Sida Evaluation 07/12

International HIV/AIDS Alliance, Africa Regional Programme

Mid Term Review Report

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Department for Africa

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Table of Contents

Acronyms

AAS	Association African Solidarite
ACER	ART Community Education and Referral
AIDS	Acquired Immunodeficiency Syndrome
ANCS	Alliance Nationale Contre le SIDA
ARP	Africa Regional Program
ART	Anti-Retroviral Therapy
ARV	Anti-Retroviral
ARS	Africa Regional Strategy
AG	Advisory Group
AU	African Union
CBO	Community-Based Organisation
CO	Country Office
CSO	Civil Society Organisation
CSW	Commercial Sex Worker
DANIDA	Danish International Development Agency
FGD	Focus Group Discussion
FPAM	Family Planning Association of Malawi
HIV	Human Immunodeficiency Virus
IPC	Initiative Privee et Communautaire contre le VIH/SIDA
LO	Linking Organisation
MSM	Men who have Sex with Men
NAP+	Network of African People living with HIV
NGO	Non-Governmental Organisation
OI	Opportunistic Infection
OVC	Orphans and Vulnerable Children
PCA	Participatory Community Assessment
PLHA	People Living with HIV and AIDS
PPAZ	Planned Parenthood Association of Zambia
RAMUT	Le Rassemblement Artistique Musique et Theatre Senegal
RATN	Regional AIDS training Network
RYP	Regional Youth Program
SADC	Southern African Development Community
SAfAIDS	Southern Africa HIV and AIDS Information and Dissemination Service
SAT	Southern African AIDS Trust
Sida	Swedish International Development Agency
STI	Sexually Transmitted Infection
SWAA	Society for Women Against AIDS in Africa
THAPAZ	Traditional Healers and Practitioners Association of Zambia
UNAIDS	United Nations AIDS program
UN	United Nations
UNGASS	United Nations General Assembly Special Session
VCT	Voluntary Counselling and Testing
YHHS	Young Happy Healthy Safe
YOCIC	Youth for a Child in Christ
ZCO	Zambia Country Office

Executive Summary

The Alliance commissioned a mid term review of its Africa Regional Program which is being implemented for the period 2005–2007 with funding from Sida, DANIDA and the Dutch Ministry of Foreign Affairs (Buza). It is a successor program to the Africa Regional Strategy (2002–2004) which was evaluated at the end of 2004. The aim of the Mid Term Review was to assess the progress of the ARP and to learn from the regional program. A significant focus of the review sought to ascertain how the regional program has added value to in country activities, how individual countries have gained from being part of the regional program and programming implications such as sharing of good practices, programming designs, sharing training designs and policy development. The review methodology consisted of a desk review to get in-depth information on program design, concepts and program strategy. To ascertain management, technical support, policy environment and implementation strategy 14 key secretariat staff underwent telephone interviews or self completed questionnaires. The evaluation team visited the three selected ARP countries (Burkina Faso, Senegal and Zambia) where they interviewed Country Offices, Linking Organizations, and their project partners. The main findings of the mid term review were as follows:

1. Program Coherence

1.1 Understanding of the ARP

A shared understanding of the Africa Regional Program between the Secretariat, Linking Organizations and Country Offices is beginning to emerge. The review noted, however that there is differing understanding of the purpose of the Africa regional project. At Secretariat level the ARP is understood as a mechanism for identifying, supporting and sharing lessons from innovative pilot projects while at country level ARP is sometimes perceived as a funding mechanism for program operations, and a source of gap filling and bridging funds.

1.2 Program Coherence

At all levels there was agreement that there is progress towards a coherent regional program. While some components have become truly regional others have remained country specific. The Stigma and Discrimination Training, Regional Youth Program and to some extent the Policy Component have the characteristics of a regional program. Programs such as HIV prevention work with MSM, sex workers and drug users have remained limited to Senegal although the plan had been to extend to Burkina Faso. Several challenges to program coherence were noted:

- Country offices and Linking Organizations' immediate focus is to a certain extent still on their individual country programs and it takes a conscious effort from the Secretariat to drive the ARP vision.
- Under the current ARP set up, there is limited scope for regional learning because of geographical spread, language and HIV dynamics
- Language is a key constraint for sharing and technical support within the ARP
- The fact that there is no set criteria for selecting innovative projects for the ARP means that it is possible to miss out on projects with potential for regional sharing

1.3 Regional Collaboration, Sharing Lessons and Learning from others

A series of regional skills-building, lessons-sharing workshops and exchange visits, involving the ARP countries has facilitated progress in promoting shared approaches to programming with vulnerable groups. Countries reporting increased sharing of lessons and ideas have derived benefits from the exchanges and examples include;

- Senegal, Burkina and Côte d'Ivoire requesting and receiving Stigma training project from Zambia.
- Burkina Faso receiving technical expertise from Senegal on how to work with MSM in a hostile political environment.
- Madagascar benefiting from the experiences of Senegal in participatory prevention and HIV prevention with sex workers
- The ACER Project benefited from the evaluation of AAS Project Orange project.

The key challenges to regional collaboration include the fact that while there is a lot of sharing and exchanging information at workshops there is limited continuity of the sharing as countries will be involved in their day to day activities. In addition sharing has been to some extent hampered by lack of documentation in some countries.

2. Program Management

2.1 Management of ARP

The appointment of dedicated human resources to ARP at Secretariat level has facilitated the creation of a coherent regional program. The advisory Group has increased awareness of ARP and Alliance among key regional stakeholders. However while the new organogram is structurally clear, it faces a new set of challenges due to its multi layered structure and these mainly relate to the lack of clarity of various roles at the Secretariat. Examples include the relationship between the ARP Program Manager and Country Program Managers and the lack of clarity for Alliance partners on whether to report activities to the ARP Country Focal Person or the ARP Program Manager.

2.2 Funding

The envisaged role of the ARP is that of a mechanism for identifying, supporting and sharing lessons from innovative pilot projects and not necessarily funding program operations. However because of funding challenges and low capacity to raise funds locally the ARP has in some cases found itself funding operational costs. The perception of the ARP as a funding mechanism for country programs has created expectations for funding from countries.

2.3 Response of Management to the ARS Evaluation

To a great extent, the findings of the 2004 Africa Regional Strategy Evaluation have been implemented. The Alliance's Senior Management Team responded to the ARS recommendations by merging the two Africa teams into one Africa team. Overall co-ordination and program management responsibility for ARP, the successor program to the ARS, was given to one individual.

2.4 Monitoring and Reporting System

The Alliance Monitoring and Reporting System focuses on reliable and timely reporting against organizational strategic objectives. While the system is starting to work well a number of challenges were noted;

- It does not capture detail, giving mainly numbers without qualitative input
- Complicated, not easy to use for small organizations with no dedicated staff
- Once data has been entered it is difficult to identify which data is ARP specific

3. Program Reach

The Africa Regional Program has allowed the Alliance to reach out to partners in countries where it does not have country programs e.g. Tanzania, Malawi, Kenya, Zimbabwe and Ethiopia. ARP is therefore a potential key vector of Alliance expansion in Africa. The ARP has made considerable strides to reach out to populations that are usually left out in mainstream HIV/AIDS responses.

4. Added Value

The ARP is giving Linking Organisations and Country Offices an opportunity to access knowledge, experience, lessons learned, and skills beyond their borders. It is also promoting sharing of inputs from other countries and facilitating sharing of lessons from high to low prevalence settings and vice versa. The ARP has raised the profile and expanded the geographic parameters of the Stigma Project. It has also supported Alliance partners to engage in national, regional and global policy and advocacy networks.

5. Conclusion

The Africa Regional Program is a coherent program which has added value to country programs and there is merit in submitting a proposal for a new regional program beyond 2007. The new program should be linked to country programs and should facilitate the sharing of expertise built up in Zambia, Burkina Faso and Senegal with other countries.

Key Recommendations

1. The lessons from the ARP should be consolidated, and they should inform a well resourced regional program that is in selected regions across Africa. The geographic focus for the Alliance should be clear and specific so that similar countries in a region are able to share effectively and at less cost.
2. The ARP should increase its profile, sell itself as a regional program and become an advocacy tool as well as a mouthpiece for Africa within the Alliance and to the donor community.
3. New staff members at Secretariat and Country Office/ Linking Organisation level should be given adequate orientation of the ARP to promote a shared understanding of the program. An ARP orientation pack could be developed for use at all levels of the organization.
4. The ARP Manager should not have a direct Link with countries; her role should be at the coordination level. In view of the challenges faced due to the multilayered ARP structure roles and responsibility within the ARP Management Team should be clarified in particular the relationship between;
   - The ARP manager and Country Management Teams
   - Country Management Teams and Technical Support Team
   - ARP Manager and Africa Regional Representatives
5. Monitoring and evaluation aspects will be critical in the next phase of the ARP as the aim would be to measure the value added of ARP. It will be essential to harmonize data gathering and reporting throughout ARP components.
6. In addition to the stigma and discrimination training program, there should be a bigger program for addressing stigma possibly linked to policy work whose management is to be housed in Brighton. Their task would be to mainstream stigma across ARP components and to support the creation of an enabling environment for stigma work at country level. Secretariat should lead in the develop-

ment of a broader stigma program which is well resourced, with good leadership which Links with key organizations at regional level such as UNAIDS, AU etc.

7. For the ARP to become a fully fledged regional program adequate funding will be required to support country program operations. It will be important for the Alliance to build in country capacity for resource mobilization and capitalizing on successful models to advocate for funds.

8. To increase its visibility it will be important for the ARP to pay more attention to documentation of its activities and achievements. More resources will need to be set aside for documentation and innovative fundraising efforts

1. Introduction

The International HIV/AIDS Alliance Africa Regional Program is being implemented by the International HIV/AIDS Alliance from 2005–2007 with funding from Sida, DANIDA and the Dutch Ministry of Foreign Affairs (Buza). It is a successor program to the Africa Regional Strategy (2002–2004) which was evaluated at the end of 2004. The purpose of the Africa Regional Program (ARP) is to contribute to enhancing the quality and scaling up of activities in HIV prevention, care and impact mitigation across national borders in sub-Saharan Africa. The ARP achieves this through a three-pronged approach:

- In-country program implementation Linked to regional priorities. The ARP identifies pilot projects, successful models and innovative approaches from Alliance partners implementing HIV interventions in high and low prevalence settings and sharing these across the region.
- Provision of organisational development and technical support to networks, NGOs, CBOs and ASOs to strengthen their ability to deliver quality HIV interventions at the community level.
- Programming across the region to address regional priorities. Combating stigma and discrimination, which acts as a barrier to HIV services, and policy development and advocacy for the rights of people infected and affected by HIV, are the two major elements of this program component.

The ARP aims to improve the responses to HIV/AIDS of partners across sub-Saharan Africa through the transfer of skills, experience and knowledge from partners doing similar work, through helping to create a more favourable policy environment at national, regional and global levels and through supporting the greater involvement of people living with HIV and AIDS on an individual and organisational level. The ARP partnerships extend across sub-Saharan Africa with program implementation or technical support in Zambia, Senegal, Burkina Faso, Malawi, Zimbabwe, Madagascar, Mozambique, Nigeria, Côte d'Ivoire, Kenya, Tanzania, Ethiopia, and Uganda.

The program will improve coverage of effective community focused AIDS efforts; strengthen leadership and capacity of African civil society to respond to HIV/AIDS; and improve the institutional organisational and policy environment for community AIDS responses in Africa.

These are achieved through six strategies;

1. Develop and support innovative initiatives that reach out to populations usually left out in mainstream AIDS responses
2. Increase support to innovative models of effective community HIV/AIDS responses with increasing scale and coverage
3. Strengthen institutional and technical capacity of organisations to manage and implement HIV/AIDS responses that respond to the needs of PLHAs
4. Share lessons on effective community HIV/AIDS responses
5. Improve network and alliance building contributing to harmonisation and amplification of community responses
6. Enhance the policy environment so that it is conducive for the implementation of effective community responses

1.1 Africa Regional Program Components

Management of the ARP components is between the Secretariat and the Alliance Country Offices and Linking Organizations. The components managed by the Secretariat include the ARP Management, Regional Policy Work, Strengthening Regional Networks and the Regional Youth Program. The remaining components are managed by the Alliance Country Office in Zambia and Uganda and Alliance Linking Organizations in Senegal and Burkina Faso and partner organizations in Malawi and Zimbabwe. Country Offices and Linking Organizations in Nigeria, Mozambique and Madagascar are also linked to the ARP.

Table 1.1 ARP Components by country

Programmatic Intervention	Country	Specific Component	Comments
Prevention with Key populations	Senegal	1. Prevention with men who have sex with men 2. Reduction of populations vulnerability and impact of epidemic in the border zones 3. Prevention with sex workers 4. Prevention with drug users	As a Linking organization ANCS supports the implementation of the programs
Expanding access to ARVs in Burkina Faso	Burkina Faso	Project Orange	Project Orange is implemented by AAS
Regional Youth Program	Zambia Zimbabwe Malawi	Improving the sexual and reproductive health and psychosocial support to young people	Zambia: Young YHHS Healthy and Safe Malawi: Family Planning Association of Malawi Zimbabwe: Youth for a child in Christ
Regional Stigma Training Program	Zambia Uganda Ethiopia Tanzania Kenya Mozambique Senegal Cote d'Ivoire Burkina Faso Nigeria Ghana	Stigma and Discrimination Training	Zambia Country Office manages the program with support from Brighton
Capacity Building of Networks of People Living with HIV/AIDS	Regional Level	Capacity Building of Networks of People Living with HIV/AIDS	Managed at the secretariat level Partners include RATN, NAP+ and UNAIDS
ARV Community Education and Referral Program	Zambia	Promoting uptake of Treatment and support to treatment adherence and prevention efforts	Managed by the Zambia Country Office
Regional policy development	Senegal Burkina Faso Zambia	Improving the Policy Environment in the region	ANCS,IPC and Zambia Country Office with support from Secretariat Policy Team and the Regional Representative.

2. Scope and Focus of the Mid Term Review

The aim of the Mid Term Review was to assess the progress of the ARP and to learn from the regional program. A significant focus of the review sought to ascertain how the regional program has added value to in country activities, how individual countries have gained from being part of the regional program and programming implications such as sharing of good practices, programming designs, sharing training designs and policy development.

The objectives of the review are as follows;

1. To determine the degree to which the regional program concept:
   a) is clearly and consistently understood by program stakeholders
   b) has translated into coherent regional program management and approaches
2. To assess the efficiency and effectiveness of regional program management systems and practices, and the extent to which this program is informed by lessons from the earlier Africa Regional Strategy
3. To confirm/validate the extent and reach/population coverage of activities under the regional program
4. To identify any emerging added value to individual country programs from the regional program
5. To make recommendations for the remaining period of the program and to inform potential future regional programming, in relation to:
   a) Strategy/direction
   b) Management and reporting
   c) Activities, especially in terms of ensuring regional added value

2.1 Review Methodology

The methodology was conducted in accordance to the Terms of Reference. It consisted of a desk review to get in-depth information on program design, concepts and program strategy. Documents reviewed included ARP annual reports, ARS evaluation reports, monitoring and evaluation plans, annual work plans, ARP country project documentation (Annex 3);

To ascertain management, technical support, policy environment and implementation strategy, 14 key secretariat staff underwent telephone interviews or self completed questionnaires. The evaluation team visited the three selected ARP countries (Burkina Faso, Senegal and Zambia) where they interviewed Country Offices, Linking Organizations, and their project partners in country to ascertain program reach and if targeted populations are the intended beneficiaries. (Annex 2). For the ARP countries not visited questionnaires were sent and only Nigeria responded to the questionnaire. Due to the low response rate countries were followed up by telephone. Telephone interviews were carried out with Alliance Offices in Mozambique and Madagascar and RYP partners in Malawi and Zimbabwe (Annex 2).

The qualitative data from the interviews was analysed using the constant comparative analysis technique that groups like data to come up with major categories and themes for further analysis. Issues that were mentioned the most were highlighted as key issues emerging from the study. Consultants compiled summaries at the end of the day by consolidating all emerging issues arising from interviews.

2.2 Limitations to the Review

- Unavailability of some of the key informants during the timeframe of the study
- Some of the key documentation for the ARP including MRS data for 2006 was only availed to the review team towards the end of the review.
- Dependence on Link Organizations for organizing interview participants resulted in the team failing to interview all key stakeholders in some cases.

Findings
3. Program Coherence

The aim of this objective was to determine the degree to which the regional program concept is clearly and consistently understood by program stakeholders and has translated into coherent regional program management and approaches.

3.1 Understanding of the Africa Regional Program

It was reported that a shared understanding of the Africa Regional Program concept between the Secretariat, the Country Offices and Linking Organizations is beginning to emerge. The review noted, however that there is differing understanding of the purpose of the Africa regional project. At Secretariat level the ARP is understood as a mechanism for identifying, supporting and sharing lessons from innovative pilot projects while at country level ARP is sometimes perceived as a funding mechanism for program operations, and a source of gap filling and bridging funds.

3.1.1 Understanding of the ARP concept

The shared understanding of the ARP concept has been facilitated by the fact that key stakeholders attend bi- annual meetings and regional workshops, where they plan jointly and develop a common understanding. Support visits, e-mail sharing information, mentoring, giving feedback on project design and implementation is done continually throughout the year. There is shared decision making on priorities and strategies, also based on participatory assessment and planning.

At Secretariat level the review team found that the ARP concept was generally well understood among the officers interviewed. It was defined as a program which aims to enhance the quality and scale of HIV prevention, care and impact mitigation across country borders in Sub Saharan Africa. However, a key factor in the understanding of the ARP was the institutional memory on the part of the officers. Those officers who had been with the Alliance for a longer period and who had knowledge of the ARS-ARP transition had a better understanding of the ARP and how it functions. This reflected a lack of shared history of the ARP with new staff which could be a result of inadequate orientation of new staff members. If new staff are recruited and are not given adequate orientation they will not understand the history of how the projects have evolved and how they were incorporated into ARP. As a result they might face challenges in understanding the strategic direction for the regional program.

Linking Organizations clearly understand what ARP stands for and how it operates. The understanding is that ARP operates through development of vision, strategies and frameworks in conjunction with partners. They were in agreement that while processes have developed slowly over various planning workshops, the vision of a coherent regional program is beginning to emerge and this has been facilitated by the following;

- Appointment of ARP coordinating person at the secretariat
- Appointment of policy technical support person
- Expertise of ARP Advisory Group constituting members from different regions in Africa which contributes to various components of the ARP.
- ARP Planning meetings

At Country Office level the Regional Program concept is more clearly understood at program manager level and less so at program officer level. For example under the Zambia ACER Project staff reported that they only started understanding the whole concept when the ARP program manager visited Zambia and their knowledge was enhanced after the Burkina Faso Exchange Visit. In the new Alliance Office in Uganda there was limited knowledge of the ARP showing lack of orientation to the program. Mozambique had peripheral engagement with the ARP, their involvement being limited to the Stigma Training and initial work with RYP. It was reported that due to the low level of development of civil Society in Mozambique they are not able to benefit or participate meaningfully in the ARP. They cited organizational capacity and language as key challenges hindering their participation in ARP. Madagascar understood the ARP concept even though they indicated that they are less involved in the ARP than other countries. They reported that while it was planned that they would participate in stigma training they were unable to due to the high travel costs.

Regional Youth Program (RYP) Partners in Zambia, Malawi and Zimbabwe were not aware of the Africa Regional Program and the fact that their project is a part of the ARP. They only understood that they were part of the RYP. This lack of knowledge was attributed to the fact that RYP partners do not attend ARP meetings and as a result they are not very knowledgeable about the ARP. In addition because project partners report directly to the secretariat in Brighton they miss out on the opportunity for horizontal learning from other ARP components. For example if the RYP project partner Young Happy Healthy and Safe interacted more actively with the Zambia Country Office there would be potential learning and sharing with the ACER and the Stigma and Discrimination components.

Implementing partners such THAPAZ in Zambia and Yeewu-Yeete in Senegal's knowledge of the Africa Regional Program is non existent. Linking Organizations in West Africa felt that there was no need for partners to be aware of the regional program because they do not deal directly with the ARP. However in the Zambia Country Office there was agreement that if ARP is going to become truly regional there will be need for partners to be aware of the regional component if they are to benefit from exchanges with partners in other countries. Implementing partners at country level stand to benefit by being exposed to the ARP concept. Even though they are at community level they can learn from other projects' experiences and improve the quality of their own programs through building partnerships with similar organizations in other countries.

3.1.2 Understanding of the ARP purpose

The review noted, however that there is differing understanding of the purpose of the Africa regional project. At Secretariat level the ARP is understood as a mechanism for identifying, supporting and sharing lessons from innovative pilot projects. Their understanding is that funds from the ARP are for lesson sharing, documentation and technical support. At country level ARP is perceived as a funding mechanism for program operations, and in some cases as a source of gap filling and bridging funds. The perception of the ARP as a funding source was mainly found at country level and it is a result of how the ARP has presented itself to some partners. For example ARP provided funding for the ACER project when local funding had dried out. For Zimbabwe which is not able to access bilateral funding, being part of the ARP enabled them to receive funding through RYP. This has created the expectation for long term project funding by partners particularly the ACER project in Zambia. If there is clear communication and thus shared understanding of ARP purpose the misconceptions can be clarified.

3.2 Program Coherence

At all levels there was agreement that the vision of a coherent regional program is beginning to emerge, the partners no longer question the concept of a regional program; they now focus on what should be the content of the regional program. Meetings have been important in enhancing coherence in the regional program. So far three Review and Planning meetings have been held in Lusaka (November 2005), Dakar (February 2006) and Marrakech (September 2006). These meetings promoted joint review and planning among stakeholders allowing them to exchange ideas, views and plans.

It was reported that the ARP has managed to keep donors harmonized and maintained their interest in the ARP by pursuing opportunities to engage donors at Stakeholders meetings, through participating in donor visits and through the submission of annual reports. Based on the documentation of the annual review and re-planning meetings the ARP program manager prepares annual reports and work plans. The annual financial report is prepared in collaboration with program managers involved in the ARP. Through this collaborative work between the ARP manager and the country program managers, donor reporting requirements are met. The ARP manager ensures that all three donors have the same information, at the same level throughout the project year.

While there has been progress towards a coherent regional program, some components have become truly regional while others have remained country specific. The Stigma Component, Regional Youth Program and to some extent the Policy component have the characteristics of a regional program. Programs such as HIV prevention work with MSM, Sex workers and Drug users have remained limited to Senegal although the plan had been to extend this work to Burkina Faso. The two Treatment Programs in Zambia and Burkina Faso are successful models which have not been widely replicated with the exception of the ACER project which has recently been adopted as a model for a comprehensive program with people living with HIV/AIDS in Uganda.

The Stigma Project was designed as a regional project; its horizon is regional and it operates as a regional project even if its management is centralized within the Zambia country office. The stigma and discrimination component is a coherent program with a truly regional focus, with potential of providing an enabling environment for the prevention care and treatment component. Stigma is a common issue in all African countries and is a relevant issue to be addressed at a regional level. Stigma and Discrimination trainings have been held in all ARP countries and the project received requests for support from countries such as Madagascar, Cote d' Ivoire Senegal, and Burkina Faso which were not part of its planned expansion countries.

The Regional Youth Program is funded by DANIDA and it seeks to address the specific causes of vulnerability in young people in the context of high prevalence generalized epidemics in Zimbabwe, Malawi and Zambia. The work of the Regional Youth program fits in very well with the themes of the ARP. However the Regional Youth Program tends to operate as a separate program which is not integrated with other country programs within the ARP. While it was noted that RYP partners are represented at ARP planning meetings by the technical advisor, program manager for Southern Africa and Zambia Country Office, they would derive more benefit from sending their own representatives to the ARP meetings. This would enable them to build their own alliances and actively take part in shaping the future of the RYP program.

The RYP has made a conscious decision to address issues of vulnerability in a comprehensive way without singling out particular groups. Zambia and Malawi share a common focus on prevention and more sharing has taken place between these two countries. Zimbabwe focuses on psychosocial support for orphans and vulnerable children and has to some extent felt de-Linked from RYP. It was reported that the original idea for RYP had been that the three organizations bring different elements and expertise which can be shared and replicated in the other countries. However it would seem that this

has not been fully taken up, with sharing across the three countries being confined to methodologies, toolkits and manuals, and with more sharing between Zambia and Malawi who have a similar focus. So far psychosocial support which is the focus for YOCIC has not been taken up by the other two countries although it was reported that Zimbabwe has to some extent integrated prevention into their work.

The policy component has the potential to promote coherence in that it brings common country level issues to the regional level and it has been tabled at international fora such as the ICPD +5 and UNGASS. The objective of the policy component is to support and improve policy environment which is conducive to the implementation of effective community responses to HIV/AIDS across the region. The two priority areas for the policy project are to reduce barriers to accessing HIV/AIDS services and to access comprehensive prevention services. ANCS, IPC and the Zambia Country Office are participating in the policy work.

3.2.1 Challenges to Program Coherence

The ARP identifies successful projects which use innovative approaches and shares these across the region. This gives the Secretariat a broader view of in country projects and makes it is easy for them to see complementarily between projects and potential for lesson sharing. The review noted that while Offices and Linking have a vertical view of the ARP components without an understanding of how these programs complement at regional level. Their immediate focus is to some extent on their individual country programs and it needs a conscious effort from the Secretariat to drive the ARP vision.

One of the ARS evaluation findings was that the ARS worked on the assumption that Africa was a unified region in terms of geographic context and HIV prevalence. There were mixed views as to whether this ARS finding has been addressed. The Zambia Country Office in particular expressed the view that the ARP should not take Sub Saharan Africa as a homogenous region because of different geographic regions with differences in terms of the epidemic. They felt that under the current set up there was limited scope for regional learning because of the geographic spread, language differences and dynamics of HIV and AIDS. They recommended that ARP should become a truly regional program with a focus on a specific sub-region such as Southern Africa and/or West Africa if it is to realize the regional added value. It was also noted that language, geographical and cultural differences affected potential Linkages between Madagascar and other African countries. Language was identified as a key constraint for sharing within the ARP and also in the provision of technical support because there are three main languages of communication within the ARP.

Some members of the Secretariat had a different perspective; they did not consider the issue of common programming for different regions as a shortcoming. They noted that there are many similarities in the HIV challenges across Africa, for example governance, capacity building, civil society engagement and community mobilization. It was reported that transfer of lessons has not been difficult under the current regional program, requiring only adaptation of toolkits and manuals.

From the evaluation team's perspective there is merit in having sub-regional clusters within the ARP. This would fit well with the creation of posts for regional representatives in Africa. The regional representatives would be concentrating on a specific sub-region with similarities in terms of language, HIV prevalence and dynamics of spread. This brings relevant technical support closer to the countries. Because of similarities within the sub-regions program coherence and lesson sharing will be more enhanced and effective. In addition the proximity of technical support and ease of travel within the sub-region is likely to result in more cost effective programming.

The ARP operates through selecting successful innovative projects for sharing across the region. However, the review team noted that there was no set criteria used for selecting the current ARP components. Personnel interviewed at Secretariat level were not clear about the criteria used for selecting projects that fall under the ARP. It was reported that often it had to do with the history or in some cases

projects were co-opted into ARP for funding purposes but there seems to be no set criteria for inclusion into the regional program. The disadvantage of not having set criteria is that the selection is subjective and depends to a large extent on the program manager's capacity to represent a project. For example in countries where ARP has no Link organization to guide the identification of projects, it will be easy to miss out on innovative projects with potential for regional sharing due to lack of knowledge of the country context and absence of criteria for identifying innovative approaches. To ensure success and consistency in selecting innovative projects this needs to be done systematically.

3.3 Regional Collaboration, Sharing Lessons and Learning from Others

The ARP has made progress in promoting shared approaches to programming with vulnerable groups. This was facilitated by a series of regional skills-building, lessons-sharing workshops and exchange visits, involving the ARP countries. Annual Work Plans have been developed with full consultation with stakeholders, implementing partners and donors. Support from the Advisory Group was reported to have facilitated collaboration and cross fertilization of ideas. Consensus has also been reached with Linking Organizations and Country Offices in clarifying the regional concept.

The ARP planning meetings have increased communication between countries on various aspects of programming. Planning together allowed stakeholders to exchange ideas, views, plans and to request for technical support. Countries reporting increased sharing of lessons and ideas have derived benefits from the exchanges. Examples include;

- Senegal, Burkina and Côte d'Ivoire requesting and receiving Stigma training project from Zambia.
- Burkina Faso receiving technical expertise from Senegal on how to work with MSM in a hostile political environment.
- Madagascar benefiting from the experiences of Senegal in participatory prevention and HIV prevention with sex workers
- The ACER Project benefited from the evaluation of AAS Project Orange project.

ANCS, IPC and AAS have built in a regional approach to their work and it was noted that such attempts have resulted in lesson sharing meetings which gathered participants from within and outside the Alliance family. This has also been reflected through the South to South technical support between ANCS and IPC.

The ARP has also replicated and adapted models from other countries. For example the Planned Parenthood Association of Zambia (PPAZ) model of community-based HIV prevention with youth from Zambia was adapted for RYP in Zimbabwe and Malawi. The Regional Youth Program for example demonstrated success in promoting good practice and innovative activities between the three RYP countries. The three countries reported that they come together for activities aimed at capacity building which include Participatory Learning approaches, interactive drama, sexuality and Life Skills Education, review and re planning. Zambia and Malawi came together for training and developing songs and pictures with traditional counsellors and the translation of Choices into Chichewa. It was reported that sharing of good practice and lessons learnt have strengthened program design and implementation in the three countries. While there are clear advantages to sharing programming approaches, the three RYP countries could benefit more from focusing on the whole prevention to care continuum, thus integrating the psychosocial support with prevention. This would facilitate more sharing of lessons and experiences among young people.

The Stigma Project has fostered shared approaches to addressing stigma against vulnerable groups through regional trainings in Senegal and Côte d'Ivoire, and Burkina Faso, but also through the inclusion of a module on stigma against men who have sex with men, a key target population of ARP, in the

Stigma Toolkit. The module on MSM in the stigma toolkit was recently added and it is too early to have an indication of impact. The evaluation team is of the opinion that given the sensitivity surrounding MSM issues in most countries in Sub Saharan Africa, integrating it in stigma training is likely to open up discussion in key populations.

While Senegal has had considerable success in tackling MSM issues it has been a challenge to transfer this approach to other countries due to legal issues in relation to MSM and the general societal perceptions of MSM in Burkina Faso. As a result in Burkina Faso it became very difficult for IPC to carry out an assessment for MSM as many people were not willing to openly declare that they were MSM. In light of the challenges IPC switched from MSM to stigma and discrimination hoping to indirectly address MSM issues. It was reported that a Stigma and discrimination situation analysis was completed in and it is being used to prepare for a national forum on stigma, discrimination and HIV/AIDS.

While ARP meetings have been cited as key to promoting collaboration and lesson sharing between countries the team noted that there is not much direct communication and follow up between countries after a workshop. The stigma component endeavours to ensure follow up after regional workshops but with other projects there is no systematic tracking of added value of holding workshops and how to ensure support for further activities. There is a lot of sharing and exchanging information at workshops but for many of the projects, this does not continue afterwards as they will be involved in the day to day country activities. Within ARP there is no strategy for following up after workshops.

Exchange visits have also been cited as key to promoting collaboration, establishing contacts and lesson sharing. The exchange visit by the ACER project to Burkina Faso was noted as having been very motivational for staff that shared a lot and learnt about the referral system. However the ACER team reported that due to lack of funds they have not used the lessons that they learnt from Burkina Faso. The visit was not reciprocated because the Burkina Faso team was not able to get funding for their planned trip to Zambia. The Secretariat reported that funds had been set aside for the exchange visit for 2007.

While there are many successful projects that have been undertaken, these have not been well documented. Documentation is a key element for lesson sharing and exchange of information and the documentation skills varied amongst the Alliance partners. Alliance has highlighted documentation as a key priority for 2007.

4. Program Management

This component was aimed at assessing the efficiency and effectiveness of regional program management systems and practices, and the extent to which this program is informed by lessons from the earlier Africa Regional Strategy.

4.1 Management of the Africa Regional Program

The ARS evaluation found that it was difficult to manage the ARS as a unified African Program due to the structural set-up within Alliance and the differences in context between the two sub-regions; East/Central, West and North Africa. They recommended separate management arrangements for a regional program that would be different from country approaches; a staff member who is responsible for overall coordination and management who would strengthen the voice and influence of the Alliance across Africa. Two positions for regional representatives in Africa were created and one post has been filled. The functions of the Regional representatives include supporting ARP countries on issues of

policy, lesson sharing and coordinating the ARP Advisory Board. The resulting structure of the Africa Regional Program team is represented in fig 1.

It was agreed that the ARP Manager would collaborate with managers of country programs involved in ARP for ARP planning, management and monitoring purposes. The ARP manager would provide strategic and management leadership to the ARP and would be accountable for the "success" of ARP as a program and for ensuring donor compliance and satisfaction with the program.

The ARP management team plays a coordination role within the Secretariat: Country Program managers and Technical Advisors from the Department of Technical Support and the Department of Policy which support ARP are members of the ARP management/coordination team. The envisaged role of the ARP management team was to steer and oversee ARP program implementation.

The appointment of a manager dedicated to ARP issues was noted as having made a positive difference to the management of the ARP. At all levels of the ARP there was consensus that the appointment of dedicated human resources to ARP at Secretariat level has facilitated the creation of a coherent regional program. Communication improved significantly with the appointment of focal persons at Alliance Secretariat and at country level. In addition officers felt that regional meetings, conference calls have facilitated communication, supervision and reporting of programs. Respondents at country level noted that technical support from Brighton is very forthcoming although program officers need to know who to approach for technical support under specific themes.

It was reported that since the 2004 internal evaluation the Alliance has strived to involve stakeholders in setting up priorities and strategies for the ARP. This has been done through;

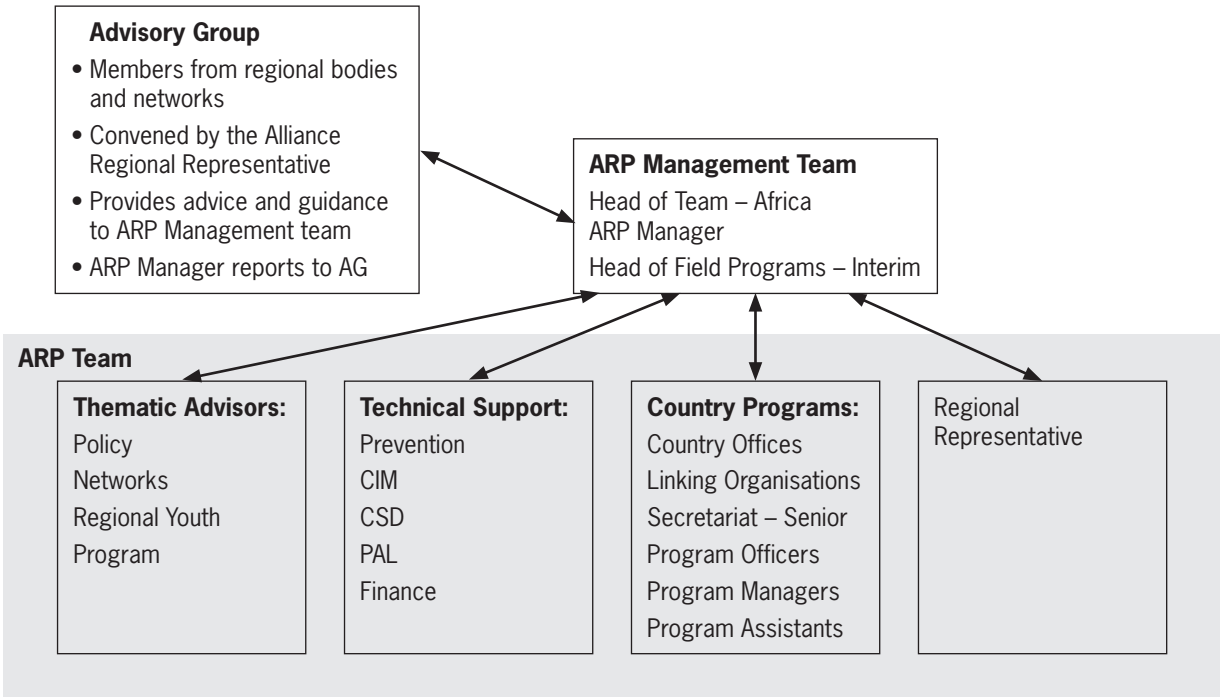
- Stakeholders' meetings
- Advisory group meetings
- In country review and planning sessions
- Post country review and re planning sessions

At these meetings Country Offices and Linking Organisations are given room to influence the design of the ARP and how they fit within the ARP. In addition they also set the priorities for policy work in Africa.

The appointment of a regional representative within the Alliance has been a positive move, bringing ARP support closer to the ground and in close contact with regional based donors. At present the regional representative has no terms of reference making it difficult to clarify his role. In addition the regional representative does not relate directly with countries, he communicates via the country program managers, an arrangement which is potentially problematic. For example if he needs to provide technical support to Senegal and Burkina Faso he has to go via the Secretariat thus delaying processes. The review team noted that there is potential for the Regional Representatives to be more actively involved in the management of ARP activities as they are geographically closer to the countries and to regional donors.

The Advisory Group has increased awareness of ARP and the Alliance among key regional stakeholders such as SWAA, SAFAIDS, RATN, KANCO, and SAT and UNAIDS Regional Office in Southern Africa. The ARP has also gained from the understanding of these organizations of what constitutes regional programming and what are the regional priorities on the continent. The ARP Advisory Group has helped root the ARP in Africa, bearing in mind that ARP has been for a long time a program designed and managed at the level of the Alliance Secretariat.

Fig 4.1 Structure of the Africa Regional Program



While the new organogram is structurally clear, it faces a new set of challenges due to its multi layered structure. Some respondents reported a lack of clarity of roles at Secretariat level in particular the relationship between the ARP manager and country program managers. It would seem that it is still unclear who should have responsibility for country program management. The question of whether the ARP manager should have a direct Link to country programs or should have a coordinating role is still unclear. Some respondents at the secretariat level indicated that country program managers should not be managed or have to report to the ARP manager who is their peer.

The presence of country management staff and technical support staff increases bureaucracy in the system thus complicating the process of accessing technical support. Countries offices reported that it takes a long time to get a response on technical issues because of the layers involved. This is further complicated by the fact that the technical support staff serves all Alliance's programs and are not always available to the ARP countries. The technical support and thematic group personnel are not dedicated to the ARP; they also provide services to the whole organization. While they are a strong team, they are overcommitted because the Alliance is a growing organization. In addition respondents indicated that because of the amount of travel they have to undertake they are not always available to provide support when needed. This also makes it difficult for the ARP manager to hold regular meetings with the whole team. MRS data for 2006 shows that the Technical Support team was able to fulfil only 57% of the requests for technical support.

It was reported that Alliance partners such as Project Orange were unclear about whether they report ARP activities to the Country Focal Person or to the ARP Manager. It was also noted that project coordinators based in country sometimes do not get management support as it is sometimes not clear whether the support should come from Country Office Management or from the Secretariat.

Currently the ARP program is managed through different management systems;

a) Management by a Linking Organization as is the case with ANCs and IPC in Senegal and Burkina Faso

b) Management by a Coordinator based in a Country Office in the case of Stigma component in Zambia

c) Management by a partner NGO in direct liaison with the Secretariat in the case of AAS

d) Management by a partner NGO in direct liaison with the a Coordinator based at the Secretariat in the case of the RYP

Some respondents noted that the differences in management systems do not enable coherent project management across the components. It will be important to reduce the differences in management systems across the ARP to ensure efficiency and to reduce management costs.

Respondents cited a number of advantages of management through country offices which included ensuring relevance of interventions to contexts on the ground and facilitating operations. It also increases Alliance profile and strengthens Alliance networks within sub-regions which the Alliance desperately needs in Sub-Saharan Africa. This gives the Secretariat less country management responsibility while enabling them to focus on policy guidance, technical support and facilitating lesson sharing.

The location of the management of the stigma project in the Zambia office was cited as being potentially problematic. Partners from countries where the Alliance has no Country Office or Linking Organisation liaise directly with the Zambia Office. Reporting lines between the ARP Manager, the Program Manager in charge of Southern Africa within the Alliance Secretariat, the Zambia Country Office Director and the Stigma Project Coordinator is complex and it still needs to be clarified to a satisfactory level for all parties involved.

The review team noted that the stigma project appears to operate in parallel with other Alliance activities on the ground in countries other than Zambia where the Alliance has country Offices and Linking Organizations. This was reported in Mozambique and Uganda where the partnerships started with local networks of people living HIV/AIDS. Due to the lack of defined communication structure, individual trainers for example in the PLHA network in Mozambique Link directly with regional team by-passing the country offices. The evaluation found that there are no clear structures at country level for management of the stigma training. Linking Organizations and Implementing partners have no signed memorandum of understanding that shows roles and responsibilities.

At Linking Organizations level there is lack of clarity on reporting structures with their partners due to the nature of activities being undertaken by the partners. For example in Burkina Faso the IPC has no capacity to support AAS which requires medical expertise. As a result AAS reports directly to Brighton while they communicate with IPC for other administrative issues.

In Zambia, partners such as the YHHS project report directly to the Secretariat because the YHHS program does not match Zambia Country Office priorities for themes and coverage. In addition the other two countries report directly to Brighton as there are no country offices/Link organization in Zimbabwe and Malawi. While the reporting system currently appears functional, in the long run the most appropriate reporting arrangement is for YHHS to report through the Zambia Office who would then report to Zambia Program Officer and the ARP manager. This ensures coherence with the Zambia country office, other ARP components and availability of in country technical expertise when needed.

A major challenge faced by the Regional Youth Program is the low capacity of implementing partners organizationally and technically. This means that more support is required from the Alliance team which is already overstretched. The situation is further complicated by the fact that there is no country office or linking organization in Malawi and Zimbabwe. One major disadvantage of direct reporting to Secretariat is that they miss on the opportunity for horizontal sharing with other ARP components.

4.2 Funding

ARP has three donors which are the Swedish-Norwegian Regional HIV/AIDS Team, Swedish International Development Cooperation Agency, Sida, based in Zambia, the Danish International Development Agency, DANIDA, based in Denmark and the Dutch Ministry of Foreign Affairs, Buza, based in The Netherlands. The total budget for the period of the Program, i.e. 2005–2007, is 4,786,936 USD and the total budget for 2005 is 1,395,044 USD. Expected income for 2006 is 1,610,095 USD and 1,478,641 USD for 2007.

Under the budget technical assistance is allocated 4,5% of the budget M&E receives 5,7%, and Lesson sharing receives 10.6%. Lesson sharing, information exchange and regional consultations are important components under the ARP hence it is imperative that adequate funding is allocated. At country level respondents cited that there was inadequate funding allocated for regional sharing and exchange visits. For example they reported that the proposed Burkina exchange trip to Zambia failed to take place due to unavailability of funds. However, according to the Secretariat the funding for the exchange trip is planned under the 2007 budget.

The perception of the ARP as a funding mechanism for country programs has created expectations for funding from countries. For example at country level it was reported that ARP funds are limited and do not match country requirements to fulfil ARP objectives. Burkina Faso and Senegal reported that they expected to receive more funds from ARP in 2006 and they were disappointed with their approved budget levels. The result in BF is the lack of intervention focus on MSM groups and the breaking down of MSM mobilization processes initiated from 2004 to 2005 by IPC, Population council, AAS, Vie Positive, and MSM leaders.

Inconsistent funding is affecting program implementation and also creating job insecurity for ACER project staff. When the funding for grants to CBOs partners came to an end in there were no grants provided and also there was no continuity plan and this is affecting ACER program delivery. Due to the short program funding cycles of ARP, in country partners reported funding gaps between one disbursement and the next. This was reported to affect program delivery in Burkina Faso and Senegal. It also creates frustration on the part of staff whose salaries are funded by ARP e.g. ACER project in Ndola.

The envisaged role of the ARP is that of a mechanism for identifying, supporting and sharing lessons from innovative pilot projects and not necessarily funding program operations. However because of funding challenges and low capacity to raise funds locally the ARP has in some cases found itself funding operational costs for example under program ACER. For the ARP to play their envisaged role there is need to build the capacity of countries to mobilize funds, a traditional role for the Alliance. The Alliance should step in to build the capacity of Linking organizations, country offices and partners to mobilize resources for program operations.

The entrance of new funding in country has given a positive boost to the programs with Zambia, Senegal and Uganda being able to access funds such as the Global Fund and USAID funding. However, In Zambia it was reported that PEPFAR abstinence only programs have made it much more difficult for Zambia to provide young people with all the prevention options, including condoms. The negative messages about condoms and sexuality have re-stigmatized them and devalued their prevention role.

4.3 Capacity Building

A new component for the ARP is the Organizational strengthening of networks of people living with HIV in Africa. This component is an extension of the "regional policy development and influencing component" and is supported by UNAIDS Regional Office for Southern Africa. The objective of this work is to strengthen the capacity of the Network of African People with HIV and AIDS (NAP+) to

respond to the needs of their sub-regional and national member associations. Originally, ARP support to Networks of People with HIV and AIDS was envisaged at the national level. The ARP Advisory Group advocated that support to at the regional level would have the maximum impact. ARP will coordinate their support interventions with UNAIDS, RATN and any subsequent partners to ensure a coordinated response to the need of NAP+. While there have been some efforts to build the capacity of NAP+ there is a concern that addressing this at the regional level will not necessarily strengthen the individual country PLHA networks.

At country level a major challenge for reporting and acquittal of funds was the low capacity of partner organizations. Some partners were unable to access funding due to a failure to account for previous funding for example within the ACER project. Given the community based nature of organizations that work with Alliance partners it is essential for the Linking Organizations and Country Offices to build the capacity of their partners if they are to ensure that they get quality information and quality reports. Building the capacity of partners is essential if they are to meet their project objectives. Capacity building of CBOs has been done in Senegal by the ANCS and other countries can learn from Senegal. Capacity for CBOs should remain a key priority for the Alliance if the ARP is to achieve its objectives.

Within the Alliance it was reported that there is limited capacity to address policy issues at all levels. There is still limited capacity among the various partners to engage in policy and advocacy work and this will need to be addressed for the policy component to work. In addition the focus for policy and advocacy work has been on Linking Organizations with limited participation of beneficiaries such as MSM.

4.4 Response of Management to ARS Findings

The respondents were in agreement that to a great extent the findings of the 2004 Africa Regional Strategy Evaluation have been implemented. The following recommendations have been taken up although there is more that could be done;

- *To have separate management arrangements for the Program*

A part time ARP coordinator was appointed in January 2005, supported by a Project Support Officer. In 2006 a full time ARP coordinator was recruited supported by a program Assistant.

- *To connect the Program steer with the field*

An attempt was made to appoint ARP focal points within country offices and LO. Direct communication between these focal points and the ARP manager did not occur due to some resistance at the level of the Secretariat-based country program manager. This is primarily due to the role of the ARP Manager not having been fully explained, clarified and introduced to these managers.

- *To ensure an awareness of the Program's regional approach and its drivers within the Alliance family*

This is being done through the stakeholders' meeting and the annual review and planning meetings mentioned above.

- *To plan for an inception period for the Program during which to conduct detailed consultation, regional analysis and sharing of good practice*

This was done through the Launch meeting (Nairobi meeting) where good practice on regional programming was shared with Alliance and non – Alliance organisations. Regional analysis of key priorities was also done at the meeting. It was also achieved through the development of the policy component within ARP: the Alliance consultant conducted a thorough analysis of policy priorities, consulting with several organisations.

- *To organise periodic reviews and reflections in order to determine the continued relevance of initiatives*

This was done in Lusaka (November 2005), Dakar (February 2006) and Marrakech (September 2006).

- *To develop a regional stakeholders analysis and map key HIV/AIDS institutions and individuals in sub-Saharan Africa*

This was not completed. However, the ARP Advisory Group gave the ARP access to key institutions and individuals in sub-Saharan Africa. The policy consultation work also involved a mapping exercise.

- *To build the capacity of Alliance partners to engage with key regional HIV/AIDS institutions and local level donors*

Capacity-building for policy work occurred to a limited extent at the Dakar planning meeting in Feb. 2006. It could have been pursued by the Regional Policy Co-ordinator, had this person been recruited.

- *To allocate adequate resources to monitoring and evaluation activities*

A special budget line for M&E was included in the ARP budget.

- *To improve on the Alliance's role in supporting advocacy regionally:*

This work was prepared through the policy consultation but it was not taken forward as the recruitment of the Regional Policy Coordinator was halted.

A key recommendation still to be addressed is the need to leverage greater resources that are ring-fenced for the Africa Regional Program.

4.5 Monitoring and Reporting System

The ARS evaluation recommended that monitoring of program activity should be strengthened to better understand and track changes and achievements of the program. The Alliance monitoring and reporting system focuses on reliable and timely reporting against organizational strategic objectives. Linking Organizations and Country Offices have been trained in using this system as part of a wider institutional strategy to enhance grassroots M&E capacity. To easily manage the monitoring data – the system has been computerized and is managed in each country where the Alliance has a program. The system takes a bottom-up approach to ensuring accurate and reliable reporting from partners at the grass-roots to secretariat level.

While the system is starting to work well partners reported concerns with the system. It does not capture details and gives mainly numbers with not enough qualitative input. While all Alliance partners are supposed to have been trained to use MRS not all partners have access to the MRS. Some partners noted the system was complicated and not easy for small organizations who do not have dedicated staff for M&E and an example is Project Orange where only one person was trained. While the system is designed for use by LO and COs, Project Orange which is a partner has access to the system. Given capacity constraints that partners face it might be more appropriate at least in the meantime for the Link Organization to take the responsibility of MRS.

The Alliance made the decision to report on ARP activities through the Alliance existing monitoring and reporting system (MRS). Country Offices and LOs therefore report on their ARP activities as part of their overall reports to the Secretariat. This was done to minimize the reporting burden. However once the data has been entered the ARP Manager needs to be able to identify what data is related to ARP, which can be difficult with the reports submitted by COs and LOs. The ARP data will be subsumed in general program data.

5. Program Reach

To confirm/validate the extent and reach/population coverage of activities under the regional program

5.1 ARP Program Reach

The Africa Regional Program has allowed the Alliance to reach out to partners in countries where it does not have country programs e.g. Tanzania, Malawi, Kenya and Ethiopia. In West Africa ARP lesson sharing meetings have gathered NGOs from countries which are not reached by the Alliance through the ARP. ARP is therefore a potential key vector of Alliance expansion in Africa.

The ARP has made considerable strides to reach out to populations that are usually left out in mainstream HIV/AIDS responses. The program reaches out to the following groups;

a)	Sex workers	d)	People Living with HIV
b)	Men who have sex with men	e)	Young People
c)	Orphans and vulnerable Children	f)	Drug Users

5.1.1 Program ACER

The ACER program Links communities, traditional healers, home carers, positive people's groups and church groups with government health services. The project employs people openly living with HIV to promote uptake of treatment, to support treatment adherence and to promote prevention efforts in community and clinic settings. Treatment Support Workers and Treatment Mobilizers carrying out adherence and prevention counselling at clinic and hospital level reached out to 1,223 clients (44% Male and 56% Female). One of the challenges facing ACER is that it was designed as a short term research with no provision for roll out. In both project sites visited ACER is unable to meet the demand even in the project's catchment area while other compounds also want to be included. In addition, while ACER was designed to cater for adults only a lot of children are being refereed to the ACER team such that it has become apparent that they will need to include paediatric treatment and counselling.

5.1.2 Regional Youth Project

The Regional Youth Project is aimed at sharing, adapting and extending good practice in HIV prevention and support with young people in high prevalence settings using community based, participatory and multi-sectoral approaches in Zimbabwe, Zambia and Malawi. In Zambia YHHS reaches out to 8647 (3580 Males and 5067 Females) from 5 sites and in Zimbabwe YOCIC reaches 1200 orphans and vulnerable children.

Family Planning Association of Malawi had a good data collection system and they reported the following numbers of young people reached through the various activities;

Service	Total Reached	Male	Female
PLA	51	30	21
Youth Clubs	330	185	145
Outreach services	8 233	3 699	3 218
VCT services	56	31	25
Emergency contraception	16	-	16
Family planning	70	3	67
STI	184	51	43
Training peer educators	29	15	14
Total Reached	**8 969**	**4 014**	**3 549**

5.1.3 Stigma Project

The Regional Stigma training Project is aimed at training national teams of trainers who can provide anti-stigma training in the community. The project was started with the recognition of the significance of stigma and discrimination in dealing with HIV and AIDS, particularly regarding uptake of VCT, prevention, care, treatment, adherence and other services. Under the stigma project model, National Teams of trainers are trained, who then reach out to a wider audience within their individual countries with stigma reduction programs and messages. In total the stigma team held 15 training of trainers' workshops, reaching a total of 315 trainers. A further 594 people were reached through the district training workshops. A challenge for the stigma program is to track the numbers tracked as the training is cascaded lower down the chain. At present there is no mechanism for capturing this data as the trainers do not necessarily report back to Alliance after the lower level trainings. In addition there is need to try and monitor the quality of training that takes place at the lower levels.

5.1.4 Project Orange

Project Orange is one of many organisations in Burkina Faso providing treatment and care to people living with HIV. There is a waiting list of over 2000 people who need treatment but the project initially targeted 300 people. Only 150 were provided with treatment and of these 80 are funded by the ARP. The ARP Linked Project Orange with the Brazilian government who fund the rest of the treatment. The proportion reached by the project is difficult to assess because there was no situation analysis at the initial stage. It was reported that about 60% of the clients are very poor and of these 70% are widows while MSM are very few due to high levels of stigma for this group.

5.1.5 ANCS

ANCS is implementing HIV, AIDS and STI prevention programs for MSM, sex workers, drug users, and border populations in Senegal because studies have shown that HIV rates among these vulnerable groups was higher than the general population. To reduce vulnerability of the high risk groups ANCS trained as peer educators in each of their targeted sub groups. For example twenty six of the targeted 30 MSM were trained and they are mobilizing and disseminating information to their peers. As a result of the mobilization activities 879 MSM were reached between 2005 and 2006.

HIV prevention activities for populations living in border are reaching street vendors, commercial sex workers whose clients include, cross boarder truckers and traders, soldiers and refugees. The people reached increased from 9 272 in 2005 to 12 957 in 2006 making a total of 22 229 and of the people reached in 2006, 60% were women.

Female illegal sex workers are being reached with information to adopt behaviour change and supported to reintegrate socially into communities. Karlene an organisation created by former sex workers reaches out to illegal sex workers operating in the community and its membership increased from 55 in 2004 to 100 by 2006.

RAMUT is an organisation of artists, musicians, CSW and bar customers who have been trained by ANCS to communicate HIV prevention information through drama and music. They have 153 members and they reach 20–25 CSWs as well as their customers per session.

Drug users: ANCS has managed to meet the challenges of collecting information among vulnerable groups by participating in project activities and collecting information in situ. However, more needs to be done to collect information on number of drug users reached with HIV prevention information because drug users go for counselling daily and ANCS project staff will not be present at all times to support data collection.

5.2 Added Value of a Regional Program

This component was aimed at identifying any emerging added value to individual country programs from the regional program

Linking Organizations and Country Offices concurred on the importance of a regional program and the fact that it adds value to their individual country programs. They reported that ARP is giving them an opportunity to access knowledge, experience, lessons learned, and skills beyond their borders. The Africa Regional Program has allowed the Alliance to reach out to partners in countries where it does not have country offices e.g. Tanzania, Malawi, Kenya, Zimbabwe and Ethiopia. In West Africa ARP lesson sharing meetings have gathered NGOs from countries which are not reached by the Alliance through the ARP. ARP is therefore a potential key vector of Alliance expansion in Africa.

Working within countries without CO/LO management has challenges but it has enabled the ARP to identify and participate in the development of specific innovative projects. The model is cost effective in terms of costs and time to set up an office and is ideal when the ARP does not have many activities in a specific country. Lessons learnt from implementing projects can be used in ARP countries for example the RYP project on community psychosocial support to OVCs in Zimbabwe has potential to be extended to other countries in the ARP.

There was agreement that the regional program has influenced the quality of work by Alliance in Africa and increased the quality of HIV services and promoted scaling up of activities. For example the two treatment models in Burkina Faso and Zambia have influenced national programs and improved quality of services. By Linking with each other they have points of comparison, and they build partnerships outside their own countries.

Being part of the regional project helped to raise the profile of the stigma component within Alliance. ARP has expanded the geographical parameters of the stigma project from the original 10 East and Southern Africa English speaking countries to Francophone African countries and the dialogue resulted in new tools being developed including MSM and children affected by HIV/AIDS. Thus the ARP added value in the form of both depth and breadth, to an already regional project. The Stigma team based in Zambia has become a resource that the Alliance can use for integrating stigma activities across Alliance programs.

For the Zambia Country office concrete benefits from being associated with the ARP include funding for the ACER project when local funding had dried out and also three year funding which was secured for the stigma project. For countries that are not able to access bilateral funding such as Zimbabwe, being part of a regional project has enabled them to receive funding.

5.2.1 Added value from lesson sharing

It was reported that ARP promoted sharing of inputs from other programs and facilitated sharing of lessons from high prevalence to low prevalence settings and vice versa. For example the stigma team with experience from a high prevalence country also learnt and incorporated MSM issues from West Africa.

The regional program promoted greater efficiency, collaboration and networking among the Linking organizations and country offices. Faster problem solving by adapting strategy and tools developed by other countries has been common in the regional program. Sharing of manuals and toolkits saves on resources and time spent reinventing the wheel. Under the RYP there has been sharing of resources for example Choices has been translated to Chichewa by Malawi and Zambia and is being printed in French for distribution to the francophone countries. The stigma toolkit has also been used across the region and it has been adapted and translated. In a number of countries the toolkit has been translated to local languages and the local partners were actively involved in the process e.g. Tanzania, Mozambique and Ethiopia. The MSM module was shared outside Senegal at the Kenya stigma and discrimination workshop for east and southern African countries.

While the country approach is useful for specific country programs, the value of a regional program comes where there are cross cutting issues, and to look at evidence based approaches of what works. Under the regional program countries have benefited from each other for example the TST manual has been shared with other countries, ACER team went to Burkina Faso where they shared a lot and learnt about the referral system. In Senegal the policy and advocacy work has been shared with Burkina Faso and Zambia and both countries have taken up the policy and advocacy component.

There is increased visibility of partners and Linking Organizations due to capacity building and sharing of lessons at meetings were there are a wide range of stakeholders and donors. In the same perspective it has also helped the work of non ARP partners because of association with the Linking organizations.

Being under the ARP has helped to promote an integrated approach to programming through linkages of the various ARP components e.g. stigma, prevention work and treatment. It has also assisted organizations to understand the Link between high risk behaviours and poverty for example it was reported that some men have sex with men as an income generating activity and not because it is their sexual orientation. Lessons learnt from working with special groups such as traditional healers, PLHA, religious leaders have shaped the development of other treatment programs, e.g. Uganda.

The ARP has played a key role in bringing country level issues to regional fora while at the same time bringing the issues to the attention of other countries that can adapt and replicate the programs. For example the way Senegal has taken up policy issues has enabled civil society to influence public sector policies. IPC is engage in a process directly with government, and other partners, and expected to support a process of civil society capacity building for policy work in the future.

5.2.2 Case Study of Regional Added Value

Alliance Nationale Contre le SIDA (ANCS), the Senegalese National HIV/AIDS Alliance

ANCS gained from the regional stigma program of training national cohorts of trainers undertaken in Cote d'Ivore. The program Linked with other ARP programs to develop modules on MSM, treatment and home based care. Senegal benefited from collaboration with the Zambia office to develop a module to address stigma and discrimination directed towards MSM. Ten Senegalese and 2 Tunisian MSM participated in the workshop to develop the manual.

ARP funding enabled ANCS to reach out to MSM, illegal commercial sex workers, drug users and PLHA. Being part of the ARP has facilitated ANCS community based partner organisations to receive funding to strengthen their capacity which enabled vulnerable groups to be mobilized for prevention activities.

The ARP has supported ANCS and other West African Linking Organisations to engage in national, regional and global policy and advocacy networks. ANCS and IPC of Burkina Faso participated in national planning delegations to UNGASS +5. ANCS in conjunction with a Senegalese civil society organisation contributed to the Alliance advocacy work in Brussels in preparation for the bid for grants for Africa from the European Union.

ARP is also providing added value to Senegal by providing technical support to the regional network for people living with HIV and its member groups to incorporate treatment and advocacy to its ongoing activities. ANCS is providing leadership and mentorship to Zambia and Burkina Faso in engaging national and regional policy and advocacy work towards the attainment of universal access to comprehensive treatment and prevention programs.

Through lesson sharing, exchange visits and documentation the ARP has increased visibility of ANCS piloting of innovative approaches to working with key vulnerable populations such as MSM, sex workers and boarder populations.

Limitations are mainly in the policy work which is a new area for the ARP; it has tended to be exploratory because of the issues surrounding MSM and stigma. Countries engaged in policy and advocacy component are at different levels with Senegal more advanced than Zambia and Burkina Faso resulting in ANCS feeling that they have not gained any lessons from Zambia and Burkina Faso. While Senegal is at higher stages than other ARP countries it still has to learn from more advanced countries beyond the ARP.

6. Conclusion

The ARP has made significant progress towards contributing to enhancement of quality and scaling up of activities in HIV prevention, care and impact mitigation across borders in Sub Saharan Africa. The evaluation found that there is clear understanding of the ARP concept although there is differing understanding of the purpose of the Africa regional project between the Secretariat and the Country Offices/Linking Organisations.

There is significant advancement in the development and replication of successful community approaches and models. This has helped to focus on appropriate HIV interventions that are relevant to the region. Stigma and Discrimination trainings have been held in all ARP countries and the project received requests for support from countries such as Madagascar, Cote d' Ivoire, Senegal, and Burkina Faso which were not part of its planned expansion countries. The RYP has all elements of regionality and the program has successfully shared methodologies but the three RYP countries could benefit more from focusing on the whole prevention to care continuum, thus integrating the psychosocial support with prevention.

ARP has made some progress in the region to build capacity in thematic areas although more work still needs to be done. The ARP focused on strengthening the capacity of Networks of People Living with HIV and AIDS at regional level but this may not necessarily strengthen the individual country PLHA networks. The review noted that there is still limited capacity to address policy issues at some levels within the ARP.

ARP meetings have strengthened collaboration and lesson sharing between countries but there is more that could be done to improve networking. Direct communication and follow up between countries after meetings could be improved so as to enhance adoption of lessons.

The policy agenda is clearly defined and although it is still in early stages it is beginning to shape ARP partners' involvement in advocacy activities at national, regional and international level. Only three countries; Senegal, Burkina Faso and Zambia are involved in this thematic area and more countries need to be involved to make an impact in the region.

Documentation of projects could be improved so as to maximize the sharing of information. Some lessons from the ARP have not been consolidated or documented and are therefore not always informing the regional program. The Alliance will need to keep the Advisory Board informed of in country activities so that they give relevant advice and recommendations.

Progress towards coherent regional program management has been made especially as pertains to adoption of some recommendations from the ARS evaluation. As such the appointment of an ARP manager has helped in coordination of the ARP. Problems of communication between the different management layers still have to be addressed. There is still lack of clarity on reporting structures at some levels.

The ARP has added value to most country projects through their accessing of knowledge, experience, lessons learned, and skills from other successful innovative country projects. However, due to limited funding countries have not been able to put in practice the lessons learnt from exchange visits.

There was agreement at all levels that the Africa Regional Program has added value to country programs and that a proposal should be submitted for a new regional program beyond 2007. The new program should be linked to country programs and should facilitate the sharing of expertise built up in Zambia, Burkina Faso and Senegal with other countries.

6.1 Lessons Learnt for future Regional Programming

- As a regional program the ARP should maintain a deliberate strategy for a regional approach and agree on clearly defined geographic region. Regional program priorities for the ARP will be best defined at country level
- For the Africa Regional Program to be meaningful it should be firmly grounded in country programs and it should complement country programming. Country programs under the Africa Regional Program should have a horizontal view for cross fertilisation and horizontal learning to occur.
- For the ARP to remain relevant as a regional program it should avoid getting involved in direct country implementation. In a regional program there are some issues which are better addressed at regional level particularly those relating to cross national issues.
- Involvement in regional networks and bodies is critical for the ARP to be able to influence policy agendas at regional and national level
- For the ARP to be truly regional implementation of innovative projects should be in more than one country. The ARP program components should be coherent and should be clearly Linked
- Involving regional stakeholders in the ARP through the consultation process and the ARP advisory group has proved a success in both increasing the profile of the ARP but also in the quality of the program.
- Involving country offices and Linking Organisation in Review Planning and monitoring of program activities has promoted the creation of a shared understanding and a common vision or the ARP
- The Regional Youth program learnt that in country capacity problems pose challenges for regional programming and these have to be taken into account when planning

6.2 Some Lessons Learnt from Country Programs

- The stigma work is appreciated and needed in various communities and countries and as a component it has the potential to provide an enabling environment for the prevention care and treatment component. There is now a growing need to develop a system to monitor the impact of the stigma training. It will be important to assign responsibility at country level on who monitors and verifies the indicators
- A lesson learnt from the evaluation of Project Orange is that Community based organisations have a critical role to play in supporting access to treatment for PLHA. For this to be possible it is important to invest in financial and human resources to ensure that the organisations provide quality services
- Having access to treatment reduces stigmatisation and encourages patients to adhere to treatment and take responsibility for their own care. A lesson learnt from the Adherence House Project is that observing patients in house helps with treatment compliance.
- ANCS experiences with working with grassroots community based organisations have shown that if given adequate capacity these organisations can effectively deliver prevention programs.

7. Recommendations

7.1 Strategy

The lessons from the ARP should be consolidated, and they should inform a well resourced regional program that is in selected regions across Africa. The geographic focus for the Alliance should be clear and specific so that similar countries in a region are able to share effectively and at less cost.

The design of a future Africa Regional Program should be based on regional needs and potential responses expressed by Country Offices, Linking Organizations and their partners as well as non-Alliance family members such as those organizations involved in the Advisory Group. It will be important to carry out an assessment of those needs and potential responses before designing the successor to ARP.

There is need to increase the profile of ARP in Sub Saharan Africa and also within the Alliance. ARP should sell itself as a regional program and it should be an advocacy tool and a mouthpiece for Africa within the Alliance and to the donor community. It will be important to engage the Africa regional bodies in high level discussions on the ARP themes.

The ARP needs to work on a strategy that spans a longer period as opposed to 3 year strategies to allow time for programs to be implemented and to make an impact.

Country Offices and Linking Organizations should be allowed to carve out a regional role for themselves within the ARP. They should be involved in writing up and reviewing the new proposal. This will help reduce country –limited focus. This role is also necessary to support the regional operations of ARP.

Alliance should build the capacity of Country Offices and Linking Organizations so that they are able to access in country resources and fully manage programs. This will enable the Secretariat to focus on issues of policy, strategic direction and regional sharing and exchanges linking with African regional bodies such as the AU, SADC, NEPAD, ECOWAS and the UN System.

The Alliance should work more with other partners who are not necessarily part of their traditional partners but who have expertise in other areas. A case in point is South African institutions and universities who have expertise in policy issues

There is need for Alliance to come up with clear criteria criterion for selecting programs that fall under ARP and this should be decided in conjunction with all partners. The criteria could include issues such as; complementarity with ARP strategy and themes, potential for regionality and geographic location. Some projects with no regional focus should be discontinued in the next phase

There is need for a strategy for follow up after workshops to ensure that issues developed discussed during workshops are followed through

To overcome language problems under the stigma component, two regional training teams should be formed based in West Africa and Zambia to roll out stigma training. The Zambia Office would continue to provide the role of management and monitoring of program quality.

7.2 Management

New staff members at Secretariat and Country Office/ Linking Organisation level should be given adequate orientation of the ARP to promote a shared understanding of the program. An ARP orientation pack could be developed for use at all levels of the organization.

The ARP Manager should not have a direct Link with countries; her role should be at the coordination level. In view of the challenges faced due to the multilayered ARP structure roles and responsibility within the ARP Management Team should be clarified in particular the relationship between;

- The ARP manager and Country Management Teams
- Country Management Teams and Technical Support Team
- ARP Manager and Africa Regional Representatives

For Country Offices and Link Organizations there is need to streamline communication lines to the Secretariat to shorten response time for requests for technical support.

Differences in management systems do not enable coherent project management across the components. It will be important to reduce the differences in management systems across the ARP to ensure efficiency and to reduce management costs. To reduce management costs the preferred model for management should be the one closet to the implementing partner where this is possible.

Monitoring and evaluation aspects will be critical in the next phase of the ARP as the aim would be to measure the value added of ARP. It will be essential to harmonize data gathering and reporting throughout ARP components.

Annual ARP review and planning sessions should be maintained.

In addition to the stigma and discrimination training program there should be a bigger program for tackling stigma possibly linked to policy work whose management is to be housed in Brighton. Their task would be to mainstream stigma across ARP components and to support the creation of an enabling environment for stigma work at country level. Secretariat should lead in the development of a broader stigma program which is well resourced, with good leadership which Links with key organizations at regional level such as UNAIDS, AU etc.

For the ARP to become a fully fledged regional program adequate funding will be required to support country program operations. It will be important to build in country capacity for resource mobilization and capitalizing on successful models to advocate for funds.

7.3 Activities

As the current phase of ARP draws to an end it will be important to consolidate existing activities and to document lesson learnt and good practice. There will be need to put more focus on activities with experiential learning and if possible with mentoring components.

To increase its visibility it will be important for the ARP to pay more attention to documentation of its activities and achievements. Resources will need to be set aside for documentation and innovative fundraising efforts.

There is need for more funds to be allocated for a longer time period and with more flexibility. Funds will be required to build capacity building of Alliance staff and partners and for organizational development. Enough funds should also be allocated for the community work to function optimally.

Need for more resources to be allocated for policy work and the ZCO should make policy a priority component learning lessons from Burkina and Senegal.

The RYP should adopt an integrating approach to prevention work with young people; that addresses the prevention to care continuum. A starting point would be to integrate psychosocial support into the prevention work. RYP should also forge stronger Links with ARP as they stand to benefit from mainstreaming some ARP components such as stigma, treatment and policy into their work.

Resources for lesson sharing and exchange visits will need to be prioritized as this is a key element in any regional program.

7.4 Capacity Building

For the Alliance Secretariat Linking Organizations and Country Offices to ensure that they get quality information and quality reports from partners they need to invest in their partners. Building the capacity of partners is essential if they are to meet their project objectives. There is need to build capacity both at ANCS and civil society level to enable them to engage policy and advocacy activities on issues that affect them.

There is need to build the capacity of in country partners to effectively use the MRS. It will be important to initiate and involve more team members in the reporting system to avoid gaps when trained members leave the organization.

Building the organizational capacity of the RYP partners should be a key priority for the Regional Youth Program. In the long run it will be worthwhile to establish LO/COs in Malawi and Zimbabwe and then building the capacity of these organizations to manage and support RYP partners.

Language is still a handicap for communication and sharing of information. It might be worthwhile to set aside resources for improving language skills for key personnel at Secretariat and Country Office/ Linking Organization.

While it is important to build the capacity of Network of Africa People Living with AIDS, the can only be sustained if there are corresponding efforts to strengthen country PLHA networks.

7.5 Lesson Sharing

In any regional program lesson learning and collaboration between the countries is a key component. It will be important to always avail resources for lesson sharing and exchange visits to enrich individual country project implementation and to synthesize regional lessons.

There is need to replicate the ACER project as a successful model, in Zambia and elsewhere in the region. There is need to look at how the ACER concept/model can be integrated in national activities so as to take it to scale.

While ANCS has received Global Fund money, the organization should continue to be funded by the ARP for issues not funded by the Global Fund such as lesson sharing, documentation and exchange programs. There is need for meaningful funding for the ANCS partner organizations for up-scaling of successful projects and for sustainability of organizations.

ANCS should be engaged in exchange programs with countries at a higher level of policy and advocacy or MSM activities to facilitate more sharing and learning. The Alliance through its wider network should identify countries beyond ARP which are more experience in policy work.

Mentoring by other Linking organization helps to push projects to the same level. There should be more sharing of lessons to enable faster implementation and mentoring by ANCS would have pushed faster the stigma and discrimination policy development.

It will be important for countries to Link more directly to each other instead of going via Brighton for all issues. It will be important to promote country to country communication as this promotes better program coherence and facilitates understanding of the ARP vision.

Supporting documentation skills of staff at country level should be reinforced to give more visibility to activities implemented in country. It will be important to have a budget line for documentation and publishing to promote visibility of the organization.

The Africa Regional Program to continue providing guidance on how ZCO can participate in regionalising some of the lessons learnt such as experience with implementing ART community education programs and supporting community activities through grants.

Annexe 1: Terms of Reference

International HIV/AIDS Alliance
Call For proposal
Africa Regional Programme Mid-Term Review

The International HIV/AIDS Alliance is seeking a consultant (or a team of consultants) to conduct the Mid Term Review of its Africa Regional Programme (ARP).

Background

The purpose of the Africa regional Programme (ARP) is to contribute to enhancing the quality and scaling up of activities in HIV prevention, care and impact mitigation across national borders in sub Saharan Africa. The ARP has six strategies to achieve this:

Strategy One: Develop and support innovative pilot project in the region;

Strategy Two: Develop and replicate successful community models;

Strategy Three: Build capacity in the region in thematic areas;

Strategy Four: Sharing lessons and learning from others;

Strategy Five: Improving networking in the region;

Strategy Six: Improving policy environment in the region.

The Mid Term Review is scheduled to take place between November 2006 and January 2007 to review the progress of the ARP and to learn from the regional programme.

Objectives

1. To determine the degree to which the regional programme concept:
   a) is clearly and consistently understood by programme stakeholders
   b) has translated into coherent regional programme management and approaches
2. To assess the efficiency and effectiveness of regional programme management systems and practices, and the extent to which this programme is informed by lessons from the earlier Africa Regional Strategy
3. To confirm/validate the extent and reach/population coverage of activities under the regional programme
4. To identify any emerging added value to individual country programmes from the regional programme
5. To identify preliminary/emerging results achieved by the programme on the ground – with a focus on one or more specific themes/projects
6. To make recommendations for the remaining period of the programme and to inform potential future regional programming, in relation to:
   a) Strategy/direction
   b) Management and reporting
   c) Activities, especially in terms of ensuring regional added value

Key Questions

1. Programme coherence

The review will explore the coherence of the regional programme from both Secretariat and country perspectives:

- How do different Alliance stakeholders (Linking Organisation/Country Office staff, Secretariat programme staff, others) see the purpose, concept, approach and added value of the regional programme?
- To what extent is there a shared understanding?
- What are the main components of the regional programme?
- To what extent do the different stakeholders and components operate in a coherent regional manner?
- How far has the regional programme led to shared approaches to programming across the different countries? How far is the design and implementation of components/activities shaped by a coherent regional approach?

2. Programme management

In parallel, the review will look at the management of the regional programme:

- What are the systems and processes used for managing the regional project?
- How far do these systems enable coherent project management across the region and/or the components?
- Where are the gaps/problems?
- To what extent has the programme management responded to the findings of the 2004 Africa Regional Strategy evaluation?

3. Programme reach

The review will draw on and collate existing M&E data at the Secretariat and in countries, both to validate reported progress to date at activity level, and to assess progress against the strategic results in the ARP log frame:

- How many people has each component of the regional programme reached – with a specific focus on 'populations usually left out in mainstream HIV/AIDS responses'?
- How many organisations have introduced initiatives to ensure involvement of their target populations in project planning, management or evaluation?

A secondary output from this element of the review will be to identify appropriate processes for more regularised reporting on programme reach and progress against strategic results.

4. Regional added value

The review will also engage with individual countries to assess the extent of regional learning and added value:

- What benefits have individual countries/organisations gained from being part of the regional project?
- How many organisations are replicating/adapting models from other countries within the regional programme?
- How far is the project adding value to in-country activities?

This element of the review will focus on Burkina Faso, Senegal and Zambia, as these countries have the deepest and most long-standing involvement with the ARP.

5. Results

The final element of the review will focus on one or more specific components/projects within the ARP – partly because some projects have been established relatively recently, and we would not yet expect to see results; and partly for reasons of cost/time.

Focus components include regional stigma training, regional policy initiatives and network development.

Specific questions will depend on the selected components, but as a basis for discussion, here are possible lead questions for a focus on the stigma project:

- How many trained trainers have continued to provide stigma training?
- How many people have been reached?
- What is the quality of training provided?
- What evidence is there of reductions in stigma as a result of the training?

6. Recommendations

Based on the findings from the review and validation with key stakeholders, the review will then draw out lessons and formulates recommendations for:

- Programme strategy/direction
- Programme management and reporting
- Programme implementation – with a particular focus on building greater regional added value

These recommendations should focus both on enabling successful achievements of the ARP objectives, and on lessons/directions for potential future regional programming.

Methodology and Timing

The review will have five main phases:

Activity and primary focus	Timing
Desk review of project documents (proposals, reports, MRS etc) • All objectives – especially programme coherence & programme reach	1 week
Interviews with key Secretariat staff • Programme coherence • Programme management	1 week
Telephone interviews with key project staff in-country • Programme coherence • Programme management • Programme reach • Regional added value	1 week
Evaluation visit to 3 countries (Burkina Faso, Senegal, Zambia) • Regional added value (including case study from 1 country) • Results	4 weeks
• Analysis and draft report in English	1.5 weeks
• Final report in English (including executive summary and recommendations in French)	1.5
	10 weeks

Outputs

The review will produce five main outputs:

ARP review report (in English) max 25 pages

- Executive summary
- Introduction and background of the Programme
- Key findings under each objective/key question
- Case study of regional added value
- Key conclusions and lessons learned
- Recommendations (strategy/direction; management & reporting; implementation & regional added value)

Executive summary and recommendations (in French) max 4 pages

Recommendations for future regional programming max 5 pages

- Highlights of lessons learned and recommendations
- Implications for future regional programming

Reconstruction of project activities max 10 pages

- Internal document giving key figures/findings on project activities, reach/coverage etc by country

Reporting processes max 5 pages

- Internal document with process lessons/recommendations for regular reporting on Programme reach and progress against strategic results

Consultant profile

The consultant profile will include the following:

- Significant experience in HIV/AIDS programme management with a special focus on regional or multi country programmes;
- Good understanding of policy issues around HIV/AIDS
- Good understanding of issues related to stigma and discrimination;
- Fluent in French and English

Process

This is a request to interested potential individuals/teams with appropriate qualifications and experience to submit a brief proposal of no greater than 4 pages, excluding CVs, containing the following information:

- Proposed method and approach to the scope of work outlined in the terms of reference
- Comments on the Terms of Reference
- Detailed organisational/team profile and evidence of similar experience
- Draft timeframe to complete the proposed work
- Proposed total budget, including breakdown of items
- Example of recent work conducted by the consultant

Proposals should be submitted to the Alliance secretariat to Claude Cheta or Karine Gatellier at ccheta@aidsalliance.org or kgatellier@aidsalliance.org by November 3rd 2006 at the close of business. It is intended that the appointment of the evaluation team will be finalised by November 10th, 2006.

Annexe 2: Program Reach

2.1 Progress against Strategic Results

Strategic Result	Verifiable indicator	No	Comments
Increased levels of quality innovative initiatives that reach out to populations usually left out in mainstream HIV/AIDS responses	# of projects reaching out to populations usually left out in mainstream HIV/AIDS responses	7	* Meeting the sexual health needs of MSM in Senegal and Burkina Faso[1] * Supporting HIV/AIDS prevention in border areas in and around Senegal * Activities with commercial sex workers in hot spots in Senegal * Project Orange * Project ACER * Support development of prevention work with drug users in Senegal * Regional Stigma Project
Increased support to development and replication of innovative models of effective community HIV/AIDS responses	# of organizations across the region replicating proven models of effective community HIV/AIDS responses	4	Young Happy Healthy and Safe Youth for a Child in Christ Family Planning Association of Malawi ACER in Uganda
Strengthened institutional and technical capacity of organizations to manage and implement HIV/AIDS responses that respond to the need of PLHAs and youth	% of Organizations in target countries with initiatives to ensure involvement of PLHAS or youths at different stages of the project cycle	17	Young Happy Healthy and Safe Youth for a Child in Christ Family Planning Association of Malawi African Network for People Living with AIDS Stigma partners in Kenya, Tanzania, Zambia, Uganda, Mozambique, Ethiopia, Senegal, Burkina Faso, Cote d'Ivoire (Tumaini, Kimara, UNASO, Naphufanu, AFYA Mzuri, NZP+, Kara, IPC, Rensida,Taso, HIWOT, SYGA
Improved sharing and learning about effective community responses	# of partners in community organizations attributing learning effective country responses to cross country sharing and learning	7	ANCS IPC Project ACER Project Orange Young Happy Healthy and Safe Youth for a Child in Christ Family Planning Association of Malawi
Improved networking Alliance Building contributing to harmonization and amplification of HIV/AIDS responses	# of networks the ARP is involved in or has established or strengthened	1	African Network of People Living with HIV/AIDS
Improved Policy environment conducive to the implementation of effective community responses for HIV and AIDS.	Policy initiatives in the region by partners supported by the ARP	3	Senegal Burkina Faso Zambia

[1] Burkina Faso switched program from MSM to stigma activities because of challenges around working with MSM

2.2 Progress against Activities

Activities	Verifiable Indicators	No	Comments
1.1 Meet the sexual health needs of MSM in Senegal and Burkina Faso[2]	Number of MSM reached through HIV prevention activities in the 2 countries	464	Number reached exceeded target by 78%
1.2 Support HIV/AIDS prevention in border areas in and around Senegal	Number of people reached through HIV prevention activities in border areas	22 229	Females 12659 and males 9570 were reached
1.3 Support NGO involvement in expanded access to treatment including ARVs	# of NGOs involved in expanding treatment access including ARV's in Burkina Faso	1	
1.4 Support development of prevention work with drug users in Senegal	Number of prevention programs initiated targeting drugs users in Senegal Number of drug users reached through HIV prevention activities in Senegal		Data was not made available by the LO.
2.1 Regional Youth Project in Zambia, Malawi and Zimbabwe	No of young people reached through HIV prevention activities # of OVCs reached with psychosocial support services	18 816 1 200	Zimbabwe 1 200 Zambia 8 647 Malawi 8 969
3.1 Conduct regional Stigma training workshops and technical support provision in the region	# of training sessions provided # of training participants # of organizations running district workshops for stigma reduction	50 909 18	National level 15workshops, training a total of 315 people District Level 35 workshops training a total of 594 people
3.2 Build Capacity of PLHA networks in the region	# of PLHA networks and ASOs participating in capacity strengthening activities	1	
3.3 Build Capacity of CBOs and regional organizations on community engagement on treatment and VCT	# of CBOs supported for community engagement for treatment and VCT	9	Traditional Healers and Practioners Association of Zambia – Lusaka and Ndola Africa Directions Catholic Archdiocese- Ngombe and Ndola HBC NZP+ Fishmongers Association Livingstone Project Orange
3.4 Build Capacity of RYP implementing partners including in country organizational costs	# of NGOs supported through the RYP	3	Young Happy Healthy and Safe Youth for a Child in Christ Family Planning Association of Malawi
4.1 Promote South-South lesson sharing	# of TAs provided # of south to south exchange or lesson sharing with visits undertaken	12	TA provided by secretariat and was only 51% of target Not Available in MRS

[2] Burkina Faso switched program from MSM to stigma activities because of challenges around working with MSM

Annexe 3: People Consulted

3.1 Secretariat

Interviewee	Position	Comments
Michelle Evans	ARP Manager	Telephone Interview
Carolyn Greene	Senior Technical Advisor – Care and Support	Telephone Interview
Jackie Reeve	Program Officer Zambia	Telephone Interview
Gill Gordon	Senior Technical Adviser- Prevention	Complete questionnaire and Interviewed
Dave Smith	Senior Program	Telephone Interview
Beatrice Mutali	Head of Africa Tem	Telephone Interview
Kondwani Mangulube	Senior Program Officer	Telephone Interview
Pepukai Chikukwa	Senior Adviser; Monitoring and Program Quality	Interviewed in Harare
Mamisoa Rangers	Program Officer-East and Central Africa	Completed questionnaire
Baba Goumbala	Regional Representative	Interviewed in Senegal
Soulemann Kanon	Senior Program Officer West and North Africa	Telephone Interview
Paul McCarrick	Head of Civil Society Development	Telephone Interview
Alain Manouan	Senior Program Officer – West and North Africa	Completed Questionnaire
Liz Mann	Program Officer Southern Africa	Telephone Interview

Country Offices and partners

Interviewee	Position	Comment
Milly Katana	Chief Of Party Uganda International HIV/AIDS Alliance	Interviewed in Uganda
Claude-Henri Ralijaona	Country Director Mozambique International HIV/AIDS Alliance	Telephone Interview
Chris Pupp	Country Director Mozambique International HIV/AIDS Alliance	Telephone Interview
Zikhalo Phiri	Country Director Young Happy Healthy and Safe	Interviewed in Chipata, Zambia
Mathius Chatuluka	Family Planning Association of Malawi	Telephone Interview
Loveness Chirwa	Youth for a Child in Christ	Telephone Interview

3.2 Zambia Country Office

Component Name	Interviewed	Position
Zambia Country Office	• Christopher Kangale	Programs Director
	• Sue Clay	Regional Stigma Coordinator
	• Robert ?	M&E Officer
ACER Project (Ndola)	• Paul Yengwe	Treatment Support Worker
	• Harry Sakanya	Treatment Mobiliser
	• Maud Inaka	Treatment Support Worker
ACER Project Lusaka	• Miriam Banda	Treatment Support Worker
	• Eric ?	Treatment Support Worker
	• Ruth Siawacha	Treatment mobiliser

Component Name	Interviewed	Position
ACER Project Partners	Africa Directions	
	Ngombe Home Based Care	
	THAPAZ	
	NZP+	
	UNZA Clinic	
	Ndola Central Hospital	
Stigma Component	Sue Clay	
	Chipo Chiiya	
	Mutale	
	Trainees	
	Health workers	
	Faith Based Organisations	
	Community	
	Corporate sector	
HAPPY	Zikhalo Phiri	Program Director
	Getrude Sakala	Finance and administrative Officer
	Stembile Sakala	Programme Officer
HAPPY Partners	Chiparamba Health Centre • Peer Educators • Initiation Advisors • Young People in School • Young People Out of school	

3.3 Burkina Faso (Visited 14th to the 18th of January 2007

Component Name	Interviewed	Position
IPC	Diedonne Bassonon	ARP Focal person
	Houou Quattara	Monitoring and Evaluation Officer
	Brice Milogo	Former Executive Directtor IPC
Project Orange/AAS	Augustin Ilboudo	Manager Project Orange
	Samuel Kwala	Medical Doctor coordinating medical team
	Manager Adherence House	Failed interview because local language had to be translated to French then English
	4 clients Adherence House	
Organisation of Disabled Persons	Solan	
PLHA Network	Christine	Regional Chairperson
PAMAC	David Kabore	Programme Manager Human Rights
Ministry of Human Rights	Fortune Zongo	Director Protection Defense les troits Humains

3.4 Senegal (Visited 19th to the 25th of January 2007)

Component Name	Interviewed	Position
ANCS	Magatte Mbodj	Executive Secretary
	Alioune Badara Sow	Programme Manager Prevention
	Nabou Mbodj	Programme Manager Information, Communication and Documentation
	Mamur Mor Fall	Programme Manager Frontiers Project
	Ben Khatab Gueye	Programme Assistant
	Badou	Programme Manager MSM
Sida Service	Paul Sagna	Sida Service and also president of the ANCS Executive Board
Enda Sante	Daouda Diouf	Coordinator
And Liguey (MSM organisation)	1	Coordinator
Association Prudence (MSM organisation)	3	President
		Secretary General
		Spokesperson
Yeewu Yete (MSM organisation)	1	Coordinator
Karlene (CSW organisation)	1	President
Ressemblement Artistique, Musician & Theatre (RAMUT)	Lamine Keita	President
	Penda Mar	Secretary General
	Ibrahim Diop	Accounts Officer
Coalition of Organisations against Drugs & HIV/AIDS	Cheible Diop	Coordinator

Annexe 4: Documents Consulted

1. ARP Annual Report January–December 2005
2. International HIV/AIDS Alliance ARS internal Evaluation October 2004
3. Africa Regional Programme (ARP) 2007 Planning Meeting Report 16th–17th September 2006 Marrakech, Morocco
4. Report of the Launch of the Africa Regional Programme (ARP)Nairobi Safari Club Lillian Towers, Nairobi, Kenya 25–29 July 2005
5. ARP work plan Timelines for 2006
6. Annual Work plan 2007
7. Africa Regional Program six Month Review January to June 2006
8. Executive Summary of Project Orange Evaluation
9. ARP (2005–2007) M&E plan
10. Copy of sign off report for ARP first Semester
11. Copy of ARP report July–Dec 2006
12. Management Roles and Responsibilities for ARP July 2006
13. International HIV/AIDS Alliance PROGRAM BUDGET 2006
14. Leadership in action – A case study of the 'Observatoire' a group of NGOs in Senegal by Ralf Jurgen and Fatim Louse Dia
15. Organization Specific Indicator data in Senegal
16. Young Happy Healthy and Safe Narrative Annual Report for 2006
17. Choices, A guide for young people by Gill Gordon

Annexe 5: Data Collection Instruments

ARP Component: Questionnaire for Secretariat

Name of Officer:

Designation:

Objective 1	**To determine the degree to which the regional concept is clearly and consistently understood and translated into coherent programs**
1. What is your position in the International HIV/AIDS Alliance and in the ARP?	
2. What are the ARP's key strategies/ regional priorities?	
3. What are the main components of the ARP?	
4. Where does the ARP fit within the overall Alliance activities?	
5. How do you identify activities that fall under the ARP? What is the exclusion criterion? Why have some programs remained country specific?	
6. To what extent do the different stakeholders and components operate in a coherent regional manner?	
7. To what extent is there a shared understanding?	
8. How far has the regional programme led to shared approaches to programming across the different countries?	
9. How far is the design and implementation of components/ activities at country level shaped by a coherent regional approach?	
10. In your view what is the advantage of a regional program over a country approach? Where is the added value?	
11. How much do the regional approach/policies shape the design and implementation of country programs?	
12. What challenges do countries face in the implementation of ARP? Which challenges have been brought about due to linkages with ARP?	
13. How have you kept donors harmonized and maintained their interest in the ARP program. How do you meet the different donor reporting requirements?	
14. What is the capacity of the various country programs to absorb funds?	
Objective 2	**To assess the efficiency and effectiveness of regional programme management systems and practices**
1. What is the management structure of the ARP and where do other departments such as Dept of Policy and Technical Support and Field programs fit in?	
2. How does the ARP operate at the Secretariat level and at regional level?	
3. What is the relationship between the secretariat and partners? Who sets priorities and strategies?	
4. How are partners identified and how do partners relate with country offices and with the ARP program at secretariat level?	

Objective 2	**To assess the efficiency and effectiveness of regional programme management systems and practices**
5. What are the strengths and weaknesses of the two management systems i.e. Management through Country Offices or direct linkages to ARP?	
6. How far do the management systems enable coherent project management across the region and/or the components?	
7. Where are the gaps/problems?	
8. To what extent has the programme management responded to the findings of the 2004 Africa Regional Strategy evaluation?	
9. Do you have systems that include plans for collection of baseline information, monitoring information, mid-term evaluation for programmes that fall under ARP?	
10. How do country offices feedback the information to the ARP? How is the information used for policy and programming?	
11. How often do you meet with ARP technical support teams to review activities? What are the challenges/ constraints in terms of reporting?	
Objective 3	**To confirm/validate the extent and reach/ population coverage of activities under the regional programme**
1. To what extent are programs reaching target groups including 'populations usually left out in mainstream HIV/AIDS responses'?	
2. Have you replicated or adapted models from other countries within the regional programme?	
3. Is there sharing of lessons/ ideas among the partners & countries? How have countries benefited from these exchanges?	
4. How has the entrance of new players such as GF and Pepfar affected the ARP program?	
Objective 4	**To identify any emerging added value to individual country programmes from the regional programme**
1. How far is the regional project adding value to in-country activities?	
2. How has your pooled experience and understanding of many organizations influenced national and international policies?	
3. How do you identify successful models for replication and adaptation in terms of quality and evidence base?	
4. How has the ARP benefited from Advisory group? What could be done better?	
Objective 5	**To identify preliminary/emerging results achieved by the program on the ground with a focus on one or more specific themes/ projects**
1. What are the emerging results from the various programming activities? Any successes or challenges?	
2. What evidence is there of reduction in stigma and or discrimination as a result of the trainings?	
3. What challenges are faced as a result of the stigma component management being located in the Zambia office and its relationship to other country offices?	

Objective 6	**To make recommendations for the remaining period of the program and to inform potential future regional programming.**
1. What recommendations do you have for future programs in relation in relation to; a) strategy/direction	
b) management and reporting	
c) activities, especially in terms of ensuring regional added value	

ARP Component: Questionnaire for Linking Organizations

Country	
Name of Organization	
Name of person completing form	
Position in the organization	
Date	
Contact Details	**Phone:** **Email:**

Objective 1	**To determine the degree to which the regional concept is clearly and consistently understood and translated into coherent programs**
1. What is your understanding of the ARP?	
2. What is the purpose of the ARP?	
3. How does the ARP operate?	
4. What are the ARP's key strategies/ regional priorities?	
5. In your view what is the advantage of a regional program over a country approach? Where is the added value?	
6. What are the main components of the ARP?	
7. Which components are you involved in and how does this link with the other ARP components?	
8. How much does the regional approach/policies shape the design and implementation of your programs?	
9. What challenges do you face in the implementation of your program? Which challenges have been brought about due to linkages with ARP?	
10. Do you share lessons/ ideas etc with other partners & countries? How have benefited from these exchanges?	
11. What other networks do you draw on in the implementation of your programs? Are these adequate?	
12. How are your own program designs and concepts linked with the Africa Regional Program?	
Objective 2	**To assess the efficiency and effectiveness of regional programme management systems and practices**
1. How does your office/organization work with the Alliance ARP program in terms of communication, supervision and reporting?	

Objective 2	**To assess the efficiency and effectiveness of regional programme management systems and practices**
2. Do the systems and processes used for managing the regional project in terms of communication, supervision and reporting work well? Where are the gaps?	
3. Do you have systems that include plans for collection of baseline information, monitoring information, mid-term evaluation for programs that fall under ARP?	
4. How does your office feed back the information to the ARP? How is the information used for policy and programming?	
5. How often do you meet with ARP technical support teams to review activities? What are the challenges/ constraints in terms of reporting?	
6. What technical support do you receive from the ARP?	
7. What financial support do you receive from the ARP?	
8. Is the support you receive adequate? How can this be improved?	
9. Do you get support from other sources outside of Alliance?	
10. How are the different sources of funding coordinated by your organization?	
11. Did you get any feedback on the findings of the Africa Regional Strategy?	
12. To what extent have these findings been incorporated into your 2005–2007 plans?	
Objective 3	**To confirm/validate the extent and reach/ population coverage of activities under the regional programme**
1. Which components of your programs fall under the ARP program?	
2. What segment of the population do you target in each of the components?	
3. Of the targeted population how many and what proportion are you reaching? Can you provide figures?	
4. To what extent are programs reaching target groups including 'populations usually left out in mainstream HIV/AIDS responses'?	
5. Who is involved in the project planning, management and evaluation of your programs?	
Objective 4	**To identify any emerging added value to individual country programs from the regional programme**
1. What benefits has your office/organization gained from being part of the ARP?	
2. Have you replicated or adapted models from other countries within the regional programme?	
3. Do you share of lessons/ ideas among the partners & countries? How have countries benefited from these exchanges?	
4. How far is the regional project adding value to in-country activities?	
5. How has the entrance of new players such as GF and Pepfar affected your programs?	
6. Can you share with us your Project documents including Log frames and M& E plans	Please send electronic copies to: trish_macha@yahoo.co.uk immoyo@yahoo.com

Objective 5	**5 To identify preliminary/emerging results achieved by the program on the ground with a focus on one or more specific themes/ projects**
1. What are the emerging results from your programs which fall under ARP?	a) b) c)
1b) Any successes or challenges in your programs?	
2. What evidence is there of reduction in stigma and or discrimination where the stigma and discrimination training has been undertaken? (Zambia, Kenya, Mozambique, Uganda, Ethiopia, Tanzania, Burkina Faso and Senegal?)	
3. What challenges are faced as a result of the stigma component management being located in the Zambia office and what is the Zambia Office's relationship to your offices?	
Objective 6	**To make recommendations for the remaining period of the program and to inform potential future regional programming in relation to;** **a) strategy/direction** **b) management and reporting** **c) activities, especially in terms of ensuring regional added value**
1. What recommendations do you have for future programs in relation in relation to; a) strategy/direction	
b) management and reporting	
c) activities, especially in terms of ensuring regional added value	
Any other comments?	

Questionnaire for Partners and Stakeholders

What is your role in the ACER program?
How many people do you reach with your program?
What challenges do you face in the implementation of the program?
What support do you receive from the Alliance program?
How do you report back activities to the Alliance?

Annexe 6: Reconstruction of Project Activities

Output 4: Reconstruction of Project Activities.
March 2007
Patricia Machawira
Irene Moyo

Introduction

This document provides a reconstruction of program activities in the three ARP countries visited by the ARP mid term review team. The document does not cover the regional stigma project as this will be reported separately in the Regional Stigma Project Evaluation document.

1. Senegal

1.1 ANCS (Alliance Nationale Contre le SIDA, the Senegalese National HIV/AIDS Alliance

ANCS started in 1994 is a Senegalese organisation that uses various community based initiatives in prevention of HIV and AIDS and has contributed to the stabilization of the pandemic in high risk populations among whom are sex workers, men having sex with men (MSM), drug users, PLHAs and people living in border areas or conflict zones. The HIV prevalence in these populations is higher than the general populations for example it is 21.5% among MSM compared to 0.7% in the general population. Prevalence rates in pregnant women are higher in border areas compared with the rest of the country e.g. Kolda 2.8% compared to Dakar 1.7%. ANCS is working with 4 MSM organisations (Andy Liguey, ADAMA, Yeewu Yete and Prudence), sex workers organisation (Karlene), coalition of musicians and artists (RAMUT) and coalition of organisations working against drug abuse and HIV (Chieble).

Through Alliance support ANCS has undertaken institutional capacity building to strengthen leadership and management skills to enable vulnerable groups to run their own organisations and mobilize other vulnerable people. Toolkits, manuals and other IEC materials are being developed through ARP grants disbursed by ANCS. Community based organisation conduct HIV prevention activities under supervision of ANCS staff thus ensuring quality and immediate data collection to be input into the MRS. Workshops were organized on prevention, safe sex, condom use, behaviour change, STIs, HIV and AIDS.

There is acknowledgement by the health sector that MSM is a public health issue contributing to the spread of the HIV pandemic to the general population. In five out of 11 regions a doctor was given specialized training in order to give care and support to MSM. However more still needs to be done among paramedical staff that still stigmatizes high risk groups. The ARP has supported ANCS to undertake advocacy work which has enabled increased access to condoms and lubricants for MSM. Acceptance of condoms use among MSM is reported to be high and is due to the high need for lubricants in MSM sexual activity.

ANCS is working with 22 community based organisations in 20 administrative and local authorities in conducting HIV prevention activities for populations living in border areas. People who are reached in this project include street vendors, refugees, commercial sex workers whose clients include, cross border truckers, traders and soldiers. ANCS jointly with medical personnel meet with administrative officials to select association to be trained to undertake activities. Twenty two (22) associations have been assisted in project proposal formulation and trained for intervention in different themes that include STIs,

community care of PLHA, counseling and testing, communication skills, drama, stigma and discrimination. Contracts have been signed with community radios to reach wider audiences and broadcasters attended workshops to sensitize them on treatment and care of people living with HIV. In 2005 eight radio presenters from ANCS community radio partner organisations were trained.

ANCS has capacitated the coalition of organisations against Drugs and HIV/AIDS which is a network of 7 organisations to develop a STI, HIV and AIDS prevention programme for drug users with an aim to reduce their vulnerability. With the support of a local consultant, a training manual which uses participatory methodologies suitable for the Senegalese context was developed. ANCS and the coalition are members of an inter-ministerial committee of action against drug abuse.

RAMUT is an organisation of artists, musicians, CSW and bar customers who have been trained by ANCS to communicate HIV prevention information through drama and music to commercial sex workers. The organisation has a long term relationship since the ANCS was founded but the organisation still experiences funding challenges that have affected programme implementation.

ANCS together with other civil society organisations are also involved in policy and advocacy activities for universal access to treatment and care. A situational analysis on the barriers to stigma and discrimination was undertaken and the results were shared with key stakeholders. The results have also contributed to a regional policy report on universal access to comprehensive treatment and prevention programmes.

ANCS was appointed Global Fund Principal Recipient for civil society and has signed a contract for $2.8 million. ANCS will be the Global Fund principal recipient of the civil society component of the Global Fund contract in Senegal for 2.5 years. ANCS will be responsible for disbursing onward grants to community-based organisations in Senegal. Global Fund 6th round resources will also be used to carry out advocacy activities to fight stigma a key ARP thematic component.

Successes

Small ARP grants facilitated strengthening capacity of community based partners which enabled vulnerable groups to be mobilized for prevention activities. The ARP enabled mobilisation of human, financial resources and technical support for specific vulnerable groups. During the period 2005 and 2006 four organisations partnering with ANCS reached 879 MSM in various cities in Senegal despite organisations having no offices and meetings held clandestinely (Table 1.1).

Table 1.1

Association	**MSM Reached**		
	2006	**2005**	**2004**
	Men	**Men**	**Men**
And liguey	-	407	157
Adama	67	-	63
Prudence	327	-	-
Yeewu yeete	78	-	-
Total	**472**	**407**	**220**

Community based organisations which have been capacitated through training of 110 resource people to conduct HIV prevention activities for populations living in border areas increased by 40% the people reached between 2005 and 2006. By end of 2006 the project had reached 22 229 people of whom 60 percent were women. Community radios are also discussing sexuality issues on radio which was previously taboo. Due to these discussions more pregnant women are accepting PMTCT; there is an increased acceptance of condoms and health workers reported declines in clients seeking STI treatment.

The program has increased visibility of the coalition against drug users members who are now able to express their opinions on community radios an important forum for HIV prevention work. Other key stakeholders like ENDA SANTE, the HIV department in the Ministry of health are now interested in their work. In 2005 ASPHUD organized 17 discussion groups, 5 community discussions and 6 group therapies reaching a total of 648 drug users.

There is also increased visibility of the ARP through its support for documentation of success stories. For example ANCS has documented a case study of the "Observatoire" which is a coalition of civil society that aims to

- Act as a national watchdog by critically examining the response to HIV and AIDS in Senegal
- Formulate constructive proposals and recommendations to improve the response

The coalition demonstrated that civil society has a capacity and role to play in influencing government policy development and not relegated to being a recipient of funds.

ANCS activities that were initially country projects have become regional due to the ARP. ANCS expertise facilitated development of successful interventions for MSM which has been taken up in the region and North Africa. Lesson sharing is within ARP and externally to other organisations and progress achieved in mobilizing MSM, their experiences of stigma and discrimination was used to develop the SD toolkit. The toolkit was shared with other ARP countries at the stigma and discrimination workshop in December 2006.

The forum organized by ANCS and Executive Secretary's active participation in one of the ARP thematic areas of policy and advocacy has resulted in the incorporation of anti-stigma and discrimination in the National HIV Strategic Plan 2007–2011. The executive director of ANCS joined other civil society to represent ARP work at the UNGASS+5 meeting in New York.

Challenges

- Some activities such as prevention of HIV among drug users were initiated without baselines or situation analysis and this might affect impact assessment resulting in unclear lessons learnt.
- Integration of policy and advocacy with prevention, treatment, care and support as well as involvement of recipients remains a challenge for ANCS. ANCS work is reaching out to MSM a key vulnerable group but MSM are not involved in policy and advocacy activities to address their public health problems in the same way as PLHA networks.
- Inadequate funding seriously affects program implementation of ANCS partner organisation. There are gaps at the beginning of each year when new proposals and funding are negotiated affecting continuity of activities.
- Vulnerable groups such sex workers and MSM still operate clandestinely; talks are not held in the same place twice. The population is very mobile hence there is need for intensified/concentrated programming when groups have been mobilized.
- Due to high levels of acceptance of condoms there should be a push for development of lubricants with microbicides for MSM similar to vaginal microbicides being developed for women.
- Regional projects are not formulated jointly and have different implementation levels hence an advanced partner does not benefit from partners at lower levels. While Zambia and Burkina Faso are learning from Senegal, Senegal needs to go on exchange visits outside the ARP to learn from advanced partners on policy and advocacy for universal access to treatment and care. However, Zambia is advanced in Stigma and discrimination work having produced toolkits and manuals for PLHAs which have been adapted in Senegal for MSM activities.

- Integrating poverty alleviation activities with HIV prevention remains a challenge because all vulnerable groups indicated the main cause for engaging in risky behaviour was poverty. Respondents reported that most MSM are in it for commercial sex work and not because of sexual orientation. The challenge for ANCS and other partners is where they should be focusing attention to reduce HIV high risk behaviour.

Recommendations

- There is need for meaningful funding for the ANCS partner organisations for up-scaling of successful projects and for sustainability of organisations.
- There is need to build capacity both at ANCS and civil society to enable them to engage policy and advocacy activities on issues that affect them.
- While ANCS has received Global Funding the organisation should continue to be funded by the ARP for issues not funded by the global fund such as lesson sharing, documentation and exchange programmes.
- ANCS should be engaged in exchange programmes with countries at a higher level of policy and advocacy or MSM activities to facilitate more sharing and learning. The Alliance through its wider network should identify countries beyond ARP which are more experienced such as South Africa and Ukraine. The civil society in these countries has been engaged in successful treatment policy and advocacy activities for a longer period.

2. Burkina Faso

2.1 Initiative Privee et Communataire Contre le SIDA (IPC)

Burkina Faso is the second most affected by the HIV pandemic in West Africa with a prevalence rate of 4.2%. HIV and poverty have heavily impacted economic growth in this poorly resourced country increasing vulnerability of PLHA, women, young people, orphans and migratory groups. The ARP supported IPC to engage in policy and advocacy work to improve universal access to comprehensive treatment and prevention programmes. At national level it was not clear how SD was to be addressed while civil society was also not organized to deal with the issue. The policy work is supporting the government to develop and approve a national strategic framework to protect the rights of PLWHA since the current national HIV/AIDS framework doesn't address the issue of rights of people and children affected. So far IPC has bee able to work with the Ministry of Human Rights to establish a national committee that will help push the policy agenda forward.

After the stigma and discrimination workshop for Francophone countries in Cote d'Ivoire where 6 people from Burkina Faso attended, the ARP supported IPC to hold a national workshop with 16 Organizations' and institutions to share the Stigma tools and set up a team to adapt them to the Burkina context. Three small grants have bee given to three community based organisations (AAS, FAM, and ABBEF) to implement small intervention to address stigma and discrimination faced by key populations like MSM, sex workers, PLHA especially within the health system.

IPC has also initiated formation of an Advisory Group for policy to address stigma and discrimination with membership from Ministry of Health, Ministry of Human Rights, AAS, Population Council, RGS, REIPIV, AXIOS, MSM, Youth Network and V positive. To address policy issues at national level IPC undertook capacity building for stigma issues by training leaders from key organisations such as the National Network of People Living with HIV/AIDS, PAMAC and IPC staff.

To respond to the HIV pandemic, the ARP has enabled IPC to work with community based organisation on prevention programmes for young people, prevention and anti-stigma activities for the disabled, providing care and support to PLHA and facilitating community support for orphans. IPC provides .

leadership, finance and capacity building to the community based organisations to enable quality project implementation. An integrated approach to improve the socio economic status of families affected by HIV and AIDS has been developed and it links families affected by HIV to micro finance. IPC has also supported the government to develop policy and a national strategy for OVCs.

Successes

- IPC helped civil society to participate in policy making for stigma and discrimination.
- The link between stigma and programming and policy work at national level is beginning to emerge. IPC has been successful to push and get the stigma policy agenda to be given a priority attention by the government and it is now fully integrated in the Ministry's agenda for 2007.
- Stigma and discrimination situation analysis is now being completed which was used to prepare for the national forum on stigma, discrimination and HIV/AIDS. The results will guide the Advisory Committee to develop appropriate policies to address stigma and discrimination.
- Sensitized health workers have become more accepting of vulnerable groups and reduced stigma in health settings.
- The country is more experienced and more open to other countries due to exchange programmes and lesson sharing.

Challenges

- Documentation of case studies on prevention activities were delayed due to lack of technical support.
- It was reported that there is limited clarity on what should be reported to the Alliance on policy and advocacy process issues at national, regional or international level. The policy technical support person in the secretariat is not very clear on the role the organisation should be playing.
- Ministry of Human Rights seems to have a parallel process for addressing stigma and discrimination with a focus on the work place yet they are supposed to be part of the advisory group and working towards reducing vulnerability among marginalized groups.
- Grants given to community based organisations are inadequate, the process to access them are cumbersome and disbursement is delayed.
- Translating regional vision into an implementable country programs has been a challenge because of lack of capacity or due to inadequate technical support. The work on policy was delayed due to lack of capacity and lack of a technical support person from the secretariat.
- ARP has too many demands on linking organisations with staff citing that there are too many ARP conference calls, meetings and reports; a case in point being development of a regional level UNGASS policy paper. The high turnover of staff at the secretariat has resulted in the secretariat support person not being up-to date with issues.
- The Zambian initiated Stigma and discrimination project does not address policy, may not reach key policy makers who influence people through the follow the leader principle.
- M&E support from the secretariat was reported by respondents to be irregular and ad hoc. Respondents want a clear agenda from the M&E department.

Recommendations

- Improve funding for innovative approaches to ensure successful outcome.

- Mentoring by other linking organisation helps to push projects to the same level. There should be more sharing of lessons to enable faster implementation and mentoring by ANCS would have pushed faster the stigma and discrimination policy development.
- More regular support meetings from the M&E department and a system that will address different donor needs.
- The ARP framework should give direction to strategy with key indicators that are clear because partners were also of the opinion the MRS captured mainly quantifiable indicators. For example Indicators for policy and stigma work do not adequately give an account of activities.

2.2 Project Orange

Project Orange is a project under AAS an organisation started in July 2003 in Burkina Faso which provides treatment and care to people living with HIV. Project Orange is an ART programme set up as a pilot to show that communities can support and provide ART to those who need them as part of a comprehensive package that includes HIV prevention care and support. The project initially targeted 300 people but was only able to provide treatment to 150 clients by the end of the 3year project. The proportion reached by the project is difficult to assess because there was no situation analysis at the initial stage. However about 60% of the clients are very poor and of these 70% are widows while MSM are very few due to higher levels of stigma for this group. The project started Adherence House an initiative to improve drug compliance. Non compliant clients spend time in the house and are monitored for a month whilst being taught how to adhere to drug regimes.

Success

- Due to the success of the project the Brazilian government gave the organisation an additional 80 treatments resulting in 150 people getting treatment through the ARP initiative.
- Clients receiving treatment are more positive, planning for the future and have stopped thinking about death all the time.
- Over 80% of the clients are increasing weight and 86% increased their CD4 to over 200.
- Clients are also planning marriages and to have children.
- Respondents highlighted that ART is a good way to fight stigma with clients on treatment living normal healthy lives. More people are also disclosing their status in order to be identified in the community as clients requiring treatment.
- Availability of ART has increased demand for VCT because clients know something can be done about their illness.

Challenges

- Demand for services is high but the organisation has inadequate finances to put more people on treatment. The process to have funds disbursed is very long.
- A change in prices of drugs is affecting not only the number of clients who could be put on treatment but also makes it difficult to keep those already on treatment.
- The challenge is to ensure clients adherence to treatment so that they do not develop drug resistants.
- Project Orange is unclear about their relationship with the ARP since they do not participate in most ARP meeting yet they report directly to the secretariat. However as from January 2007 AAS was to start reporting ARP supported activities to IPC.
- Both MRS and financial reporting systems were reported to be difficult and cumbersome. Other staff members cannot produce reports and the system is continually changing.

Recommendations

- Language is a barrier in communicating with the secretariat and sharing of information hence staff should be equipped with either English or French and a budget line must be created for this because some of the staff in the secretariat are not very proficient in French.
- More resources should be availed for innovative programs to ensure a successful outcome.
- Acknowledge and encourage country or link organisations innovative initiatives so that policy or programmes are designed at all levels. While the Adherence was an initiative started at community level it has developed into an innovative approach to improve drug compliance.
- More staff members should be trained in MRS and financial reporting systems to ensure continuity.

3. Zambia Country Office

The International HIV/AIDS Alliance Zambia Country office was established in 2001. In partnership with a number of donors the Alliance Zambia Country Office provides technical support to local organisations to build their capacity to respond to HIV/AIDS. Alliance Zambia aims to give communities tools to challenge perceived role within society that can disempower women and men in the fight against AIDS and contribute to inequality. Three ARP projects are housed in the Zambia Country Office; a) Regional Stigma Project b) RYP implemented by YHHS c) Project ACER. The RYP and Project ACER will be reported here while the stigma reported will be reported on separately.

3.1 Project ACER

The ARV Community Education and Referral Programme (ACER) has been implemented by the Zambia Country office since 2002. It links communities, traditional healers, home carers, positive people's groups and church groups with government health services. The project employs people openly living with HIV to promote uptake of treatment, to support treatment adherence and to promote prevention efforts in community and clinic settings. It is being implemented in Ng'ombe compound of Lusaka, in Nkwazi compound of Ndola and the fishing camps of Kazungula near Livingstone. The program has seven members of staff; one programme manager, 4 treatment support workers (TSW) and 2 treatment mobilisers (TM). The TSW and TM are all people living with HIV/AIDS with experience in working with communities as well as in health facilities.

In Lusaka they work from UNZA clinic and they provide voluntary counselling, ART and CD4 count services. In Ndola they are working with the ART clinic of Ndola General Hospital which is a referral centre for various Ndola clinics including the community catchment area of Nkwazi compound. Currently, the program does not have staff based in Livingstone, so they work with a community based organisation called Fish Mongers Association to educate the community. This CBO works very closely with the District Health Management Team (DHMT) clinic to conduct mobile CT services twice a month visiting fishing camps and villages around Livingstone and Kazungula and they refer clients to Livingstone General hospital.

The other component of ACER is the research component which is supported by the Population Council and implemented by the University of Zambia. The research wing of the project is responsible for establishing baselines, evaluating performance and disseminating findings. They are currently working on the evaluation of the programme.

The program activities include to;

1. Provide adherence counselling and support to people living with HIV that are on ARV treatment
2. Provide supportive counselling to counsellors in health facilities in Ndola and Lusaka
3. Distribute condoms for HIV/AIDS prevention amongst people living with HIV/AIDS

4. Conduct ART health talks at health facilities in Ndola, Lusaka and Livingstone.
5. Support community based organisation to mobilise communities for ARV treatment
6. Formation of support groups

Successes

- A notable reduction in stigma levels was reported. In Ndola it was reported that the Home Based Care Centre was now being highly utilised although in the past people used to call it an AIDS centre
- Large numbers of the people want to join the program which unfortunately has reached its limit
- The program has helped to destigmatise traditional healers who have also learnt about HIV/AIDS.
- The Medical Officer at Ndola hospitals reported that the presence of Treatment Support workers at the hospital and in the community has helped medical personnel and traditional healers to come out in the open about their status and it was reported that stigma among staff is greatly reduced
- It was reported that due to increased adherence, morbidity rate has gone down
- ACER has increased access to technical support from ARP and this has enhanced quality programming
- TSW have increased the numbers of staff at the clinic and lightened the workload
- Recognition of traditional health practitioners as partners in health. Members of the Traditional Health Practitioners Association of Zambia were trained to mobilize people for testing and treatment
- Networks have been formed with other CBOs and NGOs who are supplying condoms and IEC materials
- Partners are still committed and referring clients even though funding has not been forthcoming

Challenges

- ACER was designed as a small project with no component for roll out and there is high demand for services which the organisation can not meet due to financial constraints.
- While ACER was designed to cater for adults, a lot of children are referred to the organisation and it has become apparent that ACER must include paediatric treatment and counseling.
- ACER was plagued by inconsistent flaw of funds which affected program implementation and created insecurity for project staff. Grants to CBOs came to an end in December 2005 and between January and June 2006 no funds were provided to CBOs.
- NZP+ and the Catholic Archdiocese in Ndola have not been receiving the grant in the past year because they failed to account for funding disbursed in the past resulting in project activities not taking place.
- Some clients under the project lost their jobs due to sickness and fail to secure jobs when they get well after receiving ARV treatment. It will be important to assist clients with income generating activities so that they have money to buy nutritious food which is essential for patients on ARVs.
- While it is clear that the ACER project has a positive impact on PLHAs, it is not well documented. Success stories have not been documented and ACER has remained a small project which is not well known even within Zambia. ACER has a lot to learn from Project Orange which is a well documented and publicized program which also has a component of income generation.

- ACER Ndola project staff do not have premises to operate from and face challenges in communication with the Zambia country office.

The major lesson learnt from implementing the project is that activities shortened the preparation process to commence treatment, promoted adherence and increased community support to those that are on treatment. Working with PLHAs on treatment helped reduce stigma in the community and at health facilities because clients could see the benefits of adherence to treatment.

Recommendations

- The ACER model is a successful model that should be incorporated into national strategies and plans e.g. the Zambia HIV/AIDS Policy Framework.
- Future phases of ACER should explore the feasibility of supporting income generating activities and nutritional support for PLHAs
- There is need for better documentation of activities under ACER to give more visibility to the project.
- While the ACER is a small project it has potential to be expanded into a regional program for the SADC
- The opportunity to scale up work on pediatric treatment is possible with partnership of organisations such as UNICEF

3.2 Regional Youth Programme (RYP)

The Regional Youth Program was developed and funded by DANIDA as part of the Africa Regional Program. The funding for RYP is ring fenced to ensure that proposed activities are carried out. The main focus of RYP is prevention with referral for services like VCT, STI treatment and ART. The target population is young people aged between 10–24 years in the context of high prevalence, generalised epidemics in Zimbabwe, Zambia and Malawi. The activities of RYP are aimed at addressing the specific causes of sexual vulnerability and recognise that young people need comprehensive sexuality education on puberty, ASRH rights and responsibilities.

Young Happy Healthy and Safe (YHHS)

In Zambia the implementing partner for the RYP is Young Happy Healthy and Safe and the organisation is working in 13 schools in 5 sites in Chipata district in Eastern Zambia. YHHS aims to increase the number of young people

– With accurate and comprehensive knowledge about ASRH issues
– With rights based attitudes towards sexuality and relationships
– With psycho-social skills such as assertiveness, decision making and problem solving
– Who delay sexual debut and use condoms if they are sexually active

It also aims to increase community dialogue and discussion in several adolescent and reproductive health issues in which rights, health, gender and factors influencing sexual behaviour are addressed.

Manuals that target pupils and teachers have been produced and are used in schools to discuss sexuality and life skills. Boys are taught to delay sexual debut by not using sexually arousing herbs, to respect girls and avoid coercing them to have sex. In Chewa culture girls are taught at puberty how to perform sexually but from YHHS program girls learn how to delay sex, managing of sexual urges and prevention of HIV/AIDS. To create a safer environment for in and out of school young people – teachers, children, parent-teacher associations, community leaders, police and Ministry of Education are working together through advocacy for cultural change.

Understanding of the RYP

YHHS program officers had no understating of the ARP and the fact that RYP is part of the ARP. They only understood that they were part of the RYP and this could be attributed to limited lesson sharing with the ARP as RYP partners do not participate in ARP meetings.

Successes

- Under the RYP there has been sharing of resources for example Choices has been translated to Chichewa by Malawi and Zambia and is being printed in French for distribution to the francophone countries.
- The project has successfully incorporated participatory approaches from the region into young peoples' programs e.g. theatre, participatory methodology
- YHHS has benefited from the regional program by sharing with other RYP countries, joint addressing of challenges and development of materials
- Communities have been mobilised, formed multi-sectoral committees to oversee and move forward activities aimed at improving ASRH well being of young people
- Working with key stakeholders in the community has created an enabling environment for young people to use the life skills they learn in and out of school. There is less resistance to discussions of reproductive health issues in the community and it was reported that communities are talking more openly about sexuality with the young and old.
- Health services have become more accessible and young people indicated they feel free to go to health centres to seek reproductive care including treatment for STIs
- Initiation advisors have been capacitated to refrain from harmful cultural practices through knowledge gained from training

Challenges

- Late disbursements of funds affected program implementation
- PEPFAR funds are for abstinence only programs which has made it difficulty for Zambia to provide young people with all the prevention options including condoms
- Poverty, hunger and lack of transport make it difficult for girls to stop transactional sex
- The challenge is to keep peer educators who are volunteers motivated
- There is not much sharing across the ARP because YHHS partners do not participate in any ARP meetings and it was reported that there is inadequate funding for exchange visits and technical support.

Recommendations

- Models should continue to be disseminated, resources developed and skills more widely replicated in RYP countries and the ARP through national or regional youth networks
- There is need for more technical support and mentoring closer to the organisation to improve programming and to be more responsive to challenges
- Adopt lessons learnt from other countries e.g. set up Kids Clubs which help orphans to deal with psycho-social issues
- Strengthen VCT referral systems and work with young positives

- Strengthen gender and sexuality work; conduct more anti transactional sex and child abuse activities by empowering young people to resist and report perpetrators
- The project should be linked to national advocacy and policy to influence comprehensive prevention activities.

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