad Resheed
4	Society of Awareness of Human	Mr. Alam Zaib

	Development and Rights (SAHAR)	Ms. Anjuman Shaheen Ms. Zeenat Bibi Mr. Qaim Ali Khan
5	SHARP	Mr. Liaquat Banori Mr. Shiraz
6	Swabi Women Welfare Society	Mr. Javed Akhtar Mr. M. Javed Ms. Razia Ms. Farzana Wahab Mr. Abid Ali Ms. Saadia Iqbal
7	DOST Welfare Foundation	Mr. Ayub Dr. Manzoor-ul-haq
8	Pakistan Village Development Programme	Mr. Zakauallah Khan Mr. Zia Ms. Shazia
9	Fatimid Foundation (Blood Bank)	Mr. Asfandyar Khan

Punjab

S. No	Name of NGO	Name of Person Met
1	Community Awareness and Training on Human Rights and Education	Mr. Pervaz Mohbat Mr. Ashiq
2	AIDS Prevention Association	Mr. Haji Hanif Dr. A. Hameed Bhatti Dr. Mushtaq Tahir
3	Pakistan Loin Youth Organization	Dr. Nuzhat Javed Mr. Habib
4	Antipollution Council	Mr. Ashfaq Ahmed Nadeem Mr. Waqar Khan.
5	Savior-Faire	Mr. Arastus Attarad Mr. Ciral Kamran Dr. Kiran Ms. Tabinda
6	AIDS Awareness Society	Mr. Hector Nihal
7	DEWS	Mr. Mukhtair A. Bhatti
8	New Light AIDS	Mr. Nazir Masih Mr. Asher Bhatti Mr. Eid Mr. Samuel Nazir
9	Young Welfare Council	Mr. Tanvir Nanushahi Mr. Syed Asrar A. Jalani Mr. Raja Shafique Ahmed
10	Rafique Research and Educational	Dr. Rana Rafique Ahmed

	Society	Dr. Rana M. Nadeem Mr. Naeem Toor
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Sindh

S. No	Name of NGO	Name of Person Met
1	Social Student Forum	Dr. Rafi Ahmed Mr. Nafis A. Khan
2	Friends of Arabian Sea	Dr. Mumtaz Hussain Qazi
3	Health and Development Forum	Mr. Musharraf Mr. Zahid Chaudry
4	AIDS Awareness and Diagnostic Services	Mr. Ali Akhtar
5	Sukkur Blood & Drug Donating Society	Dr. Naeem
6	Ghazi Social Welfare Association	Mr. Maqbool Mr. Faiz Mohammad
7	Mehran Welfare Trust	Mr. Panjal Khan Sangi Mr. Ali Gohar Sangi Mr. Shahab Khan Mr. Asad-ullah Khan
8	AIDS Women Health Organization	Ms. Uzma Saeed
9	Young Generation Welfare Association	Mr. Syed Ibrahim Shah Ms. Rehana Bukhsh

Consortia/Network

S. No	Name of AIDS Network	Name of person Met
1	Balochistan AIDS Network	Dr. Aliya Mr. Ghulam Fareed Mr. Amanullah Kakar Mr. Abdul Qadir Mr. Sirbuland Khan
2	Sindh AIDS Network	Mr. Shaukat Mr. Maqbool Dr. Naeem Ms. Zeba Mr. Nafis Dr. Mumtaz Hussain Qazi
3	NWFP AIDS Consortia	Mr. Sheraz Mr. Shahab Khalid Mr. Wahid Zaman
4	Punjab AIDS Consortia	Dr. Ali Razaque Mr. Raja Khalid Mr. Malik Waseem Mr. Sheikh Qaisar

		Mr. Mustaq Mr. Attarad Mr. Nazir Masih Mr. Haji Hanif
5	Northern Area AIDS Control Consortia	Mr. Ejaz Mr. Haroon Mr. Zeshan
6	Pakistan National AIDS Consortia	Mr. Raja Khalid

Appendix 5

NGOs which could not be interviewed

S. No	Name of NGO	City
1.	FPAP	Karachi
2.	Hussaini Blood Bank	Karachi
3.	Reproductive Health and Social Development Organization	Karachi
4.	Infection Control Society	Karachi
5.	Shah Abdul Latif Bhitai Welfare Society	Karachi
6.	Social Welfare Association	Khairpur
7.	Homeopathic Medical Association of Pakistan	Lahore
8.	Pakistan Youth League	Multan
9.	AIMS	Peshawar
10.	Pakistan Companion	Quetta
11.	Unique	Rawalpindi

Appendix 6: Tools for the Study

Tool 1:

Guideline to Assess the Capacity of Consortia

Consortium of (Province):.....

Formed since:

Location and Membership of the Consortium:

1. Why this consortium has been formed?

2. How many NGOs have been its members each year since inception?

2001
2002
2003
2004

3. Who could be the member of consortium? What are the criteria for becoming a member?

4. What is the process of becoming a member?

5. Where is the office of consortium located? (Rented place / somebody's home / PACP / NGO office)

6. Is the space sufficient?

Governance & Structure:

7. Does the consortium have a constitution? (Ask for a copy)

8. Are there any criteria to become the member of Board of Governors (BoGs) or Executive Council (EC)? If yes, what are they? (Ask for documentary evidence)

9. How is the BoG/EC formed? (Election/ selection/ nomination)

10. What is the composition of BoG/EC?

11. What are the roles and responsibilities of different Office Bearers? (power & functions)

12. How often does BoG/EC meet? Are the minutes recorded? Is there any evidence of actions taken?

13. Has BoG/EC or any of its members played role in resource mobilization? What was the outcome?

Capacity to Govern a Staff Secretariat Effectively:

14. Information about BoG/EC office bearers and support staff:

Names	Position	Qualification	Relevant Experience	Training Received	Remarks

Score: 0 = not relevant, 1 = some relevance, 2 = relevant.

15. Is the consortium appropriately / over / under staffed?

16. Do you have enough funds to pay the required staff?

17. Number of volunteers? (Check list and names, evidence of their contribution and time-input by volunteers)

18. Do you have the following: (if yes how many)

- Computers _____
- Phone lines _____
- Fax machine _____
- Photocopier machine _____
- Email _____

Membership Coverage and Services Offered:

19. Total number of HIV / AIDS serving NGOs in the province?

20. Number of consortium's member NGOs?

21. Number of districts they represent?

22. Urban/rural ratio?

23. Types of membership offered?

24. What are the membership criteria?

25. What is the membership fee?

26. What is the duration of membership?

27. What is the membership renewal process?

28. What incentive / assistance / services are given to member NGOs?

Technical Leadership, Knowledge Management, Advocacy / Communications

29. Assess technical leadership from the item 13? (Check if the Consortium has technically trained people)

30. How do the members update themselves with the latest information about AIDS / HIV?

31. Is the knowledge and latest information about HIV/AIDS disseminated among members? How?

32. How are the best practices and lessons learned shared between partner NGOs and other provincial consortia?

33. What activities has the consortia conducted for advocacy and increasing awareness about HIV / AIDS? Any joint advocacy by its member NGOs. (Probe for any meeting with Nazim, councilors, media personnel, members of parliament etc.).

34. Assess: Does the consortium have adequate structure to deliver what it mentions to be delivering at the moment, and what it aims to deliver?

Relevance of Consortium:

35. Justify the relevance of consortium with the respective AIDS Control Program. (Check for reasoning and ability to perceive the role).

Sustainability:

36. How are the operational expenditures met? If rented, how is the rent being paid? If financed by funding agencies, who will pay it after the end of project?
37. Any mechanism defined / thought of to meet with operational expenses if funding is not available?
38. Any mechanism defined / thought of to sustain the technical assistance (if any?) being provided under any project by any organization?
39. Do they expect political interference once consortia gets established? (As happened with NGOCC, TVO, NATPOW, etc.)

Linkages and Collaboration:

40. Has consortium received any sort of assistance from NACP, PACPs or any donors? If yes, what kind of assistance? Its duration?
41. Are there any joint ventures (campaign, trainings, services) with NACP, PACPs or any donors?
42. Does PACP/NACP or donors working for AIDS Control consult? If yes, for what (planning of the projects, selection of NGOs for service delivery, monitoring, etc.).

Tool 2:

Guideline to Assess the Capacity of NGOs

Name of the NGO:

Based in (city / district):

Formed since:

Target Vulnerable Groups:

Any other groups:

Aims, Activities and Location of the NGO:

1. What are the aims of NGO & what is your focus of activity?
2. Where is the NGO located? (Rented place/ Any member's home)
3. Is the space sufficient?

Governance & Structure:

4. Does the NGO have a constitution? (Ask for a copy)
5. Who are the members of Board of Governors (BoGs)?
6. Are there criteria to become the members of BoGs? If yes, what are they? (Ask for documentary evidence)
7. How is the BoG formed? (Election/ selection/ nomination). Is membership fixed or rotatory?

8. What is the composition (hierarchy) of BoG?
9. What are the roles and responsibilities of different Office Bearers? (Power & functions)
10. What are roles and responsibilities of BoG?
11. How often does BoG meet? Are the minutes recorded? Is there any evidence of actions taken?
12. Has BoG or any of its members played role in resource mobilization?
13. Are there any HIV positive individual in BoG/Executive council/ member /Volunteers?

General Human Resource capacity:

14. What is the management structure of NGO?
15. Information about office bearers and support staff of NGO:

16. Is the NGO appropriately / over / under staffed?

17. Are there job descriptions for each position? (Ask for documentary evidence)

18. Are there trainings given to the staff? If yes, where & by whom? (internally/externally)

19. Do you have enough funds to pay the required staff?

20. Number of volunteers? (Check list and names, evidence of their contribution and time-input by volunteers)

21. Do you have the following: (if yes how many)

- Computers _____
- Phone lines _____
- Fax machine _____
- Photocopier machine _____
- Email _____
- Vehicles _____

22. Are any training given to the staff? If yes, where, by whom?

Knowledge about HIV / AIDS Best Practices and Rights Based Approaches:

23. Do you provide Voluntary Counselling and Testing (VCT) services? Where do you do it? Which guidelines do you follow? (Is auditory and visual privacy maintained?) If no, go to 25?

24. Who does it? (Check from item 14, what is his / her qualification/ experience and training?)

25. What are the steps taken for VCT? (Introduction / Assessment / Intervention / summarization)

26. Are you running a Behavioural Change Communication (BCC) campaign? If yes, what are the steps you follow? (Don't Prompt, only probe and mark).

1. Problem identification
2. Segmentation of target population
3. Formative research
4. Identification of behavioural change goals
5. Consensus from stakeholders
6. Designing of communication plan
7. Pre-testing and revision
8. Target communication to specific group
9. Implementation of plan
10. Monitoring and evaluation
11. Feedback and appropriate revision.

27. Are you doing case management of Sexually Transmitted Diseases (STD)? If yes, who is doing it?

28. What guidelines is he/ she following?

29. Was any training received on these guidelines? If yes, what was the duration? Was it classroom lecture, transparencies shown, cases seen?

30. Have you involved the community? If yes, how? (Check whether encourage/welcome exchange of ideas and opinions? Was the feedback taken and acknowledged? Were the decisions made according to the feedback? Was the approval sought from the community?)

31. What steps have you taken for advocacy? (Were the key stakeholders involved i.e. community leaders, policy maker, local bodies representatives?)

Contact and Experience of Working with Groups of Concern at the grassroots:

32. How long have you been working with each of the target group?
(Note duration for each)

33. What are your communication channels to reach members of Target Groups? (Explore frequency)

Extent of Coverage:

34. Geographical area covered:

35. Vulnerable Population that has access to the NGO services:

36. Vulnerable Population that the NGO is actually serving:

Delivery of the Relevant Pakistan HIV / AIDS Services Packages:

37. Are you delivering any national / provincial / regional HIV/AIDS packages? If yes, what are they?

Project Identification, design and proposal writing:

38. Have you ever-identified needs for any project? Do you feel comfortable designing and writing proposal? If yes, have you ever written one? How many? Were they funded? Of what amount?

39. Have you received any training on proposal writing? By whom? When and Where?

Project Cycle Management:(MIS, QA and Financial Management)

40. Are you aware of project cycle? If yes, please specify steps? (Probe but don't prompt)

- I. Problem identification
- II. Defining objectives
- III. Choosing strategies and actions
- IV. Implementing activities
- V. Monitoring implementation
- VI. Evaluation

41. For your program, how did you do identification of needs?

42. Who set the objectives and strategies? In your opinion, are they appropriate? If yes, why? If not, why not?

43. How were the activities decided?

44. How is the implementation monitored? Any checklist? Any objective tool for reporting, any MIS? What is the frequency of reporting?

45. Any evaluations done? How often?

46. What mechanisms are in place for quality assurance?

47. Are annual budgets prepared?

48. How are the accounts being maintained? (Cashbook, ledger, single entry system, double entry system, bank reconciliation)

49. Any audits performed? (internal / external and their frequency)

Advocacy with Provincial and National Government and Donors

50. Kindly tell us what activities you have done to initiate advocacy between NGO and Provincial or National Government?

Linkages and Collaboration with Other Organization:

51. Are there any joint ventures (campaign, trainings, services) with any other NGO/s?

52. Are you assisting any other NGOs?

53. Are you working in collaboration with any donor, NACP/PACP, or any other organization?

Knowledge about the National HIV / AIDS Enhanced Program:

54. Are you aware of National HIV / AIDS Enhanced Program? If yes, what are its objectives and components? (Probe but don't prompt)

Objective:

- To prevent HIV from becoming established in vulnerable populations and spreading to the general adult population, while avoiding stigmatization of the vulnerable populations.

Components:

- Increased prevalence of safe behaviors and improved availability of STIs services among vulnerable populations.
- Improved knowledge and practice of HIV preventive measures including use of high quality STI service, by general adult population.
- Reduced transmission of HIV / STI infections through blood transfusion.
- Strengthened capacity to effectively manage HIV / AIDS programs in public and private sector.

Understanding of the roles of Networks and Consortia:

55. What is the role of consortia? Are they playing an effective role (Give examples)? If not, how can they be made effective?