

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

Ethiopia

Pol Jansegers

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

Ethiopia

Pol Jansegers

Sida Evaluation 05/21:4

Department for Evaluation and Internal Audit

This report is part of *Sida Evaluations*, a series comprising evaluations of Swedish development assistance. Sida's other series concerned with evaluations, *Sida Studies in Evaluation*, concerns methodologically oriented studies commissioned by Sida. Both series are administered by the Department for Evaluation and Internal Audit, an independent department reporting directly to Sida's Board of Directors.

This publication can be downloaded from:
<http://www.sida.se/publications>

Author: Pol Jansegers

The views and interpretations expressed in this report are the author's and do not necessarily reflect those of the Swedish International Development Cooperation Agency, Sida.

Sida Evaluation 05/21:4
Commissioned by Sida, Department for Evaluation and Internal Audit

Copyright: Sida and the author

Registration No.: 2005-170
Date of Final Report: January 2005
Printed by Edita Communication AB, 2005
Appendix to Sida Evaluation 05/21 art. no. Sida4882en
URN NBN: se-2005-27
ISSN 1401—0402

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

Innehåll

List of abbreviations and acronyms	2
1. Introduction	5
2. Summary of findings and recommendations	5
Main recommendations	6
3. Background: HIV/AIDS situation and Sida cooperation in the country.....	7
4. Detailed findings of the evaluation.....	9
4.1 Sida country staff	9
4.2 Projects/programmes, supported by Sida	11
5. Analysis of the evaluation findings.....	17
5.1 Relevance of the IFFG	17
5.2 Effectiveness of the implementation of the IFFG	18
5.3 Impact of the IFFG on country planning, and on projects/programmes	19
5.4 Constraints and barriers to the implementation of IFFG	19
5.5. Opportunities exploited, opportunities missed	20
5.6 Lessons learned, including a comparison with other cross-cutting issues.....	21
6. Recommendations	22
6.1 To Sida's head office	22
6.2 To Sida in Ethiopia	23
Annex 1: Meetings schedule during Sida evaluation mission 10–19 January 2005	24
Annex 2: List of persons met and interviewed	27
Annex 3: Documents consulted	30
Annex 4: Organization chart Embassy of Sweden, Addis Abeba	32

List of abbreviations and acronyms

AFRA	(Sida's) Department for Africa
AIDS	Acquired Immune Deficiency Syndrome
ARVS	Antiretroviral drugs
Birr	Ethiopian currency (1 Euro = 11.25 Birr)
CDC	Centre for Disease Control (Atlanta, USA)
CORHA	Consortium of Reproductive Health Agencies
CRDA	Christian Relief and Development Association
CSO	Civil Society Organisation
DESO	(Sida's) Department for Democracy and Social Development
DFID	Department for International Development (UK)
EMSAP	Ethiopian Multi-Sectoral HIV/AIDS Prevention and Control Programme
GFATM	The Global Fund to Fight AIDS, Tuberculosis and Malaria
GIPA	Greater Involvement of PLWHA
HAPCO	HIV/AIDS Prevention and Control Office
HDI	Human Development Index (a fraction of one (1))
HDR	Human Development Report (UNDP)
HIV	Human Immunodeficiency Virus
HO	(Sida's) Head Office (in Stockholm)
IA	Initiative Africa
IFFG	"Investing For Future Generations" (Sweden's international HIV/AIDS policy)
ILO	International Labour Organization
IOM	International Organization for Migration
IPO	Implementing Partner Organisation
JeCCDO	Jerusalem Children and Community Development Organisation
LDC	Least Developed Countries
MFA	Ministry of Foreign Affairs
MoU	Memorandum of Understanding
MSEK	Million SEK
NEWA	Network of Ethiopian Women's Association

NGO	Non-governmental organisation
NORAD	Norwegian Agency for Development
NPO	National Programme Officer
OVC	Orphans and Vulnerable Children
PEPFAR	President's Emergency Plan for AIDS Relief
PI-E	Pathfinder International – Ethiopia
PLWHA	People living with HIV/AIDS
PO	Programme Officer
PRSP	Poverty Reduction Strategy Paper
SCDk	Save the Children Denmark
SDPRP	Sustainable Development and Poverty Reduction Programme
SEK	Swedish Krona (1 SEK = 0.11 Euro)
Sida	Swedish International Development Co-operation Agency
SLUF	Sustainable Land Use Forum
STI	Sexually Transmitted Infection
SUO	Specialised Umbrella Organisation
SWAP	Sector Wide Approach Programme
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNICEF	United Nations Children Fund
USAID	United States Agency for International Development
WB	World Bank
WFP	World Food Programme

1. Introduction

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

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

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

The evaluation mission was carried out from Monday 10 January to Tuesday 18 January 2005 by Pol Jansegers, one of the core team members for this evaluation. The mission time table is attached in Annex 1. It essentially consisted of interviews with key informants, the review of a number of country-specific documents, and a few field visits. The lists of persons met for discussions and of documents reviewed are attached respectively in Annexes 2 and 3.

After a short description of the country's HIV/AIDS situation and Sida's development cooperation (Chapter 3), the detailed findings of the evaluation mission are first listed and then analyzed (in Chapters 4 and 5), where after a set of recommendations are provided to Sida's head office and to the embassy in Addis Abeba (Chapter 6).

The author wishes to express his gratitude to all the persons who have given their time for interviews, not the least to the staff of Sweden's embassy in Addis Abeba. Special thanks go to Ms Elshaday Timkat, currently working for 'Dawn of Hope', one of the associations of PLWHA, for accepting to be the national consultant for this evaluation. Her kind availability, her dedication and clear insight in the local situation have been very helpful in the fulfilment of this mission.

2. Summary of findings and recommendations

- Ethiopia, one of the poorest countries in the world, has in recent years had to face two very serious problems hampering its development: the war with Eritrea in the late nineties, and the HIV/AIDS epidemic, which since about 15 years slowly undermines the entire society. The war has for several years been an obstacle for the development of an appropriate response to the epidemic, not only by diverting scarce resources from the fight against the disease, but also by causing a block in foreign aid – including Sweden's – for development cooperation.

As a result of that complex situation, Ethiopia has currently a major HIV/AIDS epidemic, besides – and often masked by – other serious development problems. On the 'country score' from zero to three, used in the desk study to measure both the seriousness of the epidemic and the indication for mainstreaming HIV/AIDS in development work, it would definitely obtain the highest score, three. The government's response to counter the epidemic has been unequal in the past, and apparently continues to be so: the national HIV/AIDS Prevention and Control Office (HAPCO), located in the Prime Minister's office until recently, was moved back to the Ministry of Health, and more than 80 per cent of the budget for the new strategic plan is allocated to the health sector.

- Sida staff in general is well aware of the threat of a major HIV/AIDS epidemic, but also recognize the competing needs of other development problems. Guided by the IFFG and more recent instructions for scaling up efforts in the field of HIV and AIDS, they duly acknowledge the need for mainstreaming HIV/AIDS, but some of them think that different cross-cutting issues could be addressed by different development partners, in accordance with their comparative strengths.
On the scale of intensity of HIV/AIDS mainstreaming in the actual cooperation projects/programmes, Sida's response in Ethiopia would not yet reach the maximum value of three, although it already does better than the recommendation in the country strategy for 2003–07 (which was rated two (2) in the desk study).
- When Sida's development cooperation resumed in 2001/02, support directed to specific HIV/AIDS actions was very limited, but it increased dramatically in 2004. According to the country plan for 2005–07, those upward trends will be maintained. All supported projects are to be implemented by civil society organisations, albeit through specialized umbrella organisations or UNICEF.
- Huge financial support from various donors has recently become available for HIV/AIDS in Ethiopia. Besides the challenge of the necessary coordination, it provides the opportunity for Sida to focus on highly strategic or innovative interventions. This, together with the considerable need for capacity building in the public sector as well as in the civil society, may require more labour-intensive working methods, for which the currently available staff in the embassy is not sufficient.
- Sida's bilateral support to the government is characterized by the preference for budget support, sector programme development, and large and long-term interventions. While this has definite advantages with regard to saving capacity through economies of scale, it reduces to a certain extent the influence Sida can exert on the design and planning of projects/programmes, for example to ensure that IFFG principles are used effectively or to concretize HIV/AIDS mainstreaming. It also makes monitoring less easy.
- Technical support from the regional HIV/AIDS team in Lusaka and from Sida's head office in Stockholm was found to be appropriate, and the readiness of both offices to provide support much appreciated. However, the question may be raised whether the former kind of support in particular should not be called upon more often, to provide assistance in specific areas related to the tasks considered in the two bullet points above, either from its own staff or from the reference group of regional experts.
- Sida's collaboration with other development partners is very good, and extensively used in joint financing agreements, which are opportunities for better coordination and harmonisation of procedures.

Main recommendations

- In view of better adapting the IFFG to the present state of the art with regard to combating the HIV/AIDS epidemic, and to take stock of Sida's own five-year experience with implementing it, it would be worthwhile considering an official revision of Sweden's HIV/AIDS policy, enriching the basic principles of the IFFG with the more recent developments contained in the various guidelines and memoranda issued since its publication.
- To review the need for staff responsible for HIV/AIDS and health in the context of the requirements of a more effective implementation of the IFFG and of scaling up direct support to HIV/AIDS activities
- To strengthen AIDS competence among all embassy personnel, drawing on the model of a similar exercise used in Lusaka, Zambia, in 2003.

- To continue efforts to scale up HIV/AIDS activities, including:
 - increased advocacy for mainstreaming HIV/AIDS in all development work, especially towards government instances
 - increased focus on innovative and strategic interventions
 - increased support to institutional and human capacity building among civil society organisations.
- To continue focusing on coordination and harmonisation among development partners in their collaboration with the government and, even more so, with the civil society organisations.

3. Background: HIV/AIDS situation and Sida cooperation in the country

Ethiopia has a population of around 70 million, and is among the least developed countries of the world. According to UNDP's 2004 Human Development Report (HDR), it has a Human Development Index of 0.359 (the average for the LDC is 0.446), and has rank 170 out of 177 countries.

The country has a mature and very serious HIV/AIDS epidemic, with already about two million people infected with the HIV. According to the most recent epidemiological survey, the national average HIV prevalence is 4.4 per cent, with an urban average of more than twelve per cent.¹ HIV prevalence in rural areas is generally lower than in cities, but varies widely from one region to another. Women are significantly more infected than men, a tendency that is most visible in the age group of young adults (15–24 years old), where some estimates put the male/female ratio of infection at 1:3. On the 'country score', with a scale from zero to three, used in this evaluation's desk study to appreciate the indication for mainstreaming HIV/AIDS,² Ethiopia would definitely obtain the highest score of three (3).

People in the rural areas – who constitute 80 per cent of the entire population – are extremely poor, with millions of them chronically suffering from famine, and up to 60 per cent of them illiterate.³ Those conditions make them even more vulnerable to the HIV, but at the same time tend to divert the attention of the government from the threat of HIV/AIDS among them to attend "more urgent problems".

Ethiopia's response to the epidemic has gone through very diverse phases: Its response was once (at the end of the 1980s) considered as one of the most active and important programmes in Africa, but it went through a profound crisis period from 1993 to the late 1990s, because of ill-performed 'decentralisation' and because the fight against HIV/AIDS became totally sidelined by the war with Eritrea. Reliable data on the HIV/AIDS epidemic covering that time period were practically inexistent.

A first national strategic plan for 2001–2005, developed at the end of that period, included enhanced decentralized action with HIV/AIDS coordinating committees down to the *woreda* (district) level, a strategy that ignores the extreme lack of capacity at those levels. The overall management structures of the programme (i.e. HAPCO) were placed in the Office of the Prime Minister. The first strategic plan will be followed by a second five-year plan, the "Ethiopia Strategic Plan for Intensifying Multi-Sectoral HIV/AIDS Response". It will cover the period from 2005 to 2008, and has a total budget of 6 billion Birr (approx. 533 million Euros).

¹ Oral communication by CDC office in Addis Abeba based on the national survey of 2004 (data to be released officially on 24 January 2005).

² The country score combines measures of the seriousness of the HIV/AIDS situation with the strength of the links of the HIV/AIDS epidemic with the sectors of Sida's development cooperation.

³ HDR 2004, UNDP.

The organisational arrangements spelt out in this new strategic plan should cause certain concerns. It is stated in the plan's executive summary that *“Under the new implementation arrangement of the national response, at the federal level Hapco⁴ will be directly accountable to MoH and the RHAPCOs will be accountable to their respective RHBs.⁵ As the zone and woreda health bureaus will be directly responsible for coordinating HIV/AIDS activities in their respective areas, there may not be HIV/AIDS coordinating offices at these levels.”* Several stakeholders interviewed found that the transfer of the programme management from the Prime Minister's Office to the Ministry of Health is a matter of concern, in that it could create even more administrative hurdles to channelling funds to the various sectors, and further complicate effective multi-sectorality.

On the other hand, substantial funding has recently become available for the fight against HIV/AIDS, through various international development partners, such as the World Bank, PEPFAR, and not the least the Global Fund, with a grant of close to 140 million USD for 2003–2008.⁶ Another grant, of more than 405 million USD – the largest ever awarded by the Global Fund! – has been approved in the fourth round by the Global Fund's board, but the grant agreement has not yet been signed.⁷

Sweden has a long history (over fifty years) of development cooperation with Ethiopia. In the early years, Swedish support was strongly focused on education: around 6,000 primary schools, equal to half the present number of schools in the country, were constructed by the Swedish primary school programme.

Much foreign aid stopped with the war between Ethiopia and Eritrea in 1998, but resumed in 2001/02. Swedish development cooperation also declined abruptly, to resume with limited financing in 2001. From 2001 to present, the level of support has been increasing steeply, although the effective country allocations remained 20 per cent or more below the amounts foreseen in the indicative financial plan of the country strategy 2003–2007.

Development cooperation with Ethiopia, particularly Sweden's, is characterized by the following constraints:

- The Ethiopian government tends to request strict control over all development cooperation, including support to the civil society. This tendency has only recently been tempered, with the acknowledgement that NGOs and CBOS have a crucial role to play in the fight against HIV/AIDS.
- National NGOs and CBOS lack technical and institutional capacity, as well as material and appropriately skilled human resources.
- The number of Sida staff working in development cooperation is relatively limited: Nine Swedish staff members work at the embassy, and there is no long-term staff in projects/programmes, except for the Sida-Amhara Rural Development Programme (SARDP), where some Swedish long-term staff provides technical assistance. (These consultants were recruited by the regional authorities to whom they also report.)

4 Hapco stands for: HIV/AIDS Prevention and Control Office.

5 RHB stands for: Regional Health Bureau.

6 Of that amount, more or less 55.4 million USD were allocated for the first two years, and 21.3 million were transferred to the country in December 2003.

7 Data obtained from the Global Fund's web site: [www.theglobalfund.org].

4. Detailed findings of the evaluation

4.1 Sida country staff

4.1.1 Working relationships with head office, regional team, and other embassy staff

As mentioned above, nine out of about 30 staff members at Sweden's embassy in Addis Abeba work in the field of development cooperation (the organisation of the embassy staff is presented in Annex 4). One of them, a national programme officer (NPO), is responsible for health issues, including HIV/AIDS, and for support to the civil society. She has been working with the Swedish embassy for more than ten years. Initially, the health and the education sectors were administered together, and managed by one Swedish PO and one NPO. This changed in 2003/04, when the NPO became the sole person responsible for health issues. Now, with the recent extensive scaling up of HIV/AIDS activities, it is realized that staffing on health and HIV/AIDS will need to be strengthened. It has therefore been proposed that one of the additional staff members that are being requested for 2005, should be working 50/50 on the themes of health and education.

The relative shortage of staff for development cooperation is acknowledged in the various country plans and reports, and seems to greatly influence the working methods at the embassy. It is repeatedly stated that the rationale behind using sector development programmes, budget support and large and long-term interventions is to "save capacity through economies of scale". Issues related to this approach will be discussed below (see 5.6, Lessons learned).

Working relationships with the regional HIV/AIDS team seem to be excellent. Besides the annual meetings for HIV/AIDS focal points organized by the regional team, technical assistance from Lusaka occurs on needs basis, as and when expressed by the embassy. The regional team's availability and the quality of response given are very much appreciated.

Assistance from Sida's head office, from the HIV/AIDS secretariat as well as from AFRA, was described in the same way. Even so, however, it is clear that neither the regional team nor the head office units will be unable to compensate completely for the increasing workload on the shoulders of the NPO responsible for health and HIV/AIDS. The implications on staff needs will be discussed below.

4.1.2 "AIDS competence"⁸

All embassy staff interviewed were well aware of the seriousness of the HIV/AIDS epidemic in Ethiopia, but several of them mentioned the existence of other very serious development problems, among which the extreme poverty, chronic famine for a sizeable proportion of the population and large-scale illiteracy. They saw those as priorities competing with HIV/AIDS.

With the help from the regional HIV/AIDS team for Sub-Saharan Africa in Lusaka, a half day seminar on HIV/AIDS was organized for the embassy staff in 2004. The focus of that seminar was more on information on HIV and AIDS in general, and on the HIV/AIDS situation in the country in particular, than to increase the 'AIDS competence' of the staff through open and more personal discussion. The difference between Sweden's embassies in Ethiopia and Zambia in the level of AIDS competence and in the staff's general attitude toward HIV and AIDS is clearly visible.⁹ Issues related to HIV and AIDS are being discussed "occasionally" in embassy meetings, though not very regularly, and less than gender issues, ("which have a strong spokesperson in the embassy", as one PO put it).

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

9 The very term 'AIDS competence' did not seem to be known by everybody. That was also the case for HIV/AIDS Focal Points interviewed in other development agencies.

Following discussion on the beneficial influence of the AIDS competence building workshop which the regional HIV/AIDS Team organized in Lusaka,¹⁰ the ambassador as well as the head of development cooperation in Ethiopia were in favour of organizing such a workshop in Addis, and other staff members declared themselves very much interested.

4.1.3 Familiarity with, and attitude towards, the IFFG

The IFFG was well known by everybody in the embassy, as well as the more recent instructions from Sida HO and the MFA to scale up the work on HIV/AIDS. However, several of them – among whom the NPO on Health and HIV/AIDS – did not recall the August 2004 letter and attached memorandum by the State Secretary of International Development Cooperation. Discussed during the debriefing, it appeared that the abundance of instructions, memoranda and other – often bulky! – policy and strategic documents from HO and the MFA was sometimes seen as overwhelming for country staff. 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.

4.1.4 Attitude towards mainstreaming HIV/AIDS in development work

The attitudes among the embassy staff towards mainstreaming of HIV/AIDS in development work are varied: some think it is an absolute necessity, while others suggested that one could make a certain division of work among development partners (e.g. “DFID is very good at mainstreaming HIV/AIDS, so that job could be left with them, while we (= Sida) could focus more on mainstreaming gender equality, in which we have more expertise”). It is our view that, this interpretation of the mainstreaming concept and the idea of a ‘division of labour’ is, per definition, not compatible with the very principle of HIV/AIDS mainstreaming.

4.1.5 Relationships with:

- *National cooperation partners*

As a development partner primarily concentrated on bilateral cooperation with the government, and given that core funding including Direct Budget Support (DBS) makes up a substantial proportion of Sida’s total development cooperation,¹¹ Sida has consistent contacts with the government of Ethiopia for policy dialogue and discussions on the national response to HIV/AIDS and on the implementation of the country’s Social Development and Poverty Reduction Strategy (SDPRS). In those policy discussions, Sweden is most of the time accompanied by other development partners of the Direct Budget Support Group, which is made up of ten donors including the World Bank and the EU. Agreement on essential policy matters is even, according to the ambassador, a pre-condition for engaging in budget support, which thereby becomes a powerful instrument for advocacy and policy dialogue in general and for the implementation of the IFFG and mainstreaming HIV/AIDS in particular. Likewise, sector development programmes are an opportunity for policy dialogue with the government.

As already mentioned, it seems that neither those dialogues nor the follow-up of the effective implementation of the agreements, are very easy, because of the fact that the Ethiopian government has certain reluctance towards foreign influence (easily seen as ‘interference’) in their home affairs. The recent decisions of the government to move the national AIDS programme management back to the MoH, despite pressure from development partners to adopt a more multi-sectoral approach, and to dissolve the Global Fund’s Country Coordinating Mechanism (CCM),¹² are perfect illustrations of that attitude.

10 Pol Jansegers, “Evaluation of the implementation of Sweden’s HIV/AIDS policy IFFG – Mission report Zambia”, December 2004, p 6.

11 Five sector development programmes and DBS together take 57 per cent of the country allocation (“Country plan for development cooperation with Ethiopia 2004–2006”).

12 This decision was officially announced during the present mission, with the information that the CCM would be replaced by ‘an existing coordination body’. It was not clear yet to what extent this body would meet the conditions of effective representation of the various stakeholders recommended by the Global Fund.

Another forum where the national cooperation partners meet is the joint government-donor task force on harmonisation, which develops the Harmonisation Action Plan. After formal agreement among the donors, this plan will be submitted to the government. Here again, “some requirements from the government are “far-reaching”, [so that] serious negotiations will be needed before all parties can sign up to the plan”.¹³

Dealing specifically with HIV/AIDS, the “Partnerships’ Forum” is a very broad all-inclusive body of stakeholders, supposed to coordinate the national response. Composed of government representatives, multi- and bilateral donors, NGOs and faith-based organisations, media, associations of persons living with HIV/AIDS (PLWHA), youth associations, academics, parliamentarians, the private sector, etc., the forum does not meet regularly, however.

Sida’s working relationships with NGOs and CBOs have until recently been much less frequent, and even with the start of the civil society projects through nine specialized umbrella organisations (SUO) (see section 4.2.1 below), direct contacts with the implementing partner organisations (IPO) are still limited. The result is a quite reduced visibility of Sida in the world of civil society: it was striking to see how little Sida – let alone its policy on HIV/AIDS – was known among the NGOs visited during this evaluation. The field trips during this mission included visits to two of the IPOs receiving Sida support through Pathfinder (one of the SUOs): ‘Egna Le Egna’ and the ‘Tilla Association of Women living with HIV/AIDS’, respectively in Shashemene and Awassa. The staff interviewed was aware of the fact that Sida was the funding agency for their project, but it was surprising that Sida was never mentioned in the – Sida supported! – project profiles of the IPOs.

- *Other development partners*

The Donors’ Forum, composed of multilateral as well as bilateral development agencies and chaired by WFP’s HIV/AIDS focal point, is one of the sub-fora represented in the Partnership’s Forum mentioned above. The Donors’ Forum meets regularly and has close, almost institutionalized, relationships with government institutions, more specifically with HAPCO. Sida is an active member of it, and participates in various technical working groups. Several informants found that Sida had a rather low profile in those groups, where the coordination agenda was pushed primarily by the World Bank and USAID.

As mentioned above, most of Sida’s bilateral support is part of joint financing agreements between the government and a number of multi- and bilateral development partners. These agreements presuppose of course that the various participating donors align their policies among themselves before submitting them to their national counterparts. Some of the development partners declared to know about the IFFG, probably following such discussions.

4.1.6 Sida’s workplace policy on HIV/AIDS

All embassy staff has complete health care coverage in a local clinic, as well as more specialized care, which usually would be available in Nairobi. For national staff, the health insurance is extended at a 50 per cent rate to their direct dependants. There are no provisions specified for coverage of HIV/AIDS care. Although no AIDS cases have occurred so far among the staff or their relatives, this situation is recognized as an issue by the embassy staff, including the ambassador, but needs to be handled by the political authorities in Stockholm.

4.2 Projects/programmes, supported by Sida

The main focus of Sida’s development cooperation is the three areas specified in the country strategy for 2003–2007:

- Democracy and human rights (eleven per cent of the total for 2003–2005)

¹³ “Ethiopia Country Report 1, January – August 2004”.

- Social development (education and health, including HIV/AIDS) (34 per cent)
- Economic growth (including direct budget support and an important rural development programme) (55 per cent)

Although the effective country allocations for 2003 and 2004 were significantly less than what the country strategy had foreseen (by over 20 per cent), they are increasing very significantly in recent years: for 2004 and 2005, they amount to respectively 150 and 200 per cent of the country allocation for 2003. The distribution among the respective focus areas remained more or less like planned.

4.2.1 Specifically targeted to HIV/AIDS

Support to interventions specifically targeting HIV/AIDS has so far been channelled exclusively to the civil society. This kind of support was quite limited until 2003, but started to increase steeply in 2004.

Before 2002

Overall development cooperation was very limited, with no support to activities directly targeting HIV/AIDS.

2002–2003

During 2002, a total of 2 MSEK was allocated to four small pilot projects, implemented by NGOs working in the field of HIV/AIDS. Only one of those projects, the Mother Theresa HIV Positive Children's Home, was still active in 2003.

From 2004 onwards

Effective scaling up of HIV/AIDS activities started in 2004, with:

- Support to nine specialized umbrella organisations (SUOs), with a total budget of 115 MSEK for 2004/5–2006/7. The objective is to provide support, through those SUOs, to their member NGOs and CBOS. The nine umbrella organisations were selected on the basis of an assessment by two Sida consultants of their technical and managerial capacities. Four of the SUOs focus specifically on HIV/AIDS, and two others have HIV/AIDS interventions among their activities. Except for the SLUF, all nine focus on cross-cutting issues including or related to HIV/AIDS, such as gender, human and children's rights, etc. Implementation of the supported projects will be monitored on a quarterly basis by an advisory panel composed of six private experts in the various fields to be addressed. Their first meeting of that panel is scheduled for February 15, 2005. Table one gives an overview of the nine SUOs, their respective areas of work, and Sida support.

The agreements with the umbrella organisations were signed in September 2004, and the first disbursements made in November.

- Direct support to three NGOs, for a total budget of 1.5 MSEK for 2004/5–2006/7, as follows:
 - Prison Fellowship Ethiopia (PFE): 750,000 SEK over the three years, for HIV/AIDS prevention and control in prisons
 - Youth Advisory Group (YAG): 150,000 SEK for a one year project, providing youth based information on HIV/AIDS
 - Mekuria Theatre Group: 600,000 SEK, covering three years of participatory theatre performances on various social issues including HIV/AIDS, gender equality, etc.
- At the end of 2004, it was agreed to provide financial support to UNICEF for two three-year projects targeting orphans and vulnerable children (OVC) and for capacity building among youth.

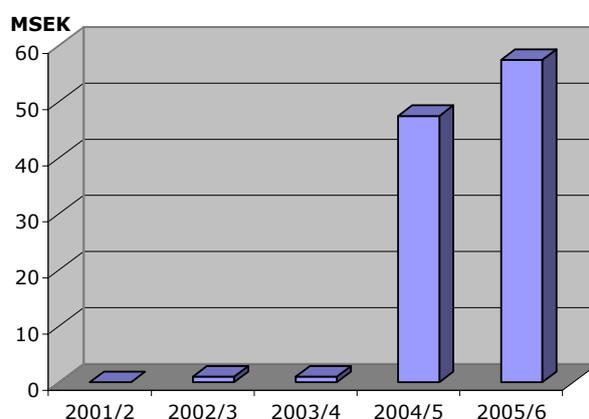
Table 1: Overview of Sida support to 9 Specialised Umbrella Organisations

Specialised Umbrella Organisations (SUOs)	Specific HIV/AIDS activities	HIV/AIDS mainstreaming	Focus on other cross-cutting issues	Sida support for 2004–2007 (MSEK)
IA (Initiative Africa)		√	Human rights	13.0
CRDA (Christian Relief and Development Association)	√			17.0
SCDk (Save the Children Denmark)	√		Children	8.5
PACT Ethiopia	√			17.0
SLUF (Sustainable Land Use Forum)			Environment	7.5
PI-E (Pathfinder International – Ethiopia)	√			31.0
CORHA (Consortium of Reproductive Health Agencies)	√			7.5
NEWA (Network of Ethiopia Women's Assodiation)		√	Gender equality	7.5
JeCCDO (Jerusalem Children & Community Developot Org.)	√		Childrens' rights	6.0
Total contribution to SUOs				115.0

These two projects, with a total annual budget of 25 MSEK, are to be implemented by a variety of NGOs, in close collaboration with HAPCO, other government institutions and UN partners.

In financial terms, the trend over the last four years (and projections in the near future) is quite obvious: direct support to HIV/AIDS started in 2002 with 2 MSEK (in fact spread over 2002 and 2003), jumped to more than 47 MSEK in 2004/5, to reach 57,5 MSEK by 2006/7. The visual representation of the evolution, in the graph below, clearly shows two things: 1) a striking quantity leap, and 2) this occurred in 2003/04. These findings will be discussed hereafter, under 'Effective implementation of the IFPG' in Section 5.6 'Lessons learned'.

Support specifically targeting HIV/AIDS (2001 - 2006)



Impressive as this steep increase may seem, it does not come without a certain risk. Even if reliable organisations like UNICEF are used to channel the funds and to follow up on the implementation of the projects, and if the SUOs are selected on the basis of strict criteria, it remains that direct contact with the

ultimate implementers will be very limited, because of the multitude and the geographical distribution of the projects.

To give just one example of problems that could arise: one of the suos, Pathfinder, is a us based international organisation. Of course, when using other than us funding, it is not bound by the Bush administration's 'Global gag rule' or by its restrictive policies on condom promotion, and in fact it does provide post-abortion care, and promote condom use. Yet it works – within the framework of the Sida support – with faith-based organisations like the Ethiopian Orthodox Church and the Ethiopian Muslim Development Agency, which are very strict on the rejection of those practices. Obviously, close monitoring of the implementation of such projects would not be superfluous.

Thus, the workload necessary for monitoring, for assessing new project proposals and for evaluating the capacity and reliability of new candidate implementers is not easily compatible with the available human resources for development cooperation at the Swedish embassy. In other words, it is our view that further scaling up of directly targeted HIV/AIDS activities would be impossible without also adapting the human capacities in charge of those activities.

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

The government's will to achieve mainstreaming of HIV/AIDS as a priority development agenda was clearly expressed in the new national strategic plan: "Unless sectoral leaders at all levels provide the required guidance for mainstreaming HIV/AIDS in their program and are made accountable for ensuring its implementation, it will be impossible to curb the spread of the epidemic and mitigate its impact."¹⁴ Apparently, the government is of the opinion that HIV/AIDS mainstreaming will not be hampered by the fact that the overall management of the national HIV/AIDS programme was moved back to the MoH. The future will have to show whether this was an appropriate decision.¹⁵

Meanwhile, more than half of the total Sida support is being used for sector development programmes and direct budget support (DBS). Besides offering the advantages of saving capacity through economies of scale, and the opportunity of advocacy and extensive policy dialogue, sector development programmes and DBS also bring some constraints: slow disbursement rates, uneasy follow-up of the progress made on the achievement of the stated objectives (delayed reporting, etc.), and the dissatisfaction of the civil society, which often feels sidelined by the government. Nevertheless, the European Commission found in a recent evaluation that budget support was successful enough for them to consider phasing out all their projects, and to replace them with budget support to sector development programmes.

Direct budget support from Sweden to the Ethiopian government (on an average 100 MSEK annually) is supposed to enable the latter to pursue the objectives stated in the Poverty Reduction Strategy Paper (PRSP), among which the fight against the HIV/AIDS epidemic figures. In the pre-agreement discussions between the government and the various bilateral and multilateral development partners engaged in DBS, it was Sweden who requested and obtained the inclusion of indicators on HIV and AIDS.

Sector development programmes

In fact, the development of Sector Wide Approach Programmes (SWAP) for the education and the health sectors, originally planned for the end of 2004, has been substantially delayed. That is the reason why, so far, Sweden's support to those sectors instead goes to specific programmes:

14 "Ethiopia Strategic Plan for Intensifying Multi-Sectoral HIV/AIDS Response (2004–2008)", Addis Abeba, December 2004, Executive Summary.

15 Other aspects of the new National Strategic Plan also raise questions, e.g. the fact that, despite an impressive list of more than 20 national "key implementing agencies and stakeholders" which is given in the annexes of the document, more than 82 per cent of the 6 billion Birr budget is allocated to the health sector.

- A teacher development programme in the education sector, where Sweden, with a budget of 100 MSEK for the period of 2004–05, is among six bilateral donors that pool funding. HIV/AIDS issues are being addressed (anti-AIDS clubs in schools, HIV/AIDS in the curricula, etc.) but effective HIV/AIDS mainstreaming does not seem to be high up among the priorities (it was, for instance, not mentioned in the country reports).

In the meantime, the preparation of the Education Sector Development Programme III (ESDP-III), though delayed by one year, is ongoing, and includes HIV/AIDS mainstreaming, very much under the impulse of UNESCO and UNICEF (to whom, it was thought by Sida staff in the embassy, Sida could ‘delegate’ that task).

- The ‘Facility based Essential Obstetrics Care programme’ in the health sector, with a budget of 8.5 MSEK. By the nature of the activities in this programme, HIV/AIDS issues are also being addressed. Here also, however, substantial delays in reporting caused delays in disbursements. The finalisation of the Health Sector Development Programme III (HSDP-III), for which Sida support is planned, is underway.

Democracy and human rights: Although much of Sida’s support is focused on the upcoming elections, HIV/AIDS mainstreaming is one of the criteria for pre-assessment of the various project proposals. Currently, Sida supports four NGOs working in the field of human rights, which all try to mainstream HIV/AIDS with varying success. The most important in that perspective are the Prison Fellowship Ethiopia (PFE), which organizes anti-AIDS clubs in, and radio talk shows for prisons, and the Ethiopia Women Lawyers Association (EWLA), which tries to address HIV/AIDS issues in the Ethiopian legislation.

Together with other bilateral donors, and with large support from the World Bank, Sida will also participate in a major programme of human and institutional capacity building at the various levels, the Public Sector Capacity Building Programme (PSCAP). In the framework of that programme, Swedish support will focus on the justice sector reform.

The SARDP, or *Sida-Amhara Rural Development Programme*, is the second largest intervention under the Swedish programme. Since the beginning of Sida support to the programme, attempts have been made to mainstream HIV/AIDS, to which the government has shown some reluctance. Long-term Swedish consultants provide technical assistance to the programme. They are not under the direct authority of the Swedish embassy, but report to the regional authorities, by whom they were recruited.

Food security/humanitarian assistance is another important area of Sida support, but has no direct links with HIV/AIDS action.

4.2.3 Planning process

Guided by Sida’s HIV/AIDS policy and strategy documents (the IFFG and more recent instructions from the head office for scaling up HIV/AIDS activities), Sida’s country plans are based on the country strategy document and in line with the country needs through discussions with government and other national partners and adherence to the national strategic plan. Nevertheless, Sida’s direct input in the planning process is rather limited: Sida accepts to fund projects/programmes that were planned and then submitted by candidates-implementing partner organisations (IPO).

- *Partners involved*

Given that the bulk of Sida support is channelled through sector development programmes and budget support, the government is of course the most important partner involved in the planning process, followed by a variety of local IPOs. In that perspective, the pre-appraisal discussions with the government constitute excellent – and very necessary – opportunities for policy dialogue and exchange of views on the strategies to be used, such as the urgent need to directly focus on HIV/AIDS issues and the

importance of mainstreaming of HIV/AIDS in overall development work. However, as one of the Sida staff expressed it: “We cannot impose, we can only advise and advocate.” It was indeed only recently that some of the top-level government officials have duly recognized the seriousness of the HIV/AIDS epidemic in Ethiopia, but several informants thought that real political will to push the issue higher on the government agenda is still not sufficient.

In the discussions with partners from the civil society, the final decision to approve project proposals lies of course with Sida: they can accept or reject to provide the requested funding. Yet, again for the purpose of saving capacity, it was decided to rely on SUOS for providing support to the civil society, a process which puts an intermediary between Sida and the partner who plans and implements. The inherent risks of this procedure have been discussed under 4.2.1, above.

Stigma and discrimination against PLWHA are still rampant, and relatively few of them have come out in the open.¹⁶ Despite the explicit recommendation in the IFFG, their involvement in Sida project/ programme planning, implementation or monitoring has not yet been envisaged so far. Moreover, the principle of greater involvement of PLWHA did not seem to be well known among most of the development agencies. The lack of required skills among PLWHA was often put forward to explain their limited involvement in HIV/AIDS projects. This is illustrated in the associations of PLWHA themselves: in the two associations visited in Addis Abeba, only 46 and 35 per cent of the head office staff were PLWHA.

- *Consideration of country needs*

To the extent that they are recognized by the national cooperation partner, particularly the government, the country’s needs are taken into account through the ongoing policy dialogue. The problem is that in spite of the official declarations and the National Strategic Plan’s explicit reference to the need for mainstreaming of HIV/AIDS in all sectors, there still seems to be quite some resistance to the practical implementation of that principle (e.g. in the education and the agriculture sectors). Sida will therefore need to grasp every opportunity for advocacy in the area of HIV/AIDS mainstreaming, and join the voices of other development partners, instead of relying upon them to do so.

- *Coordination with other development partners*

Sida is an active member of the “Donors’ Forum” for the coordination of HIV/AIDS activities among multi- and bilateral development partners. This forum seems to function quite well, and meets on a regular basis. The group is now in the process of mapping the available resources in stakeholders and implementing partners. Comparing that data base with the level of funding needs will enable the forum to become better at identifying gaps and responding to them.

Another possibility for coordination is the basket funding with other donors, extensively used by Sida. With the exception of the CSO/NGO support in the field of HIV/AIDS and the SARDP, most of Sida’s development cooperation is part of joint financing agreements between the government and a number of bilateral and multilateral development partners. In front of government officials who are sometimes reluctant to recognize the urgent need for mainstreaming HIV/AIDS in several development sectors, the usefulness of exploiting the strength of a consolidated voice from various donors cannot be over-emphasized.

Traditionally, Norwegian and Swedish development cooperation in Africa work very closely together. For instance, Norway provides support to the – Swedish – regional HIV/AIDS team for Sub-Saharan Africa in Lusaka, which in turn dispenses technical assistance in the field of AIDS to Norwegian embassies. In Ethiopia, this collaboration was interrupted when almost all development cooperation came to a

¹⁶ The two existing associations of PLWHA in Addis Abeba (“Dawn of Hope” and “Mekdem Ethiopia”) have respectively about 12,000 and 5,000 members spread over the various regions of the country, out of an estimated national total of around two million HIV infected people.

standstill because of the war with Eritrea, and has not yet really resumed. The head of development cooperation at the Norwegian embassy informed that a review of the conditions for closer collaboration is about to start, and will logically lead to the re-establishment of those links.

Harmonisation among development partners (concerning issues such as reporting schedules and formats, financial accounting procedures, etc.) is the rule for budget support to government institutions. Such harmonisation would be even more useful in the collaboration with small NGOs and CBOS, in order to reduce their workload and to better match their limited technical capacity.

4.2.4 Monitoring and evaluation

Monitoring of the various programmes relies extensively on reporting by the implementing partners (usually on a quarterly basis), but is complemented by a number of other activities in which Sida staff is directly involved, such as the joint review missions and the annual review meetings.

The direct follow-up of the projects specifically targeting HIV/AIDS, implemented by the various IPOs will be carried out by the intermediary partners, i.e. the SUOs for the CSO/NGO support, and UNICEF for the two youth projects, which will then report to Sida. Here also, Sida staff may participate regularly in field visits to ensure the effectiveness of the implementation and the adherence to the agreed principles.

The weaknesses inherent in those monitoring procedures have already been highlighted. They underline the importance of requesting regular and timely reporting, of the effective review of those reports and of providing feedback on activity reports, even if the latter is not a mandatory requirement in Sida's routines (feedback on financial reporting is mandatory).

5. Analysis of the evaluation findings

5.1 Relevance of the IFFG

The advantage of the rather generic nature of IFFG is that it is applicable in a broad variety of countries and situations. Nevertheless, the recommendation to integrate HIV/AIDS issues in the various sectors of development cooperation is not easy to follow in a country with a still low visible impact of AIDS. The more recent instructions to scale up and mainstream HIV/AIDS in all development work are even less evident, when they are to be concretized in countries like Ethiopia, where the HIV/AIDS epidemic, however serious it may be, still goes very much unnoticed and – even worse – has to compete for attention with other much more visible problems, such as famine, wide-spread illiteracy and extreme poverty, without mentioning, at several moments in the past, the war against Eritrea.

Those are the arguments the government used – and often still uses – to justify its reluctance to mainstreaming HIV/AIDS, and which certain development workers seem to find acceptable. That reasoning does not take into consideration that the HIV/AIDS epidemic, with more than twelve per cent of the adult population infected with HIV in Addis Abeba, will in any case have a dramatic impact on morbidity and mortality in the most active layers of the population in the short or medium term. By that time, the need to mainstream HIV/AIDS will no longer be questioned by anybody. Moreover, by that time the impact of the epidemic on labour force in different sectors will constitute an additional constraint on the efforts to deal with it, and with the other development problems.

These considerations (concerning the relevance of strong action on HIV/AIDS in 'not-so-high' HIV prevalence countries), together with other issues like the need for HIV/AIDS mainstreaming, or for a more up-to-date approach to treatment and care, have already been addressed in various "post-IFFG"

guidelines and memoranda, not the least in the memorandum of 6 August 2004 from the Swedish state secretary of international development cooperation. However, those papers have never been elevated to the rank of 'strategies' or 'policies', and the question continues to be raised as to whether the IFFG needs to be revised, updated or replaced all together, or on the contrary, left untouched.

At least one thing can be said with certainty: that quite a few elements of the IFFG have already been adjusted or overtaken in practice, and many actions planned and implemented according to those new guidelines. Yet these actions still tend to refer to the IFFG, even though they go far beyond its prescriptions.

It would therefore be worthwhile to consider an 'official' revision of the IFFG, taking stock of the experience gained over the five years it has been implemented, and making use of the considerable amount of more recent discoveries, insights and 'best practices' documented in the world. Such document should clearly announce its ambition of being the new – or updated – policy of Sweden in relation with HIV and AIDS. It should also try to be more practical and user-friendly than, for instance, the August 2004 memorandum.

5.2 Effectiveness of the implementation of the IFFG

5.2.1 With regard to development cooperation

On the scale of effective HIV/AIDS mainstreaming (0–3) used in the desk study (Part 1) of the present evaluation, Ethiopia would score “three minus“ (3-). Actually, that is already better than the performance of the country strategy 2003–07, which only scored two.¹⁷ It means that the concrete action plans do better than the country strategy in terms of mainstreaming. As a matter of fact, attempts are being made to mainstream HIV/AIDS in most sectors of development work. Yet the level of mainstreaming achieved is (still) not up to the level needed. Especially in view of the fact that Sida's direct input in project and programme planning is limited, it is of paramount importance to continue to stress HIV/AIDS in the discussions and policy dialogue with cooperation partners, and not to give in on arguments for downplaying HIV/AIDS in favour of other development issues.

In that context, Sida's country report for 2003 acknowledges that “the embassy has been less active in dialogues on [...] HIV/AIDS”, but states that it “will pay more attention from 2004 and onwards...”.¹⁸ Considering that the 2004 report states that “there is so far little evidence of urgently needed actions from the government [on HIV/AIDS]”,¹⁹ such renewed efforts will certainly be necessary. The recent trends in the level of attention and support to HIV/AIDS, as illustrated above, seem to indicate that the promise made in 2003 is becoming reality, and one can logically expect that mainstreaming of HIV/AIDS will go the same way. This, however, will only be achieved if adequate resources are put in place, in terms of staff appointed to that area, and AIDS competence increased among the embassy personnel.

Gender equality issues are in general well taken care of in the various interventions supported by Sida. More emphasis could however be put on the synergetic aspect of addressing HIV/AIDS and gender. In a country like Ethiopia, where huge disparities in men's and women's rights have until recently been supported and maintained by laws and legislation, and where gender discrimination starts so early in life that significantly fewer girls than boys survive into adulthood,²⁰ issues concerning gender equality are inseparable from the struggle against AIDS.

PLWHA are among the beneficiaries of Sida's support to civil society through the SUOS, but they have not yet been actively involved in the design of that support. Nor has any action been undertaken yet to build

¹⁷ “Evaluation of Sida's implementation of the IFFG – Report Part 1: A review of Country Strategies and organisational arrangements”, October 2004, p. 11.

¹⁸ Sida Country Report 2003, March 2004, p. 15.

¹⁹ Ethiopia Country Report 1, January – August 2004, p. 2.

²⁰ Sida, “Towards Gender Equality in Ethiopia – A Profile on Gender Relations”, Sida, February 2003, p. 10.

the capacity of PLWHA in order to enable them to do such work. The fact that already several thousands of HIV infected persons have become affiliated to associations of PLWHA should provide a good opportunity for an innovative intervention: to build technical and managerial capacities of a number of selected PLWHA, in view of their more active involvement as resource persons in the response to HIV/AIDS.

5.2.2 With regard to own staff

A score of Sida's staff in Ethiopia on the HIV/AIDS mainstreaming scale would not reach the absolute maximum: it was felt that matters concerning AIDS were often too easily 're-directed' either to the one PO who has responsibility for health and HIV/AIDS, or to fellow development partners deemed better at mainstreaming of HIV and AIDS. Improved AIDS competence would certainly be sufficient to deal with that issue, though.

Furthermore, the integration of HIV/AIDS in the embassy's workplace policy has not been achieved. As in Zambia, the ambassador and his staff are aware of the potential counter-productive effect of that situation, and are eagerly waiting for the MFA to put the appropriate regulations in place.

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

Due to local circumstances, i.e. the quasi-complete standstill of Swedish development cooperation with Ethiopia between 1998 and 2001, interventions on HIV and AIDS started only slowly, and were kept at a minimum until 2003. From then onwards, support to specifically targeted interventions has been growing very fast, but HIV/AIDS mainstreaming is not yet being applied systematically in all development work.

As for the bilateral support, of which – non-earmarked – core funding constitutes a considerable proportion, Sida to some extent relies on the implementing partner, i.e. the government, for the effective translation of the strategies agreed upon in policy dialogue and other discussions into concrete action. Given that reporting is often delayed, and that there is no direct supervision by Sida staff, monitoring the impact of the IFFG is not easy. It is therefore important to reach explicit agreements making the government policy and strategies consistent with the main principles of the IFFG, to be strict on the regularity and timeliness of reporting, and to use every opportunity (joint review missions, the annual review meetings, etc.) to closely monitor the implementation of concerned programmes.

In the policy dialogue with the government, the fact that 'basket funding' is frequently used (where Sweden together with other donors make joint financing agreements with the government) constitutes a strength, in that several development partners can advocate together for the acceptance of certain sensitive issues, such as HIV/AIDS.

5.4 Constraints and barriers to the implementation of IFFG²¹

Most of the constraints to the implementation of the IFFG have already been alluded to in the preceding evaluation findings and analysis. They can be summarized as follows:

- Since the bulk of Sida's bilateral support consists of budget support (in DBS, sector development programmes and SWAPS), control over government's compliance with the overall IFFG principles is not optimal. To a lesser extent, that is also valid for the SARDP. In the latter programme, attempts were made to mainstream HIV/AIDS, but they have so far not been very successful.
- The fact that Sida support is usually 'demand driven' (that is, project proposals are submitted to Sida by implementing partners, and eventually accepted for funding) limits the possibility of choosing innovative and strategic interventions to the array of proposals submitted.

²¹ A purely technical/material constraint, not directly related to the implementation of the IFFG, but which in the long run could hamper efficient communication, is the fact that computer equipment at the embassy is outdated (e.g. the absence of USB ports on computers does not allow the use of memory sticks).

- In addition, institutional as well as human capacity is weak in the public sector, especially in decentralized areas like regions and woredas, as well as in the civil society. That could be an obstacle to the comprehension and correct implementation of the IFFG principles and strategies recommended by Sida staff.
- The above constraints are further aggravated by a certain shortage of embassy staff which makes more active involvement in participatory planning processes, and closer monitoring of the projects/programmes implemented, difficult.
- Due to the fact that still relatively few persons living with HIV/AIDS come out in the open, and that among those who do, the required technical competence is often lacking, their effective involvement in planning, management and monitoring of HIV/AIDS activities has so far been minimal.
- The absence of an explicit workplace policy on HIV/AIDS for Sida staff at the embassy could be counter-productive for the implementation of the IFFG, since putting such policy in place is recommended to IPOs and other cooperation partners (in Zambia, some of them reacted to that situation by saying: “You don’t do what you preach!”)

5.5. Opportunities exploited, opportunities missed

- The arrival of very significant funding for HIV/AIDS, through a variety of donor supported programmes, such as the GFATM, EMSAP, (the Ethiopian Multi-Sectoral HIV/AIDS Prevention and Control Programme, which is the Ethiopian equivalent of the World Bank’s multisectoral AIDS programme in other countries) PEPFAR, etc., certainly constitutes a serious challenge for coordination efforts, but it is at the same time an opportunity for Sida to focus on more strategic and innovative interventions, and on less visible target groups such as orphans and vulnerable children. However, becoming more directly involved in the development of such projects/programmes will increase the workload for the embassy’s development cooperation staff.
- The discussions around the joint financing agreements provide opportunities for the promotion of the IFFG and advocacy for its principles and strategies, not only among other development partners, but also among the national cooperation partners. These opportunities are being used to a certain extent, but the idea of a ‘division of labour’ for mainstreaming the different cross-cutting issues among the different development partners is not an appropriate way for conveying the message of their synergetic action in the fight against HIV/AIDS.
- Those same meetings among development partners are all opportunities for better coordinating their respective action. Donor coordination in general seems to be high on the agenda of most of the stakeholders interviewed, a fact that definitely deserves to be encouraged. Indeed, under the given circumstances, good coordination and harmonisation among development partners are essential to facilitate and expand the national response to HIV/AIDS, because it allows actors to:
 - avoid duplication
 - identify important gaps
 - reduce administrative burden on cooperation partners
 - define areas for synergetic action.

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

Effective implementation of the IFFG

The evolution of Sida's support to interventions specifically targeting HIV/AIDS over the last years is impressive (see 4.2.1, pp. 10–12), but it occurred relatively late: almost five years after the IFFG was published.

Of course, the situation in Ethiopia has been affected by the war with Eritrea in 1998, and by the subsequent drastic reduction of development cooperation in all sectors. That is a valid explanation for the quasi-absence of HIV/AIDS action until 2001–2002, and its low level during 2003, before it could be influenced by the country strategy for 2003–07. However, the question remains as to whether the IFFG has sufficiently influenced the attention on HIV/AIDS in the early years after its development, and it will be interesting to see indications in that area in other countries.

Mainstreaming HIV/AIDS in a country with 'more urgent' development problems

Despite the official acknowledgement of the seriousness of the HIV/AIDS epidemic, as shown in the “Ethiopian Strategic Plan for Intensifying Multi-Sectoral HIV/AIDS Response (2004–2008)” and by the magnitude of the resources mobilized and allocated to that purpose, a certain resistance from the government side to mainstreaming HIV/AIDS in the entire development work is undeniable. Explanations for that attitude can be found in the still low visibility of the epidemic in comparison with several other development problems like very high and often gender-related illiteracy rates, extreme poverty and famine, some of which are given extensive media coverage. Because of their more dramatic and urgent nature, it is easy to understand the difficulties to keep HIV/AIDS at the same level of priority, even if the latter can only worsen the situation, and in the medium or long term seriously compromise the successful solution of the other problems.

The right answer is of course that those development problems, since they reinforce each other in a vicious circle, need to be confronted together, with the same energy and urgency. In that perspective, mainstreaming HIV/AIDS and other cross-cutting issues, especially gender, is the only valid option, not in competition with each other, but simultaneously and in a synergetic way whenever possible. In countries with similar development problems but with a much more advanced HIV/AIDS epidemic – and hence with even more difficulties because of the impact of AIDS – it has been demonstrated that such approach is perfectly feasible.

Synergy of gender and HIV/AIDS mainstreaming

Issues concerning gender equality in particular, as was stated above (see 5.2.1), are inseparable from the struggle against HIV/AIDS, not only because of the still existing gender discrimination and its negative impact on HIV prevention, but also because women are already much more affected by the epidemic and because of the important role they play as breadwinners for the household in rural areas, and eventually as care givers. Integrating either gender or HIV/AIDS considerations development automatically serves the cause of the other.

Human capacities on HIV/AIDS among development cooperation staff

Saving capacity through economies of scale seems to be a constant concern at the embassy, and apparently influences considerably the working methods and types of support, i.e. the extensive use of sector development programmes and budget support, and the much recommended resort to “as large and as long-term interventions as possible, using joint funding arrangements, multilateral organisations and umbrella NGOs for implementation wherever feasible”.²²

²² Country plan for development cooperation with Ethiopia, 2005–2007.

It should however be carefully considered whether those methods may in fact not always be the most suitable to influence policies and strategies, to introduce innovative and strategic interventions, and to follow up on their effective implementation.

It may indeed be possible to find a better balance between the option of providing substantial support while using relatively little manpower, and the – more labour-intensive – alternative of focusing more on building national capacities through technical assistance, and of a stronger participation in intervention design, planning and monitoring. The latter option would of course imply strengthening the staff resources available for HIV/AIDS at the embassy, recruiting more short-term consultants to help in specific areas, or both. In that perspective, the establishment of a reference group of regional experts by the regional HIV/AIDS team for Sub-Saharan Africa, and the regional team's intention to expand their technical support to the embassies in Sub-Saharan Africa with the creation of "Mobile Virtual HIV/AIDS Task Team" are certainly efforts that are worth to be pursued.

6. Recommendations

6.1 To Sida's head office

- To pose and debate the question about the necessity/usefulness of an official revision of the IFFG. The IFFG is still being referred to as the HIV/AIDS policy document guiding Sweden's development cooperation, while it sometimes lacks information on more recent developments, (e.g. the anti-retroviral therapy, PMTCT, etc.) or, in other instances, has already been replaced de facto by subsequently developed guidelines or instructions.

The option of 'officially' revising the IFFG should be considered, in order to incorporate the various 'post-IFFG' instructions and memoranda, which all together constitute Sweden's HIV/AIDS policy today. Such an update would also be an opportunity for Sida to take stock of its own experience with implementing the IFFG over the last five years, and to integrate the new global insights in the ways to combat the epidemic and its consequences.

- To put in place a workplace policy on HIV/AIDS.

The effective implementation of such workplace policy for the embassy staff, with explicit regulations concerning HIV and AIDS, would guarantee the non-discrimination of PLWHA among embassy staff and their dependents, and would be an example for national cooperation partners. In addition, it could pave the way for the eventual recruitment of PLWHA among Sida staff or temporary consultants.

- Information and instructions to country offices.

The usefulness of circular information and instructions to all embassies should be carefully balanced with the workload they will cause for field staff. In such cases, an effort should be made to keep such documents concise and focused, and to send them in an English version, in order to avoid supplementary workload for translation. (The latter recommendation is mathematically evident: each page translated at the level of Stockholm would save hundreds of hours of work at the different embassies!)

6.2 To Sida in Ethiopia

- To strengthen AIDS competence among all embassy personnel.

It could be suggested to use an AIDS competence building exercise on the model of what the regional HIV/AIDS team for Sub-Saharan Africa has organized in Zambia in 2003.

In such workshop, with the assistance of the regional team, not only should technical information about HIV and AIDS in general, and on the specific aspects of the epidemic in Ethiopia be provided, but the embassy staff should also be given the opportunity to discuss openly about HIV/AIDS on a more personal level. A debate on mainstreaming HIV/AIDS at the end or following that workshop would also be very useful.

- To review the need for staff responsible for HIV/AIDS.

Despite the fact that staff costs – particularly for Swedish staff – represent a heavy weight on budgets for development cooperation, the needs for staff specifically working on HIV/AIDS should be carefully examined in the context of the requirements of the effective implementation of the IFFG.

The availability of substantial financial resources for the fight against HIV/AIDS from a variety of donors should normally increase the liberty of Sida to better focus on innovative and more strategic interventions. This, however, would imply a greater input in the identification and the design of such projects, in terms of technical assistance and preparatory discussions, and would also require a system for closer monitoring.

Some of those tasks could be managed by short- or medium term consultancies (for which the regional HIV/AIDS team could be mobilized), but others would require more staff time in the embassy.

- To continue scaling up the support to civil society.

The government only recently recognized the role the civil society has to play in the national response to HIV/AIDS, but effective support through government instances is often hesitant and slow.

On the other hand, the need for institutional and human capacity building among NGOs and CBOs is still considerable, in order to enable them to expand prevention efforts by scaling up the 'local response', and – in the area of care and support – to contribute to the attainment of the '3 by 5' target.

- To continue advocacy for mainstreaming HIV/AIDS.

Until everyone is thoroughly convinced of the need for mainstreaming HIV/AIDS in all development projects/programmes, Sida should take every opportunity to remind national cooperation partners of the pressing call for mainstreaming made by the government authorities themselves in the executive summary of the new National Strategic Plan.

- To be strict on monitoring procedures.

Since time and staff constraints make the system for monitoring projects/programmes' less than optimal for ensuring the effective implementation of IFFG principles and strategies, Sida should enforce existing procedures for follow-up, such as regular and timely reporting, and the effective holding of joint review missions, annual review meetings, etc.

- To continue to focus on coordination and harmonisation among donors.

The various donors' meetings and discussions in preparation of joint financing agreements should continue to be the opportunity for the promotion of better coordination and harmonisation among development partners. Subsequently, this will allow the donor community to speak with a unified voice to government partners in view of adding strength to the advocacy for sensitive or controversial issues.

Annex 1: Meetings schedule during Sida evaluation mission 10–19 January 2005

Date/Time	Agency	Contact Person	Title and Position
MISSION DAY 1: Monday 10/01			
8:30	Arrival in Addis	Elshaday Timkat	
2:30	Introduction meeting, Sweden Embassy	Adeye Befecadu,	HIV/AIDS Focal Person, Discussion on the Schedule and subsequent meeting confirmations
MISSION DAY 2: Tue 11/01			
08:30–10:30	Meeting at the Embassy	Adeye Befecadu,	HIV/AIDS Focal Person, Discuss Sida Programmes
11: 00–11:30	Dawn of Hope PLWHA organization	Mr. Seleshi Bekele	Head: Dawn of Hope PLWHA Association
11:30–12:30	Ethiopian Orthodox Church	D/N Dr. Mesfin Tegengn	Head: HIV/AIDS Prevention and Control Department of Ethiopian Orthodox Church
14:00–15:30	Hope for Children	Ms Yeweyneshet Masresha	Director of Hope for Children
16:00–17:00	HIV/AIDS Donors Forum	Dr. Gideon Cohen Abeba Bakele Rachel Wright	WFP Development Cooperation Ireland IOM
MISSION DAY 3: Wed 12/01			
09:00–10:00	Mekdem Ethiopia, PLWHA organisation	Mr Mengistu Zemene, Mr. ZeruFentau	Manager Mekdem Ethiopia, PLWHA organisation and Project Coordinator of Mekdim Ethiopia
10:00–11:00	USAID	Ms Holly F. Dempsey	HIV/AIDS Officer
11:00–12:30	Islamic Affairs	Haji Mahabub Mohammad, Mr. Omar Mohhamed	Head: Relief Development of Islamic Affairs and Project Officer of Islamic Affairs
14:00–16:00	HIV/AIDS Prevention and Control Office (HAPCO)	Mr. Asrat Kelemework	Head: Project Coordinator
16:00–17:00	CDC	Dr. Tadesse Wuhib	Country Director CDC-Ethiopia
MISSION DAY 4: Thur 13/01			
8:15–9:05	Sweden Embassy/Sida	Ms. Karin Kronlid	Socio-Economic Adviser
09:00–10:00	Sweden Embassy/Sida	Aklog Laike	PO for rural development and forestry education
10:00–11:00	Sweden Embassy/Sida	Kenth Wickmann	Meeting with PO for Education, Research & Culture

Date/Time	Agency	Contact Person	Title and Position
11:00–12:00	Ministry of Health	Dr. Afework Kassa	Head: HIV/AIDS Prevention and Control Team
14:00–15:00	Sweden Embassy/Sida	Ingrid Lofstrom Berg	Counselor, Development Cooperation
15:00–16:00	World Bank- Ethiopia	Gebresselassie Okubagzhi, Dr. Med	Senior Health Specialist and HIV/AIDS focal person WB
16:00–17:00	Family Guidance Association Ethiopia FGAE	Mr. Amare Bedada, Mr. Desta Kebede	Executive Director FGAE and Plan Program Division Manager, FGAE
MISSION DAY 5: Fri 14/01			
10:30–10:40	Belgium Embassy	Ms. Camille De Stoop	Assistant Counsellor Development Cooperation
10:50–11:05	DFID	Ms Marion Kelly	HIV/AIDS Adviser
16:30–17:30	UNICEF	Mr. Bjorn Ljunqvist,	UNICEF Rep. and Chair Theme Group on HIV/AIDS
MISSION DAY 6: Sat 15/01			
9:00–10:00	Field trip – Shahemene/Enga Le Engna Ethiopia Youth Association/Pathfinder	Mr. Derebe Tadesse Ms. Fetlework Meteku Mr. SHEMELES Abera Ms. Getenet Kifle Ms. Yehimebet Abera	Regional Coordinator for SNNPR/Pathfinder Director Program Coordinator Youth facilitator Accountant
10:30–11:30	Field trip – Awassa/Tilla Women PLWHA association/ Pathfinder	Mr. Derebe Tadesse Mr. Abebaw Amsale Mr. Abera Tesfamichael	Regional Coordinator for SNNPR/Pathfinder Project Coordinator Admin and Finance Head
11:30–12:45	Field trip – Awassa/Youth Center/FGAE	Mr. Menbere Zenebe Mr. Endale Mekonen	Branch Manager Counselor
13:00–13:30	Field trip-Awassa/Tilla Women PLWHA association/Self-help Center/Pathfinder	Mr. Derebe Tadesse	Regional Coordinator for SNNPR/Pathfinder
MISSION DAY 7: Mon 17/01			
10:00 – 11:00	Pathfinder International	Dr. Mengistu Asnake, Mr. Metiku Woldegiorgis,	Deputy Country Representative, Ethiopia Country Office STI/HIV/AIDS/ARH, Team Leader
14:00–15:00	UNDP	Helen Amdemichael	Program Officer HIV/AIDS
18:00–20:00	UNAIDS	Mr. Bunmi Makinwa	UNAIDS Country Coordinator and Focal Point for African Regional Organizations

Date/Time	Agency	Contact Person	Title and Position
MISSION DAY 8: Tue 18/01			
12:00–12:30	Norwegian Embassy/Tel- ephone Interview	Dr. Simon Rye	Head: Royal Norwegian Embassy
14:30	Sweden Embassy/Sida	Ambassador, H. Akesson,	Ambassador
15:30	Debriefing at the Embassy	Ingrid Lofstrom Berg, L. Jemt, K. Wickmann, Adey Befecadu	
MISSION DAY 9: Wed 19/01			
09:30	Departure to the airport		

Annex 2: List of persons met and interviewed

Embassy of Sweden

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

HIV/AIDS Prevention and Control Office (HAPCO)

Asrat, Kelemework	Head of the EMSAP Project Coordinating Unit
-------------------	---

Ministry of Health

Kassa, Afework	Head of HIV/AIDS Prevention and Control Team
----------------	--

HIV/AIDS Donors' Forum

Cohen, Gideon	Chair, and Focal Point HIV/AIDS, WFP
Bakele, Abeba	Development Cooperation Ireland
Wright, Rachel	IOM

UNAIDS

Bunmi, Makinwa	UNAIDS Country Coordinator
----------------	----------------------------

UNDP

Amdemichael, Helen	Programme Officer HIV
Petricca, Nadia	Intern, HIV/AIDS mainstreaming

UNICEF

Ljungqvist, Bjorn	Representative, and Chair of the UN Theme Group on HIV/AIDS
-------------------	---

World Bank

Okubagzhi, Gebreselassie	Senior Health specialist
--------------------------	--------------------------

DFID

Kelly, Marion HIV/AIDS Adviser

Norwegian Embassy

Rye, Simon Head of Development Cooperation

Belgian Embassy

De Stoop, Camille Assistant Counsellor Development Cooperation

USAID

Dempsey, Holly E. HIV/AIDS Officer

CDC

Tadesse Wuhib Country Director

PLWHA organisations

Dawn of Hope

Seleshi Bekele Director

Dibaba, Solomon Head of Programme Department on IEC & BCC

Mekdem Ethiopia

Menghistu Zemene Manager

Zeru, Mr Programme Officer, Care & Support

Pathfinder International – Ethiopia

Mengistu, Asnake Deputy Country Representative

Metiku, Woldegiorgis STI/HIV/AIDS/ARH Team Leader

Zelalem, Gizaw HIV/AIDS/STI Programme Officer

In Awassa

Derebe Tadesse Regional Coordinator for SNNPR

Family Guidance Association of Ethiopia

Head Office in Addis Abeba

Amare Bedada Executive Director

Desta Kebede Plan & Programme Division Manager

Branch Office in Awassa

Menbere Zenbe Manager of Southern Branch

Youth Club in Awassa

Ato Tseqaw Ashaq	Chairperson
Aster Yisma	Nurse
Ato Endale Mekonnen	Counsellor
Menbere Zenebe	Branch Manager

Ethiopian Orthodox Church

Mesfin Tegegne	Head of HIV/AIDS Prevention & Control Department
----------------	--

Islamic Affairs Supreme Council

Omar Mohammed	Programme Officer
Mahbub Mohammed	Head of Relief & Development Section

Hope for Children

Yewoinshet Masresha	Director
---------------------	----------

Tilla Association of Women Living with HIV

Abeba Amsale	Project Coordinator
Abera Tesfamichael	Head, Administration and Finance

Egna Le Egna Ethiopia Association (CBO in Shashemene)

Fetlework Meteku	Director
Shemeles Abera	Programme Coordinator
Getenet Kifle	Youth facilitator
Yeshiembet Abera	Accountant

Annex 3: Documents consulted

Concerning Ethiopia-Sweden's bilateral cooperation

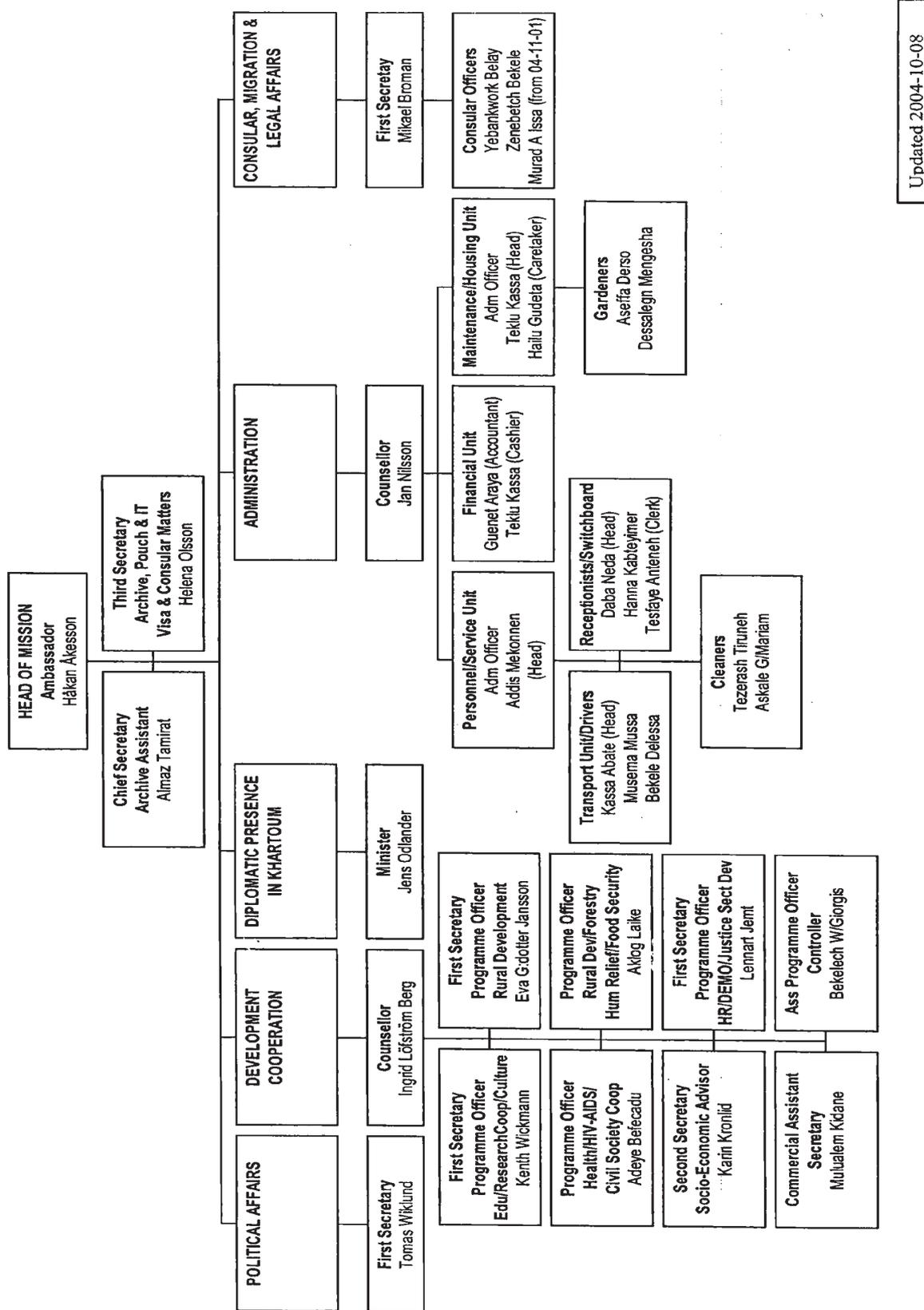
- Sida, Department for Democracy and Social Development, Health Division, “Health Profile – Ethiopia”, Bengt Höjer, IHCAR, 1995.
- Sida, “Result Analysis 1996–2001 – Ethiopia”, February 2003 – Background documents Country Strategy 2003–2007.
- Sida, “Country Gender Profile – Ethiopia”, February 2003 – Background documents Country Strategy 2003–2007.
- Sida, “Strategic Environmental Analysis – Ethiopia”, February 2003 – Background documents Country Strategy 2003–2007.
- Sida, “Structures and Relations of Power – Ethiopia”, March 2003 – Background documents Country Strategy 2003–2007.
- Sida, “Survey of Culture and Media – Ethiopia”, February 2003 – Background documents Country Strategy 2003–2007.
- Ministry of Foreign Affairs, Sweden, “Country strategy for development cooperation with Ethiopia, January, 2003 – December, 2007”.
- Sida, “Sida Country Report – 2003”, March 2004 – Embassy of Sweden, Ethiopia .
- “Ethiopia Country Report 1, January – August 2004”, undated.
- Embassy of Sweden, Addis Abeba/AFRA, “Country Plan for Development Cooperation with Ethiopia 2003, 18 December 2002.
- Sida, “Country Plan for Development Cooperation with Ethiopia 2004–2006”, 14 January 2004.
- Sida, “Country Plan for Development Cooperation with Ethiopia 2005–2007”, 11 October 2004.
- “Memorandum of Understanding between the Government of the Federal Democratic Republic of Ethiopia and the Embassy of Belgium, the Ministry of Foreign Affairs of Finland, the Embassy of Ireland, the Embassy of the Netherlands, the Embassy of Sweden and the Embassy of the United Kingdom, concerning the Pooled Funding for the Teacher Development Programme (TDP), 2003–2006/7”, 28 November 2003.
- Embassy of Sweden, Addis Abeba, Ethiopia “Summary of Assessment Memoranda of the Swedish CSO/NGO Cooperation Programme 2004/05 – 2006/07 (Extract)”, 11 January 2005.
- Embassy of Sweden, Addis Abeba, Ethiopia, “Memo: Small Projects for funding from the Civil Society Support 2004–2006”.
- UNICEF, Ethiopia Country Office, “Project Proposal for Implementation of key priorities of ovc national plan of action in selected regions 2005–2007”, submitted to The Swedish International Development Agency, November 2004.
- UNICEF, Ethiopia Country Office, project proposal for “Building the Capacity of young people and youth serving organizations for youth development – Year 2004–2007”, submitted to The Swedish International Development Agency, November 2004.

- Sida, “50 Years of Partnership Against Poverty, Ethiopia – Sweden”, Embassy of Sweden, Addis Abeba, 2004.
- Ethiopian Strategic Plan for Intensifying Multi-Sectoral HIV/AIDS Response (2004–2008) (Updated Version – 1), Addis Abeba, Ethiopia, December 2004.
- The HIV/AIDS Working Group, “Summary of Report on The Millenium Development Goal (MDG) Needs Assessment on HIV/AIDS for Ethiopia”, November 2, 2004.

Other

- “The Ethiopian Orthodox Tewhido Church HIV/AIDS Prevention and Control Strategy – Five Years Program (2004/5–2008/9)”, October 2004.
- “Memorandum of Understanding for Coordination/Collaboration of IE/BCC Activities and Re-viewing and Re-printing of CBRHS Materials between The Consortium of Reproductive Health Associations (CORHA) and The Family Guidance Association of Ethiopia (FGAE)”, January 2005.
- Project Profile for “HIV/AIDS Prevention, Care and Support” implemented by Eгна Le Eгна Ethiopia Mahber in Shashemene, starting January 1, 2005, through Pathfinder International, with support from Sida.
- Project Profile for “Building the capacity of Tilla Association of Women Living with HIV Project”, implemented in Awassa by Tilla Association of Women Living with HIV (TAWLWH), starting February 1, 2005, through Pathfinder International, with support from Sida.
- Ministry of Foreign Affairs, Norway, ‘Norwegian Policy Positions – HIV/AIDS and Development, Oslo, October 2000.
- UNAIDS, ‘Support to Mainstreaming AIDS in Development’, UNAIDS Secretariat Strategy Note and Action Framework 2004–2005.
- Pathfinder International/Ethiopia, “Grant Application Instruction”, Addis Abeba, October 2004.

Annex 4: Organization chart Embassy of Sweden, Addis Abeba



Updated 2004-10-08

Recent Sida Evaluations

- 05/12 The Farmer Group Empowerment (FGE) Component of the Land Management and Conservation Farming Programme in Zambia**
Patrick M. Chibbamulilo
Department for Africa
- 05/13 Integrating Natural Resource Management Capacity in Southeast Asia (Indonesia, Laos, Philippines, Thailand, Vietnam)**
Bo Tengnäs, Tara N. Bhattarai, Upik R. Wasrin, with contribution by Yu Miao and Han Deng
Department for Natural Resources and the Environment
- 05/14 What difference has it made? Review of the Development Cooperation Programme between the South African Police Service and the Swedish National Police Board**
Finn Hedvall, Busisiwe Mazibuko
Department for Democracy and Social Development
- 05/15 Swedish EPA's Cooperation with Environmental Authorities in North West Russia and Transboundary Water Issues, 1999–2004**
Lars Rylander, Johan Willert
Department for Infrastructure and Economic Cooperation
- 05/16 Partnership Evaluation of Forum Syd 2001–2003**
Åsa Köningson, Lennart Köningson, Bo Andreasson, Jens Larsen, Charlotte Mathiassen, Eva Sennemark, Gertrude Hermansen
Department for Co-operation with Non-Governmental Organisations, Humanitarian Assistance and Conflict Management
- 05/17 Sida Supported ICT Project at Makerere University in Uganda**
Alan Greenberg, Gerrit Versluis
Department for Research Co-operation
- 05/18 Returning Home
An Evaluation of Sida's Integrated Area Programmes in Bosnia-Herzegovina**
Melita Čukur, Kjell Magnusson, Joakim Molander, Hans Skotte
Department for Evaluation and Internal Audit
- 05/19 Povratak kući: Procjena Sidinih programa integralnog pristupa regiji u Bosni i Hercegovini**
Melita Čukur, Kjell Magnusson, Joakim Molander, Hans Skotte
Department for Evaluation and Internal Audit
- 05/20 Programa de Capacitación en Economía para Funcionarios de la República de Cuba**
Guillermo García Huidobro, Stefan de Vylder
Department for Latin America
- 05/21 Turning Policy into Practice
Sida's implementation of the Swedish HIV/AIDS strategy**
Ulrich Vogel, Anne Skjelmerud, Pol Janseggers, Kim Forss
Department for Evaluation and Internal Audit

Sida Evaluations may be ordered from:

Infocenter, Sida
SE-105 25 Stockholm
Phone: +46 (0)8 779 96 50
Fax: +46 (0)8 779 96 10
sida@sida.se

A complete backlist of earlier evaluation reports may be ordered from:

Sida, UTV, SE-105 25 Stockholm
Phone: +46 (0) 8 698 51 63
Fax: +46 (0) 8 698 56 10
Homepage: <http://www.sida.se>



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