Sida Evaluation 05/21:3

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

Bangladesh

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Department for Evaluation and Internal Audit

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List of Abbrevations and Acronyms

BRAC	Bangladesh Rural Advancement Committee
CCM	Country Coordinating Mechanism (GFATM)
CS	Country Strategy
GOB	Government of Bangladesh
DFID	Department for International Development – UK
FHI	Family Health International
GFATM	Global Fund to Fight AIDS, TB and Malaria
HO	Head Office (i.e., Sida Stockholm)
ICDDR, B	Centre for Health and Population Research, Bangladesh[1]
LCG	Local Consultative Group (donor group)
LFA	Logical Framework Approach
NASP	National AIDS/STD programme
NAC	National AIDS Committee
NEP	Needle Exchange Programmes
NSP	National Strategic Plan
MDG	Millennium Development Goals
MOF	Ministry of Finance
MOHFW	Ministry of Health and Family Welfare
HAPP	HIV/AIDS Prevention Programme
PO	Programme Officer
RFSU	Council for education on sexuality, Sweden
WB	World Bank

1 The centre has changed its name, but kept the old abbreviation.

1. Introduction

As part of the evaluation of the Swedish HIV/AIDS strategy "Investing for future generations" (IFFG), four countries have been selected as case study countries to assess how the strategy was implemented at country level. The four countries are Zambia, Ethiopia, Bangladesh and Ukraine.

This report is based on the study mission to Bangladesh, which took place on January 5–16, 2005. As part of the scope of the case study also included the HIV/AIDS regional adviser (RA) for South Asia, based in India, a two day visit to the Swedish embassy in New Delhi was incorporated.

The study visit was done by one member of the HeSo core evaluation team, Mrs Anne Skjelmerud, in cooperation with a local consultant, Mrs Parveen Khanum. The visit to India was carried out by Mrs Skjelmerud alone.

In Bangladesh interviews were done with embassy staff and key stakeholders from the government, multilateral agencies, donor and NGOs, and the team went on a field visit to Khulna to visit the Sida supported AIDS project of BRAC (Bangladesh Rural Advancement Committee). A group discussion was held with embassy staff on issues linked to HIV/AIDS and mainstreaming, and a debriefing meeting before departure of the team. In most of the visits to different stakeholders, the embassy's focal point on HIV/AIDS accompanied the team, and another programme officer accompanied the team on the field visit.

In India most time was spent with the regional HIV/AIDS adviser, but several of the employees as the embassy were interviewed, and one group discussion was held with technical staff. Key NGO partners were also visited, and the team member was accompanied by the RA for these meetings.

The team would like to express its gratitude for the good cooperation with first of all staff from the two embassies, and to all the informants for taking time to share their views and information with the team. Special thanks go to Syed Khaled Ahsan at the Swedish embassy in Dhaka and Åsa Andersson in New Delhi for working out the programme and taking care of all practical arrangements

2. Summary of Findings and Recommendations

The HIV/AIDS epidemic in Bangladesh is currently spreading among injection drug users, and to some extent among commercial sex workers, but with a total estimated number of 13 000 infected, Bangladesh is a low-prevalence country. However there are many risk factors present, so the country could soon face a much more serious epidemic.

Since 2002 the Swedish embassy has started to address AIDS. However, it has taken a lot of time to get the necessary government clearance and signatures to start supporting projects.

The embassy currently supports two projects related to the issue, one carried out by the large NGO BRAC, and one by UNFPA and the Ministry of Labour.

The IFFG is a document which is known to Sida staff (although to varied degrees), and it is also shared with local partners. The IFFG was actively used in assessing the project proposals, and has also been used to introduce Sida to other actors in the field of HIV/AIDS.

Other key stakeholders in Bangladesh (e.g. NASP, DFID and UNICEF) would welcome Sida as a more active partner on HIV/AIDS in the country.

There is currently quite a lot of funding available for AIDS in Bangladesh; the bottle neck is competence and capacity among the actors. However, the WB- and DFID-funded HAPP project will end in 2005, and this may be a good opportunity for Sida to increase its contribution to the field, and to become a more active actor.

The function of the regional adviser (RA) for HIV/AIDS in South Asia is important, not least in motivating and building capacity in the region.

There is no workplace programme or training for embassy staff in Bangladesh, but a successful intervention has started in India. However, a workplace policy is lacking in both locations.

Recommendations (elaborated in Chapter 6)

- Learning and building competence at embassy level.
- Having a workplace programme on HIV.
- Strengthen regional advisery function, and have a separate budget for regional activities such as competence building and cooperation.
- Regional projects may be a good way of promoting regional coordination and learning, and there must be a proper system for handling such projects.
- Ensure a better incorporation of HIV/AIDS and mainstreaming in the new country strategy.
- Greater involvement from Sida in "the AIDS scene" in Bangladesh.
- Better systems for monitoring and evaluation, and for following up of HIV/AIDS projects, both at country level as well as Sida's head office.
- An overall workplace policy needs to be worked out for all Sida and Ministry of Foreign Affairs staff.

3. Background: HIV/AIDS Situation and Sida Cooperation in the Country

3.1 Bangladesh

The most striking feature of Bangladesh is the size in relation to the population. The country has a third of the area of Sweden, or 147 570 square kilometres, but it contains 140 million inhabitants. The country is for the most part low-land, in the delta of the Ganges and Brahmaputra rivers, and very susceptible to floods and cyclones, in addition to being in an area that is in risk of earthquakes. It is ranked as one of the poorest countries in the world.

However, poverty has been reduced by one per cent annually from 1991 to 2000, which is one of the fastest rates in the world. The economy in the country is growing, as the country utilises its major capital, which is people. Migrant workers move around the world, not least to the Gulf states, and bring money home which helps the local economy. In addition, the country provides cheap labour to international industry, especially the garment factories. The country has also made significant advances in education, health and agriculture.

Bangladesh has quite a young democracy, and corruption is widespread. Women and girls have a very low status in the community, although it is said to be improving. According to a media study covering

October to December 2004, 11 women were killed and 25 women tortured daily. During the three months' period 342 women were raped (and 37 killed after the rape), and 122 were killed for dowry. It is said that many women are sexually exploited in low paying jobs, and that young girls are sexually abused. There is also trafficking of young adolescent girls into sex industry.

Bangladesh has a strong NGO community. However, NGOs are generally not formed by a group or a community which has identified certain needs they want to respond to, but are more commonly formed by professional individuals who want to use their professional capacity and ideas to provide certain services. This means that NGOs do not necessarily have the grass-root network and contact which is normally associated with such organisations.

3.2 HIV/AIDS in Bangladesh

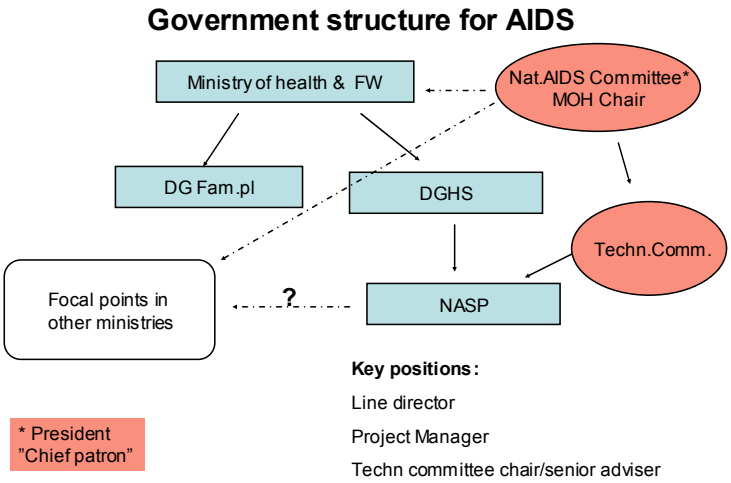
Bangladesh is a low prevalence country for HIV/AIDS. HIV prevalence among the general population and even in vulnerable populations is still very low (far less than one per cent), as 13 000 persons are estimated to be infected (UNAIDS 2003). The prevalence is however increasing in the drug user population where it is four per cent, and it has increased rapidly lately, with one urban locality showing a prevalence of 8.9 per cent. This situation is quite typical for South-East Asian countries, where the epidemic starts among drug users and later moves through sex workers to the more "general" population. Behavioural surveys indicate that a large proportion of the drug-users have both commercial and non-commercial sex partners, and condom use is infrequent. Some of the drug users also sell blood for transfusion. Bangladesh is estimated to have 20–25 000 injecting drug users (but the figure is very uncertain).

Bangladesh has documented high risk behaviours with a very low rate of condom use, and a very high number of clients for sex workers, relatively low knowledge regarding HIV/AIDS (although this has reportedly improved lately), extensive needle/syringe sharing by drug users and a high prevalence of STI among sex workers (on the positive side it should be noted that syphilis rates have declined among sex workers). Bangladesh's vulnerability to HIV/AIDS is made worse by the fact that countries that are experiencing serious HIV epidemics surround it and the porous border allows daily border crossing, illegal migration and trafficking.

HIV serological and behavioural surveillances have been conducted regularly since 1998. The fifth round has been finalised. The quality of the data is said to be good, however it is a problem that it largely covers urban areas. Most of the persons reported as being HIV-positive are returning migrant workers, and they may live in rural areas that are not covered by the surveillance, and developments in important border areas may also have been left unnoticed.

The government has acknowledged that AIDS is a threat to the country, and is committed to addressing the issue. The national response started as far back as 1985.[2] The national AIDS and STD programme is placed in the Ministry of Health, and the National AIDS Committee (NAC) is chaired by the Minister of Health and Family Welfare (MOHFW).

2 According to the Bangladesh Country Profile on HIV/AIDS of 2004 from NASP in the MOHFW.



This is an overview of the government structures for HIV. The president is the "Chief Patron" of the national AIDS committee, and the Minister of Health is its chairperson.

Focal points for AIDS have been appointed in all ministries, however, there are indications that the focal points are not very active, and they have not been given instructions on how to work, so the system is not working very well at present. The second National Strategic Plan (NSP) for HIV/AIDS 2004–2010 is about to be launched. The NSP seeks to fulfil the commitments to UNGASS and MDG.

The NASP want to involve religious leaders in the fight against AIDS, and to initiate a committee for religious leaders on HIV/AIDS. As there are 250 000 mosques in the country, such leaders may reach very far, and they are not against promoting condoms, according to NASP.

The major international funding for AIDS comes from the HIV/AIDS Prevention Programme (HAPP) funded by the World Bank and DFID, of 36 million US$. The programme was initially larger, but as the funds remained unused, part of the WB loan was withdrawn. The programme is thus running for one year only, with a possible extension of six more months (till the end of 2005). UN organisations involved in the implementation are:

- UNFPA with regard to institutional capacity
- WHO with regard to blood safety (together with WB)
- UNICEF is the managing agency for prevention/NGO support

Bangladesh has also received money from the Global Fund to fight AIDS, TB and Malaria.

- 44 million to TB (BRAC is a managing agency for NGO support)
- 20 million to AIDS.

Save the Children US is the management agency, and NGOs have been welcomed to bid for implementation.

USAID and DFID are donor members of the CCM (country coordinating mechanism) for the Global Fund. Even though different ministries and civil society are represented, it is felt that the decisions are taken by the Secretary of Health, who is the chairperson. There are subcommittees under the CCM for AIDS and TB. Some claim that the process of CCM and the disbursement of funds to the NGO sector lack transparency, which is a threat in a country like Bangladesh, with a bad reputation in relation to corruption.

For both the HAPP project as well as for the Global Fund grant there seems to be quite a lot of confusion as well as some conflicts among different actors on how to manage and implement the activities, and the quality on the ground is said to be quite weak.

Services in relation to HIV/AIDS are not very well developed; there are few VCT centres, very low access to treatment, except through some private channels (for rich people). The level of stigma is very high, even among health staff. A recent example given concerned a woman known to be HIV-positive who got pregnant, and nobody was willing to help her deliver the baby.

Blood safety is still a challenge. The old system of commercial blood donors (many of whom were injecting drug users) has been dismantled and there is now a blood replacement system, whereby relatives to a patient receiving blood should donate blood. However, the commercial blood donors are often asked to donate blood on behalf of the family, so the problem of commercial blood donations still remains to some extent.

NGO projects largely focus on the so-called "high risk groups"; injecting drug users and sex workers. There are some needle exchange projects. A number of projects work with sex workers, not least the brothel-based ones. "The brothels are crowded with NGOs" said one informant.

The legal situation in Bangladesh is also a challenge for HIV-prevention activities. As injection drug use is illegal, peer educators may be arrested if found to carry syringes. Sex between men is illegal, and it may therefore be difficult to reach such groups.

AIDS and sex education will be included in the national curriculum for secondary schools, but not at primary level.

There are two organisations that organise persons living with HIV, but they do not have many members and are considered quite weak. They are involved in advocacy and awareness raising, and particularly concerned with fighting stigma.

Trafficking and migration are two complex issues in relation to HIV. Migration is very important for the economy of the country, at the same time; the majority of those found HIV-positive so far are migrant workers or their spouses. Trafficking is an issue that is being addressed, but there seems to be little work done with the approximately 50 per cent of women who come back after having been forcefully migrated.

3.3 Sida in Bangladesh

Swedish development cooperation with Bangladesh started after the independence of the country in 1971, and it has been relatively extensive, with overall aim to improve living conditions of the poor. Since around 1990 the main emphasis of the Swedish support has been in education, health care and rural development. Promotion of gender equality and democratic development and human rights has been key foci.

The current focus areas of Sida in Bangladesh are primary health care, basic education, local governance and human rights. Private sector development will probably also be more emphasised. Sida is part of the sector wide (SWAP) funding arrangements for both health and education. In 2004 the total disbursement (by December 13, 2004) was 143.7 million SEK, distributed in the following way (in millions of SEK):

Through the government agreement		**111.75**
Social sectors (health and education)	104.91	
Dem. governance and HR	5.07	
Research and other areas	1.78	

Outside government agreement		**31.92**
Social sectors	10.54	
Infrastr., private sector, urb, water	9.05	
Dem. governance and HR	8.01	
Other	4.32	

The embassy has reported on the AIDS situation in the country since 2002 (when it received instructions to do so), and from that time it also started to plan for support to HIV/AIDS. According to the ambassador, the government was before that time denying that AIDS was in the country and that the issue needed attention.

In June 2003 an action plan for HIV/AIDS in Asia was worked out. The plan states that HIV/AIDS should be part of the dialogue in the various sectors, without necessarily becoming a priority in the development co-operation. Education of embassy staff in relation to staff was underlined, to create opportunities for mainstreaming HIV/AIDS into their work.

Some efforts were done to address AIDS before 2002. A Swedish consultant participated in a World Bank mission to Bangladesh in 1999, and gave several recommendations for Sida support, but according to the health adviser of that time, the country was not ready for it. Through UNICEF Sida supports a non-formal education project for hard to reach urban working children, and HIV/AIDS education is part of the curriculum.

The embassy programme officer for health was offered to become the focal point for AIDS in 2002, and started identifying suitable projects for support. However, as it takes long to develop agreements with the government, it took one and a half year from the planning was initiated to actually start supporting projects, and this started only in July 2004.

The project support is implemented partly because HIV/AIDS is a priority area for the Swedish cooperation worldwide, and partly because Bangladesh is now more and more involved in HIV/AIDS, and the government recognises the need to address the issue.

In the current country plan for Sida's support to Bangladesh, HIV/AIDS is given priority, but is not mentioned in relation to mainstreaming.

4. Detailed Findings of the Evaluation

4.1 Sida Country Staff

4.1.1 Working Relationships Internally, with Head Office and the Regional Adviser

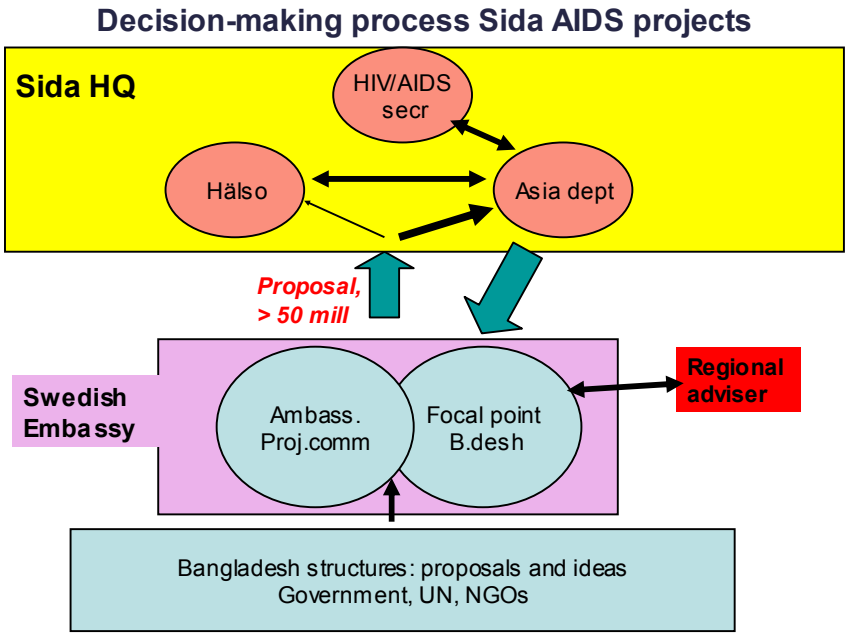
The embassy is presently being restructured as a "delegated embassy" in line with the "field vision", according to which more decisions will be made at embassy level, and less sent to the Sida head office for approval. The embassy has a Swedish counsellor, two Swedish second secretary/programme officers, and four locally employed programme officers (one senior), who all report to the ambassador. In addition a health programme consultant has been paid by the Swedish embassy but based in a different place, and his contract expires in February 2005.

The programme officer responsible for the health sector is the focal point (FP) for AIDS. There is a range of focal points for a variety of issues at the embassy, some positions are active as they are linked to the ongoing support portfolio (such as good governance), and others are more "dormant". Even though not

all are active, the staff still sees it as an adequate system, as it places responsibility for situations that may emerge.

Sida's head office communicates with the embassy and staff through documents such as memos, in addition to direct contact and letters in relation to projects. These documents are important as they update the staff on key policy issues.

The relationship between the embassy and Sida's head office can be illustrated by the following figure



In the case of the AIDS projects, they typically start by the FP consulting other donors and local stakeholders, as well as looking at IFFG and other relevant document. When a suitable project is identified, assessment is done together with the regional adviser, and a decision is made in the project committee of the embassy. If the project is included in the country plan and involved less than 50 million SEK, the ambassador may take the final decision on the project, otherwise the proposal is sent to the Asia Department at Sida, with a copy to the health division. It is the responsibility of the Asia Department to consult with the health division (Hälso) and the HIV/AIDS secretariat before a final decision is reached.

In addition to the internal Sida process, the AIDS project proposal had to go through a longer process with the Bangladeshi authorities. The embassy has a framework agreement with the Ministry of Finance (MOF) that all support should go through the MOF, and that all projects needs to be approved by the Ministry. Unfortunately such approval takes a very long time, and the embassy has therefore asked for permission to give some support outside the framework, and this has in principle been agreed upon. However, it has still proven to be difficult to get the necessary permits from the governments to sign agreements and support specific projects. An agreement is signed with MOHFW regarding two projects on HIV/AIDS, one with the largest NGO in Bangladesh, BRAC, and one with UNFPA and the Ministry of Labour.

MOHFW and NASP have expressed that they want to see more funding to NGO in relation to AIDS; however, it is often difficult to get the necessary clearance from the NASP.

4.1.2 "AIDS Competence", Familiarity with IFFG and Workplace Programme

There is not a very high level of "AIDS competence" in the embassy. Some of the Swedish staff has participated in half a day HIV/AIDS training in Sida some years ago, but AIDS is not part of preparatory training before going to Bangladesh. Two of the current programme officers participated in a one day HIV/AIDS training seminar for technical staff organised at the embassy in late 2001.

The FP on AIDS has been supervised to some extent by the regional adviser, and he has participated in a meeting for FPs in the region. He was also given the opportunity of participating in the international AIDS conference in Bangkok in 2004. For him, the regional adviser is an important motivator and adviser for the work on HIV/AIDS.

All staff know about IFFG, but they have read it to various degrees. There is a range of strategic documents in Sida, and staff needs to be aware of all of those. The FP for AIDS knows the IFFG well, and his observation is that IFFG is a good document as it highlights the importance of learning from local conditions, thus allowing some liberty to develop the programmes according to the local situation. The IFFG does not give concrete direction for how the embassy should address AIDS. Instead, the embassy wants to work out a local position paper on HIV/AIDS. From the FP it was felt that the various documents sent from Stockholm could also indicate more clearly what kind of activities that should be initiated at embassy level, for instance in relation to project evaluations, training for FPs and workplace programmes.

The Swedish embassy does not have a workplace policy on AIDS, and they have only once had a training seminar on AIDS for technical staff, which took place in 2001. They had planned to organise a seminar last year, but it did not work out.

4.1.3 Mainstreaming, Dialogue and Separate HIV/AIDS Projects

It was felt in the embassy that in order to have a voice in the national dialogue in relation to HIV/AIDS, and also in order to do proper mainstreaming, it is necessary for the embassy to support specific HIV/AIDS projects. This was also seen as important for internal learning and competence building, as well as for credibility in relation to dialogue with the government and other stakeholders on HIV/AIDS.

The staff expressed the need to do mainstreaming of AIDS into the various projects. However, experience from gender mainstreaming tells them that it is a difficult process that will take time. It was suggested that AIDS should be seen in the context of gender. Gender has been a somewhat sensitive topic to address previously, but AIDS is so much more sensitive. "We are just starting our journey of AIDS mainstreaming", observed one of the POs. "Sida cannot be a champion on HIV/AIDS, we are too small", said another one.

As for environment mainstreaming, the tendency is that they have developed a text that is more or less automatically inserted into many of the project documents. Assessment memos should cover all the crosscutting themes, including AIDS, but this may not always be done. It may be better to initiate specific thematic studies, for instance to assess how a programme is functioning from a particular angle such as gender or HIV/AIDS. The programme officers generally said that they needed more experience with HIV/AIDS in order to contribute to the mainstreaming in a meaningful way. It was also underlined that mainstreaming can not only be the responsibility of the FP, but the obligation rests with all the POs, who should then be free to consult the FP.

All the crosscutting issues were considered important, but as HIV has now been given top priority in Sida, there is a specific reason to look into that aspect. It was felt that instructions from Stockholm are important in order to move a process, as a "stick". However, it was also felt that "carrots" are also needed, for instance as encouragement when instructions are followed. It was also suggested that a general workplace policy on AIDS should be worked out by Sida or the Foreign Ministry, while it is also important to address local insurance policies.

4.1.4 Important Stakeholders in Relation to HIV/AIDS

Sida is not a well-known donor in relation to HIV/AIDS, as they have only recently started supporting HIV/AIDS programmes. However, all stakeholders, including NASP, donors and multilateral agencies in addition to NGOs welcome a more active participation from Sida in this work. NASP would like Sida to support certain programmes, such as a HIV/AIDS intervention for Chittagong Hill tracts (an ethnic minority group), and counselling centres.

DFID is a key agency in relation to HIV/AIDS, as they also have a seat in the CCM of the Global Fund. DFID started funding AIDS programmes in 1996, especially through CARE. DFID welcomes Sida to be more active in the field of HIV/AIDS as they see Sida as another possible donor who could assist with technical competence and be one more voice in the discussions. A key challenge in this regard is to develop public sector capacity.

The UN agencies in Bangladesh have started a process of doing joint planning in relation to HIV/AIDS. The UN theme group is currently chaired by UNICEF. The UNAIDS' country coordinator observed that there is a good scope for increased work on AIDS in Bangladesh, not least as the government is positive, and many NGOs are involved. A challenge is to integrate HIV/AIDS into development programmes, and he commends the Sida support to the BRAC programme for doing that.

UNICEF has relatively small HIV/AIDS projects in Bangladesh, but is now very much involved in the area since they coordinate part of the HAPP funds, mostly towards the NGOs, and in relation to the communication strategy. Some of the money has been disbursed to large NGOs or consortiums for specific issues. The HIV/AIDS implementation Fund (HIF) is a fund for smaller NGOs. Each NGO may apply for up to 20 000 US$. The NGO receive funds after their applications have been screened and approved. However, many of the applications have revealed a lack of understanding of the issue and lack of capacity to develop proposals, so some work is being done on capacity-building among the NGOs in order to enable them to develop better projects. When the HAPP funds run out in 2005, UNICEF felt that Sida could be an important partner in funding some of the projects that have been started. UNICEF would also like to see Sida assist in bringing in international consultants to develop local capacity. There is also a challenge to address the issue of treatment.

The Norwegian embassy/Norad has previously supported AIDS projects, but the projects were quite small. As a decision was made to focus the work on fewer areas, Norad has ended its support to AIDS projects, and when they receive requests for support in relation to AIDS, they refer them to the Swedish embassy, as they know that Sida is becoming more involved in the area.

There is a network of NGOs working with AIDS, with 190 members. The network has been set up with the help of the NGO Concern and the American NGO FHI (Family Health International), and the network has a good relationship with the government. The main tasks of the network is to help build capacity among NGOs and to do advocacy at national level on policy issues. The leader of the NGO network suggests that Sida focus on mainstreaming AIDS through its project support, as that would allow for dialogue with other ministries, or also help fund the network and the NGO members' activities.

Several large international NGOs are involved in AIDS. The evaluation team visited ActionAid, who is very concerned with developing referral chains of services, with counselling services as a key element together with livelihood training and life skills, including nutrition as part of it. Counteracting stigma is an important part of the advocacy work. ActionAid has also been involved in the development of a parliamentary working group on AIDS and trafficking.

4.2 Projects/Programmes Supported by Sida

For general Sida support to Bangladesh, an overview is given in section 3.3 above.

4.2.1 Programmes and projects relating to HIV/AIDS

The embassy has not started any specific activity relating to mainstreaming HIV/AIDS into ongoing projects, but has started to support two projects related to the issue. The team visited one of the projects, which is described below.

The BRAC project

The team was taken to the district of Khulna, south-west from Dhaka, to visit the HIV/AIDS prevention project carried out by BRAC (Bangladesh Rural Advancement Committee, however the abbreviation is seldom used; BRAC is a household brand name).

BRAC is the largest NGO in Bangladesh, and some would say that it is more than that; it is almost a "state in the state". BRAC has factories, shops, a bank etc, in addition to their service provision projects. In relation to their service provision, they are 80 per cent self-financed, thanks to the self-financing and business. BRAC was founded 1972 as a relief organisation. Its overall objective is: alleviation of poverty and empowerment of the poor.

With more than 60 000 (almost 50 per cent of them full time) persons on their pay roll, 4.8 million micro-finance clients, 2667 field offices, and a large number of health and educational facilities, they are a dominant player in the social sector in Bangladesh. Under the BRAC umbrella, they have an Economic Development Program (EDP), BRAC Education program (BEP), BRAC Health Program (BHP) and other support programmes

The community based HIV/AIDS education programme is organised under the BHP and financed by Sida. The time frame of the project is July 2004 – June 2007. It is implemented in Faridpur, Madaripur, Khulna and Jamalpur districts. Its target groups are:

- Community members, in village organisation (VO) and elsewhere
- High risk groups (CSW, transport sector workers, labourers and IDUs)
- Adolescent girls and boys, in communities, and pupils in class 8–10.

During the visit to Khulna the team noted that the programme was already well established and seemed well structured. A small project office was established, but most of the activities were carried out by regular BRAC staff, in that sense it was mainstreaming. Educational materials (flip chart and information sheet) were worked out, and people had received training in using the materials. BRAC also presented information about number of sessions being held, number of condoms distributed etc. The coverage and the speed of implementation were impressive.

However, the team also noted that the educational material was very general and not made to target specific audiences, and the training had been very rapid so that the trainees may not be equipped to discuss more complex issues related to HIV. Sexuality was hardly discussed, and sometimes the messages could actually reinforce stigma. The approach did not seem to encourage participation and "ownership" of the problem.

The visit illustrated the need to follow the development of a project not only in relation to quantitative targets met, but also to address the approach and the quality of the intervention in terms of promoting better local coping mechanisms and preventive behaviour.

UNFPA – Tea Plantation workers

UNFPA has developed the "Integrated reproductive health and HIV/AIDS prevention project for tea plantation communities in Sylhet Divison", with key stakeholders, including the Ministry of Labour. The HIV/AIDS component is to be integrated with the reproductive health intervention. The target group are tea plantation workers, who are a group originally from India, and who maintain strong links with India, so that there is a lot of migration. The health facilities for this group are part of the tea plantation service, and fall under the Ministry of Labour. The project may therefore also help build capacity in that ministry. Sida has started to support this HIV/AIDS project in 2004.

4.2.2 Cooperation, Planning, Monitoring and Evaluation

The key document for the cooperation between Sida and the government of Bangladesh is in the country strategy (CS) and in the annual country plan. The CS is based on strategic priorities from Sida, and developed in consultation with the government of Bangladesh.

Donor coordination is well developed in Bangladesh, and covers the different major sectors. In the Local Consultative Group (LCG) with subgroups, all the donors meet regularly and twice a year the LCG meets with the government. Within the health sector there is a pool funding among five donors including Sida. In addition, some funds are earmarked, for instance in relation to safe abortions (through NGOs).

There is no standardised format or plan for monitoring and evaluation at the embassy. Projects are normally evaluated at completion or sometimes earlier if an extension is to be considered, but evaluations are not mandatory. Projects will often be described in a LFA matrix with indicators given, but indicators are normally on output, and baseline is seldom established, neither for quantitative or qualitative aspects.

4.3 Sida Regional Adviser at the Swedish Embassy in India

The regional AIDS adviser (RA) for South Asia is based at the embassy in New Delhi (She has also been consulted from South-East Asia, for instance in relation to Myanmar). Her regional function is supposed to cover 70 per cent of her time at work while 30 per cent is allocated to the embassy in India. She started working in the beginning of 2003, and in the past six months of 2004 she was on maternity leave.

Her work takes place at three levels

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.

She also writes regular columns in the Sida publication "Eyes on AIDS".

The RA is supposed to both assist the local embassies, as well as work with regional projects. However, there is no budget for regional activities, only to cover her travels.

Most of her 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. She is also in regular contact with the FPs at the different embassies. She sends relevant information and updates, and she has also organised training for the FPs in the region, in connection with a meeting of health programme officers.

For Bangladesh she had also been involved in carrying out project assessments with the FP. The FP was pleased with the cooperation. She has come twice to Bangladesh.

Funds have been allocated for regional projects, but the RA has not been given authority to manage these funds (unlike the Lusaka team), and when she had researched and developed a range of proposals upon instruction from the Asia Department, it was difficult to get them processed in Stockholm as the funding was not part of the sector department's regular portfolios. There was no established internal working arrangement between the regional and technical departments/divisions at the head office in relation to such projects. Hence it also became a problem of ownership. This confusion at the head office was quite disturbing for the RA as it made it very difficult to address regional issues.

On a day to day basis she reports to the counsellor (head of the development section) at the embassy. Her work plan is worked out in consultation with the embassies in the region, through the working out of an aide-memoires stipulating the work for her and the FPs in each embassy. Based on consultations and the aide-memoires, she develops an annual plan for activities, which is approved by the HIV/AIDS secretariat in Stockholm. Her annual report is approved by the Asia Department, and she was also recruited by the Asia Department. She has some contact with the Lusaka team, mostly for professional exchange.

She is the only person in a regional function at the embassy. 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 on how to work as a regional adviser.

One of the other POs at the Dhaka embassy suggested that the RA should routinely contact new POs at the embassies to discuss HIV/AIDS with them.

One regional project on HIV/AIDS is about to be signed with the Red Cross' regional delegation and with the Swedish Red Cross as a partner, with the aim to mainstream HIV/AIDS in the different country activities of the Red Cross. The regional delegation had found IFFG to be a very useful document which explained the position of the donor.

4.4 The Swedish Embassy in India

HIV/AIDS has a more prominent position at the embassy in India than in Bangladesh, and that is said to be to a large extent because the regional adviser works in the embassy, but possibly also as AIDS is generally higher on the agenda in India. The RA has advocated for HIV/AIDS to be included in meetings of ambassadors, and she has involved the ambassador in HIV/AIDS events in India.

Every first of the December there is a workplace seminar on HIV/AIDS, where all staff and family members, including those working in the homes of the embassy staff, together with their teenage children, meet in different groups to discuss issues related to HIV/AIDS. Everybody seems to appreciate that particular event.

The Swedish embassy in India is a member of a coordinating group for HIV/AIDS, as an important donor to UNAIDS. The Swedish "AIDS ambassador" has visited India, on initiative from the regional adviser, and that visit was perceived as very good and important.

In India, it has been decided not to have focal points for various issues. They have had FPs for gender and HIV/AIDS, but now everyone is responsible for mainstreaming in their sector, and the staff felt that this responsibility was less obvious when one person was FP. As the RA is there, they also come to her for advice when needed, or to the former FP.

In addition to the limited development work in India, the embassy is involved in promoting business partnerships, and in that connection HIV/AIDS should be promoted as part of a corporate social responsibility.

The embassy supports two key NGOs in relation to HIV/AIDS in India. One is Mamta, involved in nation wide programmes for youth and adolescents, working in a partnership with RFSU in Sweden, focusing on

sexuality and reproductive health issues. The other is the Laywers' Collective, an organisation working with rights of persons infected by HIV, and other vulnerable groups such as women.

The civil society partners of Sida have been given the IFFG, and together with the partners a workshop on mainstreaming HIV/AIDS has been arranged, and well received by all participants. Most of the NGOs now have AIDS on their own agenda. However, HIV/AIDS is not set as a requirement for the partners, one tries to stimulate and offer capacity building. Previously with gender, some measures were required from partners, but a softer approach has been taken with AIDS. Such a softer approach means that development is slower, but on the other hand, it may mean that the quality of the work is better once it gets started.

5. Analysis of the Evaluation Findings

In Bangladesh many have warned against a potentially dangerous HIV-epidemic for years. The 1999 report from the World Bank mission warns that the situation may soon be very grave. Today, the situation has not "exploded" as some feared, as the epidemic has yet to become generalised into the general population. However the potential danger is still there and the situation is probably more dangerous today than five years ago, especially as the infection increases steadily and now quite rapidly among the injecting drug users. Among ordinary people, the epidemic still seems unreal, and this poses a specific challenge in relation to promoting behaviour change. In most countries there is a resistance to discuss sexuality publicly, and for a conservative country like Bangladesh, it is difficult to find ways to discuss HIV/AIDS that will both be adequate and yet culturally acceptable, and at the same time not increasing the stigma of those affected.

5.1 Relevance of the IFFG

In a country like Bangladesh it is understandable that other challenges than HIV/AIDS get priority, for instance linked to girls' and women's subordinate position, corruption and lack of basic services for poor people. However, it is important to point out that all these problems are also underlying causes for a spread of HIV, and the HIV/AIDS epidemic may further undermine efforts to solve problems in these areas.

In using the scoring system from the desk study, one may say that the HIV-situation in Bangladesh is low today (based on the assumption that the current surveillance system gives adequate data). As Sida's support goes to two important sectors in relation to HIV/AIDS, health and education (though mostly primary education), the combined score for the country would be two (on a scale from one to three), meaning that it is important to address HIV/AIDS in the work.

Those having read the IFFG see it as relevant and useful. It opens up for local considerations and priorities, while it also gives direction, especially as to how the pandemic should be understood. The IFFG has been helpful as part of the orientation for the FP.

There are many strategies in Sida. This means that everybody may not be fully conscious of all the different strategies. However, as one of the informants said: "When a strategy is worked out, it signals that this is an important area for Sida, and that will influence us to give the area priority." While this may be true, it seems that the fact that HIV/AIDS now has been given a particular priority carries more weight than the strategy by itself.

5.2. Effectiveness of the Implementation for the IFFG

5.2.1 With Regard to Development Cooperation

The IFFG is being used in the region. It is given to partners, and the objectives of the IFFG are used to guide the assessment of projects. The partners who were asked said that they felt the document was well informed and interesting. In other words, it conveyed the message that Sida is a competent and serious partner in relation to HIV/AIDS.

In India the embassy has organised a seminar for all their NGO partners to discuss mainstreaming of HIV/AIDS, and that seminar has been referred to as a turning point for several of the partners involved. The embassy in Bangladesh has yet to be proactive in that way.

The embassy in Bangladesh has started its work on HIV/AIDS by supporting projects, and through that they may gain experience and competence. However, it is important that staff at the embassy make sure that they actually learn from that experience in such a way that it may benefit the mainstreaming effort at the embassy. Currently, their 'mainstreaming score', on a scale of zero to three, would be one (1), as they have not done much, but agree that it is important to actually mainstream HIV/AIDS.

5.2.2 With Regard to Own Staff

The IFFG or knowledge on HIV/AIDS is not included in preparatory training/orientation for Swedish embassy staff.

It seemed that for Bangladesh, the IFFG was more advocated to partners as a way of presenting Sida than used internally at the embassy. Mainstreaming had only started to a small degree, but staff agreed that it was important. They gave examples of areas where mainstreaming would be difficult, but no example on how they wanted it to be done.

While the embassy in India seems to have done a good job internally through the workplace seminars, this has not really happened in Bangladesh. The planned workplace seminar did not happen, and may still take place. However, establishing workplace programmes and policies may be something that could benefit from more pressure from outside, perhaps through instructions from Sida's head office.

There is no mentioning of prohibition to buy sex while stationed abroad in the personnel handbook for Sida or embassy staff. Handling alcohol abuse is part of leadership training in the MFA, but AIDS and sexual behaviour has not been discussed in that relation. It may be an idea to also include such issues in the training.

5.3 Impact of the IFFG on Planning and on Projects/Programmes

The current country strategy for Bangladesh is valid until the end of 2005, and will be extended for one more year after that. In the strategy, HIV/AIDS is mentioned as part of a strengthening of partnership and dialogue, as well as under areas for development cooperation in relation to primary health care.

The embassy in Dhaka also wants to develop a position paper on how to work with HIV/AIDS in Bangladesh. Hopefully the working out of a position paper may also influence the next country strategy for Bangladesh

5.4 Constraints/Barriers to the Implementation of IFFG

It was said that the attitude on the Bangladeshi side used to be an obstacle. While the climate today is more conducive, the government bureaucracy is still very slow, which makes it impossible to implement new programmes swiftly.

The lack of competence and thus confidence on the side of the programme officers at the embassy may also be a barrier to better mainstreaming, probably combined with an understanding that there are more important issues to address in Bangladesh, a position that can easily be understood.

The Asia Department in Sida is the partner at head office for the embassy, and the department does not seem to influence the embassy to increase its effort in relation to HIV/AIDS.

There does not seem to be a systematic quality assurance concerning the projects supported by an embassy. There are occasional quality assurance visits to the embassy, as well as reviews, studies, reports etc, but some of this is more ad hoc, and the focus is sometimes more on quantitative or financial matters than on assessing the quality of the service provided on the ground. There is a need for more systematic contact between the Asia Department and the embassy in relation to the quality issues.

5.5 Opportunities Exploited, Opportunities Missed

After 2002 the embassy has started to move faster in relation to HIV/AIDS. The embassy has tried to develop an agreement with the government that would simplify the procedure for support, so that more projects could easily be supported. However, the bureaucracy has taken very long to process this.

It is unfortunate that the planned HIV/AIDS workshop for embassy staff did not take place, as that may have promoted more activities in relation to mainstreaming.

The Swedish "AIDS ambassador" is the key person in relation to international policy matters on HIV/AIDS, and better cooperation between him and the regional adviser could be beneficial. The regional adviser/advisery team may be in a position to gather information about what is happening on the ground as well as facilitate local advocacy and influence on the issues that the ambassador works with. There thus seems to be a missed opportunity (but this could be turned into a positive way: an opportunity to be grasped) of strategic coherence and cooperation between the different actors. For instance, it was noted both in Bangladesh and India that the UN agencies, such as UNICEF, did little to mainstream HIV into their work. There was little or no cooperation between the different departments. This is an issue that could be addressed on higher policy level by the "AIDS ambassador" or the Swedish MFA in board meetings.

5.6 Lessons Learned

5.6.1 Relations with HO

Programme officers at the embassy are in contact with their thematic counterparts in Stockholm, for instance the desk officer at the Health Division. As a FP for AIDS, he may also be in touch with the HIV/AIDS secretariat, but more often with the regional adviser. However, when proposals are made, the decisions are taken at the Asia Department, and it is not known in Bangladesh whether decisions made in Stockholm are made in consultation with the Health division or the HIV/AIDS secretariat.

The problems linked to handling the regional HIV/AIDS project proposals at head office seems to be an illustration of the challenges to insert flexibility into rather strict bureaucratic structures. When an initiative does not automatically "belong" to a certain desk officer, it can be difficult to get necessary ownership for the issue at that level.

It also seems difficult to get sufficient focus on AIDS in Asia, as the emphasis is always on Africa. It is unclear who is responsible for AIDS at the Asia Department.

5.6.2 The Function of the Regional Adviser

The allocation of a position as a regional adviser (at 70 per cent of one full time employee) is not very much, especially considering that there is a lack of competence both among donors and local stake-

holders in relation to HIV/AIDS in many of the countries. (The 30 per cent of time allocated to work in India gives the RA a good sense of belonging among colleagues, in a position which is otherwise quite lonely, however.)

Competence building must be an important objective of the work, and it is remarkable that the RA does not have a budget for activities, for instance to gather the different FPs or to initiate any regional activity or joint capacity development. The set-up seems to lack an overall strategic consideration on how to work and prioritise the work.

As working regionally is different from how the colleagues work, it could be an idea to place the specialists in different technical areas together in a regional team. Such a set up could strengthen the regional approach.

5.6.3 Monitoring and Evaluation

There seems to be a limited system for learning from the projects. Smaller evaluations or reviews including both quality aspects of the work and monitoring that a plan is followed, seems to be lacking. This makes it more difficult to learn and develop competence both at national level and at Sida overall.

Sida has a rating system as part of the controlling system of monitoring and evaluation, to assess the development of projects with a certain size. This system could be developed for HIV/AIDS.

5.6.4 Sticks or Carrots or Sermons?

The question on how one should ensure the implementation of a strategy was discussed with staff at different levels at both embassies, and the issue of sticks, carrots and sermons was brought it. Here are some comments:

"If Sida is serious, there should be some kind of punishment and encouragement linked to the expected implementation of a strategy."

"Nobody likes to be criticised, so sticks are not welcome in Sida"

"Sticks are necessary, but there must also be a system of acknowledgement when people do what is wanted".

"Training is more useful than reading"

"Motivation and competence development is needed"

Several staff members expressed the feeling that Sida was not an organisation that gave feed-back, neither negative, when things are not done, nor positive when strategies or instructions had been implemented.

There are some sermons at work in Sida; solid documents are produced, speeches are made, and Sida is holding a high profile in global gatherings such as the international HIV/AIDS conference, or when Stockholm hosted a high level international conference on HIV/AIDS in Asia. However, such events and sermons do not seem to translate into a very proactive role at national level.

Training and motivation also takes place, but not very systematic, and perhaps not always strategic.

5.6.5 Does One Size Fit All?

The IFFG is meant to be relevant for all countries, but there has perhaps not been sufficient reflection on the different contexts. AIDS should always be mainstreamed; however there may be situations when other problems seem so overwhelming that AIDS does not appear as a priority because more urgent issues need emphasis. To some extent this is the situation in Bangladesh, and it may also be the situation in countries dominated by armed conflicts or emergencies and when the HIV-prevalence is very low (such as the former Yugoslav states). There may also be situations where other donors are heavily

involved in HIV/AIDS work and with a good level of competence, so that there is no need to come in with more support to interventions specifically aiming at combating the epidemic.

A future strategy should perhaps reflect on such issues, so that a discussion on how to prioritise HIV/AIDS in a local context is stimulated.

6. Recommendations

6.1 Learning and Building Competence

It is important to start a workplace programme at the embassy, with two objectives:

1) to address the personal issues related to HIV/AIDS, for all staff and also family members. In this connection issues linked to policy, insurance, etc. should be addressed.

2) To increase the competence of the programme officers on HIV/AIDS in relation to their own sector.

As the embassy in India has successfully carried out two such seminars, other embassies could learn from that experience.

6.2 Strengthen Regional Function

Linked to the previous point, is the need to strengthen the possibility for regional cooperation in relation to HIV/AIDS. The set up for the regional adviser should be discussed and strengthened, as there is a general need for increased cooperation in the region. In order to promote this, it is necessary that the regional adviser has a budget for running costs, not least in order to facilitate competence building among embassy staff. There should also be an annual gathering for all FPs on AIDS, perhaps not always as a meeting or seminar, but sometimes doing some joint exposure visits to learn from action.

It is important to learn from the experience from others, to build on what has been learned in other countries in the region, whether from India or from (northern) Thailand. The regional cooperation and mutual learning should be reinforced for embassy staff, and perhaps also for key partners, to be exposed to good practice from other places.

Regional projects may be a good way of promoting regional coordination and learning, and there must be a proper system for handling such projects

6.3 Mainstreaming and Strengthening the HIV/AIDS Aspects in the New Country Strategies

The embassy in Bangladesh has started supporting projects in the country, and will use the projects to learn and gain experience that may help them in the mainstreaming of HIV/AIDS into their ongoing projects. Hopefully the agreements with the government will also make it easier to extend support to new projects. It is recommended that the experiences are used to systematically address mainstreaming in the different sectors, and especially to consider mainstreaming in relation to new projects. The next country strategy should include more specific goals for HIV/AIDS and mainstreaming.

6.4 Greater Involvement in "the AIDS scene" in Bangladesh

There are some strong actors working with the issue of HIV/AIDS in Bangladesh today, and much of the focus is around the Global Fund funds and the HAPP, but as these funds will expire soon, this may be a strategically good period for Sida to become more active. As there are certain conflicts or tensions between key actors, Sida may come in as a new and "neutral" partner. As many of the NGOs currently funded by HAPP will lose their funding in some months, Sida may also continue to support some of the projects who seem to have a good potential.

6.5 Controlling, Monitoring and Evaluation

In order to learn from the actions undertaken and to be able to better follow their development in the country, it is important for the embassy as well as for the RA and Sida's head office to develop tools for reviewing and following up their work. Maybe controllers could develop a rating system to be used for HIV/AIDS projects and for mainstreaming. It is also recommended to have more regular but limited reviews of projects, in addition to the reports that the embassy receives from the partners.

Annex 1: Mission Time Tables

Programme in Dhaka for Ms. Anne Skjelmerud, 5–17 January 2004

Objectives:

i. Evaluate implementation of Investing for Future Generation (Sweden's HIV/AIDS Policy) in the context of Bangladesh.

ii. Be updated on HIV/AIDS situation in Bangladesh and work relating to HIV/AIDS.

Date & Time	Programme	Agenda	Venue	Comments
Wed, 5 Jan				
0850	Arrival by KU 281	–	Marriott Guest House	Pick-up by Hotel
1300	Ms. Parveen Khanum	Induction to the Mission	Marriott Guest House	
Thurs, 6 Jan				
0815	Ambassador Börje Mattsson	Objectives of the evaluation and scopes for work	Embassy	Confirmed
0845	Khaled Ahsan	Updates on Embassy's HIV/AIDS projects and profile	Embassy	Confirmed
1000	Program Manager National STD and AIDS Programme, MOHFW & Major General (Dr) ASM Matiur Rahman, Chairp., Technical Comm., Nat. AIDS Comm. & Prof. (Dr.) Fatima Parvin Chowdhury Line Director, NSAP	Understand the Govt's position and response to HIV/AIDS, progress on GFATM, sexuality education etc.	NSAP, House -376 A Road – 28, New DOHS Mohakhali	Confirmed
1400	Dr Shahnewaz Alam Khan, Chairperson, STD AIDS Alliance Bangladesh	NGO coalition on HIV/ AIDSand it's roles	CONCERN B'desh 58 Kalabagan (First Lane)	Confirmed
Fri, 7 Jan				Weekly Holiday
Sat, 8 Jan				

Sun, 9 Jan				
Afternoon	Khaled Ahsan	Embassy		
	Meeting with Hans P. Melby and Inger Sangnes	NORAD		
	Start for Khulna by air	To visit Sida assisted HIV/AIDS project of BRAC		
Mon, 10 Jan	Field trip	(See sep. programme)		Confirmed
Tues, 11 Jan	Return to Dhaka by a evening flight			
Wed, 12 Jan				
0930	Dr M A Sabur Section Manager, DFID	Functioning of CCM Of GFATM, DFID financing to HIV/AIDS in B'desh	DFID, 10 Gulshan Avenue United House Gulshan	Confirmed
1100 (Cancelled)	Mr Baidhanath Krishnamurthy Programm Coordinator	CARE intervantions in HIV/AIDS	CARE Bangladesh Progoti Tower (8th Floor) Opposite to Hotel Sonar-gaon, Karwanbazar	Confirmed
1200	Dr Tasnim Azim Virology Deptt. ICDDR,B	Findings of ICDDR,B surveillance system on HIV/AIDS	ICDDR,B	Confirmed
1400	Mr. Evaristo Marwa Country Programme Coordinator, UNAIDS	Assessment of HIV/ AIDS programme in B'desh CCM of GFATM	UNAIDS office 8th Floor, IDB Building	Confirmed
Thurs, 13 Jan				
0900	Ms. Ivonne Camaroni HIV Coordinator, UNICEF	UNAIDS Thematic Group on HIV/AIDS	UNICEF	Confirmed
1100	Ms. Nasrin Parvin Hoque, Country Dir. ActionAId Bangladesh	ActionAid's work on HIV/AIDS with the lawmakers	ActionAid B'desh Hse 8, Rd 136 Gulshan 1	Confirmed
1430	All technical staff at the Embassy	Mainstreaming HIV/ AIDS in Sida projects by NGOs	Embassy	Confirmed
Fri, 14 Jan				Weekly holiday
Sat, 15 Jan				Weekly holiday

Sun, 16 Jan				
0800	Mr Mats Alentun	Mainstreaming HIV/ AIDS in Sida projects	Embassy	
0900	Dr. Frank Paulin Sr. Tech. Adviser, Health Sector Dev. Embassy of Sweden	HIV/AIDS in health sector in B'desh	CIDA PSU Hse D2, Rd 95 Gulshan 2	Tentative
1400	De-briefing by the Mission		Embassy	Ambassador + all Programme Unit staff are invited

Tour Schedule for Sida Officials at Khulna

Date 09 January 2005

7:00 P.M Arrival of Sida Officials at Jessore Airport

7:15 P.M Departure for Khulna

8:15 P.M Check-in at Castle Salam Hotel, Khulna

8:30 P.M Dinner

Date 10 January 2005

8:00 A.M Programme Briefing on HIV/AIDS by District Manager, Khulna

8:15 A.M Discussion on HIV/AIDS Programme

8:30 A.M Departure for Banishanta Brothel, Mongla, Khulna

11:00 A.M Arrival at Banishanta

12:30 P.M Departure from Banishanta

1:30 P.M Lunch at BRAC Area Office, Rampal Upazilla, Khulna

3:00 P.M Meeting with Civil Surgeon, Khulna

3:30 PM Meeting with District Educational Officr, Khulna

4:00 P.M Visit Employment and Livelihood for Adolescent (ELA) meeting at Fultala, Khulna

5:30 P.M Tea

6:00 P.M Attend Popular Theater (Gono Natak) at Fultala, Khulna

Night stay at Khulna

Date 11 January 2005

7:30 AM Breakfast

8:00 A.M Attend Village Organization (VO) Meeting at Fultala

9:00 A.M Visit Fultala Brothel

10:00 A.M Visit Shastho Sebika SS (Comm. Health worker) Fultata

11:00 A.M	Visit Mahashin Boys School, Khalishpur
12:30 P.M	Visit Mahashin Girls School, Khalishpur
1:30 P.M	Lunch at Khulna Regional Office
2:30 P.M	Visit Gono Kendra Pathagar, Dumuria, Khulna

Departure for Dhaka by Air from Jessore Airport

HIV/AIDS evaluation: Programme New Delhi:

Visit by Ms. Anne Skjelmerud, 17–19 January, 2005

Monday – 17 January

12:50	Arrival
15:30	Meeting with Mrs. Åsa Andersson, Regional Adviser HIV/AIDS

Tuesday – 18 January

9:00–11:00	Meeting with Åsa Andersson
11:00–12:00	Meeting with the Ambassador – Mrs. Inga Eriksson Fogh (to be confirmed)
12:00–13.00	Meeting with Mr. Magnus Engström, Counsellor, Head of Chancery
13:00–14:00	Lunch with Section 2 at Mr.Carl-Gustaf Svensson residence.
14:00–16.00	Individual meetings with Mr.Carl-Gustaf Svensson Counsellor – Sida, Yasmin Zaveri-Roy NPO, Ramesh Mukalla, NPO, Sunita Chakravarty NPO, Inderjeet Basra APO
16:00–17:00	Cont. meeting with Åsa Andersson

Wednesday – 19 January

09:00–10:30	Meeting with Mamta (accompanied with Åsa Andersson)
11:00–12:30	Meeting with Lawyers Collective (accompanied with Åsa Andersson) (to be confirmed)
13:00–14:00	Lunch
14:30–15:30	Meeting with Red Cross – Regional Office (accompanied with Åsa Andersson)
15:30–17:00	Conclusion remarks with Åsa Andersson

Annex 2: Persons Met for Discussion

NAME	Organisation
BANGLADESH	
Embassy of Sweden	
Ambassador Börje Mattsson	Embassy of Sweden
Syed Khaled Ahsan	Programme Officer, Embassy of Sweden/Sida
Mr. Mats Alentun,	Programme Officer/2nd Secretary
Ms. Rehana Khan	Programme Officer
Ms. Monica Malakar	Sr. Programme Officer
Mr. Reazul Islam	Programme Officer
Ms. Ulrika Hessling-Sjöström	Programme Officer
Dr. Frank Paulin	Sr. Tech. Adviser, Health Sector Dev. Embassy of Sweden, Bangladesh
GOB/Donors/NGOs	
Major General (Dr) ASM Matiur Rahman	Chairperson, Technical Committee, National AIDS Committee
Dr Hasan Mahmud	Programme Manager, National AIDS/STD programme (NASP)
Prof/Dr Fatima Parveen Chowdhury	Line Director, NASP
Dr. Md. Hanif Uddin	Deputy Programme Manager
Dr Shahnewaz Alam Khan	Chairperson, STD AIDS Alliance Bangladesh (Concern)
Dr Muhammod Abdus Sabur	Health and Population Section Manager, DFID
Dr Tasnim Azim	Virology Deptt., ICDDR,B
Dr Chandranath Sarkar+ AIDS counsellor	Medical Officer (IDU), JAGORY (VCT Center), ICDDR,B
Mr. Evaristo Marwa Mr Mahboob A. Rahman	Country Programme Coordinator M&E adviser UNAIDS
Ms. Ivonne Camaroni	HIV Coordinator, UNICEF
Ms. Nasreen Huq	Country Director, ActionAid
In BRAC	
Dr Shamser Ali Khan	Deputy Chief of Programme, BRAC,
Dr Raisul Haque	Sector Specialist and MO for HIV/AIDS Programme, BRAC
Mr. Shaha Alam	District Manager (Dhaka), HIV/AIDS Programme, BRAC
Mr Anamul Haque	District Manager, BRAC, Khulna
Mr. Aminul Islam	Credit Programme, BRAC, Khulna
Ms. Sabbitry Saha	Programme Organizer, BRAC, Khulna
Ms Sukla Das	Programme Organizer, BRAC, Khulna (Baniashanta Brothel)
Ms. Samapty Roy	Library Assistant, Gonokendra Pathagar, Khulna
Other persons in Khulna	

Dr Hame-UZ- Zaman	Civil Sergeant, Khulna General Hospital.
Dr Daude Ali Meer	Deputy Civil Sergeant, Khulna General Hospital
Mr Ruhul Amin	District Education Officer, Khulna
Mr. Aybue Hossain	English Teacher, Mahashin Boys School (Secondary), Daulatpur, Khulna
Ms. Shameem Are	English Teacher, Mahashin Girls School (Secondary), Daulatpur, Khulna

INDIA	
Embassy of Sweden	
Mrs Åsa Andersson	Regional HIV/AIDS Adviser
Mrs. Inga Eriksson Fogh	Swedish Ambassador India
Mr. Magnus Engström	Counsellor, Head of Chancery
Mr.Carl-Gustaf Svensson	Counsellor – Sida
Ms. Yasmin Zaveri-Roy	NPO
Mr Ramesh Mukalla,	NPO
Ms Sunita Chakravarty	NPO
Mr Inderjeet Basra	APO
Mr Frank Rasmussen	Socio-economic/Controller
NGOs	
Anjali Sakuja	Ass. Director, MAMTA
Vivek Divan	Proj. Coord, Lawyers Collective HIV/AIDS Unit
Anand Grover	Lawyers Collective
Dr Manish Pant	Reg Health Manager, Red Cross

Annex 3: Overview of Sida Support to Bangladesh

Swedish Development Co-operation with Bangladesh (in Million SEK)

Contribution Number	Financial follow-up Country programe Bangladesh. Updated on Dec.10' 2004	Status	Dis-bursed during 2004	Esti-mated Disb. 2005	Esti-mated Disb. 2006	Esti-mated Disb. 2007
	1. Budget allocation per country					
	1A.Development Coop.Agreement					
	Contributions		**111.75**	**211.07**	**234.50**	**183.00**
	Social sector		*104.91*	*157.35*	*179.75*	*138.00*
42003214	NFE-II (Non Formal Education Project)	A	0.27	-34.50	-	-
42003216	NFE-III (Non Formal Education Project)	A	0.08	-	-	-
42000095	HTR - Second Phase	P	-	40.00	40.00	40.00
42003212	IDEAL- Primary Education	A	0.24	6.00	-	-
42000098	NFE for Poverty reduction	P	-	7.00	7.00	7.00
42000096	PEDP - II	A	50.00	51.00	51.00	51.00
42000063	Fifth Health & Population Sector Programme	A	2.74	-	-	-
42000137	HPSP - TA	P	-	1.75	1.75	-
42000139	UNFPA - HIV/AIDS	A	2.58	1.10	-	-
42000160	BRAC - HIV/AIDS	A	4.00	5.00	-	-
	HNPSP	P	-	80.00	80.00	40.00
42000063-05	Contingency Plan for Health Sector	A	45.00	-	-	-
	Democratic Governance & Human Rights		*5.07*	*31.75*	*41.75*	*42.00*
42000107	PEP	A	1.10	-	-	-
42000142	LGPP	P	-	29.75	39.75	40.00
42000120	LCDI - III	A	3.97	-	-	-
	Children Ombudsman	I	-	2.00	2.00	2.00
	Infrastr, prv. Sec, urban,water/sanita			*10.00*	*10.00*	-
71001533	Urban Development	I	-	10.00	10.00	-

Contribution Number	Financial follow-up Country programe Bangladesh. Updated on Dec.10' 2004	Status	Dis-bursed during 2004	Esti-mated Disb. 2005	Esti-mated Disb. 2006	Esti-mated Disb. 2007
	Research Cooperation		*0.40*	*0.6*	*0*	*0*
42000161	Institutional support in Finance Sector	A	0.40	0.60	-	-
	Other		*1.38*	*11.37*	*3.00*	*3.00*
42000126	Personnel & Consultancy	A	1.38	8.37		-
	Personnel & Consultancy	P		3.00	3.00	3.00
	Total DISB.Dev. Coop. Agreement		*111.75*	*211.07*	*234.50*	*183.00*
	1 B. Outside Dev. Coop. Agreement		**31.92**	**46.48**	**41.20**	**27.55**
	Social Sectors		*10.54*	*18.00*	*21.00*	*12.00*
42000065	CMES/Basic School System	A	3.00	6.00	6.00	-
42000154	Reproductive Health (RHSTEP)	A	2.20	-	-	
42000153	BAPSA	A	0.46	-	-	
42000155	BWHC	A	1.52	-	-	-
42000164	Reproductive Health (RHSTEP)	A	2.00	4.00	4.00	3.00
42000165	BAPSA	A	0.74	1.50	1.50	1.00
42000166	BWHC	A	0.63	2.50	2.50	1.00
	HIV/AIDS	I	-	4.00	7.00	7.00
	Infrastr, priv.sect, urb, water/san		*9.05*	*9.50*	*7.20*	*5.00*
42000149	ICDDR'B	A	2.00	1.00	1.00	-
71001118/ 42000167	DBSM/KATALYST, SME Support	A	7.05	8.50	6.20	5.00
	Democratic Governance & HR		*8.01*	*17.68*	*11.70*	*10.55*
42000135	Integrated Development Foundation (IDF)	P	-	1.20	1.20	1.20
42000145	SAMATA-Land(Greter Faridpur)	A	2.50	3.50	4.00	4.00
42000146	Transperancy Int. Bangladesh	A	1.20	2.00	2.00	2.00
42000129	Ain O Salish Kendra (ASK)	A	0.65	1.55	-	-
42000130	BNWLA	A	0.65	1.50	-	-
42000131	Steps Twards Development (STD)	A	0.80	1.75	0.15	-
42000132	Asso. For Community Development (ACD)	A	0.45	0.50	-	-
42000133	BCDJC	A	0.25	0.55	-	-

Contribution Number	Financial follow-up Country programe Bangladesh. Updated on Dec.10' 2004	Status	Dis-bursed during 2004	Esti-mated Disb. 2005	Esti-mated Disb. 2006	Esti-mated Disb. 2007
42000134	Center for policy Dialog (CPD)	A	0.45	0.55	0.60	0.60
	NDI (National Democratic Institute)	P		2.00	2.00	1.00
	Election Observation	P	-	0.50	0.50	0.50
42000157	Plan, Preparation & Evaluation Fund	A	0.88	0.83	-	
42000141	Seminar & Minor Studies	A	0.19	0.25	0.25	0.25
42000156	Child Rights Initiative	I	-	1.00	1.00	1.00
	Soft Credits		-	-	-	-
71001533	TRIDP - II	A	-	-	-	-
	Others		*4.32*	*1.30*	*1.30*	-
42000136	Financing Local Post	A	0.90	1.30	1.30	-
41003512&21	Programme funded staff	A	3.42	-	-	-
	TOTAL PLANNED DISB					
(1 A+1 B)	**COUNTRY ALLOCATION**		**143.68**	**257.55**	**275.70**	**210.55**
	2. Outside Country Allocation		**-**	**60.00**	**80.00**	**-**
	Concessionary Credits		-	*60.00*	*80.00*	-
71000987	Surface Water Treatment	P	-	-	-	-
71010440	BGD Bogra Substation	A	-	-	-	-
	Rural Electrification Board(G. Faridpur)	R		-	20.00	-
71001188	Third Carnaphuli Bridge	R	-	-	-	-
	Common Effluent Tannery Treatment Plant	P	-	60.00	60.00	-
	GRAND TOTAL BANGLADESH		**143.68**	**317.55**	**355.70**	**210.55**

Annex 4: Main Documents Consulted in Connection with the Case Study for Bangladesh

Sida and/or Sida-commissioned documents

HIV/AIDS Action Plan 2004. Embassy of Sweden, New Delhi.

Letter from: Utrikesdepartementet. Statssekreteraren för bistånd to: Samtlige ambassader i Asien. Date: 2003–05–22: Hiv/aids i Asien.

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Workplan 2004 for RA South Asia.

Aide-Memoire Dhaka 12 March 2003: Regional Adviser HIV/AIDS – support to the Embassy of Sweden in Bangladesh.

Country Plan for Development Co-operation with Bangladesh 2005–2007.

Action plan for HIV/AIDS in Asia. 2001–03–06. Samuel Ekerö, Asia Department, Sida.

Assessment memo 10 October 2003: Proposal on "Integrated RH and HIV/AIDS Prevention Project for Tea Plantation Communities in Sylhet Division" by UNFPA.

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Background paper on a prospective Intervention on HIV/AIDS. 6 may 2002.

Country Strategy for Development Cooperation. Bangladesh 2002–2005.

Kabir & Thomson, IHCVAR 1995 Health Profile Bangladesh.

Robert Carlsson (undated prob. 2000): Problem, Threat, Disaster. The different HIV/AIDS epidemics in Asia.

Catharina Rosensvärd, Noah's Ark Malmö (1999): HIV/AIDS in Bangladesh. "Investing for Future Generations". World Bank Mission – Review of HIV/AIDS June 13–25 1999.

HIV/AIDS in Bangladesh: The Present scenario, 2004.

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The World Bank Group. Bangladesh. Issue Brief HIV/AIDS (June 2004).

Ministry of Health and Family Welfare: Bangladesh Country Profile on HIV and AIDS 2004.

UNAIDS. Country HIV/AIDS estimates for Bangladesh.

NASP 2003: HIV in Bangladesh: Is time running out? Background document for the dissemination of the fourth round (2002) of national HIV and behavioural surveillance.

ICDDR, B: Annual Report 2003: Section on HIV/AIDS by Tasnim Azim, Programme Head.

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