Sida Evaluation 05/21:6

Turning Policy into Practice: Sida's implemention of the Swedish HIV/AIDS strategy

Zambia

Pol Jansegers

Department for Evaluation and Internal Audit

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Author: Pol Jansegers

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SWEDISH INTERNATIONAL DEVELOPMENT COOPERATION AGENCY
Address: SE-105 25 Stockholm, Sweden. Office: Sveavägen 20, Stockholm
Telephone: +46 (0)8-698 50 00. Telefax: +46 (0)8-20 88 64
E-mail: sida@sida.se. Homepage: http://www.sida.se

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List of abbrevations and acronyms

AFRA	(Sida's) Department for Africa
AIDS	Acquired Immune Deficiency Syndrome
ARVs	Antiretroviral drugs
ASP	Agriculture Support Programme
BDS	Business Development Services
CBOH	Central Board of Health
CHAMP	Comprehensive HIV/AIDS Management Programme
CHAZ	Churches Health Association of Zambia
DESO	(Sida's) Department for Democracy and Social Development
DFID	Department for International Development (UK)
DHMT	District Health Management Team
GRZ	Government of the Republic of Zambia
HEARD	Health Economics and AIDS Research Department
HIP	Harmonisation in Practice Initiative
HIV	Human Immunodeficiency Virus
ILO	International Labour Organization
IOM	International Organization for Migration
MACO	Ministry of Agriculture and Cooperatives
MAP	Multi-country AIDS Program (World Bank)
MFA	Ministry of Foreign Affairs
MoU	Memorandum of Understanding
MSEK	Million SEK
NAC	National HIV/AIDS/STI/TB Council
NGO	Non-governmental organisation
NORAD	Norwegian Agency for Development
NZP+	Network of Zambian People Living with HIV/AIDS
PEPFAR	President's Emergency Plan for AIDS Relief
PLWHA	People living with HIV/AIDS
PRSP	Poverty Reduction Strategy Paper

RATN	Regional AIDS Training Network
SEK	Swedish Krona (1 SEK = 0.11 Euros)
Sida	Swedish International Development Co-operation Agency
SME	Small and medium-sized enterprises
STI	Sexually Transmitted Infection
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNICEF	United Nations Children Fund
USAID	United States Agency for International Development
WB	World Bank
WFP	World Food Programme
ZNAN	Zambia National AIDS Network

1. Introduction

Case studies in four selected countries, Bangladesh, Ukraine, Ethiopia and Zambia constitute the third part of the evaluation of Sida's implementation of Sweden's HIV/AIDS policy "Investing for Future Generations".

Zambia was one of the twelve countries for which the country strategy was reviewed in the first part of the evaluation, in order to assess to what extent the four strategic areas of support stated in the IFFG had been taken into account at the various levels of development cooperation.

The present case study will try to assess how the IFFG, through the country strategy, has been transformed into concrete action, i.e., how effective it has been in enabling Sida to make an appropriate and adapted response to HIV/AIDS in Zambia.

The evaluation mission was performed between Tuesday 30 November and Monday 13 December 2004 by Pol Jansegers, one of the members of the core evaluation team. The mission time table is attached in Annex 1. Time was essentially divided between interviews of key informants, the review of a number of country-specific documents, and two field visits. The lists of persons met for discussions, of documents reviewed and of Sida supported projects are attached in Annexes 2, 3 and 4.[1]

After a short description of the country's HIV/AIDS situation and Sida's development cooperation with Zambia (Chapter 3), the detailed findings of the evaluation mission are listed and analyzed (in Chapters 4 and 5), where, after a set of recommendations are provided to Sida's head office, to the embassy and to the Lusaka-based regional HIV/AIDS team for Sub-Saharan Africa (Chapter 6).

The author wishes to express his thanks to all the persons who have given their time for interviews, not the least to the staff of Sweden's embassy in Lusaka, including the members in the regional HIV/AIDS team for Sub-Saharan Africa, and to Jubilee Silwizya in particular, for the preparation of this mission. Special thanks go to Dr Simon Mphuka, Director of Programmes of the Churches Health Association of Zambia (CHAZ), for accepting to be the national consultant for this evaluation and to make himself available in spite of a busy work schedule.

2. Summary of findings and recommendations

- Zambia is a country with a mature HIV/AIDS epidemic and a very visible impact of AIDS on all sectors of the society. Using the same scoring system as in the desk study where country strategy documents were reviewed, it would definitely have the maximum score of three, which indicates an extremely serious HIV/AIDS situation, combined with strong links between the epidemic and all sectors for development cooperation.

  On the other hand, if Sida's work in Zambia had to be summarized in one sentence, one could say that, at the present, it also reaches the highest score (three) on the scale of intensity of mainstreaming HIV/AIDS in development work. The increased attention to HIV/AIDS has not been uniform however: it seems to have become more pronounced since 2002–03, indicating that a relatively substantial time lag before the guiding principles of the IFFG could to be translated into concrete action.

1 Except for the agriculture sector, which has only one big project, the ASP (described in section 4.2.2).

Two striking – probably inter-dependent – factors have most likely played an important role in this development:

– the high degree of AIDS competence of the staff at the embassy and the regional HIV/AIDS team staff, and

– the very high visibility of HIV/AIDS-related issues in each and every activity of the society.

Although it is difficult to appreciate the influence of the various other factors in play, the trend observed would indicate that, for instance, the more recent instructions for scaling up the response to HIV/AIDS have been necessary to give additional strength to the IFFG. One can also conclude that the establishment in 2002 of both the HIV/AIDS secretariat at the head office and the regional HIV/AIDS team in Lusaka has been instrumental in boosting the implementation of the IFFG.

- Sweden's HIV/AIDS policy, as it was laid down in "Investing for Future Generations" (IFFG), is generally recognized by all staff as the guiding principle for their work. Most of them see it primarily as an analytical and conceptual framework, convenient to be adapted to specific situations. As such, the IFFG is still a valid and useful document. However, the practical aspects of the strategy are lagging behind in terms of the today's importance of mainstreaming HIV/AIDS, and of the role of AIDS treatment. In fact, the guidelines and more recent instructions made by Sida's head office and the MFA may be considered as adjustments and complements to the strategy.
- Meanwhile, HIV/AIDS has been effectively integrated in Sida's development work in Zambia, and mainstreaming HIV/AIDS has become the 'natural way' of doing development cooperation for Sida staff. The same is true for other cross-cutting issues like gender and human rights, which reinforce rather than compete with each other.
- The absence of an appropriate, 'AIDS-sensitive' and non-discriminatory workplace policy for embassy staff is in sharp contrast with the above, and could be potentially counter-productive, as it elicits criticism among national and development partners.
- Sida was recognized by many of their peers as advocating for more coordination in the support from development partners. Sida plays a leading role in establishing joint financing agreements with a number of other bilateral donors of the so-called 'like-minded group', which favours coordination and is an opportunity to lobby for the adoption of progressive policy and innovative strategies.
- Sida's support to projects and programmes that specifically target HIV/AIDS is relatively minor in comparison with total support in the health sector as well as in other sectors of development cooperation, i.e., essentially agriculture and democratic governance.

  In addition, the share of support going to NGOs is quite marginal, compared to the amount of bilateral aid to the government. This is justified as follows:

  – focus on HIV/AIDS is present in every project/programme through effective mainstreaming (the Agriculture Support Programme may be cited as an example of this,

  – bilateral aid, especially budget support, is better adapted to Sida's working conditions in the field, particularly the relatively limited amount of staff available, and

  – the small amount of support to NGOs is in a certain way the consequence of effective coordination with other development partners, who target civil society on a preferential basis.
- The translation of the country strategy into concrete projects/programmes is in fact very much demand-driven: generally, the selection on what to support is made from project proposals submitted.

That selection is based on the proposals' coherence with the country strategy document, and, thus, on their adherence with national priorities and with Sweden's policy on development cooperation in general, and on HIV/AIDS in particular.

Sida allows for substantial flexibility in that process: within their respective annual budgets and 'right to enter into financial commitments', the embassy and the regional HIV/AIDS team can take funding decisions up to 50 MSEK.[2]

This demand-driven aspect and the importance of core funding to the Ministry of Health make it essential to thoroughly review the proposals and requests for support for their coherence with the IFFG, and to closely monitor their implementation.

- Since Sida relies very much on national partners for the implementation of their projects/programmes, the lack of institutional and human capacity in the public sector (especially the NAC) as well as in civil society (and even more so among the PLWHA) constitutes a serious constraint to the implementation of the IFFG.
- The availability of substantial international funding for HIV/AIDS (Global Fund, the World Bank's MAP, PEPFAR, etc.) constitutes a unique opportunity for Sida to concentrate on capacity building and coordination, which are two essential elements in the IFFG.
- The regional HIV/AIDS team is a highly professional team, with a great team spirit. The work it does for scaling up the Swedish response to HIV/AIDS in Sub-Saharan Africa is impressive. It is a precious source of direct help for Sida staff at Sweden's embassy in Lusaka, and probably also in other African countries.
- The main recommendations of this report are the logical outflow of the above. They may be summarized as follows:

Recommendations to Sida's head office:

– To continue to advocate for the development and application of an appropriate and all-inclusive workplace policy for all embassy staff, national as well as 'sent-out'.

– To allow appropriate budget allocations to institutional and human capacity building in the project proposals submitted by cooperation partners.

Recommendations to Sida – Zambia:

– To repeat the AIDS competence building exercise among its staff (support staff as well as professionals), and to extend it to their dependents. To promote AIDS competence building among other stakeholders as a means to build and strengthen local response.

– To scale up support to the civil society, especially in the field of capacity building.

– To promote the greater involvement of PLWHA in the response to HIV/AIDS, through pro-active recruitment of a PLWHA to the embassy staff. To support specific training and capacity building for that purpose, within associations of PLWHA.

– To continue reviewing project proposals for their explicit adherence to national priorities and strategies, and to Sweden's policy and principles, in particular concerning mainstreaming of HIV/AIDS, gender, environment, etc.

– To continue to play a leading role in the coordination of development partners, through advocacy in stakeholders' meetings, basket funding agreements, etc.

2 MSEK means million Swedish kronor (1 SEK = 0.11 Euros).

– To take appropriate measures to ensure that field experience is properly documented in selected projects, for example by requesting the inclusion of a documenting activity in the project proposal as a condition to access funding, and allowing adequate budget allocation for it.

Recommendations to the regional HIV/AIDS team for Sub-Saharan Africa:

– To organize AIDS competence building exercises for professional and support staff in Swedish embassies in other African countries

– To take the opportunity of the upcoming development of the new Swedish strategy for support for regional and sub-regional development cooperation in Sub-Saharan Africa in 2006, to strengthen the mainstreaming of HIV/AIDS in regional overall development work.

3. Background: HIV/AIDS situation and Sida's cooperation with Zambia

According to the most recent census in 2000, Zambia has a population of 10.5 million, with 45 per cent under the age of 15. According to UNDP's 2004 Human Development Report, the country ranks 164th out of 177 countries, with a Human Development Index (HDI) of 0.389 (the average for the Least Developed Countries is 0.446).[3]

Beginning in 1984, the HIV/AIDS epidemic has spread very rapidly, affecting primarily the major cities of the country. By 1998, the epidemiological sentinel survey indicated a national HIV prevalence rate of 19.7 per cent among the adult population, but several major cities showed infection rates of around 30 per cent. More recently, however, encouraging trends were recorded among young pregnant women in several sites, but these cannot be extrapolated to the whole country.

Likewise, the Zambia Demographic and Health Survey 2001–2002 showed an average HIV infection rate of 16 per cent among the population between 15 and 49 years. UNAIDS estimates that around one million people were living with HIV at the end of 2003.[4] The epidemic is one of the most feminized in the world, with some places demonstrating an HIV prevalence of 18 per cent among women, against 13 per cent among men. Married women, in turn, have higher infection rates than their single, never-married counterparts.

The impact of the HIV/AIDS epidemic on morbidity and mortality is already very visible: Zambia is one of the nine African countries where life expectancy at birth has dropped below 40 years.[5] According to the UNDP Human Development Report 2004, it was down to 32.7 years in 2002 (making it the lowest in the world!). This, of course, has substantially increased numbers of orphans and child-headed households (estimated at about 11,500 in 2004), and deepened poverty of the general population. The impact on labour force is devastating, e.g. about 1,400 teachers died of AIDS during the year 2000 alone.

Starting in 1965, Sida has a long history of development cooperation with Zambia. In 2004, the volume of that cooperation reached around 200 MSEK, allocated mainly to the sectors of health (80 MSEK) and agricultural sectors (48 MSEK). Another important area of support is democracy and human rights, with a budget of 25 MSEK. In the country strategy for 2003 to 2007, it was clearly stated that HIV/AIDS should be mainstreamed into all Swedish development cooperation projects and programmes.

3 The Human Development Index is a combination of health, education and economic indicators.
4 UNAIDS, "2004 Report on the global AIDS epicemic".
5 UNAIDS, WHO, "AIDS epidemic update December 2004".

Support to the education sector was discontinued in 1997, as the then prevailing conditions could not justify continued Swedish assistance. Several other bilateral agencies currently provide pooled funding to the Ministry of Education, but Sida is not among them. The needs for mainstreaming HIV/AIDS in the education sector are still considerable.

4. Detailed findings of the evaluation

4.1 Sida country staff

4.1.1 Working relationships with Sida's head office, the regional team, and other embassy staff

The work of most embassy staff is in one way or another related to development cooperation, so – at least for the purpose of this case study – there is no noticeable difference between "Sida" and "embassy" staff. For easy reference, an early 2004 description of the staff of the embassy (including the regional HIV/AIDS team for Sub-Saharan Africa) is attached in annex 5. All staff members involved in the present evaluation are the same as in that description, except for Pär Eriksson, who replaced Anna-Carin Kandimaa in August 2004. Pär Eriksson's duties are half bilateral and half regional. In the regional team, an additional adviser on culture and media arrived recently, and will spend 20 per cent of her time on HIV/AIDS.

Nine embassy staff members were interviewed during this mission, including the head of administration and eight professionals directly involved in development cooperation, among them the ambassador, Mrs Christina Rehlen. The latter is a former Sida staff, which may account for her knowledge of and sensitivity to development issues and HIV/AIDS.

The regional HIV/AIDS team for Sub-Saharan Africa is located in one of the buildings of the embassy, and there are very close working relationships between the entities. For practical reasons, the regional team will be discussed separately however, under section 4.3 below.

Working relationships also seem to be very good among the embassy staff, and there is a good division of responsibilities between Swedish and Zambian staff members. Sida staff at the embassy in Lusaka is also in a very privileged position, as they can take benefit of the proximity and direct technical assistance from the regional HIV/AIDS team.

Both the embassy and the regional HIV/AIDS team have substantial authority in the recruitment of their staff: for expatriate staff, they share this authority with Sida's head office, while they have the entire responsibility for the recruitment of national staff.

4.1.2 "AIDS competence"[6]

AIDS competence seems to be excellent among all staff interviewed, on a personal as well as on a professional level. In the midst of 2003, the embassy in collaboration with the regional HIV/AIDS team organized a series of specific HIV/AIDS sensitization and awareness-raising meetings at the embassy, for both professional and support staff (secretaries, drivers, etc.). The 'Comprehensive HIV/AIDS Management Programme' (CHAMP), the local organisation that ran the workshops, has an excellent reputation in that area in Lusaka, and apparently did a very good job. The embassy is planning to repeat the experience in 2005 for new staff, and as a 'refresher' for the other staff.

6 The AIDS Competence Programme of UNAIDS/UNITAR (UN Institute for Training and Research) describes 'AIDS competence' as follows: *"AIDS Competence means that we – as people in families, communities, in organisations and in policy making – acknowledge the reality of HIV and AIDS, act from strength to build our capacity to respond, reduce vulnerability and risks, learn and share with others and live out our full potential."*

HIV/AIDS, which is literally an integral part of everybody's daily life in Lusaka,[7] is also being discussed in various contexts in professional and other meetings.

4.1.3 Familiarity with, and attitude towards, the IFFG

All staff interviewed know about the 'Investing for Future Generations" document, and recognize it as the overall HIV/AIDS policy of Sweden. In fact, many staff members see it more as an analytical tool and a conceptual framework than as a 'strategy', which in fact makes it a more flexible tool to guide them in their development work.

However, most of them agree also that the emphasis of some of the strategic goals of the IFFG should be better adapted to the present realities: for instance, more focus on treatment, including ARV, more explicit promotion of the 'HIV/AIDS mainstreaming' concept, etc.

4.1.4 Attitude towards mainstreaming HIV/AIDS in development work

With no exception, staff find that mainstreaming of HIV/AIDS needs to be done on a routine basis in all development work. This is no surprise, given that HIV/AIDS is literally everywhere, and in everybody's life, in Lusaka. The embassy staff also demonstrate a clear perception of the concept as a 'way of doing development work', and of its additional value to integrate HIV/AIDS components into projects in various sectors.

It follows that HIV/AIDS is effectively being mainstreamed in all projects and programmes supported. Several informants mentioned that mainstreaming of HIV/AIDS had been requested in project proposals submitted for support, before they could be accepted for funding. For instance, that was the case with the Business Development Services (BDS) and the Agriculture Support Programme (ASP).

4.1.5 Relationships with:

- *National cooperation partners*

  Most – bilateral as well as multilateral – of the development partners interviewed, seem to adhere to the "Three Ones" principle (one action plan, one coordinating authority, one monitoring and evaluation system with regard to HIV/AIDS), and so does Sida. The national strategic framework for HIV/AIDS is in principle at the centre of all planned interventions. In addition, budget support and basket funding strengthen the ownership of the government, by putting it 'in the driver's seat'.

  However, management capacity at the National HIV/AIDS/STI/TB Council (NAC) is said to be very limited, and seems difficult to improve: the position of director general has been vacant for one and a half years (in the meantime, there is an acting director general, though). Due to unattractive salaries, political influence in appointments, etc., adequate human resources are often unavailable, even for capacity building made available by development partners.[8] The NAC, which according to the latest work plan was supposed to have a 40-person strong team by September 2004, has only 13 staffs at the present!

  This issue is being addressed by several donors, among them the World Bank and Sida. Together with four 'like-minded' bilateral cooperation agencies (Norway, the Netherlands, Ireland and Great Britain), Sida is now planning to provide joint funding for the strengthening of the NAC, in particular its secretariat. A joint financing agreement is ready, but had not yet been signed at the time of this mission.[9]

7 It is, for example, striking that HIV and AIDS-related issues are brought up in about half of all the articles – including those on sports and entertainment – in local newspapers every day!

8 Of the two million USD budget for training that was made available by the WB in 2003, only 170,000 have been effectively used so far.

9 In the meantime, the agreement was signed on 12th of January 2005, and the first disbursement has already been made.

- *Other development partners*

  With the growing number of actors and increased volume of support, coordination among development partners has become even more crucial. Sida is a member of most of the important coordination mechanism in the field of HIV/AIDS, i.e. the Expanded Theme Group on HIV/AIDS, and some of the technical working groups at the NAC.[10]

  According to various informants, from outside as well as from inside the Swedish embassy, Sida has increasingly focused on inter-donor coordination, and has often taken the lead, not only among the so-called 'like-minded' development partners, but also in broader circles. It was already a leading agency in the development of the "Harmonisation in Practice Initiative (HIP) in 2003, and is now, together with six other bilateral donors, the UN System and the World Bank, a co-signatory of the memorandum of understanding called "Co-ordination and Harmonisation of Government of the Republic of Zambia/Donor Practices for Aid Effectiveness in Zambia" (April 2004).

  Important agreements in this memorandum are the following:

  – leadership remains with the government

  – the government commits itself to the implementation of the Poverty Reduction Strategy Paper (PRSP), which will serve as an overall framework for national priority setting and planning

  – donors commit themselves to a better coordination and harmonisation of their support.

4.1.6 Sida's workplace policy on HIV/AIDS

Although the issue has been brought to the attention of Sida and the Swedish authorities for a long time, and despite pressure from the – Swedish as well as national – field staff, Sida does not at the present have an explicit, all-inclusive workplace policy for its staff. For example, if the prevailing rules should be strictly applied, a Zambian staff member's direct family members would not be entitled to health insurance, let alone treatment for HIV/AIDS-related illness.

According to our informants, the argument put forward by the Swedish Ministry of Foreign Affairs (MFA) seems to be that putting such policy in place is complicated since it would necessarily have to apply for all Swedish embassies in the world. However, the absence of an appropriate workplace policy, valid for national as well as Swedish staff and including HIV/AIDS issues, could somehow hamper harmonious working relationships among the embassy staff, which, in Lusaka, is otherwise truly excellent. It also gives a blurred image of Swedish development cooperation, which on the one hand advocates such workplace policy to its cooperation partners, and on the other hand denies it to its own staff.

In the meantime, the embassy has – quite luckily – not yet been confronted with HIV/AIDS cases among its staff, and negotiations are under way with a local insurance company in Lusaka, to ensure health care coverage to Zambian staff's relatives. (However, this company has so far refused to cover STD and HIV/AIDS.)

4.2 Projects and programmes supported by Sida

4.2.1 Specifically targeting HIV/AIDS

As already mentioned, the main areas for Sweden's development cooperation in Zambia are health and agriculture, and to a lesser extent – at least in budgetary terms – democratic governance, private sector development, urban development and energy.

10 For the Country Coordination Mechanism (CCM) of the Global Fund, the donors have agreed on a rotation system. For the moment, the Netherlands, USAID and the World Bank represent the donor community.

By far the most important of the sectors supported is the health sector, with a total of around 90 MSEK to be spent in 2004.[11] Yet, only a relatively small portion of this support is used for projects and programmes that directly target HIV/AIDS. For the period 2002–2005, with a total support of 292 MSEK, the portion used for specific HIV/AIDS projects/programmes was 16 MSEK (or 5.5 per cent). This includes support for:

- institutional capacity building for the NAC, in a concerted effort with four development partners from the 'like-minded group' (the joint financing agreement dated 16 November 2004, for a total amount of about five million USD, to which Sida will contribute 4.5 MSEK, still has to be signed), and
- three projects implemented by national NGOs: Edu-Sport, Trendsetters (a youth media group with strong focus on HIV/AIDS and sexual health and rights), and the Zambia National AIDS Network (ZNAN).[12]

Table one below gives the breakdown of the 292 MSEK budget for 2002 to 2005 according to the focus (i.e. health or HIV/AIDS) and the channel used, as follows:

(MSEK)	Health	HIV/AIDS	Totals
Government	263.5	5	268.5
NGOs		7.5	7.5
Other	12.5	3.5	16
Totals	**276**	**16**	**292**

The table also demonstrates that only a very small share of health funding goes to NGOs (2.6 per cent), which seems to confirm an often heard remark in civil society circles: "Sida is for bilateral cooperation with government. If you [as an NGO] want support, go to Norad".[13] It should be recognized that support to NGOs is relatively more labour-intensive, and hence less adapted to Sida's working methods that rely on relatively few staff in the field. Again, Sida may wish to consider the priority needs of the country in relation with scaling up HIV/AIDS activities, in the context of a significant human resources crisis in the public as well as in the private sector.

Following the various instructions from Sida's head office and more recently the MFA (i.e. a letter dated 6 August 2004 in which the MFA clearly spelled out its "will to dramatically increase the HIV/AIDS-oriented assistance through Sida"), an additional 25 MSEK have already been budgeted for the period 2005 to 2007 for specific HIV/AIDS projects.

4.2.2 Overall development projects and programmes that include HIV/AIDS components and/or mainstreaming

The largest part of the health sector support goes to budget support for primary health care: the so-called 'district basket' and 'hospital basket', with budgets of 168 and 45 MSEK respectively, for the period 2002 to 2005, out of a total budget for health funding of 276 (see Table 1).

The achievement of HIV/AIDS mainstreaming in this support is based on the assumption that the government takes HIV/AIDS effectively into account in the routine delivery of health services, something that could be verified through interviews with key-informants as well as during a field visit to the Lusaka District Health Management Team and the District Health Centre (DHC) of Kalingalinga. Just a few examples, to illustrate:

11 The figures given in this report are only indicative. As figures often cover periods of three or four years, and individual projects and programmes also cover different periods, it is very difficult to give exact budget figures.

12 The ZNAN proposal had not yet been approved by the time of this mission.

13 That remark usually referred to the health sector. Conversely, much of the support from the democratic governance portfolio goes to NGOs (see 4.2.2).

- The country had set a target of 10,000 AIDS patients to be on ARV treatment during 2004, but had already exceeded that target at the end of November.
- Prevention of Mother-to-Child Transmission (PMTCT) was started in 2002, and is already available in more than 20 of the 28 DHCS of Lusaka. More importantly, over 80 per cent of the pregnant women in contact with the DHCS accept to enter the programme.
- Home based care is routinely proposed by public health care facilities to all clients put on ARV treatment.

Shortage of skilled staff was however mentioned by the district health authorities and field staff as a major obstacle for scaling up HIV/AIDS care and support. But even so, the Central Board of Health (CBOH) seemed to be quite optimistic about the possibilities of rapidly training sufficient doctors and even lower level health care workers in diagnostic and treatment protocols. Nevertheless, the considerable increase of the workload for health care providers, together with the loss of great numbers of skilled staff due to 'brain-drain' and – not least – to HIV/AIDS, will definitely put a heavy burden on the sector's human capacity.

The Agriculture sector is the second largest recipient of Sida support, with almost 50 MSEK annually. Virtually all Sida's support in this sector goes to a five year programme with the Ministry of Agriculture and Cooperatives (MACO): the Agriculture Support Programme, or ASP. The programme aims at improving the livelihoods of small-scale farmers through improved food security and increased income from sales from agriculture produce. The evaluation team was given the opportunity to visit one of the 'agriculture camps' in the Chibombo District, where the local farmers regularly meet with the programme's camp extension officers. Four characteristics in that meeting left a very favourable impression:

- the way HIV/AIDS was being mainstreamed, without necessarily naming it (for instance, promoting less labour-intensive farming methods in order to cope with reduced labour force, or crops with higher food value for improved health)
- the very spontaneous and open discussion about HIV/AIDS related issues, including faithfulness, gender roles, etc.
- the strong community ownership of the programme: e.g. timing and subjects of the meetings were decided upon by the farmers themselves, and translation (for the benefit of the visitor) was done by one of the farmers
- the good gender balance, not only in numbers (seven out of more or less 20 participants were women), but also in terms of participation in the discussions.

However, the programme has one serious constraint: so far, the selection process for participation in the programme has been such that the most needing households, such as child-headed ones, would automatically be denied access. It was suggested that collaboration could be sought with PAM (Programme Against Malnutrition) or the World Food Programme (WFP), to improve food security for 'the poorest of the poor'.

Besides the ASP, Sida is also preparing support to the ministry's Policy and Planning Department, where gender and HIV/AIDS mainstreaming are included in the project plans. In that context, Sida is able to draw on considerable advocacy and sensitisation work already done by the United Nations' Food and Agriculture Organisation (FAO).

Another area for sustained attention to HIV/AIDS is the democratic governance portfolio, which works primarily with NGOs. About half of the roughly 20 projects supported (with a total budget of over 20 MSEK for the year 2004) have HIV/AIDS components (see annex 4, p. 2, projects marked with an asterisk). One may of course argue that all projects in that area, as they focus on democracy and human rights, do in fact mainstream HIV/AIDS, as well as gender issues.

Finally, with regard to Sida-funded projects in private sector development, urban development and energy sector, the evaluation team could witness efforts to mainstream HIV/AIDS. This was illustrated in Sida's support to ILO for a project targeting long-distance truck drivers, and more specifically in the design of 'Business Development Services' (BDS), a project to strengthen small and medium-sized enterprises (SME). When ILO submitted the project proposal to Sida in 2003, it was returned to them with the request that HIV/AIDS-related issues should be taken into account, in view of the serious impact of HIV/AIDS on small and medium-sized enterprises, due to absenteeism, attrition due to AIDS, etc.

Support to the education sector ended in 1997, due to the fact that the then prevailing conditions could not justify continued Swedish assistance. Several other bilateral agencies currently provide pooled funding to the Ministry of Education, but Sida is not among them. Given the crucial role education plays in building the youth's resistance to the HIV, and in view of the human resources crisis that the education sector faces as a consequence of HIV/AIDS, Sweden might wish to reconsider its decision.

4.2.3 Planning process

- *Partners involved*

  To the extent that the projects proposed for funding fit in the framework of Sweden's country strategy, the 'planning' of Sida's yearly support is essentially demand driven. In that sense, Sida's partners are those whose request for support has been approved. True partnership is concretized more during the process of writing the country strategy, during which Sida discusses with the national government about priority needs that are to be taken into account in the document. That method of working shows the importance of 1) an effective and timely dialogue with the national partner during the country strategy process, and 2) a thorough review of the project proposals submitted, for their adherence to Sweden's policy and principles, especially in relation with the inclusion or mainstreaming of HIV/AIDS-related, gender and other cross-cutting issues.

  One of the consequences of this working method (which in a certain way leaves the initiative for the provision of support with the implementing partners) is that the involvement of persons living with HIV/AIDS (PLWHA) is very limited. In the past few years, Sida supported just two small projects with NZP+ (Network of Zambian People Living with HIV/AIDS).[14] Moreover, it was significant to hear that only two of the five permanent staff of this organization were actually PLWHA, because of the difficulty to find the required skills among them. Like in many other countries, relatively few PLWHA come out in the open, and those who do often lack the required technical competence. Their active involvement in HIV/AIDS action is nevertheless crucial to expand the response to the epidemic, and more should be done to strengthen their technical capacity through pro-active recruitment and capacity building. For instance, the recruitment of a PLWHA to the national embassy staff would be a very visible sign of acknowledging the essential role of PLWHA in development work.

  Another characteristic of Sida support is the importance given to basket funding, which means that a number of bilateral donors (usually from the 'like-minded group' made up of the Nordic countries, UK, Ireland and the Netherlands), and with multilateral agencies occasionally joining in. Through the discussions to prepare such agreements, this can provide a forum to Sida to promote its policy among other development partners. Furthermore, using the strength of 'speaking with one voice' to their national partner is a unique opportunity for advocacy by the donors involved in basket funding.

14 Those projects (printing a booklet for PLWHA, and one workshop on avoiding stigma towards PLWHA) have both been completed, and therefore do not appear in the list of Sida supported projects in annex 4.

- *Consideration of country needs*

  As mentioned above, it is the country strategy process that will warrant the coherence of Sida's support with the national strategic framework and other documents where national concerns are prioritized. Furthermore, the fact that most of Sida's support goes to government programmes also ensures that country needs are duly taken into account.

- *Coordination with other development partners*

  The importance of coordination among development partners for strengthening and expanding the national response cannot be over-emphasised. It is indeed essential for:

  - avoiding duplication
  - identifying important gaps in the response
  - allowing synergetic action, and
  - reducing the administrative burden placed on cooperation partners.

  Sida in general collaborates very well with other development partners, and often uses these partnerships for better harmonisation of development cooperation. Collaboration is even closer with countries of the 'like-minded group', and in particular with Norway. One Norwegian staff has been seconded to Sida's regional HIV/AIDS team, which in return provides technical support to Norwegian as well as to Swedish embassies. This arrangement is part of a cooperation agreement between the Norwegian and the Swedish governments.

  Sida is also a member of the most important coordination bodies, such as the Expanded Theme Group on HIV/AIDS, and tends to be at the forefront of coordination efforts. As such, they participate in several multi-donor agreements with the Zambian government for basket funding, which is a strong tool for coordination.

4.2.4 Monitoring and evaluation

With few exceptions, monitoring is mainly done on the basis of activity reports from the implementing partners (sometimes quarterly but more often twice annually) and through annual project reviews. Due to the limited numbers of Sida staff in Zambia, only few field visits are carried out, and there is no direct supervision of the implementation of projects. The ASP is an exception, where two Swedish consultants were recruited to assist in implementing and monitoring the project.

Feedback on reporting is in principle only provided if 'something has gone wrong', and needs corrective action, otherwise, communication between Sida and implementing staff occurs at the annual project review meetings. It should be reminded that even positive feedback, i.e. when everything is on track, is still useful, just to keep contact, or to show that regular reporting is much valued. Thorough mid- and end-term evaluations, in such set-up of limited monitoring, are also imperative.

4.3 Regional HIV/AIDS Team for Sub-Saharan Africa

Currently, the regional HIV/AIDS team for Sub-Saharan Africa in Lusaka has seven professional staff and one administrative assistant, but the team is likely to expand, due to Sida's scaling up of HIV/AIDS support both through bilateral and regional programmes and activities. Three more professional posts have therefore been requested, but only two of them (one sent-out regional adviser and one NPO with a focus on monitoring and evaluation) will be filled during 2005.

The team is headed by a very dedicated team leader. She was the head of the Division for University Support and Bilateral Research Cooperation at Sida's head office in Stockholm, before starting up the

"expanded version" of the regional team in Lusaka, in September 2002.[15] The team was fully functional by the beginning of 2003. At the present, it is a group with much cohesion and AIDS competence, where personal as well as professional matters can be discussed openly.

From an administrative perspective, the team reports to the director of AFRA and has a close collaboration with the AIDS secretariat on thematic issues.[16]

The team has formed a reference group of seven regional experts, who represent various thematic areas. The group members have an advisory function to the team, through twice-annual meetings and ad-hoc consultations. They may also be called upon as resource persons for workshops and capacity building activities in various countries of the region.

'Investing for Future Generations' (IFFG) is the principal policy document guiding Sweden's regional development cooperation in terms of HIV/AIDS in Sub-Saharan Africa. This policy – which is primarily considered an analytical tool or a conceptual framework by many informants – is promoted among Sida staff in various ways:

- during the discussions about HIV/AIDS policy in the bi-weekly meetings concerning the regional programmes
- in the discussions at the project appraisal committee meetings
- in thematic meetings, often in preparation of specific missions by Sida staff. However, due to extensive travel of the staff, those meetings are not regular enough, according to the head of the team
- during activities arranged for embassy staff, e.g.
  - meetings organized by the regional team, such as the annual HIV/AIDS focal points meetings, the workshop bringing together economists around the theme of HIV/AIDS in February 2004, etc.
  - thematic regional meetings organized by Sida's head office, where the regional team staff acts as resource persons,
  - activities requested by embassies in Sub-Saharan African countries, talks on various subjects, etc.

Like the rest of the embassy staff – and probably for the same reasons – the members of the regional team members are very supportive of HIV/AIDS mainstreaming, and practice that approach on a routine basis.

From a more personal perspective, the embassy organised, in collaboration with the regional HIV/AIDS team, a series of in-depth discussions in June-July 2003 for all staff (including professionals, support staff, drivers, etc.) in view of increasing their AIDS competence. These talks seem to have had a profound effect on all those who participated, and will be repeated, in order to take staff turn-over into account.

To complete these activities of AIDS competence-building and improving acquaintance with Sida's HIV/AIDS policy, the team is now in the process of developing an "HIV/AIDS introduction CD-ROM" for the personal use by new embassy staff members. The aim is to have it available for the HIV/AIDS focal point meeting in May 2005, so that it may also be used in other countries for AIDS competence building purposes.

The main tasks of the regional HIV/AIDS team are:

- The implementation of regional development cooperation on HIV/AIDS.

15 Originally, a three-person strong regional HIV/AIDS team was established in Harare, but had serious difficulties to function appropriately.

16 By the time of the evaluation mission, the team still reported to the head of DESO. The change mentioned here took place shortly after the end of the mission.

- The collaboration with the Norwegian and Swedish embassies in Sub-Saharan Africa, as a resource base for both capacity building and technical assistance.[17]
- Information and communication on HIV/AIDS issues in development cooperation and research for policy development and south-south collaboration.

The team tries to achieve good synergy between regional programmes and collaboration with the embassies, by assigning bilateral responsibilities and tasks to team members in accordance with their specific competence and experience from regional programmes.

4.3.1 Responsibilities and tasks at regional level

The table below shows the indicative figures for the volume of Sida's regional total development cooperation and the share allocated to the response to HIV/AIDS respectively. The regular increase of Sweden's support for overall development in Sub-Saharan Africa appears clearly, and the growth of the budgets for regional HIV/AIDS activities is even more significant: it was more than doubled from 2003 to 2004, and will increase again by about 50 per cent for 2005.

(indicative, in MSEK)	2003	2004	2005
Regional development cooperation	700	800	900
Regional HIV/AIDS activities	56	114	165

It must be said that HIV/AIDS – unlike gender equality, which was explicitly mentioned as a cross-cutting issue – did not occupy a very visible place in the Swedish regional strategy document for the period 2002 to 2006. A mid-term review of that strategy was foreseen during 2004, but has not yet been carried out. That review, and the development of a new strategy in 2006, should be an opportunity to better mainstream HIV/AIDS.

Following the example of the overall regional development cooperation, the regional HIV/AIDS team has identified two categories of regional programmes: those where regional cooperation is essential, and others where regional programmes give an added value, such as exchange of experience and information, south-south cooperation in research and higher education, etc. After a regional response analysis, the evaluation team decided to look at the following three programme areas in particular:

- migrant and mobile populations
- food security
- capacity building for rapid scaling-up of HIV/AIDS efforts.

Regional programmes are mainly implemented through support to inter-governmental organisations (regional or sub-regional), multilateral development partners including the UN-related organisations (including UNDP, UNICEF, UNAIDS, ILO, IOM, etc.), and NGOs working regionally.

4.3.2 Work in relation with individual countries of the region

When HIV/AIDS activities take place in Lusaka, the members of the regional team staff members often act. They are also involved in specific training and other activities in the various countries of the region (currently about twelve), and provide technical backstopping to those countries (by visits, e-mail and other communication means), as and when requested by the Swedish and Norwegian embassies. To that effect, the various staff members try to the extent possible to make a geographical division of tasks between

17 Given the proximity, the embassy in Lusaka is the first to benefit from their help.

themselves, while giving priority to their thematic expertise. As already mentioned, the members of the reference group are also used as resource persons for the embassies, and the team intends to expand its technical support through the creation of a 'Mobile Virtual HIV/AIDS Task Team', in 2005.

The regional team also provides regular information and communication to the embassies through the monthly e-mail newsletter hiv@africa, and is an important contributor to the quarterly "Eyes on AIDS", published by Sida's head office. Communication with the head office, and in particular with the HIV/AIDS secretariat, occurs on a continuous basis by e-mail, telephone, etc.

5. Analysis of the evaluation findings

5.1 Relevance of the IFFG

"Investing for Future Generations" is often considered by our informants from the embassy staff and regional team as an analytical and conceptual framework, rather than as a real 'strategy'. It is indeed quite general, and needs to be complemented with further guidelines in order to serve as a tool for practical implementation. Even so, its generic nature enables it to remain relevant in a variety of countries and situations, and flexible enough for adaptation to specific circumstances.

Hence, the IFFG is still a valid policy orienting document:

- the analysis that it contains is still relevant, despite the fact that so much has changed in the field of HIV/AIDS since it was developed in 1999,
- the guiding principles can still be applied, although their respective emphasis may have to be adapted to different circumstances.

However, the practical aspects of the IFFG no longer seem to be adapted to the realities of today. This is particularly true for areas concerning:

– treatment and care, an area that has seen developments inconceivable only five years ago, in the field of treatment for opportunistic infections, and ARV

– the need for mainstreaming HIV/AIDS in development work, which is unquestionable in countries as severely hit by the epidemic as Zambia

– the importance of coordination among development partners.

5.2 Effectiveness of the implementation of the IFFG

5.2.1 With regard to development cooperation

The focus on HIV/AIDS seems to have evolved in two phases since 1999: a rather slow increase until 2002–03, where after a much faster evolution occurred both through specifically targeted interventions and through more generalized mainstreaming of HIV/AIDS in overall development work (see section 4.2.2 above).

The more recent instructions from Sida's head office and the MFA for scaling up the response to HIV/AIDS have accelerated that movement.

As a result – and most probably also because of the very visible AIDS epidemic in the country – the IFFG is presently being implemented effectively in Zambia, in accordance with the strong focus on HIV/AIDS

in the country strategy document. One could even say that its implementation goes beyond the prescriptions of the original IFFG document with regard to the effective mainstreaming of HIV/AIDS in the entire development work, and strong coordination among development partners.

Relatively little attention was given so far to treatment and care, however. Of course, many development partners have already lined up for the procurement of drugs, but there is an urgent need for capacity building in view of improving service delivery. Those needs exist in the public sector as well as in the civil society.

Not much effort has been made to involve persons living with HIV/AIDS in the design or in the implementation of HIV/AIDS projects/programmes, mainly because their technical capacity is not sufficient. It was therefore suggested to support capacity building among PLWHA, in order to enable them to play such roles, and subsequently, to recruit a PLWHA to the Zambian staff at the embassy.

The regional HIV/AIDS team does considerable work in Sub-Saharan Africa in the areas of scaling up, mainstreaming, coordination and improved communication among stakeholders. Appreciating the impact of such endeavours in other countries – except for Ethiopia, where a case study will be done in January 2005 – is beyond the scope of this evaluation, however.

At the national level, support to research in the field of HIV/AIDS is being addressed through research capacity building in training institutions. It is however a much more important activity for the regional HIV/AIDS team, in various ways:

- through support to several regional education and research institutions and training networks (e.g. HEARD[18] and RATN[19] etc.)
- through the organisation and support to seminars and training workshops in the different countries of the region
- through the support from the regional experts of the 'reference group', who report from conferences and workshops that they attend.

5.2.2 With regard to own staff

As already mentioned, the absence of a workplace policy including HIV/AIDS for embassy staff, is in contrast with the overall attitude of the embassy authorities. Even if the embassy in Lusaka is currently negotiating measures to ensure health care coverage including HIV/AIDS for its Zambian staff and their relatives as well as for the Swedish staff, it is nevertheless a fact that national staff and their direct relatives, in the absence of an all-inclusive workplace policy, so far have to rely on the goodwill of the embassy authorities.

Even though the IFFG itself does not address the issue of workplace policy as such, various other documents and facts clearly illustrate the importance given to it in Sida's strategies:

- The guidelines on "How to Invest for Future Generations" (2002) and numerous other Sida documents mention workplace programmes, and stress the need to avoid discrimination on the basis of HIV-status.
- One of the case studies reported on in "One Step Further – Responses to HIV/AIDS", published in 2002, even gives the examples of a diamond mining company in Botswana that put in place a progressive HIV/AIDS workplace policy.
- One of the regional programmes, with a budget of close to 31 MSEK, implemented in collaboration with the international council of Swedish industry, is nothing less than "Development of HIV/AIDS workplace policies at Swedish-related companies in Southern and Eastern Africa"!

One of the informants interviewed put it in a very concise way: "Sida should do what they preach to others!"

18 HEARD stands for "Health Economics and AIDS Research Department", at University of Natal, South Africa.
19 RATN stands for "Regional AIDS Training Network", Nairobi, Kenya.

5.3 Impact of the IFFG on planning, and on projects and programmes

It is a fact that HIV/AIDS has a very prominent place in development work in Zambia. However, one may assume that different factors have contributed to that, and even that they probably have influenced each other. Such factors include:

- the influence of the IFFG itself
- the "post-IFFG" instructions for scaling up from Sida's head office and the MFA
- the influence of Sida's head office, in particular the HIV/AIDS secretariat
- the establishment of the regional HIV/AIDS team in Lusaka
- the emphasis put on HIV/AIDS in the country strategy
- the personality and dedication of those responsible for implementing Sida's response to HIV/AIDS in Zambia or in Sub-Saharan Africa
- the pressure exercised by the local situation and very visible impact of HIV/AIDS on every-day life.

It is reasonable to expect that the IFFG provided the appropriate framework, and has functioned as the engine to drive at least the following three or four elements in that list, but to determine each factor's individual share would be impossible with just one case study. Therefore, the comparison of the findings in all four case studies will be essential to provide clues to the impact of the factors above (and others). What can be said with certainty, though, is that the last factor in the list, i.e. the pressure from the local situation, has played a significant role in Zambia.

On the other hand, some characteristics of its mode of work tend to limit Sida's control on the implementation of the IFFG:

- Sida's support is essentially demand driven. Sida's freedom of choice is thereby limited by the variety of these projects that are proposed to it, and by their coherence with the national priorities and strategies as well as with Sida's own policy and principles.
- Core funding or budget support constitutes a considerable part of Sida's bilateral support (for instance, over the period 2002 to 2005, close to 73 per cent of Sida's total support to the health sector has gone to the Ministry of Health for primary health care in districts). It is therefore crucial to closely monitor the government's policy and strategies, as well as their implementation in decentralized areas, for their accordance with the IFFG.
- Basket funding, which is frequently used in collaboration with the 'like-minded group', is in fact a double-edged sword: while it represents an opportunity to influence development partners' policy, and constitutes a strong tool for advocacy towards the cooperation partner, it requires at the same time some flexibility in order to reach agreements on a common goal.

5.4 Constraints and barriers to the implementation of IFFG[20]

- Given the relative importance of the government for Sida's support in Zambia (more than 90 per cent of the funding in the health sector go through that channel), the weakness of the NAC's management and coordination capacity is certainly the most serious threat to the efficiency of that support, and thereby also to the effective implementation of Sida's policy as outlined in the IFFG. Sida's

20 A purely technical/material constraint, not directly related to the implementation of the IFFG, but which in the long run could hamper efficient communication, is the fact that computer equipment at the embassy is outdated (e.g. the absence of USB ports on computers does not allow the use of memory sticks).

decision to join efforts with four other bilateral development partners in an ambitious project of capacity building is therefore a judicious one, even though it contains a certain degree of risk.

- Absorptive capacity is in general rather weak, both in the public sector and in civil society. A situation where human resources were limited, mainly due to unattractive salaries or working conditions, has been further aggravated during the last years by the devastating impact of AIDS on the labour force. That is particularly true in the field of AIDS treatment and care. But it is also the case in the area of prevention, and more specifically with regard to building up local responses through increasing AIDS competence among the actors as well as among the communities, which is labour-intensive and time consuming.
- The need for human capacity building is even greater for PLWHA, whose lack of technical capacity is often a constraint for their involvement in project design and implementation.
- The absence of a valid, all-inclusive workplace policy for Sida personnel could end up being counter-productive to the implementation of the IFFG ("You don't do yourself what you preach!")

5.5 Opportunities exploited, opportunities missed

- The agreement among several donors to engage in 'basket funding' certainly conveys a strong message to the cooperation partner about the importance those donors attach to the issue concerned, and puts them in a strong position to negotiate the adoption of strategic options, like the IFFG. This opportunity is actually being utilized in a domain of critical importance for the implementation of the IFFG: the institutional capacity building of the NAC. More such opportunities will arise, as and when the work plan of this institutional strengthening will be implemented. They should be identified in a timely way, and used judiciously.
- Considerable funding – in the case of Zambia, over a hundred million USD – has become available over the last years, through the Global Fund, the World Bank's Multi-country AIDS Programmes (MAP), the US 'President's Emergency Plan for AIDS relief' (PEPFAR), etc. This is a unique opportunity to address crucial and expensive issues like AIDS treatment and care, which is one of the four strategic areas of the IFFG. Yet the effective use of those funds is subject to availability of appropriate skills and human capacity. In order not to miss that opportunity, institutional and especially human capacity building is not only important, but also urgent! Better skilled human resources will not only improve absorptive capacity, but they will also be essential to attain the '3 by 5' target for ARV therapy and other Millennium Development Goals, and to expand the response to HIV/AIDS in general.
- There may be good and bad projects, but there is only good experience: a poor result or even a failure can provide as valuable an experience as a success story, as long as the appropriate lessons are drawn, and used in future projects. It is therefore extremely useful for national as well as development partners to be able to benefit from the experience of one another. Several of our informants were of the opinion that Sida could do better in the area of documenting the projects and programmes they support. One of them put it in a rather eulogistic way: "Sida people are too humble!" Of course, documenting good or best practice is time consuming. A solution could be to include 'documenting experience' as a requirement for accessing funding, and to allow the implementing partner (especially NGOs) to budget the cost for this activity.

5.6 Lessons learned, including a comparison with other cross-cutting issues

- One lesson learned in the interviews with the staff from the embassy and the regional team staff in Lusaka was the beneficial impact of the 'AIDS competence-building exercise' organized in 2003. This increased AIDS competence – on a personal as well as on a technical level – and has probably been instrumental in building commitment, and in improving the relevance and appropriateness of the

An example of HIV/AIDS mainstreaming:
The Agriculture Support Programme (ASP)
(see Section 4.2.2)

HIV/AIDS is being mainstreamed on a routine basis in the meetings of the local farmers with the programme's camp extension officers.

To that purpose, each of the roughly 200 facilitators (extension officers) of the programme was given a two week training course when starting the job, during which he/she learned to mainstream different cross-cutting issues including good governance, gender perspective and, not the least: HIV/AIDS.

During the monthly meetings, discussions very naturally address issues like less labour-intensive farming methods to cope with reduced labour force, or crops with higher food value for improved health, etc.

All the farmers know that those are strategies to reduce the impact of AIDS on their work, and the men and women attending the meetings very openly discuss issues related to HIV and AIDS, as well as gender equality.

response elicited. It would be worthwhile sharing this lesson with Sweden's embassies in other countries, and maybe even in Sida's head office.

- Taking into account several cross-cutting issues at the same time, such as HIV/AIDS, gender equality, environment, etc. was in general seen as a natural way of working. In particular, gender and HIV/AIDS were usually seen as inseparable and reinforcing each other. Again, this may be facilitated by the evidence appearing in the day-to-day life, as it was illustrated in the field visit to the ASP (see 4.2.2 above).
- The ASP illustrated the value of empowerment of local communities, how this can warrant more effective implementation, and how it can improve sustainability. The importance of the role of target populations – individuals – as actors rather than as 'recipients' is also a lesson to be documented and widely shared.

6. Recommendations

6.1 To Sida's head office

– To consider reviewing and updating the IFFG, keeping its strategic framework, but adapting the relative focus on the various parts to the present situation, in particular concerning:
  - care and treatment for PLWHA, including ARV
  - mainstreaming of HIV/AIDS in development work, and its relevance to low as well as high prevalence countries
  - coordination of support among development partners.

– To put in place an appropriate workplace policy for all embassy staff with:
  - non-discriminatory rules for sent-out as well as locally recruited staff and their direct dependents,
  - regulations on health care coverage for HIV/AIDS and STI, etc.

– To put sufficient emphasis on institutional and human capacity building among the implementing partners, and to allow appropriate budget allocations to that purpose in the project proposals.

– To provide sufficient support for documenting field experience, including technical assistance and logistic support at the head office level.

6.2 To Sida in Zambia

– To repeat the AIDS competence building exercise among its staff (support staff as well as professionals), and to promote it among other stakeholders as a means to build and strengthen local response.

– To scale up support to the civil society, especially in the field of capacity building. In that perspective, support should be considered for umbrella-organisations such as ZNAN and CHAZ, in order to allow them to have a multiplying effect in capacity building among their members, and to better play their role as principal recipients for the Global Fund.

– To promote the greater involvement of PLWHA in the planning, implementation, monitoring and evaluation of HIV/AIDS projects/programmes, and in more general development cooperation, and to support specific training and capacity building to that purpose. In that perspective, to consider the recruitment of a PLWHA to the Zambian staff of the embassy.

– To continue to review all project proposals for their explicit adherence to national priorities and strategies, and to Sweden's policy and principles, in particular concerning mainstreaming of HIV/AIDS, gender, environment, etc.

– To continue playing a leading role in the coordination of development partners, through advocacy in stakeholders' meetings, basket funding agreements, etc.

– To use the strength of basket funding ('several donors, one voice') for the promotion of commonly agreed upon strategies and principles, in particular those of the IFFG.

– In order to allow 'the poorest of the poor' to have better access to the ASP and to improve their food security, to seek collaboration with the Programme Against Malnutrition and/or the World Food Programme (WFP).

– To take appropriate measures to ensure that field experience is properly documented in selected projects, for example by requesting the inclusion of a documenting activity in the project proposal as a condition to access funding, and allowing adequate budget allocation for it.

6.3 To the Regional HIV/AIDS Team for Sub-Saharan Africa

– To initiate AIDS competence-building exercises for professional and support staff in other embassies in Africa.

– To take the opportunity of the upcoming mid-term review of the Swedish Strategy for Support for Regional and Subregional Development Cooperation in Sub-Saharan Africa, 2002–06, to strengthen the HIV/AIDS mainstreaming in regional overall development work.

Annex 1: Mission time table

Time	Interviewee/Activity	Position	Organisation
Tuesday 30 November			
06:50	Arrival on BA255, and check-in in Intercontinental Hotel		
12:00	Working lunch with Anita Sandström and Paul Dover		Regional HIV/AIDS Team for Sub-Saharan Africa
14:30–15:30	Dr Rosemary Shunkutu	Senior Health, Nutrition & Population specialist	World Bank MAP Unit
16:00	Document review		
Wednesday 1 December			
08:00	Joyce Banda (for whole day field visit to Chibombo)	HIV/AIDS program officer	ASP
15:00	Back to Lusaka		
16:00	Davies Chitundu	Food Security Officer	Regional HIV/AIDS Team
Thursday 2 December			
9:00–11:00	Document review		
11:00–12:00	Elizabeth Mataka	Executive Director	ZNAN
Lunch			
15:30–16:30	Marta Levitt-Dayal	HIV/AIDS	USAID
Friday 3 December			
9:00–10:00	Roland Msiska	Director, Regional HIV/AIDS Programme	UNDP (South Africa in relation to visit 2.12)
10:30–11:30	Anette Widholm	Regional Adviser/Culture	Embassy of Sweden
Lunch			
14:00–16:30	Anita Sandström	Head of Team	Regional HIV/AIDS Team
Saturday 4 December			
Sunday 5 December			
Time	Interviewee/Activity	Position	Organisation
Monday 6 December			
09:00–11:00	Christina Rehlen, Kristina Kuhnel, Audrey Mwendapole, Pär Eriksson,	Ambassador, Economist/ Counsellor, HIV/AIDS focal point, Program officer Health	Embassy of Sweden
11:00–12:00	Paul Dover	Adviser Reg.HIV/AIDS Team Member	Embassy of Sweden
12:15–13:00	Alfred Sikazwe, Ms Ireen Malambo	HIV/AIDS focal point	Ministry of Education
Lunch			
14:00–15:00	Bright Phiri	Communicator Officer HIV/ AIDS Team Member	Embassy of Sweden

15:30–16:30	Mr Kieran Hayward	Director	Edu-Sport
Tuesday 7 December			
9:00–10:00	Kunyima Banda	Programme Officer	NZP+
10:30–11:30	Mr Louis Ndabahagamye, Dennis Zulu, Mpala Mulenga	Director, Program Officer, Coordinator of Social & Economic Impact of HIV/AIDS on the Workplace	ILO
11:30–12:00	Tapera Muzira	Chief Technical Adviser	BDS
12:00–13:00	Rikard Elfving	Adviser Reg.HIV/AIDS Team Member	Embassy of Sweden
Lunch			
14:30–15:30	Tony Dely	HIV/AIDS focal point	DfID
15:30–16:30	Masuka Mutenda	Program Manager	Youth Media (Trendasetters)
Wednesday 8 December			
9:00–10:00	Oyvind Thiis	Adviser Reg.HIV/AIDS Team Member	Embassy of Sweden
10:30–11:30	Hope Situmbeko	Program Officer – Private Sector	Embassy of Sweden
12:00–13:00	Norlin Sofia	BBE (associate expert)	Regional HIV/AIDS Team
Lunch			
14:30–15:00	Kristine Johnssen		Norwegian Embassy
Thursday 9 December			
9:00–10:00	Pär Eriksson	Program officer Health	Embassy of Sweden
10:30–11:30	Pio Pamela, Jernberg Inger	NPO democr. gov /urban PO Democratic governance	Embassy of Sweden
12:00–13:00	De Figueiredo Pedro	PO natural resources	Embassy of Sweden
Time	Interviewee/Activity	Position	Organisation
Lunch			
14:30–16:30	Dr Kabaso, + Field visit to DHC Kalingalinga	Clinical Care Expert	Lusaka DHMT (+ Field visit)
17:00	Dr Karen Sichinga, Dr Simon Mphuka	Health Programmes Manager	CHAZ
Friday 10 December			
9:00–10:00	Catherine Sozi	UNAIDS Country Coordinator	UN Annex
10:00–10:30	Gunnarsson Jimmy	Head of Administration	Embassy of Sweden
10:30–11:30	Dr Mutali	Manager of Programmes	National AIDS Council
12:30–13:00	Haritiana Rakotomamonjuy	OVC program officer	UNICEF
Lunch			
14:00–15:00	Göran Carlsson	Senior adviser Central Board of Health(Sida financed)	CBoH
16:00–17:00	Audrey Mwendapole	Programme Officer, Health (Focal Point HIV/AIDS)	Embassy of Sweden

Saturday 11 December			
17:00	Anita Sandström/Debriefing	Head of Team	Regional HIV/AIDS Team
Sunday 12 December			
Monday 13 December			
9:00–10:00	Dr Ben Chirwa	Director General	CBoH
10:30	Preparation of debriefing		
Lunch			
15:30–16:30	Debriefing at Embassy		
Tuesday 14 December			
09:05	Departure with BA254		

Annex 2: List of persons met and interviewed

Embassy of Sweden

Rehlen, Christina	Ambassador
Jernberg, Inger	First Secretary (democratic governance)
de Figueiredo, Pedro	First Secretary (natural resources and the environment)
Kuhlen, Kristina	Counsellor/Economist
Mwendapole, Audrey	Programme Officer, health (focal point HIV/AIDS)
Eriksson, Par	Programme Officer, health
Pio, Pamela	Programme Officer, democratic governance/urban development
Situmbeko, Hope	Assistant Programme Officer, private sector development
Gunnarsson, Jimmy	Head of administration

Regional HIV/AIDS Team for Sub-Saharan Africa

Sandström, Anita	Head of regional team
Chitundu, Davies	Food security officer
Widholm, Anette	Regional Adviser on culture and media
Dover, Paul	Regional Adviser, research, mobile populations
Phiri, Bright	Communication Officer
Elfving, Rikard	Regional Adviser, orphans and vulnerable children (OVC)
Thiis, Oyvind	Regional Adviser, human rights
Norlin, Sofia	Associate Expert (BBE)

National HIV/AIDS/STI/TB Council (NAC)

Mutali, Dr	Acting Manager of Programmes

Ministry of Health

District Health Management Team

Dr Kabaso	Clinical Care's Expert

District Health Center Kalingalinga

Kunda, Evelina	Head Nurse
Sumanya, Sylvia	Nurse
Khosa, Caroline	Nurse

Central Board of Health

Chirwa, Ben	Director General
Carlsson, Göran	Senior Adviser

Ministry of Education

Sikazwe Katewa, Alfred	Director, Standards & Curricula
Malambo, Ireen	HIV/AIDS Focal Point

UNAIDS

Sozi, Catherine	UNAIDS Country Coordinator

UNDP

Msiska, Roland	Director UNDP Regional Programme on HIV and Development (Pretoria, S. Africa)

UNICEF

Rakotomamonjy, Haritiana	Project Officer – HIV/AIDS

ILO

Ndaba, Louis	Executive Director
Zulu, Dennis	Programme Officer, HIV/AIDS Focal Point
Mpala, Mulenga	Coordinator Social & Economic Impact of HIV/AIDS on the Workplace
Muzira, Tapera	Chief Technical Adviser of Business Development Services (BDS)

World Bank

Shunkutu, Rosemary	Senior Health, Nutrition and Population specialist

Churches Health Association of Zambia (CHAZ)

Mphuka, Simon	Director of Programmes
Sichila-Sichinga, Karen	Health Programmes Manager

Agriculture Support Programme (ASP)

Banda, Joyce	HIV/AIDS programme officer
Makasa, Victor	Central Province Facilitation Team Leader (Chibombo)
Kalifungwa, Anthony	Chibombo District Coordinator

Youth Media ("Trendsetters")

Phiri-Tembo, Mary	Executive Director
Masuka, Mutenda	Programme Manager

Edu-Sport

Hayward, Kieran	Acting Director

Zambia National AIDS Network (ZNAN)

Mataka, Elisabeth	Executive Director

Network of Zambian People Living with HIV/AIDS (NZP+)

Banda, Kunyima	Programme Officer

DFID

Daly, Tony	Adviser, Health & HIV/AIDS

Norwegian Embassy

Johanssen, Kristin	Second Secretary

USAID

Levitt-Dayal, Marta	Team Leader of HIV/AIDS Multisector Office

Annex 3: Documents consulted

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Annex 4: List of Sida supported projects

Health Sector

1) HIV/AIDS

Name	Length	Period	Volume (SEK)	Status
Edusport's Kicking AIDS Out Project	3 years	2003–2005	3 Million (1 M per year)	Planned
Youth Media's Trendsetters Project	3 years	2003–2005	2 Million (1 M per year)	Planned (advanced)
Youth Media's Evaluation of Trendsetters		Nov. 2003 -May 2004	350 000 (one off payment)	Completed
National AIDS Council Capacity building	3 years	2003–2005	5 Million (1M in 2003, 2M in 2004 & 2005)	Decision taken Agreement to be signed
Zambia National AIDS Network Capacity building	2 years	2004–2005	2 Million	Indicative
IOM (HIV prevention in Ukwimi refugee camp)	1 year	2002–2003	2.5 Million (one off payment made in 2002)	Completed
Zambian Initiative HIV prevention in refugee camps in Western province	1.5 year	2002–2004	1 200 865 (one off payment made in 2002)	Agreed, support may be extended to 2005 with 1 MSEK

2) Health

Name	Length	Period	Volume (SEK)	Status
Health Services Basket	4 years	2002–2005	168 Million	Agreed
Hospital Basket	3 years	2003–2005	45 Million (15 Million per year)	Agreed
Training Institutions Capacity Building	4 years	2002–2005	14 Million	Agreed
Health Economics	4 years	2002–2005	10 Million	Agreed
Health Systems Development – CBOH	4 years	2002–2005	14 Million	Agreed
Policy & Planning – MOH	4 years	2002–2005	6 Million	Agreed
CboH Advisors	4 years	2002–2005	16.4 Million	Agreed
Planned Parenthood Association of Zambia (PPAZ) Institutional capacity building	3 years	2003–2005	2.5 Million	Agreed

Democratic governance portfolio

	2003		2004	
Political participation				
Parliamentary Reform: Stage 2	1,000,000	A	2,000,000	A
FODEP	665,000	A	1,000,000	P
NGO Support through Diakonia (*)	1,700,000	A	5,000,000	A
NGOCC	750,000	A	(Diakonia support)	
National Women's Lobby Group	500,000	A	(Diakonia support)	
Mindolo Ecumenical Foundation	700,000	A	800,000	A
Women for Change (*)	(Diakonia support)			
Total	**5,115,000**		**8,800,000**	
Access to justice				
Judiciary Capacity Building	2,500,000	A	2,500,000	A
Juvenile Justice project	590,000	A	910,000	A
UNZA Law School Project	1,000,000	A	0	
HURID	1,000,000	A	1,000,000	A
NGO Support through Rädda Barnen (*)	2,500,000	A	2,500,000	A
Local Resources Foundation	1,000,000	A	1,000,000	A
CCJDP Paralegal Project	500,000	A	1,000,000	A
LAZ. Nat. Legal Aid Clinic	500,000	A	500,000	A
YWCA (*)	0		(Diakonia support)	
State Reporting (Outstanding Financial Audit)				
Zambia Civic Education Association (ZCEA) (*)	(Rädda Barnen support)			
Total	**10,590,000**		**9,410,000**	
Free and independent media				
MISA-Zambia (*)	1,000,000	A	1,000,000	A
Yatsani Radio Project (On-going)	0	A	0	A
Media Trust Fund (Norwegian Embassy)				
ZAMCOM (Outstanding Financial Audit Report)				
Total	**1,100,000**		**1,100,000**	

Transnarencv and Accountability				
AFRONET	500,000	A	400,000	A
TI-Zambia (discussing with				
Netherlands Embassy)	500,000	A	600,000	P
Total	**1,000,000**		**1,000,000**	
Grand Total	**17.805.000**		**20.310.000**	

(*): Projects with HIV/AIDS components

Regional HIV/AIDS Team for Africa 2004–08–06

Regional programs, agreed or under preparation

Organisation	Programme	Region/ countries	Head-quarter	Agreement period	Agreed amount, SEK
ARASA	AIDS and Rights Alliance of Southern Africa, preparation of support.	Southern Africa	Namibia	2004–2006	
CADRE	Support to African Journal of AIDS Research.	Sub-Saharan Africa	South Africa	2004–2004	800 000
Femina-hip	East African Development Communications Foundation, EADCF. Edutainment for youth on prevention and dealing with stigma and discrimination.	Tanzania, (Kenya)	Dar es Salaam	2002–2005	12 400 000
HACI-Plan Sweden	Hope for African Children Initiative. Regional program (partnership between Care, Plan International, Save the Children Alliance, World Vision and Society for Women and AIDS in Africa) on orphans and vulnerable children.	Cameron, DRC, Ethiopia, Ghana, Kenya, Malawi, Mali, Mozambique, Namibia, Senegal, Tanzania, Uganda, Zambia.	Nairobi	2004–2005	18 000 000
HEARD	University of Natal. Preparation of support for development of a training unit, for development of a health systems research program and for dissemination activities.	Sub-Saharan Africa	Durban		
IDASA-BIS	Institute for Democracy in Southern Africa, Budget information system. Comparative research; five countries in Africa and five countries in Latin America. Continued collaboration with IDASA under preparation (IDASA-BIS + Electoral processes)	In Africa: Botswana, Kenya, Mozambique, Namibia, South Africa	Cape Town	2002–2004	2 710 000
IFRC-SRC	International Federation of Red Cross in co-operation with the Swedish Red Cross. Regional programme with home-based care through national RC organisations in 10 countries in Southern Africa.	Southern Africa: Botswana, Zimbabwe, Zambia, South Africa, Swaziland, Malawi, Namibia, Lesotho,Angola,Mozambique	Harare	2002–2006	30 000 000
IHAA	International HIV/AIDS Alliance. Support for the Africa work plan Continued cooperation under preparation	Pan African	Brighton	2002–2004	6 000 000
ILO	Earlier support from Sida HQ for project in transport and informal sector. Initial preparation of continued support.				

Organisation	Programme	Region/ countries	Head-quarter	Agreement period	Agreed amount, SEK
IOM-PHAMSA	International Organisation for Migration. Support given to a review/baseline study. As a result of the study a cooperation has been initiated on a regional network on HIV/AIDS and migration, PHAMSA. SADC is also supporting the initiative with a grant from the EC.	Southern Africa.	Pretoria	2003–2006	15 000 000
IOM-Ukimwi II	International Organisation for Migration. Continued support to HIV/AIDS program for refugees now being repatriated to Angola	Angola, Zambia	Lusaka	2004–2005	9 200 000
NIR/SMF	Swedish Industrial Council/Swedish Metal workers union. Development of HIV/AIDS workplace policies at Swedish-related companites in Southern and Eastern Africa.	Kenya, South Africa, Zambia	Stockholm	2004–2007	30 912 500
PANOS	Planning grant for a study on HIV/AIDS and media in Southern Africa.	Southern Africa	Lusaka	2003–2004	500 000
PSG	Project support group. Programme focussing on migrant/mobile populations and cross-border activities.	Nine countries in Southern Africa: South Africa, Zimbabwe, Zambia, Malawi, Mozam-bique, Botswana, Lesotho, Swaziland, Namibia	Harare	2002–2006	17 000 000
RATN	Regional AIDS training network. Core support.	Eastern and Southern Africa.	Nairobi	2003–2005	6 000 000
REPSSI	Regional Psychosocial Support Initiative for Children Affected by AIDS. Core support.	Seven countries in Southern Africa: Namibia. South Africa, Zambia, Malawi, Zimbabwe, Tanzania, Mozambique	Bulawayo	200205–200705	27 040 000
SAfAIDS	Southern Africa AIDS information Dissemination Service. Core support "AIDS in Africa. Continent in Crisis". Special support to the translation of the book by Helen Jackson to French and Portuguese.	Southern Africa Pan African	Harare	2004–2007 2003–2004	9 000 000 2 200 000
SANASO	Southern African Network of AIDS Service Organisa-tions. Core support.	Southern Africa	Harare	2000–2003	4 000 000

Organisation	Programme	Region/ countries	Head-quarter	Agreement period	Agreed amount, SEK
Social Science Research Organisations	A social science research program in cooperation with African social science research organisations	Sub Saharan Africa			28 500 000
	– Council for the Development of Social Science Research in Africa, CODESRIA		Dakar		7 500 000
	– Organisation for Social Science Research in Eastern and Southern Africa, OSSREA		Addis Ababa		5 040 000
	– Social Science and Medicine Network, SOMANet		Dakar		6 830 000
	– Union for Population Studies, UAPS		Nairobi		7 200 000
	Delegated from the Dept. for Research Cooperation, SAREC, at Sida HQ.				
STEPS-IVF	Training facilitators and screening of the STEPS films (films on stigma and discriminations). The project is a partnership between Social Transformation and Empowerment Projects, STEPS, and International Videofair, IVF.	Southern Africa	Cape Town	2003–2006	16 650 000
TASO	The TASO Experiential Training Project. Under preparation	Sub Saharan Africa	Kampala		
UNAIDS	Support to the project "AIDS in Africa. Building scenarios to shape the future".	Pan African	Geneva	2003–2004	500 000
UNDP	UNDP Regional HIV/AIDS Program. Capacity building programme for mainstreaming of HIV/AIDS in development.				
Continued cooperation under preparation.	Sub Saharan Africa	Pretoria	2001–2003	20 000 000	
UN-Habitat	UN-Habitat. Building capacity for municipal governments and other stakeholders to deal with the impact of HIV/AIDS.	Blantyre (Malawi), Louga (Senegal) Abidjan (Ivory Coast), Arusha (Tanzania), Markudi (Nigeria)	Nairobi	2004–2005	6 350 000
UNICEF-OVC	A program based on the rights of children who have lost their parents due to HIV/AIDS. The programme gives support to legislation, empowerment of communities with social work, psychosocial counselling and funding through civil society and local government.	Botswana, Tanzania, Zambia and Zimbabwe.	Nairobi	2002–2004	30 000 000
	Cooperation with the Division for Democracy and Sida HQ. Support to a rapid assessment	Sub-Saharan Africa	Nairobi	2004	1 000 000

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Patrick M. Chibbamulilo
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Department for Natural Resources and the Environment

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Finn Hedvall, Busisiwe Mazibuko
Department for Democracy and Social Development

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Lars Rylander, Johan Willert
Department for Infrastructure and Economic Cooperation

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Fax: +46 (0) 8 698 56 10
Homepage: http://www.sida.se

SWEDISH INTERNATIONAL DEVELOPMENT COOPERATION AGENCY
SE-105 25 Stockholm, Sweden
Tel: +46 (0)8-698 50 00. Fax: +46 (0)8-20 88 64
E-mail: sida@sida.se. Homepage: http://www.sida.se