





Evaluation of ERNA

(European Red Cross & Red Crescent Societies Network on HIV/AIDS & TB)

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Glossary

ERNA	European Red Cross & Red Cross Societies Network on HIV/AIDS & TB
GIPA	Greater Involvement of People Living with HIV
GM	General Meeting of ERNA Board, Secretariat and membership (held annually)
IFRC	International Federation of Red Cross & Red Crescent National Societies Red Cross National Societies
IDUs	Injecting Drug Users
NS	National Societies (of Red Cross/Red Crescent)
PLHIV	People Living with HIV
WHO	World Health Organisation

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INTRODUCTION

ERNA was first established in 1997 by the International Federation of Red Cross & Red Crescent Societies (henceforth called 'the Federation') in response to the growing problem of HIV and TB in Europe. ERNA is now a network comprising of 40 of the 53 European RC National Societies who are interested to intensify their fight against HIV and TB with the aim of pooling their resources, knowledge, skills and best practices.

Prior to this the Federation had been engaged in working in HIV and TB in Europe since the late 1980s.

In 2000 the IFRC signalled a renewed commitment to HIV at the United Nations General Assembly Special Session on HIV/AIDS (UNGASS) by establishing the beginning of a partnership with GNP+. At the largest side event at UNGASS attended by the UN secretary general (Kofi Annan) PLHIV leaders from the HIV+ movement, RC representatives and the President of the International Federation (in 2001), Dr Astrid N. Heiberg commented¹.

“By engaging in this partnership, the Red Cross and Red Crescent wants to send a clear message to the world that our emblem will protect people living with HIV/AIDS. We will accept no discrimination and will commit ourselves to fighting stigma wherever we meet it”.

During the European Regional Red Cross & Red Crescent Conference in 2002 held in Berlin National Societies made a unanimous decision to focus on both HIV/AIDS and TB and to strengthen the network to support these activities. This was further reiterated during the 14th International AIDS Conference in Barcelona in 2002 when the Federation publically reaffirmed their on-going commitment and involvement in the fight against HIV/AIDS.

This is the first formal evaluation of ERNA (European Red Cross & Red Crescent Societies Network on HIV/AIDS & TB) since its formation in the late 1990s. It covers principally the previous 4 years (since 2007) and is based on terms of reference developed during the September 2010 General Meeting in Minsk, which include reviewing relevance, effectiveness, efficiency and impact of the network in relation to the ERNA Terms of Reference (**Annex 1**).

METHODOLOGY

The evaluation took place between June and September 2011. It was conducted by a team of 4 people (British RC, independent consultant, GNP+, Belarus PLHIV network) and overseen by a Critical Reference Group of 3 people (Youth representative (current) on ERNA Board, German RC representative, former ERNA Chairman).

The methodology included review and analysis of secondary data, an electronic survey of all 40 members and 17 key informant interviews including 7 from PLHIV and Harm reduction organisations (3 PLHIV organisations working at a national level 3 PLHIV regional networks (and 1 regional harm reduction network).

¹ The partnership between the RC Movement and GNP+ is detailed in the UNAIDS best collection series available at http://data.unaids.org/publications/irc-pub06/jc961-gnp_en.pdf



All data collection, analysis and report writing was done by the evaluation team without incurring any travel costs, and the process was very well supported throughout by the ERNA Secretariat hosted by Belarus RC. This support also included some translation where necessary.

The evaluation team members were in close contact throughout the course of the evaluation and held regular weekly Skype teleconferences.

The on-line E-Questionnaire was sent to all 40 ERNA RC/RC National Society members (**Annex 4 includes the list of questions and summary of responses**). All evaluation team members contributed to the design of this questionnaire and each team member was assigned a number of key ERNA documents to review to assist this process. The draft questionnaire was sent to the Critical Reference Group and the Chairman of ERNA Board, and any comments were subsequently incorporated into the final version.

The E-Questionnaire was translated into Russian by an external translator and a final check made by the ERNA Coordinator to send to the 15 Russian speaking NS.

The process of preparing the on-line survey was facilitated by the Senior Market Research Executive at British Red Cross and undertaken by the organisation Survey Shack who scripted the questionnaire and sent it out. The questionnaire included 46 questions and both the English and Russian versions were included together in the same format. Participants were given two weeks to complete the questionnaire and Survey Shack sent regular reminders asking members to complete it. The deadline was extended by a further week at the request of some members.

There was a rigorous process of preparing the on-line survey including checking for the correct uploading of the on-line questionnaire, its translation into Russian and the subsequent alignment of the English and Russian versions.

The Key Informant Questionnaire was designed and piloted by the evaluation team and contained 22 questions. The Critical Reference Group was invited to contribute their comments.

A list of key informants for interview were identified and included ERNA Board members, staff at the ERNA Secretariat, ERNA donors, and those who have collaborated with ERNA since 2007 (**Annex 5**).

An additional number of representatives of the PLHIV and other communities were also interviewed using a shortened version of the questionnaire (**Annex 6**).

Key informants were sent the key informant questionnaire by email before their scheduled interviews to allow time to consider and prepare their responses. This was then followed up by an interview on Skype /phone call by members of the evaluation team (1 to interview, 1 to take notes whenever possible). All interviews were written up and shared within the team.

Constraints

The team was planned to consist of 5 people, but the NS (Russian speaking) member was not available due to illness. The evaluation was conducted during the summer months when many respondents were more likely to be on holiday.

MAIN FINDINGS

The findings are derived from a combination of the NS members' survey, key informant interviews and review of key documents (*Annexes 4, 5, 6, 8, 9*).

Relevance

There was a general view amongst the member societies and key informants, that the network, being the largest within the Federation membership, has huge potential and its purpose remains as relevant now as at its inception, notwithstanding changes in the global response (see Discussion section).

“ERNA is still relevant but to maintain its relevance ERNA should continually keep up to speed and know the changing nature of the epidemic and the latest developments in HIV & TB”

(Key informant)

The purpose of the ERNA network is understood reasonably well by its membership and Red Cross/Red Crescent stakeholders, many of whom quoted the ERNA terms of reference.

However, it seemed to have very limited visibility and recognition outside the RC, particularly among the organisations and networks of people representing communities which ERNA activities aim to target, that is people living HIV, TB and vulnerable populations particularly people injecting drugs.

The network, particularly its General Meeting (usually held once a year and ‘hosted’ by a member NS), was seen by the membership as a useful forum in which to share experiences, examples of good practice, promote networking and to build relationships. Many members were highly appreciative of this opportunity, whilst for a few the meetings did not always match their expectations.

In addition, ERNA was seen as a potential platform for member NS to communicate their work and attract support from the wider RC/RC membership and external organisations, but most informants and some members considered this potential had not materialised.

A few informants observed that relevance of the network might not be considered as high by NS members from predominantly western European countries where HIV and TB prevalence is low.

The response rate to the e-survey was 35 out of 40 member NS (*Annex 4*). Of these, approximately half included qualitative information as requested. This suggests just under half of the membership is ‘active’ or ‘engaged’ in the network. This is reflected also in the level of attendance at the GM (General Meetings held annually), and possibly also in the fact that membership has not increased over the last 4 years. The level of engagement in both the GM and the evaluation survey is mostly (but not totally) in proportion to the level of HIV and TB programming undertaken by the individual NS.

There was not a common understanding of the interface between the ERNA network and the Federation, some members and informants seeing the difference only in scope and scale (ERNA is HIV and regional, whilst Federation is all health issues and global), others seeing the role of Federation as supporting the network technically, but not running it. Some observed that it is difficult to differentiate between ERNA and the Federation when attributing impact on NS programming. Despite this lack of clarity, the interface was not considered problematic by members or key informants. There is a close working relationship between the Board and the Federation Europe Zone Health Co-ordinator, with the

latter attending Board meetings and also actively supporting trainings, but there is weaker engagement between the ERNA Board and the leadership of NS members.

Although there was much appreciation of the work that individual RC/RC NS do in reaching out to the most vulnerable in humanitarian contexts, there was also a view that this was not always sufficiently nuanced (especially at a national level) to the needs of people living with HIV. There was also evidence to suggest that NS, and indeed the RC Movement, had failed to effectively communicate and explain the challenges and opportunities presented by the unique position that the RC occupies in civil society (as auxiliary to government, committed to neutrality, a federal structure) and that this had been a barrier to developing effective partnerships with potential partners from HIV ‘activist’ community organisations and networks.

“I never heard anything about ERNA – only about NSs!”

Key Informant (Communities)

Efficiency (input vs. output)

The input (financial) has mostly been used for the GM which over the last 5 years has averaged around 50% of the budget allocation, the cost of the Board meetings (quarterly), and the cost of the Secretariat. There has been relatively very little spent on information services to members outside the GM (i.e. training, information exchange, website).

The annual budget over the last 5 years has ranged from 127,930 (Euro) in 2007 to 103,800 (Euro) in 2011, and there has been under-spend of around 30% throughout with a slight improvement recently. It should be noted that funding for the budget is unpredictable and there is no membership fee.

Board expenses (cost of meetings) have increased as a percentage of the overall budget and the proportion allocated to the GM has decreased as a percentage overall. There has been an increase in proportion of funding allocated for direct services for members² (3-14%) in the last 2 years, with a decrease in the proportion allocated for the Secretariat since the end of 2010.³

Many members and stakeholders considered that the network could operate more efficiently by better use of technology available such as Skype for communication between Board members (virtual meetings instead of extensive travel). Minutes of Board meetings include a lot of logistical/operational details related to the planning of the GM rather than strategic discussion. It appears that this could be more efficiently conducted by the Secretariat under the guidance of the Board, and organised through virtual meetings and email rather than face to face meetings of all the Board members.

Communication with members has been mainly in relation to the organisation of the GM, so much of this has been logistical information. Most felt that more use could be made of electronic technology and complained that the website had not been functioning for most of the time. Information on progress against the plans of action has not been made available routinely to members and annual reports are not produced, apart from verbal or written summaries as part of the GM.

² Training, information, website etc.

³ The post of Secretary is now full time, but was part time between 2007 and 2010.

The Board has not exploited the full potential of the membership and partner organisations to achieve ERNA objectives. For example, there appears to be little expectation from either the membership or Board members of more active and diverse participation in Board meetings and discussion. In addition external communications that is, the ‘public relations’ component has been weak, with little to no visibility outside the RC/RC.

Similarly the membership has not exploited its full potential, nor met fully the responsibilities recently outlined as annexes to the ToR and agreed in the AGM 2010. Of particular concern is the lack of continuity of ERNA contacts over time, their varying commitment to disseminate learning back to their NS, and in some cases, the lack of leadership commitment within the NS to address this.

Most but not all members and key informants, felt that criteria for membership should not include a payment fee. However there was a need for members to be more active and this could be achieved by making expectations even more clear and time-bound and then monitoring more clearly and explicitly the fulfilment of mutual commitments.

“Members should be more active in looking for funds for the ERNA network from external donors to fund the activities of the network e.g. funding of HIV and TB programmes could include a budget line for the network e.g. to attend GM”
(Key informant)

Effectiveness

Findings related to the specific ERNA objectives in the ERNA ToR are discussed below. However it is quite difficult to review achievement against objectives because there is only one year (2007) for which a separate report against planned activities, was produced by the Secretariat (**Annex 8**).

To strengthen and promote the exchange of experiences, information and best practices among member NS, with other stakeholders and NS from other regions.

Most members cited this as the main output of the network, and the medium for achieving this has been mainly through the GM, not through other means aside from that. There was no mention of NS from other regions however, nor other stakeholders outside the RC.

Members were not able to give specific examples of tools or approaches obtained through ERNA, apart from the VM trainings and the PPP training 2010.

According to the plans of action, for 2008, 2009, 2010 similar expected results are reproduced each year, and much of the activity is focused on planning of the GM and Board meetings (**Annex 8**).

To promote the setting up of (innovation) new initiatives and to reproduce them in other NS by adapting them to the need of local beneficiaries.

Examples of innovation cited by respondents was almost all related to aspects of Harm Reduction programming and training by Villa Maraini.

The focus on Villa Maraini is evident also in the plans of action, but there is no budget for training until 2010 so the funding for the Villa Maraini trainings was not from the ERNA budget.

The failure to establish a functioning website during these years is cited by many members as a major issue, as this could be the vital method for sharing and recording good practice. The lack of progress on this is also reflected in the plans of action.

To promote and facilitate concerted collaborative actions in the prevention of HIV/AIDS, TB and other communicable diseases with UN agencies, EU, non-governmental organisations, Global Fund (to fight AIDS, TB and malaria), other international and national organisations and with existing Federation networks.

The Global Alliance (Federation) was mentioned in terms of collaboration, and a few NS are part of their CCM. No other examples were given of collaboration with WHO, or with international NGOs.

Other communicable diseases were not mentioned, and only a minority of respondents referred to TB.

Whilst increased co-operation with e.g. ENP+, ECUO, UNAIDS, EU, Stop TB, is included in plans, this appears to be mostly limited to invitation to speak and attend the GM, with little follow up outside the GM.

To involve PLHIV and other vulnerable groups in ERNA work at all levels

The main examples cited by members were involving beneficiaries from the target communities as volunteers, only 1 NS stating that they work with PLHIV as consultants, experts, trainers.

No formalised partnership agreement has been made between key organisations representing the communities in the region and of those interviewed, ERNA as an entity was not known, and any knowledge of RC/RC work in HIV and TB was through direct contact with the National Society at country level.

“The brand and image of RC can influence positively the results of lobbying and advocating for the benefit of vulnerable groups....ERNA needs to actively engage with PLHIV organisations and networks, be informed by the current concerns of the community (access to medications, stock outs etc) and give reality to the GIPA principle ..if it does not then they will not be seen as a partner nor a friend of the community living with HIV”

(Key informant, Communities)

To give technical support and assistance to member NSs (upon expressed need) in areas where a gap in knowledge and skill exists with motivation and trainings organisation, or by enlarging their operational capabilities.

Technical support between members has most notably been from the Italian and French RC in Harm Reduction for injecting drug users, with the Italian RC Villa Maraini project developing into a training centre for the wider membership. More general effects of involvement in ERNA were mentioned by some of the member NS for example:

“Participation in national strategy development...programme development...development of informational materials, raised level of knowledge and skills among staff, and improved image of the NS within the country, on HIV and TB issues”

(NS member)

In the plans of action, AIDS Competence training (following on from presentations at the GM) has been included but this has not taken place, In addition, the idea of selecting sub-regional HIV and TB ‘coaches’ appears but has not been realised to date.

To render technical support and assistance to NSs in countries in transition and developing countries through common projects of European NS.

This objective relates more to resource mobilisation as a result of improved programme proposals to external donors, in particular the EU, and participation of members in relevant conferences. At the end of 2010, the PPP training in France was conducted, organised through ERNA and the Federation.

In summary there appears to have been overall a low level of achievement of ERNA planned actions against all the objectives during the evaluation period. In the absence of annual reports, it appears from the PoA and members’ perceptions, that most of the activity and outcomes relate to the work undertaken for the GM, but for the period between GMs, there is much less evidence of effective activity.

The more successful objectives have been those related to promoting exchange of experience and good practice and this has been done mainly through the AGM, especially the training on project planning in late 2010. For special mention and well received have been the trainings (profiled through ERNA, funded by Italian RC, co-ordinated by the Federation) at the Italian RC project Villa Maraini focused on Harm Reduction. As a result of the training, some NS have started Harm Reduction programming or improved existing projects.

“Annually I gain something new and valuable for including in my ongoing work”.

(NS member)

The less successful objectives include those relating to collaborative partnership with external organisations and the greater involvement of people living with HIV and other groups at all levels of the membership including the ERNA governance structure. It was also noted that communication on new developments, conferences (e.g. Vienna IAS 2010) to members and between members (outside the AGM) has been weak.

Opportunities for documenting, collating and disseminating good practice between members have been lost because there is no system for recording and sharing this. Particularly important to members and key stakeholders has been the lack of a functioning website not only for information exchange but also for visibility and profile.

Impact

It is impossible to directly attribute either negative or positive impact directly on members’ HIV and TB programming (and on the beneficiaries of that programming) because there are so many other

contributory influences on that, particularly the support of partner NS in bilateral and multilateral arrangements through the Federation.

“The roles of the Federation and ERNA are very similar” (NS member)

“The Federation supports ERNA to be active” (NS member)

However it is reasonable to attribute to ERNA a positive effect on many of the members on their shift in attitude (at both governance and management levels) towards working with key populations such as people living with HIV, drug users and others. This has been achieved through facilitating the involvement of people living with HIV, drug users and other ‘beneficiaries’ participating in the AGM, presenting their projects, with examples of collaboration with RC partners, as well as providing personal testimony which has touched the hearts and minds of participants. However this involvement has not been systematically followed up by ERNA nor by the partners and so has not been formally institutionalised in the plans of the network.

It is also reasonable to assume that exposure to good practice and innovative ways of working at the GM, have influenced the programme planning of some member NS. Examples of this include Harm Reduction approaches, HIV and TB linkages, and GIPA. However from the perspective of the PLHIV communities’ representatives, their experience of RC/RC good practice has been only through contact with the individual NS, not through the network.



DISCUSSION

In terms of the relevance of a network specific to HIV (TB was included later in the ERNA ToR), there are some global trends in the response to the pandemic and funding mechanisms which should be considered. These include the global trend towards integration of the HIV response into the wider health system, and the strengthening of health systems in turn. In addition, there is a growing emphasis globally on non-communicable disease (NCD), in terms of prevention and response. It may be that the contemporary relevance of a HIV and TB specific network needs to be articulated anew in light of developments over the last decade.

The example of capacity building by Italian RC and Villa Maraini, is one that could be replicated by other members, and indeed several western European NS who are members of ERNA have been for years routinely engaged in capacity building and technical support to other members, through their international programming, but this is not branded as 'ERNA activity'. It may be that the 'additionality' of the ERNA network and the use of the 'ERNA brand' needs to be more clearly defined, that is, what defines an ERNA initiative as distinct from any initiative of the Federation or a member NS?

Linked to the above point, as ERNA is not a legal entity, there is some lack of clarity as to how it can take collective action and responsibility under the name of ERNA on behalf of all/some of its members, for example for advocacy activities. This role and function is an expectation of many members and current and potential partners of ERNA, but is not included in the existing ToR specific or explicit objectives (apart from in the mission statement).

Whilst most key informants and members did not recommend the introduction of a membership fee, there is clearly a wide range of commitment and involvement of members. It is difficult to measure 'ownership' of the network by the members, but a strong sense of this did not emerge from the survey responses. Some key informants suggested that there should be more explicit and time bound expectations of members. However it was not clear from any source, what if any sanctions would be appropriate for those members not fulfilling the basic commitments.



KEY LESSONS

A network is only as good as the members make it so that if the demand is not there, then it loses its purpose and cannot function.

Active membership is required to meet the objectives of the network.

Active membership has to be supported by a Secretariat which is empowered and well resourced, supported by a Board whose members are also fully committed and accountable to the membership.

The objectives cannot be achieved without meaningful partnership with the people most affected by HIV and TB.

The value of a network can never be assessed without clarity of purpose, and a monitoring and evaluation framework to ensure progress is tracked and impact is measured, along with performance against objectives.

Lesson learning and good practice examples need to be captured, recorded and disseminated between members more systematically.

RECOMMENDATIONS (to ERNA Board and Secretariat)

1 Relevance and purpose

- a) Make the key tasks and responsibilities of Board, Secretariat and members more specific, time-bound and accountable (in a revised ToR).
- b) Model good practice by involving the PLHIV, TB and affected communities in the ERNA governance function and resource this accordingly.
- c) Actively promote the implementation of the GIPA principle among the membership and monitor progress.

2 Efficiency

- a) Review composition and competencies required of Board members, clarify roles and responsibilities of each Board member including the Vice-Chairpersons, then co-opt additional competencies from member NS and external partners to ensure there is the capacity for strategic and visionary thinking.
- b) Resource the Secretariat and delegate the authority and responsibility for it to be able to function effectively and drive the network to operationalise the objectives.
- c) Reduce cost of Board meetings by use of e-conferencing and other technology.
- d) Review the ToR of the GM, its objectives and criteria for attendance and participation by members.
- e) Increase the proportion in the budget allocated and spent on membership services (such as information exchange, e-forums, technical working groups).
- f) Make a plan to engage in a more planned and strategic way with NS leadership to improve 'buy-in' and continuity of commitment to ERNA membership and participation.

3 Effectiveness

- a) Make a simple communication strategy both for internal (membership) and external (partners and stakeholders), which includes a commitment to routine periodic communication and makes clear what is expected in response (from members).
- b) Develop more meaningful and diverse partnerships i.e. including but not exclusively for, resource (money) mobilisation.
- c) Make a commitment to quarterly written updates on the PoA and external developments, and also an annual written report.

4 Impact

- a) Develop a monitoring and evaluation framework which will include key performance indicators and a systematic way to capture lesson learning and promote good practice.



Annex 1



Terms of Reference for the

European Red Cross and Red Crescent Societies Network on HIV/AIDS and TB (ERNA)

Historical Background

Since 1987 the International Federation of Red Cross and Red Crescent Societies has been engaged in the fight against HIV/AIDS. The decisions of the General Assemblies in Rio 1987, Budapest 1991 and Birmingham 1993 have been the guiding policies for the interventions of the Federation in the control and prevention of HIV/AIDS, in caring for the infected and affected persons and families and in the promotion of Human Rights and prevention of discrimination and stigmatization of persons infected with HIV. At the European Regional Red Cross Red Crescent Conference that took place in 2002 in Berlin, National Societies decided unanimously to focus both on the HIV/AIDS and TB, and strengthen the network to support these activities.

At the 14th International AIDS Conference in Barcelona 2002, Senior IFRC Management staff who participated in the conference reiterated their commitment to further strengthen the fight against HIV/AIDS.

In Europe AIDS is one of the major public health problems. There is a critical need for fostering preventive measures, psychological support and care for persons living with HIV/AIDS and their families and promotion of Human Rights and dignity. The involvement of NSs in the fight against HIV/AIDS must be intensified. Innovative approaches must be promoted- concerted efforts by pooling resources, knowledge, skill, experiences and best practices are required. Collaborative interventions must be promoted. These could be achieved through regional networking strategy.

The work so far realized by the Working Group on HIV/AIDS and Substance Abuse of the European Social Welfare Network of NSs of the EU member countries gives inspiration for the initiation and implementation of the aforementioned measures. The establishment of a body that can co-ordinate the sharing of experiences, transfer of best practices and the promotion of collaborative efforts among NSs of the European region was imperative. This organ which can be recognized as a working group could be organized in a Network form and it can operate based on networking strategy. An effort along this line was initiated at the end of 1987 when the North American and some European National Societies formed a Task Force on the prevention and control of HIV/AIDS, which was operational up to 1992 and later gradually phased out. Thus, the current effort is directed towards revitalizing it by involving European National Societies. In 1997 the IFRC has created European Network of RC/RC on HIV/AIDS (ERNA).

Definition

ERNA was created as a National Societies informal working group. Any European National Society (defined as such by IFRC) has a standing invitation to join this Network.

Mission of the Network

to encourage participation and to help strengthen National Societies' operational capacity to combat HIV/AIDS, TB and other communicable diseases by gradually developing activities at the community level, particularly in the areas of prevention, care, treatment, control, harm reduction, psychosocial support, legal support, reduction of stigma and discrimination social integration and other community activities targeted at the most vulnerable people.



to help NS's advocate for the circumstances enabling dignified life of PLWH with possibility of full medical treatment

Objectives

The following are the objectives of the Network:

General objective

To contribute to the reduction of the spread of HIV/AIDS, TB and other communicable diseases principally among the most vulnerable people

Specific objectives

- * To strengthen and promote the exchange of experiences, information and best practices among member NSs, with other stakeholders and NSs from other regions.
- * To promote the setting up of (innovative) new initiatives and to reproduce them in other NSs by adapting them to the need of local beneficiaries.
- * To promote and facilitate concerted collaborative actions in the prevention of HIV/AIDS, TB and other communicable diseases with UN agencies, EU, non-governmental organizations, Global Fund (to fight AIDS, TB and Malaria), other international and national organizations and with existing Federation's Networks.
- * To involve PLWHA and other vulnerable groups in ERNA work at all levels
- * To give technical support and assistance to member NSs (upon expressed need) in areas where a gap in knowledge and skill exists with motivation and trainings organization, or by enlarging their operational capabilities.
- * To render technical support and assistance to NSs in countries in transitions and developing countries through common projects of European NSs.

Organization

The European HIV/AIDS Network is a multi-disciplinary group comprising National Societies from Europe, with Central Asia included. Each member NS will appoint one person as its representative in the Network.

ERNA Board

ERNA Board consists of a Chairperson and two Vice-Chairpersons.

Chairperson is elected for three years at the General Meeting. He/She takes over his mandate and replaces the former Chairperson right after the end of General Meeting. He/She can be reelected for the same position once (two terms on a same position).

One Vice-Chairperson is from the country which hosts the Secretariat, and is automatically appointed by the selection of his NS for the host of ERNA Secretariat

The elected Vice-Chairperson is elected for three years at the General Meeting. He/She takes over his mandate and replaces the former Vice-Chairman after the General Meeting. He/She can be reelected for the same position once (two terms on a same position). If for any reason the Chairperson cannot execute his/her mandate, the elected Vice-Chairperson assumes his/her responsibilities and takes over the mandate of a Chairperson till the next elections.

RC/RC ECC of Youth is invited to nominate one representative to be part as a permanent advisor at the board for one year on the ERNA Annual Meeting. It has to be done at every Annual Meeting where the outgoing and the eventual incoming representative will pass responsibility.

Travel expenses for the youth advisor to be part of the Board expenses as well as for Annual meetings and other ERNA events, and will be covered by the ERNA Budget.

The first representative will be nominated by ECC of youth by October 31st 2009.



Elections

Every member National Society identifies one person to whom it delegates the right to vote on its behalf. Each member National Society has one vote. The members of Board have right to vote only if they are at the same time representatives of their own National Society.

The elections of members of the Board are secret except in case of acclamation. In the case of upcoming elections, NSs are invited to present their candidates to the Board three months before the General Meeting. The quorum needed is defined by number of member National Societies participating in the General Meeting (altogether with valid mandates from absent NSs) For adoption of the result of voting the simple majority of the defined quorum is needed (i.e.- one half + one)

The candidate for Chairperson/Vice-Chairperson who gets majority of votes becomes a new Chairperson/Vice-Chairperson. If none of candidates gets the majority in the first round of elections, two strongest candidates proceed to the second round, which will work on the principle of ballotage.

National Society, which is not present at the General Meeting can give its mandate to any participating National Society. One National Society can receive mandates from other two National Societies maximum, and presenting these at the GM.

The candidates for a Position of Chairperson and Vice-Chairperson send their CVs to member National Societies, preferably six weeks before the General Meeting.

ERNA Secretariat

For its functioning ERNA disposes a Secretariat hosted by a member National Society with a Coordinator appointed by the host National society assuring its continuous operation. Host of ERNA Secretariat is elected one year after the elections for ERNA Board and can be reelected once.

The NS that hosts the Secretariat of the Network will assign office space and supporting staff who will assist in executing the day to day activities of the Network such as correspondence, compilation and write-up of reports, financial administration etc. The salary of the Coordinator will be paid from the core budget of the Network.

The working languages of the Network are English, French and Russian. With a view to greater efficiency, training seminars requested by certain National Societies can be conducted in the appropriate language.

Working method

The Network is an informal group which mainly works on the principle of consensus. If the unanimity cannot be achieved, the voting procedure will be used.

Member National Societies will get together once a year for a General Meeting. The Network will execute and co-ordinate its actions through planned workshops and visits.

The agenda of the meetings will be developed and sent to NSs no later than six weeks ahead of time. Workshops on selected topics based on identified and/or expressed needs will be arranged in conjunction with the General meetings.

The report of the proceedings of the meetings and workshops and other technical documents will be compiled by the Secretariat of the Network and sent to member NSs and for information to the relevant IFRC structures. In order to motivate all NSs of the region, reports of the meetings will be made available to the non-member NSs as well. Exchange of experiences and best practices will be facilitated through side visits and other feasible mechanisms. When and if deemed necessary or desirable, the Network can invite experts or representatives from international and national organizations to participate in its meetings as observers and/or for exchange of experience and knowledge as well as exploring means of collaboration. Similarly, the Federation can participate in the Network events as observers.

Funding

The core budget needed for the salary of the coordinator and for programs shall be prepared by the Board and submitted to the General Meeting for approval. The endorsed core budget will be sent to NSs for possible contribution. In addition efforts will be exerted to mobilize additional funding from other possible donors. International Federation of RC/RC Societies will facilitate potential funding.



Annexes

ANNEX 1: ERNA SECRETARIAT KEY TASKS AND RESPONSIBILITIES

The role of ERNA Secretariat is to support ERNA board in chairing the network and member NSs in fulfilling ERNA mission. ERNA Secretariat is the operational body of the network, in charge of putting decisions by the General Meeting and the Board into practice. It is the link between ERNA Board and members with IFRC representatives as well as with other representatives from the Movement and external stakeholders.

Key tasks of ERNA Secretariat

1. Organization and technical support of the ERNA board meetings, including logistical arrangements.
2. Preparation of the report of the board meeting within 1 week, with clearly written agreed actions to be taken by each member.
3. Liaising with the IFRC ERNA contact person and sharing of information in regular and transparent way.
4. Maintenance of ERNA website, with constant provision of updated information about upcoming Board meetings, publication of Board meeting minutes and other relevant documents, collection and editing of relevant issues and news decided by Member NSs and the Board itself.
5. Regular update of the list of NSs contact persons for ERNA.
6. Use of group emails of all NSs contact persons for ERNA, always CCing to Board members.
7. Support the organization of ERNA annual meeting:
 - Sending invitation to NSs
 - Sending invitation to guests as decided by the Board
 - Supporting host NS in logistical arrangements (through visits prior to the meeting if necessary)
 - Selecting a person in charge of taking notes during the Annual Meeting
 - Finalizing the report from the Annual Meeting not later than two weeks after the meeting
 - Arranging the financial transactions to the host NSs in agreement with the NS and respecting the time-frame for bank transfer
8. Management of ERNA annual budget, preparation of bi-monthly financial reports in the most advanced software available in the Secretariat NS.
9. Preparation of the drafts of Annual plan of action, Budget and reports to be reviewed by the Board.
10. Representation of ERNA as assigned by the board.

Responsible person

The role of the Secretariat is managed by the ERNA secretariat general coordinator: this is a full time assignment for fulfilling the above listed duties and facilitating the achievement of the ERNA Mission.

Budgeting

Financial support for all ERNA Secretariat related costs are provided by the ERNA members through annual contributions.

ANNEX 2 : MEMBER NATIONAL SOCIETIES: KEY TASKS AND RESPONSIBILITIES

ERNA comprises of members from National Societies from Europe and Central Asia.

Each Member NS has to appoint a specific person to be its contact and representative: it is desirable that the same representative will serve ERNA for at least two years.

The ERNA representative must fulfil the following obligations:

- Focal point for ERNA at NS level
- Actively contribute to ERNA and advocate on behalf of its mission
- Actively participates in the ERNA Annual Meetings



- Co-operating with other members, Secretariat and the Board to fulfil the ERNA Mission and implementing effective communication and networking with other ERNA members and external stakeholders
- Submit regular reports and answering to the requests of the ERNA Secretariat when required
- Sharing news and good practices from its NS with the ERNA Secretariat, in order to give them appropriate dissemination through mail and the ERNA web-site

If a representative does not meet these obligations or is unable to accomplish ERNA related key tasks the National Society must assign another person for the Network.

New members nominated by their National Society should submit their CV and a short statement explaining how they meet the selection criteria for ERNA members. This should include a comment on how they will report the lessons learned and decisions from ERNA meetings to their NS leadership.

Membership of National Societies in ERNA is permanent as long as they meet their obligations as an ERNA member; however, a National Society also retains the right to withdraw from the network if desired, by giving notice at an ERNA meeting or in writing to the ERNA Secretariat.

ERNA President

Fabio V. Patruno



Annex 2

Terms of Reference for ERNA Evaluation 2011

Background

ERNA was established in 1998 in Rome as a Network of the Federation with the aim of coordinating the sharing of experiences, transfer of best practices and the promotion of collaborative efforts among National Societies of the European region. The network's vision is to have well functioning National Societies that are able to address HIV, AIDS, TB and related problems. Currently ERNA includes 40 Red Cross and Red Crescent Societies from Europe and Central Asia.

The mission of the network is to encourage participation and to help strengthen National Societies' operational capacity to combat HIV, TB and other communicable diseases by gradually developing activities at community level particularly in the areas of prevention, care, treatment, control, harm reduction, psychosocial support, legal support, reduction of stigma and discrimination, social integration and other community activities targeted at the most vulnerable people.

The general objective of ERNA is to contribute to the reduction of the spread of HIV, TB and other communicable diseases principally among the most vulnerable people.

Since the network was established, there has not been a formal evaluation. Other RC/RC HIV networks have been evaluated and lessons learned. Therefore it was considered that after 12 years, an evaluation of ERNA is now timely and this was requested by some of the members.

Scope of the evaluation

The scope of the evaluation will include review of its relevance (to HIV and TB response in Europe zone), its efficiency, effectiveness and impact. The time period to be reviewed will be 2007-2010 (inclusive) i.e. 4 years.

Objectives

1. To assess the extent to which the network's objectives have been met.
2. To identify lessons learned, and make recommendations to the Board and membership for future actions and direction.



Specific questions

1	To what extent is ERNA relevant to the situation of HIV and TB in the European region (including Central Asia) and to the RC/RC response?	a. How is ERNA defined? Is there a common understanding of the entity between the Board, Secretariat and members? b. Has the network responded to the changing epidemic in Europe and emerging issues such as HIV/TB co-infection and MDR TB? c. How has the network balanced needs of members regarding language accessibility? d. What is the differential role and purpose of ERNA and IFRC, how does this interface work? e. How much is ERNA 'operational' and is this consistent with the ERNA terms of reference?
2	How efficient is ERNA in relation to inputs (budget) and outputs and how efficient is the institutional framework (Board, Secretariat, Member NS, interaction with IFRC staff and other stakeholders) in meeting the objectives of the network?	a. How much does the ERNA Board and Secretariat communicate with members during the year? b. What level of participation in Board meetings, planning and decision making do members have? c. How effective are the communication methods used, including the ERNA website? d. What are the criteria for membership and how much are rights and responsibilities of members explicitly stated and invoked? e. How responsive are members to official communications from the Secretariat?
3	To what extent has ERNA met its stated objectives as stated in ERNA ToR, strategy and annual workplans against demonstrable outcomes?	a. How much has the network added value in maintaining exchange of information, skills and technical support and lesson learning? What examples are available?
4	What demonstrable impact has ERNA had on the performance of its member NS in their HIV and TB programming?	a. Has the effectiveness, coverage, quality and visibility of member NS programming improved due to ERNA involvement and if so, how?
5	What examples of good practice and missed opportunities have emerged (over last 4 years)?	a. This refers to good practice in terms of network objectives, not in terms of HIV and TB programmes of NS per se.
6	What are the key lessons to be learned?	a. Lessons learned will inform recommendations (below) and include analysis of how learning could be captured and used within ERNA in future.
7	What are the recommendations for the future in terms of institutional set-up, overall direction and specific actions?	a. Recommendations will be compiled from analysis of responses from survey and interviews, and from a strategic review of relevant documentation.

Methodology

- 1) Desk review of relevant literature (ERNA ToR, workplans, budgets, meeting minutes and reports, correspondence from 2007 to date)
- 2) Key informant interviews (Board members, ERNA Secretariat, IFRC zonal and GVA officers, NS members who fund the ERNA budget, PLHIV network partners), by telephone, skype, and/or in person, using semi-structured questionnaire.
- 3) Survey (electronic) of all members with questionnaire based on the key questions (above) allowing also for some qualitative inputs from respondents⁴. Presentation of draft findings to Board and Secretariat, in form of a report and PowerPoint summary (see below).

⁴ Respondents should be the NS designated ERNA focal point, providing that person has been in position for at least 2 years. If not then a substitute respondent with institutional memory should be consulted for completion of the questionnaire.



Evaluation management, team composition and responsibilities

The evaluation will be facilitated **by the ERNA secretariat based in Belarus RC, in Minsk.**

The main functions of the **facilitator** will be:-

- To be the first point of contact for the ET leader.
- To finalise the budget
- To arrange for all documentation to be made available to the team
- To support the team's activities, in terms of logistics and supporting information.

The evaluation team (ET) will consist of 5 people:-

1. **Team leader** (External Consultant)
 2. British Red Cross Senior Health Adviser (ERNA member)
 3. PLHIV representative from a network which has collaborated with a RC National Society
 4. PLHIV representative co-worker with (3)
 5. Representative from a non-Western NS ERNA member (Georgia RC)
- The team leader will lead the process and initiate drafts and collate feedback.
 - The team will design key informant interview checklists and the e-survey to be administered to all members.
 - The team will design a method for analyzing findings, ensuring full triangulation and evidence-based recommendations.

The team will be supported by a critical reference group (CRG)

The CRG will consist of 3 people:-

1. A Board Member
2. ERNA NS member
3. ERNA NS member

The main **functions of critical reference group** are:

- To facilitate the participation of the different stakeholders involved in the evaluation process
- To participate, provide feedback on evaluation documents produced by the team
- To support in providing relevant information to the evaluation team.
- To oversee the satisfactory progress of the evaluation
- To participate in dissemination of the evaluation results.

Outputs

- 1) Report (20 pages max. excluding annexes) to include executive summary, table of contents and annexes, acknowledgements, findings, methodology, conclusions and recommendations.
- 2) PowerPoint presentation of main findings and recommendations.

Schedule (provisional)

Activity	Days required
Meeting (virtual) to agree schedule, roles and responsibilities	0.5
Briefing by Evaluation facilitator and Board	0.5
Desk review of literature	1
Design survey tools and key informant formats	2
Administer survey (electronic) and analyse results	2
Conduct key informant interviews (phone, skype, face to face if feasible and no significant travel required)	2
Compile draft final report and circulate to reference group for comments	4
Final report writing and presentation	2
TOTAL number of days (over a set period e.g. 6 weeks to allow time for survey responses)	14



Budget

(to be drawn up in detail by the Secretariat and approved by the Board once ToR finalized and then added to the final report as an Annex). The overall budget will include donations in cash and kind from ERNA members towards the evaluation, in addition to the core ERNA budget and expenditure.

Utilisation of the evaluation

- 1) The report will be shared with all the ERNA members, Federation representatives.
- 2) The report findings and recommendations will be discussed at Board level and a formal response produced and disseminated to the membership.
- 3) A plan of action based on the report findings will be formed and agreed by the Board and shared with members.



Annex 3

List of References

ERNA Board Meeting Minutes

2007

- Minutes of ERNA Board Meeting - January 2007, Geneva
- Minutes of ERNA Board Meeting - April 2007, Geneva

2008

- Minutes of ERNA Board Meeting - January 2008, Belgrade, Serbia
- Minutes of ERNA Board Meeting - March 2008, Barcelona
- Minutes of ERNA Board Meeting - June 2008, Budapest
- Minutes of ERNA Board Meeting - September 2008, Stockholm

2009

- Minutes of ERNA Board Meeting - February 2009, Rome
- Minutes of ERNA Board Meeting - April 2009, Stockholm
- Minutes of ERNA Board Meeting - September 2009, Budapest
- Minutes of ERNA Board Meeting - December 2009, Belgrade

2010

- Minutes of ERNA Board Meeting - February 2011, Paris
- Minutes of ERNA Board Meeting - May 2010, Budapest
- Minutes of ERNA Board Meeting - November 2010, Belgrade

2011

- Minutes of ERNA Board Meeting - February 2011, Rome

ERNA Plans of Action

- ERNA Plan of Action 2007
- ERNA Plan of Action 2008
- ERNA Plan of Action 2009
- ERNA Plan of Action 2010
- ERNA Plan of Action 2011

ERNA Annual Reports

- Reporting on the Plan of Action 2007.

ERNA Meeting Reports

11th ERNA Conference

- Outline of the 11th ERNA Annual Meeting, September 2007, Tallinn, Estonia
- Preliminary Agenda of 11th ERNA Annual Meeting, September 2007.
- Report of 11th ERNA Annual Meeting, September 2009, Tallinn.
(*Working with and Empowering Affected Communities*)

12th ERNA Conference

- Agenda of 12th ERNA Meeting, Belgrade, December 2008
- Minutes of ERNA Annual Meeting, Belgrade, 2008

13th ERNA Conference

- Report of 13th ERNA Conference, Kyrgyz Republic, September
(*Inclusion, Communication and Respect*)

14th ERNA Conference

- Report of 14th ERNA Conference, Minsk, Belarus. September 2010.



(Empowering Vulnerable People in Fighting Stigmatization & Discrimination)

ERNA RC NS Reports on TB Services & Resources

- Albanian RC
- Armenian RC
- Azerbaijan RC
- Bulgarian RC
- Georgian RC
- Kazakhstan RC
- Kyrgyz RC
- Latvian RC
- Macedonian RC
- Montenegro RC
- Romanian RC
- Russian RC
- Serbian RC
- Tajikistan RC
- Turkish RC

ERNA Letters

• Letters from ERNA President

- Letter from President to ERNA members – 9 December 2009.
- Letter from President to Slovak RC, 2009
- Letter from President ERNA to Belarus RC, 14 January 2010 regarding ERNA annual meeting in 2010.
- Letter from President of ERNA, January 2010 to Slovenia RC regarding ERNA Annual Meeting 2010.
- Letter from President of ERNA, 22 February 2010 to Slovenia RC regarding ERNA annual meeting 2010.
- Letter from President of ERNA to Belarus RC, 29 March 2010 regarding hosting ERNA annual meeting 2010.
- Letter from President ERNA, 19 April 2010 to Belarus RC regarding organisation of ERNA annual meeting 2010.
- Letter from President of ERNA to Red Cross Societies to members and IFRC regarding ERNA activities, elections and Appeal. June 2010.
- Letter from President of ERNA to Portuguese RC regarding ERNA membership. June 2010.
- Letter from President of ERNA to ERNA members & RC Colleagues, 19 November 2010
- Letter from President of ERNA to ERNA members & RC Colleagues - 14 January 2011.
- Letter from President of ERNA to ERNA members & friends - 19 April 2011.
- Letter from President of ERNA concerning AIDS competence.

• Other Letters

- Letter from Anders Milton ERNA President regarding AIDS Competent Distant Learning, October 2007
- Letter to ERNA Secretariat regarding AIDS Competence Distant Learning. No date
- Letter from Matthias Schmale, IFRC to ERNA members regarding XV111 International Aids Conference, 2010.
- Letters regarding ERNA Annual Meeting 2010 for travel and visas.
- Letter from Slovenia RC to President ERNA regarding administration of ERNA 2010 meeting.
- All ERNA letters written in 2011.

ERNA Technical Documents

- IFRC Issue Brief – TB Hot Spots (*Draft Version 5*)
- TB Data Collection Programme Performance. (*Version 2. January 2011*)
- ERNA Competence. Proposal for AIDS Competence. Red Cross Societies in Europe.
- Final ERNA HIV TB Mapping. 2007
- Questionnaire for RC Societies on networks in Europe Zone. 2009
- Key Questionnaire for activities on drug and HIV, TB activities. 2010.

ERNA General Documents



- Terms of Reference for ERNA (European RC/RC Network on HIV/AIDS & TB) including Annexes 1 & 2 (English & Russian versions)

ERNA Administration Documents

- Memorandum between Belarus RC and ERNA regarding hosting of ERNA annual meeting in 2010. March 2010.
- ERNA meeting 2010 price quote for Slovenia RC.

Other Useful Documents

- Asian RC/RC HIV/AIDS Network (ART). Evaluation Report 2008.

ERNA Financial

- ERNA Budgets
 - ERNA Budget 2007
 - ERNA Budget 2008
 - ERNA Budget 2009
 - ERNA Budget 2010
 - ERNA Budget 2011

- ERNA Financial Reporting

2007

ERNA Financial Statement January - December 2007

2008

ERNA Contributors 2008

ERNA Financial Report & Actual Expenses 2008

Statement of ERNA account balance 2008

2009

ERNA Contributors 2009

ERNA Financial Report 2009

Statement of ERNA account balance 2009

2010

ERNA Contributors 2010

ERNA Financial Report 2010

Statement of ERNA account balance 2010

- ERNA-BRC Bank Details
- Budget for ERNA Blended Learning 2008/9.

Annex 4:

Electronic Survey for ERNA RC/RC National Society Members including summary of responses

Introduction

An E-survey was devised by the evaluation team for the member National Societies to fully engage in the evaluation. It was posted electronically in English and Russian. All National Societies who were members of ERNA were given a link to fill in the survey. The survey comprised both yes/no (quantitative) and open-ended-questions (qualitative) and three weeks were given for National Societies to respond. There was a rich detail to the information supplied and the qualitative responses have been used to shape the final report.

This annex details all of the questions as well as giving the response rates. As a number of National Societies preferred not to have their responses to individual questions noted, there has been no direct attribution made. However it should be noted that of the 35 (of 40) member National Societies that responded to the survey, it was consistently the same 15-20 that made responses to all questions; many respondents entered the name of their Society and contact details and then ‘skipped’ through the majority of the questions without making responses.

Section A: General Background Section

National Societies that were sent the questionnaire and whether responded in full or in part:

Note the responses from one NS were incompatible with the soft ware used for the electronic platform so may have been deleted.

Albanian Red Cross	Yes
Armenian Red Cross Society	Yes
Red Crescent Society of Azerbaijan	Yes
Belarusian Red Cross Society	Yes
The Red Cross Society of Bosnia and Herzegovina	No
British Red Cross	Yes
Bulgarian Red Cross	Yes
Croatian Red Cross	Yes
Czech Red Cross	Yes
Danish Red Cross	Yes
Estonia Red Cross	Yes
Finnish Red Cross	Yes
French Red Cross	Yes
Red Cross Society of Georgia	Yes
German Red Cross	Yes
Hungarian Red Cross	Yes
Italian Red Cross	Yes



Red Crescent Society of Kazakhstan	Yes
Red Crescent Society of Kyrgyzstan	Yes
Latvian Red Cross	Yes
Lithuanian Red Cross Society	No
The Red Cross of The Former Yugoslav Republic of Macedonia	No
Red Cross Society of the Republic of Moldova	Yes
Red Cross of Monaco	Yes
Red Cross of Montenegro	Yes
Norwegian Red Cross	Yes
Polish Red Cross	Yes
Romanian Red Cross	No
The Russian Red Cross Society	No
The Red Cross of Serbia	Yes
Slovak Red Cross	Yes
Slovenian Red Cross	Yes
Spanish Red Cross	Yes
Swedish Red Cross	Yes
Swiss Red Cross	Yes
Red Crescent Society of Tajikistan	Yes
Turkish Red Crescent Society	Yes
Red Crescent Society of Turkmenistan	Yes
Ukrainian Red Cross Society	Yes
Red Crescent Society of Uzbekistan	Yes

Comments:

- All but 5 of the respondents were the nominated ERNA contact person within their society

Question 5

Date when your NS joined ERNA

Total Responses:	21
Not answered:	14

Comment: of the 21 societies that answered there was a spread across all of the years from formation (1996) through to 2009. All those who had responded with the one mentioned exception who joined in 2009 were members throughout the review period for the evaluation i.e. 2007-2010.

Section B: Background of National Society HIV & TB Programme**Question 6 and 7****Question 8, 9, 10: HIV and TB programme activities****HIV**

	Number	Percent
Peer education	16	66%
Harm reduction	10	41%
Care & support (including adherence monitoring)	10	41%
Reduction of stigma & discrimination	15	62%
Health education	19	79%

None of the above	3	12%
TOTALS:	24	
Not Answered:	11	

TB

	Responses	Percent
Peer education	11	45%
Care & support (including adherence monitoring)	12	50%
Reduction of stigma & discrimination	13	54%
Health education	15	62%
None of the above	8	33%
TOTALS:	24	
Not Answered:	11	

Integrated HIV/TB

	Responses	Percent
Peer education	6	25%
Harm reduction	3	12%
Care & support (including adherence monitoring)	5	20%
Reduction of stigma & discrimination	5	20%
Health education	8	33%
None of the above	15	62%
TOTALS:	24	
Not Answered:	11	

11 Has ERNA helped to give your HIV & TB programme a higher priority in your NS since 2007?

	Responses	Percent
Yes	16	67%
No	6	25%
Don't know	2	8%

12. What role does your NS play in your National HIV strategic plan if any?

Does your National Society have a role in your National HIV Strategic plan?		
	Responses	Percent
Yes	16	67%
No	8	33%
Don't know	0	0%
TOTALS:	24	100%
Not Answered:	11	

13 In what ways does your National Society work with PLHIV and other vulnerable groups?

	Yes	No	Don't know	Total Responses	No answer
PLHIV and or other vulnerable groups on staff at Red Cross/Crescent	21%	37%	42%	24	11

<i>Number</i>	5	9	10		
PLHIV among Red Cross/Crescent volunteers	50%	25%	25%	24	11
<i>Number</i>	12	6	6		
PLHIV on Red Cross/Crescent board of directors	4%	50%	46%	24	11
<i>Number</i>	1	12	11		
Collaboration/partnership with PLHIV organisation	79%	17%	4%	24	11
<i>Number</i>	19	4	1		
Technical and/or financial support to PLHIV support group	50%	42%	8%	24	11
<i>Number</i>	12	10	2		
Home-based care services	42%	58%	0%	24	11
<i>Number</i>	10	14	0		
Psycho-social support services such as counselling	63%	33%	4%	24	11
<i>Number</i>	15	8	1		
Support income generation activities	13%	83%	4%	24	11
<i>Number</i>	3	20	1		
Provide food parcels or other material support	63%	37%	0%	24	11
<i>Number</i>	15	9	0		
Mobilise community support for PLHIV	46%	50%	4%	24	11
<i>Number</i>	11	12	1		
Prevention of stigma and discrimination in the community	79%	21%	0%	24	11
<i>Number</i>	19	5	0		
Prevention of stigma and discrimination in the workplace	67%	33%	0%	24	11
<i>Number</i>	16	8	0		
Other. Please provide details	40%	60%	0%	5	30
<i>Number</i>	2	3	0		

Section C: Relevance of ERNA

15. What do you think the role of ERNA is?

Total Responses:	20
Not answered:	15

16. What do you think the role of the Federation is compared to the role of ERNA?

Total Responses:	20
Not answered:	15

17. Has ERNA equipped you with useful instruments to contribute to changing the HIV and TB epidemic in your country?

	Responses	Percent
Yes	9	45%
No	11	55%
Not answered	15	

18. Have you experienced any language (or other) barriers that prevent you from fully participating in ERNA activities?

	Responses	Percent
Yes	1	5%
No	19	95%
TOTALS:	20	
Not Answered:	15	

Section D: Efficiency of ERNA

19. Is involvement in ERNA a cost-effective use of your time and resources?

Yes	14	65%
No	4	20%
Don't know	3	15%
TOTALS:	20	
Not Answered:	15	

20. Do you feel you have received adequate communication since 2007 from the ERNA Secretariat?

	Responses	Percent
Yes	13	65%
No	7	35%
TOTALS:	20	
Not Answered:	15	

21 How would you rate your response to communication received from the ERNA Board and Secretariat ?

Always respond	14	70%
Sometimes respond	4	20%
Don't often respond	2	10%
TOTALS:	20	
Not Answered:	15	

22 Since 2007 what participation have you had in the ERNA Annual General Meeting(s)

	Responses	Percent
In 2007.	15	75%
In 2008.	11	55%
In 2009.	10	50%
In 2010	16	80%

TOTALS:	20	100%
Not Answered:	15	

23 How useful have the Annual General Meetings been for your programming

Please tick one of the following where (1) is the most useful and (5) is the least useful

	Responses	Percent
1 (most useful)	6	30%
2	4	20%
3	5	25%
4	2	10%
5 (least useful)	3	15%
TOTALS:	20	
Not Answered:	15	

24 Since 2007 what participation have you had in the ERNA Annual Activity Planning

	Responses	Percent
In 2007.	9	45%
In 2008.	5	25%
In 2009.	6	30%
In 2010	15	75%
TOTALS:	20	

Please give one example (with year) of an annual planning activity that you think made a difference and why?

25 Do you feel you have participated enough in ERNA decision making?

	Responses	Percent
Yes	11	55%
No	9	45%
TOTALS:	20	100%
Not Answered:	15	

26 Please give details on what have been the most effective ways for ERNA to communicate with members

	Responses	Percent
Email	18	90%
Phone calls	7	35%
Teleconferences	1	5%
ERNA website	11	55%
Newsletters	7	35%
Meetings	15	75%
Other	1	5%
TOTALS:	20	100%
Not Answered:	15	

How could communication be improved

27 Views on current criteria for membership of ERNA

Do you think the current criteria for membership of ERNA?		
	Responses	Percent
Demands too much of members	0	0%
Demands enough	18	90%
Demands too little	2	10%
TOTALS:	20	
Not Answered:	15	

28 What do you see as your National Society's three main responsibilities as an ERNA member?

Total Responses:	20
Not answered:	15

Section E: Meeting ERNA objectives**29 Have ERNA Activities added value to your National Society HIV and TB programmes**

Yes	13	65%
No	5	25%
Don't know	2	10%
TOTALS:	20	
Not Answered:	15	

30 If ERNA have added value to national Society HIV and TB programmes have they done so in any of the following ways

	Yes	No	Don't know	Total Responses	Not Answered
Exchange of information about HIV and TB	100%	0%	0%	13	22
	13	0	0		
Skills & Technical support for RC HIV & TB programming	84%	8%	8%	13	22
	11	1	1		
Strengthen National Society HIV & TB programme implementation	92%	8%	0%	13	22
	12	1			

31 How often do you exchange information between yourself and the following

How often do you exchange information between yourself and the following:					
	Less than once a month	Once a month	More than once a month	Total Responses	Not Answered
ERNA Secretariat	62%	15%	23%	13	22
	8	2	3		
Other ERNA members	69%	8%	23%	13	22
	9	1	3		

32 How do you share information from ERNA meetings/communication with your own colleagues

Total Responses:	13
Not answered:	22

33 How do you think information exchange could be improved in ERNA?

Total Responses:	13
Not answered:	22

34 What skills and technical support have you received from ERNA and when?

Total Responses:	11
Not answered:	24

38 Have you established any new collaborative links with other organisations since 2007 (including national and international) as a result of ERNA involvement?

	Responses	Percent
Yes	6	50%
No	6	50%
TOTALS:	12	100%
Not Answered:	23	

39 Have you established and new collaborative activities with other RC/RC NS.s since 2007 as a result of ERNA networking and sharing?

	Responses	Percent
Yes	4	33%
No	8	67%
TOTALS:	12	
Not Answered:	23	

Section F: Examples of ERNA good practice**40 Has ERNA introduced any examples of good practice for HIV and TB programming since 2007?**

	Responses	Percent
Yes	14	70%
No	2	10%
Don't know	4	20%
TOTALS:	20	100%
Not Answered:	15	

41 How could ERNA have been more effective since 2007 using the same resources? -

Please give three examples.

14 of 35 respondents gave one example (or more)

Section G: Key Lesson learning for ERNA**42 Give 3 Key lessons that ERNA could learn from the past 3 years to be better equipped**

14 of 35 respondents gave one example (or more)

Section H: other

43 Do you have any comments or thoughts on the management/ structure of ERNA?

Yes	4	20%
No	16	80%
TOTALS:	20	
Not Answered:	15	

44 In relationship to ERNA what is the most Positive and most Negative thing...

Positive thing	20	100%
Negative thing (Please describe)	15	75%
TOTALS:	20	
Not Answered:	15	

Responses

45 Threats....opportunities

What do you see as the biggest opportunities and/or threats to the development of ERNA in the next few years?

Total Responses:	16
Not answered:	19

Annex 5

Key Informant Interview Format

Introduction

This semi structured interview format can be used to interview key informants who are being consulted as part of the evaluation of ERNA (European Red Cross/Red Crescent Network of HIV) in July/ August 2011. The relevance, efficiency and impact of the whole European network is being evaluated rather than the individual HIV programmes of Red Cross/Red Crescent National Societies.

Interviews will be undertaken via Skype or by phone and it is important that each of the questions below are discussed. It is recommended that interviews are conducted by 2 people from the Evaluation Team, one to ask the questions and one to make the notes.

Each interview should take no longer than 45 - 60 minutes. Each interviewer (team) will be responsible for writing up their interview notes and for returning the complete notes to the Evaluation Team Leader Mimi Khan at mkhan61101@aol.com and copy in Catherine Mears cmears@redcross.org.uk.

Some questions include prompts to help guide you through some of the questions and they are listed on a separate guide sheet.

Introduction to Key Participants

Thank you for participating in this interview. Just to let you know that when the evaluation report is written your name and answers will not be linked.

Section A: Your Relationship to ERNA

1. What is your name?
2. Which organisation are you representing?
3. What is your relationship to ERNA? (e.g. Board Member, Secretariat, IFRC, Donor etc)
4. How long have you been connected to ERNA?
5. What has your involvement been in ERNA since 2007?
6. Date of interview:
7. Name of interviewer:

Section B: Relevance of ERNA

1. What do you think is the purpose of ERNA?
2. Do you think that ERNA has been able to fulfil its objectives?
3. Do you think that ERNA has served its Red Cross National Society members in a balanced and fair way?
4. Do you think that ERNA members/collaborators have experienced any language (or other) barriers which have prevented them from fully participating in ERNA activities?
5. Can you give examples of how ERNA has helped its members to support PLHIV and other vulnerable groups? (**See accompanying Prompt List**)

Section C: Efficiency of ERNA

6. Do you think ERNA is a cost-effective use of time and resources?
7. How effectively do you think that the ERNA Secretariat has functioned since 2007?
8. Do you think that ERNA uses the most effective methods to communicate with its members?
9. Do you think that the current criteria for Red Cross National Societies ERNA membership should be changed?
10. To what extent do you think that ERNA members have fulfilled their roles and responsibilities?



Section D: Impact of ERNA

11. Do you think that ERNA activities have helped to strengthen member National Society's HIV & TB programming? Please give examples where possible. **(See accompanying Prompt List)**
12. What impact do you think ERNA has had on programme beneficiaries?
13. How do you think that ERNA can better support its members to improve their HIV & TB programming in the future?

Section E: Examples of ERNA good practice

14. Has ERNA introduced any examples of good practice relevant to HIV and TB programmes since 2007?
15. Are you aware of whether ERNA has facilitated partnerships with other organisations since 2007?

Section F: Key Lesson Learning for ERNA

16. What are the key lessons ERNA could learn since 2007?
17. Could ERNA improve on capturing its lesson learning in the future?

Section G: Other

18. Can you describe the nature of your collaboration with ERNA
19. Do you feel that there is ownership of the network by the members?
20. Do you have any comments to make on the governance, management and structure of ERNA?
21. How could the participation of ERNA members in Board activities be increased?
22. What do you see as the biggest opportunities and/or threats to the development of ERNA in the next few years?

Additional questions to the generic questionnaire for specific organisations only

For Red Cross/Red Crescent Interviewees

1. What do you see as the distinctive role of ERNA in relation to the role of the Secretariat and Europe zone?

For the ERNA Board

1. What is the process by which the Board compile their agendas?

ERNA Key Informant Format.July22



Annex 6

ERNA Evaluation Key Informant Interview

Introduction

These are the questions that will be asked of you as part of the evaluation of ERNA (European Red Cross/Red Crescent Network of HIV) in July/ August 2011.

The relevance, efficiency and impact of the whole European network is being evaluated rather than the individual HIV programmes of Red Cross/Red Crescent National Societies.

Interviews will be undertaken via Skype or by phone.

To get a wide range of views:

We are asking PLHIV working at the national and regional level who we know have had some contact with ERNA.

Not all questions will be relevant to all interviewees as we are also asking PLHIV working at the national and regional level who may not have heard much about ERNA.

If this is the case there will be an opportunity at the end of the interview for you to talk about why you think this is...

Each interview should take no longer than 45 - 60 minutes.

If you do have time to look at the questions and make an initial response in writing before the call – this would help us greatly – please send back to us before the call we have arranged with you.

Introduction to Key Participants

Thank you for participating in this interview. Just to let you know that when the evaluation report is written your name and answers will not be linked.

Section A: Your Relationship to ERNA

1. What is your name?
2. Which organisation(s) are you representing?
3. Date of interview:
4. Name of interviewer:

Section B: Relevance of ERNA

5. What do you think is the purpose of ERNA?
Prompt : if you don't know anything about ERNA that is ok
6. Can you give examples of how ERNA or a national RED COSS/CRESCENT society has worked to support PLHIV and/or other vulnerable groups?

Section C: Impact of ERNA

7. Can you give any examples of ERNA has improved the quality of life of PLHIV and other vulnerable groups? Please give examples where possible.
8. What impact (if any) do you think ERNA has had on programme beneficiaries?
9. How do you think ERNA could work better to support national societies in partnerships to improve their HIV & TB programming in the future?



Section D: Examples of ERNA good practice

10. Do you know any examples of good practice from ERNA or from National RC Societies relevant to HIV and TB programmes since 2007?
11. Are you aware of whether ERNA has facilitated partnerships with other organisations or networks that you are part of or now about since 2007?

Section E: Key Lesson Learning for ERNA

12. If you have relations with ERNA how could that be improved in future? If you don't what would be useful/important from your organisational perspective

Section G: Other

13. Can you describe the nature of your collaboration with ERNA?
14. Do you think it could be useful to have to promote partnerships and collaborations to have community representative (PLWH or TB or IDU) on the governance board of ERNA? Why?
15. What other ways could ERNA systematically develop partnerships with its beneficiaries on the institutional level and what do you think the benefits and challenges of this might be ?
16. From your perspective what do you think are the (up to 3) greatest needs of the people that you work with that ERNA/National Societies should consider ?
17. Anything else that you would like to add
Prompt for those that have not had any relationship with ERNA or national Societies
18. Would your organization like to have partnerships with ERNA/National societies? In what form?
19. Have you made previously some attempts/interventions to get involved in ERNA/National Red Cross societies programs on HIV, TB? Have you/your organization been satisfied with the outcomes? Why?

Note

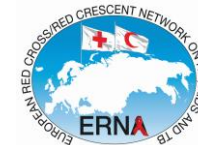
ERNA.Key Informant Inter.July20



Annex 7

List of Key Informants Interviewed

	NAME	DESIGNATION	ERNA ROLE
1	Sonya Tanevska	IFRC Europe Zone Health Co-ordinator	Board member since 2008
2	Fabio Patruno	Italian RC (Villa Maraini)	Vice-Chairman 2003-09 Chairman 09-date
3	Lasha Gogvadze	TB officer Geneva IFRC ERNA focal point Geneva IFRC	Board member 02-09
4	Lia Khachatryan		Board member as ECC Youth Rep 08-09/since 2010
5	Getachew Gizaw	IFRC HIV/TB/Malaria Unit Manager Geneva	Founder ERNA member
6	Massimo Barra	IFRC Standing Commission, Italian RC, Villa Maraini founder	Chairman 1997-2003
7	Julian Hows	GNP + Secretariat	Contributor to ERNA activities particularly general meetings, technical support to Board
8	Maud Amren	Swedish RC	One of main member donors
9	Marianne Monclair	Norwegian RC	One of main member donors
10	Risards Zaleskis	WHO Regional Advisor	ERNA collaborator
11	Latsin Aliev	Estonian network of PLHIV	
12	Dasha Ocheret	European Harm Reduction Network	
13	Anna Nazarova	Belarus Community of PLHIV	
14	Natalya Leonchuk	E.European and Central Asia Union of PLHIV (ECUO)	
15	Terry White	E.European and Central Asia Union of PLHIV (ECUO) adviser	
16	Yaroslav Zelinskiy	All-Ukrainian Network of PLHIV	
17	Henrik Arildsen	HIV Europe	



Annex 8

Summary of ERNA Plans of Action for 2007/2008/2009/2010 and activity reporting

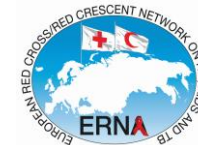
Specific objectives outlined in the TORs for ERNA	Specific Activity	Expected Results	Comments (by ERNA Evaluation Team)
To strengthen and promote the exchange of experiences, information and best practices among member National Societies and with others	<u>Activities - 2007 Plan of Action</u> 1. Board Meetings (4) 2. Preparation of ERNA brochure & CD including updated mapping of existing HIV, HAID & TB of ERNA member NS. 3. Activities to participate in Stop TB partnership for Europe – mapping of services and resources for TB. Plan to develop partnerships with Stop TB and IFRC Global Alliance. 4. ERNA coordinator to attend RC/RC conference in Istanbul. 5. Preparatory activities for ERNA AGM (11 th in Tallinn) including preparatory visit to Estonia NS, working groups, budget prep and plan of action for next year.	<u>Board Meetings</u> - agreement for proceeding of the network - discussion on ERNA contribution to Europe RC/RC Conference in Istanbul - discussion on ERNA activities of 2007 - preparation for 11 th ERNA AGM - Discussion on Stop TB partnership - Discussion on ERNA involvement in Global HIV & Aids Alliance - Discussion on 11 th AGM: agenda, working groups and budget - 11 th AGM evaluation	<u>2007 Plan of Action</u> 3. No budget allocation for mapping of services & resources for TB. Only year when a separate report against activities was produced and the following completed activities included:- * Participated in RC/RC conference and co-chaired Health Working Group and 2 NSs supported to attend. * ERNA brochure and CD produced and distributed. * 11 th AGM held and well attended by 29 NSs. * Attended Global Alliance meeting * Undertook Mapping HIV & TB activities by member NSs (there is a report of this and NS country profiles) * ERNA moderated RC Forum “Pass it on”, and undertook training on this. * Updated and maintained ERNA web-site - but no details given of what exactly. * Sent out questionnaire on TB resources and services * HR courses? * E Conference group – not done * Meeting of ERNA President with ECUO – not done?



Specific objectives outlined in the TORs for ERNA	Specific Activity	Expected Results	Comments (by ERNA Evaluation Team)
	<p><u>Activities - 2008 Plan of Action</u></p> <p>1. Board Meetings (4)</p> <p>2. Preparatory activities for ERNA general meeting (12th in Belgrade), preparatory visit, preparation of agenda & working group & budget, preparation of plans of action for next year and budget.</p> <p><u>Activities - 2009 Plan of Action</u></p> <p>1. Board Meetings (4)</p> <p>2. Board co-opted a youth representative</p> <p>3. Organised 13th ERNA GM in Kyrgystan</p> <p><u>Activities - 2010 Plan of Action</u></p> <p>1. Board Meetings (4)</p> <p>2. First Board Meeting had Youth Representative coopted.</p> <p>3. Similar preparatory activities in organizing 14th ERNA meeting called 'Empowering Vulnerable People in Fighting S&D'.</p>	<p>- Similar expected results for 2008 as for previous year for preparation of 12th AGM and for 2008</p> <p>- similar expected results for 2009 as previous year</p> <p>- additional includes mechanism to co-opt PLWA to be defined.</p> <p>- similar expected results for 2010 as previous years.</p> <p>- additional result: analysis with IFRC zone to further improve cooperation with ERNA</p>	<p>13. AIDS Competence training – only reported as workshop held at GM. There is a plan produced for this for 2008 & 2009.</p> <p>14. Sub-regional coaches – not done</p> <p>15. Facilitating raising funds for NS to attend conferences and exchange visits – not reported.</p> <p>16. Project proposal preparation – not reported done.</p> <p>17. NS members and sharing experiences – not done.</p> <p>18. Only have 2 Board Meeting minutes on the list for 2007.</p> <p>- No separate report produced on those activities undertaken. Little reporting on activities included in GM report.</p> <p>- No separate report produced on those activities undertaken.</p> <p>- No separate report produced on those activities undertaken. Negligible report back on activities at AGM.</p> <p>- regarding Youth Representative co-opted repeated from previous year.</p>



Specific objectives outlined in the TORs for ERNA	Specific Activity	Expected Results	Comments (by ERNA Evaluation Team)
To promote the setting up of innovative initiatives and to reproduce them in other National Societies by adapting them to the beneficiaries	<u>Activities - 2007 Plan of Action</u> 1. Follow up training courses in Villa M –	- extended sharing of experiences with other partners, capacity building of & knowledge sharing with members (including in field of HR)	- No expenses allocated for this activity in PoA.
	2. Keep ERNA web-site updated for NS knowledge sharing	- information tool for members, more effective sharing of knowledge leading to better HIV AIDs NS programming	- only 150 EUR allocated for this activity.
	3. To use e-conference group for ERNAids	- sharing information, exchange knowledge among members, reach more stakeholders, discussion forum	- no budget allocated for this in PoA.
	<u>Activities - 2008 Plan of Action</u> 1. Follow up HR training courses at Villa M – visits to NSs. 2. ERNA website – keep updated, possible transfer to another server. 3. To use econference group ERNAids	- similar expected results for 2008 as for previous year.	- Unclear from reporting whether these training courses were held by ERNA or Italian RC. - similar activities replicated as for 2007, some budgets either not included, nor detailed enough.
	<u>Activities - 2009 Plan of Action</u> 1. Follow up HR training courses in Villa M. Questionnaire about achievements to be produced by ERNA Secretariat 2. To keep ERNA website updated with NS updates 3. E-conference group ERNAids	- similar expected results for 2009 as for previous year.	- budget included for questionnaire. - no budget included for ERNA website updating. - similar activities replicated as in previous years.
	<u>Activities - 2010 Plan of Action</u> 1. Follow up HR training courses at Villa M. Questionnaire on achievements to be produced by Secretariat. 2. Mapping of NS activities – HIV/TB/HR, drug issues (advocacy, stigma & discrimination). 3. ERNA website updated with NS updates. To make interactive with additional Q&A page. (Unclear what 300 means).	- similar to previous year	- budget line for follow up Harm Reduction training courses at Villa M confusing (says covered by ERNA Secretariat) - Mapping of NS activities – this was activity planned for previous year. - in relation to ERNA website unclear what 300 means. - unclear how the activities listed develop consecutively from year to year.



Specific objectives outlined in the TORs for ERNA	Specific Activity	Expected Results	Comments (by ERNA Evaluation Team)
To promote and facilitate concerted collaborative actions in the prevention of HIV, AIDS, TB and other communicable diseases with UN agencies, EU, non-governmental organizations, Global Fund (to fight AIDS, TB and Malaria), other international and national organizations and with existing Federation's Networks	<p><u>Activities - 2007 Plan of Action</u></p> <ol style="list-style-type: none"> 1. Increase cooperation with ENP, GNP+, UNAIDS, WHO, EU, Global Fund, Stop TB and seek other partners. 2. To cooperate with CEEHRN. 3. ERNA President to cooperate with ECUO – PLWC Union for East Europe and Central Asia 4. Cooperate with RC Brussels office. <p><u>Activities - 2008 Plan of Action</u></p> <ol style="list-style-type: none"> 1. same activities as 2007 PoA <p><u>Activities - 2009 Plan of Action</u></p> <ol style="list-style-type: none"> 1. same as for previous years <p><u>Activities - 2010 Plan of Action</u></p> <ol style="list-style-type: none"> 1. some activities are same as previous years 2. New activities planned include increase cooperation with PERCO network & IFRC networks on HIV/HIV, liaise with new PLWA, ERNA to attend RC/RC European Conference, ECM Youth Meeting, and Global Alliance Meeting. 	<p>Strategic Partnership with NSs & other agencies & partners</p> <p>Partnership with Harm Reduction activities</p> <p>Partnership between ERNA & ECUO discussed</p> <p>-Partnership with RC/EC office & possible with other NGOs in Brussels</p> <p>-RC EC Office Representative at ERNA AGM meeting.</p> <p>- Similar expected results for 2008 as for previous year above.</p> <p>- Similar expected results for 2009 as for previous year above.</p> <p>- some expected results for 2010 same as for previous years.</p> <p>- additional expected results include partnership with ERNA and PLW organisations discussed and agreed upon, PLW representatives for ERNA Board selected.</p> <p>- strengthening partnerships & visibility</p> <p>- Europe Zone Health representative participating at ERNA Boards and GMs.</p>	<p>- cooperation appears to mostly involve an invitation to the AGM with no obvious activities during year.</p> <p>- this appears to involve only AGM invite.</p> <p>- budget included for this.</p>
To involve PLWH and other target groups in work at all levels	<p><u>Activities - 2007 Plan of Action</u></p> <ol style="list-style-type: none"> 1) To establish contact and initiate partnership with ECUO 2) To invite PLWH and other affected NGOs to GM 	<p>- Partnership in activities at all levels</p> <p>- Partnership & more involvement of PLHH, TB, affected people & other target groups.</p>	<p>- budget included here</p>



Specific objectives outlined in the TORs for ERNA	Specific Activity	Expected Results	Comments (by ERNA Evaluation Team)
	<p><u>Activities - 2008 Plan of Action</u> 1. same as activities as 2007 PoA – additional includes to initiative partnership with Stop TB Survival Project</p> <p><u>Activities - 2009 Plan of Action</u> 1. same as activities for previous years</p> <p><u>Activities - 2010 Plan of Action</u> 1. same as activities for previous years</p>	<p>- Similar expected results for 2008 as for previous year above.</p> <p>- Similar expected results for 2009 as for previous year above.</p> <p>- Similar expected results for 2010 as for previous year above.</p>	
To give technical support and assistance to member NSs in areas where a gap in knowledge & skills exists with the motive of fostering their operational capacity	<p><u>Activities – 2007 Plan of Action</u> 1) To organise the training on AIDS competence for selected ERNA members delegates (or ERNA NS) 2) In pilot stage, two persons from among ERNA member NS selected through consultations and become sub-regional coaches.</p> <p><u>Activities – 2008 Plan of Action</u> 1) same as above with additional: to be elaborated according to decision of the Board (based on AIDS constellation proposal). <u>Activities – 2009 Plan of Action</u> <u>Activities – 2010 Plan of Action</u></p>	<p>- the NSs understand the AIDS Constellation process and use it while reflecting on their work - appropriate persons will be trained in HIV & TB and become ERNA resource persons who will contribute and undertake capacity building and exchange & information sharing.</p> <p>- same as for 2007.</p> <p>- this objective not included in 2009 plan.</p> <p>- this objective not included in 2010 plan</p>	<p>- only reporting found in 2008 Board meeting minutes that long distance training postponed due to technical difficulties. - unclear why this objective to give technical support to member NS would be omitted this year. - same as above.</p>
To render technical support and assistance to National Societies in countries in transition and developing countries through common projects of European	<p><u>Activities - 2007 Plan of Action</u> 1) To support 2 ERNA members to attend 7th European RC/RC conference 2) To create financial conditions for NS to participate in conferences</p>	<p>- ERNA technical members participate in 7th Europe RC/RC conference & Health Working Group. - NS participate in relevant conferences</p>	



Specific objectives outlined in the TORs for ERNA	Specific Activity	Expected Results	Comments (by ERNA Evaluation Team)
National Societies	<p>3) To facilitate exchange visits between NS for learning</p> <p>4) To draw on experience of those NS successful in writing public health programme proposals</p> <p><u>Activities - 2008 Plan of Action</u> 1. Same as for 2007.</p> <p><u>Activities - 2009 Plan of Action</u> 1. Same as for previous years</p> <p><u>Activities - 2010 Plan of Action</u> 1. some activities are same as previous years 2. new activities include to launch campaign for NS for best practice, to use the expertise of IFRC Europe Zone in the preparation of project proposals, to undertake training on the preparation of project proposals for donors (Foundation Von Goethe to host this)</p>	<p>- Exchange knowledge among members for more effective programmes and information sharing.</p> <p>- Success & effective HIV, AIDS & TB projects co-funded by EU funds.</p> <p>- Similar expected results for 2008 as for previous year</p> <p>- Similar expected results for 2009 as for previous year</p> <p>- some similar expected results for 2010 as for previous year</p> <p>- visibilities and share of NS best practices</p> <p>- to improve NS capacity in the field of external financing through trained people</p>	
To promote the integration of HIV, AIDS, TB and other communicable diseases into other health programmes and develop tools and methods for its implementation	<p><u>Activities - 2007 Plan of Action</u> 1) To invite experts from NS to share examples of cooperation with Ministry of Health (AGM meeting) 2) To invite to 11th GM UN agencies, governments, national health care systems reps.</p> <p><u>Activities - 2008 Plan of Action</u> 1. Same as for 2007</p> <p><u>Activities - 2009 Plan of Action</u> 1. Same as for previous years</p> <p><u>Activities - 2010 Plan of Action</u> 1. Same as for previous years</p>	<p>- Increased knowledge (including of best practice), increased cooperation of RC/RC & national health care systems.</p> <p>- same expected results for 2008 as for previous year.</p> <p>- same expected results for 2009 as for previous year.</p> <p>- same expected results for 2010 as for previous year</p>	

Annex 9

Budget summary analysis table

Budget item	2007		2008		2009		2010		2011	
		% of total		% of total		% of total		% of total		% of total
ERNA Board expenses for meetings (includes travel)	13,500	10.6%	14,000	13%	19,000	18.3%	19,000	17%	21,500	21%
Annual General Meeting	79,000	62%	61,000	57.5%	54,000	52%	51,000	45%	46,500	44.5%
Admin	14,650	11.5%	13,900	13.1%	13,900	13.4%	13,400	12%		
Direct services to members total incl.:-	2,650	2%	2,800	2.6%	2,800	2.7%	16,300	14.4%	13,960	13.3%
Information (e.g. website)	2,650	2%	2,800	2.6%	2,800	2.7%	2,300	2.4%	4,960	4.7%
Trainings	nil	-	nil	-	nil	-	14,000	12%	9,000	8.6%
Salary (Secretariat)	14,150	11%			14,100	13.6%	13,700	12%	9,680	9.3%
Budget total	127,930	-	106,100	-	103,800	-	113,400	-	104,540	-
Actual expenditure as % of budget total		-	59%	-	62%	-	66.4%	-		

Annex 10

What Does GIPA Really Mean?

GIPA is not a project or program. GIPA is a principle that will facilitate more successful local, national and global responses to HIV/AIDS. The GIPA Principle means involving positive people at every level of the response.

GIPA does not mean that there is an imperative for all positive people to reveal their status in public, although it is clear that those who do, make a major impact on public perception and the more people who are open, the greater the potential for a reduction in AIDS-related discrimination.

A Resource for National Societies and ERNA to explore GIPA:

Good Practice Guide: Greater Involvement of People living with HIV (GIPA)

Language: [\[EN\]](#) - [\[FR\]](#) - [\[ES\]](#)

Year: 2010 - **Type:**  PDF - **Size:** 3,5 Mb - **Authors:** GNP+, International HIV/AIDS Alliance.

The GIPA Good Practice Guide has been produced by GNP+ and the International HIV/AIDS Alliance. It contains information, strategies and resources to support programme officers in enabling meaningful involvement of people living with HIV in new and existing HIV programmes. While the guide is focused on the programme level, it may also be useful for enhancing the involvement of people living with HIV in policy processes and research, and can be applied to many different contexts.

 [GIPA Tree Poster A0 format 443.41 KB](#)

 [GIPA Tree Poster A3 format 431 Kb](#)

UNAIDS POLICY BRIEF : The Greater Involvement of People Living with HIV (GIPA)

http://data.unaids.org/pub/BriefingNote/2007/jc1299_policy_brief_gipa.pdf

The NGO Code of Good Practice

Developed by NGOs, for NGOs, (and also including the IFRC) to help guide our work by providing a framework to which we can commit and be held accountable. Drawing on 20 years of knowledge and experience, the Code sets out key principles, practice and evidence base required for successful responses to HIV.

<http://www.hivcode.org/> with self assessment modules available in English French, Russian, Spanish