Sida Studies in Evaluation 01/02

HIV/AIDS-Related Support through Sida – A baseline study

Preparation for an evaluation of the implementation of the strategy "Investing for Future Generations – Sweden's response to HIV/AIDS"

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Executive Summary

This report contains an overview of Sida's development co-operation with respect to HIV/AIDS in 1999, the year when the strategy on HIV/AIDS *Investing for Future Generations – Sweden's Response to HIV/AIDS* was adopted. The study has been commissioned by Sida's Department for Evaluation and Internal Audit (UTV) in preparation for a forthcoming evaluation of the implementation of the strategy. The purpose of preparing a "baseline" of the situation in 1999 is to facilitate comparisons over time and to identify key issues for the evaluation. The material represents an ex-post facto study, carried out during May and June 2001, based on available documents at Sida and selected interviews in Sweden. The report contains four main chapters.

Chapter 2 analyses how HIV/AIDS was addressed in the 15 Country Strategies entering into force in 1999 and the Country Analyses and Results Analyses used for the preparation of them (44 documents in total). All six African Country Analyses address HIV/AIDS, generally as a development issue, but the depth of analysis varies considerably. Attention to HIV/AIDS in the Country Strategies is generally limited and three of the African Country Strategies do not address HIV/AIDS. For the three Asian countries reviewed, HIV/AIDS is only mentioned in one Country Analysis. For the six Central and European countries reviewed, HIV/AIDS is mentioned in one Country Analysis and in one Country Strategy. Documents relating to Asia and Central and Eastern Europe define HIV/AIDS as a sexually transmitted health problem, despite the fact that the epidemics in these countries primarily are caused by intravenous drug users.

Chapter 3 is an inventory of Sweden's HIV/AIDS-targeted interventions in 1999, i.e. projects and programmes with the explicit (primary or secondary) objective of reducing and/or mitigating HIV/AIDS. Almost one hundred interventions with an estimated total disbursement of 140 MSEK were identified, including the 37 MSEK core support to UNAIDS through the Ministry of Foreign Affairs. Interventions vary considerably in terms of size, channels and content. Objectives also vary but there is a clear emphasis on HIV/AIDS prevention. Sida supported five national HIV/AIDS programmes, as well as a number of quite small projects primarily in Sub-Saharan Africa. The bulk of Sida's HIV/AIDS-targeted interventions were administered by HÄLSO followed by SAREC. The Swedish Embassies, DESA, UND, Sida-Öst, SEKA (through Swedish NGOs) also had projects.

Chapter 4 reviews the extent to which HIV/AIDS was considered in a selected number of Sida's regular (not HIV/AIDS-targeted) projects and programmes in Zambia, Laos and South Africa. Little or no attention was given to HIV/AIDS in the cases reviewed. Explanations given by interviewees include unawareness of the relevance of HIV/AIDS to the interventions, lack of knowledge of what to do, pressure of work making it difficult to absorb new issues and absence of directives. When HIV/AIDS had been considered, this appears to have been a matter of individual initiative.

Chapter 5 describes Sida's organisation and working methods in relation to HIV/AIDS. There were no comprehensive guidelines or strategies for HIV/AIDS support before the launching of *Investing for Future Generations* in 1999. The activities in the area of HIV/AIDS were carried out within the regular organisation of Sida, with HÄLSO as the focal point. There were close contacts between HÄLSO and the Ministry of Foreign Affairs on policy issues and the support to UNAIDS.

Acronyms

AFRA	Department for Africa
AIDS	The Acquired Immune Deficiency Syndrome
ASIA	Department for Asia
DESA	Division for Democratic Governance
DESO	Department for Democracy and Social Development
GPA	Global Aids Programme
HÄLSO	Health Division
HIV	The Human Immuno-deficiency Virus
IFFG	Investing For Future Generations
INEC	Department for Infrastructure and Economic Cooperation
KULTUR	Division for Culture and Media
LSFP	The Lao-Sweden Forestry Programme
MSEK	Million Swedish Kronor
MTCT	Mother to Child Transmission
NATUR	Department for Natural Resources and the Environment
NDP	National Drug Policy Programme, Laos
PANC	Provincial Administration of Northern Cape
PELIP	Port Elisabeth Low Income Housing Programme
RELA	Department for Latin America
SADC	Southern African Development Community
SafAIDS	Southern African AIDS Information and Dissemination Service
SAREC	Department for Research Co-operation
SEKA	Department for Cooperation with Non-Governmental Organisations and Humanitarian Assistance
Sida	Swedish International Development Co-operation Agency
Sida-Öst	Department for Central and Eastern Europe
SMI	Swedish Institute for Infectious Diseases
STI	Sexually Transmitted Infections
TASO	The AIDS Support Organisation, Uganda
UNAIDS	The Joint United Nations Programme on HIV/AIDS
UND	Education Division
UNDCP	United Nations Drug Control Programme
UNDP	United Nations Development Programme
UNESCO	United Nations Educational Scientific and Cultural Organisation
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
URBAN	Urban Development Division
UTV	Sida's department for evaluation and internal audit
WHO	World Health Organisation

1 Introduction

Swedish development co-operation has been engaged in the area of HIV/AIDS since the mid 1980s, but it was not until 1999 that an explicit strategy was launched, *viz* Investing for Future Generations – Sweden's Response to HIV/AIDS.[1] The IFFG was prepared by Sida, in co-operation with the Ministry of Foreign Affairs and representatives of Swedish NGOs, and was adopted by the Swedish Government. The IFFG describes the position of the Swedish government regarding prevention of HIV/AIDS and mitigation of its effects. A central feature of the IFFG is that HIV/AIDS should not only be seen as a health problem, but as a major development issue. Underlying and immediate causes as well as immediate and long-term effects have to be considered, according to the document, which also establishes four broad strategic objectives:

- *Prevention:* To enable people to protect themselves against HIV infection;
- *Political commitment:* To encourage greater political commitment to HIV prevention programmes.
- *Care and support:* To allow people infected and affected by HIV/AIDS to pursue their lives with quality and dignity.
- *Coping strategies:* To develop coping strategies for alleviating long-term effects.

A project for implementing the Strategy within Sida was launched in 1999.[2] That project is primarily aimed at increasing awareness of HIV/AIDS and of IFFG, and at developing methods and organisational arrangements for working with HIV/AIDS. Furthermore, a secretariat for HIV/AIDS has been established in Harare[3], to advise and reinforce the Swedish embassies in the region.

Sida's department for evaluation and internal audit (UTV) has decided to carry out an evaluation of the implementation of the IFFG.[4] Even though the exact purpose and scope of the evaluation has not been fixed, the main idea is to measure and assess the extent to which Sida has responded to the Strategy, primarily in terms of whether Sida's organisation, working methods and programming of co-operation are in line with the strategy. The purpose of this is (a) to be able to report to Sida's management, the Ministry of Foreign Affairs and other stakeholders how Sida has lived up to the strategy as well as (b) to generate learning, knowledge and experience regarding co-operation in this area, to be used in Sida's future work.

[1] Henceforth referred to as the IFFG or "the Strategy", even though it has been debated whether the document is actually a strategy or a policy.

[2] See DESO decision,0002/00, and prolongation through decision 0764.

[3] See DESO decision 0934/99.

[4] See Sida's Evaluation Plan, Financial Year 2000.

To provide a solid ground for the evaluation, UTV decided to prepare a "baseline", describing the situation in 1999 when the Strategy was launched. A consultant was contracted by Sida to enlarge on the purpose and scope of the coming evaluation and the baseline study.[5]

1.1 Purpose and limitations

The purpose of this study is to prepare the ground for the coming evaluation by describing the situation when the Strategy was launched. This will give a better basis for comparisons over time and make it possible to identify key issues and formulate questions for the coming evaluation.

The study is purely descriptive and should not be considered as an evaluation, since the collected data are not assessed in relation to any evaluation criteria. Neither does the study attempt to analyse any causal relations, such as why HIV/AIDS was or was not integrated into Sida's work. This may become a task for the coming evaluation.

The study may be seen as a "snap-shot" of 1999, the year when the IFFG was launched.[6] It may be recalled that the elaboration of the IFFG had already started two years earlier, and in some places reference will be made to previous events. However, the study does not provide a historical perspective, nor is it to be considered a performance monitoring.

The terms of reference for the assignment are attached as Appendix 1.

1.2 Scope and key issues – the evaluation

The baseline should, in principle, cover the same issues as the forthcoming evaluation. This being so, it is necessary to have a broad idea of what is to be included in the evaluation.

Possible evaluation questions on the way in which HIV/AIDS is *handled* within Sida include the following:

- Organisation and division of roles (including Sida's various department, the Secretariat in Harare and the Ministry of Foreign Affairs): Are they suitable and relevant in relation to the IFFG? What adaptations have been made with reference to the IFFG?
- Competence: What knowledge and awareness exist within Sida's departments regarding HIV/AIDS in general and in relation to programme areas? How well known is the IFFG? What competence building has taken place since the IFFG was launched?
- Methods: What methods or mechanisms are Sida using to integrate HIV/AIDS into the project and programme cycle? What development of methods has taken place?
- Resource allocation: What resources are there to finance co-operation in the area of HIV/AIDS? How are decisions regarding resource allocation taking place?

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[5] See UTV, "Uppdragsbeskrivning avs. förberedande arbete inför en utvärdering av HIV/AIDS-strategin inom utvecklingssamarbetet" and report on this assignment 2001-03-09 by Boman & Peck Konsult AB.

[6] The assumption is that, as the Strategy was launched in April 1999, it had not yet had time to influence Sida's co-operation and organisation to any great extent. However, it should be kept in mind that discussions regarding the Strategy had been going on for several years and that the main ideas of the IFFG may have been partly reflected by what Sida was doing.

- Policies and action plans: Is HIV/AIDS considered in Sida's policies, action plans and other steering documents? To what extent has Sida developed the "policy statements, guidelines and action plans" foreseen in the IFFG?
- Country Strategies: To what extent is Sida considering the social and economic impact of the epidemic? Are there strategies at national level to reduce/mitigate HIV/AIDS? Is HIV/AIDS considered as a health issue or as a development issue?
- Project and programme cycle: When and how is HIV/AIDS considered in the dialogue with the partner countries? How is it reflected in the planning of projects and programmes?

Possible evaluation questions regarding what Sida is *doing* in the area of HIV/AIDS could include the following:

- Direct HIV/AIDS interventions: Number and volume of interventions by Sida department and by region. The intervention's relevance to the four main objectives of the IFFG (political commitment, prevention, care and support, coping strategies). Has there been any change in focus over time between these areas or in relation to countries, channels or Sida departments?
- Integration of HIV/AIDS in Sida's regular programme assistance: To what extent has HIV/AIDS been considered in the problem and risk analysis of interventions? To what extent have interventions been adjusted to possible effects of the HIV/AIDS epidemic and to the possible effects of the intervention on the epidemic? What type of interventions exist that reduce/mitigate HIV/AIDS even when this is not a primary objective?

Changes over time may or may not be an effect of the IFFG. Even if the strategy document should have had an impact on Sida's work, the international debate, the epidemic itself and many other factors have also influenced Swedish action. Therefore, although the forthcoming evaluation may well include an analysis of the likely impact of IFFG, the focus of attention should be on the extent to which Sida in fact works in line with the strategy.

The forthcoming evaluation is not intended to include any assessment of individual projects or programmes.

1.3 Scope of the baseline study

Given that the baseline study should not be very time-consuming, that it should be carried out as a desk study in Sweden and that it is done "ex post" (i.e. after almost two years), a number of limitations had to be applied. For example, it has not been feasible to determine the competence level in the area of HIV/AIDS 1999 in an ex-post study like this one, however interesting it would have been to do so.

As a result of the preparatory study and discussions with Sida, it was decided that the baseline study should include four different areas.

1. Analysis of Country Strategy documents

The study should analyse how and to what extent HIV/AIDS is addressed in the Country Analyses, Results Analyses and Country Strategies.[7] The aim here is to compare Sida's treatment

[7] Henceforth referred to as "Country Strategy documents".

of HIV/AIDS at country level when the IFFG was launched with the way in which these issues are covered at the time of the forthcoming evaluation, and make comparisons over time.

2. *Inventory of intervention with the explicit objective to prevent the spread and/or to mitigate the effects of HIV/AIDS.*

The baseline study should give an overview of projects and programmes ("interventions") explicitly aimed at reducing the spread and/or mitigating the effects of HIV/AIDS. The review should include interventions where this is a main objective, as well as where it is a secondary objective or one of several objectives. The baseline study should also analyse how the interventions are distributed by Sida department, geographically and – as far as possible – in relation to the objectives mentioned in the IFFG.

The purpose here is to get an overview of what Sida was actually doing in this area, and to make comparisons over time of what Sida has done to turn the IFFG into action. Even though the IFFG had not been officially adopted at the time, it is interesting, for purposes of comparison in the forthcoming evaluation, to see how interventions corresponded to the objectives of the IFFG. Furthermore, discussions in the general direction of the IFFG had already been going on for a few years and ought to have influenced what Sida was doing.

3. *Analysis of how HIV/AIDS has been integrated into Sida's general projects and programmes.*

The baseline study should make a qualitative assessment of how HIV/AIDS has been considered in Sida's regular projects and programmes, that is, in interventions where HIV/AIDS prevention/mitigation is not an explicit objective. This should be done through studies in selected cases of a few sectors in a few countries.

The purpose of such an assessment is to gain a better understanding of how Sida, at the time, considered and dealt with HIV/AIDS at sector and intervention level. An expected outcome of such an assessment is that it may generate hypotheses for the future evaluation. It is not expected to permit any general conclusions, as the sample is in no way representative of Sida's co-operation as a whole.

4. *Organisation and methods*

The study should describe Sida's organisation for co-operation in the area of HIV/AIDS, including roles and division of responsibilities. The purpose of this should be to make comparisons of Sida's organisation before and after IFFG and to identify key issues for the coming evaluation.

1.4 Methodology

The study has been carried out as a desk review, based on analysis of available documentation and supplemented by a limited number of interviews.

The persons contacted are listed in Appendix 2.

The *Country Strategy documents* were analysed with the set of questions attached in Appendix 3. These questions were clearly much too detailed in relation to what the documents contained in 1999. However, the idea is that it should be possible to apply the same questions in the forthcoming evaluation, in order to assess changes when documents – hopefully – contain more information.

Collection of *information on Sida's HIV/AIDS focused interventions* has been done based on annual reports from 1999, Facts and Figures 1999 – Health Sector, Research for Life, Research co-operation 1999, other lists, information from the PLUS system, interviews, as well as using a questionnaire sent to a large number of Sida staff in Sweden and abroad.

Cases were selected in dialogue with Sida, and resulted in the selection of a total of eight interventions in Zambia, South Africa and Laos. Several criteria were used for the selection. Cases should be selected among interventions where, in the light of general knowledge, it would be reasonable to consider HIV/AIDS. They should represent a wide range of sectors and activities. Finally, they should not be among interventions with explicit HIV/AIDS objectives, since these would already be considered in the "HIV/AIDS targeted" interventions.

For each case, Sida's decision memorandum was analysed and persons in the regional and sector departments interviewed, as well as, in one case, one of the implementing consultants. However, finding the persons who were in charge of these interventions in 1999 proved to be a problem and often not even possible. A checklist was developed to determine whether HIV/AIDS had been integrated in the interventions was developed. This, however, proved to be of little use, as there had been minimal consideration of HIV/AIDS in almost all cases. Possibly the same questions may be used in the coming evaluation if applied to a sample of projects with more integration of HIV/AIDS.

The description of Sida's organisation has primarily been based on interviews. The inventory of HIV/AIDS-focused interventions (including channels, responsible Sida department etc.) has also contributed towards obtaining an organisational picture

2 Attention to HIV/AIDS in Country Strategy Documents

At country level, Sida's co-operation should be guided by its Country Strategies. For the preparation of Country Strategies, Sida carries out Country Analyses of key problems, and Results Analyses, presenting and analysing previous support. These documents thus reflect both the extent to which Sida has considered HIV/AIDS at country level and the existence of strategies and objectives for HIV/AIDS.

There were 15 new Country Strategies, which came into effect from 1999 and had thus been prepared immediately before the adoption of the IFFG. Six of them were for African, three for Asian, and six for Eastern and Central European countries (See Appendix 3). Most of the documents are dated 1998/99, but two Country Analyses are of considerably earlier date: 1994. As there was no Results Analysis for one country, the review covers 44 documents in total.

The documents were analysed with a set of questions attached in Appendix 3.

The main findings of the review are presented below. Full data can be found in Appendix 3. The presentation is made by region, as the HIV/AIDS context, and hence the way in which HIV/AIDS can be expected to be addressed, varies considerably.

2.1 Africa

Of all people living with HIV/AIDS by the end of 1999, more than 70 per cent were found in Africa. Almost 80 per cent of those who died of AIDS during this year were in the region. Most HIV/AIDS cases are found in a belt stretching from Ethiopia via Kenya and Uganda southwards to Southern Africa. Within this belt adult prevalence varies from 11 per cent in Ethiopia to 36 percent in Botswana. Large variations are also found within the countries. During the 1990s, HIV prevalence declined significantly in Uganda and to a lesser degree among certain age groups in Zambia, while the epidemic spread rapidly in Southern Africa. In West Africa, only the Ivory Coast had prevalence rates on par with the most affected countries of Southern and Eastern/Central Africa. There were also indications of possible larger epidemics in Nigeria and Cameroon. Sub-Saharan Africa was the one region where more women than men had HIV: By the end of 1999, 55 per cent of all HIV positive adults were women. Africa is the only region where heterosexual transmission is totally predominant.

Country analyses

This review includes documents for six African countries: Angola, Guinea Bissau, Kenya, Namibia, South Africa and Zambia.

Four of the six Country Analyses describe the problems in relation to HIV/AIDS as large development problems. This goes for South Africa, Namibia, Kenya and Zambia. The Kenya document mentions how HIV/AIDS leads to increases in poverty and disease. For Namibia it is mentioned that production is decreasing. The Country Analysis for South Africa shows how the extensive spread of HIV/AIDS notably affects the black population and the young population, describing it as a major problem for the future. The document for Zambia mentions that the country's overall development has been hit severely.

For the two remaining African countries – Angola and Guinea Bissau – HIV/AIDS is primarily seen as a health problem. Both countries have since long received Swedish support to limited aspects of HIV/AIDS work. In Angola the National Laboratory has received capacity building to develop HIV testing at its blood bank via Swedish SMI. In Guinea Bissau, SMI has co-operated with the National Public Health Laboratory to reinforce diagnostic capacity and studies of prevalence. It should be noted that a phase-out of both projects was planned for 1999

Four Country Analyses (Guinea Bissau, Kenya, South Africa and Zambia) contain some information of immediate causes and three documents (Kenya, South Africa and Zambia) underlying causes of the epidemic. Four documents (Kenya, Namibia, South Africa and Zambia) contain some information on immediate effects of the epidemic and three (the same, except Kenya) on the long-term effects. Only the Namibia document discusses how the epidemic has changed the need for international support.

No document analyses how the HIV/AIDS epidemic is linked to Sida's overall objectives.

Results analyses

The Results analyses should reflect Swedish co-operation in a particular country. As there has not been any co-operation in relation to HIV/AIDS in Kenya, there is nothing on this subject in the Results Analysis. In both Namibia and South Africa, UNICEF had received financial support for awareness projects, which at the time of the Results Analysis were too recent to have produced any results. In the Results Analysis for Zambia it is said that the levelling out of HIV/AIDS may in part be attributed to Swedish support.

None of the Results Analyses mentions the epidemic's effect on Sida's overall co-operation with the country. Nor does any document mention the risk that Sida's interventions could increase the spread of the epidemic.

Country Strategies

The Country Strategy for Namibia points to the high prevalence in the country (20–25 per cent), which is reported to lead to high health costs and output losses. It is noted that HIV/AIDS should be considered in a regional perspective, and that interventions may be financed over the country frame with different UN organisations and the country as partners.

In the Country Strategy for Zambia, it is noted that a prevalence of 20 per cent makes HIV/AIDS more than a health problem. HIV/AIDS should be raised in the dialogue and be linked to efforts to reduce poverty, as well as being included within the health sector.

Three of the six Country Strategy documents, namely Angola, Namibia and Zambia, include some form of Swedish objectives to reduce/mitigate HIV/AIDS.

Considering that HIV/AIDS is described as an overall development problem for society in the Kenyan and South African Country Analyses, it is striking that there is not one word about HIV/AIDS in the Country Strategies for these two countries.

No document recognises the need to adjust Sida's development co-operation as a consequence of the existing HIV/AIDS situation and only one, namely Namibia, recognises the need to consider the possible effects of interventions on the epidemic.

2.2 Asia

There were an estimated 6.1 million people living with HIV/AIDS in the region by the end of 1999, and about 0.5 million died of AIDS during the same year. The epidemic began to spread in Asia in the late 1980s and the region shows a greater diversity than Sub-Saharan Africa. HIV prevalence rates varied considerably within and between countries. In 1999 Cambodia had the highest HIV infection rate in the region (4 per cent of all adults) followed by Thailand and Myanmar. Vietnam had low prevalence rates, but with signs that they could rise rapidly. Official average prevalence rates are also low in India, but that country had the second largest absolute number of HIV-infected people of any country in 1999, amounting to 3.7 million. In both India and China, there are great variations between different regions and between urban and rural areas. China had few infected persons – an estimated 500,000 – but the potential for a rapid increase existed in both countries: rapidly spreading drug-injection, large population movements and an expanding sex-industry. Thailand was the first Asian country to record a rapidly expanding HIV/AIDS epidemic. Well-organised prevention efforts there have resulted in a reduced number of newly infected, but still some 755,000 persons lived with HIV/AIDS by the end of 1999. Intravenous drug use and heterosexual intercourse were the main modes of HIV transmission in the region.

Three Asian countries are included in this review: Laos, Cambodia and Vietnam.

In the Country Analysis for Vietnam, HIV/AIDS is mentioned in one sentence, as a growing social problem among others problems. However, neither the Results Analyses nor the Country Strategy mentions HIV/AIDS with one word.

Neither the Country Analysis for Laos, nor the one for Cambodia address HIV/AIDS, even though both documents discuss social situations with close linkages to the spread of HIV such as sex trade with Thailand (with HIV/AIDS) and, for Laos, migration to and from Thailand. The Results Analyses and the Country Strategies for Laos and Cambodia do not address HIV/AIDS at all.

2.3 Eastern and Central Europe

A steep increase in HIV infection, related to intravenous drug use, was discovered in the mid 1990s in several countries of Eastern Europe and the former USSR. During 1998 and 1999 HIV infections doubled in the Russian Federation, and an even more rapid increase was recorded in Eastern Europe and some states in Central Asia. The vast majority of new infections occurred in Ukraine and the Russian Federation. Ukraine was the first country in the region to be affected by the HIV/AIDS epidemic, and had by the end of 1999 about 90 per cent of all reported AIDS cases in the region. The number of HIV infections in the country increased from around 1 500 in 1994 to an estimated 240,000 at the end of 1999. In the region as a whole, the epidemic is still primarily confined to the drug-injecting population. But as this group is growing rapidly and many drug-dependent women finance their drugs through prostitution, there is risk for a more generalised epidemic.

Country Strategy documents for six countries have been included in this review: Estonia, Latvia, Lithuania, Poland, Russia and Ukraine.

In the documents for the three Baltic countries and for Poland, there was no mentioning of HIV/AIDS, in either of the Country Analyses, the Results Analyses or the Country Strategies.

In the Country Strategy for Russia, HIV/AIDS was described as a health issue under the heading "social sectors". Neither the Country Analysis nor the Results Analysis for Russia mentioned HIV/AIDS. For Ukraine, the Country Analysis brings up HIV/AIDS as a serious problem under the heading "health and health care". However, the Country Strategy did not mention HIV/AIDS.

2.4 General observations

Generally speaking, it may be noted that even in the documents where the epidemic is mentioned, it is given very little space. The documents for four of the African countries, give somewhat more information and describe the epidemic as something beyond a health issue. It is also in Africa that the documents present Swedish interventions related to HIV/AIDS.

It is reasonable to find that HIV/AIDS is primarily addressed in regions most affected by the epidemic that is, in Africa. The documents for Africa also describe HIV/AIDS as a development problem. However, in countries where the HIV/AIDS interventions have had a clear health profile (Angola and Guinea Bissau) HIV/AIDS is only described as a health problem.

Irrespective of whether HIV/AIDS is described as a development or as a health problem, the Swedish interventions presented in the Results Analyses were limited to the health sector, including sexual education. Nowhere have we found a discussion of how HIV/AIDS may affect overall Swedish development co-operation.

It is also noteworthy that the HIV/AIDS epidemic in both Asia and Eastern and Central Europe is described as a sexually transmitted epidemic, despite the fact that there is a considerable spread through intravenous drug abuse in these regions.

3 Profile of Sida's targeted HIV/AIDS activities

The attached inventory (see Appendix 4) of projects supported by Sida during 1999[8], lists a total of 92 interventions of various size with prevention and/or mitigation of HIV/AIDS either as a primary (79) or secondary objective (13)[9].

All amounts given below refer to disbursed amounts in 1999 (in rounded figures). Interventions of less than 50,000 SEK have not been included in the inventory.

3.1 Size

Interventions where prevention/mitigation of HIV/AIDS, according to our sources, was either a primary or a secondary objective amounted to approximately 140 MSEK, out of which 115 MSEK were interventions with HIV/AIDS in their primary objective.

The single largest Swedish contribution was 37 MSEK, which was a core support from the Ministry of Foreign Affairs to UNAIDS. There were 28 interventions between 1 and 10 MSEK. Most interventions (63), then, were fairly small (under 1 MSEK).

3.2 Distribution of interventions between Sida departments

The interventions have been listed according to the *organisational unit* registered in the PLUS system[10]. In the cases where interventions have been identified outside the PLUS system, they have been presented under the department indicated by the information source as "*responsible Sida department*".

As could be expected, *DESO* administered most support in financial terms in the area of HIV/AIDS. Out of a total of 24 DESO interventions, 21 sorted under HÄLSO, which administered interventions related to HIV/AIDS amounting to 62 MSEK[11]. Also within DESO, DESA had two interventions and KULTUR one intervention related to HIV/AIDS in 1999.

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[8] Projects to which disbursements were made in 1999. This means that the following projects, in principle on-going in 1999 but receiving no disbursements in 1999, are not included in the list: support to the Aids Consortium in South Africa (DESO/DESA), the Chikankata AIDS Care Programme in Zambia (Svenska Missionsrådet), Health Promotion and Aids Education Project in Thailand (Svenska Missionsrådet) and AIDS in Guinea Bissau (SAREC). Note too that interventions where impact on the HIV/AIDS situation was not a stated objective have not been included, even though they may in fact have had such an impact.

[9] The division of interventions into the categories "primary" and "secondary" objective is based on the outcome of the inventory. In the questionnaire, respondents could chose to indicate the objective of the intervention as "prevention/mitigation of hiv/aids is main objective of project" or "prevention/mitigation of hiv/aids is secondary objective and/or component of project". Few interventions where HIV/AIDS is a secondary objective have been identified, possibly due to under-reporting by Sida staff.

[10] Exceptions comprise some interventions in Latin America, Uganda and Botswana which have been sorted under their respective regional departments (RELA and AFRA) although DESO had been indicated as organisational unit in the PLUS system. These adjustments have been made in response to information provided by DESO/HÄLSO, so as to reflect actual responsibility for these interventions more accurately. However, due to limited capacity at the embassies, DESO/HÄLSO assisted in the administration of these interventions.

[11] If the core support to UNAIDS, actually provided from the Ministry of Foreign Affairs, is included. If the interventions in Latin America, Uganda and Botswana are included, this amount rises to 80 MSEK.

A total of 25 HIV/AIDS interventions (35 MSEK) came under *AFRA* in 1999. Of these, 14 were administered by the embassy in Harare. The largest interventions there included support to the National Aids co-ordination programme in Zimbabwe (4 MSEK), support to Botswana through UNDP (3.8 MSEK) and support to a multi-sectoral secretariat for strategic planning in Zambia (3 MSEK). Most interventions in Zimbabwe were below 0.5 MSEK.

SAREC administered 9 interventions with a total disbursement of 13.5 MSEK for HIV/AIDS related projects in 1999. The largest support concerned bilateral research co-operation with Tanzania (6 MSEK). Significant contributions were also made to vaccine research in co-operation with *Karolinska Insitutet* and social science research on sexual behaviour in co-operation with various universities in Africa and elsewhere.

A total amount of 14.5 MSEK was channelled by *SEKA* through Swedish NGOs to 18 different HIV/AIDS-related interventions. However, it should be noted that only 10 of these interventions had HIV/AIDS as a primary target. The interventions were distributed between eight of Sida's so-called framework organisations. The 9 MSEK support given to the Swedish Red Cross for Community Health Care Programmes is one example of a project where HIV/AIDS was a secondary target.

Sida-ÖST had HIV/AIDS related interventions amounting to 4 MSEK distributed between 7 projects in 1999. All these interventions were in Russia, and 4 were administered by *Österuropakommittén (*ÖEK*)*. The largest intervention related to education on sexuality and reproductive health for adolescents in 7 different regions of Russia (2 MSEK).

RELA administered support through UNAIDS, to interventions in Guatemala and Honduras amounting to approximately 2 MSEK.

ASIEN supported 4 NGOs in India with a total of 1.3 MSEK for HIV/AIDS interventions in 1999. The support was administered by the embassy in New Delhi.

INEC and *NATUR* did not have any interventions relating to HIV/AIDS in 1999.

In addition to the above interventions, close on 1 MSEK was spent on Sida's internal work with the development of the HIV/AIDS strategy in 1999.

3.3 Channels

Swedish co-operation in this area can be divided into three broad groups. *Multilateral support* (mainly through UNAIDS and its co-sponsors), *bilateral projects and programmes* for which there were a multitude of channels, and co-operating partners and *support through Swedish NGOs*.

About one-fifth of the interventions related to HIV/AIDS in 1999 were multilateral or multibi. The largest support in this category was the core support to UNAIDS of 37 MSEK and an additional 10 MSEK to UNAIDS "strategic plan"[12]. The rest of the multilateral support

[12] The Joint United Nations Programme on HIV/AIDS, UNAIDS, was founded in 1996 with the mission to lead, strengthen and support an expanded response to the HIV/AIDS epidemic. The six original co-sponsors of UNAIDS were UNICEF, UNDP, UNFPA, UNESCO, WHO and the World Bank. In April 1999 they were also joined by UNDCP. With an annual budget of US$ 60 million and a staff of 129 professionals, UNAIDS is a modestly proportioned programme. It operates as a catalyst and co-ordinator of action on AIDS, rather than as a direct funding or implementing agency. It is the first United Nations programme to include NGOs in its governing body. The largest donors to UNAIDS in 1998 were the United States Government, which contributed US$ 15 million, followed by the Governments of the Netherlands, the United Kingdom, Sweden, Norway, and Denmark. UNAIDS also receives funds from non-traditional donors such as China, Thailand and South Africa.

amounted to approximately 25 MSEK and was channelled through UNICEF, UNDP, UNFPA, World Bank and UNAIDS[13]. Multilateral interventions also included support to international NGOs such as the HIV/AIDS Alliance and the Population Council.

Sida used UNAIDS and its co-sponsors as channels for support both in countries where Sida had already established health co-operation and in countries where Sida was not present in the health sector. For example, the World Bank received 7 MSEK for its Sexually Transmitted Infections Programme in Uganda (where Sida was present). Support was also channelled to Malawi, Botswana and Namibia (where Sida was not present in the health sector).

According to the inventory, almost half of the interventions and one third of the funds spent in the area of HIV/AIDS in 1999 was in the form of bilateral co-operation. All HIV/AIDS related interventions of ASIEN and Sida-ÖST were bilateral, as well as most interventions administered by AFRA. DESO had an equal distribution between multilateral and bilateral interventions. National AIDS programmes were supported through different channels in five countries: Zimbabwe, Zambia, Malawi, Honduras and Guatemala.

SAREC's support consisted of research co-operation that involved different Swedish and international research institutions such as Karolinska Institutet, the universities of Lund, Uppsala and Stockholm, University of Dar el Salaam etc. The Sarec support amounted to approximately ten per cent of Sida's spending in the area of HIV/AIDS in 1999.

The Swedish NGOs receiving Sida funds for interventions in the area of HIV/AIDS in 1999 were Afrikagrupperna, Diakonia, Forum Syd, Rädda Barnen, Svenska Kyrkan, Svenska Missionsrådet, Svenska Röda Korset and PMU Interlife. These organisations in turn co-operated with their local and international partners including various church organisations, women's associations, the International Federation of the Red Cross etc.

3.4 Geographical distribution

Sub-Saharan Africa is the region hardest hit by the HIV/AIDS epidemic, and it is natural that the vast majority of interventions should focus on this region. The distribution between countries, however, was uneven. Most interventions (16) were in Zimbabwe. These usually consisted of small amounts given to a variety of NGOs. Total amount spent on HIV/AIDS related projects in Zimbabwe in 1999 was approximately 8 MSEK, including support to the National Aids Co-ordination program of 4.1 MSEK.

Although the support to Uganda only consisted of a couple of interventions, this was the country receiving most funding for HIV/AIDS projects in 1999 (12 MSEK). Other countries in Africa receiving substantial support (more than 3 MSEK) for HIV/AIDS-related projects were Namibia, Zambia, Malawi, Tanzania and South Africa. Regional support to HIV/AIDS interventions in the SADC region amounted to approximately 7 MSEK in 1999.

Only two projects relating to HIV/AIDS were supported in Mozambique. They were administered by *Afrikagrupperna* and *Svenska Missionsrådet* and amounted in total to 0.5 MSEK. This is noteworthy, considering the severe HIV/AIDS situation in the country and the size of Swedish

[13] In addition, the European Commission's development co-operation, to which Sweden contributed, included support in the area of HIV/AIDS. There were no interventions addressing HIV/AIDS exclusively but HIV/AIDS is a component of many projects. For example, a support to the health sector in Zimbabwe (33 million Euro) had a clear HIV/AIDS profile.

co-operation with Mozambique. In Kenya, Sida had very little support in the field of HIV/AIDS as a consequence of a deliberate intention by the embassy to stay out of this area. Reportedly, the reason for this was in the embassy's view a large number of donors were concerned with HIV/AIDS interventions in Kenya already. Added to this, the Kenyan government was reluctant to acknowledge the seriousness of the disease.

In Asia, Sida had HIV/AIDS- related interventions in India. Apart from two projects by Diakonia in Thailand, no support was given to South East Asia, in spite of the growing HIV/AIDS problems of that region.

Apart from seven projects in Russia, no HIV/AIDS projects were supported in the other countries in Eastern and Central Europe.

In Central America, support was given to Guatemala and Honduras through UNAIDS.

3.5 Objectives and content

In the inventory of the Sida-supported HIV/AIDS projects in 1999, an effort was made to relate project objectives to the strategic objectives of IFFG: "prevention", "political commitment", "care & support" or "coping strategies". Caution should be exercised when interpreting the data, since the categorisation has been made individually by different people, and long after the official project goals were formulated. Furthermore, many interventions had several objectives. However, some general observations can still be made.

Approximately two thirds of the interventions were in some way aiming at enabling people to protect themselves against HIV infection (HIV prevention). Most interventions within "prevention" aimed at sexual behaviour change, mainly in the form of dissemination of information, empowerment and training of trainers etc. Other common activities in this category included provision of condoms and voluntary counselling and testing. Two projects were engaged in vaccine research. Some projects were also concerned with reducing the spread of HIV/AIDS through the establishment of needle exchange centres and information on HIV/AIDS in relation to injecting drug use[14]. These interventions do not fit into any category in the IFFG strategy.

One third of interventions aimed at encouraging greater political commitment to HIV prevention programmes. In character these interventions were rather evenly distributed between recognition by policy and decision-makers of HIV and AIDS as major development issues, respect for human rights to protect people living with and affected by HIV or AIDS, development of co-ordinated policies and development of surveillance and information systems for monitoring the epidemic.

One-third had as their objective to allow people infected and affected by HIV/AIDS to pursue their lives with quality and dignity. Most projects in this category ("Care & Support") included social support to poor, HIV/AIDS-affected households. Some interventions were related to social and educational support to children and health care services for people living with HIV/AIDS. The interventions within this category were to a large extent carried out by Swedish NGOs.

Only a few projects included an intention to develop coping strategies to alleviate long-term effects. The few projects in this area were involved in the development of sectoral capacities to

[14] Examples of such interventions are "the Kaliningrad/Malmö Crossborder Co-operation on Prevention of HIV/AIDS/STDs and Drugs" (Sida-ÖST/Russia), "The Drug Box – an information Project" (Sida-ÖST/Russia) and "the Lahu Community Development Project for a better quality of life" (Diakonia/Thailand)

respond to HIV/AIDS. A couple of these were also related to the application of a national multi-sectoral approach to mitigate the impact of the epidemic.

A number of interventions, such as core support to various organisations, building of networks and conferences, contributed to all of the four broad objectives discussed above.

4 Integration of HIV/AIDS into non-targeted interventions

The HIV/AIDS interventions reviewed above were all "targeted" in the sense that they explicitly aimed at preventing the spread or mitigating the effects of HIV/AIDS. But numerous other activities where Sida was involved could have an impact on the epidemic, either positive or negative. Furthermore, the epidemic itself can have an impact on projects and programmes supported by Sida.

In order to analyse whether any of these aspects have been addressed, this study also includes a few cases in different countries and different sectors to see whether, how and to what extent HIV/AIDS was considered in the preparation and design of projects in 1999.

As a first step it was necessary to define "integrate". A checklist of questions was developed (attached in Appendix 5). The selection of cases was described in chapter 1. As a result the following countries and sectors were selected:

Zambia

- Support to sustainable natural resources
- Support to the restructuring of Zambia Railways Ltd
- Sector support to health in Zambia

South Africa

- Port Elisabeth low income housing programme (PELIP)
- Support to the provincial administration of Northern Cape (PANC)

Laos

- Road Programme IV
- Support to the health sector
- Forestry Programme

It should be stressed that these interventions are not in any way statistically representative, nor are they in-depth case studies. Rather, they are ex-post desk reviews, supplemented by interviews. It could well be that a deeper analysis with more interviews including with locally responsible project staff, partner organisations and counterparts would have given a slightly different picture.

The three country cases are presented in Appendix 5. The overall conclusion is that consideration of HIV/AIDS in these interventions was very limited.

In *Zambia*'s natural resource programme, HIV/AIDS was mentioned in one sentence in the assessment memorandum, but it was not further considered in the project. The Railway project did not consider HIV/AIDS at all, even though it is well known that mobile populations such as railway employees are highly susceptible to receiving and spreading HIV infections. The health sector support considered HIV/AIDS both in the sector-wide support to Zambia, as well as in a number of specific HIV/AIDS projects and projects to improve sexual and reproductive health and rights.

In *South Africa,* the Port Elisabeth programme showed no sign of consideration to HIV/AIDS. In the Northern Cape project, there was a dialogue on HIV/AIDS, as well as various HIV/AIDS activities, but not on the initiative of Sida.

The *Laotian* context is very different from the African one with considerably lower prevalence rates. The neighbouring countries have higher rates of HIV/AIDS and pose a threat of a growing epidemic. None of the sectors reviewed had at the time considered HIV/AIDS in the planning and design in any of the projects. But the road project has since 1999 directed attention to HIV/AIDS in its annual review, and we are informed that efforts to integrate HIV/AIDS have now started (2001).

Other findings:

During the interviews related to the three case-countries, we have come across other interventions outside the selected cases where HIV/AIDS was in fact part of the dialogue with the partner country, and was considered in the project design.

One such example is in Zimbabwe, where a former programme officer states that he consistently brought up HIV/AIDS at meetings with counterparts. The response was mixed, but resulted in attention being paid to HIV/AIDS in several programmes, including the support to the Rural District Councils and the planned Public Sector Reform co-operation.

A second example was found in Mozambique and Sida's support to the Road sector, which included efforts in the area of HIV/AIDS in 1999. A gender specialist, provided by Sida at the Road Ministry, took an interest in the issue and managed to obtain extra funding (not from Sida) to introduce such activities as provision of condoms, information to workers in the salary specification envelope etc. Furthermore, in 2000, contracts with construction entrepreneurs included obligations to consider HIV/AIDS at the work sites.

A third example encountered comes from the Sida supported Road sector in Namibia, which is reported to have begun considering HIV/AIDS aspects in 1999.

In conclusion, insofar as HIV/AIDS was considered in Sida's overall non-health projects and programme, this seems to have been on the initiative of individuals aware of the needs and committed to take action, which may explain why HIV/AIDS has been considered in some cases and not in others.

The interviews also reveal a number of reasons indicating why HIV/AIDS was not considered. These include:

- Unawareness of the relevance of HIV/AIDS to the interventions,
- Abundance of cross-cutting issues to be "mainstreamed" into Sida's activities,
- Lack of practical guidance on what to do,
- Numerous projects to manage, and little time for more than immediate trouble-shooting,
- Difficulties in introducing new issues in projects that had gone on for some time,
- Nobody requested that HIV/AIDS be considered.

The fact that HIV/AIDS is not a major issue in Country Strategies may also be one explanation.

5 Organisation and methods

The previous chapters have described the content and direction of Sida's development co-operation relating to HIV/AIDS. This chapter briefly describes *how* Sida was working with HIV/AIDS in 1999: the policy framework, roles, responsibilities and methods.

5.1 Policy framework

The policy framework in 1999 is best seen in a historical perspective. Sida's health division and SAREC have been supporting HIV/AIDS activities, at global level and in Sub-Saharan Africa, since the mid 1980s. The emphasis was initially on prevention through support to the Global Programme on AIDS (GPA), within WHO (later transferred to UNAIDS), on National AIDS Programmes, and on research co-operation in the fields of biomedical and behavioural research. A special grant was set aside to support Swedish NGOs working with HIV/AIDS.

The "Sexual and Reproductive Health and Rights (Strategy for Development Co-operation)", published by HÄLSO in 1997[15], contained a chapter on "HIV/AIDS and other Sexually Transmitted Diseases" which afforded some guidance.[16]

There was no mention of HIV/AIDS in Sida's four action programmes, except for one line in the action programme for poverty reduction.

With the spread of HIV/AIDS to other regions, and the increasing seriousness of the epidemic in Africa, a process was initiated in 1997 to formulate a Swedish strategy in relation to HIV/AIDS.

An HIV/AIDS seminar held in Harare in October 1997 gathered participants from Sida, the Swedish Ministries of Foreign Affairs and of Health and Social Affairs. Participants also included Sida staff from several divisions and from different embassies, as well as consultants and invited local experts. The seminar discussed different approaches to the formulation of a Swedish multi-sectoral strategy and also marked the beginning of this work.

Following the Harare seminar, a project was set up to elaborate the Strategy. A steering committee was formed, with broad representation from within Sida and the two above-mentioned ministries to ensure that the Strategy would be Swedish – and not just a Sida strategy. A working group of representatives from several divisions within Sida was established, to ensure a multi-sectoral approach. A number of background papers were solicited, and meetings were held with numerous Swedish actors. The UNAIDS secretariat was visited.

In the late autumn of 1998 the strategy was formulated and circulated for comment. The document *Investing for Future Generations – Sweden's International Response to HIV/AIDS* was adopted in February 1999.

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[15] Revision of a document first published in 1992.

[16] According to this document, Sida will focus on actions for (i) gender sensitive HIV/AIDS information through various sectors e.g. the school system, the health services, and the media, (ii) behavioural changes, particularly among men, to prevent the spread of HIV/AIDS and other sexually transmitted diseases, (iii) integration of services for fertility regulation, STDs and HIV/AIDS, (iv) development of simple, appropriate diagnostic methods and therapies against sexually transmitted diseases.

Simultaneously, SAREC elaborated a separate document, *A Strategy for Research Cooperation in the Area of HIV/AIDS*, which was adopted in September 1999. It was based on a hearing with Swedish researchers in April 1998, the above-mentioned Harare seminar and, not least, on experience of SAREC supported and international research co-operation.

In conclusion, even though there was no formal policy or strategy for HIV/AIDS issue until 1999, there had been an extensive debate that, possibly influenced Sida's work, even before the formal adoption of the strategy.

5.2 Roles and responsibilities

Sida's support in the area of HIV/AIDS was provided within the framework of its general organisation. HÄLSO functioned as focal point for HIV/AIDS and was in principal charge of policy and methodological issues as well as the administration of a number of HIV/AIDS-targeted interventions. Within HÄLSO, one programme officer was assigned the main responsibility for HIV/AIDS issues, but other programme officers were also involved.[17]

To the extent that anyone was assigned HIV/AIDS issues at the embassies, it would have been the health programme or social sector officer. However, in many countries there is no Swedish health support.

Although this has not been possible to confirm, interviews indicate that the degree of involvement in the different countries in the area of HIV/AIDS very much depended on the interest and commitment of individuals.

Management of interventions

As noted in chapter 3, targeted HIV/AIDS interventions have been managed either by the sector departments (primarily HÄLSO and SAREC), by the regional departments (primarily AFRA, but also Sida-Öst), by SEKA and also directly by the embassies. Within HÄLSO, the HIV/AIDS officer managed interventions that were global, regional or in countries where there was no co-operation in the health sector. In other countries, the respective country officers handled any HIV/AIDS support.

Integration of HIV/AIDS issues into Sida's non-targeted projects and programmes ought to have been the responsibility of the respective departments. However, for lack of mandate and competence, limited attention was given to HIV/AIDS even in countries where it would have appeared highly relevant, e.g. Mozambique.

The support to UNAIDS was handled directly by the Ministry of Foreign Affairs, but Sida played an active part in policy discussions, board meetings and other issues in relation to this support.

Financing

Both SAREC and SIDA had special budget lines for AIDS programmes since the late 1980s, but these were phased out in the mid-1990s.

[17] During the 1980s and early 1990s Sida also drew on a number of institutional consultants with HIV/AIDS competence, including ICH, IHCAR, PROP/Sodeco and SMI. The contracts with these institutions were terminated, however, in 1999.

HIV/AIDS and Sexual and Reproductive Health and Rights, SRHR

Between 1986 and 1996 Sida disbursed a total of some 750 MSEK for HIV/AIDS. Initially, special funds for HIV/AIDS came from Sida's disaster and relief budget, and amounted to 100–120 MSEK yearly. SAREC has also had special HIV/AIDS funds.

In the health sector, there has gradually been a policy change in the 1990s, whereby the health sector has integrated HIV/AIDS as a component in the overall support to SRHR. The table below shows the gradual decrease of direct health sector support to HIV/AIDS, and the simultaneous increase of funds for SRHR, reflecting this policy change. SRHR include important HIV preventive activities such as sex education, adolescent health and STD projects.

	1992/93	1993/94	1994/95	1995/96
HIV/AIDS	101	89	76	66
SRHR	136	133	171	193
Total	237	222	247	259

All amounts, disbursements in MSEK

In 1999 special HIV/AIDS interventions were financed through Sida's regular budget, primarily through its ordinary programme support, including global and regional allocations. The large number of interventions in Zimbabwe is partly explained by the fact that a local "consultancy fund" was transformed into a fund to develop new areas of co-operation, including HIV/AIDS.

Policy issues

The main responsibility for policy issues devolved on the Ministry of Foreign Affairs, but Sida maintained a continuous dialogue with the Ministry, mainly through the HIV/AIDS programme officer, contributing professional competence and participating in meetings, dialogue etc.

Within Sida, HÄLSO had the main responsibility for policy issues, but work on the IFFG also involved other departments.

As already indicated, HÄLSO also had a close policy dialogue directly with UNAIDS and its co-sponsors, as well as with the World Bank.

Information and guidance

As the focal point for HIV/AIDS, it was to HÄLSO, and the HIV/AIDS programme officer, that Sida staff could turn for questions and advice.[18] Reportedly, this occasionally happened, but there were no defined channels of information. Nor was there any "help desk" or suchlike.

The HIV/AIDS officer at HÄLSO was also primarily responsible for answering questions in this area coming from outside Sida.

There were no guidelines[19] available to Sida staff on how to work with HIV/AIDS, neither regarding targeted HIV/AIDS action nor regarding how to consider HIV/AIDS in Sida's regular co-operation, including the country strategy process, project cycle and the dialogue with the counterparts. UNAIDS and other agencies, had developed checklists, guidelines etc. which the HIV/AIDS officer had access to, but these were not systematically spread throughout the organisation.

[18] Up to 1998, the regional health advisor, stationed in Zambia, was also responsible for HIV/AIDS issues.

[19] Apart from the SAREC document mentioned above.

Competence development

No organised training relating to HIV/AIDS existed in 1999, but sporadic seminars had taken place over the previous years, including for example a seminar in 1994 on socio-economic consequences of HIV/AIDS. Furthermore, work on the IFFG, which involved various seminars and discussions, was a learning experience as such. However, this did not reach the programme officers in general.

This study does not include any assessment of the competence level of Sida staff in relation to HIV/AIDS, but interviews indicate that competence in relation to HIV/AIDS existed primarily within HÄLSO and SAREC.

Another important issue which this review does not cover is the general awareness of and commitment to HIV/AIDS issues within Sida. Even though it would be impossible to measure, awareness and commitment often seem to have grown from "bottom-up"; staff members have confronted the HIV/AIDS situation in their daily work and responded accordingly.

5.3 Methods

"Methods" may be considered either in terms of *guidance* and *systematic approaches* or in terms of how Sida was *actually working*.

As pointed out above, there were no documented methods or guidelines for Sida's work in relation to HIV/AIDS. This may be one reason why the review of interventions displays such a wide variety of action. Interviews indicate that at least the small-size interventions appear to have been largely of an ad hoc and explorative character. We have found evidence that HIV/AIDS was occasionally considered in Sida's regular projects and programmes, not consistently or as a result of any particular "method", but because committed individuals had felt a need to raise the issue.

To look at the methods actually applied in projects and programmes is beyond the scope of this study, but a few reflections may still be made.

Sida's approach to HIV/AIDS in 1999 included working through a *variety of channels*, from UNAIDS to national government bodies and NGOs.

Apart from the UNAIDS support, the support to five national programmes, the long-term support to TASO in Uganda and the SAREC-supported research co-operation, most interventions were rather *small*.

Interventions included *a broad range of activities*, as seen in Appendix 3. A number of interventions aimed at capacity building and institutional strengthening of local organisations working with HIV/AIDS. There were also a number of projects involving training, awareness making and dissemination of information. A third group was projects in the area of research, aiming at enhanced knowledge regarding HIV/AIDS.

Sida's support has mainly been *financial,* disbursed directly to partner organisations. Technical assistance or involvement of other kind from the Swedish side is restricted to the research co-operation, bilateral programmes involving SMI, the co-operation with Central and Eastern Europe, as well as some co-operation involving Swedish NGOs.

Appendix 1

Terms of Reference

Sida/UTV/CB 2001-05-04 Sid 1 ( )
Dnr.: 2000-601/10

Uppdragsbeskrivning
avs genomförandet av en baslinjestudie inför en utvärdering av HIV/AIDS-strategin inom utvecklingssamarbetet

Bakgrund

1999 antog Sida en strategi för att minska spridningen och mildra effekterna av HIV/AIDS: *Investing for Future Generations – Sweden's International response to HIV/AIDS.* Ett projekt för strategins genomförande finns tillsatt inom Sida och ett regionalt sekretariat har upprättats i Harare för att förstärka Sidas organisation i fält. UTV har för avsikt att år 2002 initiera en utvärdering på området. Inför denna, för att lägga en effektiviserande grund för utvärderingen, skall UTV genomföra en baslinjestudie.

Baslinjestudien förbereds och genomförs med anlitande av konsult (Boman & Peck Konsult AB, kontrakterad härför i slutet av 2000), i två faser. *Förberedelsefasen* (Fas 1) genomfördes under perioden december-mars och har slutrapporterats (slutrapport 2001-03-09 "Förberedande arbete inför utvärdering av HIV/AIDS-strategin inom utvecklingssamarbetet"; rapporten utgör ett bakgrunds- och arbetsdokument för det fortsatta arbetet).

Genomförandefasen (Fas 2), som i enlighet med den tidigare arbetsbeskrivningen skall vara baserad på slutrapporten från Fas 1 och utformad i diskussion med UTV, framgår av denna uppdragsbeskrivning. Uppdragsbeskrivningen är utarbetad efter återkommande samråd med operativa aktörer inom Sida samt ytterligare expertis.

Den planerade utvärderingen

Det tilltänkta men ännu ej fastställda syftet med den kommande utvärderingen är att mäta och bedöma i vilken utsträckning och hur Sida lyckats genomföra strategin, främst i betydelsen hur Sidas organisation, arbetssätt och programmering av biståndet ligger i linje med strategin. Detta för att:

– kunna redovisa för Sidas ledning, UD samt andra intressenter hur Sida svarat upp mot sitt ansvar enligt strategin ("accountability"),

– generera kunskap, erfarenheter och lärande kring bistånd på området, inklusive hur biståndet kan relateras till HIV/AIDS, huvudsakligen avseende arbetssätt, organisation och programmering av biståndet, att användas av Sida i det framtida arbetet.

Utvärderingsfrågor rörande hur HIV/AIDS-relaterade frågor *hanteras* inom Sida skulle kunna vara följande:

(i) *Organisation och ansvarsfördelning* (inkl Sidas olika avdelningar, Hararesekretariatet samt UD): Är den ändamålsenligt och relevant utifrån strategin *Investing for Future Generations*? Vilka anpassningar har skett i ljuset av denna?

(ii) *Kompetens och kompetensutveckling*: Hur ser kunskapen/medvetenheten ut inom Sidas avdelningar om epidemins effekter inom de egna programområdena? Vilken kompetensutveckling har skett under utvärderingsperioden?

(iii) *Metodutveckling*: Vilka metoder eller mekanismer använder sig Sida av för att beakta effekterna av (integrera) HIV/AIDS i projekt- och programcykeln? Vilken metodutveckling har ägt rum under utvärderingsperioden?

(iv) *Allokering av resurser*: Vilka resurser finns tillgängliga för finansiering av insatser på HIV/AIDS-området? Hur sker beslut om resursallokering?

(v) *Policies och handlingsplaner*: Beaktar Sidas policies och handlingsplaner (andra styrdokument) HIV/AIDS-problematiken? I vilken utsträckning har Sida tagit fram de "policy statements, guidelines and action plans" som strategin talar om?

(vi) *Projekt- och programcykeln*: Hur och när beaktas HIV/AIDS-frågor i dialogen med samarbetsländerna? Hur reflekteras de i planeringen av projekt och program?

Utvärderingsfrågor rörande *inriktningen av Sidas styrdokument och insatser* skulle kunna omfatta följande:

(i) *Landstrategier*: I vilken utsträckning beaktar landstrategierna epidemins sociala och ekonomiska verkningar? Finns strategier på nationell nivå för att minska spridningen och lindra effekterna av HIV/AIDS? Beaktas HIV/AIDS i dessa som en samhällsfråga som påverkar landets totala utveckling och Sidas totala bistånd?

(ii) *Andra styrdokument (policies och handlingsplaner)*: I vilken utsträckning beaktar dessa epidemins sociala och ekonomiska verkningar?

(iii) *Direkta HIV/AIDS-insatser* (i första hand de genom HÄLSO, UND och SAREC): Antal insatser samt volym per enhet/avdelning och region? De direkta insatsernas relevans till strategins fyra huvudmål (*political commitment; prevention; care and support; coping)*? Har Sidas inriktning av stödet till HIV/AIDS-bekämpning ändrats? Tyngdpunktsförskjutning inom eller mellan de fyra strategiska målen/områdena? Har fördelningen mellan individ-, grupp- respektive "community"-inriktade aktiviteter ändrats? Har fördelningen av stödet på länder, kanaler (mutli-, bi-, eo- osv) och genomförandeorganisationer förändrats?

(iv) *Integrering av HIV/AIDS i Sidas programbistånd*: I vilken utsträckning beaktas HIV/AIDS-epidemin (prevalens, sociala och ekomiska verkningar osv) i Sidas programbistånd överhuvudtaget? Vilka typer av insatser finns som motverkar spridning av HIV/AIDS (utan att detta utgör ett explicit mål)? Vilka insatser finns där minskad spridning och lindrande av effekterna av HIV/AIDS utgör ett uttryckt delmål (sekundärt mål)? Dessa insatsers relevans till strategins fyra strategiska mål? Anpassningar till följd av epidemins inverkan på biståndsinsatser (och tvärtom)?

Förändringar över tiden kan, men behöver inte vara, en effekt av *Investing for Futire Generations*. Utvärderingen kan omfatta en analys av vilken effekt strategidokumentet haft, men tyngdpunkten bör ligga på att bedöma i vilken utsträckning Sida i praktiken arbetar i linje med strategin.

Utvärderingen är inte tänkt att omfatta någon bedömning av enskilda insatser. Sådana utvärderingar förväntas göras separat av Sidas olika avdelningar.

Sidas särskilda projekt för "genomförande" av *Investing for Future Generations* liksom sekretariatet i Harare kan ses som effekter av *Investing for Future Generations.* Utvärdering/uppföljning av projektet och sekretariatet är planerat enligt insats-PM. Dessa bör fungera som "inputs" till UTVs planerade (bredare) utvärdering.

UTV överväger också att under andra halvan av 2001 genomföra en tillbakablickande studie avseende hur policies och bistånd på området utvecklats över tiden före tillkomsten av *Investing for Future Generations.*Studien är tänkt att bilda bakgrund till den kommande utvärderingen.

Baslinjestudiens syfte

Baslinjestudien syftar till att bereda marken för den kommande utvärderingen genom att, på några nyckelområden, belysa situationen vid strategins tillkomst. Detta bör dels ge bättre möjlighet till jämförelser över tiden och dels göra det möjligt att identifiera problemområden och nyckelfrågor inför en kommande utvärdering. Det skall heller inte uteslutas att en baslinjestudie kan få en kunskapshöjande effekt inom Sida i det löpande arbetet.

Baslinjestudien är deskriptiv och inte att betrakta som någon utvärdering eftersom den insamlade informationen inte bedöms utifrån några utvärderingskriterier. Ambitionen är heller inte att analysera orsakssamband.

Omfattning, frågor och metod

Baslinjestudien skall i princip göras som en dokumentationsgenomgång och omfatta följande:

1. Analys av landstrategidokument samt protokoll från årsgenomgångar

Konsulten skall analysera i vilken utsträckning och på vilket sätt HIV/AIDS behandlas i landstrategier samt bakomliggande land- och resultatanalyser.

Syfte: Att kunna jämföra hur Sida behandlade HIV/AIDS på landnivå, före och en tid efter *Investing for Future Generations.*

Omfattning: Analysen skall omfatta, men behöver inte begränsas till, följande frågor:

(i) *Landanalyser*: Ger dessa relevant information om HIV/AIDS-situationen i landet, nationella policies, bistånd m m? Behandlas HIV/AIDS som en utvecklingsfråga? Görs kopplingar till andra övergripande Sida-mål såsom minskad fattigdom, jämställdhet, tillväxt och mänskliga rättigheter?

(ii) *Resultatanalyser*: Ger dessa information om eventuella resultat i fråga om bekämpning/prevention/effektlindring av HIV/AIDS? Ges information om hur epidemin har påverkat resulaten av Sidas programbistånd (generellt)?

(iii) *Landstrategier*: Sägs något om hur de övergripande målen i *Investing for Future Generations* skall uppfyllas? Återspeglas en medvetenhet och finns strategier för hur Sida skall anpassa sitt bistånd (generellt) till följd av epidemin?

Urval: Konsulten skall analysera samtliga 15 landstrategier/-analyser (totalt 45 dokument), som gäller med början 1999 och alltså togs fram före *Investing for Future Generations* (avser Angola, Guinea-Bissau, Kenya, Namibia, Sydafrika, Zambia, Kambodja, Laos, Vietnam, Estland,

Lettland, Litauen, Polen, Ryssland, Ukraina; samtliga producerade före det att strategin antogs). För samma länder studeras även protokoll från årsgenomgångar 1999.

Metod: Mer precisa indikatorer i linje med frågorna ovan utformas av Konsulten (teamet) inom ramen för uppdraget. Indikatorerna bör i mesta möjliga mån vara utformade så att de kan användas även i en senare uppföljning. Ett begränsat antal intervjuer med personer som deltagit i framtagandet av dokumenten skall också göras.

2. Inventering av insatser med bekämpning/prevention/effektlindring av HIV/AIDS som angivet mål

Omfattning: Konsulten skall ge en översikts av insatser genom Sida som explicit syftar till att minska spridningen och lindra effekterna av HIV/AIDS. Översikten skall omfatta *dels* insatser där detta är ett huvudmål, *dels* insatser där det är ett uttryckt delmål eller sekundärt mål. Konsulten skall analysera hur insatserna fördelar sig avdelningsvis och geografiskt samt, i den mån det visar sig möjligt, hur insatserna förhåller sig till de fyra strategiska målen i *Investing for Future Generations:*

1. To enable people to protect themselves against HIV infection *(prevention).*
2. To encourage greater political commitment to HIV prevention programmes *(political commitment).*
3. To allow people infected and affected by HIV/AIDS to pursue their lives with quality and dignity *(care and support).*
4. To develop coping strategies to alleviate long-term effects *(coping strategies).*

Syfte: Att få en överblick över, och kunna göra jämförelser över tiden, vad Sida gjort aktivt för att omsätta strategins mål i handling.

Urval: Inventeringen avser Sidas totala bistånd på området. Merparten förväntas utgöras av insatser genom HÄLSO, UND och SAREC, men även andra enheter kan vara aktuella. Urvalet begränsar sig till insatser som pågick 1999.

Bilaterala insatser, multilateralt stöd samt bistånd via svenska enskilda organisationer kommer att behöva behandlas på delvis olika sätt eftersom deras karaktär och förutsättningarna att få information skiljer sig.

Metod: Då Sidas statistiksystem är otillräckligt för att identifiera ovan nämnda insatser kontaktas avdelnings- och enhetschefer samt handläggare inom Sida Dessa förutsätts kunna ge information om vilka insatser som finns samt tillhandahålla nödvändig dokumentation (i första hand kopior av insatspromemorior). Materialet sammanställs och analyseras enligt ovan.

3. Analys av hur HIV/AIDS integrerats i Sidas övriga projekt- och programbistånd

Konsulten skall göra en kvalitativ bedömning av hur HIV/AIDS-problematiken beaktas i Sidas projekt- och programbistånd. Detta görs genom fallstudier av ett antal sektorer i ett antal länder.

Syfte: Att få större förståelse för hur Sida beaktade/hanterade HIV/AIDS på sektor- och insatsnivå. Detta kan generera hypoteser inför kommande utvärdering. Informationen som erhålls kommer dock främst att vara kvalitativ och kommer att kunna användas för jämförelser över tiden.

Omfattning: Analysen skall omfatta men behöver inte begränsas till följande:

(i) *Problem-, målgrupps- och riskanalys*: Görs i dokumenten någon problemanalys som behandlar HIV/AIDS och dess relevans för insatsen? Nämns HIV/AIDS i relation till insatsens målgrupp? Görs någon bedömning av HIV/AIDS-epidemins inverkan på (ej HIV-relaterade) biståndsinsatser och behovet av anpassning? Görs någon bedömning av biståndsinsatsers (oavsiktliga) inverkan på HIV/AIDS-epidemin och behov av justering?

(ii) *Mål och utformning av projekt-/sektorprogram*: Uttrycks några mål avseende minskning/lindring av HIV/AIDS? Har projekt/programme anpassats med hänsyn till epidemins möjliga inverkan? Har projekt/programme justerats för att inte bidra till oavsiktlig inverkan på epidemin?

Urval: 4–5 fallstudier skall göras inom tre sektorer och tre länder. Slutligt urval görs av Konsulten (teamet) i samråd med UTV. Eftersom urvalet ändå inte kommer att kunna ses som representativt (p g a vald ambitionsnivå) skall det göras utifrån var man kan förväntas finna intressanta erfarenheter. Bredd i fråga om sektorer och länder blir därmed viktigt. Länderna bör med fördel höra till dem för vilka landstrategidokument studerats.

Metod: Konsulten skall granska insats-PM, dokument från sektorgenomgångar och annan relevant dokumentation från 1999 samt analysera dessa med avseende på frågorna ovan.

4. *Organisation och arbetssätt*

Omfattning: Konsulten skall beskriva Sidas organisation, roll- och ansvarfördelning avseende hanteringen av HIV/AIDS och HIV/AIDS-insatser. Detta omfattar bl a identifiering av de olika aktörerna, beslutsgång, ämnesansvar, resursallokering, rollfördelning Sida/UD, informationssystem samt anslagsstruktur.

Syfte: Att kunna göra jämförelser av Sidas organisation före och efter *Investing for Future Generations* samt att identifiera frågeställningar inför den kommande utvärderingen.

Urval: Genomgången avser år 1999. Även om den avser Sida som helhet bör hanteringen i "fallstudierna" studeras särskilt.

Metod: Analysen görs genom intervjuer med nyckelpersoner på Sidas olika avdelningar, UD och eventuellt vissa ambassader.

Tidsåtgång och –fördelning

Uppskattad tidsåtgång (antal arbetsdagar) för studiens olika delar och element är följande:

1.	Analys av landstrategier, resultatanalyser och landanalyser:	4
2.	Inventering av HIV/AIDS-insatser:	18
3.	Integrering av HIV/AIDS i Sidas bistånd (generellt):	18
4.	Organisation och arbetssätt:	8
5.	Metodarbete och fastställande av analysformat:	7
6.	Rapportskrivning:	8
7.	Samordning:	2
Totalt antal arbetsdagar:		65
		(= 13 manveckor)

Tidsåtgången överskrider den i tidigare arbetsbeskrivning preliminärt uppskattade (20 dagar).

Rapportering

Konsulten skall löpande hålla UTV informerad om arbetets gång och eventuellt uppkommande problem.

Konsulten skall till UTV leverera ett första utkast till rapport senast den 27 juni 2001 tillsammans med en plan för dess remittering inom Sida och eventuellt aktörer utanför Sida (bl a UD) inklusive förslag till missivbrev (kort information om studien, vilka särskilda frågor remissen ställer, läsinstruktion o s v).
UTV gör själva utskicket.

En slutrapport skall sammanställas som beaktar inkomna synpunkter och förslag och vara UTV tillhanda senast den 27 augusti 2001.

Kompetensbehov

Studien skall göras av ett team med kompetens inom följande områden:

- HIV/AIDS och internationellt samarbete inom detta område
- organisation och management (inkl kunskap om Sidas arbetssätt)
- datainsamling och utvärderingsmetodik/-teknik.

Teamet kan med fördel inkludera en junior deltagare att ansvara för viss insamling och sammanställande av data. Det betyder att teamet bör omfatta 3 personer med ovan nämnda kompetens.

Appendix 2

Persons Interviewed

Persons contacted in the inventory of interventions

Sida
Karin Andersson, INEC
Owe Andersson, Embassy in India
Lennart Bogg, Sida-ÖST
Samuel Egerö, ASIEN
Mikael Elofsson, AFRA
Rolf Folkesson, DESO/DESA
Lisa Fredriksson, DESO/DESA
Eidi Genfors, NATUR
Ulrika Gustavsson, Sida-ÖST
Ulrika Hjertstrand, Embassy in Bolivia
Bengt Johansson, NATUR
Lena Johansson, DESO/KULTUR
Magnus Lindell, SEKA
Ulrika Lång, Embassy in Bolivia
Thoko Ngwenya, Embassy in Zimbabwe
Per-Ulf Nilsson, Embassy in Zimbabwe 1999
Johan Norquist, DESO
Jan Runnquist, at NATUR in 1999
Johan Schaar, SEKA
Emma Sundberg, DESO/UND
Lotta Sylwander, INEC
Programme officers at AFRA

Swedish NGOs
Maud Amrén, Svenska Röda Korset
Monica Einarsson, PMU Interlife
Mats Elovsson, Olof Palmes Int Centrum
Majken Hagvil, Svenska Missionsrådet
Margareta Lilja, UBV
Lisa Lindström, SHIA
Erik Nilsson, Diakonia
Ulrika Persson, Rädda Barnen
Nils-Gunnar Smith, Svenska Kyrkan
Berit Wiklund, Afrikagrupperna
Sonny Östberg, Forum Syd

Other
Stig Nyberg, Östeuropakommittén

Interviews in relation to cases and Sida's organisation and methods

Björn Andersson, HÄLSO
Björn Bengtsson, SIPU International
Göran Bergman NATUR
James Donovan, POLICY
Ervor Edman, INEC
Samuel Egerö, ASIEN
Gunilla Essner, HÄLSO
Lennart Freij, previously at SAREC
Anna-Carin Kandimaa, HÄLSO
Tomas Kjellsson, Embassy in South Africa
Susann Lindholm, HÄLSO
Marianne Lindqvist, SAREC
Per-Ola Mattsson, Embassy in Zambia
Anders Molin, HÄLSO
Anders Nordström, HÄLSO
Berit Olsson, SAREC
Göran Paulsson, HÄLSO
Anna Runeborg, HÄLSO
Margareta Sundgren, NATUR
Lotta Sylwander, INEC

Appendix 3

Analysis of Country Strategy Documents

DOCUMENTS ANALYSED

Country	Country Analysis	Results Analysis	Country Strategy
Angola	1999 Feb.	1995/96 – 1998	1999 – 2001
Guinea Bissau	1994	1994 ('Resultatredovisning')	1999 – 2000 (Guidelines)
Kenya	1998 ? (Undated)	1995 – 1998	1999 – 2003
Namibia	1999	1995/96 – 1997	1999 – 2003
South Africa	1998 Oct.	1995/96 – 1998	1999 – 2003
Zambia	1999 (- 2001)	1993/94 – 1997	1999 – 2003
Cambodia	1994 Nov.	1996	1999 – 2003
Laos	1998 Oct.	1998 Oct.	1999 – 2003
Vietnam	1998 May	1998 May	1999 – 2003
Estonia	1995 ("Landöversikt")	1998	1999 – 2001
Lativa	1996	1998	1999 – 2001
Lithuania	1996	1998	1999 – 2001
Poland	1995	1999	1999 – 2001
Russia	1996	1999	1999 – 2001
Ukraine	1999	n. a.	1999 – 2001

FRAMEWORK FOR ANALYSIS

Country Analyses

Content	Yes/No	Specify
The epidemic		
Information about the current spread of the epidemic in the country?		
Indications regarding the future spread of the epidemic?		
Causes		
Analysis of the immediate causes of the epidemic (unprotected sex, transmission from mother to child, shared blood and blood products etc.)?		
Analysis of underlying causes of the epidemic (poverty, gender inequalities, population movement, lack of political will etc.)?		
Effects		
Analysis of immediate effects of the epidemic (at household level, on children and young people, on the health sector etc.)?		
Analysis of long-term effects of the epidemic (demographic impact, inter-generational consequences, macro-economic impact, sectoral impact etc.)?		
Analysis of how the epidemic has changed the need for international support?		
Response		
Information about political commitment, policies and actions taken at national level in response to the epidemic?		
Information about response to the epidemic from the international community (which actors, type of support etc.)?		
Approach		
Is the analysis of the HIV/AIDS situation linked to Sida's overall objectives (poverty reduction, economic growth, social equality, economic and social independence, democracy, gender equality and natural resources)?		
Is the epidemic primarily treated as a health issue or as a general development issue in the analysis?		

Results Analyses

Content	**Yes/No**	**Comments**
Type of reported interventions		
Information about interventions where the objective has been to reduce the spread of HIV and/or mitigate effects of the epidemic?		
Effectiveness of interventions		
Analysis of which type of intervention has been effective (in relation to HIV prevention, care and support, political commitment and coping strategies)?		
Analysis of which channels have been most effective for HIV/AIDS interventions?		
Analysis of how HIV/AIDS interventions contribute to the overall objectives of Sida support?		
Side-effects		
Analysis of how the epidemic has influenced the results in Sida's overall development co-operation with the country?		
Analysis of possible negative side effects on the epidemic from Sida interventions and overall development co-operation with the country?		

Country Strategies

Content	Yes/No	Comments
Objectives		
Does the strategy include objectives related to reduction/mitigation of HIV/AIDS?		
Does the strategy include interventions that aim to *enable people to protect themselves against HIV infection?*		
Does the strategy include interventions that aim to *encourage greater political commitment to HIV protection programmes?*		
Does the strategy include interventions that aim to *enable people infected and affected by HIV/AIDS to pursue their lives with quality and dignity?*		
Does the strategy include interventions that aim to *develop coping strategies to alleviate long-term effects?*		
Side-effects		
Does the strategy recognise the need to adjust Sida's overall development co-operation with the country to the HIV/AIDS situation?		
Does the strategy recognise the need to mitigate possible negative side effects of Sida's general		

interventions on the epidemic?		
Co-operation		
Does the strategy include information about the compatibility of Sida's strategy and the national strategy in relation to HIV/AIDS?		
Does the strategy include information on how planned Sida support complements other donor support in relation to HIV/AIDS?		
Does the strategy include information on which channels should be used for HIV/AIDS interventions?		

General reflections

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SUMMARY OF DATA

COUNTRY ANALYSES															
Y = Yes, information included	Africa						Asia			East/Centr Eur.					
N = No, information not included	ANG	GUB	KEN	NAM	RSA	ZAM	CAM	LAO	VIE	EST	LAT	LIT	POL	RUS	UKR
The epidemic															
Information about the current spread of the epidemic in the country?	Y	Y	Y	Y	Y	Y	N	N	N	N	*	N	N	N	Y
Indications regarding the future spread of the epidemic?	N	Y	N	Y	Y	Y	N	N	N	N	N	N	N	N	N
Causes															
Analysis of immediate causes of the epidemic?	N	Y	Y	N	Y	Y	N	N	Y	N	N	N	N	N	N
Analysis of underlying causes of the epidemic?	N	N	Y	N	Y	Y	N	N	N	N	N	N	N	N	N
Effects															
Analysis of immediate effects of the epidemic?	N	N	Y	Y	Y	Y	N	N	N	N	N	N	N	N	N
Analysis of long-term effects of the epidemic?	N	N	N	Y	Y	Y	N	N	N	N	N	N	N	N	N
Analysis of how the epidemic has changed need for international support?	N	N	N	Y	N	N	N	N	N	N	N	N	N	N	N
Response															
Information about political commitment, policies and actions taken at national level?	N	N	Y	N	Y	Y	N	N	N	N	N	N	N	N	N
Information about response to epidemic from the international community?	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
Approach															
Is the analysis of the HIV/AIDS situation linked to Sida's overall objectives?	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
Is the epidemic treated as a general development issue and not only as a health issue?	N	N	Y	Y	Y	Y	N	N	N	N	N	N	N	N	N
* STD increase mentioned															

RESULTS ANALYSES															
Y = Yes, information included	Africa						Asia			East/Centr Eur.					
N = No, information not included	ANG	GUB	KEN	NAM	RSA	ZAM	CAM	LAO	VIE	EST	LAT	LIT	POL	RUS	UKR
Type of reported interventions															
Information about Sida interventions that aim to reduce the spread/mitigate effects of HIV/AIDS?	Y	Y	N	N	N	Y	N	N	N	N	N	N	N	N	
Effectiveness of interventions															
Analysis of which type of interventions that have been effective?	Y	Y	N	N	N	Y	N	N	N	N	N	N	N	N	
Analysis of which channels have been most effective for HIV/AIDS interventions?	Y	Y	N	N	N	Y	N	N	N	N	N	N	N	N	
Analysis of how HIV/AIDS interventions contribute to overall Sida objectives?	N	N	N	N	N	N	N	N	N	N	N	N	N	N	

Side-effects															
Analysis of epidemic's effects on results of Sida's overall co-operation with country?	N	N	N	N	N	N	N	N	N	N	N	N	N	N	
Analysis of possible negative side-effects on epidemic from Sida interventions?	N	N	N	N	N	N	N	N	N	N	N	N	N	N	

COUNTRY STRATEGIES															
Y = Yes, information included	Africa						Asia			East/Centr Eur.					
N = No, information not included	ANG	GUB	KEN	NAM	RSA	ZAM	CAM	LAO	VIE	EST	LAT	LIT	POL	RUS	UKR
Objectives															
Does the strategy include objectives related to reduction/mitigation of HIV/AIDS?	Y	N	N	Y	N	Y	N	N	N	**	**	**	**	Y	N
Are interventions that aim at *HIV Prevention* included?	Y	N	N	Y	N	Y	N	N	N	N	N	N	N	N	N
Are interventions that aim to encourage *Political Commitment* included?	N	N	N	Y	N	Y	N	N	N	N	N	N	N	N	N
Are interventions that aim at *Care and Support* included?	N	N	N	Y	N	Y	N	N	N	N	N	N	N	N	N
Are interventions that aim at developing *Coping Strategies* included?	N	N	N	Y	N	N	N	N	N	N	N	N	N	N	N
Side-effects															
Recognition of need to adjust Sida's overall dev. co-op. with the country to HIV/AIDS sit.?	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
Recognition of need to mitigate possible side-effects of Sida's general interv. on epidemic?	N	N	N	Y	N	N	N	N	N	N	N	N	N	N	N
Co-operation															
Information about compatibility of Sida's strategy and the national strategy on HIV/AIDS?	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
Information on how planned Sida support complements other donor support in HIV/AIDS?	N	N	N	Y	N	N	N	N	N	N	N	N	N	N	N
Information about which channels that should be used for HIV/AIDS interventions?	N	N	N	Y	N	N	N	N	N	N	N	N	N	N	N

**STD prevention mentioned, but not HIV/AIDS specifically.

Appendix 4

Sida's HIV/AIDS Targeted Interventions in 1999

BASIC PROJECT DATA

Project name	Type	Period	Country/region	SEK	Channel	Partner organisation	Swedish counterpart
AFRA							
HIV/AIDS diagnostics	main	1998-2000	Angola	2,198,692	bilateral	National Laboratory	SMI
Botswana Christ Aids Intervention	n.a.	n.a.	Botswana	100,000	n.a.	n.a.	n.a.
AIDS, UNDP	main	1997-1999	Botswana	3,800,000	multi	UNDP	n.a.
HIV/AIDS Botswana	main	1999	Botswana	101,600	n.a.	n.a.	n.a.
LNSP - SMI co-operation HIV/AIDS	main	1999	Guinea-Bissau	262,500	bilateral	National Public Health Lab.	SMI
Condom distribution/UNAIDS	main	1999-2001	Namibia	1,068,555	multi	UNAIDS/M. of Health/M. of Edu	none
Youth, health and development	main	1997-2002	Namibia	2,074,623	multi	UNICEF/M. of Health/M. of Edu	none
WB STI Programme	secondary	1998-2001	Uganda	7,000,000	multi	World Bank	none
TASO AIDS Project	main	1998-2001	Uganda	5,000,000	bilateral	TASO	none
HIV/AIDS	main	1999-2001	Zambia	3,162,644	bilateral	n.a.	none
Adolescent health	secondary	1999-2001	Zambia	1,920,866	bilateral	Kafue distr./Central board of health	RFSU
HIV/AIDS orphans and terminally ill	main	1999-2000	Zimbabwe	305, 000	bilateral	Dananai Child Care Org.	none

HIV couns. & test; Antenatal women	main	1999-2000	Zimbabwe	1,043,455	bilateral	Zimbabwe Aids Prevention Project	none
Entertainers Against Aids	main	1999	Zimbabwe	161,000	bilateral	Rooftop Promotions	n.a.
Com. based HIV/AIDS info. & support	main	1999-2001	Zimbabwe	90,000	bilateral	Umzingwane Aids Network	none
HIV/AIDS networking	main	1999	Zimbabwe	141,676	bilateral	Zimbabwe Aids Network, ZAN	none
Farm workers' radio on AIDS	main	1999	Zimbabwe	374,459	bilateral	Video Audio Network	none
Radio on Aids awareness	main	1999	Zimbabwe	400,012	bilateral	M&M Consultants	none
Gender Violence & HIV/AIDS	main	1999	Zimbabwe	162,908	bilateral	Musasa Project	none
HIV/AIDS in high risk groups	main	1999	Zimbabwe	685,226	bilateral	Project Support Group	none
Human rights and HIV/AIDS	main	1999	Zimbabwe	266,130	bilateral	Zimbabwe Human Rights Assoc.	none
Orphaned children on farms	main	1999	Zimbabwe	150,000	bilateral	n.a.	n.a.
Village AIDS orphan programme	main	1999	Zimbabwe	180,000	bilateral	n.a.	n.a.
Ray of hope	main	1999	Zimbabwe	148,013	bilateral	n.a.	n.a.
National AIDS coordination Program	main	1999	Zimbabwe	4,133,739	bilateral	Govt. of Zimbabwe	none
ASIEN							
HIV/AIDS, Institute for Social Disease	main	1997-2000	India	388,667	bilateral	Instit. for Social Disease, Manipur	none
HIV/AIDS, Center for Social Develop.	main	1997-2000	India	308,444	bilateral	Center for Social Dev., Manipur	none

Project name	Type	Period	Country/region	SEK	Channel	Partner organisation	Swedish counterpart
HIV/AIDS, Lifeline Foundation	main	1997-2000	India	351,111	bilateral	Life Foundation, Manipur	none
Social Support, Reprod. & Child Health	secondary	1999-2000	India	250,000	bilateral	Aadhar Research Instit., Rajasthan	none
RELA							
HIV/AIDS Guatemala	main	1998-2001	Guatemala	1,110,000	multi	UNAIDS "theme groups"	none
HIV/AIDS Honduras	main	1998-2001	Honduras	1,000,000	multi	UNAIDS "theme groups"	none
Sida-ÖST							
The Drug Box - an information project	main	1998-1999	Russia	339,810	bilateral	St Petersburg City Health Auth.	Nat Inst Publ Health/Nat Assoc for drug-free soc.
Prevention HIV/AIDS/STDs and Drugs	main	1998-2000	Russia	612,566	bilateral	City of Kaliningrad	Reg Centre Communicable Diseases & Prevention, City of Malmö (Smittskydd Skåne)
Sexuality & reprod. health, adolescents	secondary	1998-1999	Russia	2,006,191	bilateral	Russian Family Planning Assoc.	RFSU
Preparation of AIDS-conference	main	1999	Russia	25,000	bilateral	Assoc. against HIV/AIDS, Petersb.	Smittskyddsinstitutet/ÖEK
Drop-In Center in St. Petersburg	main	1999-2001	Russia	900,000	bilateral	Botkin Hospital, St Petersburg	Infektionskliniken MAS/ÖEK
Youth leaflet about HIV, Kaliningrad	main	1999	Russia	20,000	bilateral	n.a.	Stiftelsen Noaks Ark / ÖEK
HIV and Drug prevention, Romans	main	1999	Russia	135,000	bilateral	Health Committee of Kaliningrad	Smittskydd Skåne/ÖEK
SAREC							
TB & HIV in Ethiopia	main	1997-1999	Ethiopia	180,000	n.a.	n.a.	Karolinska Inst./Huddinge sjukhus

Research for vaccine	main	1998-2002	Sweden	250,000	n.a.	n.a.	Karolinska Instt./Lunds universitet
Production of HIV-vaccine	main	1997-1999	Sweden	3,500,000	n.a.	none	Karolinska Insitutet
Study of immune function	secondary	1997-1999	Tanzania	300,000	n.a.	n.a.	Karolinska Instit/Danderyd sjukhus
Prev HIV-1 mother-child, SMI	main	1997-1999	Tanzania	550,000	bilateral	Muhimbili College/UNAIDS	Karolinska Insitutet
HIV/AIDS Programme	main	1997-2000	Tanzania	5,996,000	bilateral	University of Dar el Salaam	KI/SMI/U. of Uppsala, Lund, Sthlm.
Masculinity & Sexuality	main	1995-1999	Zambia	250,000	n.a.	none	Uppsala Universitet
STD/HIV among youth in Africa	main	1999	Regional SADC	380,000	n.a.	n.a.	Karolinska Institutet I/IHCAR
Sexual Network AIDS RSSO	main	1999	Regional SADC	2,090,000	n.a.	Various universities	
DESO							
DESA							
HIV/AIDS and human rights	main	1999-2000	South Africa	4,000,000	bilateral	Aids Law Proj./U. of Witwatersrand	none
HIV/AIDS and human rights	main	1999-2000	South Africa	700,000	bilateral	Aids Legal Network	none
HÄLSO							
ETI, AIDS conference	main	1999	Ethiopia	340,000	bilateral	n.a.	n.a.
STD/HIV/AIDS, women in prostitution	main	1998-1999	India	153,200	bilateral	Mumbai Municipal Corp., Mumbai	n.a.
FOPOGAP	main	1998-1999	Kenya	200,639	bilateral	FOPOGAP	none
UNFPA/BLM	main	1999	Malawi	2,300,000	multi	UNFPA/BLM	none

Project name	Type	Period	Country/region	SEK	Channel	Partner organisation	Swedish counterpart
Preparatory Phase sex edu UNFPA	main	1999	Malawi	587,000	multi	UNFPA/Malawi Inst. of Edu.	none
Liverpool STM/AGLIT	main	1999-2001	Malawi	700,000	multi/NGO	Blantyre School of Med./Liverpool School of Tropical Medicine	
TA to National AIDS secretariat	main	1999	Malawi	1,165,000	bilateral	Govt. of Malawi	n.a.
Cons partic AIDS-conf TAN	main	1999	Tanzania	91,466	bilateral	Ministry of Health in Tanzania	n.a.
SAfAIDS core funding	main	1998-2001	Regional SADC	1,500,000	bilateral	SAfAIDS	none
HIV/AIDS and Agriculture	main	1999	Regional SADC	265,000	bilateral	SafAIDS	n.a.
Microbiocides Population council	main	1999	Regional SADC	2,500,000	multi/NGO	Population Council	none
UNFPA Advocacy	main	1999-2000	Regional SADC	1,500,000	multi	UNFPA	Sodeco
IHAA West Africa	main	1999	Regional SADC	1,000,000	multi/NGO	various NGOs West Africa	n.a.
SANASO	main	1998-2000	Regional SADC	800, 000	bilateral	SANASO	none
HIV/AIDS alliance support	main	1999	Global	1,000,000	multi/NGO	40 NGOs in Africa	none
HIV/AIDS Information services	main	1998-2001	Global	800,000	multi/NGO	Health Link, England	none
Meeting on HIV/AIDS Germany			Global	56,603			
Vertical trans healthline			Global	126,249			
UNAIDS Core Support	main	1999	Global	37,000,000	multi	UNAIDS	Ministry of Foreign Affairs
UNAIDS strategic plan	main	1999	Global	10, 000,000	multi	UNAIDS	Ministry of Foreign Affairs
ICASA Aids conference Durban	main	1999	Global	500,000	multi	UNAIDS	n.a.
KULTUR							
PANOS HIV/AIDS info	main	1999-2000	Global	1,235,000	multi/NGO	Panos	none
INEC							
No interventions							
NATUR							
No interventions							

SEKA							
Afrikagrupperna							
HIV/AIDS, boarding schools Maputo	main	1998-2000	Mozambique	242,016	Swedish NGO	MONASO	Afrikagrupperna
HIV/AIDS, income generating project	secondary	1999-2000	Zimbabwe	89,654	Swedish NGO	Family Aids Caring Trust, FACT	Afrikagrupperna
Aids Education Programme, Women	main	1998-2000	Zimbabwe	78,638	Swedish NGO	Kunywana Women's Association	Afrikagrupperna
Diakonia							
Lahu Community Development Project	secondary	1999-2000	Thailand	250,000	Swedish NGO	Tribal Gospel Mission	Diakonia
Health Project for Tribal People	main	1999-2000	Thailand	200,000	Swedish NGO	Karen Baptist Convention	Diakonia
Forum Syd							
HIV/AIDS Prevention	main	1999	Ethiopia	200,000	Swedish NGO	Integrated Holistic Approach	FEHSPIS / Forum Syd
Rädda Barnen							
Children and AIDS (ETI)	main	1999-2005	Ethiopia	73,000	Swedish NGO	Ethiopian Orthodox Church	Rädda Barnen

Project name	Type	Period	Country/region	SEK	Channel	Partner organisation	Swedish counterpart
OSSA, HIV/AIDS information/training	main	1989-1999	Ethiopia	271,040	Swedish NGO	Org. for social service for AIDS	Rädda Barnen
Svenska Kyrkan							
Rakai Community Based Aids Project	main	1996-	Uganda	345,240	Swedish NGO	Lutheran World Federation	Church of Sweden
Hyyawa Programme, Phase 1	main	1990-1999	Tanzania	520,000	Swedish NGO	Evangelical Lutheran Church	Church of Sweden
Svenska Missionsrådet							
Health Care Project	secondary	1999-2001	Central African Rep	547,000	Swedish NGO	Eglise Baptiste de l'Ouest, RCA	Nybygget /SMR
Empowerment of women	secondary	1999	India	161,000	Swedish NGO	Centre for Dev. & Women studies	Hela Människan /SMR
Primary Health Programme	secondary	1998-2000	Kenya	421,000	Swedish NGO	Maranatha Mission of Kenya	Trosgnistans Mission/ SMR
Programme advisor	main	1999	Mozambique	250,000	Swedish NGO	Kubatsirana, Eukemenian Assoc.	Sv. Alliansmissionen/SMR
Comprehensive Development Programme	secondary	1999-2001	South Africa	100,000	Swedish NGO	The Alliance Church, South Africa	Sv. Alliansmiss./SMR
Svenska Röda Korset							
Community health care, incl. HIV/AIDS	secondary	1999	Global	9,375,000	Swedish NGO	IFRC	Svenska Röda Korset
PMU Interlife							
Community Development, Mono province	secondary	1999-	Benin	1,176,173	Swedish NGO	Eglise Evangélique	PMU
HIV/AIDS cap. build., domestic workers	main	1999	Kenya	186,056	Swedish NGO	Pan-African Christian Women All.	PMU
OTHER							
DESO							
Regional Aids Secretariat			Regional SADC	516,783			
Recruitment HIV secretary			Regional SADC	180,870			
HIV/AIDS strategy			Global	73,590			
HIV/AIDS strategy			Global	105,791			

PROJECT OBJECTIVES

Prevention:
(a) Sexual behaviour change
(b) Provision of condoms
(c) Provision for other form of protection against HIV
(d) Access to treatment for sexually transmitted infections (STIs)
(e) Access to voluntary counselling and testing
(f) Development and testing of vaccines against HIV
(g) Other

Political Commitment:
(a) Recognition by policy and decision makers of HIV/AIDS as major development issues
(b) Respect for human rights to protect people living with and affected by HIV/AIDS epidemic
(c) Development of co-ordinated policies for the monitoring of the HIV/AIDS epidemic
(d) Other

Care and Support
(a) Social support to poor (HIV/AIDS) affected households
(b) Social, educational etc. support to HIV/AIDS affected children
(c) Health care services (including home-based care) for people living with HIV/AIDS
(d) Other

Coping Strategies
(a) Development of sectoral capacities to respond to HIV/AIDS
(b) Application of national multi-sectoral approaches to mitigate impact of the

(c) Other

Project name	Prevention							Political Commitment					Care and Support				Coping Strategies		
	a	b	c	d	e	f	g	a	b	c	d	e	a	b	c	d	a	b	c
AFRA																			
HIV/AIDS diagnostics, Angola					x														
AIDS, UNDP, Botswana	x																		
Botswana Christ Aids Intervention, Botswana																			
HIV/AIDS Botswana																			
LNSP - SMI co-operation HIV/AIDS, Guinea-Bissau					x														
Condom distribution/UNAIDS, Namibia	x	x																	
Youth, health and development, Namibia	x																		
WB STI Programme, Uganda	x	x		x											x	x			
TASO AIDS Project, Uganda	x	x	x	x	x				x				x	x	x				

HIV/AIDS, Zambia										x										
Adolescent health, Zambia	x	x	x	x	x															
HIV/AIDS orphans and terminally ill, Zimbabwe	x	x											x	x	x					
HIV couns. & test; Antenatal women, Zimbabwe				x	x			x												
Entertainers Against Aids, Zimbabwe	x		x																	

Project name	Prevention							Political Commitment					Care and Support				Coping Strategies		
	a	b	c	d	e	f	g	a	b	c	d	e	a	b	c	d	a	b	c
Com. based HIV/AIDS info. & support, Zimbabwe																			
HIV/AIDS networking, Zimbabwe										x	x								
Farm workers' radio on AIDS, Zimbabwe	x																		
Radio on Aids awareness	x																		
Gender Violence & HIV/AIDS, Zimbabwe							x												
HIV/AIDS in high risk groups, Zimbabwe	x																		
Human rights and HIV/AIDS, Zimbabwe									x				x						
Orphaned children on farms, Zimbabwe																			
Village AIDS orphan program, Zimbabwe																			
Ray of hope, Zimbabwe																			
National AIDS Coord. Programme, Zimbabwe							x									x			
ASIEN																			
HIV/AIDS, Institute for Social Disease, India	x	x	x	x	x		x	x	x	x	x	x	x	x	x	x	x		
HIV/AIDS, Center for Social Develop, India	x	x	x		x		x	x	x	x	x	x	x	x	x	x	x		x
HIV/AIDS, Lifeline Foundation, India	x	x	x	x	x		x	x	x	x	x		x	x	x	x	x		x
Social Support, Reprod. & Child Health, India	x			x			x	x								x			
RELA																			
HIV/AIDS Guatemala	x								x										

HIV/AIDS Honduras	x																			
Sida-ÖST																				
The Drug Box - an information project, Russia	x						x													
Prevention of HIV/AIDS/STDs and Drugs, Russia	x			x	x			x		x					x	x	x			
Sexuality & reprod. health, adolescents, Russia	x				x											x				
Preparation of AIDS-conference, Russia								x		x							x			
Drop-In Center in St. Petersburg, Russia			x		x			x		x										
Youth leaflet about HIV, Kaliningrad, Russia	x																			
HIV and Drug prevention, Romans, Russia	x	x	x																	
SAREC																				
TB & HIV in Ethiopia																x				
Research for vaccine, Sweden						x														
Production of HIV-vaccine, Sweden						x														
Study of immune function, Tanzania							x													
Prev HIV-1 mother-child, SMI, Tanzania			x				x													
HIV/AIDS Programme, Tanzania							x	x			x									

Project name	**Prevention**							**Political Commitment**					**Care and Support**				**Coping Strategies**		
	a	**b**	**c**	**d**	**e**	**f**	**g**	**a**	**b**	**c**	**d**	**e**	**a**	**b**	**c**	**d**	**a**	**b**	**c**
Masculinity & Sexuality, Zambia							x												
STD/HIV among youth in Africa, Regional SADC	x			x	x														
Sexual Network AIDS RSSO, Regional SADC	x																		
DESO																			
DESA																			
HIV/AIDS and human rights, South Africa							x	x	x	x	x					x			
HIV/AIDS and human rights, South Africa							x	x	x	x	x						x		

HÄLSO																				
ETI, AIDS conference, Ethiopia																				
STD/HIV/AIDS, women in prostitution , India	x	x	x	x	x			x		x	x		x	x	x	x	x	x		
FOPOGAP, Kenya	x																			
UNFPA/BLM, Malawi	x	x																		
Preparatory Phase sex edu UNFPA, Malawi	x																			
Liverpool STM/AGLIT, Malawi	x																			
TA to National AIDS secretariat, Malawi	x						x													
Cons partic AIDS-conf TAN, Tanzania								x		x										
SAfAIDS core funding, Regional SADC							x					x				x				x
HIV/AIDS and Agriculture, Regional SADC																	x			
Microbiocides Popul. council, Regional SADC							x													
UNFPA Advocacy, Regional SADC								x	x	x	x									
IHAA West Africa, Regional SADC							x									x				
SANASO, Regional SADC							x													
HIV/AIDS alliance support, Global							x									x				
HIV/AIDS Information services, Global							x									x				
Meeting on HIV/AIDS Germany, Global																				
Vertical trans healthline, Global																				
UNAIDS Core Support, Global	Core support. Not possible to classify.																			
UNAIDS strategic plan, Global	Core support. Not possible to classify.																			
ICASA Aids conference Durban, Global	Not possible to classify.																			
KULTUR																				
PANOS HIV/AIDS info, Global	x															x				

Project name	Prevention							Political Commitment					Care and Support				Coping Strategies		
	a	b	c	d	e	f	g	a	b	c	d	e	a	b	c	d	a	b	c
INEC																			
No interventions																			
NATUR																			
No interventions																			
SEKA																			
Afrikagrupperna																			
HIV/AIDS, boarding schools Maputo, Mozambique	x	x																	
HIV/AIDS, income generating project, Zimbabwe	x												x	x					
Aids Education Programme, Women, Zimbabwe										x			x						
Diakonia																			
Lahu Community Development Project, Thailand							x		x				x						
Health Project for Tribal People, Thailand				x			x		x				x		x				
Forum Syd																			
HIV/AIDS Prevention, Ethiopia	x	x	x	x	x					x	x		x		x		x	x	
Rädda Barnen																			
Children and AIDS (ETI), Ethiopia	x						x						x			x			
OSSA, HIV/AIDS information/training, Ethiopia	x						x				x	x	x	x	x				
Svenska Kyrkan																			
Rakai Community Based Aids Project, Uganda					x								x	x		x			
Hyyawa Programme, Phase 1, Tanzania													x	x	x	x			
Svenska Missionsrådet																			

Health Care Project, Central African Rep.				x	x								x		x				
Empowerment of women, India							x												
Primary Health Programme, Kenya	x																		
Program advisor, Mozambique	x	x											x	x					
Comprehensive Dev. Program, South Africa															x				
Svenska Röda Korset																			
Community health care, incl. HIV/AIDS, Global	x	x			x			x	x	x	x		x	x	x				
PMU Interlife																			
Community Dev., Mono province, Benin	x												x						
Hiv/AIDS cap. build., domestic workers, Kenya															x				

PROJECT ACTIVITIES

Project name	**Brief Description of Activities**
AFRA	
HIV/AIDS diagnostics, Angola	Improve national capacity to screen and test blood for HIV
Botswana Christ Aids Intervention, Botswana	n.a.
AIDS, UNDP, Botswana	n.a.
HIV/AIDS Botswana	n.a.
LNSP - SMI co-operation HIV/AIDS, Guinea-Bissau	Institutional co-operation to improve national capacity to screen and test for HIV-1 and HIV-2
Condom distribution /UNAIDS, Namibia	Production and distribution of condoms and HIV/AIDS information material. Training of health clinic staff to become more user friendly.
Youth, health and development, Namibia	Extracurricular activities to promote safer sexual behaviour for people 15 to 18 years old. Training of trainers.
WB STI Programme, Uganda	STIP: Sexually Transmitted Infections Programme; prevention and treatment of STIs, including HIV.
TASO AIDS Project, Uganda	Activities are varied, including service and training.
HIV/AIDS, Zambia	To build capacity through a multisectoral secretariat for strategic planning in the country
Adolescent health, Zambia	Establishment of youth friendly clinics in Kafne

HIV/AIDS orphans and terminally ill, Zimbabwe	Integrated programme for HIV/AIDS prevention and support services to orphans and terminally ill
HIV couns. & test; Antenatal women, Zimbabwe	To assess the feasibility of volunteer lay counsellors to provide pre and post test HIV counselling services for antenatal women
Entertainers Against Aids, Zimbabwe	Raise awareness and to encourage behaviour change of young people through music, theatre and entertainment in public events
Com. based HIV/AIDS info. & support, Zimbabwe	n.a.
HIV/AIDS networking, Zimbabwe	ZAN is a national umbrella organisation for NGOs/CBOs etc. Updating of directory, printing, distribution, establishment of resource centre.
Farm workers' radio on AIDS, Zimbabwe	Production of radio programs directed to and involving farm workers. Awareness raising and stimulate behaviour change.
Radio on Aids awareness, Zimbabwe	Production of radio drama of 40x15 minutes; portray positive images of youth who take responsibility for their sexual behaviour.
Gender Violence & HIV/AIDS, Zimbabwe	Training of Musasa counsellors and staff on HIV/AIDS and prevention strategies, community support groups etc.
HIV/AIDS in high risk groups, Zimbabwe	Influence behaviour change in high risk groups. Establishment of peer education programs in 5 sites with migrant workers, border town etc.
Human rights and HIV/AIDS, Zimbabwe	Hiv/AIDS support groups, community leaders, policy makers, employers etc. Empower communities, promote networking.
Orphaned children on farms, Zimbabwe	n.a.
Village AIDS orphan program, Zimbabwe	n.a.
Ray of hope, Zimbabwe	n.a.
National AIDS co-ordination Program, Zimbabwe	Core support to national AIDS programme.
ASIEN	
HIV/AIDS, Institute for Social Disease, India	Outreach services for IDUs and partners, advocacy and training of community actors, networking, management of drop-in centre etc.
HIV/AIDS, Center for Social Develop, India	Outreach services for IDUs and partners, sensitising community, pharmacy and- police personnel, networking etc.
HIV/AIDS, Lifeline Foundation, India	Outreach services for IDUs and partners, sensitising community, govt officials & women associat.., management of drop-in-centres etc.
Social Support, Reprod. & Child Health, India	Network of four NGOs, advocacy and awareness generation, health education etc.

Project name	**Brief Description of Activities**
RELA	
HIV/AIDS Guatemala	The project has a human rights perspective (migrant workers, minorities). Involves the government, NGOs and civil society.
HIV/AIDS Honduras	Strengthen the national AIDS program.

Sida-ÖST	
The Drug Box - an information project, Russia	n.a.
Prevention of HIV/AIDS/STDs and Drugs, Russia	Establish needle exchange center, information activities, drama theatre for youth, ToT, create 5 NGOs to support HIV/AIDS affected.
Sexuality & reprod. health, adolescents, Russia	Training seminars for head masters, teachers, doctors, nurses etc, study tour to Sweden, conference, info material
Preparation of AIDS-conference, Russia	Preparation of AIDS-conference in St Petersburg
Drop-In Center in St. Petersburg, Russia	n.a.
Youth leaflet about HIV, Kaliningrad, Russia	Information to schools, Kaliningrad
HIV and Drug prevention, Romans, Russia	Preparation of a film for Romans in Kaliningrad about AIDS prevention
SAREC	
TB & HIV in Ethiopia, Ethiopia	Evaluate alternative diagnostic methods (urine) for testing TB in areas with much HIV
Research for vaccine, Sweden	Basic research for vaccine development; HIV biological phenotypes, sensitivity to neutralization
Production of HIV-vaccine, Sweden	Development of models and testing on animals of an HIV/AIDS preventive vaccine
Study of immune function, Tanzania	Prospective study of immune function before, after and during malaria infection in HIV+ and HIV-patients in Tanzania.
Prev HIV-1 mother-child, SMI, Tanzania	Part of a multicentre study, coordinated by UNAIDS
HIV/AIDS Programme, Tanzania	Biomedical and epidemiological research co-operation, institution strengthening, national seminars.
Masculinity & Sexuality, Zambia	Improve understanding of men's behaviour through observation, interviews, discourse and symbolic analysis.
STD/HIV among youth in Africa, Regional SADC	Capacity building to understand change behaviour through use of video recordings.
Sexual Network AIDS RSSO, Regional SADC	Understanding and changing sexual behaviour in selected countries. Co-ordination Canberra university, Australia
DESO	
DESA	
HIV/AIDS and human rights, South Africa	Offer legal advise, policy development, give courses, litigation work to establish legal definitions and procedures.
HIV/AIDS and human rights, South Africa	Lobbying, advocacy, training and litigation
HÄLSO	
ETI, AIDS conference, Ethiopia	Contribution to international conference on HIV/AIDS.
STD/HIV/AIDS, women in prostitution, India	Promote safer sex practices and health seeking behaviour among women in prostitution, interventions with male clients, networking etc.
FOPOGAP, Kenya	HIV+ person provides sex education to fishermen at Lake Victoria and to youth
UNFPA/BLM, Malawi	BLM is an NGO working with community based distribution.

Preparatory Phase sex edu UNFPA, Malawi	Behaviour change among out of school youth
Liverpool STM/AGLIT, Malawi	n.a.
TA to National AIDS secretariat, Malawi	
Cons partic AIDS-conf TAN, Tanzania	Follow up of development of multisectoral policies.
SAfAIDS core funding, Regional SADC	Leading information service on all objectives stated in the strategy. Based in Harare, Zimbabwe

Project name	**Brief Description of Activities**
HIV/AIDS and Agriculture, Regional SADC	Regional conference for development of policies against aids in the agricultural sector
Microbiocides Population council, Regional SADC	R&D into female controlled protective methods.
UNFPA Advocacy, Regional SADC	Advocacy to enhance leadership (private sector, universities, NGOs etc.) Institutions of influence.
IHAA West Africa, Regional SADC	Information and services in mainly prevention.
SANASO, Regional SADC	Networking and advocacy.
HIV/AIDS alliance support, Global	Information and funding of NGO activities in prevention and care of HIV/AIDS.
HIV/AIDS Information services, Global	Improve STI/HIV/AIDS prevention and care through capacity building at resource centres and networks and provision of sustainable information in the South
Meeting on HIV/AIDS Germany, Global	Financing of participation for consultant in meeting.
Vertical trans healthline, Global	n.a.
UNAIDS Core Support, Global	Core support to UNAIDS
UNAIDS strategic plan, Global	Mechanism to plan for all the objectives
ICASA Aids conference Durban, Global	Contribution to the annual international conference on AIDS.
KULTUR	
PANOS HIV/AIDS info, Global	Panos is a non-profit institute providing information. Part. project was for "Beyond our means" on drugs and treatment of HIV/AIDS.
INEC	
No interventions	
NATUR	
No interventions	
SEKA	
Afrikagrupperna	
HIV/AIDS, boarding schools Maputo, Mozamb.	Training of activists, information campaigns, counselling, provision of condoms, workshops for teachers.

HIV/AIDS, income generating project, Zimbabwe	Support to income generating groups, material support, training programmes, workshops
Aids Education Programme, Women, Zimbabwe	Workshops, contact and advocacy for greater responsibility from authorities and other organisations
Diakonia	
Lahu Community Development Project, Thailand	Seminars, training of volunteers for counselling, information campaigns, remittance of drug-users to rehabilitation centres
Health Project for Tribal People, Thailand	Information campaigns, production and distribution of information material, counselling, economic support etc.
Forum Syd	
HIV/AIDS Prevention, Ethiopia	Compile HIV/AIDS info & best practises from Uganda. Facilitate co-operation for organisations & authorities. Counselling & youth centre.
Rädda Barnen	
Children and AIDS (ETI), Ethiopia	Orientation seminars and training on AIDS knowledge provided for mentors of Sunday school service and preachers. News magazines.
OSSA, HIV/AIDS information/training, Ethiopia	Training of community counsellors, religious leaders. Distribution of education leaflets and posters, support to families.

Project name	**Brief Description of Activities**
Svenska Kyrkan	
Rakai Community Based Aids Project, Uganda	Material and educational support to orphans and child-headed families. Training of counsellors, women- and youth groups etc.
Hyyawa Programme, Phase 1, Tanzania	Provision of guardians, homes, food, clothing, medical care, education etc. for children under age of 18 who lost parents in HIV/AIDS.
Svenska Missionsrådet	
Health Care Project, Central African Rep.	Component in programme that develops home care for AIDS affected.
Empowerment of women, India	Strengthening of vulnerable women and their families, often including abuse of drugs and alcohol. Information on HIV/AIDS is component.
Primary Health Programme, Kenya	Education of women group leaders, general health education, vaccination, improvement of sanitary conditions, info. campaigns etc.
Programme advisor, Mozambique	Swedish volunteer as advisor. Information, help to sick and orphaned, education of local authorities, peer groups etc.
Comprehensive Development Programme, South Africa	A big development programme where a "sexuality education programme" includes information/training on HIV/AIDS.
Svenska Röda Korset	
Community health care, incl. HIV/AIDS, Global	Organisation of regional Task Forces on HIV/AIDS to assist cap. building of national societies, collab. with UNAIDS, WHO, UNICEF etc.
PMU Interlife	

Community Dev., Mono province, Benin	Literacy, basic health care, building of latrines and micro finances. Seminars on health care, HIV/AIDS and leadership.
Hiv/AIDS cap. build., domestic workers, Kenya	Identifying families with HIV patients requiring home care, training of trainers & domestic workers. Dev. of training material and curriculum.
OTHER	
DESO	
Regional Aids Secretariat	
Recruitment HIV secretary	
HIV/AIDS strategy	
HIV/AIDS strategy	

Appendix 5

Case Studies

SOUTH AFRICA

HIV/AIDS situation in South Africa in 1999

During the 1990s, the HIV/AIDS epidemic has rapidly developed into one of South Africa's major development problems. The epidemic has been generalised since the beginning of the 1990s and the adult prevalence rate reached 13% by the end of 1997 and was estimated at 20% two years later. By 1999, South Africa had more people living with HIV/AIDS (4.2 million) than any other African country. Peak prevalence occurred among young women (20–29) and 55% of the adults infected were women. As in other Sub-Saharan countries, HIV transmission is mainly heterosexual. With large numbers of new infections every year and the already high prevalence among the adult population, the socio-economic development of South Africa will be put under severe strain by the epidemic.

Swedish support to South Africa in 1999

Sida's total support to South Africa in 1999 amounted to 335 MSEK, divided between 206 interventions. One-third of the support was in the area of human rights and democratic governance, while other important areas included social sectors and infrastructure. The support was mainly channelled through the public administration and non-governmental organisations.

Sida had two specific HIV/AIDS interventions in South Africa in 1999. These were both in the area of "HIV/AIDS and human rights" and were managed by DESO/DESA. The interventions were special in the sense that they were among the first in the area of HIV/AIDS to be introduced by a Sida department outside Health and SAREC. One intervention was the "Aids Law Project" in co-operation with the University of Witwatersrand, which amounted to 4 MSEK in 1999. This project offered legal advice, gave courses and was engaged in policy development and litigation work to establish legal definitions and procedures. The other support was to the "Aids Legal Network", to which Sida disbursed 0.7 MSEK in 1999.

Svenska Missionsrådet also had a development programme in South Africa in 1999 that included a "Sexuality Education Program" with information and training on HIV/AIDS issues.

HIV/AIDS was not mentioned in the country strategy for South Africa, and only briefly mentioned in the background country analysis document.

Case 1: Support to Port Elisabeth Low Income Housing Programme (PELIP)

Background

The support to the Port Elizabeth Low-income Housing Programme (PELIP) was prepared by INEC in 1999 after a decision by AFRA and resulted in an agreement to support Port Elizabeth Housing Revolving Fund with 8 MSEK for the period 1999–2000.

The overall objective of the support to Port Elizabeth Housing Revolving Fund is to increase the production of housing in Port Elizabeth in a short-term perspective. The Fund will provide the

necessary financial guarantees to co-operating banks for "bridging loans" to individuals waiting for governmental housing subsidies.

Consideration of HIV/AIDS issues

HIV/AIDS is not mentioned in the programme assessment memorandum. The programme officer at the embassy in South Africa in 1999 cannot recall any discussions regarding HIV/AIDS in relation to the support; neither within Sida nor with the partner country. A Swedish consultant who worked on the project once organised a small workshop on HIV/AIDS for the personnel working in, or close to, PELIP. This workshop included general information on HIV/AIDS for the personnel and was not specifically related to project activities.

Case 2: Support to the Provincial Administration of Northern Cape (PANC)

Background

The continued support to reconstruction of the Provincial Administration of Northern Cape (PANC) was prepared by DESO in 1999 after a decision by AFRA and resulted in an agreement for an additional support of maximum 15 MSEK for the period 1999–2000.

Support to PANC started in 1994 and focused on issues related to strategic management, decentralisation, development of administrative and financial systems, capacity and institutional development, and special support to the departments of health, education and agriculture.

Consideration of HIV/AIDS issues

HIV/AIDS is not mentioned in the assessment memorandum for this project either. The programme officer at the embassy in South Africa in 1999 can not recall any discussions regarding HIV/AIDS in relation to the support; neither within Sida, nor with the partner country. However, a Swedish long-term consultant who worked on the project recalls that there was a continuous dialogue within the provincial administration in Northern Cape regarding HIV/AIDS.

According to the consultant, there was no specific component in PANC that concerned HIV/AIDS, but there were several activities relating to the issue that had been initiated by the provincial administration, including information campaigns to the employees aiming at sexual behaviour change and provision of condoms. Furthermore, HIV/AIDS was an important issue in the work of the health department, which was also supported by the project. Generally, the initiative to work with HIV/AIDS came from staff at the departments and administration and not from Sida or the consultant. In 1999, there was an officer with special responsibility for HIV/AIDS issues at the provincial administration in Northern Cape. No Sida funds were specifically assigned to HIV/AIDS issues.

General observations

According to our findings, HIV/AIDS was not considered in the design and implementation of the support in 1999. Nor did Sida have any official dialogue with the counterpart concerning HIV/AIDS issues in the project. Nevertheless, HIV/AIDS appears to have received some consideration within the project on the initiative of the local forces.

It was only in 2000 that Sida personnel were instructed to consider HIV/AIDS in all development co-operation activities with South Africa. This could be one reason why the issue was not officially raised in relation to the interventions in 1999.

One reflection made by the Swedish consultant is that it is difficult to go beyond information campaigns and actually achieve change in sexual behaviour. To achieve this, it would probably be necessary to work in depth and for a longer period with the target group, which is very expensive.

Another concern raised by the consultant is practical difficulties of "mainstreaming" HIV/AIDS. For example, within the public administration it might be possible to foresee increased staff turnover, absence from work and health insurance costs. However, it is impossible to know exactly *which* positions within the organisation will be affected and thus difficult to take preventive action.

ZAMBIA

The HIV/AIDS situation in Zambia in 1999

Zambia is one of the countries in the world worst affected by HIV/AIDS. The epidemic has been generalised since the mid-1980s, and by the end of 1999 UNAIDS estimated an adult (15–49) prevalence rate of 20%. Although the prevalence rate among pregnant women has been more or less stable (27%) since the beginning of the 1990s, there are positive signs of declining prevalence rates in the youngest age group (15–20). However, with an estimated 830,000 adults living with HIV/AIDS in 1999, the real impact of the epidemic will be felt only during the first ten years of the 21st century. Transmission of HIV is mainly heterosexual.

Swedish support to Zambia in 1999

Sida's total co-operation with Zambia in 1999 amounted to 120 MSEK. Its main areas included natural resources, social sectors, infrastructure and human rights. Due to political developments in Zambia during 1997 and 1998, the Swedish government refrained from renewing its co-operation agreement with Zambia in 1999 and instead separate programme agreements were made for different sectors. Almost two-thirds of the support was channelled through sector programs and one-third through projects and programme support.

The country strategy (1999–2001) states that the HIV/AIDS epidemic, with prevalence rates of 20 per cent, has had a severe impact on Zambia. HIV/AIDS is a societal problem and not only a health problem. Government efforts have so far been insufficient. In the Health sector Result analysis from 1998, it is reported that HIV infections have started to level out due to long-term information activities, which have been supported by Sweden. Further support to HIV/AIDS is envisaged.

Case 1: Support to sustainable natural resources in Zambia

Background

The "Support to sustainable natural resources in Zambia" was prepared by NATUR in 1997 and resulted in a programme agreement for the agricultural sector (the Programme) for the period 1999–2001. Total support amounts to 135 MSEK (45 MSEK per year).

The overall objective of the Programme is to contribute to sustainable use of natural resources and increased food security through the use of local resources and exploitation of the increasing opportunities for domestic and international trade.

The Programme consists of six projects:

- "Land Management & Conservation Farming",
- "Economic Expansion in Outlying Areas",
- "Food Crop and Seed Research",
- "Multiplication and Distribution of Improved Planting Material",
- "Policy, Planning, Monitoring and Evaluation of ASIP Activities",
- Support to "Zambia National Farmers Union/Conservation Farming Unit".

Consideration of HIV/AIDS issues
In the decision memorandum for the Programme, HIV/AIDS is mentioned in relation to a review of "the constraints to exploitation on the development potential" in Zambia. A decline in farm labour due to urban migration and the spread of AIDS is viewed as one such constraint. Apart from this observation, no further mentioning of HIV/AIDS is made in the document.

The programme officers responsible for development co-operation with Zambia at AFRA in Stockholm and at the embassy in Lusaka in 1999 cannot recall any discussions regarding HIV/AIDS in relation to the Programme, neither within Sida nor with the partner country. Although the embassy staff were aware of some implications of the epidemic (such as people being absent from work due to funerals and officers at the ministries disappearing) it was not considered in relation to the operations of the Programme.

Case 2: Support to restructuring of Zambia Railways Ltd

Background
The "support to restructuring of Zambia Railways Ltd 1997–2000" was prepared by INEC in 1997 and amounted to 25 MSEK during 2.5 years.

The overall objective of the support is to create a sustainable system for railway traffic in Zambia. This will be achieved through a restructuring of Zambia Railways, which will make it possible for the company to raise the necessary capital to rehabilitate the infrastructure and attain rational and socially viable operations. The main activity is a management support, which will put in place competent staff at key positions and formulate and implement a restructuring plan.

Consideration HIV/AIDS issues
HIV/AIDS is not mentioned in the assessment memorandum and the responsible programme officer for Zambia at AFRA[20] in 1999 cannot recall any discussions regarding HIV/AIDS in relation to the Programme, neither within Sida nor with the partner country.

Consequently, HIV/AIDS issues do not seem to have been considered in the design and implementation of the support.

[20] The responsible officer at INEC in 1999 was not available for an interview at the time of the study.

Case 3: Sector support to Health in Zambia 1999–2001

Background

A large part of Sweden's health co-operation with Zambia relates to HIV/AIDS, both directly and indirectly. The support has a sector-wide approach together with several other donors. Zambia's *National Health Strategic Plan 1998–2000* forms the basis for the co-operation. The *Strategic Plan* describes how Zambia shall provide Zambians with equity of access to cost-effective, quality health care as close to the family as possible. It covers all possible aspects of health care delivery.

Of Sida's total health support to Zambia in 1999 (45 MSEK), 60 per cent was given as non-earmarked budget support to the implementation of the *National Health Strategic Plan*. The remaining 40 per cent went to institutional strengthening and for specific projects in Sida prioritised areas or where Swedish institutions were involved. Projects included Safe abortion, Adolescent health and HIV/AIDS.

Consideration of HIV/AIDS issues

In the assessment memorandum for the health sector in Zambia, HIV/AIDS is mentioned as a severe problem that has affected the country strongly, with loss of lives and consequences for overall development. It is further stated that HIV/AIDS cannot only be treated as a health problem. The efforts of the government are not sufficient, and a cross sector approach is needed. In the risk analysis it is stated that there is an overwhelming risk of manpower shortage in the health sector due to HIV/AIDS morbidity and mortality.

The very first paragraph in the situation analysis of the *Strategic Plan* mentions that "Finding effective ways to limit the impact of the HIV/AIDS epidemic is critically important". In relation to service delivery it is stated that "…treatment…(of) opportunistic diseases to HIV/AIDS (like TB or malaria) are included in the package. …For example for HIV, the package intervention is IEC and not treatment".

HIV/AIDS was frequently brought up in the dialogue with all levels of the Zambian administration. However, the higher up in the hierarchy one went, the more difficult it was to approach the subject. There is overall awareness that HIV/AIDS morbidity and mortality will continue to reduce the number of health staff, but lack of resources impedes training of more people.

Sida's direct support to HIV/AIDS in Zambia in 1999 amounted to approximately 5.3 MSEK, distributed between three different interventions. Sida's Health department had two interventions; one aiming at capacity building on HIV/AIDS through a national multi-sectoral secretariat for strategic planning[21] and another project in co-operation with RFSU, the Kafue district and the Central Board of Health, to change risk behaviour through educational efforts and improved services for young people[22]. A third Sida-supported HIV/AIDS project in Zambia was a SAREC-supported research project on "Masculinity and Sexuality"[23].

In sum, HIV/AIDS issues were considered in the design and implementation of Sida's support to the health sector in Zambia in 1999.

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[21] 3.1 MSEK disbursed in 1999.

[22] 1.9 MSEK disbursed in 1999.

[23] 0.25 MSEK disbursed in 1999.

General observations

There are various reasons why HIV/AIDS was not considered in relation to the support to the railroad sector and agriculture. First of all, the officers interviewed note that they were insufficiently aware of the relevance of the epidemic in relation to the support in these sectors. It was natural to see the issue as a responsibility of the health sector. Insofar as HIV/AIDS was discussed as something more than a health issue, it was perceived as yet another "cross-cutting" issue, along with issues such as gender equality and environment, that had to be incorporated into all projects. One officer noted that "there were so many aspects to consider that in the end the actual support to agriculture almost disappeared". Another officer reflected that "it would have been appreciated if the people with knowledge about HIV/AIDS did not only give us another problem but also offered solutions".

Also, the officer at AFRA in Stockholm notes that he managed almost fifty projects and hence there was only time to take interest in the ones that were not running smoothly. Furthermore, it is common for a project officer to take over projects in the middle of a project period, without having been part of the preparation and design of the project. In such situations it is difficult to introduce new themes in the middle of a project period.

The programme officers interviewed are today (June 2001) of the opinion that it would have been relevant to integrate HIV/AIDS in some of the components of the support. Within the agricultural sector, the support to Economic Expansion in Outlying Areas would have been particularly relevant.

LAOS

The HIV/AIDS situation in Laos in 1999

Laos was a low prevalence country in 1999, with an estimated adult prevalence of just 0.05% or 1,400 persons. Prevalence was less than 1% in all subgroups except for commercial sex workers (1.2% in 1992) and no cases were reported among injecting drug user and STI patients. Very little is known about routes of transmission, but the majority of reported cases were among heterosexuals. With almost no STI data available and no regular behavioural surveillance, there are few basic data for a judgement on future susceptibility to HIV. However, low condom use in high-risk groups, large labour migration to Thailand, and considerably higher HIV/AIDS prevalence rates in all neighbouring countries are facts that indicate a potential for a larger epidemic.

Swedish support to Laos in 1999

Sida's support to Laos amounted to 93 MSEK in 1999. Main areas of support were infrastructure and natural resources and most important channels were private organisations and the public administration.

Sida had no specific interventions in the area of HIV/AIDS in Laos in 1999.

Neither the country strategy (1999–2001), nor the result-analysis (1998) and the country analysis, mention HIV/AIDS. It is noteworthy that the documents reflect on many indicators that imply risks for the spread of HIV without mentioning this risk, such as the low overall health status in Laos, the lack of capacity of the health sector, the illegal labour migration from Vietnam, China and Thailand to Laos as well as from Laos to Thailand, the prostitution and sexual abuse and the growing numbers of young girls who go to Thailand and end up in the sex industry.

Case 1: Lao-Swedish Co-operation Programme in the Road Sector 1997–2001

Background
Sweden's co-operation with Laos in the Road sector started in 1987. The support to the sector in the period 1997–2000 was prepared by INEC in 1997. The objective of the support was to obtain sustainable improvements of the road infrastructure in three selected provinces, which would reduce transport costs and increase access for villages and district centres to permanent road connections. The support amounted to 175 MSEK for the period July 1997 to December 2000.

Consideration of HIV/AIDS issues
HIV/AIDS is not mentioned in the assessment memorandum and the responsible programme officers at INEC and ASIEN in 1999 cannot recall any discussions regarding HIV/AIDS in relation to the support, neither within Sida nor with the partner country.

HIV/AIDS is mentioned in *Agreed Minutes* from the annual review 2000 between Sida and the Ministry of Communication, Transport, Post and Construction in Laos. In this document, it is stated that "the road and transport sectors have a special responsibility to try to reduce the spread of HIV/AIDS when carrying out construction, maintenance and the operation of transport services" and it is suggested that the Project Document for the next period "elaborate on the need of further studies, provisions of policy guidelines, collaboration with other government agencies etc.".

HIV/AIDS was in fact discussed in the design of the new project period, starting in 2001, but had not been considered at all in the design and implementation of the support in 1999.

Case 2: The Lao-Sweden Forestry Programme (LSFP)

Background
The co-operation in the Forestry sector between Laos and Sweden has been going on since 1977. The support to Phase IV of the Lao-Swedish Forestry Programme (LSFP) was prepared by NATUR in 1995 and amounted to 110 MSEK for the period January 1996 to September 1999. The long-term programme objective was to improve productivity and sustainable use of forest and agriculture land, in combination with conservation and protection of target areas.

The programme was organised into six sub-programmes:

- Institutional strengthening and human resource development
- Extension and extension training
- Land use planning
- Conservation
- Shifting Cultivation Stabilisation
- Forest Management

Consideration of HIV/AIDS issues
HIV/AIDS is not mentioned at all in the assessment memorandum for LSFP, phase IV and the responsible programme officer at the embassy in 1999 cannot recall any discussions with the counterpart in relation to HIV/AIDS. There were some general discussions within Sida regarding HIV/AIDS in relation to the programme, but no action was taken.

It can be concluded that HIV/AIDS was not considered in the design and implementation of Sida's support to the LSFP in 1999.

Case 3: National Drug Policy Programme and National Water Supply and Environmental Health Programme

Background
Sweden's health sector co-operation with Laos included two projects in 1999:

- Support to the National Drug Policy Programme
- Support to the National Water Supply and Environmental Health Programme

Support to the Water Programme was provided through UNICEF and UNDP/World Bank. The aim was to increase availability of household water in distant areas and for minority groups, to improve hygiene and the use of latrines. The support to the National Drug Programme was bilateral and included quality control of drugs and rational use of drugs directed at medical practitioners, consumers/patients and drug management.

Consideration of HIV/AIDS issues
HIV/AIDS is not mentioned in any of the assessment memoranda for the two interventions and was not brought up in discussions between Sida and Laotian representatives in 1999.

General observations

HIV/AIDS was not considered to be a major problem in Laos in 1999, which might explain the lack of attention paid to the issue at the time. Interviews with programme officers at Sida, however, indicate that they all consider HIV/AIDS as a growing threat to Laos, and since last year (2000) HIV/AIDS seems to have been considered in the preparation of new project phases in all three sectors (infrastructure, natural resources and health).

"Integration of HIV/AIDS" – Checklist for analysis of cases

Background:
- HIV/AIDS situation in the country (brief description)
- Likely links between HIV/AIDS and the interventions

Dialogue:
- Has there been any dialogue at all regarding HIV/AIDS?
- In what situations?
- Between whom? On whose initiative?
- Why/why not?

Problem analysis (assessment memoranda):
- Does the problem analysis consider HIV/AIDS and its relevance to the intervention?
- Is HIV/AIDS mentioned in relation to the target group discussion?
- Is there any assessment of the HIV/AIDS epidemic's impact on the intervention and the need for adjustments?
- Is there any assessment of the interventions (unintended) impact on the HIV/AIDS epidemic and the need for adjustment?

Design of the intervention: (assessment memoranda)

- Are any objectives expressed in relation to HIV/AIDS?
- Has the intervention been adjusted to possible impact on the intervention from the HIV/AIDS epidemic?
- Has the intervention been adjusted to possible impact of the intervention on the HIV/AIDS epidemic?

Other

- Have any particular "methods" or "instruments" been used to deal with HIV/AIDS?
- Factors that appear to have contributed to the consideration/non-consideration of HIV/AIDS?
- Any indications of how HIV/AIDS has been considered during implementation?
- Observations regarding Sida's organisation

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