2009:19 Sida Review

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BOOSTING HIV/AIDS PROGRAMMING IN CIVIL SOCIETY DEVELOPMENT COOPERATION

Sida's Special Support for NGO Projects Addressing HIV/AIDS 2004–2006

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List of Acronyms

ART/ARV	Anti-retroviral treatment
CSO	Civil society organisation
IECM	International Federation of Chemical, Energy, Mine and General Workers' Unions
ITUC	International Trade Union Confederation
IUF	International Union of Food, Agriculture, Hotel, Restaurant, Catering, Tobacco and Allied Workers' Associations
LO/TCO	The Swedish Trade Union Confederation and the Swedish Confederation of Professional Employees
MSF	Läkare Utan Gränser – Doctors Without Borders/Medicines Sans Frontieres
MO	Member organisation
OPIC	The Olof Palme International Centre
OVC	Orphans and vulnerable children
PLWHA	People living with HIV/AIDS
PMU	Pingstmissionens utvecklingssamarbete – The Swedish Pentecostal Mission Relief and Development Cooperation Agency
RFSU	Riksförbundet för sexuell upplysning – The Swedish Association for Sexuality Education
SCA	The Swedish Committee for Afghanistan
SEKA	The Sida division for cooperation through NGOs
SHIA	Svenska Handikapporganisationers Internationella Biståndsförening – The Swedish Organisations' of Persons with Disabilities International Aid Association
SMC	The Swedish Mission Council
UNDP	The United Nations Development Programme
VCT	Voluntary counselling and testing

Executive Summary

In 2003, the Swedish government instructed Sida to intensify its work in the area of HIV/AIDS. A process was initiated to raise the issue across Sida and to mainstream HIV/AIDS in Swedish development cooperation.

Part of Swedish development aid is channelled through Sida to civil society organisations (CSOs) involved in development cooperation. Sida's official account of the support through CSOs in 2002 and 2003 revealed that only two per cent of the Sida-funded programmes/projects could be considered direct HIV/AIDS interventions. Discussions between Sida and the Frame organisations[1] led to an agreement that Sida should coordinate a process of learning and exchange of experiences, involving the Frame organisations, their partners in Africa and specialist HIV/AIDS organisations. This process was carried out during 2004.

In its instructions to Sida for 2004, the government introduced an option for the agency, in the case of HIV/AIDS work, to make an exception to the rule that the CSOs had to make a 10 per cent matched contribution in order to get a 90 per cent grant. In late March of the same year, the department for cooperation through CSOs – SEKA – informed the CSOs about this Special Grant. Full, 100 per cent, funding could be sought for

"interventions that are intended to develop or try out new ways of working in the area of HIV/AIDS. This can be methodological development, exchange of experiences, learning processes, coordination initiatives, new forms of cooperation and different kinds of direct project initiatives in the area of HIV/AIDS. The intervention should contain capacity and organisational development components." [2]

The overall purpose of this evaluation is to assess whether or not the intentions of Sida's special support to NGO projects addressing HIV/AIDS 2004–2006 was met, i.e. if it resulted in concrete improvements in terms of new methods, capacity development, cooperation, coordination, dialogue and expansion of HIV and AIDS support among the so called Frame organisations.

The evaluation was supposed to serve as a learning tool for the organisations, for partners and for Sida, as well as an instrument for improvements of Sida's assessments of requests from the Frame organisations from an HIV and AIDS perspective. It is also foreseen that the conclusions should be an input to new guidelines for Sida support to CSOs through the CSO allocation.

The evaluation was further expected to contribute to a deeper understanding of how the organisations integrated what they learned in policies, analyses and strategies. The recommendations are expected to help the organisations, as well as Sida, to strengthen their capacity with regard to HIV/AIDS and to capitalise the learning from the period studied.

Findings

In accordance with the Terms of reference the evaluation is divided into three parts. The first part (Chapter 3) consists of a mapping on a more general level of all the organisations that received funds from the special grant. Important results and effects of implemented activities are listed and a mapping of how they were distributed between *prevention, mitigation, care and treatment* and *orphans and vulnerable children* is made (Chapter 4).

[1] The Frame organisations are a group of large Swedish CSOs through which Sida channels the bulk of Swedish aid funds for development cooperation with civil society partners in the South and East.

[2] From the instructions to the organisations (our translation)

The evaluation finds that the Special Grant turned out to be essential for the Frame organisations' willingness and possibility to lay the foundations for improved and expanded work in the area of HIV/AIDS. As the guidelines did not demand any focus on expansion of programmes/projects, most of them took the opportunity to build knowledge and capacity and lay foundations for future expansion. However, with 30 – 50 million SEK (out of 100 million) going to internal capacity development one may question the cost effectiveness of these efforts.

Collaboration among Swedish CSOs and partners and networks abroad increased, while actual coordination of work was limited. Most organisations do not clearly demonstrate a willingness to coordinate their work with other CSOs or align it with government plans and structures. There is a need for further coordination efforts.

The Special Grant led to an expansion of work. Most importantly for the future, the organisations report that HIV/AIDS is now being mainstreamed into their work and a few have the issue as one of their priority areas.

The evaluation further found that the organisations focussed, and continue to focus, on prevention work. Advocacy work is often cited, but not shown to be very strong. Mitigation, including care and treatment are weak areas, and often not seen as the mandate of the organisation. Structural development issues are not, with the exception of gender, raised in connection with HIV/AIDS work.

In the second part of the evaluation (Chapter 5) a closer assessment of the implementing strategies of two of the Frame organisations – Forum Syd and LO/TCO Biståndsnämnd – was made. The main questions responded to were: a) how was the special allocation used in relation to core activities, b) In what way have new programmes influenced the organisation's overall operations? c) What kind of networking and dialogues were initiated, and what partnerships were formed?, d) to what extent did the allocation contribute to a strengthened ownership and priority for issues related to HIV and AIDS among partner organisations? Much of the information for this chapter was gathered through interviews with staff at the two frame organisation but also their partners. In addition to these interviews available project documentation was reviewed.

The evaluation finds that the allocation clearly strengthened the organisations' ownership and priority for HIV/AIDS issues, in particular in the case of Forum Syd. LO/TCO closely integrated the issue with its core activities, while Forum Syd allowed its project implementing organisations to expand work in the area, while developing methods and guidelines for the mainstreaming of HIV/AIDS in project/programme planning. A number of new partnerships and expanded networks were formed.

Finally, in part three (Chapter 7) the evaluation looks at how the allocation was handled by the Sida NGO division. As this kind of information is difficult to find in documents the basis for this chapter are interviews with Sida staff but also the viewpoints from the frame organisations. Here the evaluation finds that the guidelines left too much room for interpretation and that the short application time made planning for new work in line with the guidelines difficult. Considering the time limits the SEKA assessments were satisfactory, but the follow-up of results could have been better.

Recommendations

The implementation of the Special Grant with 100 per cent funding demonstrated that it is possible to raise an issue and increase CSO work in that particular area. Additional funding is a big carrot for organisations, but it is difficult for most of them, in the short term, to restructure their normal programmes. A 100 per cent grant can thus be an effective method for boosting work in a chosen area.

No Special Grant

For Sida, a special grant has a disadvantage, as it demands new rules and regulations and a heavier workload. From that point of view, it might be better to place an additional grant, be it a 90 or 100 per cent one, within the normal agreements with the Frame organisations.

A recommendation would be that:

- Sida decides to prioritise a sector/issue and informs the Frame organisations that this will affect the funding within their normal grant, possibly with additional funding available. The information is given in good time, and at least one year before money is available.
- Sida offers capacity development in order to strengthen capacity to plan and implement programmes within the sector.
- If increased coordination is a priority issue, Sida states this requirement and offers joint funding of coordination efforts.

Guidelines

This evaluation shows that the guidelines were too open to interpretation. They suffered from lack of clarity and there was no order of priorities.

A recommendation, therefore, is that guidelines are developed together with the organisations if there is a similar scenario in the future. This will help communicate the purpose of the guidelines and also ensure that meeting the purpose and objectives is feasible and realistic for Sida, as well as for the organisations.

Time for planning and implementation

Time was a problem. There was not enough time between the launch of the fund and the deadline for applications. This negatively affected the organisations' chances to plan thoroughly with partners. It also created assessment problems in Sida, as well as in the umbrella organisations. We recommend a longer planning period for future grants. Furthermore, it seems that a grant period of three years would be more appropriate, in order to allow for not only setting programmes up but also implementing them and making sure that there is room for learning and evaluation.

Coordination

The organisations were able to do rather well in areas of exchange of experiences, learning processes and collaboration. The weakest area, in our opinion, was coordination initiatives. Coordination is a general problem in development cooperation, something that is also tackled in the Paris Agenda. Civil society lags behind in coordination efforts. A recommendation is that Sida needs to further encourage the Swedish Frame organisations to step up their efforts towards coordination, at national levels with CSOs and the government, among partners, and between Swedish organisations.

Support learning

Many of the organisations have now made HIV/AIDS a priority or at least an issue to be mainstreamed. Policies and guidelines have been elaborated or improved, incorporating new learning. Several organisations show that this new knowledge is applied in new programmes. In smaller organisations one may wish for a deeper understanding of the problems and one's own role. Knowing what role to play and how issues of gender, sexuality, material poverty, stigma and discrimination, and social and behaviour change interact is far more complex and probably requires more active support for continuous learning in the future. We recommend that Sida earmark money for learning and evaluation, and for assistance with such activities, in the event of future grants. Monitoring and evaluation need to be planned for from the onset of a programme.

Creating priorities through funding

The results of the Special Grant period clearly show that stronger ownership of an issue can be achieved in this way. The great majority of the organisations, without doubt, now have a stronger sense of ownership of the HIV/AIDS issue. This is seen in their policy development, mainstreaming work and expansion of projects/programmes within the sector. However, the success also probably depended on the timing being right – partners were already aware of the impact of HIV/AIDS on development and there was a great number of networks and experts that could be tapped into.

If Sida wishes to provide this kind of funding again it is recommended that it looks at whether there are enough enabling factors and identified needs in the environments in which the Swedish Frame organisations are active, in order for a Special Grant to be useful and potentially sustainable.

1. Introduction

The overall purpose of this evaluation is to assess whether the aims of Sida's special support for NGO projects addressing HIV/AIDS 2004–2006 were achieved, i.e. if the support resulted in concrete improvements in the use of new methods, capacity development, cooperation, coordination, dialogue and the expansion of HIV/AIDS support among the so-called Frame organisations.[3]

The evaluation is intended to serve as a learning tool for the organisations, their partners and Sida, and as an instrument for improving Sida's assessment of requests from the Frame organisations from an HIV/AIDS perspective. It is also foreseen that the conclusions will be used as a basis for/form part of new guidelines for Sida support to NGOs through its NGO allocation.

The evaluation is further expected to contribute to a deeper understanding of how the organisations integrated what they learned into policies, analyses and strategies. The recommendations are expected to help the organisations, as well as Sida, to strengthen their HIV/AIDS capacity and to capitalise the learning from the period studied.

In accordance with the terms of reference, the evaluation is divided into three parts. The first part (Chapter 3) consists of a general mapping of all the organisations that received funds from the Special Grant. Important results and effects of the implemented activities are listed, along with short descriptions of the projects. The chapter also discusses the *approaches* used, such as capacity development, collaboration and methods development. Chapter 4 looks at what *areas* the organisations focused on, for example prevention, advocacy, mitigation, etc. The findings in both of these chapters are mainly based on a review of written documentation and shorter follow-up interviews with senior staff in the different organisations.

In the second part of the evaluation (Chapter 5), we move on to a closer assessment of the implementing strategies of two of the Frame organisations – Forum Syd and LO/TCO Biståndsnämnd. The main questions responded to were: a) How was the special allocation used in relation to core activities? b) In what way have new programmes influenced the organisation's overall operations? c) What kind of networking and dialogues were initiated, and what partnerships were formed? d) To what extent did the allocation contribute to a greater sense of ownership and higher prioritisation of HIV/AIDS issues in partner organisations? Much of the information for this chapter was gathered through interviews with staff at the two Frame organisations, but some was also gathered through their partners. In addition, available project documentation was reviewed.

Finally, in part three (Chapter 7) the evaluation looks at how the allocation was handled by the Sida NGO division – SEKA. As this kind of information is difficult to find in documents, the basis for this chapter are interviews with Sida staff and also the viewpoints of the Frame organisations, which came to our attention during the interviews with them.

[3] The Frame organisations are a group of large Swedish CSOs through which Sida channels the bulk of Swedish aid funds for development cooperation with civil society partners in the South and East.

2. The Evaluated Intervention

In 1999 the Swedish government produced a policy for a strengthened Swedish commitment to combating HIV/AIDS – *Investing for Future Generations – Sweden's International Response to the HIV/AIDS Epidemic.*

In 2003, the government instructed Sida to intensify its work in this area. A process was initiated to raise the issue across Sida and to mainstream HIV/AIDS in Swedish development cooperation.

In an instruction (2003) to the Swedish Frame organisations Sida stated that:

"The HIV/AIDS problem is the most decisive factor for the development of the societies in sub-Saharan Africa now, and will be for the coming 20 years at least. HIV/AIDS also constitutes an immediate danger for social and economic development in other developing countries." (our translation)

In order to tackle the problem, organisations receiving Sida grants were instructed to analyse and plan their work in Africa on the basis of an HIV/AIDS perspective and to mainstream HIV/AIDS work in their programmes. In other geographic areas, the organisations were to assess the relevance of having an HIV/AIDS perspective in their work.

Sida's official account of the support through civil society organisations in 2002 and 2003 revealed that only two per cent of the Sida-funded programmes/projects could be considered direct HIV/AIDS interventions. A mapping of needs, carried out in 2002, showed that the Swedish NGOs had a great need for capacity development in methodologies for HIV/AIDS work.[4]

Discussions between Sida and the Frame organisations led to an agreement that Sida should coordinate a process of learning and exchange of experiences, involving the Frame organisations, their partners in Africa and specialist HIV/AIDS organisations. This process was carried out during 2004 (see Chapter 7).

In its instructions to Sida for 2004, the government introduced an option for the agency, in the case of HIV/AIDS work, to make an exception to the rule that the NGOs had to make a 10 per cent matched contribution in order to get a 90 per cent grant. In late March of the same year, SEKA informed the NGOs about this Special Grant. Full, 100 per cent, funding could be sought for

"interventions that are intended to develop or try out new ways of working in the area of HIV/AIDS. This can be methodological development, exchange of experiences, learning processes, coordination initiatives, new forms of cooperation and different kinds of direct project initiatives in the area of HIV/AIDS. The intervention should contain capacity and organisational development components." (our translation)

Furthermore, the initiatives were to be based on ongoing cooperation with local partners and had to fit into the Swedish organisation's core activities. They had to be carried out during the period 2004–2006.

In short, the Special Grant was supposed to boost the commitment and capacity of the organisations, which in turn would lead to improved quality and increased quantity of HIV/AIDS-related work in future development cooperation. The mapping in Chapter 3 is based on the criteria set out in Sida's objectives and in its guidelines for the Frame organisations.

Eleven of the Frame organisations responded to the call and applied for funds. After assessment by Sida, decisions were taken to distribute slightly more than SEK 100 million to fund the proposals.[5]

[4] Noaks Ark – Röda Korset 2002

[5] For a list of the disbursements to the Frame organisations, see annex 3.

3. Part 1 – Mapping of Special Support Initiatives – Findings

The terms of reference request a mapping of how the Frame organisations used the grants, in order to identify important results and effects of implemented programmes.

This mapping exercise did not, in most cases, allow for an analysis of the programmes beyond the documentation from the organisations themselves. In accordance with the ToR the applications, reports (final to Sida and internal reports), studies and analyses performed by the organisations, assessment memos, instructions to partners and policy and strategy documents were studied. In some cases the organisations themselves had performed external evaluations (OPIC, Africa Groups and SMC).

Interviews were carried out with the focal points on HIV and AIDS in each organization. As these organisations are long-time partners of Sida it was considered that these written and oral sources sufficed to get a truthful picture of how the organizations had used the grant and of the results.

In the following sections an effort is made to categorise how the funds were used, and conclusions on the results and the effectiveness of the Special Grant are drawn.[6]

3.1. Capacity Development/Learning

Capacity development can be defined in various ways. One definition, by UNDP, is

"The process by which individuals, groups, organisations, institutions and societies increase their abilities: to perform functions, solve problems and achieve objectives; to understand and deal with their development need in a broader context and in a sustainable manner". [7]

The concept of "learning" is broader and will obviously be part of any capacity development activity. In this mapping we therefore include learning in the areas of capacity development and networking.

The most common features of the programmes carried out were various capacity development initiatives. It can safely be said that capacity development was an ingredient of all programmes/projects, and a main feature of most. The Frame organisations utilized different proportions of their grants to prepare themselves for improved and expanded future work through an increased understanding of and knowledge about the complexities of successfully combating HIV/AIDS in development cooperation. The capacity development was thus intended to lead to policy development, strategic planning, capacity and organisational development and development of methods. On average, organisations used 30–50 per cent of their grant for capacity development, with Diakonia, SCC and Africa Groups dedicating almost all of their funds to such initiatives.

The capacity development had different aims/objectives depending on the level of knowledge and on needs – the most important aim/objective being to increase ability to mainstream HIV/AIDS in development cooperation.

The organisations started out from quite different levels of knowledge and commitment. While the Palme Centre (OPIC) hardly had any HIV/AIDS projects nor a policy or guidelines, Africa Groups had been very involved with the issue in its health and other projects in Southern Africa, based on well-developed HIV/AIDS and gender policies. Thus, the capacity development needed differed.

[6] For summaries of the Frame organisations' programmes, see annex 5.

[7] http://pppue.undp.2margraf.com/en/21_3.htm,, website accessed 15 June 2009

The Special Grant was consequently used to finance training and learning materials, workshops, seminars, networking meetings, consultancies, training and/or employment of focal persons and HIV/AIDS officers, and preparation of policies, guidelines and strategies, with the aim of raising the capacity of the organisation.

Target groups were the staff and managers of the organisations themselves, and their member and partner organisations.

The umbrella organisations (SMC, Forum Syd, OPIC and LO/TCO) distributed most of their funds to projects carried out by their member/project organisations, but, with the exception of LO/TCO, they also funded learning/capacity development projects implemented at central level.

Examples:
Diakonia, SCC and Africa Groups in particular emphasised capacity-building within their own and in their partner organisations.

Diakonia recruited a project manager and a strategic expert partner (Noah's Ark–Red Cross Foundation), which organised and carried out training for partners in five regions, joint analyses and an exchange of experiences within and between regions.

The Swedish Cooperative Centre (SCC) trained partners in Eastern Africa on the development of mainstreaming methods and workplace policies, with the involvement of an expert partner (RFSU). Training material and guidelines were produced by SCC and by its partners.

Africa Groups trained its own staff and members in Sweden, as well as partners in Southern Africa, in gender and HIV/AIDS, in cooperation with RFSU and local expertise.

With most funds going to various projects, several other organisations also put aside funds for capacity building:

SMC organised regional workshops and seminars on how best to strengthen commitment to HIV/AIDS work and strengthen the role of the church.

OPIC trained its staff and member and partner organisations in HIV/AIDS in relation to its core mandate of democratic development, and held network meetings in Sweden and elsewhere in mainstreaming work and method development.

LO/TCO ran training for union representatives at various levels and built a coordinated structure within the global trade union movement for HIV/AIDS work.

The Swedish Red Cross Society (SRCS) emphasized the capacity-building of national organisations in Southern Africa, through context analyses, training, focal persons and the physical strengthening of capacity at national and branch level.

PMU Interlife trained church leaders and media people in three Arab regions.

3.2. Collaboration/Exchange of Experiences/Networking

Under this heading we consider the organisations' collaboration with CSOs or other institutions outside of their normal partnerships, as well as exchange of experiences/networking within their partner/membership networks. The collaboration can be within the capacity-building work or directly in the implementation of projects/programmes with target groups.

Several organisations worked in collaboration with specialist organisations in their internal training work, e.g. Diakonia, Africa Groups, SHIA, OPIC and SMC cooperated with RFSU and Noah's Ark–

Red Cross Foundation. Local HIV/AIDS expertise was frequently involved in training activities, for example with the Red Cross in Southern Africa, SCC in Eastern Africa, Diakonia and Africa Groups. Several organisations also strengthened collaboration with PLWHA organisations, for example the Red Cross, Africa Groups and PMU Interlife. SHIA established new contacts between organisations of disabled people and HIV/AIDS organisations.

In Sweden, this collaboration created new and important contacts between specialist organisations and the Frame organisations, which are still utilised today. Several organisations also participated in joint seminars and workshops, and informal networks of people working with the issue were formed.

Networking clearly increased within existing networks, and often broadened as training activities, workshops and exchange of experiences were carried out. For many organisations, the "extra money" was of great importance as it enabled them to arrange network meetings and joint learning involving people from different countries and even regions, arrangements that would normally not fit into the very crowded project/programme budgets.

Before the introduction of the Special Grant, Swedish Frame organisations had expressed a need and a willingness to work more collaboratively with each other. The clearest outcome of this was the establishment of Forum HIV, a meeting place for the organisations. This forum is still functioning, with the participation of most of the Frame organisations, and is viewed as a useful network for the presentation and discussion of ideas and experiences. In some instances, e.g. during the preparation of the new Swedish HIV/AIDS policy, the network was able to produce joint views and present these to the government.

3.3. Coordination

In the build-up to the Special Grant, the organisations had declared that they wanted to coordinate their activities better and develop working methods together. If this was intended to include coordination between the Swedish Frame organisations or coordination of work between their various partners, this did not materialise. At present, there does not seem to be the capacity (time, money or organisational structure) for the organisations to coordinate their work in such a way. For some, e.g. the church-based organisations, such coordination does seem very appropriate to strive towards.

It may be that the competition for funds hampers the commitment to coordinate among the Frame organisations. If so, it is a general problem and not only with regards to the Special Grant.

The coordination that came about was the joint training and exchange of ideas and experiences carried out by a few organisations. This could have led to the development of policies and guidelines that would guide a more coordinated approach to HIV/AIDS work among the partner organisations, but the current plans of the Frame organisations, a few years after the end of the Special Grant, do not indicate that. An exception is Forum Syd, which is advancing its programme approach, coordinating project/member organisations' work geographically and thematically. SMC also strives towards certain coordination between its member organisations and their partners.

Improved coordination in the field between Frame partners and other CSOs was an important component in only a few of the programmes carried out under the Special Grant. The Red Cross, Africa Groups and SCC report such coordination with specialist CSOs and the government. The fact that networking and joint training was expanded has probably made the conditions more favourable for such coordination.

Coordination in the field is a huge, general problem in all development cooperation. The Paris Agenda has laid out principles on coming to terms with the challenge, and CSOs are slowly taking up the challenge, as they are increasingly forced to do so, by donor and partner country governments. Still, the many countries, funding agents, and foreign and local CSOs involved make coordination very difficult.

3.4. Division of Labour

Working towards increased and improved coordination should logically result in a discussion about the specific role the organisation sees for itself, in relation to the other CSOs and the government. One would expect the organisations to define their role in relation to what others are, or should be, doing.

The documentation does not, however, with a few exceptions, raise such discussions about the division of labour between CSOs or in relation to state agencies. References to their role vis-à-vis the state are sometimes made during interviews but are not equally pronounced in project documentation. Save the Children clearly states its and its partners' role as expert advocacy organisations raising structural demands and rights issues with the state. LO/TCO is also clear about its role in the workplace. Church-related organisations such as PMU, Church of Sweden and SMC, do mention their unique role as the communities' moral supporters and guides. It is also clear that organisations such as Diakonia, SCC and Africa Groups are well aware of the need to relate their work to what the government and specialist CSOs are doing.

But the state is conspicuously absent from most of the documentation. Advocacy work directed towards the state is sometimes mentioned, but seldom do the organisations explain how they would/should collaborate or coordinate with the authorities in the fight against HIV/AIDS. In the case of Save the Children this was stated clearly. SCC also involved government authorities, sometimes training public employees, and Africa Groups and the Red Cross have experience of such coordination, which was, in part, reflected in their projects.

3.5. Developing new Methods/Pilot Initiatives

There may be truly new methods to discover and improve on in the fight against HIV/AIDS, but such methods will most certainly be developed by specialist organisations rather than by general development organisations like the Swedish Frame organisations. "New methods" is thus understood here in a broad sense, as methods previously not known to or utilized by the organisations and their partners. "Pilot" is understood as something new to the organisations, not to HIV/AIDS work in general.

The impression is that the Special Grant gave the organisations an excellent opportunity to review what they were/were not doing and how they could do more HIV/AIDS work and do it more effectively.

Most importantly, mainstreaming was introduced by Diakonia and SCC in particular in training, policy development and guidelines, further strengthened by SMC and Africa Groups and initiated by Forum Syd and OPIC.

Examples of what can be seen as new methods in a stricter sense are:

- The LO/TCO programme established HIV/AIDS as an issue to be included in collective agreements.
- The Church of Sweden introduced theological reflection at an academic level as a basis for a strengthened commitment by church leaders to work in support of those affected by HIV/AIDS. Similarly SMC, and in particular the MO Bibelsällskapet, widened its work considerably by introducing the responsibility for churches to work with HIV/AIDS issues, thus influencing the work of the Global Bible Society. In a similar regard, PMU carried out its pilot work in some Arab countries.
- SHIA tried out methods of strengthening governments' and CSOs' understanding of the situation of disabled people in relation to HIV/AIDS.

Less "new" as methods, but partly new to the organisations were, for example:

– Africa Groups further developed methods for preventive HIV/AIDS work through reproductive health, sexuality education and gender equality methods.

– Save the Children's partners strengthened the children's rights perspective in HIV/AIDS work.

– SCC/Vi Agroforestry developed methods for livelihood strategies among poor farmers.

– The Red Cross developed OVC support methods.

Some of the project organisations under Forum Syd, OPIC and SMC piloted HIV/AIDS work as an expansion of their regular work. For example, SCA introduced awareness-raising training in a country where HIV/AIDS is unknown and a difficult issue to raise due to religious and cultural barriers.

3.6. Expansion of HIV/AIDS Work

Several organisations expanded their HIV/AIDS work during the Special Grant period, but it might be more important to see if their work was expanded after the end of the period. As most organisations devoted large chunks of money and effort to internal capacity-building, such preparatory work should have resulted in an expansion of subsequent work.

During the period, the greatest expansion can be seen in the work of Forum Syd's and SMC's project/member organisations, and to a lesser extent among the Palme Centre MOs. LO/TCO also greatly expanded its work.

There are few neat figures showing the exact volume of expansion of HIV/AIDS work in the Frame organisations. All of them report that the Special Grant increased their commitment to improve and expand work and to integrate the issue in their regular work. Most of them today have personnel with HIV and AIDS as a specific responsibility.

SMC increased its budget for HIV/AIDS projects from 8 per cent in 2004 to 13 per cent in 2008. PMU Interlife has seen a five-fold increase in its projects. Africa Groups today has HIV/AIDS related to gender issues as a priority area, as does Forum Syd, resulting in more HIV/AIDS-related projects and improved mainstreaming. Forum Syd reports that most of the project/member organisations that carried out projects during the period have continued HIV/AIDS work. LO/TCO supports a focal person in Geneva for the continuation of the HIV/AIDS work within the trade union movement.

SCC expects the mainstreaming effort to result in more HIV/AIDS components in regular work and the further development of livelihood strategies among farmers. Both SCC and Diakonia continue the mainstreaming work with partners, follow up on guidelines and policies, and keep up their increased network cooperation with specialist CSOs.

Save the Children has strengthened its rights-based advocacy approach to HIV/AIDS, and now has a full-time HIV adviser, indicating an expansion of its work. The Church of Sweden has continued and widened its programme on theological reflection and sees it taking root in the churches. SHIA has opened up work in this area, there is a demand for interventions and HIV/AIDS is now part of its project analyses. The weakest continuation can be found in OPIC, whose project/member organisations still have limited capacity or commitment to HIV/AIDS work.

3.7. Effectiveness and Results of the Special Grant – Conclusions

The Special Grant turned out to be an essential opportunity for the Frame organisations to lay the foundations for improved and expanded HIV/AIDS work.

It is somewhat surprising that organisations that had been active in Africa for a number of years still had such a need to build up an understanding of, and policies and strategies for, work with HIV and AIDS. But this appeared to be the case in 2004, and the rather slow take-up of HIV and AIDS is mirrored in Sida as a whole, as the Special Grant was just one part of a greater effort by Sida to scale up its own work.

Many organisations had, until then, viewed HIV and AIDS as a health issue and a government responsibility, involving specialist CSOs, not themselves. Awareness of the need to involve more actors had increased, but the Frame budgets were normally tied up. An increased emphasis on HIV and AIDS was only slowly taken up, and the capacity to mainstream yet another issue was limited.

- Capacity development

As the guidelines did not demand any focus on expansion of programmes/projects during the funded period, most organisations took the opportunity to build knowledge and capacity and lay the foundations for future expansion through training of personnel and partners, the improvement of policies, guidelines and strategies.

The room for capacity development is limited under normal programmes. The Special Grant was thus an effective method to strengthen this area. Some of the results visible beyond the grant period were:

Africa Groups – knowledge and understanding improved among partners, staff and members resulting in new partner strategies on SRHR/HIV/AIDS and HIV/AIDS made a priority area.

Diakonia – internal training and mainstreaming work improved, guidelines were prepared

PMU Interlife – internal evaluations show increased knowledge and commitment among church leaders,

Red Cross – Strengthened local RC chapters. A holistic strategy for OVC support was prepared.

SCC – Training has resulted in mainstreaming being established among partners in Eastern Africa.

SHIA – Manuals produced. Partners understanding of HIV/AIDS in relation to regular work strengthened.

SMC – Mainstreaming better understood and increasingly carried out by partners.

With 30–50 million SEK going to internal capacity development, the cost-effectiveness of these efforts may be questioned. Would it have been more effective to organise joint training of Frame organisations and member organisations in Sweden, and partners in regions? Maybe, but each organisation's need to combine training with organisation specific analyses, exchange of ideas and planning would have been made more difficult. A combination might have been appropriate, but would have depended on a stronger capacity and willingness to coordinate among the Frame organisations.

We believe that an important additional reason as to why such an emphasis was placed on capacity-building, was the limited time the organisations had for planning and applications. A different timescale, or a longer grant period would probably have resulted in more implemented projects.

Time was a problem. The invitation to apply came in March 2004 and the grant period ended in 2006, though the utilization of funds was in some cases extended to mid-2007. The organisations did surprisingly well, but such a rush is unsatisfactory. It would have been better if Sida had informed them earlier

about the forthcoming Special Grant, carried out preparations in 2004 (which was done) and then extended the implementation period by at least one year. It may also have been wise to gradually cut down the grant, for example by adding 90 per cent grants to the regular Frame funding, providing an increased opportunity for the organisations to expand this area in their regular work.

Several organizations declared that the possibility of temporarily employing project managers substantially increased the capacity to plan for and direct the various capacity building and policy development efforts.

- Collaboration

Collaboration among the Frame organisations increased. Partner networks were expanded. Several organisations initiated collaboration with expert organisations in Sweden and abroad, for learning and training. There is reason to concur with the assertion from organisations like Diakonia and the Africa Groups that this is impacting positively on the quality and quantity of HIV and AIDS initiatives after the end of the grant period.

- Coordination

The coordination of work was limited. The Frame organisations do not seem to have the capacity or willingness to coordinate their work. This may be due to a certain degree of competition, but is probably more a reflection of coordination demands within each organisation.

Coordination vis-à-vis local/national civil society and government may have improved as a result of increased knowledge about the issue and increased networking. But most organisations do not clearly demonstrate how they try to coordinate their work with other CSOs or align it with government plans and structures. There seems to be a need for further coordination efforts in the various countries. Nor does any organisation discuss the possibility that it might not be an appropriate organisation to work with HIV/AIDS, and that it should leave it to other more specialized or efficient organisations.

The Special grant was not an effective instrument for increased coordination. In our view this is wholly due to the lack of emphasis on coordination initiatives in the guidelines to the grant and in Sida's assessments of the proposals.

- Expansion of work

The Special Grant led to an expansion of work. Most importantly for the future, the organisations report that HIV/AIDS is now being mainstreamed in their work and for a few the issue is one of their priority areas. Several continue work in line with what was started during the period.

Interviews, planning documents and proposals to Sida after the period show that all organisations, possibly with the exception of OPIC, either expanded the volume of HIV and AIDS projects or strengthened the ongoing work in the area and the mainstreaming capacity.

But mainstreaming is not easy. There is a risk, voiced by some persons interviewed, that HIV and AIDS becomes just another issue to include in programme planning and applications – mainstreaming on paper – without resources to put it into practice. This may be part of the problem of the organisations not being quite sure of their role in relation to others in civil society or to the government. In a context in which some organisations do not work with HIV and AIDS and others include it in their core activities, organisations need to be clear about what role is appropriate for them.

Many organisations worked, and will continue to work, with information/awareness/behaviour change projects. This is an area that is already covered by many other development actors, from governments to very local CSOs. Over the years, Sida has also supported a number of large initiatives in this field through its other channels. It seems, however, that what stimulates behaviour change, the role that

information plays alongside lived experiences and material circumstances, is still something that needs to be investigated and researched.[8] To develop the quality and effectiveness of such work, there may be a need to gather and share experiences among the Swedish organisations and also support them in learning from others.

4. Findings – Areas of Work

4.1. Categorisation of Interventions

The terms of reference for the evaluation ask for a mapping of the funded programmes/projects according to the following categories: Prevention, Mitigation, Care and treatment, and Orphans and vulnerable children (OVC).

A more appropriate categorisation would be Prevention, Impact mitigation and Care and treatment, where OVC is a target group, included in each of the other categories, but may be measured separately as a prioritised group.

Prevention includes many types of information, e.g.information and awareness-raising, behaviour change, advocacy work, condom distribution, VCT, blood bank systems, etc. It also includes measures that tackle underlying causes, such as poverty, gender relations, STDs and health. At a national level, prevention of the spread of HIV and AIDS involves structural reforms, e.g. land use, women's rights, health and education system reforms, social security, labour force development and debt cancellation.

Mitigation covers interventions tackling the effects of HIV and AIDS on individuals and the society and may include social safety nets, psycho-social support, livelihood strategies for improved nutrition, income-generating projects, PLWHA support, etc. Also here, mitigation efforts at a national/government level would include several of the areas mentioned above.

Care and treatment includes some areas under prevention and mitigation but is often for clarity listed as a separate category. Within this category health institutional care, home based care, ARV and VCT may be listed.

4.2. Emphasis on Prevention

It is risky to place the organisations' work in absolute categories, as it might include different levels of intervention in several different categories. The table below should be seen as a general picture of the areas in which the Frame organisations placed their greatest efforts during the Special Grant period.

[8] See, for example, Jassey and Nyanzi (2007), Hawkins et al. (2005) and Hunter (2005).

Organisation	Prevention	Mitigation	Care treatment	OVC	Intern. cap. build.	Info/ awareness	Advocacy	Gender	VCT	ARV	Care, treatment	Livelihoods
Africa Groups	X	(x)			X	X		X				
Diakonia	X				X			X				
Forum Syd	X	(x)	(x)	(x)	X	X	(x)	(x)	(x)	(x)	(x)	
SCC	X	(x)			X	X	X	(x)				X
LO/TCO	X	(x)	(x)		X	X	(x)	(x)	(x)	X		
OPIC	X				X	X						
Save the Children	X	X		X		X	X					
SHIA	X				X	X	X					
Church of Sweden	X					X						
SMC	X	(x)			X	X			(x)			
PMU Interlife	X				X	X						
Red Cross	X	X	(x)	X	X	X					(x)	(x)

(x) = to a minor extent

As explained in Chapter 3, there was a strong emphasis on internal capacity-building. This capacity-building was spread to some extent beyond the network of partners and was referred to as "awareness-raising" work by member organisations and some target groups. Some organisations more strongly analysed and raised gender issues and there was a limited amount of advocacy work aimed at governments by some during the period. On a project level, information projects, with the objective of changing peoples' behaviour, were the most common.

What clearly emerges is that few organisations carried out work in the area of care and treatment or mitigation through strengthening poor peoples' livelihoods. Few had OVC as an important target group.

Of greater interest is to look at what the organisations see as their main role and the most important issues to consider in their future work on HIV/AIDS. Based on interviews and programme documents we, broadly speaking, see these trends:

All organisations view their main role as working with information/behaviour change/awareness-raising and some prevention activities, mainly support for VCT and condom distribution. Several organisations, Diakonia, Save the Children and Forum Syd in particular, but also Africa Groups and SCC, see an important role in advocacy work. On the other hand, very few organisations (mainly some SMC, Forum Syd and PMU member organisations) see care as a central task.

During the Special Grant period few worked with mitigation projects. Looking at the plans and programmes after the period prevention work still dominates but mitigation initiatives increase somewhat. Still, few organisations concentrate on mitigation work among the poor. Some SCC partners as well as some Africa Group partners and the Red Cross are involved in these kinds of projects. It is also part of LO/TCO's work place initiatives. MOs and partners of several of the other Frame organisations also carry out mitigation work, but it is not a priority area for these Frame organisations.

4.3. Conclusions

What we find is that the Frame organisations, to a high degree, have embraced the view that Swedish civil society development cooperation should concentrate on strengthening civil society in the partner countries, supporting its role as an advocate for the rights of the poor.

Project initiatives with "material content" or service delivery are often minor components of projects whose main objectives are information/behaviour change initiatives and to strengthen the voice of civil society and the poor. This should perhaps be the role of Swedish civil society support, if others, internationally, concentrate on the "material content". It is also a logical effect of a rights-based approach, emphasising the duty of the state to care for its citizens.

If others – states, bilateral donors and global funds – take on the task of delivering ARV, care, treatment, improved livelihood support etc, the Swedish organisations may have found their appropriate niche. But this structure and division of labour is not clear from the documentation we have seen.

In view of the many projects emphasizing information/behaviour change projects it could also be questioned whether knowledge is what is lacking today in most of Africa. To change people's behaviour is certainly an ongoing task and important among young people. But behaviour change does not come with knowledge alone, material circumstances also need to change in order for people to change their behaviour.

Often, the number one demand of people affected by HIV/AIDS is support for improved livelihoods – income-generation and treatment – be it a local clinic or a bus fare to the clinic, safe water, seeds for cultivation or inputs into an IGA. In our opinion[9], civil society needs to be involved in this with Swedish support, while also organising people, strengthening their voice and advocating for the government to accept its responsibility.

We cannot determine the appropriate division of labour between the various tasks, but feel that the organisations and Sida need to keep this discussion alive.

Many organisations declare, in their policies, that advocacy and a rights-based approach are essential. Some, for example Diakonia, have worked in this way for a long time and Diakonia has chosen its partners on that basis. Save the Children also carried out an effective advocacy work. But advocacy is difficult, and for small organisations to do effective advocacy that leads to change is difficult. It will need to be based on strong local partnerships within civil society for effective results at the local level. At the national level, effective advocacy will need strong and influential organisations with broad memberships, e.g. the trade union or farmers' movements. Frame organisations need to critically assess how they effectively can coordinate efforts to create the necessary clout.

5. Part 2 – Implementing Strategies of LO/TCO and Forum Syd – Findings

5.1. Introduction

Two of the Frame organisations received a significantly larger share of the grant than the others. These were LO/TCO and Forum Syd. A total of 22.5 million SEK was channelled via LO/TCO and 23 million SEK on activities and projects undertaken by or channelled via Forum Syd. A common feature of these two organisations was that they allocated most of the money to projects rather than internal capacity-building. It was therefore requested by the SEKA team for civil society that the evaluation take a closer look at the implementing strategies of these two organisations.

The findings in this chapter are based on written project documentation and interviews with staff at the organisations and with their partners (in the case of Forum Syd the equivalent of partners are organisations that receive project support – *projektstödsorganisationer*). As the partners of LO/TCO were outside of Sweden they were contacted by e-mail and responded to questions asked in writing. Both organisations carried out a large number of activities, and we have only looked in depth at a few initiatives. Three LO/TCO projects, which it was felt had produced good results and with which there was the potential for learning, were selected as examples. At Forum Syd, five organisations that received project support were randomly chosen from Forum Syd's project list (one criteria used was to choose some small and some larger organisations) and looked at more specifically. Swedish partner representatives were interviewed.

An important limitation was that no local partners were interviewed and none of the projects could be visited. The assessment of the results of the projects thus had to be based on the written and oral information given by the Swedish (Forum Syd) and international (LO/TCO) partners.

[9] Based on studies in preparation of *How to Be a 'Proper' Woman in the Time of AIDS*. Jassey, K. and S. Nyanzi (2007) Current African Issues No. 34, Uppsala: The Nordic Africa Institute, and on evaluations of Red Cross and SMC programmes in the Lake Victoria area (2007, 2003).

In the terms of reference, four main questions are raised: How did the organisations use the special allocation in relation to their core activities? In what way have new programmes influenced the organisation's overall operations in terms of HIV/AIDS? What kind of networking and dialogues have been initiated during 2004–06? To what extent and how has the allocation contributed to a greater sense of ownership and a higher priority for HIV/AIDS issues among partners? This chapter will provide answers to these questions, both in terms of findings as well as in attempts to draw evaluative conclusions.

5.2. LO/TCO and Forum Syd – Overview

5.2.1. LO/TCO

The first application from LO/TCO was approved in September 2004, and covered the last three months of that year. This was intended to help them initiate programmes with three global unions that would work towards eradicating discrimination in the workplace against PLWHA and also to start revising collective agreements. The amount for this work came to SEK 1,973,351. According to the desk officer in charge at LO/TCO, however, the late decision from Sida meant that in reality there was no time for real activities that year.

LO/TCO handed in its application for 2005–2006 by October 2004 and got final clearance on this application in early April 2005. This meant that activities only got off the ground in the summer of 2005. The application covered 12 projects coordinated under 1 programme and covered some 40 countries, with a geographical emphasis on Africa. SEK 20,420,000 was divided almost equally between the two years. Sida acknowledged the prolonged waiting time for disbursement and gave LO/TCO permission to continue activities until mid-2007.

Apart from the cost of having one full-time member of staff in Stockholm, who could coordinate the programme, all the funds went directly to programme activities in the field. The main goal of the programme was to place HIV/AIDS within collective agreements, increase collaboration between employers and unions on the issue, increase collaboration within the global trade union movement, and increase collaboration between unions and specialist HIV/AIDS NGOs. Another important goal for many of the projects was to include HIV/AIDS in study circles or similar training activities. One of the projects, the PANAF programme in Africa, focused solely on this and developed specific training material for union-led study circles.

Most of these goals were more or less achieved, according to documents and interviews. The only area that turned out to be more difficult than anticipated was getting HIV/AIDS into collective agreements. The work with collective agreements has continued after the end of the grant period.

5.2.2. Forum Syd

In November 2004, Forum Syd received a grant (SEK 460,000) to prepare for the use of the Special Grant. Sida and Forum Syd agreed that Sida would make available a fund through which Forum Syd would finance incoming applications. The amount for the 2005 fund was set at SEK 10,950,000. With additional funding for 2006, Forum Syd was allocated 23 million SEK in total, and the use of the funds was in some cases extended to mid-2007.

Throughout 2004, Forum Syd and Sida discussed the size of the grant, how an extra grant should be handled and directives concerning the grant. This delayed information going to the member/project organisations. In February 2005, Forum Syd informed them about the possibility of applying for funding for HIV/AIDS projects in accordance with the guidelines sent out by Sida. The application period for 2005 was extremely short – a few weeks. At the same time, the organisations were informed, within Forum Syd's normal application cycle, about the deadline for applications for 2006 (1 May, 2005).

In order to plan for and initiate capacity-building within Forum Syd and its member organisations to handle the expanded resources and increased emphasis on HIV/AIDS, an expert resource person (with a background of work in Noah's Ark–Red Cross Foundation) was contracted for a two-month period (Feb–March 2005). She initiated networking contacts with other Frame organisations, analysed training needs and laid the foundation for guidelines for applying organisations on how to analyse HIV/AIDS needs in the context of project planning.

Five seminars and training sessions were carried out for Forum Syd employees and member organisations during the year. Another set of training sessions was carried out for employees and member organisations in 2006.

At the outset of the Special Grant period, Forum Syd did not have a policy for HIV/AIDS work, but had initiated a process towards an increased emphasis on the issue. In Tanzania, from 2003, it handled a Swedish embassy fund for support to grassroots organisations, and it had decided to carry out feasibility studies in Southern Africa and Ethiopia to see whether and how Forum Syd could develop an HIV/AIDS support programme, involving Swedish member organisations, partners and new partners. The Southern Africa study resulted in the initiation of HIV/AIDS programmes in Botswana and Zambia.

The great majority of the funds were used to finance the project initiatives of project/member organisations. As mentioned, the organisations had very limited time to prepare applications and even less to plan the projects together with partners. In spite of this, 76 applications were presented and 39 approved (some after clarifications and delays).

At Forum Syd, the capacity to assess the applications was also severely limited. In fact, one programme officer had to carry most of the load, handling about 50 applications in a month, three to four times the normal workload.

There was consequently a high risk that some projects were insufficiently prepared and that Forum Syd missed out in its assessments. This evaluation cannot determine whether this was the case. Forum Syd does not report on any failed projects. The sample projects[10] reported positive results..

The focus of most projects was information/awareness work and the strengthening of local CSO capacity to work with HIV/AIDS in this prevention area. As discussed earlier (4.2.), many organisations seem to have chosen this area as an entry point to HIV/AIDS work as they had limited competence, and as a possible add-on to ongoing mobilisation work.

5.3. Relation to Core Mandate

Did the project and activities supported by the grant relate to the core mandate and profile of the organisations?

5.3.1. LO/TCO

In order to see how the projects related to the core activities of the organisations it is necessary to first explain how the organisations see their own mandate and role.

In the case of LO/TCO, it explains its role on its homepage as that of an organisation dedicated to promoting a more equal distribution of power and resources in order to eradicate poverty in the world, to fostering equality and welfare and to strengthening democracy. It emphasises equal opportunities and believes that by supporting the development of independent and democratic trade unions it can bring about social change, with union members able to demand their rights and support national processes of democratisation. One of its main tools is to support the development of collective agreements, and

[10] See annex 5.

another commonly used tool is to support the training of members by their unions, often by way of study circles.

In interviews with LO/TCO staff, and in LO/TCO programme reports, it was stated that unions have traditionally seen their main role as being to bargain, on behalf of their members, for better salaries and good working conditions. HIV/AIDS was understood by many as a social issue that existed outside the workplace. This was perhaps especially true for the Swedish trade unions, including to some extent LO/TCO itself. However, the organisation had noticed that almost all the applications that came from Africa, even prior to 2004, included HIV/AIDS, but up to that point it had not seen HIV/AIDS as a relevant trade union activity or as something that it had the competence to engage with. Hence, for LO/TCO the Special Grant came at a time when it had begun to realise the importance of including HIV/AIDS in its regular programmes.

In terms of tools used, all of the projects (with the possible exception of one undertaken by journalists) used their regular channels and modes of work and incorporated HIV/AIDS into these. For example, they included HIV/AIDS in their adult education programmes (see PANAF for example), advocated for collective agreements to include paragraphs on HIV/AIDS, and convinced employers to respond appropriately. Initially, most of the projects were aimed at providing information and education, but as some of the partners had a longer track record of working with HIV/AIDS an awareness grew that they had a unique role to play in ensuring that consideration of PLWHA became part of collective agreements. During interviews, it was emphasised that LO/TCO did not work with workplace policies that had no legal status; its the goal was to place HIV/AIDS within collective agreements that could be legally enforced.

Thus, even if LO/TCO had not funded special HIV/AIDS projects prior to these grants, many of its partners were already engaged at some level. ITUC (the International Trade Union Confederation) had run a six-month campaign, supported by UNAIDS, but it lacked the funds to continue and UNAIDS had not been able to provide funding for activities on the ground. The Special Grant made it possible to employ a full-time coordinator, as well as to fund activities in Africa. Another of LO/TCO's global partners, IUF (International Union of Food, Agricultural, Hotel, Restaurant, Catering, Tobacco and Allied Workers' Associations) had, during its congress in 2002, adopted a resolution on HIV/AIDS with special reference to sub-Saharan Africa. It had already submitted a proposal, in 2003, to LO/TCO and in e-mail correspondence with the evaluator the officer in charge stated that it would have implemented some of the activities of the project in Africa even without the funds, but that the grant made it possible to do more and also to expand to India and Latin America. A third partner, IECM (International Federation of Chemical, Energy, Mine and General Workers' Unions) had, during a mining conference in Johannesburg in 2004, established the need for HIV/AIDS work. However, because of a lack of resources it had been unable to take any action until the special support provided by the grant came.

However, while LO/TCO's global and regional partners may have initiated HIV/AIDS projects prior to the Special Grant, and found ways of fitting them into their core mandate/programme, this was not true for the Swedish trade unions. As the grant represented 100 per cent funding, there was no need to go through the Swedish partners in order to get the usual 10 per cent of financing from them. If it had been necessary for the Swedish unions to provide 10 per cent of the budget, LO/TCO staff felt that they might not have made HIV/AIDS a priority at that stage, as the number of projects they could fund was limited. The HIV/AIDS project run by IECM will now continue as a normal collaboration with the Swedish union IF METALL, and is an example of how the HIV/AIDS projects did not relate to the core activities of, or were not seen as necessary by, the Swedish unions. However, this has since changed as a result of the work on a global and regional level.

5.3.2. Forum Syd

Forum Syd did not have an HIV/AIDS policy or guidelines at the start of the Special Grant period. A certain capacity to handle the issue was in place and an assessment of an "HIV/AIDS perspective" was done by project officers when this was considered appropriate. The issue had become increasingly important for the organisation and it felt a need to strengthen capacity and to include mainstreaming and increased funding for HIV/AIDS-related projects.

Forum Syd's strategy is to:

- strengthen civil society's learning, competence-building and development of methods
- strengthen civil society's ability to form public opinion and to advocate
- strengthen the long-term effects of civil society development cooperation.

Forum Syd's roles are seen to be:

- Forming public opinion/advocacy
- Capacity-building
- Strengthening civil society in the South and the East
- Quality assurance and the channelling of funds to civil society.

HIV/AIDS was thus not within Forum Syd's core activities as such, but was seen as necessary if and when the issue was defined as a major threat to development and an important task for civil society to engage in.

The reasons why Forum Syd, by early 2004, had not prioritised HIV/AIDS were that the pressure to do so had not been felt from the project/member organisations (who at this time most often viewed HIV/AIDS as a health issue), and Forum Syd itself had not defined it as a major development problem, even though it was moving in that direction.

The Special Grant clearly speeded up this process. It gave Forum Syd the opportunity to recruit special expertise and the planning capacity to analyze needs and plan for capacity-building and the development of methods and guidelines on how Forum Syd should work with HIV/AIDS. Such work could have been initiated without the Special Grant, and probably would have been, at a slower pace, but the availability of money also created a strong demand from the project/member organisations, increasing the need for Forum Syd to handle the issue in a programmatic way.

Few project/member organisations had HIV/AIDS as a major component of their work. The new grant inspired them to include this area in what they were already doing. The random sample of five projects (see annex 6) shows that four of the organisations added an HIV/AIDS component into ongoing work on the strengthening of local CSOs and/or local development. One, Läkare Utan Gränser (Swedish acronym LUG, internationally known as MSF – Médicins Sans Frontières)), expanded its ongoing work with HIV/AIDS. LUG would have carried out its work regardless of the extra funds, and the Zambian Agricultural Small-scale Project (ZASP) would, at a slower pace, have developed its work, but the others might not have introduced HIV/AIDS work if the extra money had not been made available.

Our overall conclusion is that the Special Grant speeded up a process that had been initiated and strengthened the understanding of HIV/AIDS as a central development issue, in particular in Africa. It also led to the development of methods and guidelines, at Forum Syd level, and also at the level of some of the project organisations.

5.4. Influence on the Organisations' Overall Operations – Findings

In what way have new programmes influenced the organisations' overall operations in terms of HIV/AIDS?

5.4.1. Findings

The terms of reference state that the evaluation should look at how the new programmes have influenced the organisations' overall operations in terms of HIV/AIDS. We have interpreted this as changes that are expected when an issue is "mainstreamed" into an organisation, i.e. structural changes that affect how the organisation operates. Most development organisations today talk about mainstreaming, and usually mainstreaming includes a number of measures that follow the same format. Among the more common steps taken when mainstreaming an issue, are training courses for staff, guidelines on how to include the issue in programmes, writing and endorsing a strategy or a policy, and recruitment of special advisers. Often, all of these steps are preceded by a number of studies that either discuss the issue to be mainstreamed or look at the organisation's current capacity and potential to include a new perspective and approach.

With the help of the grant, steps were taken at Forum Syd that can be identified as part of a mainstreaming process:

- A set of courses and training sessions was introduced. Courses were, and are, held twice a year for project/member organisations, and HIV/AIDS is one of the issues brought up in project planning courses.
- Forum Syd today defines HIV/AIDS as one of its five central development issues.
- Forum Syd developed a methodological handbook (Make HIV and AIDS an issue of rights) and a "toolbox" of guidelines and advice for its member organisations.
- An analysis of HIV/AIDS is now a requirement for all organisations seeking support from Forum Syd for projects in sub-Saharan Africa.
- Forum Syd developed a workplace policy for the whole organisation (to be adopted).
- In its Methods Department, Forum Syd now has a person with responsibility for HIV/AIDS.
- Forum Syd plays an active part in Forum HIV.

Since LO/TCO did not use any of the funds for internal capacity-building there was less emphasis placed on "mainstreaming". One full-time post was established during the years of the grant, with responsibility for handling HIV/AIDS projects. During the interview at LO/TCO, it was emphasised: "it's in our backbone that if we get money that money should go straight to projects and not stay here". As a consequence, few measures have been taken towards mainstreaming HIV/AIDS so far, at least according to the more traditional approach of mainstreaming within development organisations. The aim is to write a policy on HIV/AIDS, but this work has been delayed. At first the organisation hoped that it could partly draw upon the policy that its Dutch counterpart was working on but when this policy was ready it realised that they did not share the same view as to what a policy should look like and what it should contain. The board then decided that they should wait until the Sida evaluation and their own internal evaluation of the programmes (originally planned to be carried out during 2008) had been finalised. LO/TCO's view at present is that HIV/AIDS should be part of policies and approaches/principles regarding the work environment and a future policy will have a focus on collective agreements.

Looking at the projects and programmes, however, it seems as if HIV/AIDS will be mainstreamed in many of the partner organisations. HIV/AIDS is now identified as something that must become part

of collective agreements and it is recognised that unions' should make sure that employers support staff who are affected and ensure that non-discrimination principles apply. This evaluation did not allow for a very detailed follow-up of the individual programmes, but it is possible that the internal evaluation will come up with lessons, and examples of a slightly different mainstreaming process.

5.4.2. Conclusions

At Forum Syd significant development took place and the Special Grant must be seen as an important catalytic factor behind this. Are the changes sustainable and will they make a difference to how Forum Syd operates in the future?

This evaluation cannot determine sustainability at the project implementation level, but the sample projects indicate a stronger sense of ownership of the issue and that the work is continuing. The introduction of guidelines that require an HIV/AIDS analysis for organisations seeking support also indicates that the change has the potential to be sustainable. However, during interviews the desk officers expressed that many of these analyses by the project implementing organisations were rather superficial and rarely were able to make any deeper analysis of how HIV relates to other issues such as gender and sexuality or social relations. This level of understanding is not a failure per se, but would suggest that there is a need for a longer-term approach to supporting the organisations in understanding HIV/AIDS and what their role could be. This is also an ongoing work at Forum Syd, based on the methodological handbook, courses and the guidelines to applying organizations.

Forum Syd took the opportunity that the grant offered to spend resources on mainstreaming HIV/AIDS into the organisation. The grant was a decisive enabling factor in this process. However, money can only do so much. Whether the steps it took, and how it chooses to work in the future, will lead to a lasting impact on the organisation as a whole depends to a large extent on its staff and managers.

If remains to be seen whether LO/TCO produces a policy, what it contains and what impact it will have. However, even if the small office in Stockholm did not capitalise on the opportunity to utilise the grant for its own capacity-building, some of its main global partners did. The larger and more successful programmes will continue, and it seems likely that this will have an impact on what LO/TCO and the Swedish Unions consider mandatory in the future.

5.5. Networking and collaboration

What kind of networking and dialogues were initiated during 2004–06?

5.5.1. Findings

Forum Syd clearly increased its collaboration with other organisations as a result of the Special Grant.

- It participated in the two Sida-organised conferences in Africa in 2004 and the conference held at the Civil Society Centre.
- It established cooperation with Noah's Ark–Red Cross Foundation, which continues.
- It investigated what other Frame organisations were doing in the sector and invited five of them to take part in a reference group that advised Forum Syd on its development of a HIV/AIDS handbook.
- It participated actively in Forum HIV, and contacts with focal persons in other Frame organisations are still very much alive.
- In Africa, Forum Syd increased its networks and established collaboration with various CSOs through the CSO-support fund financed by the Swedish embassy in Tanzania, and through the HIV/AIDS support programmes in Botswana and Zambia.

– In South Africa, Forum Syd arranged a conference on HIV/AIDS, inviting project/member organisations and partners.

At the level of project/member organisations, the sample projects indicate a widened collaboration. Such was the case with the Gambia, Zambia and Afghanistan projects, and such collaboration was already in place in the LUG project. The results of these projects also indicate a continued, and maybe expanded, collaboration with other CSOs.

LO/TCO also participated in the activities arranged by Sida, including Forum HIV. Initially it had been in contact with RFSU, Noah's Ark–Red Cross Foundation and SHIA to discuss a more formal collaboration, but this never materialised. However, the increased networking facilitated by Sida and further prompted by the Special Grant has opened up channels between LO/TCO and organisations such as Noah's Ark–Red Cross Foundation and RFSU, with whom they are now "on good speaking terms". This term was used during the interviews, to mean that it is easy to pick up the phone and call someone when necessary. LO/TCO also had contact with OPIC about the paper that OPIC produced on democracy and HIV/AIDS.

What was perhaps even more important in terms of learning and the capacity development of LO/TCO were the new contacts and networking that came about internationally. Through the programmes and partners that it was able to support with the grant, it was introduced to UNAIDS, ILO/AIDS and the World Aids Campaign. Increased collaboration and networking with new partners played a significant role in all three of the projects reviewed in more depth. Below are a few examples, and many more can be found in project documentation.

– One of the key project objectives for the Global Union's AIDS Project (GUAP) was to bring together trade unions at national and regional levels and this was the first ITUC project that had succeeded in doing so (coordinating unions nationally is sometimes fraught with difficulties).

– Coordination at national level is now an integral part of the work in every country where GUAP has conducted activities; one example is Senegal where the Senegalese Global Unions agreed with the government to ensure future coordination of the HIV/AIDS response through the National AIDS Council of Senegal. Another example is Zambia, where the Zambia Global Union' is now a strategic partners of the National HIV/AIDS/STI/TB Council.

– GUAP created links and networks with, among others, the World AIDS Campaign, UNAIDS, ILO/AIDS and WHO. This was the first time that WHO had invited trade unions to discuss treatment initiatives and supported them to conduct "access to treatment programmes" in six African countries.

– As a result of GUAP's work, the country coordinating mechanisms for the Global Fund to Fight AIDS, Tuberculosis, and Malaria now include trade union representatives.

– ICEM has kept in close contact with the Global Business Coalition on HIV/AIDS, Tuberculosis and Malaria.

– Other new contacts for IECM include, in Nigeria, SMARTWork and the Nigeria Business Coalition against AIDS, the National AIDS Secretariat in Sierra Leone, and the Chamber of Mines in Namibia.

– The work of IUF led to it being invited to participate in developing national codes/legislation on HIV/AIDS in Mali and Niger.

– IUF has also established links with the Swedish initiative *"Schysst resande"* (Swedish for "fair or decent travel") because IUF represents workers in the hotel industry.

– All LO/TCO-supported programmes also mention that they have had contact with specialist HIV/AIDS NGOs.

5.5.2. Conclusions

Without a doubt, the collaborations mentioned above strengthened Forum Syd's capacity to develop its policy, methodology and guidelines on HIV/AIDS. In particular, the cooperation with Noah's Ark–Red Cross Foundation and the recruitment of an HIV/AIDS expert strengthened capacity at central level.

During interviews at LO/TCO, the desk officers expressed appreciation of their global partners and a clear recognition that the networks and contacts to which they had been introduced through the programmes strengthened their own understanding and learning. They also appreciated their new contacts with other organisations in Sweden. HIV/AIDS was a new area for both LO/TCO and the Swedish trade unions.

In retrospect, staff at LO/TCO realised that they should have been more active from the beginning in making sure that the information about what their global partners were doing reached the Swedish trade unions. Despite this, linkages and contacts did evolve over time, and meetings were arranged in Sweden in which the Swedish partners could also become involved and get informed. LO/TCO believes that the awakening of the Swedish trade unions with regards to HIV/AIDS is evidenced by the fact that they responded to the drafts of the new Swedish policy on HIV/AIDS, something which LO/TCO believes would not have happened without this work.

The networking and collaboration clearly strengthened capacity in Sweden. But, perhaps more importantly, it seems as if the work of the global unions in the programmes also influenced other national and global channels and platforms for HIV/AIDS. They were influential in achieving recognition of HIV/AIDS as a workplace issue both in terms of access to treatment and also from the perspective of non-discrimination in the workplace.

One purpose of the grant was to stimulate increased networking, cooperation and collaboration. Both organisations have used the grant for this purpose, and, as far as can be assessed in a limited desk-study, with good results. The forthcoming evaluation of LO/TCO will probably yield more lessons in this area.

5.6. Ownership of the HIV/AIDS Issue among Partners

To what extent, and how, has the allocation contributed to a greater sense of ownership and a higher priority for HIV/AIDS issues among partners?

5.6.1. Findings

According to Forum Syd, many of its project/member organisations had very limited knowledge about HIV/AIDS and about how to work with the issue. Many organisations are small and built around a limited cooperation. The fact that they also have few resources means that an offer of 100 per cent funding is very attractive. Thus, there is a risk that initiatives will be supply-driven. This risk was accentuated by the fact that the application period announced by Forum Syd was extremely short, limiting the opportunities for organisations to analyse their role and to work out plans in cooperation with local partners.

In order to investigate how some of the project organisations under Forum Syd used their grants, five organisations were chosen randomly from Forum Syd's list of organisations who had received funding.[11] Three of the five sample project organisations were already working with HIV and AIDS, one highly competent (LUG/MSF), the other two learning, while two of them seem to have raised the issue as a

[11] See Annex 7

result of the grant offer. The project initiatives were taken by the Swedish partners, and then elaborated with a limited participation by the local partners, due to time constraints.

The allocation strongly contributed to a greater sense of ownership and greater prioritisation of the issue in all organisations. For LUG/MFS it was a welcome extra financial contribution to an already ongoing HIV/AIDS work, while for the others HIV/AIDS became an issue incorporated with their regular development work. Both SCA and Göteborgsinitiativet (Swedish meaning The Gothenburg Initiative) contracted individuals with high-level HIV/AIDS qualifications, who subsequently have stayed in the organisations. ZASP and Sukuta continued and expanded their work. Without the support, these organisations would either not have started work on HIV/AIDS or would have developed it at a slower pace and on a smaller scale.

As there was no requirement to self-fund 10 per cent, LO/TCO could work directly with its global and regional partners, in a sense by-passing the normal Swedish channels. All of the global unions that were contacted stated that they had already identified HIV/AIDS as an important issue for them, and the desk officers at LO/TCO also pointed out that it had been part of project applications long before 2004 (as mentioned earlier). In this sense, the question in the terms of reference on whether ownership had increased among partners due to the special allocation cannot be answered, as HIV/AIDS was already a priority. However, for the Swedish trade unions HIV/AIDS was something new, and during the interview the desk officer who was in charge of the HIV/AIDS programme at LO/TCO said that more time should perhaps have been spent from the very beginning on getting them involved. Nevertheless, the topic has now been adopted, as can be seen by the fact that many of the programmes have continued even after the end of the special allocation, now in collaboration with Swedish trade unions.

What is more interesting to note with regard to LO/TCO, is that it has seen a decline in HIV/AIDS projects for 2009 which is not related to the fact that there is no more Special Grant – it had a significant number of such applications prior to the grant. It has still not had the chance to look into this, but suspects it may be because HIV/AIDS has now been partly mainstreamed and therefore there are fewer applications with a sole focus on the issue. The up-coming evaluation of LO/TCO will hopefully look into this, as it may be of relevance to other organisations as well.

5.6.2. Conclusions

Is it possible to create ownership through strategic funding?

It appears as if it is indeed possible to create ownership through strategic funding. This should not be surprising, as it is a very common approach within development, once a topic has reached a certain boiling point and has reached the awareness of the key decision-makers, funding is always part of any strategy to roll-out the new topic. Of course, success depends greatly on timing, a real felt need, networks to tap into, and experiences and experts to learn from.

It is likely that the reason why this grant can be considered successful in making it possible for the organisations to engage in projects that required new thinking and approaches is that the timing was right. HIV and AIDS are universally accepted to be issues of importance for all areas of development, especially in sub-Saharan Africa. The importance has arisen from a real need on the ground and not from negotiations at UN level or in similar places.

At the same time, because working with HIV/AIDS was relatively new to both these organisations, more so in the case of LO/TCO which is not as closely connected to Sida and mainstream development thinking and discourses as Forum Syd, it seems that the possibility of receiving 100 per cent funding was a crucial factor when it came to pushing them towards taking the step. It is most likely that LO/TCO would not have been in a position to raise funds for the projects undertaken by its global partners without 100 per cent funding. Some of the more successful and groundbreaking projects have continued after the end of the grant, using regular funding.

Our conclusion, therefore, is that a pre-condition for a grant of this character to be successful must be that it relates to an issue that is already on the table, and where there is a real concrete identified need. Timing is essential, but also essential is the number of other developments and initiatives in the field, with which organisations can link and build upon.

The fact that the funding was 100 per cent was a risk, in the sense that it could have become supply rather than demand-driven. In addition to this, the lack of time given to prepare project applications increased the risk that applications would be neither well-grounded nor well-conceived or properly planned. Given these risks, it could be considered a great success that both organisations managed to carry out activities and support projects that related well to the purpose of the grant and that are still in place today. Needless to say, not all activities supported by the grant can be considered successful. It should also be noted that many of the activities or projects that have had an impact on the work of the organisation (mainly Forum Syd) and are still ongoing today, two years after the grant came to an end (LO/TCO), would most likely not have been initiated without 100 per cent support.

What perhaps was more surprising to the evaluators was the lack of priority given to and ownership of HIV/AIDS in many of the Swedish organisations prior to this special initiative. Given that one of civil society's *raison d'être* in development cooperation is that it represents the knowledge and experiences of poor people – those living with HIV/AIDS often fall into this category – it is somewhat amazing that the organisations needed the Swedish government and Sida to help them kick-start this work. Of course, joint discussions had preceded the grant, but a question mark remains over what the division of roles and knowledge between the state and civil society in Sweden looks like when it comes to tackling development issues.

6. Relevance, Sustainability, Innovation, Effectiveness and the Role of Civil Society

What follows are some reflections on whether the activities could be seen as relevant and sustainable, and also whether they were characterised by the innovation that Sida had wanted and to what extent the fact that they were undertaken by CSOs mattered. We also comment on the effectiveness of the grant in terms of results.

6.1. Relevance and the Role of Civil Society

The increased number of activities was, needless to say, related to the increase in the available funding, and not necessarily to an upsurge in the realisation of needs. It is therefore perhaps even more necessary than usual to look at the extent to which these activities were relevant. Usually in an evaluation, relevance refers to whether the projects and programmes are relevant in relation to the goals and policies of an organisation, etc. Here we have chosen to look at relevance in relation to three aspects: the defined needs, the core mandate and capacity of an organisation, and the division of labour.

In general, there is a common agreement that HIV/AIDS has an impact at many levels in any society where the virus has taken hold. It is also agreed that this impact is negative, for individuals and also for the development and prosperity of any society, be it a small town, a nation or a sub-region. The fact that the evaluation is in part a mapping, plus the overall lack of reference to studies or to previous experiences from other programmes in the project documentation, means that it is difficult to state to what extent the programmes were relevant from a broader societal perspective, as there was no chance to assess the needs defined in the programme documents.

A large proportion of the funding was used for capacity development activities, and we would assume that this arose from a need identified by the organisations. In order for them to do "the right things" and be relevant in the future they needed to learn more now.

Out of the funding that went to activities in the field, the largest portion went on prevention, mostly on information, awareness and behaviour change activities. In many cases this may have been appropriate, for example if an objective of the organisation was to reach groups and environments that would otherwise not be reached (as could be argued in the case of LO/TCO, the Swedish Committee on Afghanistan – SCA, SHIA and a few more). It would have been more feasible to assess whether activities and programmes were relevant if the information activities had been based on a contextual analysis of what information is available, where people look for information, what kind of information prompts them to act, what other factors interact with this information, and so on. However, we did not find much evidence of such analyses in the programmes. Of course, we should not expect to have been able to find such evidence, as this would have required considerable experience of working with HIV/AIDS. It was, after all, precisely this lack of experience that prompted Sida to introduce the grant in the first place.

When it comes to relevance in relation to core mandate and capacity, we only looked at LO/TCO and Forum Syd in depth. As can be seen in Chapter 5, we found that both of the organisations chose a relevant mode of operation, given their mandate and capacity. For LO/TCO this meant working as usual through the trade unions and attempting to include HIV/AIDS in its main negotiations around collective agreements, making employers more aware and responsible, the regular programme of study circles and so on. For Forum Syd, the main activity is to channel funds to smaller Swedish NGOs and CSOs. Therefore, it seems not only appropriate but necessary that some of its efforts were directed at establishing a new strategy/policy on the subject that it could use in communication with these other organisations, and also that it offered training in combination with the development of new mandatory criteria regarding HIV/AIDS for all organisations seeking project support.

Relevance in relation to the division of labour – "who should be doing what" – is discussed here together with the role of civil society. This turned out to be difficult for us to assess other than superficially. It can be said, however, as with the first point which discussed relevance in relation to core mandate, that in those cases where the organisations have a clear role within the civil society, such as trade unions, church/faith-based organisations and organisations representing people with disabilities or children, it is likely that they took on a role for which they were particularly suited. When it comes to the other more general development-oriented NGOs such as Forum Syd, Africa Groups and SCC, there is a need for a more informed discussion about what their special strength is, and what they can do that others are not already doing. We were, however, unable to find such evidence other than in reference to civil society having a unique role to play as the promoter of rights. Given that today Sida also promotes rights, as does many other bilaterals, the UN organisations and many others, we would have needed a more nuanced interpretation of what this meant in order to say that the organisations had thought about how to divide the labour between these various promoters of rights. Some of the Frame organisations can be said to be working in the shadow land between clear links with their base in Sweden and clear links overseas, and that between being a civil society actor in Sweden and being such an actor overseas. These are, in our opinion, Diakonia, the Red Cross and OPIC.

6.2. Sustainability

This evaluation was undertaken two years after the grant came to an end and therefore it should be possible to say something about sustainability. The terms of reference state that activities undertaken during the grant period and with grant funding should be looked at, so our conclusions here are based upon to what extent the organisations used this period to draw up new policies, strategies, training materials, etc, and whether new HIV/AIDS positions were created. But documents on plans and pro-

posals after the period, as well as interviews, also inform about results in way of continued and expanded HIV and AIDS initiatives.

In several of the organisations, new HIV/AIDS officer or adviser positions were created. Policies and similar documents were also produced. However, care should be taken in assuming that these are reliable indicators, as the two examples of OPIC and LO/TCO show. OPIC worked hard during the grant period and managed to produce study circle material, an information campaign, a draft project handbook, a paper on democracy and HIV/AIDS, and a draft proposal for a policy, and even commissioned an ambitious evaluation of the programme. However, at the end of the grant period it seems as if HIV/AIDS has once again lost its priority, with very few OPIC member organisations working on it and no real commitment from the board.[12] LO/TCO, on the other hand, did not produce a single document at Stockholm level detailing how it should work with HIV/AIDS, and its proposed policy still remains to be written as we enter spring 2009. Its partners, however, did all of the above. A number of the programmes that were initiated with the help of the grant therefore still exist today and some partners, for example ITUC, have been successful in raising funds from new donors. This clearly shows that it is not easy to define what components are needed for a grant to have a sustainable impact.

Having said that, both of the organisations that were looked at more closely showed signs of sustainability. LO/TCO, as mentioned above, is still involved in a number of HIV/AIDS programmes, even if it has also noted a decrease in applications related specifically to HIV/AIDS from its partners (although it said that this could not be linked to the end of special funding as the decrease was significant even compared to levels prior to 2004). Among Forum Syd member organisations, the number of HIV/AIDS-related projects is now higher than before the grant period. The criteria regarding HIV/AIDS analysis for organisations seeking project support also means that the subject cannot completely slip off the agenda, even if some disappointment regarding the level of analysis in the project applications was raised during interviews. Forum Syd also has a special adviser working on HIV/AIDS and runs its own HIV/AIDS programmes. LO/TCO has not retained or allocated funds to keep a post specifically designated to HIV/AIDS.

Among the other Frame organisations all indicate a higher capacity, an increased volume and/or strengthened mainstreaming efforts. While such a development could have come about without the Special Grant, it stimulated the process and was an important factor for organisations like SHIA, the Church of Sweden and the Africa Groups.

6.3. Innovation

In the guidelines for the grant it is stated that Sida wishes to see *new* methods, cooperation and dialogue, and not merely "more of the same". However, as most of the Frame organisations had little prior experience of working with HIV/AIDS, we interpreted "new" as also incorporating methods and approaches that were new to the organisations in their regular work. Many of the organisations emphasised that they had made new linkages and acquaintances because of the work carried out during the grant, both internationally and also in Sweden, with Forum HIV as a common ground for this networking. Some of them also carried out activities that we interpret as being relatively new, or at least not common, in the HIV/AIDS field. These were LO/TCO, which succeeded in making HIV/AIDS an issue for trade unions, The Church of Sweden and SMC, which made strides towards including it among church leaders and as a topic for theological reflections, and SHIA, which drew attention to people with disabilities (a group which is often forgotten, as they are not always recognised as being sexually active). Some organisations also engaged in ambitious methods development work, which may not be innovative when compared internationally but certainly represented a new direction and development for the organisations themselves. These were Africa Groups, which developed prevention methods

[12] Forss, K. (2007) Utvärdering av Palmecentrets HIV/AIDS program 2005–2006

based on an understanding of reproductive health, sexuality education and a gender perspective, Save the Children, which strengthened the children's rights perspective, SCC, which worked with livelihood strategies for farmers affected by HIV/AIDS, and the Red Cross, which developed methods for supporting orphans and vulnerable children.

Again, given the short grant period, and even shorter time to prepare the programmes, this must be considered a successful result in terms of the grant supporting the development of new methods, cooperation and dialogue.

6.4. Effectiveness

As it has not been possible to establish the impact of the projects funded under the Special Grant other than through secondary information from the NGOs (who have a stake in the impact being positive) we can only discuss effectiveness in terms of outputs. The objectives of the Special Grant were many, and not given any order of priority:

"interventions that are intended to develop or try out new ways of working in the area of HIV/AIDS. This can be methodological development, exchange of experiences, learning processes, coordination initiatives, new forms of cooperation and different kinds of direct project initiatives in the area of HIV/AIDS. The intervention should contain capacity and organisational development components." [13].

Given this rather broad objective it would have been very surprising if no outputs or results could be reported. As we have previously discussed almost half of the available funding went to capacity building. The most striking output of this grant would therefore be the capacity that has been built among the organisations. If this had been known from the onset of the evaluation it is possible that more time would have been spent on looking at this into detail, especially so since we also discovered that there was little coordination between the different organisations and therefore cause for concern as to whether the capacity building activities could be said to be cost-effective from the funder's perspective. A more detailed exploration of the capacity building that took place would have allowed for conclusions regarding outcomes and impact.

In line with strengthening the organisations' capacity many of them also used the funds to employ special project managers or advisers to work with HIV/AIDS, this greatly increased their ability to undertake projects, according to the organisations. A numerical higher level of outputs in terms of projects is therefore traced to the possibility for employing full-time staff. By the end of the grant period some of the organisations have retained this function.

It is further clear that the organisations increased various collaborations among partners, with some new partners, with other Frame organisations and with specialist Swedish and local/international organisations, while coordination work faltered or was not prioritised.

For the two organisations that were studied more closely, LO/TCO and Forum Syd, there were some clear outputs and results: networking clearly increased both nationally and internationally and this had an impact on the work supported and undertaken by the organisations, HIV/AIDS is now officially mainstreamed at Forum Syd and with many of LO/TCO's global partners, Forum Syd developed a methodological handbook and LO/TCO's global partners championed the work of placing HIV/AIDS in collective agreements. HIV/AIDS work continued at an expanded level after the end of the grant period.

[13] From the instructions to the organisations (our translation)

7. Part 3 – How did Sida Handle the Grant? – Findings

7.1. Preparatory Work in 2004

In 2003, the Frame organisations requested that Sida/SEKA coordinate a capacity development project on HIV/AIDS, as Sida had introduced the requirement for organisations to mainstream HIV/AIDS in their work. SEKA agreed, and the project "Tema SEKA 2004, Support to the NGOs' work on HIV and AIDS" was established. The project was part of Sida's general push for a higher prioritisation of HIV/AIDS in Swedish development cooperation.

SEKA contracted a project leader who led the process, in cooperation with a project group involving SEKA, the Sida HIV secretariat, the Sida Civil Society Centre (SCSC) and the HIV and AIDS team at the embassy in Lusaka. In addition, a working group with seven Frame organisations and three specialist organisations was formed, plus a wider network of CSOs and Sida personnel.

Two large regional seminars were organised in Southern and Eastern Africa in 2004, each with 90+ participants from Swedish Frame organisations, their partners and other HIV/AIDS organisations. In August, an international conference was arranged by SCSC with the participation of 22 organisations from the North and South. Later, in 2006, a conference was held in Cambodia for Asian partners.

The project group and the working groups actively led and participated in the project and both Sida and representatives in the wider network concluded that the process had been very beneficial. Several organisations requested that SEKA and SCSC continue to support methodological and capacity development. SCSC took on this responsibility and has, over the years, run a number of courses under the heading "Scaling up HIV and AIDS work". The main course, run several times, consists of a week of theory at SCSC in Härnösand and a field trip to Eastern Africa. Frame organisations, some of their members, Southern partners and HIV/AIDS expert organisations have participated, and have given positive feedback.

The HIV/AIDS issue also has a permanent place on SCSC's basic courses and on its preparation courses for development workers.

SCSC is today also cooperating with, among others Forum Syd, arranging courses in Africa with the participation of Forum Syd partners and, in the future, other Swedish Frame organisations will take part. SCSC's opinion is that Swedish organisations have gained a great deal of competence through the courses, though interest waned somewhat after the end of the 100 per cent grant period.

7.2. The Guidelines

The guidelines for the Special Grant were developed by SEKA, in cooperation with the HIV secretariat. In a letter dated 26 March 2004, the Frame organisations were informed of the grant. The new funds were said to be complementary to the Frame grants, and it was stated that their objective was to stimulate more interventions, the development of methods and improved coordination between the organisations, as well as new initiatives, as pilots where possible. It further stated that applications could be made for:

"interventions that are intended to develop or try out new ways of working in the area of HIV/AIDS. This can be methodological development, exchange of experiences, learning processes, coordination initiatives, new forms of cooperation and different kinds of direct project initiatives in the area of HIV/AIDS. The intervention should contain capacity and organisational development components."

It was intended that the interventions be initiated through ongoing cooperation and that they fit into the organisations' regular work.

The clarity of the guidelines was seen as a problem by several Frame organisations and Sida/SEKA programme officers, and the evaluators agree.

The problems were of three kinds: multiplicity, definitions and priorities. The multitude of areas and types of interventions included made it difficult to discern the limitations of the support, if there were any. Was an expansion of interventions enough; how much "new-ness" was necessary? What does "new" stand for – just another project or work in a new area, or with different methods? What does "new forms of cooperation" imply, if interventions had to be part of ongoing cooperation? How much capacity-building and how many learning processes could be included? Who was supposed to coordinate the initiatives?

The application process must have been a guessing game for the Frame organisations. Sida's intention, as we understand it, must have been to open the doors to experimentation and expansion, because it did not state any priority order.

The guidelines gave the organisations a lot of leeway, and in our view they handled this rather well, as has been discussed above. But more developed guidelines, defining the terms and possibly indicating an order of priority, would have been helpful. For example, organisations expressed that coordination was an important challenge prior to the Special Grant period, but as this was not highlighted in the guidelines there was very little coordination in the programmes.

Sida does not seem to have been completely sure about what it wanted, or had not fully realised the problems that such loose guidelines could create. Simply put, Sida seems to have wished for better, more and coordinated work.

This "fluffy-ness" of the guidelines also created assessment problems for the SEKA programme officers, who were not sure where the emphasis should be placed or where the limits should be drawn.

7.3. Assessments, Support and Follow-up

The challenges that the programme officers were faced with were:

- how to understand and apply the guidelines
- the coordination of assessments and decisions
- an extra workload
- a lack of experience in assessing project proposals (normally they assess one- to three-year Frame programmes)
- a lack of sector-specific knowledge about HIV/AIDS
- whether and how to apply normal assessment criteria on relevance, sustainability, civil society strengthening, etc.

The programme officers received some introduction to/briefings on HIV/AIDS from the HIV secretariat, but no real training. Such training would have been useful, but was probably not realistic. It is not the role of the programme officers in the NGO department to be sector specialists.

The interpretation of the guidelines was continuously discussed, but they were not further clarified in the process, leaving program officers with certain uneasiness. As the special guidelines were prioritised, normal criteria were put on the back burner, though the programme officers certainly also gave weight

to issues of relevance and sustainability. In that regard, and on sector-specific knowledge, they collaborated with the HIV secretariat and with the HIV and AIDS office in Lusaka. It is not clear how much support was given, but all three departments/offices say that they thought this collaboration was satisfactory.

Some organisations criticised the Lusaka office's level of commitment during the implementation of the programmes. While some experienced good cooperation, others felt ignored. The Lusaka office does not have a mandate to follow Swedish NGOs' work, unless it is funding the work. If it is to give stronger support to the NGOs, there might be a need to change the mandate.

There are different views on the quality of the assessment work. The extra workload implied that there was a lack of time to deal with the proposals, as this was done, mainly, in the autumn of 2004 when normal Frame programme proposals were also processed. Nevertheless, dialogue with the Frame organisations seems to have been carried out satisfactorily. The fact that the total amounts requested in the proposals far exceeded the 100 million SEK available, also forced the programme officers to discuss priorities and budget cuts with the organisations. The Frame organisations did not make any complaints about how their proposals were assessed.

The competition for grants had a negative effect on the quality and content of the proposals in two ways: some proposals might have been expanded in ways that endangered their quality and capacity; and the competition reduced the interest in coordinating proposals and programmes. In addition, the 100 per cent funding may have lowered the demand for quality and effectiveness.

The lack of time for planning and programming also negatively affected the Frame organisations' chance to develop these in close cooperation with partners. This may have been one reason for the rather heavy emphasis on internal capacity development in some proposals.

If improved coordination was a main objective, these constraints – unclear guidelines, no prioritisation, competition for grants and lack of time – all worked against it being achieved. SEKA's role and task in this regard was apparently unclear. Better management of this special task at SEKA could have mitigated these problematic issues.

It would have helped the situation if the strong and active workgroup and network that were established in 2004 had kept their momentum in the following year. Commitment waned as the organisations became occupied with their own proposals, competing for the funds. Though the idea of a scaling-up of HIV/AIDS work had already come up in discussions between Sida and the organisations in 2003, the initiative was left with Sida in the next phase.

Concerning the reporting on and the follow-up of the Special Grant, many organisations were disappointed by the lack of follow-up. There was a lack of reporting guidelines and formats. Separate, final reports were in the end required and produced, but in individual formats and of very different size and quality. A special format, with required fields/information based on the guidelines, would have improved them and made comparison between organisations easier.

An organised, joint follow-up was not arranged, during which there could have been exchange of experiences. This should certainly not only be Sida's responsibility, but should be shared by the organisations themselves. Forum HIV was a forum in which this could have been done; and it was, but not forcefully enough.

Follow-up of strategic issues has apparently been a general problem at Sida/SEKA and a new form of dialogue with the Frame organisations has been introduced.

7.4. Conclusions

Concerning Sida's handling of the grant, we can conclude the following:

- Sida's scaling-up project on HIV/AIDS was taken up well by Sida/SEKA.
- Preparatory discussions with the Frame organisations, and the Sida-organised training conferences in 2003 and 2004, laid a good foundation for the grant period.
- The contracting of a project manager was very positive, and a pre-condition for Sida/SEKA's successful preparatory training and organising work.
- The guidelines were unsatisfactory and suffered from problems of multiplicity, definitions and priorities.
- The central objective of improved coordination was not realised, as it was not prioritised or required.
- The competition for funds weakened interest in coordination, although collaboration was strengthened during programme implementation.
- Time was a problem. The period between the announcement of the availability of funds and the deadline for applications was too short, probably weakening quality in some applications, and reducing the opportunities for preparing proposals together with partners.
- Time was also a problem for the SEKA programme officers, but their handling of applications was generally acceptable.
- Support from the HIV secretariat and the Lusaka office was reported to have been satisfactory. With more time, more thorough comments on proposals could be made to the benefit of the assessments.
- Management's steering of the process after 2004 should have been stronger.
- Sida's follow-up of the Special Grant was weak. Guidelines and reporting formats were lacking and there was no joint response to the results of the Special Grant as a whole.

8. Lessons Learned and Recommendations

The implementation of the Special Grant with 100 per cent funding demonstrated that it is possible to raise an issue and increase CSO work in that particular area. Additional funding is a big carrot for organisations, but it is difficult for most of them, in the short term, to restructure their normal programmes. A 100 per cent grant can thus be an effective method for boosting work in a chosen area.

Special grants and 100 per cent funding

For some, Save the Children for example, a 100 per cent grant is not so important; additional 90 per cent funding would suffice. But for those with tight budgets it can be difficult to raise the extra funds. Some organisations would not have taken up the challenge at all if the grant had not been 100 per cent, for example the Swedish member organisations of LO/TCO, which did not see HIV/AIDS as an issue to prioritise.

For Sida, a special grant has a disadvantage, as it demands new rules and regulations and a heavier workload. From that point of view, it might be better to place an additional grant, be it a 90 or 100 per cent one, within the normal agreements with the Frame organisations.

A recommendation would therefore be that:

– Sida decides to prioritise a sector/issue and informs the Frame organisations that this will affect the funding within their normal grant, possibly with additional funding available. The information is given in good time, and at least one year before money is available.

– Sida offers capacity development in order to strengthen capacity to plan and implement programmes within the sector.

– If increased coordination is a priority issue, Sida states this requirement and offers joint funding of coordination efforts.

Guidelines

This evaluation shows that the guidelines were open to interpretation and not helpful for the organisations when it came to understanding what was expected of them. The guidelines suffered from lack of clarity and there was no order of priorities.

A recommendation, therefore, is that guidelines are developed together with the organisations if there is a similar scenario in the future. This will help communicate the purpose of the guidelines and also ensure that meeting the purpose and objectives is feasible and realistic for Sida, as well as for the organisations.

Time – was two years enough?

Time was a problem. There was not enough time between the launch of the fund and the deadline for applications. This negatively affected the organisations' chances to plan thoroughly with partners. It also created assessment problems in Sida, as well as in the umbrella organisations. The implementation period was two years, though extensions were allowed. We therefore strongly recommend a longer planning period for future grants. Furthermore, it seems that a grant period of three years would be more appropriate, in order to allow for not only setting programmes up but also implementing them and making sure that there is room for learning and evaluation.

Coordination

The organisations were able to do rather well in areas of exchange of experiences, learning processes, collaboration and capacity and organisational development. Also, a good number of different kinds of direct HIV/AIDS project initiatives were carried out. Methodological development was, predictably, weaker as the organisations were rather inexperienced in the sector. But at that level they improved their methods, in particular by establishing mainstreaming work.

The weakest area, in our opinion, was coordination initiatives. Coordination between the Frame organisations and/or their members and partners did not come about, with some exceptions. Coordination is a general problem in development cooperation, something that is also tackled in the Paris Agenda. Civil society lags behind in coordination efforts. A recommendation is that Sida needs to further encourage the Swedish Frame organisations to step up their efforts towards coordination, at national levels with CSOs and the government, among partners, and between Swedish organisations.

Advocacy and rights-based approaches

We also found that many of the organisations declared that advocacy and a rights-based approach were essential to their *raison d'être*. However, there seemed to be less discussion about the challenges and dif-

ficulties involved here. It is a huge task for a relatively small organisation to carry out effective advocacy that leads to change. It requires contextual knowledge and grounding, and must be based on strong local partnerships. For the larger organisations such as Save the Children and LO/TCO, it is certainly possible to influence agendas on a wider scale, provided that they collaborate with other actors. Furthermore, there may be a conflict between focusing purely on "demanding rights" and on what people affected by HIV/AIDS would make their first priority, be it support for better livelihoods, treatment, being able to access a clinic with staff who respect you, and so on.

We recommend that Sida pay more attention to the potential conflict between focusing exclusively on demanding rights and moving away from programmes and projects that involve more direct delivery of what poor people demand. Knowledge about what those living in poverty see as their priorities cannot come about through studies alone, it requires interaction and trying to solve problems as they occur. Some of the LO/TCO programmes could be useful in terms of learning here: a focus on influencing employers within the mining industry also led to the establishment of clinics and joint partnerships with the state.

Learning and cost-effectiveness

This evaluation does not look at cost-effectiveness, but it could be questioned whether the learning and capacity development (which we estimate to have swallowed around 40 per cent of grants) could have been carried out more effectively. In Sweden, Sida's preparatory courses and conferences in 2004, and later those at SCSC, were an essential contribution. It may be that each organisation needs to do its own learning, as this is intimately tied to organisational, policy and strategic development. But it would have been good to see continued joint learning and exchange of experiences, following on from the Africa conferences in 2004, but organised in a coordinated way by the Frame organisations themselves.

Many of the organisations have now made HIV/AIDS a priority or at least an issue to be mainstreamed. Policies and guidelines have been elaborated or improved, incorporating new learning. Several organisations show that this new knowledge is applied in new programmes. In smaller organisations one may wish for a deeper understanding of the problems and one's own role. Staff at Forum Syd raised concerns regarding the superficial analyses of HIV/AIDS by project support organisations. Knowing what role to play and how issues of gender, sexuality, material poverty, stigma and discrimination, and social and behaviour change interact is complex and probably requires more active support for continuous learning in the future. We recommend that Sida earmark money for learning and evaluation, and for assistance with such activities, in the event of future grants. Monitoring and evaluation need to be planned for from the onset of a programme.

Creating priorities through funding

The results of the Special Grant period clearly show that stronger ownership of an issue can be achieved in this way. The great majority of the organisations, without doubt, now have a stronger sense of ownership of the HIV/AIDS issue. This is seen in their policy development, mainstreaming work and expansion of projects/programmes within the sector. However, as has been previously stated, the success also probably depended on the timing being right – partners were already aware of the impact of HIV/AIDS on development and there was a great number of networks and experts that could be tapped into.

If Sida wishes to provide this kind of funding again it is recommended that it looks at whether there are enough enabling factors and identified needs in the environments in which the Swedish Frame organisations are active, in order for a Special Grant to be useful and potentially sustainable.

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Annex 1 – Terms of Reference

Evaluation of Sida's special support to NGO projects addressing HIV and AIDS 2004–2006

1 Background

A considerable part of Swedish development cooperation is channelled through Non-Governmental Organisations (NGOs). At present the Division for cooperation with NGOs (SEKA EO) within the Swedish International Development Cooperation Agency (Sida), contributes funds to Swedish organisations and their cooperation partners in over hundred countries worldwide. During the last years, disbursements from Sida to Swedish NGOs for development cooperation have annually exceeded 1,200,000,000 SEK.

Sida has introduced a system of Framework Agreements with the Swedish NGOs; at the moment this entails fourteen organisations. The agreements are based on procedures; principles and criteria laid down in Sida's Conditions and Guidelines for NGO support. As part of the Framework Agreement Sida allocates funds on a multi-year basis to the organisations. These allocations normally do not exceed 90% of the total project costs. The 14 Framework organisations are either operative organisations with partners in the developing countries or so called umbrella organisations[14]. The umbrella organisations channel support through other Swedish NGOs cooperation with local partners.

Sida has been engaged in the fight against HIV and AIDS since the mid 1980s. Most of the organisations' work in respect of HIV and AIDS is done within the framework of the regular grants from Sida.

Sida has specified its requirement that frame organisations working in sub-Saharan Africa must design their activities on the basis of a HIV and AIDS analysis, and in other parts of the world on the basis of a preventive perspective. Considering the growing negative effects in societies, the frame organizations have realized the need for better preparedness and organizational development in order to meet the challenges of the epidemic. They also call for Sida support for capacity building in this regard. In 2003 the organisations expressed their determination to coordinate their activities better, to develop working methods together, and generally extend their activities in respect of HIV and AIDS.

Special allocation for HIV and AIDS

Swedish Government, acknowledging the need for civil society support in limiting the negative consequences of HIV and AIDS, decided to support these endeavours. In its annual directives and letter of appropriation for the year 2004, the Swedish Government made it possible for Sida to approve 100% grants to the organisations for certain HIV and AIDS projects. The new grants had the aim of stimulating new initiatives, possibly of a pilot character.

Already in March 2004 Sida presented special directives for support to NGO applications regarding HIV and AIDS 2004–06. The organizations were invited to apply for 100% grant to support activities that aimed at developing or trying new forms of cooperation within HIV and AIDS, be it new working methods, learning, exchange of experiences and better coordination between the organisations or direct support to HIV and AIDS activities. The activities should include components of capacity and/or organizational development. The applications for 2005 and 2006 should be included in the organisa-

[14] SEKA EO support 6 umbrella organisations: Forum Syd, LO/TCO Council of International Trade Union Cooperation, Olof Palme International Centre, The Swedish Pentecostal Mission/PMU, Swedish Organisations' of Disabled Persons International Aid Association & Swedish Mission Council. 8 operative Framework organisations: Africa Groups of Sweden, Diakonia, Swedish Cooperative Centre, Plan Sweden, Swedish Society for Nature Conservation, Save the Children, Church of Sweden, & UBV. Additionally, Sida also has a frame agreement with the Swedish Red Cross for Humanitarian Assistance.

tions' ordinary application for funds to Sida. Activities should follow Sida's *General Conditions and Guidelines for Sida's Support to Development Programmes of Swedish NGOs* and, in all other respects, be administered and reported on within the framework of the ongoing programmes of cooperation between Sida and the frame organisations.

Project applications should specify:

- clear goals and indicators for the planned activity, as well as a description that includes information on the support shown by partners in cooperation for the activity
- budget
- description of the project's relationship with the organisation's other activities, and
- reasons why it is suitable for this special type of grant.

Sida also stated that the new activities should be included in the organisations' ordinary work not later than 2007, and administered as part of the regular NGO cooperation with Sida.

Only organisations that had a framework agreement with Sida could apply for the grants. In order to qualify for grants, the projects should be initiated through ongoing programmes of cooperation with local partners and have got the full support of these partners. The projects should also clearly conform to the Swedish organisation's own activities. The special grant did not apply for already on-going activities.

2 Purpose and Scope of the Evaluation

The overall purpose is to evaluate whether or not the purpose of the grant was met i.e. if it resulted in concrete improvements in terms of new methods, cooperation, dialogue and expansion of HIV and AIDS support among the frame organisations.

The evaluation should cover the operations of 2004–06.

The evaluation should serve as a learning tool for frame organisations, for partners and for Sida, as well as an instrument for improvements of Sida's assessments of requests from the frame organisations from a HIV and AIDS perspective.

During 2008/2009 Swedish Government will develop a new international policy for HIV and AIDS as well as agree on a strategy for cooperation with stakeholders within civil society. It's foreseen that the conclusions from the evaluation of the special allocation should be one input into the development of both the HIV and AIDS policy and the Guidelines for Sida support to NGOs through the NGO allocation. The conclusions from the evaluation are expected to contribute to a deeper understanding of how the frame organisations have responded to HIV and AIDS and integrated it in policies, analysis and strategies and if the systems for follow-up are well developed. The recommendations are expected to help partner organisations, frame organisations as well as Sida, to strengthen their capacity with regard to HIV and AIDS and to capitalise the learning from the period studied.

3 The Assignment

The evaluation is divided into three parts. The first part consists of a mapping on a more general level and will involve all the frame organisations who took part of the HIV and AIDS grant. In the second part, the questions demand a deeper investigation and demands a more restricted selection of organisations and programmes. The third part concerns the Sida level. The evaluation should address the following questions;

PART ONE

How has the special grant been allocated?

a) List important and visible results and effects of implemented activities and programmes, including new methods and organisational developments.

b) Describe the financed projects and the distribution according to *prevention, care and treatment, orphans and vulnerable children, mitigation of the consequences of the epidemic* and assess whether the allocation has led to more (or less) emphasis on any of these categories.

PART TWO

Assess the implementing strategies of a selection of frame organisations

a) How did the organisations use the special allocation in relation to their core activities? How did these projects and programs relate to ongoing work?

b) In what way have new programmes influenced the organisation's overall operations in terms of HIV and AIDS? Indicate if, to what extent and in what fields.

c) Assess what kind of networking and dialogues have been initiated during 2004–06. What partnerships have been formed and for what purposes? Specify if and where cross-sector partnership have been tried and to what effect. What are the prospects for a continued cooperation? In what fields and for what purposes?

d) Assess to what extent and how the allocation has contributed to a strengthened ownership and priority for issues related to HIV and AIDS among partners?

PART THREE

Was the special allocation handled in a effective way by the Sida NGO division?

a) Assess the guidelines/directives – quality, clarity and conformity to the purpose.

b) Assess the quality of the preparation of contributions at the NGO Division from a HIV and AIDS perspective.

4 Methodology, Evaluation Team and Time Schedule

The evaluation has been commissioned by Sida, the Division for cooperation with NGOs, (SEKA EO). Sida/SEKA will select which frame organisations to be assessed in depth during the evaluation. The criteria for selection will be the volume of contribution and whether the programmes have been evaluated or not on the initiative of the organisations.

The programme officer at Sida/SEKA responsible for the evaluation is Helena Bådagård.

4.1 Evaluation process

The evaluation is a desk study and will not include visits in implementing countries.

The selected Consultant is asked to begin the assignment by preparing an inception report not exceeding 5 pages elaborating on the basic design and plan for the evaluation.

A *draft report* will be submitted to SEKA EO. The frame organisations and the concerned parties interviewed should been given the opportunity to comment and correct any factual errors.

4.2 Method

The Consultant shall evaluate relevant background documentation (of these the majority is in Swedish), applications and reports that will be provided by the frame organisations and/or Sida/SEKA/EO.

Interviews should be carried out with SEKA/EO staff, staff at the frame organisations, and representatives from a selection of partner organisations.

The evaluation requires an analysis of the objectives, purposes, plans and priorities of the frame organisations and the selected partners. It also involves an in-depth study of the documentation of a selection of implemented programmes and projects. (see Annex 1)

The analysis is expected to include a study of relevant documents, e.g. applications, assessment memos, reports, evaluations and other studies.

The consultant is expected to implement the evaluation according to the OECD/DAC Evaluation Quality Standards.

4.3 The Consultant

The Consultant assigned to carry out the evaluation will be called off from the "Framework agreement for Consulting Services in relation to Civil Society" with the regard to services of evaluations/developments of methods, March 2007.

The Consultant should seek to use a participatory approach. The Consultant shall ensure that appropriate knowledge about civil society contexts form a part of the evaluation.

The Consultant should have significant documented experience of development evaluation and experience of working with HIV and AIDS in development cooperation.

5 Reporting and Timing

The evaluation shall be started no later than the 2008-11-20. An inception report shall be presented no later than 2008-11-24 and a *draft* of the full report shall be presented to Sida's NGO Division for consideration, no later than 2009-01-29. Sida and the frame organisations will comment the draft report after which the Consultant shall prepare the *final report.*

When the final report has been submitted a presentation of the report will be held at Sida.

The report must include a presentation of the process in drawing up the evaluation design and choosing methodology. It shall also list all contributors to the evaluation.

The report also has to include:

- List of acronyms, tables and figures
- Executive Summary
- Evaluation purpose and scope
- Methodology
- Findings, lessons learned conclusions and recommendations

The final report should be delivered by the Consultant to Sida's NGO Division within two weeks after received comments. The final report shall not exceed 50 pages excluding Annexes and be submitted electronically and in 4 (four) hardcopies.

The report shall be written in English. The final report must be professionally proofread and presented in a way that enables publication without further editing. The terminology in the report shall adhere to the Dac "Glossary of Key Terms in Evaluation and Results Based Management". Moreover, the format and outline of the report shall follow, as closely as is feasible, the guidelines in Sida Evaluation Manual,

appendix B – Format for Sida Evaluation Reports. The evaluation shall be written in programme Word 6.0 or later version as attached file and copy on CD. Subject to approval by Sida, the report will be published in the series *Sida Evaluation.*

The time needed for the assignment is estimated to a maximum of 7 person weeks, including the time required to prepare the inception report and including time for completing the report and a presentation at a seminar of the draft report.

6. Other

For learning purposes Sidas personnel should have a possibility to participate in the ongoing work of the Consultant when appropriate.

7. Specification of Requirements

Sida will, after evaluating the call-off proposals using the criteria specified below, decide upon which call-off proposal is most suited for the assignment. Sida will then make a decision and sign the call-off orders under the "Framework agreement for Consulting Services in Relation to Civil Society" with the regard to services of evaluations/developments of methods, March 2007.

The call-off proposal shall present the following information:

- How and when the assignment is to be done; proposal for time and working schedules according to the Assignment; including time required to prepare the inception report, implementation of the study, draft report writing, presentation of the report to the Swedish organisations involved and to Sida, and time for completing the report.
- The working methods employed in order to complete the assignment and secure the quality of the completed work;
- State the total cost of the assignment, specified as fee per hour, any reimbursable costs (all types of costs in SEK and exclusive of VAT);

The consultant should be able to sign the call-off order no later than the 2008-11-15.

Annex 2 – Methodology

This evaluation represents a balancing act between demands in the terms of reference to be a 'learning evaluation' while at the same time having a very explicit focus on 'mapping and description of activities'. In this section on methodology we give a brief presentation of how we worked with the assignment in order for the reader to be able to draw her or his own conclusions regarding the validity and reliability of this mapping/evaluation.

The assignment did not allow for any field visits and thus this is a desk study. Given this limitation it was agreed with Sida that out of the five evaluation criteria we would mainly discuss effectiveness, relevance and sustainability. Any conclusions regarding impact and efficiency would be pulled out from the existing project reports and evaluations. Only three of the organisations had carried out evaluations of the activities undertaken with support of the grant. This means that our evaluation falls short of having a thorough discussion of the five standard criteria for an evaluation.

Before the review of the projects and organisations began two meetings with Sida were held, one to clarify expectations, and a subsequent meeting to present an inception report which outlined how we would approach the task. Only staff from Sida/CIVSAM was present at these meetings.

According to the terms of reference the first part of the evaluation was meant to be a pure mapping exercise. The mapping was conducted in accordance with the terms of reference, where the information gathered was analysed in relation to the guidelines for the special grant. The material for this part in the evaluation were documents containing applications from frame organisations, Sida assessment memos and decisions, final reports from the organisation, available policies, guidelines and other documents that were related to the grant. A questionnaire (with added organisation-specific questions) was developed following the questions and themes set out in the terms of reference for this section of the evaluation. This questionnaire formed the basis for interviews with focal persons in each frame organisation. Most of the interviews were carried out in person but also through e-mail and telephone when necessary. Subsequently summaries of all programmes/projects were produced as a basis and point of reference for the analysis of the mapping exercise.

In our view the documentation sufficed for a general mapping of how the grants were utilised, but the findings on results and effects had to rely too much on the reports by the organisations themselves. The assignment did not allow for an independent evaluation of the results of the programmes. Nor was it possible to do any form of triangulation here. Because of this we have had to refrain from making statements on the worth or merit of the projects as any such conclusions could not be considered to be objective. When we have had doubts about the merit, such as the cost-effectiveness of capacity building without coordination between the organisations, we have raised these doubts without drawing any definitive conclusions.

The second part of the evaluation consisted of a closer assessment of two frame organisations that were selected on the basis of having received a significantly larger share of the grant than the others. These two were LO/TCO and Forum Syd. A total of 22,5 million SEK was channelled via LO/TCO and 23 million SEK on activities and projects undertaken by and channelled via Forum Syd.

The findings in this part are based on written project documentation and interviews with staff at the organisations as well as with their partners (in the case of Forum Syd the equivalent to partners are organisations that receive project support *(projektstödsorganisationer)*. As the partners of LO/TCO were outside of Sweden they were contacted through e-mail and responded to questions asked in writing. Both organisations carried out a large number of activities and we have only looked more in-depth at a few initiatives. Three LO/TCO projects were selected as examples where they felt they had good results

and where there is potential for learning. At Forum Syd, five organisations which received project support were selected randomly on the basis of choosing a few small organisations and two with larger contributions.

Following the general questions asked in the terms of reference we developed these into two more specific lists, one list for the frame organisations and another for their partners. Project documentation was studied and both consultants took part in the interviews with the frame organisations. Selected partner organisations were subsequently contacted and interviews carried out by telephone and e-mail.
The reliance on the organisations' own reporting, and analysis on successes and failures, was certainly a limitation as no independent study of relevance, implementation and results could be made.
Triangulation was not possible as we did not have access to people outside the projects, or information about the context in which the projects operated, which could validate or reject our findings and conclusions. Due to this limitation we asked that all general statements were backed up by specific examples. We did not accept answers like 'yes, we feel that we have increased our networking a lot' without the respondents naming how they had networked, who they had networked with and what had come out of it. The information received from the frame organisations where tested against the sample projects and the interviews with these partner organisations. As with the mapping part of the evaluation we decided to keep any evaluative conclusions regarding the merit and worth of projects and activities undertaken to a minimum due to lack of information from other sources than what the organisations could provided themselves.

A limited number of Sida personnel were interviewed for the assessment of how Sida handled the grant. Here the time that has passed since the grant period was an obstacle as memories start to fade.

Annex 3 – Distribution of Support in SEK (1 000)

Frame organisations	2004	2005	2006	Total
Africa Groups of Sweden	–	1 000	1 620	**2 620**
Diakonia	–	4000	4000	**8 000**
Forum Syd	460	6 650	15 922	**23 032**
Swedish Cooperative Centre	560	2490	2000	**5 500**
Council of International Trade Union Cooperation	2 161	10 030	10 390	**22 581**
Olof Palme International Centre	–	4500	4000	**8 500**
Save the Children Sweden	1 200	2 300	2 300	**5 800**
Swedish Organisations of Disabled Persons International Aid Association	–	1 000	1007	**2 007**
Church of Sweden	–	1 700	1 800	**3 500**
Swedish Mission Council	–	6 000	5 500	**11 500**
Swedish Red Cross	–	2 754	4 860	**7 600**
PMU InterLife	–	–	675	**675**
Total				**101 315**

Annex 4 – People Interviewed

Mirjam Dahlgren	Diakonia
Michael Wiking	Swedish Mission Council
Olle Kristensson	The Swedish Church
Berit Wiklund	The Africa Groups
Philip Wambua	The Swedish Cooperative Centre
Eva Nordfjell	Save the Children Sweden
Ing-Marie Berglund	PMU Interlife
Barry Hampshire	SHIA
Johanna Leander	The Palme Centre
Åsa Nilsson	Forum Syd
Anna Rambe	Forum Syd
Keiko Nagano	Forum Syd
Åsa Svensson	LO/TCO Biståndsnämnd
Solveig Wickman	LO/TCO Biståndsnämnd
Lena Ekroth	Former Sida HIV/AIDS secretariat
Lena Ingelstam	Sida/SEKA NGO division
Johan Norqvist	Sida/SEKA NGO division
Alex Muigai	Sida Civil Society Centre
Davies Chitundu	Lusaka HIV and AIDS office
Agneta Håkangård	Zambia Agricultural Small-scale Project
Margareta Hassel	Zambia Agricultural Small-scale Project
Peter Asplund	Swedish Committee for Afghanistan
Tristan Troby	Göteborgsinitiativet
Charlotte Elf	Sukuta vänförening

Annex 5 – Forum Syd and LO/TCO Sample Projects

1. Zambian Agricultural Small-scale Project (ZASP)

ZASP Sweden has 700 members, many of them teachers, cooperating with the local CBO ZASP in North-Eastern Zambia. For about 20 years cooperation on rural development has been carried out, now in more than 50 villages.

HIV and AIDS information had been initiated earlier (2001) but a need to expand it was felt. In cooperation with the local HIV and AIDS organisation Kataji a project proposal was developed. Objectives were to increase knowledge and awareness, focus on youth, build a youth centre, strengthen PLWHA position, encourage testing, make condoms available, support care initiatives. SEK 259 000 was received for a two-year programme.

Objectives were reached, with some changes of the plans. Condoms were not distributed, while a larger and more costly youth/community centre was built (with own contributions). The centre has become important meeting place for the community.

As a result ZASP greatly expanded work and developed new methods for HIV and AIDS work, now focussing on supporting the communities' own struggles to change harmful behaviours.

HIV and AIDS work would have expanded also without the special grant, but at a slower pace.

2. The Swedish Committee for Afghanistan – SCA

SCA is an international NGO working in Afghanistan for the past more than 25 years. SCA is a large actor in the educational and health sectors, as well as in agriculture and community organisation. HIV and AIDS was not a part in SCA's work prior to the Special Grant. It was not seen as a priority area as prevalence is still low and as SCA did not have competence in the area.

SCA saw a growing risk for the spread of HIV and as it had contracted a person with specific HIV and AIDS competence the availability of special funds made a HIV and AIDS project feasible. The project would not have come about without the special funds. The project proposal was developed by a small working group in a very limited time, due to the Forum Syd deadline.

The project was an information, awareness and capacity building effort with SCA personnel at different levels, about 1400 people, as target groups. Forum Syd contributed 1.17 million SEK to the project.

The project trained 2 700 people, established new networks and cooperation with local partners, government and other donors. Results were seen as positive, in particular the realisation that it was possible to introduce such a controversial issue in a very conservative environment. As a result HIV and AIDS is now mainstreamed into the health programme and taken into consideration in other programmes.

3. Sukuta Vänförening

Sukuta Friendship Association is a small organisation cooperating with the local organisation Future of Sukuta in Gambia since 2001. Ongoing activities in 2004 were: preparation of a study plan for the local secondary school's international studies, HIV and AIDS information at the school, development of a cooperative garden, organisational development and development of the school library.

The project was an expansion of the HIV and AIDS component to reach 2000 pupils. A study plan was to be elaborated and printed and the teachers given training. Total funds from Forum Syd was 66 000 SEK.

Results were positive with a greater, positive interest than expected from parents. Information was expanded also to lower age children. More than 4 500 children were reached. As a result other schools became interested and the project continues with an expanded information work. Particularly girls were strengthened by the project. Information methods were improved. Certain weaknesses in the partner organisation and the school authorities' reluctance to expand HIV and AIDS information to school children has been a constraint.

4. Doctors Without Borders

Doctors Without Borders Sweden and MSF Spain carried out a large prevention and care programme in Busia, Kenya and a HIV and AIDS prevention programme in Burkina Faso. The first programme was carried out in cooperation with the Kenya Health ministry and a group of local organisations. The programme contained various components, including prevention, care, training on HIV, VCT, condom distribution, mother-to-child-transmission, HBC groups, support to PWLHA groups. Total funding from Forum Syd was 6.7 million SEK. The second programme was carried out in cooperation with a number of HIV+ support groups, women's groups, HBC groups and other CBOs. The overall objectives were to improve services for PLWHA and capacity build actors. Total funding from Forum Syd was 2.76 million SEK.

The Kenya programme was prepared in advance of the Special Grant, but on advice from Forum Syd the application was delayed in order for it to be included in the Special Grant.

The overall results were positive. The expertise and size of Doctors Without Borders guaranteed an effective implementation and a strong advocacy voice towards national health authorities. Many people were reached, care and medication improved and expanded, support through and capacity of CBOs strengthened.

Though care and treatment is not in line with Forum Syd's policy and priorities it viewed the programmes as important as they also involved the strengthening of local organisations and advocacy towards government.

Almost 50 percent of the Forum Syd project funding for HIV and AIDS projects consequently went to one organisation. The disbursement pressure on Forum Syd played a role in the decision to fund these programmes.

5. Göteborgsinitiativet

The organisation works with integration and migration issues in Sweden and with development cooperation. Its cooperation with Somali-Swedes has resulted in various development projects in Somalia in cooperation with local partners. The local and cultural knowledge strengthens the capacity to work effectively in Somalia.

The HIV and AIDS projects came about as an effect of the special grant offer and would not have come about without it. In cooperation with several local organisations information projects was launched. Main objectives were to train the organisations', members, youth and people affected by the disease. Total funding from Forum Syd was SEK 602 000.

An expert Swedish trainer was contracted and carried out initial training of trainers, who trained peer educators etc. The Swedish trainer was then employed by the organisation and has led a further devel-

opment of HIV and AIDS work, whick is now mainstreamed in the development cooperation. After the end of the special grant the organisations has been funded for a 3-year continuation programme.

Networking around HIV and AIDS was developed and increased in Somalia and the organisation has actively worked towards improved national coordination of work in the sector.

According to Göteborgsinitiativet the special grant had a tremendously important effect on the commitment to work with HIV and AIDS.

6. IECM

IECM had prior to the grant identified the need to include HIV and AIDS in their activities as the mining industry is particularly hard hit by the pandemic. The grant made it possible for them to take action. Initially it was led by a global HIV/AIDS coordinator in Europe but during the time of the grant period conscious efforts were made to build the capacity of the IECM Johannesburg office in South Africa and the programme is today led from there with part-time support from the European consultant.

Project goals were to develop new projects that would help the unions in combating the spread and mitigate the effects of HIV/AIDS, nationally, regionally and globally. They also set out to identify future sources of funding for the unions that took on this challenge. Collaboration and exchange of experiences between the different unions were another important goal as well as engaging in campaigns regarding access to drugs for people living with HIV. As with all LO/TCO projects collective agreements were another important component.

A mapping of existing collective agreements and HIV/AIDS policies were undertaken with special focus on AngloGold Ashanti, Gold Fields Limited and Rio Tinto where they also undertook pilot projects where the union and employer jointly worked out common strategies. The most successful project took place in Ghana where the mining companies already provide health services for their staff and families. They have now incorporated the possibility for testing and also access to ARVs at their clinics which has led to more people coming in for testing. But perhaps more interestingly is that they have entered a collaboration with the Ghana Ministry of Health where the mining clinic offers services to everybody in the community, pays the cost for their own staff and family but are able to invoice the state for the cost of treating other patients who are not directly connected to the company.

They have produced an e-bulletin about HIV/AIDS and a brochure about their HIV/AIDS policy as well as a study manual. Another document regarding how to find resources and funding for these projects have also been finalised. Networking between the different unions has been greatly enhanced.

The programme now continues as part of LO/TCO regular programme activities in partnership with IF Metall.

7. IUF

IUF carried out projects in Africa, India and South America. The IUF 24th Congress (2002) had adopted a resolution on HIV/AIDS which particularly referred to the devastating impact in sub-Saharan Africa. It requested IFU to take necessary measures to ensure that IUF HIV/AIDS policies and the ILO Code of practice were widely spread, known and implemented.

Much emphasis in these projects has been on educating and training women and youth as peer educators and advisors within their unions. Many of their members are migrant workers and with low levels of formal education. Brochures, posters, t-shirts etc have been produced and distributed via meetings,

study circles and at the work place and the unions have established working contacts with other HIV/AIDS-organisations.

All unions in French-speaking West Africa now have educators specialised on HIV/AIDS and they have conducted various training and awareness raising activities in their workplaces. One success that they mention is that they have been able to negotiate a workplace policy in Tanzania with the transnational company Sky Chefs who previously had a very negative attitude towards unions. They hope this agreement will be a good example that they can use in other countries. They have also managed to enter into agreements regarding HIV/AIDS with the Accor hotels in Burkina Faso, Niger and Togo and Unilever in Niger.

In India they ran a smaller project with workshops for union activists as well as workers at plantation and farms. The situation here is much different from sub-Saharan Africa as the general awareness and knowledge about the issue is much lower. It seemed as if most participants had some personal experience but were not quite ready yet to form workplace committees and take this on as a union issue.

In Latin America they also started off at a level where HIV/AIDS was seen as something affecting 'others'. The focus has been on awareness raising, and placing HIV/AIDS within the anti-discrimination and solidarity work of the unions. Study circle leaders have been educated and a collaboration agreement has been signed with a research and education institute in the Dominican Republic. Gender has been another key focus in Latin America. At the IUF world conference for the hotel, restaurant and tourism sector with participants from more than 20 different countries a report on HIV/AIDS in the hotel and tourism sector was presented.

IUF is continuing its work in all three continents.

8. ITUC

ITUC had as mentioned in the evaluation report a global HIV/AIDS advisor which LO/TCO took over the funding of her post for through the grant. They also released funds for actual activities which had been lacking before (the UNAIDS had only funded the post and at six-months periods). Later more funders joined this programme which is now continuing.

The overall goal for this project has been to work towards having HIV/AIDS in collective agreements as well as to coordinate work in the different countries. A global steering committee was put in place with representatives from Trade Union Solidarity Support Organisations, LO/TCO, PSI and IECM, UNAIDS, TUAC, ILO-ACTRAV, ILOAIDS and ITUC as well as ITUC-Africa. The Trade Union Solidarity Support Organisations included Dutch FNV- Mondial, Danish LO/FTF and British TUC as well as LO/TCO.

Much of the work has been dedicated to various global coordination activities, within and outside the programme, including participation in international HIV/AIDS conferences. A number of sub-regional and national seminars have been carried out. Material in the form of brochures, fliers, campaign buttons, t-shirts and videos have been produced. The focus has been on sub-Saharan Africa and the project has not been able to accomplish anything in Latin America and Asia. Whilst the overall focus has been on collective agreements this area also turned out to more challenging than anticipated and more energy will be invested here in the future.

With the focus on making information available to other global unions one would have expected to be able to find this information easily accessible at the IUTC website however that was not the case.

The programme will continue as one of LO/TCO's global projects.

Annex 6 – Forum Syd funded projects

	Organisation	Region	Sökt	Beviljat
HIV/AIDS & Sex Education	IFMSA-Sweden	Afrika (Östra)	186000	185000
HIV/AIDS Intervention	Rotary Distrikt 2350	Afrika (Östra)	3380000	165000
Kvinnors deltagande, HIV/AIDS	Jarl Hjalmarsson Stiftelsen	Afrika (Östra)	913000	200000
Nätverkssamarbete KWID NWN, Namibia	Centerkvinnorna	Afrika (Södra)	1631740	1261000
HIV/AIDS insats Galkayo	Koop. Kunskapsutveckling i Norden	Afrika (Östra)	2035000	433000
HIV/AIDS information	Global Relations	Afrika (Östra)	90000	90000
Informationskampanj om HIV/AIDS	Internationella Folkhögskolan	Asien (S och Ö)	200000	200000
HIV/AIDS – bekämp. bland hemlösa barn, Kinshasa	Kongo Riksförbund i Sverige	Afrika (Södra)	198000	200000
HIV/AIDS, Prevention riktad till ungdomar	Kvinnoforums Nätverksförening	Afrika (Södra)	1006838	983000
HIV/AIDS ett gemensamt ansvar, Lomé	Togo Kommittén	Afrika (Västra)	1161000	310000
HIV/AIDS, AIDS-förebyggande arbete i Nzega	Tandalaföreningen	Afrika (Östra)	298200	240000
HIV/AIDS projekt i Bamburi och Mwtapa	Dalstorps Samhällsförening	Afrika (Östra)	70000	70000
HIV/AIDS, Kapacitetsutveckling i HIV/AIDS-frågor	Adoptionscentrum	Afrika (Södra)	260000	260000
HIV/AIDS förebyggande	Adoptionscentrum	Asien	665000	226000
HIV/AIDS, Hiv Awareness Project	Daryeel Association	Afrika (Östra)	478200	436000
HIV/AIDS förebyggande Biriam distriktet	Ghana Union, Umeå	Afrika (Västra)	341000	298000
Förstudie, HIV hos Maasai	Global Indigenous	Afrika (Östra)	62500	50000
HIV/AIDS, HIV/AIDS assistance	Grön Jord, Föreningen för en	Afrika (Östra)	22000	22000
HIV/AIDS, Information och erfarenhetsutbyte	Göteborgsinitiativet	Afrika (Östra)	180000	180000
PEER Somalia info och förebyggande åtgärder	Göteborgsinitiativet	Afrika (Östra)	1114000	158000
PEER Somalia	Göteborgsinitiativet	Afrika (Östra)	521000	444000
Förstudie HIV/AIDS	Hofors Aif	Afrika (Södra)	22500	21000
Catch them Young, Mgbala	Internationellt Kulturutbyte	Afrika (Västra)	79000	79000
HIV-prevention för ungdomar	Kids Future	Asien (Sö/Öst)	222000	225000
HIV/AIDS, Förstudie för bekämpning av HIV/AIDS	Kongo Riksförbund i Sverige	Afrika (Södra)	65000	65000
Förstudie, insats om HIV/AIDS	Kristdemokratiskt Intern. Center	Afrika (Östra)	200000	190000
HIV/AIDS, HIV/AIDS insatser i skolor	Liberia Dujar Association – Sweden	Afrika (Västra)	857000	726000
HIV/AIDS, Prevention och Behandling i Kenya	Läkare Utan Gränser	Afrika (Östra)	6714000	6714000
HIV/AIDS prevention, Pissy Ouagadougou	Läkare Utan Gränser	Afrika (Västra)	2856000	2856000
HIV/AIDS projekt i Warsheikh	Somali Banadir Förening	Afrika (Östra)	99000	91000
HIV/AIDS Awarness projekt	Somalia Intern. Rehab Center	Afrika (Östra)	330000	47000
HIV/AIDS, Höjning av samhällets kunskap	Somaliland Nordic Relief	Afrika (Östra)	159000	156000

	Organisation	Region	Sökt	Beviljat
HIV/AIDS, information och utbildning	Somali Relief Association Sweden	Afrika (Östra)	310900	312000
HIV/AIDS, HIV/AIDSinsats för unga i Sukuta	Sukuta Vänförening	Afrika (Västra)	68000	66000
HIV/AIDS, Utbyte av kunskap med hivpositiva	Svensk HIV & AIDS Info (SHAI)	Asien (S och Ö)	117600	150000
HIV/AIDS	Svenska Afghanistankommittén	Asien (Central)	1174000	1174000
Oindo Youth Health Program	Svenska Oindoföreningen	Afrika (Östra)	350000	344000
Förbyggande insats om HIV/AIDS i Tibet	Svemsk-Tibetanska skol-& kulturför	Asien (S och Ö)	973000	486000
HIV/AIDS, Hiv-Ett gemensamt ansvar	Togokommittén för demokratins överlevnad	Afrika (Västra)	300300	190000
HIV/AIDS, Insats om HIV/AIDS	Zambian Ass. for Sust. Projects	Afrika (Södra)	258000	259000
Summa			**29968778**	**20562000**

Annex 7 – Summary of Frame Organisation Programmes

Afrikagrupperna – Summary

Initial position:

– *Policy:* HIV/AIDS policy existed

– *Priority:* The Africa groups, among other areas, have for a long time worked with health issues. Many projects have involved working with HIV/AIDS.

– *Activity:* Various projects directly or indirectly working with HIV/AIDS prevention, mitigation and care.

Special allocation plan:

Objectives:

- Develop methods to more effectively fight HIV/AIDS and gender inequality, together with partners.
- Strengthen the relationship between HIV/AIDS and gender equality.
- Develop guidelines and plans for this work
- Strengthen knowledge and change young men's attitudes on equality
- Develop preventive HIV/AIDS work through methods on reproductive health, sexual education and gender equality
- Work towards more resource allocation to local organisation
- Work towards increased participation by those affected and infected
- Strengthen understanding among members about the relation metween HIV/AIDS and gender equality.

Relation to regular work:

To improve and expand work on HIV/AIDS and on gender and sexual and reproductive rights, and establish increased capacity and common understanding of the relation between these issues.

Target groups:

Africa group personnel, members and representatives, partner organisations personnel and activists.

Focus interventions:

1. Develop work plans/guidelines, interlinking HIV/AIDS and gender equality work.
   Develop indicators and objectives and monitoring methods; systematize experiences.

   Review internal training materials, improve training of members, create working HIV/AIDS structure within the organisation.

2. Review training material on the issues, develop such material for partners.

   Carry out workshops in southern Africa with partners, together with RFSU.

3. Involve PLWHA people/organisations.

Financial distribution:

Main areas – Regional and national workshops (2.2 mSEK); project management (1.2 mSEK), expert consultancy (RFSU) (440 000 SEK). Total amount 2.62 mSEK from special grant, 2.1 mSEK from frame grant.

Implementation:

Main thrust has been workshops with partners involving training, and discussions on HIV/AIDS, gender and sexual & reproductive rights, raising understanding, awareness and commitment. Secondly, development of manuals and plans for integrated work on HIV/AIDS and gender.

Results:

Policy and method development linking HIV/AIDS and gender/SRHR issues. HIV/AIDS and gender priority areas in 2009 – 2011 program. Partners have developed strategies and started to integrate gender/SRHR/HIV/AIDS in ordinary work. Planned trainings carried out with positive results. Participation by PLWHA.

Mapping 1

(Prevention, care and treatment, orphans and vulnerable children, mitigation of consequences): Training focussed on prevention work relating to gender. But AG partners are also very involved in mitigation and care.

Mapping 2

(Developing methods, increased collaboration/coordination, capacity development, learning, expansion of work):

Main area:

Capacity development but project involved all issues: developing new methods, increased collaboration between partners/Regions and with expert consultant, capacity development of partners, learning about gender equality and sexuality issues, relating them to HIV/AIDS. Expansion of work as result of this project.

Relevance:

High. Gender and sex are sensitive and highly relevant issues in the fight against HIV/AIDS.

Innovation:

The strong emphasis on gender equality and sexuality is partly innovative as many shy from this sensitive issue.

Sustainability:

The Africa Groups policy development and priority of the issues in subsequent project plans and partners' willingness to increase work in the area indicate a continuation and expansion of work.

Civil society role:

It is highly relevant for CSOs to involve themselves in continuous work on gender equality and SRHR related to HIV/AIDS. These issues involve sensitive cultural attitudes and traditions and gender power relations, which need to be continuously raised at the local and personal levels.

Future program:

Gender/HIV/AIDS priority areas in future work. Organisational structure to work with these areas will be improved. Work plans developed in each country. Several projects in coming years strengthen the linkage between gender equality/SRHR and HIV/AIDS.

Diakonia – Summary

Initial position:

– *Policy:* Previous there was no policy. Not a priority thematic area. HIV/AIDS integrated in some programmes in Africa and Asia.

– *Priority:* HIV/AIDS influences democratic processes, human rights, economic justice, gender inequality – the thematic areas of Diakonia

– *Activity:* Limited work

Special allocation plan:

Objectives:

– Build skills, capacities and analytical tools within Diakonia.

– A greater share of regular budget will go to H/A work. Incorporate H/A in long term programming.

Relation to regular work:

Raise knowledge and awareness in order to mainstream in regular work around thematic areas – debt/poverty, rights, gender, in particular in relation to gender.

Target group:

Diakonia and partners in 5 of 7 regions.

Focus areas:

Strengthening knowledge and capacity of Diakonia's own personnel and that of partners, leading to effective mainstreaming into regular work.

Content:

Project manager; strategic partner (Noah's Arch), learning, analysis, training, exchange of experience in each region.

Expected results:

Achieved competence, develop strategies and methods, identify strategic partners.

Financial distribution:

Project manager 400´, expert consultant 300´, regions 3 300. Total 4 million per year, 2 years.

Implementation:

– Main activity areas: training, seminars, workshops, manuals, training materials, policy development.

– Increased networking

– Two pilot projects in Central America, some new methods tested

Results:

According to independent study (Lund University 2007) Diakonia has reached a good understanding of the area. The operationalising of the strategy has been successful and activities are in line with policy. Partners should, though, have a clearer H/A perspective in project documents and reporting. Focus has so far been on prevention and mitigation. Diakonia has come a good way in internal training and mainstreaming, capacity development. Methods for this have been developed. Follow-up meeting in

2008. All projects need to make HI/AIDS analysis and in certain regions projects include HIV/AIDS components.

Mapping 1:
(Prevention, care and treatment, orphans and vulnerable children, mitigation of consequences):

Emphasis on prevention. Variation between regions.

Mapping 2:
(Developing methods, increased collaboration/coordination, capacity development, learning, expansion of work):

Emphasis on learning and capacity development of Diakonia and partners. Introducing mainstreaming work leading to development of methods and expansion.

Relevance:

Relevance depending on target groups and priority areas of partners.

Innovation:

Limited.

Sustainability:

Diakonia and some partners have increased work. Increased knowledge has strengthened priority.
To certain extent donor driven (in Latin America).

Civil society role:

Future work:

In future mainstreaming plans and instructions 2007 – 2010 Diakonia looks for quality insurance of H/A work, workplace policies, having resource partners, networking, integrated gender perspective, exchange of experience inter-regionally.

Guidelines on mainstreaming, mainstreaming carried out in planning and reporting

Capacitating of staff institutionalized.

Networking continuing, in Sweden and internationally. Networking will play more important role.
Noah's Arch strategic partner

Workplace policies started.

View of Special Grant:

100% finance essential for mainstreaming process – project manager important role

LO-TCO Biståndsnämnd – Summary

Initial position:

– *Policy:*

– *Priority:*

Low priority but increasing.

– *Activity:*

A few projects involved training and study circles on HIV/AIDS at the workplace.

Special allocation plan:

Long term objectives:

- Stop the spread of HIV/AIDS in the concerned countries.
- A HIV/AIDS policy with gender equality in the concerned trade unions.

Short term objectives:

- Collective agreements that regulate conditions for HIV +
- Collective agreements are honoured
- High level of knowledge about HIV/AIDS in the workplaces.

To reach objectives an improved/expanded cooperation with employers is necessary.

Relation to regular work:

Expand work on HIV/AIDS within regular programs through pilot projects. Increased cooperation employers/unions. Improved coordination to expand and make HIV/AIDS work more effective.

Target groups:

Trade union leaders and employer representatives. Union representatives. Women in the union structures.

Focus interventions:

1. training within the trade union structure at national and local levels.

2. building coordination structures within global movement.

3. development of work place policies and efforts to enter into collective agreements.

4. material production.

Financial distribution (budget):

Main areas – Training (7.5 mSEK); project management, coordination, monitoring (5.2 mSEK), material production) (2.5 mSEK). Total amount 22.58 mSEK from special grant.

Implementation:

Results:

Stiff structures and unrealistically high objectives, pared with slow implementation resulted in lower than expected fulfilment of objectives. Few collective agreements reached. Understanding and priority of HIV/AIDS work within trade unions strengthened. Improved coordination structures for future work. Increased knowledge in many places/unions.

Mapping 1.
(Prevention, care and treatment, orphans and vulnerable children, mitigation of the consequences): focus on training and coordination, with goal of improved mitigation, care & treatment, as well as prevention.

Mapping 2:
Use of grant (new working methods, coordination/exchange of experiences, capacity and organisation-

al development, learning, extended activities):.

Relevance:
High. Establishing workplace agreements, protecting employees, organising awareness training, testing and treatment is highly relevant.

Innovation:
Trade unions have not seen this as within their trade union responsibilities. Establishing this was somewhat innovative.

Sustainability:
The limited results of projects and slow implementation show a risk that work will not be sustained within normal funding of development programs.

Civil society role:
it is highly relevant for trade unions to involve themselves in continuous work on HIV/AIDS and gender equality.

Future program:

Palmecentret – Summary

Initial position:

- *Policy:* No prior policy
- *Priority:* HIV/AIDS noted as area of concern.
- *Activity:* No specific HIV/AIDS-related projects.

Special allocation plan:

Objectives:

- Increased number of projects on HIV/AIDS.
- (Increased) cooperation with CSOs and political actors.
- Increased knowledge at the HQ level
- Improved tools to work with HIV/AIDS in relation to the Palme centre competence areas.
- The Palme Centre is an important actor in the struggle against AIDS as a democracy problem.

Relation to regular work:
Intention to increase understanding of HIV/AIDS and its relation to the Centre's priority area – democratic development. Increased knowledge and the development of methods would allow the mainstreaming of HIV/AIDS in programs/projects.

Target groups:
Palme Centre personnel, member organisations, partner organisations. Through 9 projects, in addition, local volunteers and primary target groups (youth, women, PLWHA, prisoners) have been targeted.

Focus interventions:

1. Learning and sharing of experiences, involving member organisations and HQ personnel.

2. Development of training material, study circle material.

3. Network meetings in the South. Networking in Sweden.

4. Local projects with HIV/AIDS components

5. Development of policy and guidelines.

Financial distribution:

Main areas – Training and learning materials in Sweden (1.6 mSEK), Regional and national workshops, local projects (ETU-South Africa largest – 3.3 mSEK). Total amount 8.5 million SEK.

Implementation:

Main activities in Sweden and in projects has been training, workshops and network meetings to increase knowledge about and develop methods/mainstreaming to deal with HIV/AIDS in the context of regular work. Networking in Sweden with some Frame organisations and specialist organisations.

Results:

According to independent evaluation (Kim Fors 2007) the objective to increase number of projects was reached (from 0 to 12, but down to 5 after program period – out of 400 projects). Increased collaboration with other organisations and local authorities has been achieved, both in Sweden and abroad. Training and guidelines has laid basis for continued work in the area. HQ knowledge is still patchy and the Centre has not achieved the role as important actor concerning relation HIV/AIDS and democracy.

There is increased interest and knowledge within organisation, but not a strong working policy commitment to HIV/AIDS. HIV/AIDS projects seem to have been successful, increasing partners' capacity and networking.

Mapping 1:
(Prevention, care and treatment, orphans and vulnerable children, mitigation of consequences):

Individual projects touching all areas. Main areas of concern, prevention and advocacy.

Mapping 2:
(Developing methods, increased collaboration/coordination, capacity development, learning, expansion of work):

The program worked in all areas but emphasis on learning/capacity development.

Relevance:
General training for understanding of HIV/AIDS in development cooperation needed. Policy development for integration of HIV/AIDS analyses in project planning needed. Relevance of HIV/AIDS work in total project/program catalogue unclear.

Innovation:
Innovative idea to develop understanding of HIV/AIDS as obstacle in democratic development. Insufficiently developed.

Sustainability:
Unclear. Guidelines are clear on HIV/AIDS analysis and mainstreaming, but data not available on actual take up.

Civil society role:

Future programme:

Guiding principles demanding HIV/AIDS analysis in project planning and mainstreaming of HIV/AIDS interventions when appropriate.

PMU InterLife – Summary

Initial position:

- *Policy:* PMU InterLife had HIV/AIDS policy early on. The policy has only needed slight changes.
- *Priority:* HIV/AIDS was mainstreamed and integrated in all projects in SS-Africa.
- *Activity:* HIV/AIDS components in many projects and have been increasing.

Special allocation program:

Workshops in 3 Arab countries with church leaders and Christian media workers. Production of information material on HIV/AIDS – articles, TV, radio.

Objectives:

Development objectives:

- Wider knowledge and changed attitudes towards HIV/AIDS affected people among target groups.
- Strengthened local partners to act to improve situation of the poor.

Project objectives:

- Develop a syllabus and course material for seminars/workshops
- Run 4 introductory seminars/workshops in 4 countries for church leaders and media people
- Develop samples of media projects (TV, radio, web, print)

Target group:

Church leaders and media workers in the Middle East and North Africa.

Relation to regular work:

- To introduce HIV/AIDS awareness work in a new and difficult geographic area.

Focus areas:

Awareness raising

Content:

Production of information kit
3 seminars with 27 media workers and 38 religious leaders
Production of a number of pilot TV dramas, TV talk shows, commercials, radioa dramas and talk shows, web sites and booklets.

Expected outcomes:

Decreased stigmatisation and discrimination of PLWHA; increased information and discussion about HI/AIDS in community and religious circles; raised awareness in Arab countries about HIV/AIDS.

Financial distribution:

Total 675 000 SEK.

Implementation:

Main activity areas:

3 seminars/workshops, production and distribution of information kit, production of media pilot programs.

Mapping 1:
(Prevention, care and treatment, orphans and vulnerable children, mitigation of the consequences):

Main area: Prevention.

Mapping 2:
Use of grant (new working methods, coordination/exchange of experiences, capacity and organisational development, learning, extended activities).

Main areas: Learning/capacity building, exchange of experiences

Results:

Internal evaluations show increased knowledge and commitment to the subject among participants. Large number of media products produced and aired. Attitudes and government policies still a great hurdle. Much more work needs to be done for greater impact.

Relevance:

Highly relevant to extend and improve information and discussion about HIV/AIDS in the Arab countries. Churches can reach their followers, Christian media can reach larger target groups. Churches/church leaders have high credibility (in Africa), are present long-term.

Sustainability:

The project was small and limited. Further work will be needed to spread information work and to establish initiatives at local levels. Strongly negative attitudes and official denial of the problem is a great obstacle in the Arab world.

Innovation:

A new geographic area.

Civil society role:

Only the churches themselves can take up this challenge through internal processes. The churches have an immense role to play in fighting HIV/AIDS and supporting those affected.

Future programme:

PMU InterLife has increased HIV/AIDS work 500% (from two – ten mSEK) in the last few years

View of 100% time-limited support:

PMU InterLife used the grant for only a small project.

Red Cross – Summary

Initial position:

– *Policy:* Internationally the Red Cross had policies and guidelines on HIV/AIDS work

– *Priority:* In Southern Africa HIV/AIDS was a priority area when working with local communities.

– *Activity:* a number of HBC projects and support programmes were carried out.

Special allocation plan:
The RC program was directed to southern Africa where the various National Societies had HBC programs running. OVC support was more limited and was not based on a common policy and strategy. The program intended to develop a strategy "to fill gaps in existing support to OVC with an aim of providing holistic support according to minimum standards." On the basis of this community programming would be elaborated.

Objective:
Establish holistic community based projects for children in line with OVC strategy

Initial phase:

1. Advocacy and awareness campaign

2. 3 NS carry out situation analyses

3. OVC programming is developed

4. Training curriculum developed and psychosocial training of volunteers.

5. Partnerships built

6. Capacity building of national societies' staff and volunteers in project branches.

Goal: improve the livelihood of 3000 children + 3000

Expected results:
The project has reached the most vulnerable children; the NS have shared good practices with partners; the regional office has given NS support o build capacity and implement CB OVC projects reaching 6000; 6000 children have improved access to school, nutrition etc.

Results:
Situation analyses, financing of delegate and national OVC officers resulted in the preparation of an holistic strategy for OVC support. Guidelines produced. A "kick-start". A rather small advocacy campaign was carried out. NS's have elaborated 5-year program proposals. Training material was gathered from relevant sources and a basic training module for volunteers was developed. Partnerships were expanded, to expert organisations and also to PLWAs. Branch offices were strengthened – salaries, computers, printers etc.

Support to OVCs was funded and carried out in some countries. Educational support in 4 countries, shelters for preschoolers, feeding centers, toilets, water points. The number of OVCs supported by RC in southern Africa doubled between 2004 – 2007 (69 000 – 133 000)

Weak areas – training on psychosocial support, the volunteer base. Weak and changing, while at the same time important strength as it is wide and community based.

Impact:
OVC support is now a priority in NSs.

Mapping 1:
(Prevention, care and treatment, OVC, mitigation)

Target group was OVC. Mitigation main purpose of training and plans.

Mapping 2:
(Use of grant: new working methods, coordination/exchange of experiences, capacity and organisational development, learning, extended activities)

Activities in all areas – development of new methods resulting ion extended activities on OVC. Main use of special grant: capacity building and learning. Extended networking and coordination

Relevance:
The Red Cross is present in many local areas, working with volunteers and carries out a number of support activities. Very relevant to work with HIV/AIDS and find methods on how to support OVC:s in the long term

Sustainability:
Relatively high as Red Cross is a large and permanent organisation. Volunteer base also has its weak links.

Innovation:
According to report new methods were developed

Civil Society role:
Natural for the Red Cross to take on this work and to collaborate with government authorities, as well as with other CSOs.

Future programme:
Special support was in line with ongoing plans. Work continues and OVC support strengthened. Swedish Red Cross influenced the international level.

View of 100% grant:
Made possible an intensification of work and capacity building. Good cooperation with Lusaka office, not much with Sida Stockholm.

Save the Children Sweden – Summary

Initial position:

- *Policy:* SCS did not have any specific HIV and AIDS policy. Work in the area is integrated in the work for children's rights and SRHR in Eastern and Southern Africa. Very little work.
- *Priority:* HIV and AIDS issues are seen as part of the work to defend and expand the rights of children. Prevention, mitigation and care are promoted on the basis of the respect and fulfilment of these rights. Advocacy work. Strengthening of CSOs working in various in various areas, in particular mitigation.
- *Activity:* Advocacy expertise, data collection/analysis, mitigation

Special allocation plan:

Objectives:

Overall: To mitigate the HIV/AIDS epidemic in South Africa through focusing on children's socio-economic rights.

Objective 1:
At least 1 million additional children in SA access social security grants

Objective 2:
The SA child rights sector engages in public debate on unemployment, considering the HIV/AIDS context.

Objective 3:
National data collection system to measure and monitor development of children's rights is created.

Relation to regular work:

The programme was planned separate from the special grant and included in it when the opportunity arose. Special grant was used only in 2004, then the programme was included in regular frame budget.

Focus areas:

Main focus on advocacy for mitigation through improving the socio-economic conditions for effected and affected children and households. Such national reform work should in the long term also positively affect prevention and in particular the situation of orphans and vulnerable children.

Content:

Core support to the Alliance for Children's Entitlement to Social Security (ACESS) and the Children's Institute and support to project on social security for children and HIV/AIDS under IDASA.
Sharing experiences, expertise contribution, various studies, stimulating public debates, collection and analysis of data, monitoring and advocating children's rights.

Expected results:

Long term – see objectives.
Advocacy and proposals on social security and grant systems leading to policy changes. Increased advocacy on children's rights related to HIV/AIDS. Media and parliamentarians engaged in debate.
Improved quality data, used in advocacy and monitoring. Spread of lessons learned to other countries.

Financial distribution:

ACESS: core support 550 000 SEK
The Children's Institute: core support 350 000 SEK
IDASA: project support 300 000 SEK.

Implementation:

– Main activity areas:
  Analysis, data collection and use, advocacy

– New working methods
  – strengthening the children's rights perspective in HIV/AIDS work
  Coordination/collaboration – engaging in coordinated efforts in South Africa on the connection HIV/AIDS and rights; spreading the knowledge to other countries.
  Capacity and organisational development and Learning as an effect of the above, but no priority.

Results:

Strengthened public debate on social security system, improved data collection. Extension of age limit for child support increasing number of beneficiaries from 4 to 7.7 million. Strengthened priority in SCS, and increased work in Africa.

Relevance:

Highly relevant to structurally relate HIV/AIDS to socio-economic conditions (poverty, unemployment, social security systems) and rights.

Sustainability:

Initial results indicate that further advocacy work may give positive results on a broad, national basis. SCS has increased HIV/AIDS work in East and West Africa.

Innovation:

While not an innovation, the emphasis on structural socio-economic conditions, social security systems and general government policies is something that most HIV/AIDS organisations do not work with.

Civil society role:

The advocacy role and expert knowledge of civil society organisations is put to good use

Future programme:

Work on HIV/AIDS related to rights and advocacy has been strengthened. Fulltime HIV advisor now employed. Strengthened regional cooperation in Africa.

View of 100% time-limited support:

SCS sees the 100% support as excellent opportunity to strengthen work in the area. If the support is repeated SCS would use it for strengthened mainstreaming work, strengthening SRHR work, linking this to HIV, and to expand HIV preventive work in Asia.

Swedish Cooperative Centre – Summary

Initial position:

- *Policy:* SCC did not have any elaborated policy
- *Priority:* HIV/AIDS was a concern but not integrated in programmes.
- *Activity:* Working with farmers HIV/AIDS affected households were sometimes targeted for support and initiatives taken to improve their livelihoods.

Special allocation plan:

Two programmes were carried out, the main one in East Africa. A smaller project in Ukraine.

East Africa:

Development objective:

To contribute towards improved livelihoods of youth, women and men by reducing prevalence and mitigating the impact of HIV/AIDS.

- Regional project objective:
  To reduce HIV prevalence in rural communities through capacity building of SCC partner organisations.

Relation to regular work:

Strengthening regular work with cooperative members through mainstreaming of HIV/AIDS issues; strengthening livelihood strategies. Expansion of work.

Focus areas:

Capacity building

Content:

Capacity building of partner organisations, collaboration with expert organisation (RFSU), increased networking, development of model for improved livelihood strategy among farmers, study circle method, development of training materials, guidelines, workplace policies

Expected results:

Increased capacity in SCC and partners to mainstream HIV/AIDS work in running programmes, establishment and running of workplace policies, increased partner commitment, development of model for improved livelihood work among rural beneficiaries (prevention, care and mitigation)

Financial distribution:

Coordination, equipment 1 mSEK, training 3.3 mSEK, development of models 0.3 mSEK.
Ukarine project 0.3–0.4 mSEK.
Total 5.5 million SEK

Implementation:

Main activity areas: Training of partners, development of materials and guidelines.

Collaboration with expert organisation – RFSU. Networking with HIV/AIDS organisations in region. Some training with Diakonia and Save the Children. Collaboration with cooperative ministry – training of government personnel. Development of workplace policies.

Mapping 1:
(Prevention, care and treatment, orphans and vulnerable children, mitigation of the consequences):

The ultimate goal of the project is concentrated to Prevention and Mitigation. The special grant can not be classified in these categories, but is closest to prevention, as efforts were made to strengthen this work within partner organisations.

Mapping 2:
Use of grant (new working methods, coordination/exchange of experiences, capacity and organisational development, learning, extended activities).

Emphasis on capacity development/learning. This has included the uptake of methods for mainstreaming and workplace policies and extended collaboration with specialised organisations. Some implementation (extended) of HIV/AIDS work in regular programmes.

Results:

Mainstreaming of HIV/AIDS has been established in SCC/Eastern Africa and (partly) in Southern Africa, regional cooperation improved. New, stronger SCC policy taken. Capacity and acceptance by partners in East Africa improved. Focal point persons trained and in place. Workplace policies in place. New and broadened networks, strengthened participation in advocacy work. Study circle methodology applied. Model projects for livelihood strategies initiated. Expansion of HIV/AIDS work through mainstreaming and HIV/AIDS components.

Relevance:

Mainstreaming of HIV/AIDS work in SCC/partner programmes highly relevant as one is working among highly affected, poor target groups. Capacity building and training needed to establish more long term work.

Sustainability:

Capacity building favours sustainability. New policies and workplace programmes in place. Partners show increased awareness and commitment, pilot projects show positive results. Results talk in favour of sustainable results. In next programme period SCC continued mainstreaming and training work.

Innovation:

Mainly introducing and establishing existing methods. Partly innovative work in local mitigation projects. Innovative use of expert partner (RFSU). Study circle method new in HIV/AIDS work.

Civil society role:

Important role for cooperative organisations to work with mainstreaming of HIV/AIDS in projects. Mid term evaluation critical of lack of cooperation with government institutions.

Future programme:

In 2007–2008 SCC continued work in line with 2004–2006. Strengthening workplace policies and implementation, guidelines, capacity building, material production, study circle material, worked towards incorporating HIV/AIDS in regular frame budget programmes. Continued development of livelihood interventions.

View of 100% time-limited support:

Important for concerted effort. But time too short. A continuation for application of learning in first phase would have been good. Good cooperation with the Sida Lusaka office.

SHIA – Summary

Initial position:

– *Policy:* SHIA did not have any prior policy

– *Priority:* Not a priority area

– *Activity:* A few components in some projects had been carried out.

Special allocation plan:

2 projects: 1. Sensitisation of HIV/AIDS organisations on the disability dimension
2. Sensitisation and training of deaf people.

Objectives:

1. Sensitise and train HIV/AIDS organisations in 3 countries on importance of informing disabled people about the disease and sexuality.

2. To improve knowledge about HIV/AIDS among deaf people in east African countries

To increase awareness among governments and HIV/AIDS organisations about deaf people's situation in relation to HIV/AIDS.

Relation to regular work:

– People with disabilities in Africa have been ignored in HIV/AIDS work. Knowledge lacking on all sides. Opening up prevention and mitigation work. Response to an expressed need by target groups.

Focus areas: awareness raising

Content:

1. Production of a manual on how to include disabled people in HIV/AIDS work. Distribution of manual to HIV/AIDS organisations
   One workshop with HIV/AIDS organisations in Tanzania, Kenya and Rwanda.

2. Workshop with representatives from deaf people's organisations in ten countries, plus invited from government, UN and HIV/AIDS organisations.
   11 follow up workshops in regions where new knowledge was shared with deaf people.

Expected results:

Raised awareness in government and HIV/AIDS organisations about needs among disabled people, leading to improved work with this target group.
Raised awareness among disabled people about HIV/AIDS.

Financial distribution:

Total 2 million SEK

Implementation:

Main activity areas: Development of manual, 2 workshops, local workshops

Mapping 1:
(Prevention, care and treatment, orphans and vulnerable children, mitigation of the consequences).

Main area: Prevention.

Mapping 2:
Use of grant (new working methods, coordination/exchange of experiences, capacity and organisational development, learning, extended activities).

Main areas: Learning, capacity development, coordination

Results:

Workshops carried out. Manual produced and distributed. Outcomes: a number of HIV/AIDS organisations have increased capacity and awareness to include disabled people in their work. New knowledge disseminated to members. Partners understanding of HIV/AIDS in relation to regular work strengthened. HIV/AIDS analysis is now requirement in project proposals.

Lack of interest limited reach to government representatives.

Relevance:

Highly relevant to make efforts to strengthen knowledge about HIV/AIDS among disabled people and to commit HIV/AIDS organisations to work with this target group.

Sustainability:

The project was small and limited. Further work will be needed to spread information work and to establish disabled people as target group among HIV/AIDS organisations.

Innovation:

For SHIA mainstreaming was a new thing, as well as the contacts with HIV/AIDS organisations.

Civil society role:

The weak position of disabled people and the lack of government resources and priority make the work of civil society organisations essential.

Future programme:

SHIA is working on how to develop HIV/AIDS work within the regular work. Strategy not yet clear.

View of 100% time-limited support:

Highly appreciated. Made concentration of efforts possible and strengthened collaboration between partner organisations and networking with HIV/AIDS organisations.

Swedish Mission Council – Summary

Initial position:

- *Policy:* Policy on HIV/AIDS as development challenge in place. Main objective – that the church takes its responsibility in work against HIV/AIDS through increased MO commitment.
- *Priority:* The need to improve and increase work with HIV/AIDS acknowledged. Some HIV/AIDS projects were carried out.
- *Activity:* Some MOs carried out HIV/AIDS work or included such work in their projects. Six percent of projects and eight percent of budget were defined as HIV/AIDS projects.

Special allocation plan:

Two program components:

1. Increased and strengthened commitment to HIV/AIDS work within the SMC network – project carried out by SMC.
2. Increased support to HIV/AIDS projects through member organisations and their partners.

Objectives for the two components:

- Mobilize more actors; mainstream awareness of HIV/AIDS situation/needs and of gender issues among all MOs and partners and in their projects; improve networking; improve quality in awareness-raising work; develop methods for counselling and attitudinal change.
- Each MO project had its own objectives

Relation to regular work:

To raise understanding and capacity among MOs and partners of the need to include HIV/AIDS analyses in project planning and implementation; to establish mainstreaming of HIV/AIDS in development work; to improve work through increased networking; to develop the special role the Christian community/church can play in HIV/AIDS work and to increase number of HIV/AIDS related projects.

Target groups:

In component 1: SMC member organisations and their partners and networks

In component 2: various, including partners at the local level and people affected by HIV/AIDS.

Focus interventions:

Component 1:

– Three seminars and one workshop in India, Egypt, Honduras and Uganda
– Several information meetings and seminars in Sweden with participation by MOs and others.
– Discussion meetings/sharing of experiences with member and network organisations.

Component 2:

– Prevention work among various target groups
– Awareness raising within partner organisations/churches and target groups

Financial distribution:

Implementation:

Results:

Number of HIV/AIDS projects and financial distribution doubled during the special grant period (with more than 50% of budget from regular frame), then was reduced to a higher level than the initial, in 2008.

Objectives reached according to evaluation and final reports. More actors have been involved; mainstreaming better understood and increasingly carried out; gender issues somewhat strengthened; improved networking, in particular between MOs and partner networks; clearly strengthened awareness and counselling work and strengthened commitment by church leaders. Exchange of best practices/methods increased. In projects increased knowledge and behaviour change among target groups, reduced stigma. More MOs have HIV/AIDS policies. Cooperation with government institutions increased, but need further development. Mitigation and care less developed and need more resources.

Mapping 1:
(Prevention, care and treatment, OVC, mitigation):

Emphasis on prevention. A few projects also involved in care and mitigation efforts.

Mapping 2:
(Developing of methods, increased collaboration/coordination, capacity development, learning, expansion of work):

All areas interwoven. In component 1 emphasis on collaboration and development of methods. In component 2 emphasis on expansion of work, development of methods.

Relevance:

Component 1: relevant to take advantage of special grant to gather people and experiences for reflection and methodological development.

Component 2: expansion of work with target groups relevant. Unclear if types of interventions were the most relevant in local circumstances. Need for resources for mitigation work expressed.

Sustainability:

Increased commitment by church leaders supports sustainable work. Improved cooperation with overnment should be further advanced. Awareness work and training of peer educators have further effects.

Civil society role:

Churches play major role for psycho-social guidance and support and have long-term commitment. Improved coordination at local/national levels and with government is probably necessary to strengthen the role.

Future program:

Policy strengthened. More MOs have HIV/AIDS policies. Number and volume of projects has increased. Networking has increased. Increased emphasis of role of the church. Maninstreaming improved. Training by SMC on HIV/AIDS related to gender.

View of 100% grant:

Important for the chance to expand area and jointly reflect on the subject. Important for increased networking. Possibility to employ project manager important.

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BOOSTING HIV/AIDS PROGRAMMING IN CIVIL SOCIETY DEVELOPMENT COOPERATION

Sida's Special Support for NGO projects addressing HIV/AIDS 2004–2006

External evaluation of the special HIV/AIDS support to Swedish CSOs 2004-2006. The evaluation covers the support to twelve framework organisations and contains a particular review of the support to Forum Syd and LO/TCOs biståndsnämnd. One conclusion from the evaluation is that a 100% grant can be an effective method for boosting work in a chosen area. It is not shown, however, that the grant led to higher degree of coordination among the actors supported.

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