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

Main report

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Sida EVALUATION 05/21

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Preface

In 1999, the Swedish policy for combating the HIV/AIDS epidemic and its effects was published. The document, evocatively labelled "Investing for Future Generations", called for an approach in which the disease would not be treated as a special or separate issue, but rather be considered in all aspects of Swedish development co-operation.

Such an approach places a special set of requirements on the organisations that have to implement it. Instead of forming specialised teams to deal with HIV/AIDS, all staff members have to acquire the competence necessary to consider the disease and its effects. And instead of assigning HIV/AIDS-related projects to a special department or division, all departments and divisions have to integrate the theme into their set of priorities and projects.

The task of the present evaluation is to assess the extent to which this strategy has been implemented within the Swedish Agency for International Development Co-operation (Sida). This report notes several advances, but also shortcomings and areas where Sida can enhance its work in order to fulfil the requirements spelt out in "Investing for Future Generations".

Eva Lithman

Director

Department for Evaluation and Internal Audit

Foreword and Acknowledgement

An international team organised by the Norwegian Centre for Health and Social Development (HeSo), has had the pleasure of undertaking the evaluation of Sida's implementation of the Swedish HIV/AIDS strategy "Investing for Future Generations". The work started in September 2004 and the final report was submitted to Sida in April 2005. For the evaluators this has been an interesting journey of learning and investigating, as we have been allowed to meet key persons, ask questions, discuss and learn about good experiences as well as challenges. The evaluation has taken us several times to the Sida offices in Stockholm, as well as to Swedish embassies and partners in the four selected countries: Zambia, Ethiopia, Bangladesh and Ukraine.

The evaluation team would like to thank all colleagues in Sida in Stockholm as well as in the countries for their constructive collaboration, their availability to respond to our questions and queries and for their feedback to our work. We would also like to include the non-Sida collaborators in the countries and in Sweden in this appreciation. Our local co-consultants in the countries made it much easier for us to understand country-specific challenges.

Having expressed our gratitude for all the valuable contributions, we do of course take full responsibility for content.

Frankfurt/Oslo/Lasne/Strängnäs, March 2005

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List of Abbreviations

AIDS	Acquired Immunodeficiency Syndrome
ARV	Antiretroviral
CS	Country Strategy
DESO	Department for Democracy and Social Development
DG	Director General
DFID	Department for International Development (UK Government)
GNI	Gross National Income
FAO	Food and Agricultural Organisation
FP	Focal Point
GFATM	Global Fund to fight AIDS, Tuberculosis and Malaria
GTZ	Gesellschaft für Technische Zusammenarbeit (Germany)
HÄLSO	Health Division
HIV	Human Immunodeficiency Virus
HO	Head Office (Sida Stockholm)
IFFG	"Investing for Future Generations"
ILO	International Labour Office/Organisation
INEC	Department for Infrastructure & Economic Cooperation
IOM	International Organisation on Migration
KTS	Contract-Financed Technical Cooperation
MAP	Multi-Country AIDS Programme (World Bank)
MFA	Ministry for Foreign Affairs
NATUR	Department for Natural Resources & Environment
NGO	Non-governmental Organisation
Norad	Norwegian Agency for Development Cooperation
PEPFAR	(US) President's Emergency Plan for AIDS Relief
PLWHA	Person living with HIV/AIDS

PMTCT	Prevention of Mother to Child Transmission (of HIV)
POM	Department of Policies and Methods
RA	Regional Adviser
RT	Regional Team
SAREC	Department for Research Cooperation
SEKA	Department for Cooperation with NGOs, Humanitarian Assistance and Conflict Management
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNESCO	United Nations Education, Science and Culture Organisation
UNDP	United Nations Development Programme
UNGASS	Joint United Nations Programme on HIV/AIDS
UNICEF	United Nations Children Fund
UTV	Department for Evaluation and Internal Audit

Executive Summary

Introduction

In 1999, Sida and the Ministry for Foreign Affairs published: "Investing for Future Generations, Sweden's International Response to HIV/AIDS". This entailed a shift to a multi-sectoral combating of the epidemic with mainstreaming as the principal method. Five years later, Sida/UTV commissioned an evaluation to assess implementation of this strategy in Sida. The evaluation would analyse and comment on Sida's efforts to implement the new strategy in its organisation and work, and also assess and reflect more generally on theories of policies and implementation. An evaluation of the actual achievements of Sida's work with regard to HIV/AIDS was not included in the assignment, though.

The work was organised in three parts between September 2004 and February 2005:

- a desk study of twelve country strategy documents of 2003/4, a comparison with a similar study of 2001, including a first analysis of organisational arrangements
- a concept paper on theories of policy/strategy implementation relevant for HIV/AIDS
- four country case studies (Bangladesh, Ethiopia, Zambia and Ukraine).

Separate reports were prepared for each part. These were reviewed by Sida and subsequently amended by the evaluation team. Findings are based on numerous interviews at head office, regional and country level and study of relevant documents including the responses to our questionnaires. A half-day workshop at the end of the evaluation added material and input.

The HIV/AIDS epidemic: reaching catastrophic proportions

In many countries of the world the HIV/AIDS epidemic is a major national emergency and a severe obstacle to development. The international community has responded by taking up HIV/AIDS in political deliberations at the highest level (Special Session of the United Nations General Assembly, UN Security Council deliberations, G7 meetings etc.) and providing substantially increased funding (notably through the Global Fund to fight AIDS, TB and Malaria and increased bilateral-multilateral funding). Sweden is very much engaged.

The IFFG: a strategy/policy, mostly useful for understanding concepts

When the new Swedish international HIV/AIDS strategy came into existence in 1999, international discussions about controlling the HIV/AIDS epidemic were just entering into a new phase. While today life-saving and prolonging antiretroviral treatment is a promising intervention, then it was considered out of reach. Consequently, it was not included in the 1999 policy. When it first appeared, IFFG was considered innovative and very up-to-date. It also demonstrated the relationships between HIV/AIDS and larger development issues.

Sweden, like many other countries, felt that to curb the trend of ever increasing infection rates a new and much enlarged response was essential.

At first, progress was slow. There was no clear idea or plan of how to implement the new strategy. What implementation instruments – the metaphorical sticks, carrots and sermons – were available to the organisation? And how were they to be used? Experiences from mainstreaming other so-called cross-cutting issues like gender equality or environmental concerns – both of which Sida had long experience of – were not at hand. Benchmarks to measure what the new strategy should deliver were not set. In many ways then, IFFG was an important policy document – of which there were many – without the requisite implementation instruments.

Subsequently, organisational structures were created: in 2000 a Regional Team was installed in Africa; in 2002, an HIV/AIDS Secretariat was established at head office as a three year project; persons were nominated Focal Points on HIV/AIDS in different departments and divisions and started work. A regional adviser for South Asia was appointed. All of these contributed to competence and increased awareness within Sida. Documents were produced on how to use the IFFG in mainstreaming and how to include its concerns in new country strategies.

The changes deriving from the IFFG inside Sida and in Sida's cooperation with the countries in the years 1999–2003 were rather modest, but constant. HIV/AIDS issues slowly but steadily found their way into the different aspects of Swedish development co-operation. Funding increased. Major documents like "Perspectives on Poverty" (2002) deal with HIV/AIDS – albeit still rather in passing – and the country strategies more and more incorporated HIV/AIDS concerns. Specific activities at country level remained rather modest, however.

An important change regarding the way Sida dealt with HIV/AIDS occurred in early 2004. What triggered that change is not quite evident. Efforts were being made inside the organisation but these coincided with the increased international response from about 2000. An "AIDS Ambassador" was appointed by the Ministry for Foreign Affairs in September 2003. In 2004, the Swedish government made HIV/AIDS a development cooperation priority and Sida de-

cided to make HIV/AIDS a strategic priority for the entire organisation for the period 2005–2007. The policy instruments were reinforced. More "sermons" appeared: new policy documents calling for scaling up HIV/AIDS interventions globally and especially in Africa. HIV/AIDS was made the topic of the 2004 national information campaign. More "sticks" appeared: instructions for planning were issued by the Directors of Regional Departments with emphasis on the strategic priorities. More "carrots": funding for HIV/AIDS would at least double and training efforts will be increased. Finally, the mix of policy instruments seems to work. By the end of 2004, in all contacts with Stockholm, the regions and the countries the evaluators found HIV/AIDS no longer "business as usual".

The challenges to which the increased Swedish support responds, remain enormous. Sida seems generally well equipped to become even more active and effective in the fight against HIV/AIDS.

Main findings and recommendations

The policy level

- HIV/AIDS has been made a strategic priority for the period 2005–2007. While the rationale for such an option appears logical, it is not clear what is supposed to happen to HIV/AIDS as a priority after 2007. Most probably, HIV/AIDS will have to remain at the top of the agenda for decades. In the new policy framework being put in place in Sida, the fight against HIV/AIDS should play a more central role in the overall goal of poverty reduction, and be related more clearly and convincingly to the key policy orientations of the Swedish government and Sida.
- IFFG no longer sufficiently represents Sida's HIV/AIDS policy/strategy. While the document remains valid for most aspects, it has been supplemented by more recent policy documents from Sida and the Ministry for Foreign Affairs. The plethora of policy documents creates some confusion – especially at country level. Sida should consider preparing a short, concise and up-to-date policy which may also spell out concrete goals and targets for scaling up HIV/AIDS work.
- Sida's management has set no specific targets for its work in scaling up HIV/AIDS. Neither is there an organisation-wide monitoring system to provide clear information on where the organisation stands in implementing strategic priorities. Operational targets and indicators should be set and monitored by top management.
- Sida staff sometimes feel overwhelmed by the ever increasing demands "to do more with less". Clearer orientation should be given on what is priority and this orientation should subsequently be reflected in the work plans.

The organisational and personnel level

- Increased strategic focus and increased funding will not produce good results by themselves. Sufficient and competent people are needed to move the issues inside the organisation and, even more importantly, with the partners in co-operation countries. The issue of human capacities at Sida's head office as well as in partner countries is crucial and should get the closest attention. Strategic priorities have to be matched by priorities in staffing. To strengthen the capacity for HIV/AIDS work may entail reassignment of posts in departments and divisions.
- The HIV/AIDS Secretariat at head office level is still, organisationally, a project funded up to the end of 2005. This secretariat (or some other similar structure) should be given permanent status. Its function and consequent placement is at the central level in Stockholm. A strong and strategically oriented structure will be needed for many years to come.
- Advisory and technical capacities in the regions exist (or are being created as in South-East Asia). But these may not be sufficient in quantity, quality or coverage. In large parts of the world with major threats of the epidemic (Eastern Europe, Latin America and the Caribbean, East Asia) no special regional capacities exist at all. This lack has to be reviewed and, if possible, repaired.
- Focal Points at the different departments and divisions of head office are major assets for incorporating HIV/AIDS issues in the technical work. However, these persons often lack sufficient technical and programmatic knowledge to confidently work to mainstream HIV/AIDS. The Focal Points in countries and among embassy staff – with few exceptions (like in Zambia) – are still not sufficiently 'AIDS-competent' to play a more strategic role in supporting country programmes. Continuous investments in staff capacity building are needed. Training should not only consist of workshops and documents, but also include exposure to real-life situations (i.e. the so-called "AIDS competence building").
- Very little experience in dealing with HIV/AIDS as a technical and programmatic issue of Sida's development cooperation is documented. Sida should develop a plan for documenting relevant experiences, for making these documents available within the organisation and for sharing them with partners and the international community.
- Experience on how to mainstream other cross-cutting issues like gender equality, environmental concerns, democracy or human rights has hardly been used at all in a systematic learning process. While the issues may have important differences, there are equally important commonalities. Sida should undertake to analyse these experiences in a systematic fashion in order to increase synergies between them in the perspective of a holistic approach to development.

- The absence of a workplace policy on HIV/AIDS (and of related activities in many embassies) which protect the staff and their families is striking and could jeopardise the reputation of Sida's policies in partner countries. Sida in cooperation with the Ministry for Foreign Affairs needs to urgently establish and implement workplace policies. *(Such a policy has recently been created./Editor's note)*

The coordination and harmonisation level:

- The way international support for HIV/AIDS is provided and administered has substantially changed in the last years. Most countries no longer lack financial resources to address the epidemic – in theory. The main challenges are to make best use of these resources, supporting the countries and the regions to strengthen their own responses, scaling up of prevention, treatment and care and mitigation activities in a coordinated and well structured manner. External organisations play an important role in facilitating this process. Sida should vigorously continue its efforts with development partners at all levels – especially with the UN system – to better coordinate and harmonise external support with the national plans and needs.
- Sida and the Swedish policies are conducive for new developments like budget support and sector programmes. These developments provide chances to integrate the HIV/AIDS challenges into the overall development plans of a country. Sida supports these efforts but to make them effective, there is again the need for well-trained experienced staff. Sida is perhaps active in too many countries and in too many sectors, given the scarcity of technical and human support. If Sida wants increased impact and contribution to change, then development cooperation in general and HIV/AIDS work in particular may profit from a clear prioritisation regarding countries and sectors.

The evaluation does not and should not provide concrete or detailed prescriptions on how to respond to these challenges. It can only point to the directions for discussions within Sida. The evaluation has documented the impressive progress achieved since the inception of the IFFG in 1999. Policies and strategies are important but they are only one element in providing effective development cooperation. Sida is on the right track, but substantial challenges are ahead. To optimise the full potential of Sweden's increased support and focus on HIV/AIDS these challenges need to be met. Sida does not have to substantially change its HIV/AIDS policies, strategies and instruments of implementation, but most aspects can be improved.

1 Introduction

1.1 Background and purpose of the evaluation

The HIV/AIDS epidemic and its consequences constitute one of the major obstacles to development. In Sub-Saharan Africa the epidemic has reached catastrophic proportions, and in many countries the disease has been declared a national emergency.

In other parts of the developing world, where HIV infection rates are generally much lower than in Sub-Saharan Africa, the epidemic remains a major threat. Parts of Eastern Europe face a rapid increase in HIV transmission. In Asia, in some parts of countries like India and China – with populations bigger than all of Africa – HIV is spreading at an alarming rate.

The dynamic of the epidemic is, among other factors, influenced by root causes like poverty, poor access to quality health and educational services, sexual exploitation of women, lack of sexual education and so on – all of which are widespread in many parts of the world. It is impossible to predict the future dynamic of the pandemic. Countries with relatively minor epidemics (infection level below or around one per cent of the sexually active population), may soon be confronted with dramatic increases. To prevent major epidemics in many parts of the world is as much a challenge as assisting the countries most affected to mitigate the devastation, suffering and loss of human life.

Efforts to control the epidemic and deal with its consequences have increased substantially in the last five years. While in 1996 around USD 390 million were available internationally to support HIV/AIDS control in the developing world, for 2003/4 the figure was nearly five billion USD. However, 'successes' are still appallingly few. The often cited "success stories" of Uganda, Thailand, Brazil or Senegal are years old, and no new ones have been added to that list. Of course, there are reports and evidence from many countries that HIV control works, but efforts have not been scaled up, maintained or sufficiently coordinated to really make a difference.

Sweden, Denmark and Norway contribute the highest percentage of their GNI to development cooperation. This figure will probably reach one per cent in 2006. Poverty reduction, human rights and the Millennium Goals are the main orientations of Swedish development cooperation. HIV/AIDS has become one of Sida's top priorities. The process started in 1999, when Sweden approved its new policy/strategy "Investing in Future Generations" (IFFG) to combat HIV/AIDS internationally. While Sweden, like most countries had been active in supporting HIV/AIDS control efforts since the mid-80s, the

strategy called for a new approach and an increased commitment. The IFFG analysed the epidemic in its immediate and underlying causes and its immediate and long-term effects. It stated that strategies and interventions have to address all four dimensions, and that mainstreaming HIV/AIDS into all sectors of development cooperation, although not explicitly mentioned, should be the main approach.

Five years later, in 2004, Sida wanted to assess how this new strategy had been implemented throughout the organisation – at head office, regional and country level. The terms of reference state as the main purpose of this evaluation:

"a) determining how and to what extent HIV/AIDS is being addressed today compared with 1999 based on a replication of the baseline study, and

b) assessing how Sida works with HIV/AIDS today, i.e. the implicit strategy, to see whether this work is in compliance with the strategy" (Terms of Reference, p. 5).

1.2 Evaluation process and methods

Sida's Department for Evaluation and Internal Audit (UTV) commissioned the evaluation of "Sida's Implementation of the Swedish HIV/AIDS strategy 'Investing for Future Generations'", and established the terms of reference in May 2004. The Norwegian "Centre for Health and Social Development" (HeSo) won the tender with an international team, and the first discussions between them and Sida were held in late August 2004.

The evaluation team (principally three experts with longstanding experience in international HIV/AIDS work and evaluation from Belgium, Germany and Norway) started work in September 2004.

The process of the evaluation was broken down into three parts:

a. A replication of the baseline study

The first part of this evaluation consisted in carrying out a desk study of the strategic country cooperation documents of twelve pre-selected countries, as a replication of a baseline study initiated by UTV in 2001 (Sida Studies in Evaluation 01/02). The documents were mainly the "Country Strategies for Development Co-operation" of the years 2003/4 and their preceding studies (situation and result analyses). The samples of countries selected for the two studies were slightly different, but that did not hamper the comparison. In addition, the results from a more recent desk study on mainstreaming were taken into consideration.[1]

1 "Mainstreaming of HIV/AIDS: What happened in Sida during 2003?", Lise Munck, Konsultbyrån Tres, 12 January 2004.

This repeat-baseline study was undertaken between September and October 2004. At the same time, the evaluation team acquainted itself with key Sida documents on policies and methods, as well as on HIV/AIDS related issues.

The organisational structure in relation with HIV/AIDS work at the head office was assessed during two visits of the evaluation team to Stockholm in September and October 2004. During those visits, the team interviewed a wide range of Sida staff from different divisions and departments. (see List of Persons consulted in Annex 2). In addition, a questionnaire for HIV/AIDS Focal Points (FP) was designed, pre-tested and then mailed to all 19 FP in early October. Results were analysed, documented and fed back to the FPs.

The report of this Part 1, "Sida's approach to HIV/AIDS since 1999: A review of country strategic documents and organisational arrangements", was presented to Sida as a draft in October 2004. This report was then reviewed by the Reference group in Sida at a meeting on November 12 with the participation of the Evaluation Team. Based on comments and suggestions at this meeting and further feed-back by Sida staff, a revised final report of Part 1 was presented in December 2004.

b. The concept paper

The terms of reference also envisaged the development of a "conceptual paper", which should review the "State of the art" of policy evaluations, policy implementation instruments, theories of implementation and operationalisation in order to develop *"a set of models and theories […] against which the work shall be analysed."* (Terms of Reference, p. 6). A first draft of this theoretical paper was presented at the end of October, commented by Sida/UTV, and revised in a Final Report Part 2 "Concept Paper" by mid-January 2005. The evaluation team had by then included a senior Swedish evaluation specialist from the expanded HeSo-team who contributed substantially to the revision.

c. Case studies in four countries

Sida had selected four countries: Bangladesh, Ethiopia, Ukraine and Zambia for in-depth case studies. The evaluation team presented an Inception Report in early November, spelling out how it would undertake these studies. After approval of that report by Sida, the studies were undertaken in December 2004 and January 2005.

The study in Ukraine encountered some difficulties in the form of a major political upheaval in connection with the national elections during the weeks the mission was planned to take place. It was for this reason first postponed, and later scaled down in time and scope.

Connected to the case studies, although not figuring prominently in the terms of reference or in resource allocation for the evaluation exercise, were rapid assessments of the regional HIV/AIDS entities in Zambia (Regional HIV/AIDS

Team for Africa) and in India (Regional HIV/AIDS Adviser in South Asia). The draft country reports as well as a summary report of findings and recommendations were submitted to Sida by February 11, 2005.

A final round of contacts including a half day workshop with Sida head office staff and a meeting with the reference group for the evaluation were held on February 16 and 18, 2005. The draft of the final report was submitted to Sida on March 7, 2005.

Methodology

The main methods used have been document reviews and interviews, and some elements of observation at country level. Interviews have taken place at most levels of the organisation, both in Stockholm and in the countries where field studies were conducted. Unfortunately the team did not have the opportunity of talking to the Director General. Most informants have been Sida staff, as the focus for the evaluation was on the organisation, but some external partners have also been interviewed, especially in the country studies.

In addition to interviews, the team has used a more participatory approach in group discussions held during the country visits and at Sida's head office (especially with the reference group). These discussions allowed for sharing of observations, views, ideas and interpretations in a broader setting.

The core team lived in three different countries, and had to develop a way of working which allowed for specialised individual tasks as well as team-work. While they divided responsibilities for the different parts of the evaluation, they all reviewed all documents and had several meetings throughout the process. They jointly discussed design, findings and analysis. In addition they had several telephone conferences and frequent exchanges of e-mails with document drafts and suggestions.

1.3 A guide to the reader

The final report contains two volumes: the present volume 1 with the main body of the report, and a second volume with the individual reports of the separate parts including the country case studies. *(The parts of the second report are available through Sida's website./Editor's note.)*

In the main body of the report, the evaluation findings are presented in a way which tries to capture the two main threads of the evaluation: an assessment of the implementation of IFFG in and by Sida and the accompanying general theoretical reflections on policy evaluation.

After a short snapshot of HIV/AIDS related matters in Sida today (February 2005) in Chapter 2 (which also tries to capture the most recent developments), the report looks back at the IFFG as a document and analyses it from a policy evaluation point of view (Chapter 3). Theoretical aspects which constitute a

'good policy' guide this assessment. In Chapter 4, we carry this analysis forward by introducing a package of theoretical policy implementation instruments, the sticks, carrots and sermons, and apply them to Sida's attempts and undertakings to make IFFG a topic for special attention for the entire organisation. Each instrument is presented and the mix of instruments is discussed. Chapter 5 takes a closer look at the organisational structures which Sida has created from 1999 in order to move, stir and direct the HIV/AIDS issues inside the organisation at head office and regional level. The role of the HIV/AIDS secretariat, the network of Focal Points on HIV/AIDS as well as (albeit on a much reduced scale) the role of the regional structures in Africa and Asia are assessed and discussed.

Chapter 6 singles out one of the core elements of Sida's HIV/AIDS strategy: the mainstreaming of HIV/AIDS in development cooperation, and discusses at some length the conceptual and practical issues of this approach – still somewhat controversial in Sida and elsewhere. Chapter 7 then turns to the question which is the decisive one for the implementation of IFFG: has the IFFG contributed to making Sida's support to the national response to HIV/AIDS stronger and more meaningful? As the terms of reference explicitly exclude looking into the effectiveness (impact) of Sida's country support, the evaluation team tried to assess the translation of the IFFG into concrete strategies and action plans, thereby touching on the direction of Sida's support, its appropriateness and relevance in the countries visited. This chapter also points to the new challenges for organisations like Sida in contributing to more effective national responses. Chapter 8 summarises the main conclusions and lists the key recommendations of the evaluation.

2 Snapshot Sida February 2005

Even before one enters the Sida offices in 2005, one can see that the issue of HIV and AIDS is visible in Stockholm as well as in smaller Swedish towns. Through creative video installations persons affected by HIV share their experiences, and posters with a Swedish version of the red ribbon give information of different aspects of HIV. The posters are also very evident in the staff restaurant. 2005 has begun; the first of the three years when HIV/AIDS is to be a strategic priority inside Sida.

What the designation strategic priority means is not defined, but it is widely understood to mean that focus will be placed on HIV in all aspects of development cooperation. As one of the top managers put it: *"It means that we are 'beating the drum' so that everybody will listen and do something"*.

HIV/AIDS is certainly not a new issue. For more than 15 years Sida has been involved in projects and initiatives relating to HIV/AIDS. In 2003 Sweden was the first country to appoint an ambassador for HIV/AIDS.

In the head office in Stockholm, the HIV/AIDS secretariat consists of a group of dedicated and busy persons who spend a lot of their time trying to convince others of the importance of not doing 'business as usual', but of trying to see how they can include thinking on HIV/AIDS into their work. An extensive training programme for the whole organisation was launched in early 2005. Still, earlier training efforts had not attracted many participants.

In each department and most divisions of Sida's head office, there is a Focal Point (FP) for HIV/AIDS. The Focal Points are resource persons supposed to be more knowledgeable of the issues than their colleagues, so colleagues may consult them. For some, the position as FP is a good opportunity to address an issue close to their heart, for others it is a source of frustration, as they don't really know what they are supposed to do, and anyway, colleagues seem not very interested.

In Africa, a regional team for AIDS has been set up supporting Swedish and Norwegian embassies from a base in Lusaka. The team members in Lusaka live a lot of their lives out of a suitcase while they work in the different embassies, helping out, giving advice, participating in reviews and meetings. The annual highlight is when Focal Points from all the Swedish and Norwegian embassies in the region meet to be updated, share thoughts and ideas and take stock of the regional development.

Based in New Delhi, a regional adviser for HIV/AIDS for South Asia travels between the different capitals in the area to assist the Swedish embassies in increasing their HIV/AIDS competence.

A group of employees at Sida in Stockholm reflected on what had triggered the changes inside Sida in relation to an increased focus on AIDS. Two themes dominated: the formation of the AIDS secretariat in 2002 and the decision to make AIDS a strategic priority in 2004 – including having AIDS as the theme for the main Swedish information campaign in 2004–2005. Interestingly, the IFFG document was not mentioned.

"We are sometimes drowning in documents", said one programme officer, and others nodded agreement. It is not easy to keep track of all the developments inside a dynamic organisation like Sida.

According to the chairperson of the Project Committee a complete inventory of documents that may be termed policies in Sida gives a result of 72 documents. Ideally, a new project or initiative should be judged against all these different policy documents. Even though not all policy documents will be relevant for any given project, it certainly creates what may be termed a complex policy environment. The policy department in Sida is currently in a process of "tidying up" the policies, which may perhaps increase coping among the programme officers, and hopefully increase 'adherence' to the policies.

A tricky thing with policies is that they seem too idealistic for a busy Sida worker. *"Often global or policy targets will not match local capacity",* said one of the informants. The local contexts are very varied, and fitting policies to local conditions requires judgements and adjustments.

The IFFG is a document for the Swedish response to AIDS, and not only for Sida, and it is as such not placed in the policy hierarchy. The document is well known all through Sida, although not everybody could precisely state what it really contains. Those who have a more active relationship with the document, such as the HIV/AIDS secretariat, may refer to it more as a concept document than as an actual strategy, but it is otherwise referred to either as a strategy or a policy.

Sida's organisation appears both "flat" and as a pyramid. People are trusted and may to a large extent design their job according to competence and field of interest. At the same time signals and instructions from the hierarchy are important (as they have to be in a government agency). *"Instructions move a process",* admitted a programme officer.

Snapshots from the field

Bangladesh, January 2005

In Bangladesh, HIV/AIDS is gradually moving up the agenda of the Swedish embassy, a process that has gone on since 2002, but which the staff expects to speed up from 2005, given the new strategic priority.

"We should all mainstream HIV/AIDS issues into our projects and support, but it takes time to find out how to do it", say the programme officers at the Swedish embassy. The embassy has started to support two HIV/AIDS projects, both of which have key elements of integration or mainstreaming. The embassy hopes to learn more about the issue in this way, so that it will later be easier to mainstream AIDS in ongoing and new projects.

The FP for AIDS at the embassy sees IFFG as a useful document, giving the local embassy freedom to develop their work according to the local context. He would however sometimes have wanted to get some more instructions on what needs to be done at the actual embassy. He has given the IFFG to local partners involved in HIV/AIDS, as an introduction on how Sida understands HIV/AIDS and what the priorities should be.

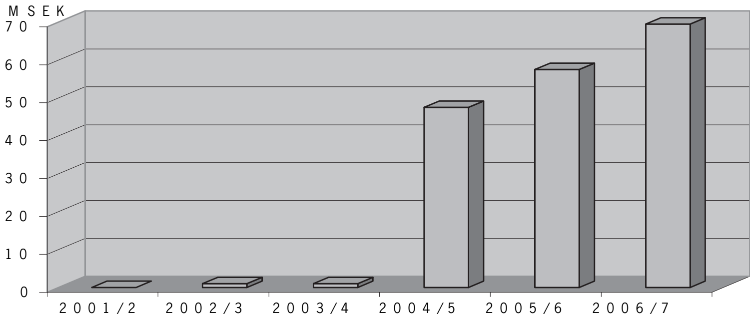
A group of sex workers shows us the bucket where the condoms are collected from each woman. A volunteer sells condoms at a very low price to the other sex workers, and she keeps a register over how many condoms she sells and how many used condoms she finds in the bucket. She says that the sex workers are very much aware of the danger of AIDS and other STIs, and that they use condoms much more regularly. A researcher on social aspect of HIV/AIDS says: "She knows what to tell a visitor, in reality they don't use condoms consistently, and this is a big challenge".

A trainer from BRAC, an initiative supported by Sida, comes regularly to talk with the sex workers, and they have also organised a micro-credit scheme in the brothel to encourage alternative means of livelihood for the women in the brothel.

Ethiopia, January 2005

Not all Sida staff had read the August 2004 letter and attached memorandum by the State Secretary of International Development Cooperation on HIV/AIDS. Some of them complained about the abundance of instructions, memoranda and other – often bulky! – policy and strategic documents from head office and the MFA. In addition, when those documents are in Swedish, they either need to be translated into English or have to await the arrival of the translated version, before they can be used by national staff.

The recent increase in direct support to HIV/AIDS and projections for the near future are impressive indeed, as visualised in the graph. But will they be



matched by sufficient – and sufficiently AIDS competent – human resources to handle such budgets?

Ukraine, December 2004

The development cooperation with the country was totally dominated by the events surrounding the national election process and the popular resistance in late 2004. The new country strategy was put on hold. Sida has only one (and no national) officer for development cooperation. But Sida Regional Department for Europe provided technical support.

"All new projects will be reviewed about their relevance to HIV/AIDS" was clearly stated as a policy line. Moreover, Sida wants to work closely with UNAIDS and other partners in increasing the effectiveness of national coordination and harmonisation of major HIV/AIDS programmes like the support from the GFATM, the World Bank project and others. The ambassador, who up to now had not been very involved in HIV/AIDS dialogue and advocacy, also puts much hope on a new government.

Zambia, December 2004

In Zambia, Sida does not have to be concerned about whether the government's policy is in line with the IFFG: HIV/AIDS is on the top of its list of priorities. And for a very understandable reason: AIDS is a national tragedy, affecting every family, every village. Its impact and related issues are in the media every day: AIDS affects the health and education sectors, but also sports, the entertainment world, etc.

So the government has – too recently! – decided to scale up the national response.

In the health sector, for instance:

- Zambia is one of the rare countries where AIDS patient treatment with antiretroviral medication (ARV) has gone beyond its set target,

- Although introduced only two years ago, by the end of 2004 PMTCT was available in 20 out of 28 district health centres.

However, even under those dramatic circumstances, mainstreaming HIV/AIDS is not always directly obvious in all sectors: some pressure from Sida and FAO was needed to have it included effectively in the agriculture sector policy. It may not have been easy, but finally, the policy – with HIV/AIDS duly mainstreamed – was officially adopted by the Ministry of Agriculture and Cooperatives in December 2004.

3 Policy design

The previous chapter gave a snapshot of Sida's work against HIV/AIDS at present. The response is evolving rapidly, not least because the pandemic itself and its impact on human societies changes fast. This evaluation focuses on Sida's policy, first and foremost the paper entitled "Investing for Future Generations" (IFFG), published in early 1999. Our question then is, to what extent has the response we see today been conditioned by the policy? Has the IFFG been a key determinant for the activities or are these likely to have happened anyway? The question may seem partly academic. There is, of course, not a direct linear development from a policy document to policy results. This process is multidimensional and numerous other factors may shape interventions and activities. It will therefore be impossible, if one looks at Sida's HIV/AIDS policy and activities today, to assume with any degree of confidence how much of this policy today was the product of a paper published five years ago. Nevertheless, looking closer at the IFFG as a document may have some merits as the quality of a policy may certainly have an influence, although not necessarily the determining one, on what is happening inside an organisation with the issues the policy addresses. In this chapter we start the analysis by perusing the policy itself and analysing the policy environment.

3.1 Is IFFG Sida's policy?[2]

Sida, like most other organisations, uses a large number of administrative tools to define what it does and to set priorities. There are policies, strategies, priorities, strategic priorities, cross-cutting issues, and so on. It is not always clear what the difference between them is, nor how they should be interpreted in relation to each other. Turning to the Oxford Concise Dictionary, a policy is defined as "purpose and intent, principles and approaches to an issue". So when Sida's policy with respect to HIV/AIDS is evaluated, it is these principles which should be assessed rather than a specific document.

In practice, there are three possible approaches to the evaluation of a policy. The first is to look for a written statement of the policy and then to analyse that document. This approach would have the advantage of being rather easy, and one could apply a linear logic to the analysis of the policy and its subsequent implementation. The drawback is that the approach pays undue attention to one point in time and one means of expression. Policy documents are not always meant to be followed, in practice they may be routine or symbolic expressions, with little relation to what happens afterwards. An

2 IFFG is called a "Strategy". We do not want to enter into a discussion of when a strategy is a policy or when a policy may be a strategy. We treat IFFG as a policy.

organisation may formulate a policy just to better forget an issue, while retaining the legitimacy acquired by "having a policy".

The second approach to the evaluation of policy is to recognise that organisational policy (in the sense defined in the dictionary) is something that evolves and changes over time, and is expressed in many ways: in key documents, notes from the board and management, annual reports, speeches and so on. This is a more realistic approach, reflecting how complex patterns of intent and purpose evolve over time and by many means. The drawback is that categories of definition are blurred, it becomes difficult and possibly arbitrary to distinguish a policy from the instrument whereby the policy is put into practice.

In the evaluation of UNICEF's response to HIV/AIDS,[3] a senior manager said "if you want to understand our policies, you must look at what we do – that's our policy". A third approach to policy evaluation then, is to assume that what the organisation does expresses its real policies, and there is no need to bother about anything else. If some expression of intent does not become manifest in activities, it is simply not "real" policy. This is a "hard-nosed", practical approach, but it is a bit naïve and incomplete. There is more to be said about how action takes shape through various influencing factors, one of them being explicit policy statements.

In the following it is assumed that Sida's HIV/AIDS policy is best understood through the IFFG, supplemented with other statements, such as the naming of strategic priorities ans references to HIV/AIDS in the central policy documents. The evaluation adopts the second of the approaches defined above, but there is a focus on the IFFG as an early expression of intent. Sida's website presents a number of documents relating to its HIV/AIDS activities. One of these is entitled a policy, but what is presented there is not Sida's policy, but rather a policy for research cooperation in the field of HIV/AIDS. The visitor who looks for a policy is mislead by words and would not easily find what the policy is. Very generally, there is a need to clarify the meaning of words and concepts (policies, strategies, priorities – strategic and other) and to relate them logically to each other.

3.2 Policy evaluation

The task of policy evaluation is to analyse the worth or merit of a policy. So, taking the starting point in the documents that express intent and purpose, how good are they, and in particular, how good is the IFFG?

First, the IFFG communicates well. It is read in the organisation and everybody interviewed by the evaluation knew it and many used it. This is far from obvious, the evaluations of UNESCO's and UNICEF's HIV/AIDS policies[4] revealed

3 Kruse, S-E. and Forss, K. (2000), "An evaluation of UNICEF's Response to the HIV/AIDS Pandemic", New York. UNICEF.

4 Forss, K. and Kruse, S-E., (2004), "An evaluation of UNESCO's policy response to HIV/AIDS", UNESCO, Paris.

that these documents were little known and even less read and used. Sida staff are aware of the organisation's policy, they know it is a priority and they know that they should try to find ways of integrating a concern for HIV/AIDS in their work.

Second, the IFFG is a rather long document of 45 pages, plus an annex. It is often said that a policy merits from being short. UNESCO's present policy is of 20 pages, UNICEF had a number of policy documents of around 15 to 20 pages. There was a need for a longer explanatory text on HIV/AIDS in Swedish development cooperation in 1999, but in retrospect the text looks more like a textbook than a policy document. In the recent decision by the Director General of Sida, and worked out by the Department of Policies and Methods (POM), core Sida policies should not be of more than five pages, while such strict limitations are not given for thematic policies.

Third, the IFFG is generally considered to be interesting, engaging and useful. The evaluation team met almost no criticism of it, which is again something highly unusual. Even in external environments the IFFG is respected as a solid and professional document on HIV/AIDS. The Ministry for Foreign Affairs decided that it be acknowledged as the national strategy, and not just as Sida's strategy. The IFFG is respected in the NGO community, among researchers and consultants. When it was shared with other bilateral agencies, the UN organisations, and with partner countries, it was met with respect and appreciation.

Fourth, many staff interviewed stated that the IFFG provides a framework even today for their orientation and activities but it doesn't necessarily help them in making choices at the country level. Although the IFFG connects the HIV/AIDS issues to the wider challenges of developing countries like poverty, gender inequality, etc., they thought it did not spell out in sufficient clarity or detail how these relationships are actually constructed and what Sida could do to incorporate the HIV/AIDS issues into their other priorities of development cooperation. The question of "mainstreaming HIV/AIDS" into development cooperation, although implicitly present in the document is not clearly spelled out. While we sympathise with these comments, one has to be careful not to expect such a degree of detail, and answers to concrete questions of "What shall I do in situation X or Y?" from policy documents dealing with global challenges.

Fifth, a policy is usually seen as a management tool; that is, it should be decisive, make and explain strategic choice. The main virtue of IFFG is that it sets out the problem and the challenges of the HIV/AIDS pandemic well; it was up to date and at the frontier of science and practice in 1999 and for a few years more. It provides a framework to think about options and directions at the country level. But it does not set priorities. On the one hand that means the policy is flexible and adaptable and the content is as much as can be provided at a general level. On the other hand, much work remains to be done, and many choices remain, before it can make a difference at the country level.

However, the IFFG today should be understood in context. There are now other documents that are brief, and with more operational content. Here we basically refer to the two "Scale-up" documents of May and August 2004, but also the document of the Ministry for Foreign Affairs (MFA) of August 2004 entitled: "Specific Swedish efforts in the field of development cooperation to combat HIV/AIDS".[5] The other important document of 2004 by the Ministry of Foreign Affairs (the Swedish AIDS ambassador) "HIV/AIDS; Swedish experiences, views, and adopted positions on current issues concerning Sweden's specific HIV/AIDS efforts in the field of development cooperation" contains an update of the epidemic including the new dimensions in treatment but, again, it is a rather lengthy document. These documents explain how to work with HIV/AIDS activities and include more up-to-date descriptions of the pandemic, etc.

It seems that IFFG was a fairly solitary text when it appeared. (The Department of Research Cooperation (SAREC) had developed in September 1999 its own "Strategy for Research Cooperation in the Area of HIV/AIDS"). Now IFFG is just one of many texts that define policy. As it would not be sufficient on its own, other texts and expressions/deliberations of intent are necessary.

3.3 Analysis of the IFFG

The IFFG has four sections. The first section is rather short and describes how activities with HIV/AIDS connect to and emphasise other goals in Swedish development cooperation, in particular poverty related objectives, gender issues, and human rights. This is a relevant and useful start which should make clear that HIV/AIDS activities do not blur the focus or dissipate the energy and resources devoted to development cooperation. The text demonstrates a holistic understanding of development which is complex, but still comprehensible and policy relevant.

The second section covers almost 14 pages, or more than a third of the whole. It explains the causes and consequences of HIV/AIDS. This is a descriptive narrative. It is an up-to-date description and a succinct overview of the issues at stake. It is clear and well-written, and it reinforces the previous chapter as it demonstrates how the pandemic is related to issues of environment, poverty and human rights. However, even if it is well written and highly relevant, it is a description of the pandemic in 1998 and earlier, but the situation is changing. A descriptive text by necessity reflects the time when it is written, and thus one could question whether this kind of description – soon dated – should be a significant part of policy document. Besides, the information would be available elsewhere, in annual reports from UNAIDS and other organisations, in many journals of development studies, health and population, and from other sources.

5 We do not distinguish here between documents elaborated and published by Sida and those by the MFA. This issue is, of course, important. However, we understood that the MFA documents were elaborated with Sida technical input. They all point in the same direction. For Sida staff, especially national officers in the field, it may be confusing to see Swedish development policy documents emanating from different institutions.

The third section of the IFFG sets out four modes of intervention, that is four approaches to HIV/AIDS that may set the framework for Swedish cooperation. This is a rather short section of some ten pages, including graphs and tables. But it is a framework that many readers find extremely useful. The framework connects different types of potential activities to objectives, and to different situations. In some countries, a programme of cooperation could build on activities in all four approaches, in other countries, one would set priorities in respect of one approach. It connects to the competence and resources of staff in Sida and among partners, political will and awareness, how the pandemic affects the country, and how the international community responds. The framework could be seen as a "tool for thinking", and there is no doubt that such a tool can be very useful, although it may have a weakness. The framework separates analysis and action in four different "boxes", which are referred to as: prevention; care and support; political commitment; and coping strategies. The box structure may add to a compartmentalisation of the complex challenge and overlook the important linkages and interconnection between the different "boxes".

The fourth and final section of the IFFG is the shortest and sets out strategies that Sida and Sweden may pursue. This is more guiding principles and policy options and may be seen as less useful than the others; it is very general and abstract, and it could not be followed up in practice. Hence its value as a management tool is limited.

If the IFFG is primarily a concept document or a tool for thinking, is it then a policy? Does it provide the necessary guidance that one would expect of a policy? This evaluation suggests there is no absolute standard of what a policy should consist of. In our opinion, a policy should, above all, be useful. Utility in turn would be connected to what policy makers want to achieve when the document is produced, and what expectation readers have when they approach the text. In theory, we could expect policy makers to have at least four kinds of purposes with any given text: advocacy for an issue, information, training and actions to be taken.

Much of the success and impact of the IFFG comes from a rather close fit between expectation and purpose and content, and this in turn comes above all from the framework for analysis set out in the third section. However, there seems to be a mismatch in other parts: some Sida colleagues interviewed had their expectations met, while others missed more concrete orientations. Policy makers, in general, may have expected more advocacy and also more actions than the policy contains. However, advocacy is a complex subject and sometimes an issue is focused more effectively by providing knowledge – tools for thinking – than through more blunt and straightforward advocacy. And actions need mostly to be country and context specific.

The contents of the IFFG differ from the other policies used for comparison. UNICEF's first policy was, for the most part, a tool for advocacy. As such, it had

a very high share of descriptive text that lead to the conclusion that the organisation had to intervene. UNESCO's policy was (and remains) similar; by connecting the mandate of the organisation to the situation, it argues that a response is necessary. However, one should bear in mind that these policies were written largely for external consumption, that is, for UN partners, donor countries, and governments in countries where they run projects and programmes. The policies were also meant to inform governments that the organisation was willing and competent to mobilise resources to take part in the fight against HIV/AIDS. Consequently these policies did not provide an analytical framework, as the IFFG does, nor did they go equally far in providing objectives for different kinds of intervention.

The UNESCO policy does introduce analytical distinctions and concepts – for example in respect of roles of the organisations, modes of intervention, and objectives. One could argue that these concepts correspond to Sida's framework. However, the IFFG framework brings together several issues in a clear and easy presentation of modes of operation, whereas in the other policies, the concepts are added one on top of the other and never clearly connected. The IFFG thus provides a simpler, more comprehensible but also more complex, holistic and useful tool for thinking.

In summary, one could say that the IFFG was a well written, concise, state-of-the-art document of the time of its publication guiding much of the thinking of key actors (Sida staff and beyond) with responsibility for the Swedish support to international HIV/AIDS activities. But it was not a policy document which would allow Sida staff (and others) to orient clearly their political options (especially at country level) and measure with clarity progress towards defined goals.

3.4 The policy process: change and renewal

When we analyse the worth or merit of a particular policy, it is not only the statement of policy itself that should be assessed, but also the process through which it was designed. Experience from organisational life suggests that there are three ways that policies emerge. The first is that organisations hire a consultant to write up the policy – a quick and easy way to set something on paper, but with the obvious risk that policy is neither understood nor accepted in the organisation. The second and most common is that an internal task force, closely associated with top management, sets policy. The third is that there is a more comprehensive assessment of experiences, potentials, strengths and weaknesses elaborated in participatory processes and then recorded as policy. This last is time-consuming, possibly somewhat confusing, but if successfully managed, would probably increase the likelihood that the policy would be realised in practical action. It would take longer to design, but be quicker to implement.

These three options are caricatures and in reality could be mixed in various ways. But it is also clear that a policy process could be more or less participa-

tory, or more or less "top-down". The development since 1999 of the IFFG has been a participatory process. The evaluation found that many people throughout the organisation had been engaged. There were working groups at headquarters and in the field offices. The design of the policy appears to have been inclusive and very appropriate for a knowledge-based and decentralised organisation, which Sida is.

Even if these virtues are clear, it is obvious that the processes through which the IFFG and other policies have been articulated and implemented can be called neither top-down nor bottom-up. They are better seen as supplementary processes, where some initiatives are taken at top management levels, and other initiatives grow out of field experience lower in the hierarchy.

As mentioned earlier, Sida's HIV/AIDS policy has been elaborated further, after the IFFG was published in 1999. There are other documents that define strategic intent more clearly, that is, they articulate objectives and ambitions in financial terms, set strategic priorities, and in other ways give more steering content to the organisation's policy than is covered in the IFFG itself. The policy is renewed, there is no doubt about that. Is there also a need to renew the key policy document; the IFFG?

Even though it is quite clear that a policy needs to change to reflect an emerging response to a rapidly shifting and complex pandemic, there is also a need to be practical and pragmatic about resources. It is more important that issues are understood, and that policy instruments – to make the policy shape events – are developed, than that the document itself is updated. Nevertheless, to produce a short, concise policy document which synthesises the more recent documents with the main ideas of the IFFG and incorporating the new challenges with regard to treatment and harmonisation may be opportune for Sida and for its partners.

3.5 The policy environment – coherence and complementarity

A policy that fits one organisation's needs may be quite inadequate in another organisation. A policy statement, such as IFFG, may work well for one purpose, but for some other purpose, could miss the mark. To take a concrete example, a policy would have one effect in an organisation if it is the one and only policy expression, another effect if it is one of many policies. It is necessary to assess the effectiveness of the IFFG as part of a very complex policy setting.

Sida has a number of key policies on poverty, gender, environment, the private sector, etc. There are also Swedish policies, set by the Ministry for Foreign Affairs, on the approach to multilateral agencies. There is a ILO policy, a UNICEF, a UNAIDS policy, and so on. Someone told us that Sida has 72 policies, and it is not clear whether that would include policies set by the Ministry for Foreign Affairs.

It is beyond the scope of our evaluation to assess whether the HIV/AIDS policy is coherent with other policies. It seems that key policies in poverty and gender well reflect the contextual analysis, the overall purpose, and the framework to identify options in relation to HIV/AIDS. Similarly, the HIV/AIDS policy does not contain any elements that contradict either the poverty policy or the gender policy; on the contrary, they are mutually reinforcing. We are aware that the Department for Policies and Methods (POM) at Sida is working out a new structure for policies, a process which seems very useful and timely. A better organised structure and hierarchy of policies will strengthen the use of policies as an active tool in Sida.

The amount of policies in Sida has increased over the past few years. This reflects a growing belief in the need to govern through policy statements, but it also reflects a changing organisational culture.[6] Sida used to be an organisation with a very strong implicit culture. Staff and management were mainly Swedish, of the same age group, and with similar academic backgrounds and professional experiences. The old staff knew policies without having a need for explicit policy statements. Now the demographic pattern changes as many long-serving people retire. There are more international staff members and in particular programme officers from partner countries, as part of the "field vision". At the same time the practices of development cooperation evolve; partner countries are becoming more effective as partners, coordination and donor cooperation is finally picking up speed, and all the while ambitions and challenges are becoming more complex. But it still remains an open question how effective policy statements are and can be. There is certainly a limit on the absorptive capacity of the organisation. It is not unlikely that the HIV/AIDS policy has encountered resistance because of that – and it also seems likely that it is less effective than it would have been in an environment with fewer policies.

3.6 Purpose and effect – does the policy work?

In this first step in the policy evaluation we have concluded that the policy works as a text, the IFFG and supplementary texts are read and the message is understood. The content is appropriate, though the IFFG itself could have been more concise. Its most significant aspect is that it provides a useful framework to consider the mode of intervention and the nature of cooperation in different contexts. It is flexible and useful, and it generally meets the expectations of staff.

But even if it has those qualities, it is not certain that it will make a difference in the partner country where projects and programmes are identified and implemented. There is a long chain of events from the formulation of policy to results in practical work. In the next sections the evaluation looks at which instruments were created and used, and how Sida has (re-)organised itself in order to implement the policy.

6 See also the interesting study on "Organisation Cultures at Sida", Carin Eriksson et al, Sida/UTV, 2004.

4 Policy instruments

After having reviewed and discussed the policy design aspects related to the IFFG in the previous chapter, the evaluation will now turn to issues concerning implementation. We will look at how policies can be implemented in an organisation, what are the available instruments – in theory and practice – to ensure that the 'policy intentions' of the organisation are actually translated into interventions and activities. The policy instruments operate in the relation between the Ministry of Foreign Affairs and Sida as well as within Sida. While we will make some references to the ways the Ministry tries to make sure that its policies are adhered to, we concentrate mainly on the actual use of policy instruments inside Sida.

4.1 Overview of policy instruments

In the literature on policy evaluation, the focus has often been on how to assess the impact of policy. However, focusing on impact is normally very complex, as many different factors influence changes 'on the ground'. It is often very difficult to establish a cause-effect relationship between a situation and a consecutive change in that situation. This is particularly true for HIV/AIDS, where so many complex factors influence individual behaviours, behaviours which are anyway difficult to assess and measure. Evaluating a policy's actual impact 'on the ground' would therefore rapidly become a large and complicated research undertaking, with no guarantee of meaningful results. In addition, it would take a long time before any evidence on the policy's efficacy could emerge.

In the case of this evaluation, the impact assessment of the IFFG was explicitly excluded from the terms of reference. Impact assessment remains, of course, the ultimate objective of any policy evaluation, because the paradox could well occur that a policy is well implemented inside an organisation but does not contribute to any significant change among the ultimate target group, 'poor people in the South'. One has to assume that if a policy is good and well implemented, changes will actually happen for the end target group.

A policy like the IFFG, will often have both internal and external uses. The employees in Sida and the Swedish embassies are both target groups and executers of the policy. This evaluation then, looks less at external end results but instead focuses mainly on the employees as a target for the policy, in other words on how they have followed IFFG in their work. The question is then shifted from whether the policy has any impact "on the ground" to whether and how it is implemented in the organisation.

Bemelmans-Videc et al. (1998) identify three categories of policy instruments, evocatively labelled “carrots”, “sticks” and “sermons; reward, punishment or persuasion. Policy makers could make things happen by giving orders, creating incentives, or by providing information, visions and ideas (talking). Each of these categories contains a number of specific instruments, as illustrated in box 1.

Box 1. Model of the policy instruments

<table>
<tr><td rowspan="15">POLICY INSTRUMENTS</td><td rowspan="2">STICKS</td><td>Decisions by the Director General on targets to be achieved</td></tr>
<tr><td>Performance monitoring system, coupled with rating and follow-up decisions</td></tr>
<tr><td rowspan="6">CARROTS</td><td>Additional resources</td></tr>
<tr><td>Earmarking of existing resources</td></tr>
<tr><td>Redirection of resources</td></tr>
<tr><td>Additional staff</td></tr>
<tr><td>Redeployment of staff</td></tr>
<tr><td>Organisational structures</td></tr>
<tr><td rowspan="7">SERMONS</td><td>Speeches and statements by leaders/managers</td></tr>
<tr><td>Meetings and workshops</td></tr>
<tr><td>Training/motivation</td></tr>
<tr><td>New publications</td></tr>
<tr><td>Press releases</td></tr>
<tr><td>Recommendations from evaluations</td></tr>
<tr><td>Informal communication</td></tr>
</table>

4.2 Sticks – not much used, but with strong influence?

The most typical sticks are the regulations, rules and directives, often combined with sanctions if not followed. They mandate the organisation to act in accordance with the policy. Inside the organisation, the sanctions related to the sticks may be subtler and often consist of unwritten norms and rules. In grave instances sanctions could be a reprimand, not being promoted or even being fired.

The 'main stick' for Sida as a whole is the annual appropriation letter (*Regleringsbrev*) from the government and the Ministry for Foreign Affairs.

Instructions from the Ministry for Foreign Affairs seem to be perceived as a stick by all Sida staff even though sanctions are not spelled out for those who do not follow the instructions. The setting of strategic priorities seems to be taken as sticks by staff at embassies as well as at head office. Sida has to report back to the government what has happened to the priorities, and the embassies have also been instructed to report regularly on the HIV/AIDS situation in the countries. In requiring reporting, an element of sanction is built in, and monitoring can easily assess whether the instruction has been followed. However, the obligation for reporting will not function very well as a stick if measurable indicators are not defined and required. As long as the organisation has no performance monitoring system, sticks will have little effect.

At country level the country strategies (CS:s) are the key documents to direct priorities and work at the embassy. Their normal life is four years that may be extended. These documents are elaborated in a participatory and consultative way involving many players in the host country, in Sida and in the MFA. However, once the CS is finalised and approved, all activities and interventions undertaken have to be in line with it. In the desk study of this evaluation (Part I), most of the CS:s analysed were from 2003, but two strategies for Asia were from 2004. Instructions to include HIV/AIDS as a dialogue issue were sent to all embassies in Asia in late 2002. We could see that the newer strategies gave HIV/AIDS more prominence.

As mentioned above, the strategic priorities are understood as instructions, and they are expected to influence the CSS developed in the coming three years.

The use of sticks or instructions is most effective when there is a social consensus around the policy (Bemelmans-Videc et al 1998:71). This may be particularly true in an organisation where sanctions are weak. Building consensus around the need for more attention to HIV/AIDS inside Sida may thus be a prerequisite for implementing the instructions, which suggests a good use of sermons for information and motivation.

4.3 Carrots – an overused policy instrument?

In government policies directed towards the public, the carrots are often linked to subsidies or provision of services to stimulate certain behaviours from the addressee. Providing resources or incentives in different ways is a typical carrot in bureaucracies or other organisations. Organisational carrots may be linked to increased resources, be it for more personnel, priority to projects, or time allocation for competence building. A carrot inside an organisation could be if good performance in relation to a certain policy (or a combination of policies) leads to recognition and promotion of the employee. Where one is placed in the hierarchy may also be a carrot. A senior post at a high level obviously car-

ries more weight and would normally attract more qualified applicants than an advisory position inside one of the divisions.

Competence building, systematic training and education, are also carrots (while providing information and increasing motivation, for instance through seminars and short training sessions can be seen more as sermons). AIDS competence building will enable people to better handle their HIV/AIDS related tasks, and at the same time may help to reduce risky behaviour. Increased knowledge and competence contributes to a more adapted attitude towards those living with HIV/AIDS, and counteracts and prevents stigmatisation of the victims.

We found that many Sida employees felt they lacked competence to actually do meaningful work with HIV/AIDS. Most of the training offered was brief and thus insufficient.

In Sida, carrots were provided through different means. The most important carrot probably was and is the increased financial resources available for HIV/AIDS-related projects and activities, an incentive to stimulate more attention to HIV/AIDS issues at all levels. Sida had the resources to establish the HIV/AIDS team in Lusaka, the secretariat in Stockholm, the regional adviser in India (and soon in Cambodia), and a network of Focal Points. Through this, it increased its organisational competence. The funds provided by the Ministry for Foreign Affairs to build structures at the head office and in the regions is a carrot for the entire organisation.

Being a Focal Point at embassies may be a carrot, especially in Africa, where FPs are invited to a two-day annual seminar to discuss issues and exchange experience with FPs from other embassies and the Lusaka team. They may also be invited to other events and workshops.

Guidelines, handbooks etc. may also be carrots, as they help the addressee to perform better. In the end of 2002, two strategically important documents were published: *"How to Invest for Future Generations – Guidelines for Integrating HIV/AIDS in the Development Cooperation"* and *"HIV/AIDS and Sida's Country Strategy Process – a Manual"*. Both were written by SODECO, a consultancy firm which worked closely with HÄLSO/DESO.[7] The documents were produced to fill in the gap left by the IFFG in spelling out in sufficient concrete detail how the new strategy can and should be incorporated into the development cooperation at different levels, and they could be seen as performance enhancing carrots.

In relation to the strategic priority decision, the HIV/AIDS secretariat initiated comprehensive training and strategy development exercises involving nearly all departments and divisions for the first months of 2005. Each participant received a special binder of all important policy and technical documents.

7 A more detailed discussion of the documents can be found in Report Part 1 in Vol. II of this evaluation. *(Available through Sida's website/Editor's note.)*

Recognition is also a carrot. It may consist of giving positive feedback and praise to individuals who performed well in relation to HIV/AIDS efforts, and such feedback is stimulating for the person receiving it, as well as for others as an example. Some informants felt that such feed-back or stimulation was weak in Sida.

4.4 Sermons – ad hoc and inconsistent?

Sermons are activities which try to influence the addressee to adopt certain orientations or behaviour. This may be done through information campaigns or through various forms of motivational communication. In the wider policy implementation field, information may be through mass-media, such as posters, TV, radio and newspapers – either through editorials or advertisements – or through tailor-made information aimed at particular audiences. Information may be one-way, or two-way with possibilities for feed-back, for instance in meetings or workshops. Sermons are often speeches or other communication by top-managers or other formal/informal leaders.

Sermons may also be trying to establish a set of shared norms and values in such a way that one may speak of building a culture, a feeling of togetherness. "In Sida we feel that…" is an expression of a cultural understanding.

Most of the HIV/AIDS related training offered in Sida can be called sermons as it has been quite limited in skills and competence building. All newcomers in DESO have for instance had a one day training including 30 minutes for AIDS.

It seems that in the early years after the adoption of the IFFG, the sermon part of policy instruments was relatively little developed, except for some limited training. However, sermons have increased since HIV/AIDS was elevated to a strategic priority for Sida. In 2004, the new Director General had her first direct encounter with AIDS during her mission to Africa and since then there have been frequent internal communications on HIV/AIDS by top management.

The most comprehensive "sermon approach" was the implementation of Sida's information campaign on HIV/AIDS, extending over the whole of Sweden from October 2004. At the head office posters and information were everywhere.

Sida has also stepped up its international sermons. The organisation had a very prominent position in the International AIDS Conference in Bangkok in 2004, as a key sponsor, through a large stand with a lot of material, and through facilitating several meetings and workshops during the conference.

The fact that Sweden was the first country to appoint an HIV/AIDS ambassador may also be seen as part of a sermon to demonstrate that Sida "means business" in relation to HIV/AIDS. While these activities and nominations are intended to affect the outside world, they also send a strong internal signal demonstrating that Sweden and the top management are serious. Such ex-

ternal sermons certainly influence the internal culture and people's perception of the importance of having knowledge about HIV/AIDS.

Other examples of sermons are the two newsletters Sida produces on HIV/AIDS, one called "Eyes on AIDS", and one specifically for Africa, "HIV@Africa". The newsletters are distributed widely. We have not heard much about how they are being used at head office or in the embassies, but we have heard references to them.

Sermons may have their pitfalls and unintended consequences. This is especially true for overkill. People can get tired of "here is AIDS again", or when they feel that sermons represent a kind of paternalism meaning "we know better than you how you should think or act"(Bemelmans-Videc et al 1998: 109). We have not heard much of this type of criticism, but any organisation needs to be aware that they may frustrate its target group by overwhelming them with too many sermons and documents.

4.5 Towards a balanced use of policy instruments

Policy instruments seem to work best when they come in packages, with a mixture of sticks, carrots and sermons which mutually reinforce each other. Different instruments in the packages may have more influence over some of the addressees, depending on their situation and perception. An example from a public policy to illustrate the point can be a government policy to reduce cigarette smoking in a country. The stick may be a ban of smoking in restaurants and other public buildings, together with high taxation. This may be combined with sermons such as information campaigns and warnings on the cigarette packets. The carrot may be that people may improve their health and save money if they do not smoke. Different parts of the instrument package may influence different people, while they all reinforce each other. And people react differently to the instruments.

With regard to the use of implementation instruments, one may conclude that for a change to happen inside an entire organisation, a mixture of sticks, carrots and sermons is needed. In focusing on sermons and carrots only, one segment of the organisation will probably be reached, which is the part of the organisation that is 'nearest' to the issue, either through personal commitment or professional interest, while the rest of the organisation may need other instruments.

Concerning the use of the various instruments in Sida, many staff members insisted that the culture of the organisation is not based on instructions, while others objected.

"If Sida HO is serious in how we should work with AIDS, they should institute some kind of punishment and encouragement, otherwise it is toothless", said a PO at one of the embassies.

"People are irritated by instructions" said another.

People may have different feelings towards the use of sticks, but it seems that sticks have been important. The quotes above indicate that there are different opinions on how sticks and carrots operate, but most seem to agree that sticks such as naming HIV/AIDS as a strategic priority and the instructions to the embassies are important. However, without providing incentives, training and information, it may be impossible to achieve results on the ground.

"In Sida we are very good at making documents, but perhaps not so good in actually implementing all we have written about", said one senior Sida officer, and the same sentiment was echoed by others. The statement "there is a widespread impression that we produce too many documents" was the statement that received the most unanimous affirmative response in the organisational study of Sida (Eriksson et al 2005:24). This underlines the importance of developing materials which – if they are to act as carrots – are relevant in relation to what the organisation wants to achieve, and also assist the users constructively.

There would have been fewer possibilities to promote change if internal motivation, understanding and competence had been lacking. To produce change in an organisation competence, motivation and dedication are all very important, while the sticks are needed to lead a process. The relationship between sticks, carrots and sermons is neither linear nor causal. When management issues a 'stick' such as giving instructions, it may do so as a result of pressure or advocacy from inside the organisation. The organisation may thus advocate more active involvement from the policy and management leadership to guide the implementation through providing sticks, as well as support sermons and carrots, and demonstrate that Sida really "means business" when they say they want to be a leading partner in addressing HIV/AIDS in the world.

The evaluation asks how different policy instruments were and are mixed in Sida in relation to the IFFG: Are instructions or orders combined with information and incentives? How is the balance achieved? A successful outcome would often depend on an appropriate mix between the three. Such a mix could not be specified as a general rule for any policy implementation; it would need to take into account the local culture and context among those who are supposed to implement the policy.

It seems that from 1999 onwards, after the IFFG was launched, there were few strategic choices made on implementing instruments. There were no sticks or instructions, while neither carrots nor sermons were much used. The exception was that more project funds were made available for those who worked with HIV/AIDS related issues. Changes started slowly from 2002, with the advent of the secretariat and the Lusaka team, the various action plans at regional level, and not least, as some instructions came from the Ministry of Foreign Affairs. After that, all three instruments have increased inside Sida, and they seem to start having an impact during the time of this evaluation, that is late 2004 and early 2005.

5 Organisational Structures and Processes

In this chapter we review the main organisational instruments which Sida has created to implement the IFFG: the HIV/AIDS Secretariat (5.1) and the Focal Points for HIV/AIDS (5.2) at the head office level as well as the regional structures in Africa and Asia (5.3). The review is based on interviews with key actors in Stockholm and in the regions, on a questionnaire for the Focal Points, and on documentation provided by Sida. However, we do not attempt a full-fledged organisational analysis of how HIV/AIDS work is organised in Sida nor do we discuss alternative models present in other organisations. A systematic analysis of the role and function of the regional entities was beyond our terms of reference. The last two subheadings of this chapter (5.4 and 5.5) discuss the issues of "Top-down and Bottom-up" processes and point to organisational elements which have not been created but which could eventually strengthen the HIV/AIDS work of Sida.

5.1 The HIV/AIDS Secretariat

The HIV/AIDS Secretariat is Sida's main organisational instrument to implement the IFFG in the organisation. It was created in July 2002 as a three year project. The secretariat consists of three full-time staff who all joined early and still remain.

There are three main functional areas[8]

1. The first priority (that amounts to an estimated 37 per cent of the working time of the secretariat) is support to Sida staff at head office and the embassies on issues in development cooperation: mainstreaming of HIV/AIDS, country processes, project cycle, policy and information/communication.
2. The second priority (23 per cent of working time) is providing information on the epidemic, and capacity and competence building in Sida and other Swedish actors.
3. The third priority (15 per cent of the time) is representing/working with international fora (UNAIDS, bilateral, international organisations, etc.) In dealing with UNAIDS, the GFATM etc., other Sida staff (of the health division) also have some responsibility as Focal points for the entire organisation.

The remaining 25 per cent is for internal administration.

8 See Flyer IFFG, June 2003 and percentages attached to each area in the organogramme of functions of 2004.

The members of the secretariat have divided responsibilities for contact with the different departments at Sida and according to geographical areas. They have not divided responsibility for certain thematic issues on a regular basis.

The HIV/AIDS Secretariat participates in

- Management Structure of Department of Democracy and Social Development (DESO) (heads of divisions)
- "Sector Council" ("Ämnesforum") with other thematic departments/divisions
- "Regional Committee"

The secretariat takes part (or at least reviews the documents in preparation for the meetings) in the review meetings of the new or revised country strategy papers as well as in the Project Committee where projects/programmes of more than 50 Million SEK are reviewed. This is to ascertain that HIV/AIDS concerns are sufficiently incorporated. The process apparently functions quite well.

The HIV/AIDS Secretariat works closely with the Health Division which before the creation of the Secretariat had had the main responsibility for HIV/AIDS in Sida. A health officer is still fully assigned to HIV/AIDS (the only full post on HIV/AIDS in any department/division of Sida). Some of Sida's work – for example its representation in international organisations – is still shared between this officer and the staff of the secretariat.

The secretariat has addressed Sida's Management Committee at several occasions. The director of the secretariat has participated in the weekly meeting of directors of the departments with the Director General (DG) several times. The secretariat was also invited by the DG to present developments on the epidemic and Sida's response directly to her.

The secretariat has tried different ways to build competence and commitment in the organisation. Discussions were held with different departments and divisions to help develop their own approaches to HIV/AIDS. Training was offered for new staff. These initiatives were not always successful. Departments and divisions sometimes seemed not very interested in becoming "AIDS-competent". In fact, training sessions were cancelled due to lack of participants. (For some more aspects of the training activities see Chapter 4.)

The evaluation team was informed in February 2005 that the secretariat's project life had been extended to December 31, 2005 with some organisational changes.[9] Preparations are underway to establish an HIV/AIDS helpdesk function at the University of Lund.

The decision to prolong the project life of the secretariat up to December 2005 was taken in the light of the present evaluation and the new challenges related to the scaling-up of HIV/AIDS in Sida. A decision on the future of the

9 Verbal communication by Anders Molin, February 18, 2005.

secretariat (or any other head office based structure) will be taken by Sida during 2005.

In our view, the HIV/AIDS Secretariat is the core structure of Sida's head office for promoting and moving forward the HIV/AIDS issues in the organisation. Its work is appreciated throughout the organisation. However, even in the eyes of the members of the secretariat themselves, its technical advice and its sustained offers to collaborate with the different departments and divisions did not suffice to move the commitment to and implementation of IFFG to a substantially higher level. It helped to prepare the ground, but other policy instruments had to be put in place before the substantial change of 2004 could take place (see chapter 4, and 5.4 below).

As the importance of HIV/AIDS for Swedish development co-operation has increased substantially, and may increase even further in the coming years, it is of prime importance to have a core group of experts who can lead and guide this process in the organisation. Since the pandemic – as well as the global response – evolves very rapidly, this core group is all the more important in order to continually follow up all newly emerging developments. The desire to have better access to such a 'group of expertise in HIV/AIDS' at head office level was also clearly expressed during the interviews and workshops with Sida staff.

The future role, structure and organisational position of the HIV/AIDS Secretariat (or a similar unit) will remain a point of discussion for Sida. Its role and function will of course depend on how HIV/AIDS work will be organised in the other departments and divisions in the future.

In theory, two main options (with different variations and possibly with some overlapping areas) could be considered for responding to future challenges:

(a) The central unit serving as an advisory and coordination body: Sida could continue with a central unit being charged basically with coordination and some technical advice on HIV/AIDS issues. This unit would see its main function as strengthening the HIV/AIDS work of the other departments and divisions through training etc., and probably maintain some overall monitoring role for the Sida management on HIV/AIDS. But the main technical work will progressively be incorporated into the technical and geographical departments and divisions of Sida. While more HIV/AIDS competence will be built in the other structures, the central unit in this option may remain relatively small.

(b) The central unit serving as a technical structure sui generis. Although HIV/AIDS is not a specific thematic sector in development cooperation, the dimension of the epidemic and its impact on all aspects of development are of such importance and complexity that HIV/AIDS is developing more and more into a distinct field of knowledge, expertise and experience. In this view, the construction of a strong and well equipped technical unit on HIV/AIDS policy which centralises much of the strategic, technical and programmatic work could be

an alternative. Such a unit would not necessarily be in contradiction to the multi-sectoral approach of combating HIV/AIDS and would not mean that all HIV/AIDS work would be centralised in one unit. The different departments and divisions would still have to play their role but they would be assisted and supported to a much higher degree by the central HIV/AIDS unit. Sida already has such a model – the Environmental Policy unit.

As the emphasis of Swedish development cooperation is shifting towards the countries ("Field Vision"), the technical and programmatic role of head office-based units will have to be refocused strategically whichever model is decided on.

The head office-based HIV/AIDS structure will continue to play an important role in monitoring the implementation of HIV/AIDS action as a strategic priority, providing quality assurance and control, and keeping information and awareness flowing throughout the entire organisation (head office, regional structures, and field representation). And last but not least, the central unit should support the Ministry of Foreign Affairs in their programmatic work with the important multi-lateral structures (UNAIDS, GFATM, UNGASS etc.), and thus provide an important link between country experiences and global structures, as well as between MFA and Sida.

5.2 Focal points on HIV/AIDS

The other important organisational structure on HIV/AIDS at Sida's head office is a network of Focal Points (FP) for AIDS. Although each department/division was invited to nominate an HIV/AIDS focal point (FP), not all divisions have had one regularly. While there are 14 departments and 33 divisions in Sida,[10] there were in October 2004 only 19 FPs.[11] Some departments only have "HIV/AIDS contact persons"; a kind of "second-class" FP. These do not participate in the meetings. The director of the Africa Department participates as a FP. The network meets bi-monthly for information exchange and discussion. Minutes of most meetings are available.

The functioning of the FP network[12]

There are 10 departments and 16 divisions represented in the network. The Department of Policy and Methods, the Human Resources Department and the Information Department are not represented at all. The network comprises directors of departments, vice-directors, and senior as well as junior

10 There are nine divisions in the finance and human resources department. In addition, there are other entities like Civil Society Centre, Unit for Multilateral Affairs etc. None of these have an FP.

11 For the composition of the Network see Report Part 1 in Vol II Annexes. *(Available through Sida's website/Editor's note.)*

12 The observations/comments are based on nine personal interviews with FPs at Stockholm and the outcomes of 14 questionnaires received (out of 19) sent to all network members minus the HIV/AIDS Secretariat. For more details including the questionnaire see Report Part 1 in Vol II Annexes. *(Available through Sida's website/Editor's note.)*

staff; some have worked in Sida for more than ten years, while many are newly employed. FP positions often remain vacant for several months.

Some FPs have served in that capacity since FPs were first established (2002), while some have joined very recently. Most volunteered or were asked to serve, for a few the nomination was work-related.

There are no formal terms of reference for individual FPs or for the network,[13] except for one person who drafted her own job–description. The amount of time spent on HIV-related issues varies from a maximum of 25 per cent of the working time to one hour in the last two working months (except for the one person professionally occupied with HIV/AIDS issues).

Preparation and introduction has been very limited. There is no specific training organised for them; many had long discussions with members of the secretariat, but half of them claimed that their preparation was either self-studies or nothing at all.

Partially as a consequence of this, the self-appreciation of being 'AIDS–competent' is critically challenged by two thirds of them. Many FPs think that they are not sufficiently equipped to do their work as an FP.

The meetings of FPs are seen as useful information exchange and sometimes as enriching professional capacity, but hardly more. Some feel that practical direction or clear orientation on what should be achieved by the group was lacking.

HIV/AIDS is rarely an agenda item in division or department meetings. While all the FPs are convinced that HIV/AIDS should be part ("mainstreamed") of overall development work, only a few felt that this was already sufficiently done in their department/division. Overall, the FPs felt that the network was not really sufficient for achieving a proper implementation of the IFFG.

There are other networks based on "cross-cutting issues" in Sida. These seem quite common, but there is no evaluation or analysis of their strengths and weaknesses. (Some informants believe Sida has between eight and twelve informal/formal networks.)

The FP network is a useful instrument for building competence at Sida HO and providing a technical link to the different divisions/departments and through the divisions/departments to countries. However, its usefulness can be increased. Better introductory briefing/training of FPs, clear definitions of their work (job-description, individual work assignments in their respective divisions/departments) and a common annual programme of work with milestones to be achieved could increase effectiveness. To maintain this network, it is important to invest in its capacities especially through training as well as periodical self-assessments.

However, one should be aware that a Focal Point system is always the second best solution. The best, although expensive, solution would of course be to

13 A draft of generic Terms of Reference for FPs has been circulated and discussed in the network since 2002, but no formal decision has been made on the subject.

have highly trained and experienced staff in each major department and division, which in that case would assume full responsibility for the HIV/AIDS issues in their respective field. With the exception of the Health Division where one staff is fully assigned to HIV/AIDS that has not happened in Sida.

5.3 Regional advisory functions

The technical support to HIV/AIDS in the regions is organised in three entities:

a) The Regional HIV/AIDS Team for Africa in Lusaka, Zambia

b) The Regional Adviser on HIV/AIDS in South Asia in Delhi, India

c) The Regional Adviser on HIV/AIDS in South-East Asia in Phnom Penh, Cambodia.

In Europe, Latin America and the Caribbean, there are no specific advisory functions for HIV/AIDS. These regions are covered by the HIV/AIDS Secretariat and/or by Focal Points of specific Divisions.

5.3.1 Regional HIV/AIDS Team for Africa[14]

This regional team (RT) was established already in 2000 shortly after the IFFG was approved and before the HIV/AIDS Secretariat came into existence. It was initially based in Harare/Zimbabwe. However, the team did not function properly, was disbanded and later re-established in Zambia in September 2002.

Currently, the RT in Lusaka has seven professional staff and one administrative assistant, but the team is likely to expand, in view of Sida's scaling up of HIV/AIDS support both through bilateral and regional programmes and activities. Three more professional posts have therefore been requested, and two of them (one regional adviser and one NPO with a focus on monitoring and evaluation) will be filled during 2005. The RT is financed from the regional budget for Africa. The team has one member recruited by Norad and serves both the Norwegian and Swedish embassies as collaboration between Norad and Sida.

The RT administratively reports to the director of AFRA and closely collaborates with the HIV/AIDS Secretariat on thematic issues.[15]

The RT is headed by an experienced Sida staff member and was fully functional by the beginning of 2003. At present, it is a group with much cohesion and it is highly AIDS competent, where personal as well as professional matters concerning HIV/AIDS can be discussed openly.

14 The assessment of the regional team for Africa was undertaken during the case study of Zambia in December 2004. See Case Study Report Zambia. A full evaluation of the RT was beyond the terms of reference of the evaluation. The relevance and effectiveness of serving close to twenty embassies plus the regional projects could not be assessed.

15 By the time of the mission, the RT still reported to the director of DESO. The change mentioned here happened shortly after the end of the mission.

The tasks of the RT are:

- Support to Swedish and Norwegian embassies in Sub-Saharan Africa in the integration of HIV/AIDS in their work and in their dialogue with bilateral and multilateral partners.
- Regional development co-operation on HIV/AIDS.
- Monitoring of multilateral activities in the region on HIV/AIDS.
- Information and communication on HIV/AIDS issues in development co-operation and identification of research activities.

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

About half of the time is spent on regional projects, the other half on support to the embassies.

Work with regional projects

Following the example of the overall Regional Development Cooperation, the Regional HIV/AIDS Team has identified two categories of regional programmes: those where regional cooperation is essential, like work with migrant populations, capacity building for rapid scaling-up of HIV/AIDS efforts, etc., and others where regional programmes give an added value, such as exchange of experience and information, South-South cooperation in research and higher education, etc.

Regional programmes are mainly implemented through support to intergovernmental organisations (regional or sub-regional), multilateral development partners including the UN family (UNDP, UNICEF, UNAIDS, ILO, IOM, etc.), and international NGO:s.

HIV/AIDS – unlike gender equality, which was explicitly mentioned as a cross-cutting issue – did not occupy a very visible place in the Swedish regional strategy document for 2002–06. A mid-term review of that strategy was foreseen during 2004, but has not yet been carried out. That review should be an opportunity to better mainstream HIV/AIDS.

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

Work with the embassies

The RT is involved in specific training and other activities in the 12–14 countries of the region, and provides technical advice to those countries (by visits, e-mail and other communication), as and when requested by the Swedish and Norwegian embassies. To that effect, the various team members try to manage a geographical task distribution among them, while giving priority to their thematic expertise. As already mentioned, the members of the reference group are also used as resource persons for the embassies, and the team intends to expand its technical support through the creation of a 'Mobile Virtual HIV/AIDS Task Team', in 2005.

The regional team also provides regular information and communication to the embassies through the monthly digital newsletter "hiv@africa", and is an important contributor to the quarterly "Eyes on AIDS", published by Sida's head office. Communication with Sida's Stockholm office, and in particular with the HIV/AIDS Secretariat is very frequent (e-mail, telephone, etc.).

The IFFG is promoted in various ways:

- during the discussions about HIV/AIDS policy in the bi-weekly meetings concerning the regional programme
- in the discussions in relation to the project appraisal committee meetings
- in thematic meetings, often in preparation of specific missions by Sida staff. However, due to extensive staff travel, those meetings are not regular enough, according to the head of the team
- during activities arranged for embassy staff
- during meetings organised by the RT, such as the annual HIV/AIDS Focal Points meetings, the HIV/AIDS and economists' workshop in February 2004
- thematic meetings organised by Sida HO, where the RT staff acts as resource persons
- activities requested by embassies in Sub-Saharan African countries, talks on various subjects, etc.

In sum, the RT members are very supportive in HIV/AIDS mainstreaming, and assist the embassies in mainstreaming efforts.

In June–July 2003, the embassy in Lusaka organised, in collaboration with the RT, a series of in-depth discussions for all their personnel, including professionals, support staff, drivers, etc. The aim was to increase the staff's AIDS awareness and competence. These talks seem to have had a profound effect on all those who participated, and will be repeated, in order to take staff turn-over into account.

To complete these activities of AIDS competence building and improving ac-

quaintance with Sida's HIV/AIDS policy, the team is now in the process of developing an "HIV/AIDS introduction CD-ROM" for the personal use of new embassy staff members. The aim is to have it available for the HIV/AIDS Focal Points meeting, in May 2005, so that it can also be used in other countries for AIDS competence building.

5.3.2 The Regional Adviser on HIV/AIDS in South Asia[16]

The Regional Adviser (RA) is based at the Swedish embassy in New Delhi. She covers Bangladesh, India and Sri Lanka, and to a certain extent Myanmar and Afghanistan. Her regional function is calculated to require 70 per cent of her time, while 30 per cent is allocated to the embassy in India.

Administratively, the post belongs to the Asia Department which also funded and recruited the position. Technically, the RA reports through the HIV/AIDS Secretariat. On a day-to-day basis she reports to the counsellor/head of the development section at the embassy. Her work is planned in consultation with the embassies in the region. A memo is drafted stipulating what should be done by the RA and the FPS in each embassy. She also has technical contact with the team in Lusaka.

Most of the work has been with the embassies in India, Bangladesh and Sri Lanka, but some time has also been spent on Myanmar. She is in contact with Afghanistan, but the situation there is complex, so AIDS is not given much attention at the moment.

India benefitted most from her work,[17] but the FP in Bangladesh is also appreciative of the regular information and assistance in assessment and planning that has been received from the regional adviser. No information was obtained from Sri Lanka or the other countries.

The main tasks of the regional adviser are:

1. Technical advice and input to the embassies
2. Updating the embassies on information and events globally and in the region
3. Advocacy at strategic level to influence processes and have HIV/AIDS aspects included in project documents, strategies, meetings etc.

The work in the embassies is mainly done through contacts with the local HIV/AIDS Focal Points. She is in regular contact with the FPS at the different embassies, sends relevant information and updates, and has also organised training for the FPS in the region. There is no annual meeting of the FPS, but they may gather at special events like the World AIDS Conference in Bangkok in 2004.

16 The assessment of the regional adviser in Delhi was done as part of the case study on Bangladesh.

17 For some details of the work in India, see Case Report on Bangladesh in Vol II which contains a chapter on India too. *(Available through Sida's website/Editor's note.)*

The RA also contributes regular columns in the Sida publication "Eyes on AIDS".

In addition to work with the embassies of the region, the RA is supposed to work with regional projects. However, the budget is only for travel. Funds have been allocated for regional projects, but the RA has not been given authority to manage these funds. Apparently there is some confusion with regard to internal processes in planning and monitoring the regional projects. This has made it difficult for the RA to address regional issues.

She is the only person at the embassy with a regional function. There are two regional advisers for other issues in Bangkok. They have discussed how to work at a regional level, but there are no clear instructions.

Although the RA covers only three countries (Myanmar will be covered by the RA in South East Asia and in Afghanistan there few activities as yet), resources are thin. The absence of a specific budget for competence building among the regional Focal Points or regional activities complicates the work of the RA. All funding has to come either from the local embassies or from other HO based structures.

5.3.3 Conclusions regarding the regional advisers

As stated above, an in-depth analysis of the regional entities and their contribution to the HIV/AIDS work of Sida was beyond the terms of reference of this evaluation. Therefore the evaluation will limit the appreciation of the regional entities to a few remarks:

- Based on our interviews and observation, it seems that the regional structures are very much appreciated in their environments. They provide an important service to the embassies and also to the implementation of the IFFG. However, we could not assess the coverage and in-depth collaboration.
- There seems to be a lack of common understanding of the roles and functions of the regional entities inside the organisation and with the embassies. These communication gaps may also be connected to changing lines of authority and procedural issues.
- It is advisable that Sida systematically reviews the contribution of the regional entities to the overall work. This review may also include the issue of underserved regions (Eastern Europe, Latin America and the Caribbean) or underserved countries in Asia (China, Indonesia, Pakistan etc.).
- It may also be necessary to increase the contribution of the regional entities to the regional strategies inside and outside the organisation. A closer collaboration with respective multi-lateral structures and organisations may also be a means to promote the 'Swedish approach'.
- It may also be advisable to assess if forming regional thematic structures for different issues in one location could give good synergies.

5.4 Top-down and bottom-up processes

The work of the HIV/AIDS Secretariat as well as of the Focal Points has since 2002 been concentrated on two main issues:

- to build sufficient technical competence in the organisation to 'mainstream' the HIV/AIDS issues in the different sectors of development cooperation, and
- to act as an information and knowledge centre for the organisation.

Especially the secretariat was quite optimistic that together with the FPs and other instruments (like the manual "HIV/AIDS and Sida's Country Strategy Process" and the "How to 'IFFG' – Guidelines for Integrating HIV/AIDS in the Development Cooperation") it would be possible over a short period of time to promote the IFFG in the organisation, at least at the head office.

The secretariat describes this process as "bottom–up", moving HIV/AIDS concerns through discussion and motivation in all divisions and departments. This "bottom-up" approach corresponds, in the eyes of the secretariat, to the general organisational culture of Sida, which is characterised by consensus building rather than hierarchical instructions. Using the tools discussed in the previous chapter, this process is mainly sermons and some elements of carrots. However, this has hardly moved HIV/AIDS issues and made them part of the ongoing work, with few exceptions such as in SEKA and the education division.

Efforts to integrate HIV/AIDS into the regular introductory training for new staff had at times to be cancelled due to lack of participants.

Substantial changes have occurred since HIV/AIDS became a strategic priority and the issues have been included in the regional planning instructions. This "top-down" approach is interpreted today by the Secretariat as a necessary complement to the capacity building from 'below'. A full intensive series of training sessions are scheduled with all departments and divisions for the first months of 2005 and there is apparently no longer any reluctance for participation. We have discussed these issues in the context of policy implementation instruments in Chapter 4.

5.5 Missing structures and absent processes: where is the monitoring?

It is difficult for the evaluation team to answer the question: were the structures created and the processes undertaken to implement IFFG sufficient? Could Sida have done more or better? The difficulties result from two facts:

a) As no benchmarks were fixed or spelled out in any measurable way for what would be indicators for 'satisfaction' in the implementation of the

IFFG, the evaluation is missing a clear internal criterion to measure the degree of success, and

b) Alternatives from other organisations are not directly comparable. For example: the German Technical Cooperation had always had much more staff at their head office and from an earlier date (continuously since 1987) who acted as a kind of HIV/AIDS Secretariat. UNICEF and the World Bank created a central head office unit only in 2001. NORAD, as another example, has always had a leaner structure than both GTZ and Sida, and made different choices with relation to structure and competence. While these examples demonstrate that most if not all organisations have opted for expertise in HIV/AIDS at their central organisational structure, the tasks as well as the 'weight' and the administrative affiliation of HIV/AIDS secretariat-type units vary considerably.

The participation of members of the secretariat in management meetings of different types as well as in the reviews of country strategies and larger projects/ programmes certainly contributed as a kind of quality assurance measure that HIV/AIDS related issues were progressively more incorporated into Sida's work. But these measures are mainly (although not exclusively) technical.

The question: "where and with whom resides the managerial responsibility for HIV/AIDS as a priority issue in Sida?" is difficult to answer. The Director General or the higher management of Sida does not seem to have a monitoring system for strategic – or other – priorities.

HIV/AIDS was discussed in the past and will be discussed in the future by Sida's management committee consisting in the heads of Sida's departments.[18] However, such discussions are not held on a regular basis, and are not structured to perform systematic monitoring.

GTZ, to refer to another example, has opted for a different approach. Since the decision was taken to make HIV/AIDS an issue for the whole organisation, a "Steering Committee" of all heads/directors of geographical and technical departments including personnel was established. This meets twice a year to receive reports on progress and discuss new issues. The chair of this steering committee is a member of the "OFK" the internal main decision making body of the organisation. Nothing similar exists in Sida.

Accordingly, there is no coherent and systematic system for monitoring progress in the implementation of the IFFG, or for AIDS projects. Progress and other project reports are submitted from partners, and for larger projects there may be regular reviews. There is a risk that evaluations may be too large and costly and therefore rather rare, while ongoing dialogue on quality issues may be lacking.

18 Verbal communication by Mr. Bengt Ekman, Chief of Strategic Planning, Sida.

From the case study of Bangladesh, a newly started HIV/AIDS project was carried out by the large NGO BRAC, and the team visited one of the project areas. The project was impressive in coverage, speed and reporting routines. However, the reporting did not reveal certain weaknesses in the educational material and approach. This is a problem which is neither unique to Bangladesh nor to the HIV/AIDS area of work, but which nevertheless calls for a mixture of monitoring tools to be able to supervise and enhance quality aspects of a project.

In the absence of an overall monitoring system in Sida, the secretariat tries to keep informed about how HIV/AIDS concerns are moving in the organisation through:

- Members of the secretariat take part in the preparation and review of country strategy documents, and from 2004 they are members of the working group for each country strategy.
- The secretariat reviews statistics of disbursements to assess financial commitments of regions and divisions.
- Through informal and personal contacts and information sharing.

5.6 Coordination with the Ministry of Foreign Affairs

As requested by the terms of reference, the evaluation report concentrates on the IFFG implementation in Sida. Analysis of the relation and cooperation between Sida and the Ministry of Foreign Affairs is not part of this evaluation. But it is evident that there is a very close relationship between the two entities (which at times may also be interpreted differently by each side).

The IFFG is the "Swedish response" not only that of Sida. We have interpreted the IFFG as the key political document in shaping Sida's response to the epidemic. But we have also referred to other key documents of which at least two were published as instructions by the Ministry of Foreign Affairs to the embassies (see Chapter 3). The Department for Global Development has nominated a Swedish "Ambassador for HIV/AIDS Matters". Sweden was the first country in the world to do that.

The work of the 'AIDS-Ambassador' is largely confined to the diplomatic arena and the Swedish representation at major international structures like the EU, World Bank, the UN, the GFATM etc. Very often, Sida's HIV/AIDS Secretariat and the ambassador work hand in hand.

Strategic planning is underway to use the services of the ambassador – together with other Sida/Swedish involvement – for moving issues in the bilateral arena, for example, in the future dialogue on HIV/AIDS in the complex situation in Russia.

In August 2004, in the annual meetings of all ambassadors and heads of Sida missions in Sweden, HIV/AIDS was one of the topics on the agenda. The AIDS Ambassador also visited the embassy in India and took part in discussions about AIDS, and this was seen as very useful.

5.7 Summary

The organisational structures which Sida has created since 2000 to promote and implement the IFFG inside the organisation at central, regional and country level are impressive in size and quality. However, looking back from the advantage point of an ex-post evaluation one may note a few critical points:

- As no clear goals and targets were set on the policy side, it remained unclear what organisational requirements would be necessary to achieve 'successes'. IFFG called for a major policy reorientation but it was never spelled out clearly by top-management what changes would be needed on the human resource side of the organisation at all levels to make that happen.
- The organisational instruments used for promoting IFFG were not inspired by the analysis of 'successes and failures' of organisational instruments used in the past to promote other, similar cross-cutting issues.
- The geographical distribution and 'weight' of the organisational elements were not fully adequate to the epidemiological picture and the programmatic challenges especially not in Asia and Eastern Europe.
- A capacity building programme at central, regional and country level was only developed in bits and pieces and lacked sufficient support from top-management structures to be fully implemented.

6 Mainstreaming HIV/AIDS

The evaluation team has opted to include a special chapter on "Mainstreaming HIV/AIDS" in the report for three reasons:

1. Mainstreaming is at the very core of an HIV/AIDS policy and strategy in development cooperation.[19]
2. It is a concept which is widely used by Sida although the term was not always used explicitly.
3. There is still heated discussion and different understandings regarding the mainstreaming approach among staff.

It is therefore regarded appropriate to summarise what we think are the main points of the discussion and relate this to some of Sida's activities, but also (missed) opportunities and obstacles.

6.1 Elaborating a difficult concept

Mainstreaming as a concept

Mainstreaming is not a new concept in HIV/AIDS work. It is a concept which development cooperation has used for many years in relation to cross-cutting issues, not least in Sida. Gender equality, environmental concerns and human rights issues are cross-cutting issues which all need to be mainstreamed into larger sectors of development cooperation.

There are various definitions of mainstreaming. In gender equality, *"mainstreaming implies that attention to the conditions and relative situations of different categories of women and men, boys and girls should pervade all development policies, strategies and interventions"* ("Sida's Action Programme for promoting equality between women and men in partner countries", 1997 quoted in Mikkelsen et al, 2001, "Mainstreaming Gender Equality", p. 64) *"All personnel working with development cooperation are expected to have basic competence to promote equality between women and men in relation to whatever issues they are working on and to recognise when there is a need for expert competence"* (op. cit., quoted in Mikkelsen at al, 2001, Mainstreaming Gender Equality, p.118)

The Environmental Policy requests that all development cooperation is analyzed also according to the question: "Do they contribute or aggravate 'sustainable development' as defined at the world conferences in Rio de Janeiro 1992 and Johannesburg 2002?"[20] There are of course other ways to make an

19 It is therefore part of the "Concept Paper" too, see Vol II. *(Available through Sida's website/Editor's note.)*

20 See the recent policy document: "Integrating the Environment: Knowledge for environmentally sustainable development", Sida, 2004

organisation work with new themes, for example by creating special programmes and units. However, mainstreaming is the most common approach in aid agencies. It is interesting to note that it has never been truly evaluated, at least not as a management instrument per se, in such a way that it could be compared with other ways of working with cross-cutting themes.

Mainstreaming and HIV/AIDS

The term mainstreaming HIV/AIDS is a closely connected and integral part of the multi-sectoral strategy to combat HIV/AIDS which all countries having a national strategic plan try to implement. HIV/AIDS – just like gender equity – is of course not a sector: it is a cross-cutting issue which can only be understood through a holistic approach looking into the complexities and interrelationships which affect (positively and negatively) human development.

Mainstreaming HIV/AIDS is still very much a concept needing to be elaborated and tested. Most development organisations have accepted the challenge, but often use different terminologies.[21] Some people also prefer to use the term "integrating HIV/AIDS" into development (like in Sida's environmental policy).[22] These terms can have different meanings. But in the end they call for the same thing: a holistic approach to deal with a complex challenge.

Mainstreaming HIV/AIDS is clearly distinct from "add-on AIDS work". Undertaking a couple of HIV/AIDS activities in the context of other development work is often preferred to the more complex task of mainstreaming, which implies analysing the entire relationship of the concerned sector to the epidemic.

What is the issue mainstreaming of HIV/AIDS tries to respond to? Without naming it, the IFFG, describes the 'mainstreaming' concept as follows:

"AIDS cannot be viewed independently of wider socio-economic and political realities. Development processes themselves may also increase HIV-related risks (e.g. by opening up transport routes and by relocating of populations). Development agencies need to understand both the impact of AIDS on development (and therefore the urgency of effective HIV prevention), and the ways in which development processes themselves can inadvertently fuel the epidemic" [23]

In other words, development actors should ask (and wherever possible answer) two interrelated questions:

1. Are there elements or factors in the field, sector or in the policies of the organisation I'm working with, which influence (positively or negatively) HIV/AIDS susceptibility and vulnerability?

21 GTZ of Germany had in 2003 commissioned a brief study on mainstreaming efforts in development organisations reviewing the processes in DFID, DGIS of the Netherlands, Sida, FAO, UNDP and the World Bank. The result was that all organisations work in the same direction but all are also struggling technically and organizationally to implement the concept in their cooperation. This dictum evidently applies for GTZ too.

22 Cf. this quotation: *"One principal of decisive importance for Sida is that the environmental perspective shall be integrated in all contributions and in the work of all Sida's departments, i.e. it shall be* 'mainstreamed'*."* "Integrating the Environment, op. cit., p. 12 (emphasis added by evaluation team).

23 Sida, "Investing for Future Generations", Stockholm: 1999, p. 11.

For example:

a. May it lead to higher or lower risk for the spread of HIV for certain groups?

b. May it increase or reduce the burden on people who are infected or affected?

c. May it decrease or increase vulnerability and impact related to AIDS?

2. Does the AIDS epidemic and its short-, medium, and long-term impact affect the conditions and progress of my field, sector or organisation?

These are apparently very simple questions. However, they are not always easy to answer. Predictions in the social and economic field about the future are often uncertain and there are many factors which impact on development. However, there are few people who would deny that the severe HIV/AIDS epidemics in many parts of the world have far-reaching consequences for social, economic and human aspects of development in these societies.

6.2 Approaches to mainstreaming

From the above, three possibilities to mainstreaming HIV/AIDS clearly appear:

1. HIV/AIDS mainstreaming has to be based on the analysis of the present situation and projections in the future
2. it is applicable both internally (on the development organisation itself) and externally (on its 'target populations')
3. it is important for the sector concerned to respond within the field of its 'comparative advantage'.

1. The *analytical aspect* is an important one: it implies that mainstreaming HIV/AIDS cannot be a 'one-size-fits-all' solution, but should be tailored to fit each specific situation. The impact of AIDS as well as the underlying causes of HIV/AIDS susceptibility and vulnerability needs to be analysed in the concrete historical, economic, cultural, religious and social environment of each given country (or region). In addition, the analysis of the impact of HIV and AIDS on the sector concerned has to be complemented by the questions: How do the policies, strategies and projects/programmes of that sector influence – whether in a positive or a negative way – the HIV/AIDS epidemic?

One of the central, and often debated, questions about mainstreaming HIV/AIDS is whether it should be done in *every* country (as opposed to applying it only in certain countries selected according to a number of criteria including HIV prevalence, risk factors, etc.). In our view that is a misleading controversy. As we have argued above, the HIV/AIDS situation has to be analysed or assessed in each country. By doing this the mainstreaming process has already

started. Based on this analysis, the concrete decision as to how to mainstream will be clear.

Moreover, it is very likely that the mainstreaming process will have to go beyond this analytical aspect in most countries, and include also its other two, more action-oriented aspects, for the following reasons:

- the HIV/AIDS epidemic is no longer insignificant in any country of the world, and probably represents a serious threat in virtually all Sida's partner countries. Even if other important development problems are dominant, the progression of the HIV/AIDS epidemic can only complicate the achievement of development goals.
- HIV/AIDS, gender equality and human rights – these are all issues inextricably linked to poverty reduction, which is the primary objective of Sweden's development cooperation
- since substantial financial resources have recently become available for HIV and AIDS, especially for treatment and care, Sida could now concentrate more on strategic and innovative action. This is action to prevent less affected countries from reaching the level where the impact of AIDS would finally become an obstacle for development.

2. Mainstreaming HIV/AIDS into sectors and programmes applies to two sometimes overlapping domains:[24]

An *internal* domain, where the sector or organisation provides HIV/AIDS related information, support, care and treatment for the people working in that sector or organisation as well as their immediate families. For the educational sector, for instance, this would include not only the teachers and school management, but also Ministry of Education staff, etc. For Sida itself, this would mean that all staff in Stockholm, in regional teams and embassies and their relatives would benefit from such interventions and support. It also comprises measures to avoid discrimination against PLWHA in recruitment procedures, to ensure that increased morbidity and mortality due to AIDS is taken into account in staff training and recruitment, as well as in the design of projects/programmes.

An *external* domain, which means the sector's or organisation's 'target population' or beneficiaries, including the people it serves (for an agricultural project/programme, for example, this would include the peasants, farm labourers and other agricultural workers and their families). It means that projects/programmes should be designed in such a way that they do not exclude those infected or affected by the epidemic from benefiting from the intervention, and do not increase the susceptibility or vulnerability of the populations concerned.

24 UNAIDS, "Support to Mainstreaming AIDS in Development: UNAIDS Secretariat Strategy Note and Action Framework 2004–2005".

Some mainstreaming activities may overlap both internal and external domains. Building AIDS competence of staff will most often do so. For teachers, for example, it would help them to protect themselves from HIV infection (internal) and at the same time reduce susceptibility to HIV among their pupils, if they pass on the information, and abstain from having sex with their students (external domain).

3. The sectors or organisations where HIV/AIDS mainstreaming is envisaged, should design their responses according to their comparative advantage.

This aspect of HIV/AIDS mainstreaming makes it clearly distinct from 'add-on HIV/AIDS activities' or even from 'integration of HIV/AIDS components into the sector's usual programme'. It stresses that the sector applying the HIV/AIDS mainstreaming strategy deliberately departs from 'doing business as usual', to adapt its work in order to reduce susceptibility to HIV infection and vulnerability to the impact of AIDS. In doing so, the sector or organisation remains in its own area of expertise, but could call upon more specialised organisations or skilled individuals to do additional specific HIV/AIDS work.

A few examples from different sectors, to illustrate this comparative advantage:

- In a rural development programme, it may not be efficient to train agricultural extension workers in the delivery of HIV prevention activities such as behaviour change or condom promotion, and to charge them with a whole new workload in their communities. Not only may those workers not be the best suited to do effective HIV prevention work, but the additional workload could also undermine their capacity to do effective agricultural extension work. In this example it may be more effective for the agriculture sector to focus on its comparative advantage by reshaping the agricultural activities so they better meet the needs of households affected by AIDS. A local NGO or staff skilled in health promotion from the Ministry of Health could carry out the HIV prevention work more successfully.
- In the education sector, measures to encourage families to allow their girls to attend school until a later age may by itself significantly reduce the susceptibility of female adolescents to HIV, especially if the measure is accompanied by adequate AIDS competence training of the teachers (that would be a combination of mainstreaming and a specific HIV/AIDS intervention).

The imperative for sectors/organisations to work within their comparative advantage underlines the importance of the role of the sector's own staff. It shows that tackling AIDS is not a monopoly for 'AIDS experts', but is each development worker's business. This of course can only be achieved if each of them becomes "AIDS competent", i.e., has a clear understanding of what AIDS means to his/her work, avoids judgmental or stigmatising attitudes, etc.

In practice, however, a way that is often used by government sectors when they start mainstreaming HIV/AIDS is to establish "focal points", which are given the responsibility to introduce or facilitate mainstreaming activities in

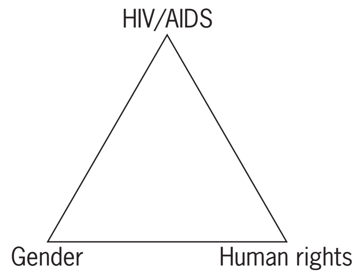
the sector in which they work. However, those focal points are seldom given the training and resources to match that responsibility. Very often that task is added-on to their ordinary occupations. Needless to say, such a method for HIV/AIDS mainstreaming is rarely effective. As a matter of fact, it needs to be an ongoing process, made sustainable by continuous commitment from the organisation's management and involvement at all levels, and made possible by the availability of appropriate resources and technical assistance.

To summarise:

- mainstreaming HIV/AIDS in all sectors of development cooperation should be the rule in all countries
- it should always start with a proper analysis of the specific HIV/AIDS situation in the concerned sectors. It could end there, if the importance of HIV and AIDS is found to be negligible, or if the sector or envisaged programme is shown to have no connection with the epidemic
- most often, HIV/AIDS mainstreaming will entail the adaptation of the sector's own activities, to ensure that:
  - the sector's work avoids fuelling the epidemic, or increasing people's vulnerability to it
  - envisaged projects/programmes exploit every opportunity to reduce people's susceptibility to HIV
  - the potential impact of HIV/AIDS on the sector's work is taken into account.
- HIV/AIDS mainstreaming may well be unnoticed. Without naming HIV or AIDS, it may still be very effective in countering the spread of HIV, and in mitigating the impact of AIDS.

6.3 Interrelationship of cross-cutting issues

HIV/AIDS is an issue that overlaps with other key development issues – in particular gender and human rights. When thinking about mainstreaming, it may be useful to think of it as part of a cluster that should be mainstreamed.



HIV/AIDS is linked to abuse of power, and not granting people their right. Power is not least seen in relation to gender. When therefore discussing mainstreaming AIDS, it is recommended that a *gender perspective in a right-based approach is included*. As many may have experienced, applying a gender or a human rights perspective is not always easy. One may hope that integrating the three perspectives will in fact help to achieve mainstreaming.

6.4 Country experiences and good examples

As a relatively new strategy and a quite complex process, HIV/AIDS mainstreaming is still in need of substantial clarification, better understanding and solid experience. Each sector and organisation engaging in mainstreaming HIV/AIDS in development will of course make its own experiments and go through the necessary learning process, but to speed up its effective implementation and to increase its impact, sharing of experience between development partners will be crucial. Building up that experience will in the first place require that all actors adequately monitor and evaluate their initiatives in mainstreaming, and duly document and share those experiences not only internally in their own organisation, but also with other development partners.

The issue of mainstreaming has been addressed quite extensively in several discussion papers and instructions in Sida since 2002 (the IFFG already addressed it in 1999, but only implicitly).[25] (In early 2004, there was even an evaluation on its use in 16 African and five regional/global projects supported by Sida.[26])

To our knowledge, almost none of those documents – "Act as One"[27] is the exception that confirms the rule – nor other of Sida's periodic publications, such as "Eyes on AIDS" or "hiv@africa" has so far documented an HIV/AIDS mainstreaming experience, despite the fact that some initiatives are definitely worth reporting.[28] One of those is the Agriculture Support Programme (ASP) in Zambia, which the evaluation team had the opportunity to visit.

25 One example is a document looking at mainstreaming in South Africa by T Marcus and T Kjellson, published 2002.

26 Mainstreaming of HIV/AIDS: What happened in Sida during 2003?", Lise Munck, January 2004, op. cit.

27 "Act as one for future generations: the Swedish response to HIV/AIDS", Sida and MFA, undated.

28 One of the Sida documents, "How to 'Invest for Future Generations' – Guidelines for Integrating HIV/AIDS in the Development Cooperation", published in 2002, gives examples of HIV/AIDS mainstreaming in seven different sectors, collected from the literature, but none of them related to Sida's own experience.

The Agriculture sector is the second largest beneficiary of Sida support in Zambia, with a budget of close to 50 MSEK yearly. Virtually all Sida's support in this sector goes to a five year programme with the Ministry of Agriculture and Cooperatives (MACO): the Agriculture Support Programme, or ASP. The programme covers 20 districts in four of the country's nine provinces. It aims at improving the livelihoods of small-scale farmers through improved food security and increased income from sales of agriculture produce, through regular meetings of the local farmers with the programme's Camp Extension Officers.

The "engine" of the ASP, used in those meetings, is the Facilitation Cycle. The Facilitation Cycle is a process of constant dialogue, learning, action and reflection with local communities. It improves the target group's understanding of their situation, and helps them identify workable solutions to the problems their situation contains.

Several cross-cutting themes figure in the core of the Facilitation Cycle. Among them are: good governance, gender perspective and, not least: HIV/AIDS.

In a meeting in one of the 'agriculture camps' in the Chibombo District, it was impressive to see how effectively HIV/AIDS was being mainstreamed: very spontaneously, the discussion addressed issues like less labour-intensive farming methods to cope with reduced labour force, or crops with higher food value for improved health, etc.

No less remarkable was the fact that gender equality seemed to be in natural synergy with HIV/AIDS mainstreaming.

After only two years of implementation, the Director of Planning and Cooperatives Department in MACO stated: *"MACO is proud to say that ASP seems to be living up to the set expectations and has already started to contribute to poverty reduction."*

6.6 Other Sida instruments and channels (SEKA and SAREC)

In addition to mainstreaming HIV/AIDS in the different technical divisions and in the country projects and programmes, Sida also has other instruments which could and have been used for mainstreaming.

There are two departments in Sida which play an important role but are, for different reasons, not integrated into the 'normal cooperation process' with the countries. They are the Department for Cooperation with NGO:s, Humanitarian Assistance and Conflict Management (SEKA) and the Department for Research Cooperation (SAREC).

Since late 2003, SEKA has taken the initiative to move the HIV/AIDS concerns among those NGO:s slow to incorporate them into their different programmes. SEKA decided to actively stimulate the integration of HIV/AIDS interventions by offering the NGO:s 100 per cent of funding (instead of requesting the usual 10–20 per cent of own contribution) if they include HIV/AIDS activities in their projects. If an NGO did not include HIV/AIDS concerns in new applications, it had to justify its decision. In 2003/4, the department offered training courses and workshops for Swedish and overseas NGO:s to develop ideas and approaches for HIV/AIDS action. HIV/AIDS was the theme for the Sida-NGO meeting in Härnösand in August 2004.

In SAREC, the research department of Sida, most of the research related to HIV/AIDS has been linked to the Division for Health and Social Science, but SAREC as a whole has created a special HIV cross-cutting research programme. The department has supported global research programmes on HIV/AIDS for a number of years, such as e.g. vaccine, microbicides, and mother-to-child transmission of HIV. They have also supported research in countries in the South as a contribution to strengthening local/national research capacity, for instance in Tanzania.

With HIV/AIDS being a strategic priority and work being scaled up throughout the organisation, SAREC plans to support more Swedish research. Thirty-seven research groups in Sweden have been invited to apply for funds for HIV/AIDS-related research. SAREC is also involved in financing the American-led "Grand Challenges in Global Health".

There is some cooperation between SAREC and the HIV/AIDS Secretariat, but as SAREC is involved in long-term basic research and capacity building, they operate differently from the other departments. They have not been in dialogue with the rest of Sida on priorities of research. Their priorities derive more from the global agenda, in addition to the specific HIV/AIDS research strategy from 1999 (based on IFFG).

A major challenge for SAREC is that they are supposed to increase the research portfolio, but with less personnel. The consequence is that they are often unable to participate in meetings at Sida and MFA or in international meetings where they could influence research agendas and help clarify Swedish positions.

6.7 Obstacles and constraints to mainstreaming

- The first and foremost obstacle to mainstreaming HIV/AIDS is the prevailing confusion about its definition, relevance and purpose.
  - Discussion about mainstreaming is sometimes considered as a purely academic exercise without much relevance. We believe that a correct understanding of the concept and its application in the field is important for scaling up HIV/AIDS efforts.
  - While there is generally no disagreement about its justification in high prevalence countries, opinions diverge when it comes to applying it in countries where the HIV/AIDS epidemic is less visible, or where other development problems seem to have higher priority.
- In many countries, especially in those with less visible HIV/AIDS epidemics, far from everybody is convinced of the usefulness of mainstreaming HIV and AIDS. In particular, government agencies will often be reluctant to apply what they see as "diverting the attention from the higher priorities". Advocating for HIV/AIDS mainstreaming under such circumstances

is therefore not always easy, and will require time, competence and commitment from the staff involved. Over-burdened or inadequately prepared staff may hamper the effectiveness and certainly the sustainability of HIV/AIDS mainstreaming.

- The multiplicity of cross-cutting issues proposed for mainstreaming is another constraint. Rather many Sida staff seems to feel that HIV/AIDS mainstreaming competes for attention with other cross-cutting issues. Again, this constraint seems not to apply in high prevalence countries, where there is a tendency to see most of these cross-cutting themes as complementary and indispensable for achieving poverty reduction. It was remarkable, in this perspective, to see how Sida's – and other development agencies' – staff in Zambia considered the combination of HIV/AIDS mainstreaming with gender equality and human rights as a natural and obvious process.
- HIV/AIDS mainstreaming is also victim of its own definition: since it is not specific HIV/AIDS work, there is a tendency to think that it can do without specific resources, especially in terms of time and funding. The ideal would of course be that the sector involved provides the necessary budget (thereby even 'mainstreaming' the financial aspect), but most often, some initial funding from outside is useful to 'kick-start' the process. But here, yet another constraint appears: usually, donors do not like to fund an action that may not be directly visible or expressed in the stated project goals.

In order to better understand the dynamics of HIV/AIDS and mainstreaming, the Swedish embassy in Bangladesh decided that they wanted to give support to HIV/AIDS projects, and then later give more attention to mainstreaming. While it may not always be necessary to support separate AIDS projects to learn about mainstreaming, it may be useful in the sense that the embassy learns more about the local context and key actors, in addition to learning more about HIV/AIDS specific issues.

6.8 Opportunities for mainstreaming

- Considerable funding has recently become available for HIV and AIDS from international donors, such as the Global Fund to Fight AIDS, Tuberculosis and Malaria, the World Bank's Multi-country AIDS Programmes (MAP), the American President's Emergency Plan for AIDS Relief (PEPFAR), and others. While a substantial part of these funds goes to AIDS treatment and care, prevention has benefited too. The resulting shift in need could be used as an opportunity, not only to focus on more strategic and innovative interventions, but also to devote more time and energy to the specific field of HIV/AIDS mainstreaming.
- The dramatic impact of AIDS in several countries provides an opportunity to push the agenda of mainstreaming HIV/AIDS in countries where the

epidemic is still less visible, but already sufficiently advanced to cause very serious situations in the short or medium term. Ethiopia is a typical example. At the present time development agencies, social workers and NGO:s, and some government authorities seem aware of the growing problem. There is no doubt that the country, with HIV prevalence rates of over twelve per cent in the major cities (e.g. Addis Ababa with almost three million inhabitants) will soon face dramatic rates of morbidity and mortality. At that time, the impact of AIDS will complicate, if not completely compromise, other development work.

6.9 Concluding remarks on HIV/AIDS mainstreaming in Sida

As stated above, mainstreaming does not come cheap. It necessitates its own investments in resources, time, training and research. Even Sida, which has such a long tradition and experience in mainstreaming issues like gender equity and environmental concerns, to name only two key areas, still struggles with the mainstreaming concept and with the integration of different cross-cutting issues. Efforts to develop an integrated training approach for several of the cross-cutting issues have apparently not yet resulted in concrete products. The *differences* between for example gender equity mainstreaming and HIV/AIDS mainstreaming seem to be more stressed than their *commonalities* and synergy.

Mainstreaming, by definition, needs to be done across the board. However, even though all Sida staff should be confident in understanding the concept and its implications, they will not all have to acquire specific competence to develop mainstreaming approaches in their own work. Instead, advice from specialised staff will surely be necessary.

The extensive training programme which the HIV/AIDS Secretariat envisages with all departments and divisions from the beginning of 2005 will certainly identify the strategic responses of each sector to the epidemic challenge. It may, in addition to collecting already implemented good practices, identify areas where more research and insights are needed, in order to develop appropriate mainstreaming approaches with the partner countries. As mainstreaming is a concept which is applied by all development agencies, partnerships and alliances for generating and testing new approaches should be sought.

7 IFFG at Country Level

7.1 Introduction

After looking at the policy itself, the IFFG and related documents (Chapter 3), this evaluation reviewed several instruments (Chapter 4) and organisational structures (Chapter 5) put in place to implement it. It is now time to assess its concretisation at the country level.

Swedish development cooperation, like other countries (for example: Norway and Germany) or organisations (for example: the Word Bank) has started a process to strengthen and expand their support at country level. This is in Sweden called the "field vision". This relates to the increased delegation of tasks and responsibilities to the field representation. A certification process is currently underway to assess the embassies' capacities to take on full responsibility for the development cooperation. Some 20 embassies world-wide have already reached this status.

Going back as far as the late eighties, the 'field', especially embassies and staff working in Africa, has played an important role in alerting Sida's head office to the increasing drama of AIDS and requesting more and wider involvement.[29] The evaluation team has visited four countries: Bangladesh, Ethiopia, Ukraine and Zambia. Our appreciation of the 'field' is mainly based on these visits.

7.2 How is the IFFG appreciated and implemented in the field?

In the field, the IFFG is used as the guiding framework for support to HIV/AIDS action. When new HIV/AIDS related projects were assessed in Bangladesh, concrete reference was made to the objectives in the IFFG. But the field officers are also aware that the numerous new documents and instructions from Sida's head office and from the Ministry of Foreign Affairs have equal, if not higher, relevance to today's work.

In addition, the local situation, especially the visible dimension and impact of the HIV/AIDS epidemic in the country, certainly drives the Swedish response as much as a policy document published five years ago. One could say that the IFFG plays an 'enabling' role, rather than an 'enforcing' role: Once the HIV/AIDS situation in a country is understood to be serious, the IFFG *allows*

29 Verbal communication by the director of the Department for Africa.

Sida staff to direct support to that area of development cooperation, but where the HIV/AIDS epidemic has a less visible impact the IFFG does not prompt Sida staff to argue for more attention to HIV/AIDS. As a result, while the IFFG is being considered 'the guiding principle' for HIV/AIDS action, it has been implemented to varying degrees in the different countries visited during the evaluation:

- quite limited in Bangladesh and Ukraine (but increasingly in Ukraine within the context of the new country strategy),
- not much before 2003 in Ethiopia (but mainly for reasons nothing to do with HIV/AIDS), and increasing steeply since then,
- over 100 per cent in Zambia.

The impact of the IFFG on country planning and on projects/programmes can only be measured where the IFFG has been implemented effectively (or at least where such an attempt was made, as in Zambia, and more recently, Ukraine and Ethiopia).

Moreover, since the substantial quality and quantity leap of Sida's work on HIV/AIDS in Zambia and Ethiopia occurred as recently as 2002/03 (and for Bangladesh and Ukraine in 2004), the impact has probably more to do with the "post-IFFG" instructions and guidelines from Sida's head office and Sweden's MFA than with the IFFG itself.

That probability is even greater with regard to mainstreaming HIV/AIDS in the various sectors of development cooperation, since that is a concept which was only used marginally in the IFFG document, but highly recommended in the more recent instructions.

Sida's working methods also influence the implementation of the IFFG. Direct budget support, sector development programmes and basket funding make up a considerable proportion of Sida's development cooperation. While having their own advantages (see 7.4 here below), they also impose certain limitations on the implementation of specific policies. For instance, working excessively through other structures – be they government, UN or coordinating mechanisms – without sufficient direct technical-programmatic input risks Sida's own strategy being watered down or even unknown to its partners. This applies for the quality control of the implementation of the various programmes and projects too. Securing quality in this work implies before all an increase in human resources either through staff or short- or medium-term consultancies.

Usually HIV/AIDS focal points at the embassies have main responsibility for implementation of the IFFG and HIV/AIDS interventions. Often this person has to deal with other programmes as well (the extreme example was Ukraine where one Sida person is responsible for the entire spectrum of development cooperation). Some of the HIV/AIDS focal points have received specific training in related issues (Bangladesh, Zambia, India) but substantial differences prevail in

the competence to deal with HIV/AIDS at embassy level. There, FPS are supposed to assist colleagues in mainstreaming AIDS into their work, and also be updated on HIV/AIDS. At embassies with a very small staff and no experience of addressing the issues, this may be very difficult.

Projects and programmes are planned with partner organisations: governments, NGO:s and UN agencies, which often act as implementing agencies, are all involved. In those countries visited, direct interventions and indirect HIV/AIDS interventions were supported but the scale in general was (still) very small. With increased funding available at country level, this may change.

7.3 Constraints at field level for the implementation of IFFG

The implementation of Sweden's ambitious scaling up of HIV/AIDS intervention programme is threatened by serious constraints at country (and regional) levels. Based on experience from the case studies it can be noted that:

Scarcity of staff at embassy level

It seems that the single biggest constraint for implementing IFFG at country level is not lack of funds – which have substantially increased over the past years[30] and will probably increase even further in the period 2005–2007 – but lack of people to make things happen.[31]

- In all four countries except Zambia, staff responsible for HIV/AIDS appeared to be very limited, as compared with the workload inherent with the pro-active work on HIV/AIDS requested by the IFFG, such as the identification of innovative initiatives and the development of strategic interventions.
- Sida staff at embassies sometimes seemed to be overwhelmed by the abundance of instructions, memoranda and other policy, strategic and educational documents from Sida's head office and the MFA. Field staff would welcome more focused and concise documents.
- Except for Zambia, where all staff was highly 'AIDS-competent', very limited AIDS competence building exercises have been organised in other countries.[32] It was felt that the regional team/adviser should play a more active role in initiating and facilitating such training exercises.

30 An analysis of funding for HIV/AIDS of Sida was not part of the evaluation. It is also a complex task as Sida's 'Plus' system through which disbursements can be followed is not fine-tuned for HIV/AIDS. However, a preliminary analysis of disbursements made by the evaluation team concluded that there was a three-fold increase for HIV/AIDS related work between 1999 and 2003. This coincided with a substantial (four-fold) increase by the Ministry of Foreign Affairs to UNAIDS in the same period (see Report Part 1 in Vol II). (*Available through Sida's website/ Editor's note.*) There have been important further increases in 2005 and increases are probable for 2005–2007.

31 Sida's relative shortage of country staff in comparison with the volume of development cooperation seems to have even worsened recently, when the Swedish government's funding for development cooperation increased by six per cent, while Sida's country staff should increase by only 2.5 per cent.

32 In India quite a lot of training had taken place.

Scarcity of human resources at regional level

Scarcity of staff is also an issue for regional activities. While the team in Lusaka seems to be well staffed with seven professionals (and more coming), only 70 per cent of the time of one member of staff, and the absence of a budget for regional activities in Asia does not seem to be in accordance with having HIV/AIDS as a top priority. For regions like Eastern Europe or Latin America and the Caribbean no special staff at all is assigned to work on regional issues.

Scarcity of national human resources

The scarcity of human resources for Swedish development cooperation at country level is compounded by the difficulties most partner countries themselves have to face. These difficulties are twofold:

- the lack of sufficiently trained and paid national staff in the public sector in nearly all major areas of development has long been identified as one of the major constraints for development in general. In countries highly affected by the HIV/AIDS epidemic, this scarcity is still worsened by the impact of AIDS on the labour force, especially in the health and education sector.
- While in many countries in Africa civil society and NGO:s have developed capacities in recent years to take on much of the technical HIV/AIDS work, similar structures are often lacking in other parts of the world. The quality and the coverage of HIV/AIDS related interventions are limited by this factor.

In Sida, like in many other development organisations, the tendency is to work more and more through local personnel. With the dramatically increased morbidity and mortality due to AIDS in sub-Saharan African countries, this may need to be reviewed.

In countries or regions where sufficient capacity for quality HIV/AIDS work is still lacking, Sida may have to consider placing more people there to strengthen ongoing or new efforts. These could be Sida's own staff, or short- or medium-term consultants to assist in the implementation and follow-up of projects/programmes.

Two other important aspects connected with the 'human factor' which seem at least to be hampering Sida's reputation as well as being inconsistent with its policy have been identified during the evaluation:

- In none of the countries have persons living with HIV/AIDS (PLWHA) been directly involved in Sida's work on HIV/AIDS, despite the fact that this was explicitly recommended in the IFFG (and by international policy guidelines). Several, often valid, reasons for this were put forward like the lack of sufficient technical competence of these persons or the prevailing discrimination and stigmatisation which prevent PLWHA from "coming out". Nevertheless, more pro-active initiatives are certainly needed here.

- The absence of a specific workplace programme or policy concerning HIV/AIDS for Sida (and embassy) staff and their families was noted in all countries, and was sometimes labelled as potentially counter-productive by local staff and other stakeholders. This absence is even more surprising when one considers that the UN system as well as other major development agencies (like GTZ) have such a policy. While no concrete case was reported to us, this situation may change very soon in many partner countries. It seems this issue is a matter for the Ministry for Foreign Affairs.[33]

7.4 Coordination and scaling up HIV/AIDS work at country level

Sida promotes cooperation with other development partners. Most frequently, countries of the so-called 'like-minded group' (Norway, Finland, Denmark, UK, Ireland and the Netherlands) are involved, but often also various UN agencies. Discussion and consultation meetings have been organised among staff working on HIV/AIDS in these organisations.

'Basket funding', direct budget support, sector development programmes and similar approaches are gaining more and more importance in development cooperation and Sweden is among the leading countries supporting this direction.[34] These approaches provide several opportunities:

- the possibility to better coordinate with other development partners
- harmonisation among the donors to reduce workload on the cooperation partner
- several donors speaking with one voice provides additional strength for advocacy in relation to the host government, and
- last but not least, to put the host government 'in the driver's seat', which is one of the main guidelines of Sida's development cooperation.[35]

These joint arrangements provide the opportunity for Sida to increase advocacy aimed at other donors – as well as governments – of its key values and principles.

These opportunities however, contain some risks and challenges to Sida for their HIV/AIDS work (but also for other development cooperation issues as well):

- The effectiveness of these instruments and processes depend on the extent to which the partner government's objectives and strategies laid down in the Poverty Reduction Strategy Paper or the National Strategic Framework for HIV/AIDS are coherent with the basic principles of Swe-

33 Verbal communication by Sida staff on February 17, 2005

34 Sida at Work, Sida: Stocholm, 2003, p. 48.

35 "..one of Sida's most important tasks is to strengthen its cooperation partner's capacity to exercise ownership", ibid., p. 40.

den's policy. Sweden, despite its role as a front-line advocate of international cooperation, is still a relatively 'small fish' in the concert of bilateral cooperation and multilateral entities and therefore often not in a position to substantially influence agendas.

- There is an increased need for intensified cooperation among bilateral partners (see the Like-Minded Group mentioned above) in order to give Sida's position more weight in those processes.
- A strategically determined prioritisation of areas where Sida (and its partners) can make a difference and invest their scarce human resources may be needed.
- Specific bilateral sector or issue policies like the one for HIV/AIDS may become less relevant as the issues of cooperation are more and more discussed at higher aggregation level (national poverty strategy, national sector strategies etc.) and have to be even more closely knitted into the national (and other partners') conceptual framework).
- The new instruments and processes require a different type of competence from the staff at country level (and technical support from regional or the head office level) to collaborate effectively at these levels and to mainstream HIV/AIDS issues into the overall development strategies of a country.
- The decision by the Swedish government to cooperate with more than 100 countries in the world makes it difficult if not impossible for Sida to maximise its impact on development, if at the same time human resources are too strictly limited.

In all countries surveyed, Sida is a member of more institutionalised coordination meetings, usually established in collaboration with the government, such as expanded theme groups on HIV/AIDS, donor coordination committees, etc. With the arrival of very substantial funding for HIV/AIDS from a variety of sources (the GFATM, World Bank's MAP, and initiatives like PEPFAR, the Clinton Initiative, the Gates Foundation, etc.),[36] the need for better coordination among donors, and between donors and their cooperation partners has become crucially important. The Swedish government and Sida in particular are willing to play a major role in these endeavours.

Working closer with multi-lateral organisations, especially the UN

One promising way of increasing Sida's role at country level is the strengthening of its cooperation with the UN system. This is already happening and UN organisations like UNFPA, UNDP or UNICEF often act as implementing partners for Sida at country level in all the countries visited.

36 In none of the countries visited, the lack of financial resources for HIV/AIDS work seemed to be a major constraint. That does not mean that the funds are always going where they are most needed, however.

Sweden is a strong supporter of the UN system in general, and a major contributor to UNAIDS and its cosponsors. This support is funded directly by the Ministry of Foreign Affairs. But Sida supports the ministry in technical discussions with the UN and in the preparation of strategy papers relating to collaboration with UN agencies. These strategic reflections and dialogues are also useful at country level. Sida may rely on the technical capacities of the UN system for planning, implementing and monitoring, and channel funds through UN country programmes. However, this cooperation has its own challenges: cooperation and coordination among the different agencies of the UN system, as well as the working methods of the UN Theme Group on HIV/AIDS are not always good examples of concerted support to the national partners. Often the UN organisations do not live up to the expectations of a unified support. Sida needs to have an effect on UN board or management structure as well.

7.5 The challenges ahead: contributing to more effective responses to HIV/AIDS at country level

One of the most disturbing aspects of the international response to the epidemic is the widespread lack of success of national programmes to curb HIV transmission. The few – but often quoted – examples of Thailand, Uganda, Senegal, Brazil or parts of Tanzania are 'success-stories' already out of date. Very little in more recent news is encouraging.

For some time, the lack of (financial) resources was seen as the major constraint for effective responses (although lack of resources apparently was not a problem in the above cited countries which have effectively reversed the trend of the epidemic). With the substantially increased funding in recent years, this argument may no longer hold.

Increasing the funding for HIV/AIDS globally and at country level will not by itself make a difference. The challenges for countries and their partners alike are to make the national responses more effective, sustainable over longer periods, and increasing the coverage and quality of services and interventions. External partners play a crucial role in this endeavour. They need to show flexibility and willingness to cooperate with a range of different actors depending on the local context and without biased strings attached.

Based on our analysis of Sida's policy and its operations at country level, Sida seems to be well placed to increase its influence and impact on country-level responses to HIV/AIDS. The policy orientation of Sida is very much in line with national strategies. Sida does not have a 'hidden agenda' nor is its cooperation determined by strong bilateral policy considerations. As funding for HIV/AIDS has increased and will increase further in the future, Sida also will gain more 'weight' at country level.

The biggest single bottleneck for Sida, however, will remain the scarcity of staff available to make best use of its policies and funding opportunities, and

providing the necessary training and exposure to this staff for the more complex work.

Sida may in the future still be faced with scarcity of staff to address the HIV/AIDS challenge, such as was seen in Ukraine. It may thus be necessary to use approaches which are not too demanding on technical staff. In fact, Ukraine may in the future be quoted as an example where Sida changed its approach in a way which seems to be more strategically oriented. In the past and today, Sida support for HIV/AIDS in Ukraine was relatively small. Support was given to NGOs for awareness and information campaigns, via UN organisations to participate in the national programme for the reduction of HIV transmission from the mother to the child, or in supporting specific regions which had been underserved. Mainstreaming was done in just one project dealing with trafficking of human beings (especially women). In the preparation of the new country strategy, the Department for Europe together with the embassy commissioned an extensive report to look into the national response, assess Sida's past contributions and make some recommendations for future cooperation in the field of HIV/AIDS. In discussions with UNAIDS and other partners it became apparent that one of the biggest challenges of the national response is the lack of effective coordination and cooperation among the different partners. In pooling resources and thinking together with UNAIDS, DFID and other partners including the new government, Sida is now committed to assist the country in moving more strongly into the direction of the "Three Ones Principle". Approaching Swedish support in this strategic way may in medium- and long-term add much greater value to the national response than multiplying (important, but still isolated) HIV/AIDS interventions in one or the other regions. (Relatively) small funds and input can make a difference if they are directed to core aspects.

8 General Conclusion and Recommendations

General conclusion

The evaluation team has studied implementation of the IFFG in Sida and in its cooperation with partner countries since the policy was approved in 1999. While implementation was relatively slow in the first years, changes occurred steadily especially by incorporating HIV/AIDS concerns at a higher level in country strategies, increasing funding for HIV/AIDS and building competence at all levels.

It seems to the evaluation team that today Sida is well equipped and sufficiently prepared to respond to the challenges of HIV/AIDS internationally, and to significantly increase Swedish contribution to national and regional activities. Policies, measures, instruments and organisational structures needed for such an increase in the effectiveness of Sida's support are more or less in place and substantive experience has been gained.

There is, however, room and opportunity for improvement. To make the best use of the instruments and structures and to optimise Sida's contribution at country level and internationally, qualitative improvements and more and better trained and equipped staff, especially at regional and country level, may be needed. In addition, some new structures for quality monitoring at the head office may have to be introduced. In general, Sida could tune its instruments and processes more strategically in order to respond even better to the needs of countries and other constituencies.

The recommendations below point to these areas and directions. It is up to Sida's entire organisation to continue the encouraging process of increased support to HIV/AIDS. The challenges are still there.

Recommendations

The following recommendations concern the key issues and findings of the evaluation. Recommendations on policy refer to chapters 3 and 4; recommendations on organisation and processes to chapters 5, 6 and 7 and the recommendation on harmonisation to chapter 5. Recommendations specific to the different countries can be found in the case studies *(available at Sida's website/Editor's note)*.

I. Policy

Recommendation 1: Sida should update its HIV/AIDS policy by combining the various existing guidelines and instructions, including the IFFG, into one coherent set adapted to the situation in 2005.

The product should be concise, action-oriented and user-friendly. Sida staff in the cooperation countries, at head office and the regional teams should all be involved in the process in such a way that the key players feel commitment and ownership. This document may set specific goals and targets; a scaling up.

Recommendation 2: All key policies should take account of the vital importance of HIV/AIDS strategies in relation to Sida's primary goal of poverty reduction. This importance must be convincingly advocated. The epidemic, its present impact and its future threat have to be highlighted more prominently in all relevant policy documents.

Recommendation 3: The different experiences of mainstreaming cross-cutting issues in Sida (like HIV/AIDS, gender equality, human rights, and environmental concerns etc.) should be given a comparative meta-analysis to identify lessons learned. This would reinforce and promote the common issues and strengthen the holistic policy approach of Sida.

II. Organisation and Processes

Recommendation 4: Establish a steering committee on HIV/AIDS composed of heads of key departments/divisions. This committee would regularly monitor implementation and other HIV/AIDS issues. It would advise the Director General on action to be taken. The HIV/AIDS Secretariat could serve as a support structure for such a committee.

Recommendation 5: For the future, HIV/AIDS expertise should be kept at the head office, and be institutionalised, that is to say, given permanence in Sida's structure. Tasks of such a unit will include

- monitoring the scaling up efforts on HIV/AIDS of the organisation in quantitative and qualitative terms (working closely with the steering committee above recommended),
- providing regular information to top management on progress of scaling up and potential constraints encountered,
- monitoring national and regional trends and responses to the epidemic (in cooperation with the regional structures) and identifying new opportunities for action,
- guiding and supporting the HIV/AIDS network of Focal Points and any other staff involved in HIV/AIDS work at head office.

Recommendation 6: Sida's management should review and, if necessary, adjust staff positions at head office so that technical and programmatic resources

match strategic priorities. In this context, the focal point system should be reviewed and strengthened. Experiences of other similar networks should be taken into account. The work of the FPs should receive more recognition and status through formalisation (terms of reference, clear allocation of time and duties, incorporation of FPs into the annual work plan, increased technical training etc.). The network of FPs with the HIV/AIDS Secretariat should develop an annual work plan and monitor its implementation.

Recommendation 7: The regional structures should be reviewed and their roles and functions clarified. This should also include staffing. The needs and requirements of the underserved areas – especially in Asia, Eastern Europe, Latin America and the Caribbean – should be taken into account by the respective departments. All departments/divisions as well as embassies should be informed about the role and functions of the regional units. The potential synergies of establishing joint technical regional units for different topics should be explored.

Recommendation 8: Sida should ensure that workplace HIV/AIDS programmes for all staff and technical competence building for programme staff takes place in the head office as well as at embassies. Workplace programmes should include all embassy staff (including, ideally, their immediate families).

Recommendation 9: Workplace policies for HIV/AIDS regarding all staff, in Sweden and at the embassies should be decided upon and disseminated in the entire structure (both MFA and Sida). *(Such a policy has recently been created./Editor's note)*

Recommendation 10: Training in relation to HIV/AIDS should include an element of exposure, a close encounter with the challenges linked to HIV/AIDS both at personal and project level. This may be particularly important in areas where the epidemic is still 'invisible'.

Recommendation 11: To document important lessons learned, especially in mainstreaming and make them available to all staff, partner countries and organisations and for international discussion.

III. Cooperation and Harmonisation

Recommendation 12: To continue promoting the "Three Ones Principle" in bilateral as well as in multilateral work (especially with UNAIDS and its cosponsors). *(I.e., to promote co-ordination through one national framework to combat the epidemic, one authority responsible for such co-ordination, and one system for monitoring and evaluating such efforts./Editor's note)* This would include training and exposure of (local) staff so that they could participate and contribute to coordination meetings. It would also include strengthening the synergy between the HIV/AIDS activities by the Ministry for Foreign Affairs, especially the AIDS ambassador, and the bilateral initiatives.

IV. General Recommendations for Swedish Development Cooperation

Two of our recommendations are addressed to the Ministry for Foreign Affairs. They are about the cardinal issues of development cooperation policy, capacity and funding. Tangible results in scaling up HIV/AIDS work is dependent on these.

1. The Swedish government should reassess its policy with regard to technical cooperation. Especially in countries most affected by the AIDS epidemic the loss of qualified and productive people calls for an increased cooperation involving professional cadres and technical staff. The restrictions on number of staff set by the Swedish government risks the effectiveness of substantial parts of Swedish development funding.

2. Swedish government policy is to spread its development cooperation to more than 120 partner countries of which 37 have agreements and country strategies. Taking into account the scarcity of staff at embassy level, is Sida attempting too much in too many sectors in too many countries? To continue to assure the high quality of its work and its well-deserved reputation, a reduction in numbers and scope or, put another way, a clearer prioritisation of countries and areas of collaboration would be advisable.

Annex 1: Terms of Reference

Evaluation of Sida's implementation of the Swedish HIV/AIDS strategy "Investing for Future Generations"

1. Background

During the past five years there has been an increased global awareness of the devastating impact of the HIV/AIDS epidemic on development. Epidemiological data has continuously shown an HIV prevalence of a magnitude that is difficult to grasp[37]. The social and economic consequences of these statistics are even more incomprehensible. In the beginning of 2000, the UN Security Council went as far as to declare HIV/AIDS as a major threat to world security. The fight against HIV/AIDS is also included in the sixth Millennium Development Goal, where it is stated that the governments must have "halted and begun to reverse the spread of HIV/AIDS by 2015". Several international initiatives have been taken in order to mobilise and join forces in the fight against the epidemic, but despite rather extensive experience on what works, there is still an ongoing discussion regarding priority-setting.[38]

1.1 HIV/AIDS in Swedish development co-operation

The epidemic is also seen as a pressing issue by the Swedish development co-operation. According to the bill on global development recently passed by the Swedish government[39], the goal of Swedish development co-operation is to contribute to a just and sustainable development. HIV, however, is perceived as one of the biggest threats against such development. It is stated that Sweden should be a driving force to ensure that international interventions will prevent and reduce the spread of the epidemic and alleviate the consequences of HIV/AIDS. In Sida's policy "Perspectives on Poverty" the importance of addressing HIV/AIDS is also emphasised as the epidemic is seen to accentuate already existing development problems.

1.2 Sida's response to the epidemic – Investing for Future Generations

In 1999, in co-operation with the Swedish Ministry for Foreign Affairs, Sida developed a strategy on HIV/AIDS entitled "Investing for Future Generations – Swe-

37 According to the AIDS Epidemic Update of UNAIDS for December 2003, 40 million people are now living with the HIV infection.

38 "Resource allocation and priority setting of HIV/AIDS interventions: Addressing the generalized epidemic on Sub-Saharan Africa", Journal of International Development 13, 451–466 (2001).

39 "Gemensamt ansvar" (2003:12)

den's International Response to HIV/AIDS" (IFFG)[40]. The overall objectives of this international strategy on HIV/AIDS are to contribute to a reduction of the further spread of HIV and to mitigate the effects of the epidemic. The strategy applies a multisectoral approach to the HIV/AIDS epidemic, seeing this as a development issue and not only a problem for the health sector. It is also stated that Sweden intends to have a broader commitment towards the epidemic, by utilising different channels of co-operation in its future work.

Based on an analysis of the causes and effects of the epidemic, IFFG presents a strategic framework containing the following four strategic goals: HIV prevention, political commitment, care and support, and coping strategies. In describing the necessary actions to be taken within each of these areas, the strategy also identifies the specific areas of Swedish support. Finally the strategy contains a framework for implementation, describing the support to be provided at the global, regional, country and community level. Within this framework for implementation, Sida is responsible for the "planning and monitoring of the implementation of this strategy as it relates to development co-operation via Sida".

1.3 Integration of HIV/AIDS in Sida's work

Since the IFFG strategy was developed, several efforts have been made to integrate HIV/AIDS in Swedish development co-operation. The multisectoral approach implies that HIV/AIDS always should be taken into consideration, and in order to achieve this integration Sida has developed different tools: 1) A manual considering the actions required from the Swedish parties during the elaboration of a new country strategy in order to integrate and scale up the responses to HIV/AIDS, and 2) a set of guidelines assisting Sida staff in discussing how to integrate HIV/AIDS into the various sectors. These tools are meant to instruct staff on how to mainstream HIV/AIDS, since all interventions must consider how they either may affect or be affected by the epidemic.[41] In addition to these tools, Sida staff has been offered training in HIV/AIDS issues. More specific strategies have also been developed, e.g. "A Strategy for Research Cooperation in the Area of HIV/AIDS" (Sida, September 1999).

It is important to note that HIV/AIDS is not only meant to be mainstreamed in all of Sida's interventions, but that the epidemic is also to be approached through targeted interventions.

1.4 Organisation of Sida's work with HIV/AIDS

To assist the implementation of the IFFG strategy within its organisation, Sida appointed a task force in 1999 which main objective was to enhance knowledge

40 IFFG is also defined as a thematic policy which is owned by DESO ("Förutsättningarna för styrning inom Sida – En förstudierapport", Internrevisionen 03/03, Sida/UTV).

41 Sida's Annual Report 2001:10.

and use of the strategy among Sida staff. As part of its assignment, the task force was to develop methods to better integrate HIV/AIDS in Sida's work, as well as establishing mechanisms for the information exchange within Sida.

In the time period 2001 to 2002, the Division for Health (HÄLSO) had the main responsibility for Sida's HIV/AIDS efforts, until a specific HIV/AIDS-secretariat was established within Sida-Stockholm in 2002. This secretariat provides support regarding HIV/AIDS-issues to the entire organisation and its overarching goal is to promote a broad approach to the epidemic and its integration in all sectors. In addition to extensive collaboration with the regional team and adviser, the secretariat co-operates with an HIV/AIDS network at Sida-Stockholm that consists of representatives from the various departments. According to the decision made by Sida's Director General when establishing the HIV/AIDS-secretariat, the secretariat should exist for a time-period of three years[42].

At the field level, Sida established an HIV/AIDS team in Harare to better provide support to the embassies in the region and to provide support to regional HIV/AIDS interventions. This team was moved to Lusaka in 2002, but keeping the same mandate as the previous team in Harare. In addition to the regional team in Africa, Sida also appointed a Regional Adviser on HIV/AIDS in New Delhi (2003). This adviser covers India, Bangladesh and Sri Lanka.

1.5 Sida's support to HIV/AIDS

According to figures by the HIV/AIDS secretariat, Sida spent approximately 2% of its total disbursements for 2002 on HIV/AIDS related activities.[43] At the *global* level, Sida has mainly been supporting the Joint United Nations Programme on HIV/AIDS (UNAIDS) and the Global Fund for Combating HIV/AIDS, Malaria and Tuberculosis, which received 200 MSEK and 72 MSEK respectively in 2002. Another major partner has been the International Planned Parenthood Federation (IPPF).

There seems to have been a steady increase in Sida's financial support to regional HIV/AIDS interventions since 1999, whereof the main bulk take place in Africa. As an illustration, approximately 5.5% of Sida's financial contributions to Africa in 2002 was spent on HIV/AIDS interventions.[44] The financial contributions to regional programmes in Europe, Latin-America and Asia, however, were substantially less.

The total *bilateral* support to Africa in the area of HIV/AIDS was about 2.5% of Sida's contributions in 2002. Bilateral support to countries in the other regions was even smaller.[45]

42 Verkchefsbeslut, GD 07/02 (2002–01–21).

43 "The Swedish response to the HIV/AIDS epidemic – the role of different sectors in development cooperation" (draft document).

44 "Ett utökat svenskt svar på hiv/aids-epidemin", Promemoria 2003–09–23 (draft document).

45 Ibid.

While it is difficult to obtain detailed information on Sida's financial support to HIV/AIDS since 1999, there is also limited information available on which strategic priority areas these contributions actually cover[46]. Mainly three areas – prevention, care and support, and impact mitigation (primarily orphans) – are currently receiving support, in addition to research programmes, although it is not certain where the main focus is.

2. Baseline study

As a preparation to this evaluation, a baseline study of Sida's HIV/AIDS-related support was initiated by UTV (Sida Studies in Evaluation 01/02). The main objectives of the baseline study were:

1. to compare how Sida treated HIV/AIDS at the country level, before and some time after "Investing for Future Generations" (Country Analysis, Results Analysis and Country Strategies for 15 countries),
2. to get an overview of what Sida has done to adapt the objectives of the strategy into action, in a comparative perspective (an inventory of Sida's targeted HIV/AIDS activities in 1999),
3. to get a better understanding of how Sida has integrated HIV/AIDS into non-targeted interventions (a selection of projects and programmes in Zambia, Laos and South Africa), and
4. to compare Sida's organisation before and after "Investing for Future Generations" (policy framework, roles, responsibilities and methods).

This ex-post facto study of Sida's documents from 1999, showed that little attention was given the epidemic and its relevance for the development cooperation work. For instance, the depth of analysis in the six Country Analyses from Africa varied to a great extent, and some African Country Strategies did not even address the issue of HIV/AIDS. Furthermore, there were great variations among HIV/AIDS targeted interventions, while HIV/AIDS prevention was the most common objective for these targeted interventions. Among the non-targeted interventions reviewed, very limited attention was given to HIV/AIDS.

The baseline study also contributes with suggestions for evaluation questions that could be posed in the future evaluation. These questions concern the way in which HIV/AIDS is handled within Sida (organisation, competence, methods and resource allocation) and what Sida is doing in the area of HIV/AIDS (direct interventions and integration in regular programming). The study also points to the issue of attribution as there are many factors which may influence Sida's actions, recommending that "the focus of attention should be on the extent to which Sida in fact works in line with the strategy" (page 5).

46 The baseline study (Sida Studies in Evaluation 01/02) provides an analysis of the priority areas covered in 1999.

In addition to the baseline study, a desk study of selected large projects was recently carried out for Sida.[47] This study concludes that "HIV/AIDS is increasingly adhered to in the preparation of projects, at least in Sub-Saharan Africa". By applying a scale for rating the degree of mainstreaming of HIV/AIDS, 5 of the 21 projects selected for this desk study were found to have mainstreamed HIV/AIDS into the Assessment Memorandum. In order to assess the implementation of the IFFG strategy in the planned evaluation, the study recommends to do an in-depth analysis of a number of projects that have addressed HIV/AIDS and the same number of projects that have failed to do so.

3. Reasons for the evaluation

There are several reasons why this evaluation is pertinent today. First of all, according to the Letter of Appropriation by the Swedish government for 2004, HIV/AIDS is one of Sida's four main strategic priorities for 2004 and Sida is to report on its work with HIV/AIDS to the government by March 2005. Furthermore, HIV/AIDS will be the theme for Sida's information campaign in the fall of 2004. The evaluation is therefore intended as an input to these efforts in the coming year.

Secondly, it has now been five years since the IFFG strategy was passed, where an ambition to increase Swedish efforts in the fight against HIV/AIDS was expressed. A relevant question is therefore to see what actions have taken place and to what extent Sida has succeeded in these efforts, also reflecting on the experiences made since 1999. Do the declared goals (explicit strategy) and the actual implementation (implicit strategy[48]) correlate?

Finally, there is a need to take a closer look at how the question of HIV/AIDS is managed in practice. This is also related to the question of priority setting among Sida staff, both with regards to challenging dilemmas related to the epidemic itself (e.g. prevention vs. care) and with regards to other competing priorities that Sida staff might experience. By taking the actual work with HIV/AIDS as its point of departure, the planned evaluation will explore the possible factors that may determine how Sida works. The analysis based on such a methodological design to policy evaluations is intended to contribute to a more general discussion at Sida of what affects the way we work when implementing strategies and policies. Such an analysis might furthermore be of interest to other issues at Sida, particularly other cross-cutting issues.

4. Purpose

Based on the introduction above, the purpose of the evaluation is to assess Sida's implementation of the "Investing for Future Generations" strategy by

47 "Mainstreaming of HIV/AIDS – What happened in Sida during 2003?", Lise Munck, Konsultbyrån Tres, 12 January 2004.

48 The term "implicit strategy" refers to Sida's actual work with HIV/AIDS, i.e. the practice itself. However, where the "explicit strategy" ends and where the "implicit strategy" begins can certainly be discussed, as the two of them will influence each other.

a) determining how and to what extent HIV/AIDS is being addressed today compared with 1999 based on a replication of the baseline study, and

b) assessing how Sida works with HIV/AIDS today, i.e. the implicit strategy, to see whether this work is in compliance with the strategy[49].

On the basis of the fulfilment of this purpose the evaluation should discuss whether the findings from the assessments of Sida's implicit strategy may contribute as input to a more general discourse on how Sida implements policies/strategies, and contribute with recommendations for Sida's future work with HIV/AIDS with regards to both the content and the organisation of this work.

The evaluation will mainly apply the evaluation criteria of *relevance*[50], i.e. the extent to which the interventions are consistent with the strategy and the extent to which the strategy is perceived as appropriate for the work with HIV/AIDS. It is important that the question of relevance is seen in relation to different socio-economic contexts. The criteria of relevance, however, should be seen in connection to the criteria of *effectiveness*[51], i.e. to what extent the objectives of the interventions are expected to be achieved.

This is meant to be a formative evaluation, generating knowledge and creating discussions regarding Sida's co-operation in the area of HIV/AIDS to be used in Sida's future work. The evaluation process is intended to feed into the planned scaling-up of the HIV/AIDS-related work of Sida departments and embassies, and more specifically to contribute to the further work of the HIV/AIDS-secretariat, the HIV/AIDS team in Lusaka and the HIV/AIDS adviser in New Delhi.

5. Scope and delimitations

"Investing for Future Generations" is a strategy for Sweden's international response to the HIV/AIDS epidemic. This evaluation, however, is to focus on Sida's implementation of the IFFG strategy, and only to include the efforts made by the Ministry for Foreign Affairs when these are tangent to Sida's work. Although the regional team in Lusaka also covers the Norwegian Embassies in Africa, this evaluation shall only focus on Sida's work with HIV/AIDS.

The evaluation is furthermore to focus on the time period from when the IFFG was put into effect until today, i.e. from 1999 to 2004. In some cases though, it may be necessary to go even further back in time.

49 This would include both targeted interventions and mainstreaming issues related to HIV/AIDS.

50 Definition of relevance: "The extent to which the objectives of a development intervention are consistent with beneficiaries' requirements, country needs, global priorities and partners' and donors' policies" (Glossary of Key Terms in Evaluation and Results Based Management, OECD/DAC).

51 Definition of effectiveness: "…an aggregate measure of (or judgement about) the merit or worth of an activity, i.e. the extent to which an intervention has attained, or is expected to attain, its major relevant objectives " (Glossary of Key Terms in Evaluation and Results Based Management, OECD/DAC).

The evaluation criterion of effectiveness is not to include an assessment of the actual achievement of the interventions' objectives, but rather refers to the expected attainment of relevant objectives.

6. The assignment

The evaluation will consist of the following four parts:

I. A replication of the baseline study

This first part of the evaluation is a comparative desk study, followed by an analysis of possible changes over time since the launch of the IFFG strategy in 1999. Using 2003 as the year of comparison the follow-up will consist of the same main components as the baseline study, but shall be separated into studies of content and organisational structure of Sida's work with HIV/AIDS:

a) *Content:* A study of country strategies (no 1 of the baseline study) and programming, including targeted and non-targeted interventions (no 2 and 3 of the baseline study). Underlying questions include: Compared with 1999, what did Sida do in 2003 with regards to the four strategic areas of support stated in IFFG at the various levels of co-operation? In what ways have the preconditions for Sida's work with HIV/AIDS changed since 1999 (e.g. the development of the epidemic, political circumstances, changes of the global agenda)?

b) *Organisation and methods:* A study of organisation and working methods (no 4 of the baseline study) providing input to the recommendations for the future organisation of Sida's work with HIV/AIDS which will be developed in part IV. Underlying questions include: How has the internal governance with regards to HIV/AIDS developed since the IFFG strategy? What are the lessons learned? And how could this work be organised in the future? What development of methods has taken place? What kind of capacity building has been provided?

The 13 Country Strategies that came into effect in 2003 shall be reviewed. Results from the recent desk study[52] should also be taken into consideration.

II. A conceptual paper

To be able to assess Sida's implementation of the IFFG, a set of models and theories has to be developed against which the work shall be analysed. A conceptual paper is to provide an introduction to and an overview of the discourse on implementation theories, presenting hypotheses on what guides choices when implementing different kinds of policies and strategies. The paper will present the "state of the art" with regards to policy evaluations,

52 "Mainstreaming of HIV/AIDS – What happened in Sida during 2003?", Lise Munck, Konsultbyrån Tres, 12 January 2004.

and will include an in-depth discussion on issues related to steering processes in organisations, further elaborating different kinds of steering instruments (policies and strategies, explicit and implicit) and theories on the operationalisation and implementation of such policies and strategies. The theories reviewed shall be applicable to the area of HIV/AIDS. The paper shall furthermore include a mapping of how other donors work with HIV/AIDS and the paper shall also draw upon the lessons learned from Sida's previous evaluation of its gender mainstreaming strategy (Sida Evaluation 02:01).

III. Case studies in countries

The case studies will encompass four countries: Zambia, Ethiopia, Ukraine and Bangladesh.

This part will be a descriptive study, looking at how Sida works with HIV/AIDS today through the following sets of sub-questions:

a) *Prority-setting:* What has Sida done in these countries with respect to HIV/AIDS? Why does Sida do certain things and not others? On what basis are decisions and priorities made? What conceptions does Sida staff have about what works? What considerations influence the process of priority-setting? To what extent is HIV/AIDS seen as a priority issue? How does staff deal with competing goals (e.g. prevention and care) and with other competing priorities at Sida? And to what extent can the various global initiatives be said to influence the measures taken by Sida at country level?

b) *Approaches:* What characterises the "implicit strategy", i.e. the actual work with HIV/AIDS? Is the IFFG strategy being applied, and, if so, how and to what extent is it being applied? To what extent is the strategy perceived as relevant for the work with HIV/AIDS? Besides the IFFG strategy, what other factors influence the work of HIV/AIDS? To what extent is the mainstreaming strategy seen as a tool when dealing with the epidemic? And to what extent is targeted interventions preferred? What are Sida staff's perceptions and knowledge of effectiveness of the approaches chosen?

c) *Organisation:* How is Sida's work with HIV/AIDS organised within this specific country? How do the various Sida actors co-operate with regards to HIV/AIDS (this refers to all concerned staff, both at headquarters, regional offices and country level)? What do the internal governance and steering processes at country level look like? What can be achieved within existing capacity? Does Sweden provide support to HIV/AIDS through any other channels than Sida in the selected countries and, if so, what is the reasoning behind this selection? To what extent may the Swedish-Norwegian model in Lusaka serve as a model for other countries?

d) *Co-ordination and co-operation at country level:* How is the fight against HIV/AIDS co-ordinated among the various actors at the national level? What characterises Sida's co-operation with external actors in the area of HIV/AIDS?

What does Sida perceive to be its role and comparative advantage with regards to HIV/AIDS? How and to what extent does Sida address the issue of HIV/AIDS in its dialogue with the national partners? If the partner country has a Poverty Reduction Strategy Paper (PRSP), how does Sida's work with HIV/AIDS relate to this?[53]

e) *Learning:* What are the lessons learned among Sida staff about what works and what doesn't? To what extent does Sida staff learn from the experiences made by other organisations and partners? How does knowledge of the HIV/AIDS epidemic accumulate? What does Sida staff know about the results of the interventions?

By discussing the questions above the consultants should analyse to what extent the IFFG strategy is reflected in the work with HIV/AIDS. To what extent is this practice coherent with the stated strategy? To what extent has the explicit strategy had any effects on the implicit strategy? Are there any discrepancies between the explicit strategy and the implicit strategy? To what extent are the experiences made by Sida in these selected countries context-specific? Which are the main enablers and barriers when implementing the strategy? The consultants should also present recommendations on how these barriers may be addressed. And, if the work is not in compliance with the strategy, what may be the possible reasons for this?

IV. Synthesis

Lastly, using the conceptual paper as a theoretical framework for the analysis of the findings at country level, the evaluation will draw upon the experiences from the previous parts, developing a synthesis of the findings, conclusions and overall recommendations both with regards to the content and the organisation of the work. This part will finally include a discussion of the extent to which the conclusions from this evaluation may be indicative of other priority areas at Sida.

7. Methodology

Part I – a replication of the baseline study: In order to be able to make a comparison with the results of 1999, the desk-study will apply the same methodological principles as the baseline study, including selection criteria, tools and checklists. The component focusing on the organisational structure shall furthermore consist of an organisational analysis including interviews with key Sida staff.

Part II – a conceptual paper: This conceptual paper will entail a review of theoretical and empirical literature in the area of policy/strategy implementation, developing a framework against which the findings of part III shall be analysed.

53 A study of the PRSP-process in Zambia carried out by the Institute of Development Studies (Finland) and Chr. Michelsen Institute (Norway) is currently being finalised.

Part III – case studies in countries: To answer the questions posed in this part empirical data shall be collected through qualitative methods such as workshops and focus groups, supplemented by in-depth interviews of key Sida staff. Such an exploratory approach will enable the consultants to identify to what extent the strategy is employed in the actual work. The selection of countries for this part is based on the following criteria: countries with substantial Sida involvement in order to draw upon lessons learned, countries where Sida involvement is supposed to increase in the coming years, countries representing different kinds of the HIV epidemic and different kinds of embassies (fully delegated, etc).

It should be noted that the selection of countries for the case studies are not meant to be representative for their respective regions. Rather, they are meant to illustrate different contexts based on the selection criteria above. However, the review of Sida's Country Strategies from 2003 (part I) is expected to contribute to a broader picture of how the issue of HIV/AIDS is handled in various countries.

8. Time schedule

The evaluation is estimated to take approximately 55 person weeks. Part I and II should be done simultaneously, reckoning 15 weeks for the replication of the baseline study (part I) and 10 weeks for the conceptual paper (part II). The case studies should take another 20 weeks (part II), including the writing of the report from the case studies. The remaining 10 weeks should be spent on writing the synthesis and disseminating the results (part VI). These estimates also include the necessary consultations to be taken during the evaluation process.

The tentative time schedule for the evaluation is as follows:

	Activities	Part I	Part II	Part III	Part IV
May 04	Tender invitation				
June 04					
July 04	Contract consultant				
Aug 04					
Sept 04					
Oct 04		Draft report + seminar	Draft report + seminar	Inception report	
Nov 04		Final report	Final report		

Dec 04	Draft report + seminar	
Jan 05		
Feb 05	Final report	Draft report
Mar 05		Final report
Apr 05		Presenta-tion

In addition to the involvement of the stakeholders at certain stages of the evaluation process, the Sida reference group established for this evaluation will comment on the draft reports. Seminars will be held in Stockholm to present and discuss the findings from the studies, and local seminar will be held at the end of each field study to discuss the findings of that specific study.

9. Reporting

The consultants shall submit the following reports to UTV:

a) An *inception report* for part III (case studies) providing an interpretation of the assignment. This includes a detailed description of the methodological design to be applied. The inception report will be subject to Sida's approval. The structure and methodologies of part I and II shall also be discussed with UTV, but no inception report is required.

b) *Draft reports* presenting the preliminary findings of parts I-III, as well as a draft report for the synthesis (part IV). Each of the draft reports, excluding annexes, should not exceed 35 pages. The draft reports shall be presented to Sida and subject for discussions through meetings with relevant stakeholders.

c) Within four weeks after receiving Sida's comments on the draft report (part IV), a *final report* containing all four parts shall be submitted to Sida, electronically and in two hardcopies. The final report shall include the conclusions and lessons learned, as well as the recommendations. The evaluation report must be presented in a way that enables publication without further editing. Subject to decision by Sida, the report will be published and distributed as a publication within the Sida Evaluations series.

All reports shall be written in English. The team leader shall report to UTV on the team's progress on a regular basis, including any problems that may jeopardize the assignment. In case the consultants are not English native speakers, the reports may be subject to language editing.

The assignment includes the production of a Newsletter summary that should follow the proposed outline for the Sida Evaluation Newsletter (see Annex 1), as well as the completion of an Evaluation Abstract (see Annex 2). These products shall be submitted along with the final report.

The learning aspect of the evaluation will play a prominent role during the evaluation process through discussions in for example focus groups and at seminars. It is therefore important to involve the different stakeholders during the process itself, and not only in relation to the written products.

10. Qualifications

The team leader must have managerial experience as well as experience in conducting evaluations of similar magnitude. Together, the evaluation team should have documented experience in conducting evaluations. The evaluation team should be a multi-disciplinary team consisting of at least three persons that together possess qualifications in the following areas:

- Policy theories and implementation theories
- HIV/AIDS in developing and transition countries
- International development co-operation
- Knowledge of methods related to mainstreaming/cross-cutting issues
- Facilitation skills

The team leader shall use local evaluators during the fieldwork and it would furthermore be preferred if the team would present a gender balance. At least one team member must have the ability to read Swedish.

Annexes

Annex 1: Sida Evaluation Newsletter – Guidelines for Evaluation Managers and Consultants

Annex 2: Evaluation Abstract

Annex 2: Persons consulted during the evaluation

In Sweden

This list only contains references to persons with whom the evaluation team had interviews. The list doesn't include the participants in different meetings and workshops.

Sida/Stockholm

Ms. Bruzelius, Marie-Louise	PO, Dept. for Cooperation with NGO:s, Humanitarian Assistance and Conflict Management, *Focal Point*
Mr. Egerö, Samuel	PO, Bangladesh
Ms. Ekroth, Lena	HIV/AIDS Secretariat. DESO[54]
Ms. Ericsson, Malin,	PO, Division for Democratic Governance, DESO, *Focal Point*
Mr. Essner, Jan	Vice Director, Division for Asia, Dept. for Asia, *Focal Point*
Mr. Ekman, Bengt	Chief of Strategic Planning
Mr. Gerremo, Inge	Senior Adviser, Multilateral Affairs, Dept. for Natural Resources and Environment
Ms. Hagström, Britt F	Director, DESO
Mr. Hessel, Martin	PO Ethiopia, Dept. for Africa,
Ms. Hesselmark, Gunilla	Director, Quality Assurance
Dr Molin, Anders	Head, HIV/AIDS Secretariat, DESO
Ms. Lien, Molly	Adviser, Dept. for INEC, *Focal Point*
Ms. Lindqvist, Helen	PO, Dept. for Latin America, *Focal Point*
Mr. Lundström, Tomas	PO, Health Division, DESO, *Focal Point*
Ms. Otterstedt, Annika	PO, Environment Policy Unit, Dept. for Natural Resources and the Environment

54 DESO stands for Department for Democracy and Social Development

Ms. Palmberg, Johana	PO, Agriculture, Dept. for Natural Resources and the Environment, *Focal Point*
Ms. Petterson, Mirja	PO, Ukraine, Dept. for Europe
Mr. Ronnas, Per	Chief Economist, Dept. for Policy and Methodology
Ms. Rylander, Berit	PO, Division for Culture, DESO
Ms. Sörman Nath, Ylva	Gender Adviser, DESO
Ms. Sylwander, Lotta	Director, Dept. for Africa, *Focal Point*
Mr. Uggla, Fredrik	PO, Division for Evaluation and Internal Audit, *Focal Point*

Ministry of Foreign Affairs

Mr. Herrström, B.G.	Deputy Director
Mr. Hjelmaker, Lennarth	Ambassador, HIV/AIDS

Others

Mr. Hammarskjöld, Mikael	Consultant, (by phone)
Ms. Munck, Lise	Consultant, (by phone)

In the Regions and Countries

Here we list only the key MFA resp. Sida persons consulted. For all other contacts please refer to the individual country reports.

Regional Level

Ms. Andersson, Åsa	Regional HIV/AIDS Adviser, South Asia (India)

Regional HIV/AIDS Team for Africa

Ms. Sandström, Anita	Head of Regional Team
Mr. Chitundu, Davies	Food Security Officer
Ms. Widholm, Anette	Regional Adviser on Culture and Media
Mr. Dover, Paul	Regional Adviser, Research, Mobile populations
Ms. Phiri, Bright	Communication Officer

Mr. Elfving, Rikard	Regional Adviser, Orphans and Vulnerable Children (OVC)
Mr. Thiis, Oyvind	Regional Adviser, Human Rights
Ms. Norlin, Sofia	Associate Expert (BBE)

Bangladesh

Mr. Alentun, Mats	Programme Officer/2nd Secretary
Ms. Hessling-Sjöström, U.	Programme Officer
Mr. Islam, Reazul	Programme Officer
Ms. Khan, Rehana	Programme Officer
Ms. Malakar, Monica	Sr. Programme Officer
Mr. Mattsson, Börje	Ambassador
Dr Paulin, Frank	Sr. Technical Adviser, Health Sector
Mr. Syed Khaled Ahsan	Programme Officer

India

Ms. Eriksson Fogh, Inga	Ambassador
Mr. Engström, Magnus	Counsellor, Head of Chancery
Mr. Svensson, Carl-Gustaf	Counsellor, Sida

Ethiopia

Mr. Akesson, Hakan	Ambassador
Ms. Lofstrom Berg, Ingrid	Counsellor, Development Cooperation
Mr. Jemt, Lennart	First Secretary (Democracy, Human Rights)
Ms. Befecadu, Adeye	Programme Officer, Health (Focal Point HIV/AIDS)
Ms. Kronlid, Karin	Socio-economic Adviser
Mr. Laike, Aklog	Programme Officer, Rural Development/ Humanitarian Aid
Mr. Wickmann, Kenth	Senior Programme Officer, Education

Ukraine

Mr. Ahlander, John-Christer	Ambassador
Ms. Solomonsson, Kristina	First Secretary, Sida Representative

Zambia

Ms. Rehlen, Christina	Ambassador
Ms. Jernberg, Inger	First Secretary (Democratic Governance)
Mr. de Figueiredo, Pedro	First Secretary (Natural Resources and Environment)
Ms. Kuhlen, Kristina	Counsellor/Economist
Ms. Mwendapole, Audrey	Programme Officer, Health (Focal Point HIV/AIDS)
Mr. Eriksson, Par	Programme Officer, Health
Ms. Pio, Pamela	Programme Officer, Democratic Governance/Urban Development
Ms. Situmbeko, Hope	Assistant Programme Officer, Private Sector Development
Mr. Gunnarsson, Jimmy	Head of Administration

Annex 3: Documents consulted during the evaluation

The documents mentioned here refer to those relevant for the Final Report. Individual reports, especially the Concept Paper and the country studies, contain additional references.

Sida/Ministry of Foreign Affairs and commissioned by Sida

1. Sida, 1999 "Investing for Future Generations – Swedish International Response to HIV/AIDS ".
2. Sida, 2004, "Scaling up the Swedish response to the global HIV/AIDS epidemic", memo 05.04.04
3. Sida, 2004, "Scaling up Sida's HIV/AIDS related work in Sub-Saharan Africa", memo 25.08.04
4. Ministry of Foreign Affairs, 2004, "Specific Swedish efforts in the field of development cooperation to combat HIV/AIDS", (unofficial translation, State Secretary for International Development Cooperation, Annika Söder).
5. Ministry of Foreign Affairs, 2004, "HIV/AIDS, Swedish experiences, views and adopted positions on current issues concerning Sweden's specific HIV/AIDS efforts in the field of development cooperation", (unofficial translation, Department for Global Development, Ambassador Hjelmaker).
6. Sida, "The Swedish Response to HIV/AIDS epidemic – the role of different sectors in development cooperation".
7. Sida, 2002, "One Step Further – Responses to HIV/AIDS", Sida Studies No 7.
8. Sida, 1999 "A Strategy for Research Cooperation in the area of HIV/AIDS" (SAREC).
9. Sida, 2002,"Perspectives on Poverty".
10. Sida, 2003, "Sida at Work – A Guide to Principles, Procedures and Working Methods".
11. Sida, 2003, "Developing Rights-based Support to AIDS Orphans".

12. Sida, 2004, "Looking back, Moving Forward – Sida Evaluation Manual".

13. Sida, 2004, "Sida's Policy for Civil Society".

14. Sida, 2004, "Integrating the Environment" Knowledge for environmentally sustainable development, Environment Policy Division.

15. Sida, (no date), "act as one – For Future Generations – The Swedish Response to HIV/AIDS" (Brochure).

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19. Andersen, H. and B. Rylander, 2004, "Sida's Approach to HIV/AIDS in Education, An Overview of Achievements", (Draft).

20. De Vylder, St., 2001, " A Development Disaster: HIV/AIDS as a cause and Consequence of Poverty (revised version) ".

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23. Ekroth, L., 2000, "HIV/AIDS – a gender-based response".

24. Eriksson, C., Forsberg, B., Holmgren, W., 2005, "Organisational Cultures at Sida". Sida Internal Audit 04/05.

25. Geisler, G. at al., 2004, "Sida's Work related to Sexual and Reproductive Health and Rights 1994 – 2003", Sida Evaluation 04/14.

26. Hammarskjöld, M., 2003, "The Environment, Natural Resources and HIV/AIDS, December", Sida, Environment Policy Division.

27. Marcus, T. and Kjellson, Th., 2002, "Sida's Democratic Governance and Human Rights Programme in South Africa", (mimeo).

28. Mikkelsen, B. et al., 2002 " Mainstreaming Gender Equality Sida's support for the promotion of gender equality in partner countries" Sida Evaluation Report 02/01.

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30. Peck, L. et al., 2001, " HIV/AIDS – Related Support through Sida – A baseline study ", Sida Studies in Evaluation 01/02.

31. Eyes on AIDS.

32. HIV Focus.

HIV/AIDS Secretariat Documents

1. Work plan Secretariat Stockholm 2002, 2003, 2004.
2. Work plan Regional Team for Africa 2004.
3. Tentative Work plan Regional Adviser Asia 2004.
4. Plan for Regional Development Cooperation on HIV/AIDS in Subsaharan Africa, Regional team for Africa 2004–2006.

Other Documents:

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2. Forss, K and S.-E. Kruse, 2004, “An Evaluation of UNESCO’s Responses to HIV/AIDS”, Oslo.
3. Kruse, Stein-Erik and Kim Forss, 2001, “An Evaluation of UNICEF’s Policy Response to HIV/AIDS in the Nineties, The Use of Carrots, Sticks and Sermons”, New York.
4. Neuenroth, C. and E. Kürschner, FAKT, 2003, “HIV/Aids Mainstreaming Processes: Results of a rapid survey among selected bilateral and multilateral development organisations” (GTZ Internal Study).
5. Swedish Government, 2002 “Shared Responsibility, Sweden’s Policy for Global Development”, Government Bill 2002/03:122.
6. Swedish Government, 2004, “Budget Bill 2005 Ministry of Foreign Affairs budget proposal”, Sept. 2004.
7. Vedung, Evert, 2004, “Public Policy and Programme Evaluation”, New Brunswick/London.
8. UNAIDS, 2004, “Support to Mainstreaming AIDS in Development”, Geneva.

Annex 4: Consolidated findings and conclusions from the case studies

Introduction

Four countries, Bagladesh, Ethiopia, Ukraine and Zambia, were selected by Sida for the evaluation. They were not meant to be representative for the respective regions nor for the development cooperation of Sweden. But they illustrate different scenarios in terms of:

- Sida's involvement in the country
- type of embassy (whether fully delegated or not), and
- kind of HIV/AIDS epidemic.

The individual country reports *(available at Sida's website/Editor's note)* describe and analyse in some detail the role of the IFFG in guiding the response to the HIV/AIDS challenge. The purpose of this summary of findings is to identify common points and recommendations which may impact on the cooperation with countries in general. However, as the sample of four countries is extremely small, the generalisations have to be read with caution.

Some comparative findings are interesting for further analysis:

- The two African countries are on a significantly lower level of overall development than the other two
- The HIV/AIDS situation is very different in the four countries: proportionally, Zambia has… 1,000 times more PLWHA than Bangladesh!
- Despite the very different scales of magnitude of the epidemic, the need for mainstreaming HIV/AIDS was rated at the maximum score in all countries except Bangladesh, but the actual score obtained for HIV/AIDS mainstreaming seems to correspond more to the degree of penetration of the epidemic, rather than to the level of need identified.
- Funding in the field of HIV/AIDS does not seem to be a problem in any of the four countries concerned.

Analysis of case study findings

Concerning the relevance of the IFFG

- The IFFG was established and distributed in 1999, but it was not until 2002 that it was complemented by the necesssary measures to facilitate its implementation:

  – the organisational set-up, i.e. the HIV/AIDS Secretariat at Sida's head office and the Regional HIV/AIDS Team for Sub-Saharan Africa in Lusaka, which both become functional in 2002/03, and

  – the manual and complementary guidelines, both published in 2002.

  From then onwards, numerous memoranda and instructions were issued from Sida's head office and the MFA to the embassies, recommending them to mainstream HIV/AIDS and to scale up efforts in that area. Exposure of Sida top management officials and other senior staff to the field, particularly in Africa, have certainly influenced those decisions and instructions. Today, they are to be considered an integral part of Sweden's policy on HIV/AIDS.

  The question concerning the relevance of the IFFG is therefore rather an academic, and even a tricky one: it may be answered in two apparently contradictory ways:

  – Yes! As part of Sweden's policy on HIV/AIDS, and as its ultimate basis, the IFFG is still a relevant document, and considered as such by most of the Sida country staff.

  – No! Taken on its own, the IFFG has in fact never been able to thoroughly influence Sida's support in the field of HIV/AIDS. It did not start to be implemented extensively until 2002–03, and was from then onwards regularly overtaken by complementary guidelines and instructions.

  In conclusion, one could say that the IFFG is only a part – although essential – of Sweden's HIV/AIDS policy. It has been a necessary and helpful, but not a sufficient step in preparing Sweden's present policy. Nowadays, the latter is in fact composed of a number of components, created over the last five years.

Concerning the effective implementation of the IFFG

- It is clear that the effective implementation of the IFFG is much more influenced by the local HIV/AIDS situation – and by the appreciation of that situation by Sida country staff – than by the guidance of the IFFG itself. One could say that the IFFG plays an 'enabling' role, rather than an 'enforcing' role: once the HIV/AIDS situation in a country is estimated serious, the IFFG allows Sida staff to direct support to that area of development

cooperation, but otherwise (in cases where the HIV/AIDS epidemic has a less visible impact) the IFFG does not have a very strong stimulating power on Sida staff to argue for more attention to HIV/AIDS in development work. As a result, while the IFFG is being considered 'the guiding principle' for HIV/AIDS action, it has been implemented to varying degrees in the different countries:

- quite little in Bangladesh and Ukraine
- not much before 2003 in Ethiopia (but mainly for reasons outside HIV/AIDS), and increasing steeply since then
- More than 100 per cent in Zambia

- Sida's expectations about the effective implementation of the IFFG and scaling-up instructions sometimes appear disproportionate to the – human and other – resources made available to that purpose in countries:[55]
  - in all four countries except Zambia, staff responsible for HIV/AIDS appeared to be very limited, as compared with the workload inherent in the pro-active work on HIV/AIDS requested by the IFFG, such as the identification of innovative initiatives and the development of strategic interventions
  - the availability of only 70 per cent of the time of one staff member (so far), and the absence of a budget for regional activities in Asia does not seem to be in accordance with having HIV/AIDS as a top priority
- Sida's working methods also influence the effective implementation of the IFFG: budget support, sector development programmes and basket funding, while having their own advantages, also impose certain limitations on the implementation of specific policies. The advantages are certainly undeniable, the first and foremost being that those procedures put the national government in the drivers' seat. They also constitute entry points to encourage the government to practise good governance and to make more efforts in the area of human rights. Finally, they substantially increase the country's absorptive capacity or, from the development partner's perspective, provide an opportunity to "save capacity through economies of scale". However, those are only potential advantages, as they are conditioned by a close follow-up from the beginning (i.e. the design and planning) to the end (monitoring and evaluation). For instance, working excessively through other structures, be they government, UN or coordinating mechanisms, without sufficient direct technical-programmatic input, brings a risk for Sida's own strategy to get watered down or even to remain unknown to the partners. The same remark is valid for the quality control of the implementation of the various programmes or projects.

55 Sida's relative shortage in country staff in comparison with the volume of development cooperation seems even to have worsened recently, when the Swedish government's funding for development cooperation increased by six per cent, against an increase of Sida country staff by only 2.5 per cent.

That additional input implies before all an increase in human resources, either through staff or short- or medium-term consultancies.

- In none of the countries, PLWHA have been involved directly in Sida's work on HIV/AIDS, despite an explicit recommendation in the IFFG. Several – valid – reasons for this were put forward. Nevertheless, more proactive initiatives are certainly needed in that area.
- Except for Zambia, where all staff was highly 'AIDS-competent', very limited AIDS competence building exercises have been organized. It was felt that the regional team/adviser should play a more active role in initiating such training exercises.
- The absence of a workplace policy including HIV/AIDS was noted in all countries, and was sometimes labelled as potentially counter-productive by country staff and other stakeholders.

Concerning the impact of the IFFG on country planning and on projects/programmes

- The impact of the IFFG on country planning and on projects/programmes is of course subject to its effective implementation. It can therefore only be measured in those situations where the IFFG has been implemented effectively (or at least where attempts were made to do so), like in Zambia, and more recently in Ukraine and Ethiopia. Moreover, since the substantial quality and quantity leap in Sida's work on HIV/AIDS in Zambia and Ethiopia occurred as recently as 2002/03 (and for Bangladesh and Ukraine in 2004), this has probably to do more with the impact of the "post-IFFG" instructions/guidelines than with the IFFG itself. That probability is even greater with regard to mainstreaming HIV/AIDS in the various sectors of development cooperation, since that is a concept which anyway had been used only marginally in the IFFG document, but highly recommended in the more recent instructions.

Concerning factors constraining the implementation of the IFFG

- Although external constraints (such as governments' reluctance to recognize the seriousness of the HIV/AIDS situation, or cooperation partners' heavy bureaucracy or weakness in management, etc.) are not directly connected to the present evaluation (i.e. it is not in Sida's power to correct or eliminate them), they definitely play a role in the implementation of the IFFG.
- Internal constraints (as opposed to the 'external' ones here above) are related to the number and AIDS competence of Sida staff, working relationships with Sida's head office or regional teams/advisers, and vary widely from one country to another. In that perspective, Zambia is in a very particular situation, in view of the proximity of the Regional HIV/AIDS Team for Sub-Saharan Africa, from which it draws substantial benefit.

- Sida staff at embassies sometimes seemed to be overwhelmed by the abundance of instructions, memoranda and other policy and strategic documents from head office and the MFA. In addition, several of these documents are in Swedish, and either need to be translated in English or have to wait the arrival of the translated version, before they can be used by national staff. In general, the field staff would welcome more focused and concise documents.
- Constraints related to the working methods extensively used by Sida (budget support, sector development programmesetc.) have been discussed before (under 'Effective implementation of the IFFG', third bullet point).

Concerning opportunities present, used or missed

- The limitations imposed by 'basket funding' have been illustrated above. It nevertheless provides several opportunities, which are usually being used in the various countries visited:
  - the possibility to better coordinate with other development partners
  - harmonisation among the partners involved, to reduce workload on the cooperation partner, which in the case of CSO/NGO:s is particularly needed
  - several donors speaking with one voice provides additional strength for advocacy towards the government.
- Budget support and sector development programmes have similar beneficial effects, but more importantly, they put the government at the centre, thereby supporting the "Three Ones" principle. This, however, can only be considered an opportunity to the extent that the government's objectives and strategies laid down in the National Strategic Framework, the Poverty Reduction Strategy Paper, etc. are coherent with the basic principles of Sweden's policy.

Conclusions

From these consolidated findings, the following conclusions may be derived, concerning the various questions raised in the terms of reference of this evaluation:

a) *Priority setting:*

Although HIV/AIDS has been among Sida's top priorities for several years, the focus on HIV/AIDS varies widely among the case study countries. Apparently, it is more in line with the perceived seriousness of the HIV/AIDS epidemic than with a uniform 'top priority'. Given that the visibility of an AIDS epidemic often does not say much of the real threat for a country in the short or medium term, this could be of serious concern. That lack of focus

is, however, countered by the fact that Sida's development cooperation has been focusing since many years on the two main underlying causes of the spread of HIV: poverty reduction as the core objective of Sweden's development work, and gender equality as one of its main cross-cutting issues. Nevertheless, if Sida's HIV/AIDS policy is to be taken seriously, it should base its prioritisation process on a more in-depth analysis of the situation at hand, and have its development cooperation guided by the results of that analysis. This will sometimes imply considerable advocacy work in the preparation of the country strategy, and further down the line during the development of country plans, until their actual implementation, monitoring and evaluation.

Also the priority setting process within the field of HIV/AIDS is not always optimal, in that it is sometimes limited by Sida's own working methods. Sida seems to be much concerned about 'saving capacities', i.e. doing the most with using the least possible human capacities.[56] Those concerns have been shown to have significant influence on the design of projects/programmes, and thereby possibly limit the freedom of initiative for Sida staff involved, at the expense of implementing partner organisations from government or civil society.

From a more global perspective, Sida is conscious of the various global initiatives and obligations like Poverty Reduction Strategies, Millenium Development Goals, etc., and tries to align its development cooperation with the stated objectives. Yet, here again, finding strategic entry points based on Sida's comparative advantage sometimes requires more human technical resources than available on the ground. The staffing patterns in Ethiopia and Ukraine, and of the HIV/AIDS advisory structure for South-Asia (70 per cent of… the time of one employee!) are illustrative of that point, while the Regional HIV/AIDS Team for Sub-Saharan Africa, especially with its 'extensions' through the reference group of experts and the planned 'mobile virtual HIV/AIDS task team' is a step in the right direction.

b) *Approaches:*

Theoretically, the IFFG is considered everywhere as the reference for all HIV/AIDS work, and plays its role in the practical planning of projects/programmes, albeit through the country strategy, and with the limitations mentioned here before. That being said, the analysis of time trends of the importance given to HIV/AIDS action in the various countries seems to indicate that the influence of the IFFG has not been at work alone. Besides the undeniable – and much understandable – influence of a visible HIV/AIDS epidemic in one of the countries (Zambia), the more recent instructions for scaling up efforts in the field of HIV/AIDS seem to coincide with

56 For example, the 'Country plan for development cooperation with Ethiopia, 2005–2007' planned for an increased use of sector development programmes/basket funding including direct budget support, and explicitly recommended using "as large and as long-term interventions as possible" for the purpose of "saving capacity through economies of scale".

the onset of the steep upward trend observed in all four countries. It should be said that those instructions always have the IFFG as their ultimate reference, but inspiration and urgency seem to be more related to the more recent documents and instructions.

c) *Organisation:*

From the country perspective, the organisational set-up at Sida's head office, with its decision making process involving both the regional and thematic departments, as well as the HIV/AIDS Secretariat, appeared appropriate in theory, as it should allow the reflection of the various priority themes into development work. It seems however quite complex to implement, and apparently has very limited direct influence on country programming (at least as far as the thematic departments are concerned)

As for regional HIV/AIDS teams/advisers, the situation is very different in the different geographical regions:

- there is no such structure for Europe,
- there is an adviser for Asia in India, (and a second one in the process of establishment in Cambodia), and
- in Lusaka, a full-fledged team with seven professional staff and one administrative assistant was established for Sub-Saharan Africa.

The analysis of the regional entities is outside the terms of reference of this evaluation. A few remarks are, however, called for. The role and function of the regional structures is in general not very well defined. While their support to the embassies and local Sida staff is evident, their role in regional activities and projects is less clear. While the team in Lusaka has a substantial involvement in regional projects, the adviser in Asia has almost none, which seems to be a missed opportunity for synergetic effects. Regional activities are an important part of the international response to the pandemic and it remains unclear how Sida will respond to these necessities in Europe, South Asia, Latin America and the Caribbean.

For Asia with its populous countries and the imminent danger of dramatic epidemic developments, it seems that even with a limited number of countries having Sida cooperation the regional advisory structure – with only 70 per cent of an advisory position, and no budget for specific regional activities – is obviously not sufficient.

The Regional HIV/AIDS Team in Lusaka made an excellent impression: highly professional, well organized, good team spirit, etc. Although its positive influence was clearly visible in Zambia, its contribution and impact in other African countries could not be assessed. Working relations with Ethiopia were said to be very good and helpful, yet it may be presumptuous to draw conclusions for the entire continent on the basis of an assessment in just one country. Nevertheless, building AIDS competence and otherwise assisting em-

bassies – Swedish and Norwegian! – in Africa to scale up significantly their HIV/AIDS action, in addition to running a number of regional programmes, remains a challenge, which should not be under-estimated. However, the Regional HIV/AIDS Team is appearantly ready to take up that challenge.

AIDS competence of Sida staff (besides the HIV/AIDS Focal Points) varied widely in the different countries, and even within individual embassies. It was generally very high in Zambia, which apparently impacted favourably on the quality of HIV/AIDS work. One should of course restrain from drawing conclusions from just one example, However, especially in environments where intensive focus on HIV/AIDS is sometimes far from being accepted unanimously, Sida staff supposed to mainstream HIV/AIDS would definitely gain from being themselves highly AIDS competent.

The availability in the various embassies, of sufficient – and sufficiently competent – human technical resources specifically allocated to HIV/AIDS work, is crucial. This is because scaling up and mainstreaming HIV/AIDS – especially in the less enabling environments referred to here above – is generally quite 'labour-intensive' and time-consuming. It was felt that sometimes efficacy may be exceedingly sacrificed to working methods used for the purpose of 'saving capacity'.

d) *Coordination and cooperation at country level:*

With the availability of very substantial funding from a variety of sources in the area of HIV/AIDS (funding for HIV/AIDS activities at a national level did not seem to be a problem at all in any of the four countries), the need for better coordination among donors has become increasingly important.

As recommended in the IFFG, coordination is high on the agenda of Sida's development cooperation work. Sida seems to have a 'natural' tendency to work together with other development partners in joint financing agreements, budget support, etc. Most frequently, countries of the so-called 'like-minded group' (Norway, Finland, Denmark, UK, Ireland and the Netherlands) are involved, but often also various UN agencies. Those events, and the meetings they give rise to, are all opportunities for more coordination and harmonisation among the partners involved.

In all countries surveyed, Sida is also a member of more institutionalized coordination meetings, usually established in collaboration with the government, such as Expanded Theme Groups on HIV/AIDS, Donor Coordination Committees, etc. The role Sida (or the Swedish representatives, ambassadors) plays in these committees is not always evident. Although one has to realise that Sweden, despite its role as a front-line advocate of international cooperation, is still a relative 'small fish' in the concert of the bilateral countries and multilateral entities, it may be possible that Sweden could play a more pronounced and proactive role, based on established country or regional priorities.

Learning:

'Learning from doing' is considered one of the best ways to learn about what works and what does not. So, monitoring closely the supported projects or programmes would be a good way to gain experience, and sharing that experience with fellow development workers would allow the latter to learn more. Considering the case studies, one has the impression that Sida could do better in both areas: close monitoring, and documenting its experience.

With regard to monitoring, time constraints for staff responsible for HIV/AIDS seem to be a limiting factor. Monitoring is done essentially through the review of activity reports, but reporting by some of the implementing partners, especially government agencies, is not always optimal. Field visits are therefore essential.

As for the documentation part of the learning process, Sida was sometimes criticized for not investing enough in sharing practical experiences through documenting what is being done. That was an open criticism in Zambia, interestingly the country where Sida does the most in the field of HIV/AIDS, and where there are some excellent examples of 'good practice' (see "HIV/AIDS mainstreaming in the Agriculture Support Programme (ASP), Zambia" in box). From a more general perspective, there is not much documentation on field practice in Sida's periodical publications like "Eyes on AIDS" and "hiv@africa".

Recommendations

1. To pose and debate the question about the necessity/usefulness to revise the IFFG document, not so much to develop a new or different policy or strategy, but rather to unite the various existing guidelines and instructions into a coherent set, while at the same time adapting it to today's situation. If such revision were considered, it should be the opportunity:
   - to base its prioritisation process on a more in-depth analysis of the country situation, including the HIV/AIDS epidemic
   - to be more explicit on the need for mainstreaming HIV/AIDS in development work, inclusively in countries with not-so-visible AIDS impact
   - to take more recent developments related to treatment and care, prevention of mother-to-child transmission, etc. into account
   - to duly underline the need for still better coordination and harmonisation among development partners.

   The resulting product should be concise, action-oriented and users-friendly, and Sida staff – in co-operation countries as well as at the head office and in the regional teams – should be allowed sufficient time for group discussions, to make themselves acquainted with the document. The name "Investing for

Future Generations" remains all the more appropriate, since the policy quite rightly underlines the need for continued attention on prevention, and to the immediate and underlying causes of the spread of HIV, in contrast with sometimes unbalanced focus on antiretroviral therapy by national strategies or even certain development partners.

2. To review the human capacities available at country/embassy level, and to carefully balance the advantages of 'saving capacities' through the use of the working methods described above, with the requirements for improving the efficacy in scaling up and mainstreaming HIV/AIDS in overall development work.
3. To thoroughly review the roles of regional teams/advisers, the expectations they raise in embassies and head office, and the resources they have at their disposal. This would give useful indications on how to improve their effective contribution to the achievement of the IFFG's objectives.
4. To build AIDS competence among embassy staff in all assisted countries, in accordance with the specific country situations. Such AIDS competence building exercises should aim at the establishment of the following:
   - technical skills among professional staff, in relation with the prevailing HIV/AIDS epidemic, so as to enable them to mainstream HIV/AIDS in a meaningful way in their respective sectors
   - more personal acknowledgement of the reality of HIV and AIDS among all embassy staff, as a measure to enable them to reduce their own vulnerability and risks, and
   - a comprehensive workplace policy including HIV/AIDS, covering all embassy personnel and their dependents. To that purpose, Sida should advice and cooperate with the MFA.

   The regional team and advisers are probably the most appropriate to initiate and assist in such training workshops, but it would of course be advisable to use, to the extent possible, local resources for performing the training itself.
5. To strengthen the Swedish role in coordination/harmonisation structures at country level through clear prioritisation of countries and regions in cooperation with like-minded countries.

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

Since its first appearance in the mid-1980s, HIV/AIDS has taken a terrible toll on developing countries: While in some, the disease has all but arrested development, in others it has subjected vulnerable health system to severe stress. Among ordinary people all over the world, the pandemic is causing countless tragedies.

Today, the global response to HIV/AIDS has advanced notably. There is still no cure for the disease, and it remains a critical obstacle to development, but it is possible to mitigate its effects.

In 1999, Sweden produced "Investing for Future Generations", a strategy for the Swedish response to the pandemic. The present evaluation looks at the extent to which Sida has implemented the elements of this strategy. The report records notable advances, but also notes short-comings. Among them are insufficient human resources allocated to the issue, weak systems for monitoring and steering, and the failure to communicate experiences within the organisation.

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