

Lessons learned from the Irish Aid Regional HIV & AIDS Programme in Eastern and Southern Africa

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List of Acronyms

ARASA	AIDS and Rights Alliance for Southern Africa
CSP	Country Strategy Paper
DfID	Department for International Development
EAC	East Africa Community
EANNASO	East Africa National Network of AIDS Service Organizations
JFA	Joint Financing Arrangement
HEARD	Health Economics and AIDS Research Division
M&E	Monitoring and Evaluation
NAC	National AIDS Commissions
PAEG	Project Audit and Evaluation Group
PCB	Project Co-ordinating Board
RATN	Regional AIDS Training Network
RBM	Results Based Management
REC	Regional Economic Community
RENEWAL	Regional Network on AIDS, Livelihoods and food security
RHA	Regional HIV and AIDS Advisor
RIATT	Regional Interagency Task Team on HIV and children
RNE	Royal Netherlands Embassy
RP	Regional Programme
RPA	Regional Programme Advisor
RST	Regional Support Team
SCF	Save the Children UK
SADC	South African Development Community
SAfAIDS	South African AIDS Information Dissemination Service
SANASO	South Africa Network of AIDS Service Organizations
SIDA	Swedish International Development Assistance

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Executive summary

The Regional HIV and AIDS Programme has been in operation since 2002. Its most recent five year strategy was initiated in 2006 with the purpose 'to promote and strengthen the regional response to prevent the spread of HIV and AIDS and reduce its impact in Eastern and Southern Africa in a manner that is consistent with the Irish Aid HIV strategy'. The programme's objectives were:

- i) *To foster an enabling environment regionally for HIV and AIDS responses within Eastern and Southern Africa*
- ii) *To improve HIV and AIDS programme efficiency and effectiveness at regional or national level*
- iii) *To facilitate stronger linkages between Irish Aid's HIV and AIDS responses at all levels*

The programme also identified five thematic areas to address which were: stigma and discrimination, children, women and young girls, food security and nutrition, and prevention.

A budget of approximately €23 million was allocated to the programme over five years for support to a total of eleven organisations in Southern and East Africa. These are a mix of intergovernmental, CSO and academic organizations which work in areas related to the programme's objectives and/or the specific themes identified. The programme currently supports eight organizations (described in Annex 2) and is managed by the Regional HIV& AIDS Programme Advisor (RPA) who is based in the South Africa country office and is technically line managed by the senior HIV advisor in Limerick, who also has programme and budget oversight responsibility.

This review was conducted in April 2010 and was commissioned specifically

1. To review and document the lessons learned in the implementation of the Irish Aid regional HIV and AIDS programme strategic plan 2006-2010.
2. To make recommendations for the future programme in the context of the anticipated wider regional programme.

For full Terms of Reference see Annex 1.

During the period of the programme contextual changes have occurred which have influenced the programme and need to be considered for the future. These include: institutional changes at Irish Aid, together with shifts in priorities and a stronger focus on planning for results; the global economic recession; the increased focus on harmonisation and alignment after the Paris Declaration resulting in a proliferation of Joint Financing Agreements; the challenge to AIDS exceptionalism and subsequent greater focus on addressing the drivers of the epidemic and broader issues of vulnerability and poverty; the increasing importance of Regional Economic Commissions and the impact of the move towards free trade areas.

The review identified several key lessons learned from the Regional HIV programme relating to the design of the programme, its technical content and approach and institutional and management arrangements. The Regional HIV programme has played an important role in delivering Irish Aid policy objectives, both technically and politically through its achievements in joint working.

There is no doubt that it has succeeded in building many important relationships with key partners in the region, development partners, intergovernmental agencies and CSOs.

The programme has contributed significantly in all the key areas recognised as providing added value in regional approaches, namely i) leveraging peer influence between countries to strengthen leadership and advocacy and mediating between key national stakeholders for effective national HIV responses; ii) raising issues which are too sensitive to be raised nationally, e.g. Human Rights issues, iii) generating new knowledge and facilitating experience and knowledge sharing across countries for best practice, iv) promoting cross border working and v) realising economies of scale and cost effectiveness particularly around bulk buying of commodities and procurement and capacity development approaches.

The programme is also highly relevant: regionalism is gaining importance in both East and Southern Africa with the establishment of free trade zones and the recognition of their implications for HIV infections is well documented.

The relationships and partnerships that have been established with both donors and beneficiaries have been at the forefront of modelling the Paris Declaration principles of harmonisation, co-ordination and alignment. The programme has provided an important arena for learning important lessons on the challenges and benefits particularly of Joint Financing Arrangements.

The programme is administratively extremely light given its footprint in the region, which has created challenges and any future programme should take due account of the need for adequate human resources. Consideration should also be given to whether effective programmatic and budgetary oversight can be provided from HQ. It is suggested that this may be better undertaken at regional level.

A vital lesson learned by the Regional HIV programme is the need to properly embed the programme institutionally within Irish Aid at country and global level so that from Headquarters to programme country level all staff are clear about how a regional programme benefits their work and know how to access it. A well designed knowledge management strategy or component would greatly assist this to happen.

Any future programme design would benefit from:

- Management arrangements which are strategically determined to ensure buy in across the organization and with programme countries.
- a results based framework which is flexible enough to accommodate joint working.
- an internal reference group or steering committee comprised of Heads of Development and relevant technical staff.
- a clearly articulated knowledge management strategy which outlines approaches for using the knowledge generated by the programme.
- long term investment since building relationships is crucial to success and takes time.
- Continued support to Regional Economic Communities (RECS) recognizing growing regional economic integration and a mix of civil society organizations for the generation of evidence through research, and good governance.

Way forward for the HIV regional programme

The key challenge now is to safeguard investments made as much as possible and to ensure that the benefits and lessons learned from the Regional Programme are translated into improved understanding and practice at Programme Country and HQ levels.

Since the programme began significant political and economic changes have occurred both within and beyond Irish Aid institutionally and these should guide future decisions about the regional programme.

In conclusion, this report captures the focus of the Irish Aid Regional HIV/AIDS programme to date; it details the key activities and partners supported by the programme and most importantly, it captures the key lessons that have been learnt since the inception of the programme. This should be an important input into Irish Aid policy discussions, not only about a future phase of the HIV/AIDS regional programme – but of any regional activity to be supported in future years.

Introduction

The Irish Aid regional HIV and AIDS programme was initially established in 2002 to run for three years with a total budget of €8million focusing on Southern and

Eastern Africa. A five year strategy was subsequently designed for the programme to run from 2006-2010. The programme is managed by a Regional HIV & AIDS Programme Advisor (RPA) based in Irish Aid's South Africa office and technically line managed by the senior HIV advisor in Limerick.

A budget of €23million was initially approved as part of the Regional Programme Strategy to achieve the following objectives:

- iv) *To foster an enabling environment regionally for HIV and AIDS responses within Eastern and Southern Africa*
- v) *To improve HIV and AIDS programme efficiency and effectiveness at regional or national level*
- vi) *To facilitate stronger linkages between Irish Aid's HIV and AIDS responses at all levels*

The programme is further defined by ten intervention approaches:

- To promote the comparative advantage of regional approach
- To contribute to donor harmonisation
- Take a phased approach to expansion according to management capacity
- Expand support to East African region
- Foster linkages between global and country responses
- Promote mainstreaming
- Strengthen monitoring and evaluation approaches to demonstrate added value of regional approaches
- Support Irish Aid requests for technical assistance
- Strengthen links between bilateral and regional responses and clarify the role of respective advisors
- Prioritise thematic areas of stigma and discrimination, children, women and young girls, food security and nutrition, and prevention.

The programme has provided support to 11 organizations working regionally within Eastern and Southern Africa of which eight are current. These organisations all have a unique role to play in achieving the objectives laid out above and include intergovernmental organizations Southern African Development Community (SADC) and East African Community (EAC), Civil Society Organizations (CSOs) for example SAfAIDS, Save the Children (SCF), East African Network of AIDS Service Organizations (EANNASO), AIDS and Rights Alliance South Africa (ARASA) and research institutions (Health Economics and AIDS Research Division) and Regional network on AIDS, livelihoods and food security (Renewal). For an overview of these organizations see Annex 2.

A mid-term review of the programme in 2008 found the programme to be on track but highlighted the need for better institutional arrangements for the programme itself, including regularising the position of the Regional Programme Advisor from a consultancy basis to a more permanent status and more attention to both a

monitoring and evaluation (M&E) framework and a knowledge management system.

The programme is now in its final year and it was decided that lessons learned over the years be captured and documented for two reasons:

- 1) Irish Aid seeks to be a learning organization and therefore values the importance of capturing lessons to inform and improve programming
- 2) Irish Aid is considering establishing a wider multi-sectoral regional programme in Southern and Eastern Africa and lessons from the Regional HIV programme (Irish Aid's only regional programme) would have particular relevance for this initiative.

The specific objectives of this exercise were:

- To review and document the lessons learned in the implementation of the Irish Aid regional HIV and AIDS programme strategic plan 2006-2010.
- To make recommendations for the future programme in the context of the anticipated wider regional programme.

Since the programme began significant political and economic changes have occurred both within and beyond Irish Aid institutionally. The report acknowledges this changing context and, given current uncertainties, offers recommendations for the future for consideration by Irish Aid. .

1.0 Methodology

The methodology employed for this review included desk review of selected programme and beneficiary reports, minutes of JFA meetings and relevant regional documentation, followed by a series of semi structured interviews. A team of two Irish Aid staff and one independent consultant visited South Africa (Pretoria and Johannesburg), Tanzania (Arusha), Kenya (Nairobi) and Zambia between 7th April and 22nd April 2010 and interviewed most of the beneficiaries of the programme and collaborating development partners (SIDA/NORAD, RNE, DFID and UNAIDS, SADC). Irish Aid staff were consulted in South Africa and Zambia country offices; an interview was conducted with the Director of Regional Strategy in South Africa and by telephone with the Regional HIV advisor's former line manager. A full list of interviewees is included at Annex 3.

2.0 Changing context

During the lifetime of the Regional HIV programme significant changes have occurred both within and beyond Irish Aid.

Institutional changes within Irish Aid have seen an increase in staff turnover at HQ level and an increasing need to 'do more with less'. This has led to delays in finalisation or review of key documents (for example, the HIV policy and strategy, and regional programme half yearly reports) which in turn has had an impact on

the regional programme. In addition, there has been a shift in programme priorities with increasing emphasis placed on hunger.

The global recession has had an impact on Irish Aid and this in turn has affected the RP's ability to deliver funds as intended in the strategy of 2006¹. Implementation of the Paris Declaration has influenced the way that the regional programme has operated with an increase in joint working. This has implications for monitoring and evaluation and requires a focus on contribution rather than attribution.

Development partners are changing the way they address HIV, moving from HIV as a standalone issue to HIV as an integrated development issue with an increase in attention to factors influencing vulnerability and social drivers of the epidemic. This is consistent with any future multi sectoral regional programme but will require different skill sets including greater focus on social development.

3.0 Achievements and Lessons learned

The report focuses on achievements and lessons learned as they relate to the seven focal areas identified in the Terms of Reference (TORs) which can be found at Annex 1. These are: i) regionality, ii) value added nature of regional working, iii) harmonisation, co-ordination and alignment, iv) partnerships, v) linkages including management and institutional arrangements, vi) risks and opportunities, vii) monitoring and evaluation (M&E).

3.1 Regionality: *What is regional programming and what distinguishes it from other levels of programming?*

It is generally agreed that the purpose of regional programming is to build on cultural, economic, epidemiological and political commonalities to support and complement national development responses. Regional work is preferred when it presents a clear comparative advantage over national or global programming; that is functions which can either *only* or *best* be executed at regional rather than national or global level.

Regional comparative advantages for HIV can be defined as follows; the ability for organizations at regional level to:

- i) Use peer influence between countries to strengthen leadership and advocacy and mediate between key national stakeholders for effective national HIV responses
- ii) raise issues which are too sensitive to be raised nationally, e.g. Human Rights issues,
- iii) Generate new knowledge and facilitate experience and knowledge sharing across countries for best practice,
- iv) Promote cross border working and

¹ The poor absorption capacity of the East African Community (EAC) HIV and AIDS Unit has also played a role in this. As a result, at time of writing this only €150,000 of a PAEG approved €890,000 had been transferred.

- v) Realise economies of scale and cost effectiveness particularly around bulk buying of commodities and procurement and capacity development approaches.

The partners supported by the Regional Programme have been specifically selected because their mandates match these areas of comparative advantage.

3.2 Value added: *What added value does the regional programme bring to AIDS work in development and to Irish Aid's development agenda?*

The question of how regional programmes add value to national and global programming is a commonly discussed topic within Irish Aid and among the donors engaged in HIV programming in the region. All are agreed that the added value relates directly to the regional comparative advantages described above.

This review was unable to ascertain exact impacts of the programme for two reasons 1) there is no log frame or outcome matrix and 2) there was insufficient time to go into more depth. The findings, therefore, relate to changes noted by respondents as a result of regional working.

Below are examples of how the Irish Aid Regional Programme has successfully delivered results according to each comparative advantage.

- 1) Peer influence between countries to strengthen leadership and advocacy and mediation between key national stakeholders for effective national HIV responses.

The issue of peer influence is particularly relevant for the Regional Economic Commissions (REC) as they play an important role in influencing policy at national level. Support to these Commissions is therefore important strategically.

Both EAC and SADC have institutionalised mechanisms to do this with regard to HIV: the Forum of the Directors of National AIDS Commissions, the councils of Ministers of Health and Ministers responsible for HIV and AIDS and the Summit of the Heads of State. In addition, there exist parliamentary forums (which bring parliamentarians together to discuss topical issues) namely the East African Legislative Assembly (EALA) under the EAC, and the SADC Parliamentary Forum which operates outside the SADC secretariat but is closely linked. Both regions further facilitate bi annual partnership forums (which bring together stakeholders in the regional HIV and AIDS response including the heads of National AIDS Commissions, CSO representatives and donors). In addition, SADC has a 'champions' programme which engages national statesmen and women to address issues of regional relevance.

Support to the HIV unit at SADC over four years has resulted in a well functioning unit which now has its own strategic and business plan and is better

When students in Namibia were excluded from attending a course because of their HIV status, SADC engaged its 'champions' to mediate and question this decision and it was subsequently overturned.

able to conduct its normative work as well as specific programmes. A recent evaluation of the SIDA regional programme notes that 'the HIV unit is now fully fledged, has met its staffing target and is regarded as strong'².

The unit ensures that HIV is included as a standing agenda item on SADC key committees and is planning in the future to assist in effective mainstreaming of HIV issues across all SADC units; this is particularly relevant at a time when discussion on HIV and development is focusing increasingly on drivers of the epidemic and factors influencing vulnerability including food security, poverty and growth.

SADC's partnership forum includes annual meetings with National AIDS Authorities (NAA) and relevant stakeholders. A representative from the SADC HIV unit noted 'SADC will do what national programmes cannot'. In practice this has included addressing cross border issues, advocating for increased attention to key programme areas, for example prevention. Indeed SADC, through its expert think tank on Prevention, was instrumental in identifying Male Circumcision and Multiple Concurrent Partnerships as key prevention programme areas for member states and has supported the creation of national Prevention Working Groups in many countries.

More recently it has been fostering partnerships between National AIDS Councils (NAC), Ministries of Health (MoH) and Ministries of Finance (MoF) which has been traditionally difficult given historical tensions between NACs and MoHs. SADC's role as mediator is thus particularly significant in ensuring greater efficiency of programming at a national level.

A further function of SADC is the provision and packaging of comparative data wherever possible. Although this is not yet properly developed, experience shows that the use of available data to showcase good practice across the region can be a powerful advocacy tool, for example by comparing and contrasting countries with more and less successful records of antiretroviral treatment (ART) roll out and using this as a platform for discussion.

Regional CSOs are also playing an important role in influencing the policy agenda. SAfAIDS is supporting parliamentarians' engagement in HIV through the SADC parliamentary forum, by developing and distributing a series of leaflets on current issues relating to HIV for example prevention of mother to child transmission, multiple concurrent partnerships, male circumcision etc. In addition, they have recently launched an e-forum for parliamentarians to stimulate debate around HIV as a development issue. These mechanisms provide a safe space for parliamentarians to debate, beyond their own national parameters, and provide an opportunity to influence more effective policy and programming.

Lessons learned

² Evaluation of the Swedish-Norwegian Regional HIV/AIDS Team for Africa. 2009:2.

- It has taken a significant amount of time and investment to bring SADC to its current level of capability. Achievements through EAC have been less visible but engagement has been for a shorter period of time (2 years).
- South-South policy and strategy guidance appears to be more acceptable in the region than externally driven guidance, demonstrating the importance of regional partnerships.
- RECs play an important role in the African context, where regionalism is increasingly promoted particularly through trade and growth.
- CSOs, where well established, are playing an important role in influencing the advocacy agenda.
- Attribution is increasingly difficult under the JFA arrangement but shrinking resources are demanding greater evidence of attribution

2) Raise issues which are too sensitive to be raised nationally, i.e. Human Rights issues.

Some issues relating to HIV are highly politically sensitive. Recent moves towards criminalising aspects of HIV together with an increase in homophobic legislation are cases in point. Because of their sensitivity, national organisations, both state and non state, often feel unable to make a stand. Regional organisations, however, are able to lobby and to challenge as they are politically and geographically untied. Irish Aid supports several organisations which are successfully advocating for human rights issues in the region. Indeed, Irish Aid was instrumental in building the capacity of ARASA and enabling it to become the international organisation it is today.

ARASA responded to requests from a partner organisation in Botswana and helped them successfully lobby government to make HIV treatment available to refugees.

SAfAIDS is also addressing sensitive issues at a regional level, for example polygamy. This is in part because it is a regional and indigenous organization and is therefore not perceived as partisan, and in part because the methodology it employs has been developed in close collaboration with national NGOs at community level ensuring it is both politically and culturally appropriate. The strength of the regional approach together with participatory methodology is that communities do not feel 'picked on' or criticised for their practices. Rather they are encouraged to see these issues as common concerns within the region.

SAfAIDS is building the capacity of its national branches for policy dialogue: in Malawi this dialogue resulted in government agreeing to review the AIDS law before it was ratified. Similarly, in Zimbabwe, SAfAIDS facilitated dialogue between Civil society and the State to ensure the revised constitution meets the needs of men and women living with HIV

Lessons learned.

- South-South learning is more powerful than North-South, particularly when the issue is culturally sensitive.

- Regional NGO networks can play the dual role of lobbying around sensitive issues as well as building capacity within countries to dialogue with policy makers at national level.
- In the absence of regional Human Rights organisations, some national laws may have been ratified which conflict with Human Rights commitments.

3) Generate new knowledge and facilitate experience and knowledge sharing across countries for best practice

All partners supported by the regional programme are involved in experience and knowledge exchange across their regions. The RECs have knowledge exchange as a core mandate. CSOs supported by Irish Aid all focus on knowledge and experience exchange with their network members or national counterpart organisations.

Irish Aid partners are also involved in generating new knowledge. Both HEARD and RENEWAL, are conducting original research in their respective fields and have a strong track record in having articles published in peer reviewed journals. Renewal's work on livelihoods and resilience is particularly relevant for Irish Aid's focus on food security³.

In the same way, SAfAIDS have launched a new participatory community consultation package (Changing the River's Flow) to help communities tackle difficult issues relevant to HIV. This was developed with extensive consultation at community level and is proving to be a successful way of changing practices. It also provides an opportunity for a two way flow of information: community experiences are fed upwards into policy deliberations while current knowledge and evidence is channelled downwards into communities.

Both SADC and EAC host partnership forums which bring together NACs directors, donors and key CSOs in the region to discuss pertinent issues and share good practice. Most recently, the regional focus on reinvigorating primary prevention strategies has had visible impact at national level, where there is increased attention to prevention of mother to child transmission, male circumcision and multiple concurrent partnerships.

The development of regional Model AIDS laws, while at times contentious, continues to provide opportunities for open and frank discussion on HIV and the law at regional level. Lessons from the development of the model law in Southern Africa are now being incorporated into the development of the Eastern African regional AIDS Bill, which is currently being developed by EALA and EANNASO.

³ Nunez, L; Vearey, J and Drimie, S (2009) "Developmental local government in urban South Africa: addressing the interlinked challenges of migration, informal settlements, HIV and urban food insecurity", submitted to *Environment and Urbanization: Special Issue on migration and mobility and the implications for local governance and local development*, 10 September

The Zambia Irish Aid country programme noted that the Zambia NAC got a lot out of SADC facilitated cross country exchanges, particularly regarding resource mobilisation, NACs organisational structures and knowledge management’.

All the partners supported by Irish Aid include this aspect of regional work in their programming. The commitment to information sharing and exchange has taken root in Southern Africa to the extent that, with the demise of SANASO, the Regional Network for African AIDS Non Governmental Organisations (RAANGO), which is an informal and unfunded network, comes together regularly and a day before the Partnership Forum to agree on its agenda for the meeting based on shared experience. This is a clear illustration of the fact that NGOs recognise the value of regional collaboration.

A donor funded South African NGO, Media Information and Education Trust (MIET Africa) developed the *Schools as Centres of Care and Support* model, which aims to reduce the negative impact of poverty, HIV and AIDS and other health-related issues on children and youth by building the capacity of schools both to provide quality education and to function as hubs of integrated service delivery. Based on initial success in two provinces, the programme was scaled up regionally and MIET took their lessons learned to SADC. The model was introduced to the SADC Ministers of Education who subsequently adopted it as a regional programme. It was this exposure that provided the catalyst for the South African national education sector to scale-up the model across the country and incorporate the approach into national policy.

In addition, there are specific examples and mechanisms for information exchange: RATN produces a newsletter, and runs a website for its member organisations. EANNASO facilitates exchange visits for its members to learn from each other, twinning stronger organisations with weaker ones in order to build capacity. It is also informing CSOs about developments within the Global Fund for AIDS TB and malaria (GFATM) and supporting them to develop successful proposals.

A core function of the UNAIDS Regional Support team has been to bring key players together in the region, a role which all donors agree it has performed excellently.

Lessons learned.

- Knowledge generated from research in the South and South–South knowledge sharing is readily accepted.
- Regional information and experience development and exchange can positively influence national HIV programming.
- Regional institutions can help set the research agenda at national level.
- National level issues that are common across the region can inform regional research agendas leading to shared use of evidence generated.
- Cross country exchanges are experienced positively and can be valuable at national level.
- Information exchange to share best practice and lessons learned is recognised as valuable by CSOs and RECs alike.
- Regional CSO networks can facilitate two way flow of information bringing community experience up to regional level as well as communicating

- important policy directives from global and regional level back down to the community.
- Weak linkages between the regional HIV programme and Irish Aid programme countries results in missed opportunities for national programmes to benefit from the Regional programme.
 - The absence of an institutional knowledge management strategy means that new knowledge generated by the Regional HIV programme and lessons learned are not optimally disseminated across the organisation.

4) Promote cross border working:

Cross border working is an obvious comparative advantage of regional programming since it cannot be done at a single country level. Increased mobility and migration are established causes of greater vulnerability to HIV, as men and women away from home are more likely to have multiple concurrent partnerships. In addition, mobile and migrant workers often lie outside public health services. Both factors play a role in the increase of HIV.

Irish Aid's contribution to cross border dimensions of HIV has been to support SCF UK bilaterally to monitor the implementation of National Plans for Action or key legislative instruments addressing the needs of vulnerable children in the region as well as to conduct research and advocacy on the rights and protection of migrant children. This work has resulted in several key publications⁴ which have influenced policy at SADC level as well as leveraging funds from the United States Government.

This regional work on migration and HIV has garnered an international reputation and SFC has been engaged by SADC to help develop a framework of action for orphans, vulnerable children and youth and protocols on minimum packages of services for children. In addition, a stronger SCF has enabled a strengthened Regional Interagency task team on children and AIDS (RIATT).

The support for strengthening of the SADC HIV and AIDS Unit has enabled the establishment of a fund to which member states contribute. They can then apply for joint cross border programmes which are approved based on mutually agreed criteria.

Lessons Learned

- Irish Aid support to SCF has generated important new knowledge on children and migration.
- This support has enabled the organisation to mobilise funds elsewhere and to develop a recognised regional identity.

⁴ Bottlenecks and drip feeds: channelling resources to communities responding to orphans and vulnerable children in Southern Africa. Geoff Foster 2005;
Children on the Move 2007: unaccompanied migrant children in the SA region

- The increased capacity of both organisations has enabled SADC and SCF to form a credible Public Private Partnership for the protection of vulnerable children.
- There is scope for more attention to be given to cross border working given the increase in mobility envisaged under the free trade movements in both regions.

5) Realise economies of scale and cost effectiveness particularly around bulk buying of commodities and procurement, and capacity development.

While Irish Aid's support to partners does not cover procurement of commodities, it does focus on training and capacity development. Those partners engaged in capacity and curricula development (largely RATN and SAfAIDS) have realised the benefits that regional working offers in terms of economies of scale. Given the fact that many of the challenges facing workers in the region have much in common, the development of common curricula and training approaches represents significant savings. The development and piloting of original material is costly, but focusing on regional commonalities means that materials can easily be adapted for national use without having to be developed from scratch.

RATN is an excellent example of this: it has developed a common M&E system for all Member Institutes to allow for development of comparative data across region; it provides regional training on common capacity issues both organisational and technical; it recognises the implicit challenge to quality assurance presented through scale up and has developed a mentoring and coaching approach to avoid this. It also guarantees quality by awarding official accreditation to its training organisations, modules and trainers.

Lessons learned:

- The development of training packages and provision of training regionally represents significant economy of scale.
- Regional capacity development can generate useful comparative data which can influence national programming.

3.3 Harmonisation, co-ordination and alignment

The Regional Programme pays great attention to harmonisation, co-ordination and alignment without losing sight of Irish Aid's own interests. The *flexibility* of Irish Aid and the RPA in adapting to accommodate joint working has been frequently remarked upon. Indeed, the regional HIV programme has been at the forefront of implementing the Paris Declaration principles of harmonisation, co-ordination and alignment.

The increase in involvement in Joint Financing Agreements is extremely positive in terms of Irish Aid's commitment to the principles outlined in the Paris Declaration, but has not represented reduced time or resources. There remain

significant numbers of joint assessments and missions on a par with the number of single assessments and missions which bilateral support may require. Over the strategy period, Irish Aid has been part of eight JFAs of which it has been the lead for four (SAfAIDS, EANNASO, SANASO and RATN). It is clear that successful JFAs depend very much on the ability and willingness of individual partners to co-operate and to work transparently together. The constellation of partners involved in JFAs is noted by all respondents as excellent and having worked extremely well.

JFA beneficiaries clearly see the value of the new approach, reporting a more fruitful relationship with donors than previously with more discussion and consultation. However, they also recognise there is a risk of being left unfunded at the end of a strategic plan where JFAs jointly fund the planning period. HEARD for instance is looking at all its bilateral funding coming to an end in 2011. JFA partners may need to consider staggering funds in order to avoid this in the future.

The major donors working regionally have succeeded in harmonising their own efforts and are moving increasingly towards aligning their support with their intergovernmental partners (particularly SADC). During this review trip, a meeting was underway between SADC and its key partners to develop a joint M&E framework for SADC's new HIV strategy which could be subscribed to by all supporting partners. All the JFA partners (SIDA-Norway, Royal Netherlands Embassy (RNE) and IA) have agreed in principle to align their regional programmes to SADC's strategic plan as far as possible, including the M&E approaches. The possibility of like minded development partners planning jointly for results was discussed during the review. While it is acknowledged to be a more complex process, there is some appetite to consider this in the future.

Some respondents noted that when one donor is the largest in terms of resources, both financial and technical, it can become over-influential which is not always beneficial. As resources become increasingly constrained, there is now the need for greater attention to division of labour and resources and a focus on synergies between partners.

Lessons learned:

- Relationship building, both formally and informally, is essential to the success of Regional programmes.
- Given the global economic crisis, further consideration to division of labour and resources is needed to ensure that collective resources and technical support are equitably distributed across both regions and to optimise synergies between partners.
- While JFAs ease the burden for beneficiaries of reporting to multiple partners, they do not necessarily represent reduced work load for the JFA donors.

- Attention is needed to ensure equal voices on JFAs regardless of amount of resources committed.
- As experience of joint working is gained, partners recognise the need for Joint M&E frameworks and are working towards this.
- Joint planning for results is more complex but has already been raised by the SIDA/NORAD and Irish Aid programmes as a possibility for the future.
- There is a need to encourage partners to pay more attention to contingency planning, diversified fund bases and resource mobilisation.

3.4 Partnerships

As mentioned earlier all the beneficiaries under the programme have been carefully selected according to their regional comparative advantages and thematic relevance. Attention was paid to the type of organisation e.g. intergovernmental, NGO or academic as well as capacity and technical focus. When the regional programme was first developed it was clear that significant capacity building was required to bring Regional Economic Community Secretariats (REC) and key regional CSOs up to a level where they could play to these advantages.

Irish Aid has been engaging with SADC for 5 years. Most recent SADC business plans, and the new HIV strategy, bear testimony to the fact that the unit is now functioning well. Indeed, most significantly, the HIV unit now has a commitment of 35% of its funding from Member States which is a marked increase since its inception. SADC has made further progress in the area of resource mobilisation by recently securing a regional Global Fund grant.

Support to EAC began later, in 2008, focusing first on the establishment of an HIV unit. This was approved by the relevant council but recruitment has been slow and currently HIV issues are represented by a single focal point whose main mandate is the wider topic of health. As a result of the slow staffing process EAC has not been able to absorb the funds from the JFA although a deadline of filling positions by end of September 2010 has now been agreed⁵.

This review team was unable to meet with the EAC HIV focal point whilst in Arusha. EAC's partnership forum does not have a strong reputation and does not communicate with its members between its sporadic meetings. However, EAC is further ahead in establishing free trade agreements and has greater authority (in terms of enforcement at national level) within its region than SADC as it has its own legislative power, making it a potentially more powerful partner. In addition, some countries in the EA region are experiencing a resurgence in HIV incidence which suggests the need for heightened political commitment to the issue.

⁵ At the time of writing, the EAC had still not completed recruitment and was not in a position to request further funding

Many respondents noted that, in spite of EAC being in a better position to address HIV (having only 5 member states and the authority to enforce policy), co-ordination of effort is lacking. At a time when resources are constrained and donors are seeking effectiveness and efficiency measures, the need for better coordination in the region is paramount.

Given that the Paris Declaration commits development partners to align their programmes with local systems and given the importance of RECs to any regional development programme, future work in the East African region will have to include EAC and further discussion is required to identify exactly what this relationship should be.

It is important to note here the critical role that the UNAIDS regional support team has played in galvanising efforts to build effective donor and beneficiary partnerships across the regions; it has facilitated meetings, brought donors and partners together and has successfully linked organizations and individuals up. UNAIDS played a major role in building SAfAIDS capacity to engage effectively with donor partners, including Irish Aid.

By carefully selecting its partners to include intergovernmental and Civil Society, the RP has played an important role in building effective dialogue between CSOs and the State. As mentioned earlier, both SAfAIDS and SCF have been contracted by SADC to undertake discreet pieces of work in recognition of their capacity and their regional roles. In addition, HEARD has been tasked to lead in the development of a coordinated SADC regional research agenda.

The Partnership Forums play an important role for civil society to have its voice heard at regional level and this has required support both to SADC, as convenor and mediator, and to CSOs to learn how to communicate effectively at this level. EANNASO perceives its role too, as a network of HIV organisations, to help bring CSOs and government together.

Perhaps the most important example of this interface is the fact that EANNASO is the main driver in developing the East African Regional AIDS bill. Close collaboration between UNAIDS, EAC and EALA demonstrates an impressive collaboration of partners.

In addition, in eastern Africa when Governments produce reports for UNGASS, CSOs (i.e. EANNASO) are encouraged to conduct 'shadow reporting' as a way of checking and validating claims of achievement.

Lessons learned.

- Ownership is essential: SADC member states recognise the importance of regional approach to HIV as evidenced in 35% of funds from member states.

- Support to intergovernmental organisations requires time and commitment but the SADC example suggests it is a good investment.
- A partnership with EAC is essential but needs to be more clearly defined with regards to mutual accountability. However, poor capacity to absorb is impacting on this partnership.
- Regional Civil Society Organisations are playing an effective role in facilitating dialogue with national governments when supported by RECs.
- Regional CSOs can act as a link between high level policy and grass roots implementation where they have national and sub national chapters or members.
- The Regional Programme has resulted in some important lessons around good governance and the interface between civil society and the State which might be of relevance to the Irish Aid global policy on civil society.

3.5 Linkages within and across Irish Aid.

To date the RP has largely been perceived as more of a standalone programme than as part of the institutional fabric of Irish Aid. This situation is reinforced by the human resourcing arrangements of the programme as noted in the MTR, the fact that the RPA was on a temporary contract for seven years and finally that reporting has been to HQ rather than to the South Africa country office.

The SA country office reports specific benefits from the programme because of its physical proximity to the RPA but other country offices are less clear.

Knowledge management

The RP Advisor makes every effort to circulate key documents and reports as they emerge in an effort to forge links with programme countries. However, it is acknowledged that colleagues in Country Programmes are generally already overwhelmed with information. As noted in the midterm review ‘the amount of effort required to translate information and documentation to accessible bite sized pieces cannot be overestimated. While this function could be outsourced it is vital, for coherence’s sake that the process is intimately linked to the policy arm of Irish Aid to ensure that information is synthesised and repackaged in an efficient, effective, consistent and acceptable way.’

This is a similar experience of the RNE regional programme advisor who acknowledged that poor knowledge management and a lack of institutional identity constitute the main challenges for her programme.

Nevertheless, SIDA-Norway and RNE both have robust dialogue with their ambassadorial units in the region. RNE has 5 ambassadors involved in the programme across the SA region who meet biannually and HIV is on the agenda in their strategy discussions. In addition, both RNE and the SIDA-Norway team have their own reference group: the former is made up of ambassadors and HIV and health advisors while the latter is made up of independent experts from the region. Irish Aid had intended to have its own Reference group for the RP but

deferred when the SIDA Reference group was established, not wanting to duplicate systems. While the independent reference group benefits the Regional Programme technically, it does not help build linkages internally to Irish Aid. An internal reference group or steering committee made up of technical experts and/or heads of development could remedy this situation to some extent and might be considered for any future iteration of the programme.

A significant amount of research work has been done by The Health Economics and AIDS Research Division (HEARD) and The Regional Network on AIDS, Livelihoods (RENEWAL), some of it within the programme countries. Irish Aid could be using this to inform planning and programming. For example, Zambia will be developing a new Country Strategy Paper and consideration might be given to how the work of RENEWAL informs strategy⁶.

Lessons learned (management and institutional)

- The programme has been exceptionally administratively light given its broad reach.
- Excellent calibre of staff for a very demanding role demonstrates the importance of good selection and recruitment processes.
- Conversely, the pressure on human resources has put pressure on staff at the SA country office at times, and made budget execution challenging.
- Any future regional programmes should ensure adequate human resources are allocated to the programme at all levels. This would include ensuring that the programme is managed by the Embassy where the RP is based, including programmatic and budgetary oversight, while technical support would be provided by the HQ HIV and AIDS Adviser. Adequate administrative and accounting support should also be provided at Embassy level.
- One outcome based strategy would save 30% of advisory time for a) more attention to internal knowledge exchange particularly at country level b) greater attention to monitoring partners, reflection and documentation of lessons learned.
- Any future regional programme should be better embedded in policy and procedures (i.e. CSPs, Job descriptions) at HQ level and country level.
- Greater involvement of heads of development and the establishment of a reference group may help to foster internal lesson learning.
- Links across the programmes need to be articulated in a regional programme policy framework.
- The RNE and SIDA regional programmes pay more attention to internal dialogue than Irish Aid; teleconferences between the RPA, HQ and the bilateral programme Advisers could be facilitated periodically.

⁶ Findings from RENEWAL's research *Quantifying the Impact of HIV and AIDS on Government Agricultural Extension Service Delivery in Zambia and Malawi* show that food security is compromised by the impact of HIV and AIDS on government agricultural extension work.

- Irish Aid could better utilise the research work supported at regional level; clear links between this work and the normative work of the Regional Economic Communities need to be incorporated into programme country work.

3.6 Risks and opportunities

The regional programme for HIV currently presents both risks and opportunities. One of the risks of the programme is the capacity of intergovernmental organisations (SADC and EAC) to mobilise and manage a regional response and the result that they are overwhelmed by support and accompanying expectation; 'SADC is drowning in too much to do'. The current administrative arrangements are also a challenge.

The rapid move to Joint Financing Agreements can be seen as both a risk and an opportunity; on the one hand, working towards jointly agreed plans may dilute Irish Aid's own agenda, while on the other it may strengthen Irish Aid's reputation as a progressive partner. Attention to building good relationships with partners has paid dividends of successful collaboration and effective harmonised working through JFAs, but all partners are currently experiencing staff turnover and or attrition and this may have a negative impact on joint working in the future.

One of the risks of the programme relates to the economic climate and its inability to allocate funds as described in the programme strategy. The poor capacity of some organisations to absorb funding is another risk.

As mentioned above, without greater attention to institutionalising the programme and developing a knowledge management strategy for it, opportunities for internal learning across Irish Aid may be lost.

There are many opportunities arising from the Regional programme on HIV. Irish Aid has built a solid reputation in both regions as a result of the RPA, and this puts it in an excellent position in the development of any future (multi sector) programme. This is particularly relevant at a time when African regions are increasing their focus on regional approaches both in East and South. At the same time, AIDS discourse internationally is shifting more towards vulnerability and the epidemic's key drivers and this is consistent with Irish Aid's focus on food security and climate change as they are demonstrated as significant factors influencing vulnerability in general.

It is important that Irish Aid maximise its regional investments so far, and safeguard to the extent possible the excellent relationships established. Many of the partner organizations are working in areas highly relevant to Irish Aid (RENEWAL, HEARD, RATN, SADC and EAC).

The Regional Programme has been at the forefront of realising Ireland's commitment to the Paris Declaration through its involvement with JFAs. There is

an opportunity now for further dialogue with key donor partners about the strengths and weaknesses of the approach and effective ways forward.

Resource constraints offer the opportunity in the future to reprioritise and focus more tightly on outcomes.

3.7 Monitoring and evaluation

The original programme strategy focussed on activities, but with the proliferation of JFAs the way of working has shifted and the focus is now on supporting SADC's own HIV strategy. The Regional HIV Programme has been flexible enough to accommodate this, but it has meant that the M&E framework is no longer appropriate. Although the MTR recommended that the M&E framework be revised, it was agreed amongst the donor group that, in line with Paris, regional HIV programme M&E frameworks should be aligned to SADC for the southern region and EAC for the eastern. During this review mission the first meeting of donors and SADC took place to begin discussing how to shape this. Certainly, the development of any future regional programme will have to take into account existing REC strategies and ensure that outcomes and outputs are aligned to some degree.

Monitoring arrangements for the programme require that partners report back regularly, whether under a JFA or bilaterally, according to their particular programme's objectives. However, a repeated story was that much more is happening than is being reported and that the programme needs to revise the way it asks partners to report back whether under the JFA or bilaterally. This could include simple instructions to help partners tell a story of their successes and challenges over the reporting period⁷.

Further thought is needed, both internally within Irish Aid according to Management for Development Results approach and jointly with key partners in the region, to determine the parameters of M&E for a regional approach. Donors are already starting the process internally with RNE having developed a draft 'result chain' for its programme, and SIDA-Norway is developing a new result matrix in 2010. By designing an outcome oriented programme with results clustered around the regional comparative advantages described above, it will become clearer exactly what the programme is aiming to achieve, what needs to be measured and at what level.

There is presently no exit strategy for the RP and provisions for this must be made.

Lessons learned

- The shift towards joint working has implications for Regional Programming and further dialogue within Irish Aid would be timely to determine how best

⁷ Most significant change theory might be useful: <http://www.mande.co.uk/docs/MSCGuide.pdf>

to ensure that Ireland's own constituents' needs continue to be met, while collaboration with like minded donors continues.

- Activity based M&E framework is no longer relevant in the context of the move towards results based management approaches.
- More attention to the detail of partners' reporting would enable more qualitative information to be gathered to inform evaluations.

4.0 Conclusions

The Regional HIV programme has played an important role in delivering Irish Aid policy objectives, both technically and politically through its achievements in joint working.

There is no doubt that the programme has succeeded in building many important relationships with key partners in the region, development partners, intergovernmental agencies and CSOs.

There is now a broad consensus that regional approaches add value by complementing national programmes by i) leveraging peer influence between countries to strengthen leadership and advocacy and mediating between key national stakeholders for effective national HIV responses; ii) raising issues which are too sensitive to be raised nationally, e.g. Human Rights issues, iii) generating new knowledge and facilitating experience and knowledge sharing across countries for best practice, iv) promoting cross border working and v) realising economies of scale and cost effectiveness particularly around bulk buying of commodities and procurement and capacity development approaches. The programme has contributed significantly in all these areas.

The programme is highly relevant: regionalism is gaining importance in both East and Southern Africa with the establishment of free trade zones and the recognition of their implications for HIV infections is well documented.

Over its lifetime the regional programme has established excellent relationships and partnerships with both donors and beneficiaries and has been at the forefront of modelling the Paris Declaration principles of harmonisation, co-ordination and alignment. The programme has provided an important arena for learning important lessons on the challenges and benefits particularly of Joint Financing Arrangements.

The programme is administratively extremely light given its footprint in the region, which has created challenges and greater attention is needed in the future to ensure adequate human resources are available. It is also questionable whether

effective programmatic and budgetary oversight can be provided from HQ. It is suggested that this may be better undertaken at regional level.

A vital lesson learned by the Regional HIV programme is the need to properly embed the programme institutionally within Irish Aid at country and global level so that from Headquarters to programme country level all staff are clear about how a regional programme benefits their work and know how to access it.

The contextual changes within and beyond Irish Aid as well as changes internationally in addressing HIV must be taken into account in the deliberations on ways forward for the Regional AIDS programme.

The following section summarises conclusions by area:

Design

- The flexibility of the design accommodates emerging issues well.
- The M&E framework developed in 2006 does not serve the needs of work under Joint Financing Arrangements.
- The rapid increase in joint working post Paris Declaration challenges the notion of attribution.
- Lack of results based strategy framework constrains measurement of impact.
- The breadth of themes and coverage of the programme stretches the one advisor allocated to the programme.
- Focus on supporting civil society has been extremely valuable, particularly in relation to its interface with governments and the promotion of principles of democratic governance.

Technical content and approach

- Irish Aid's Regional Programme has earned an excellent reputation in the region and has amassed significant experience in applying the principles of the Paris Declaration, particularly around harmonisation, co-ordination and alignment
- Regional Economic Commissions are playing an increasingly important role in development in Southern and Eastern Africa and so the programme remains highly relevant.
- Successful engagement with RECs requires consistent relationship building and is a long term commitment
- Development Partners are changing the way they respond to HIV, moving from a 'stand alone' to a more integrated approach with greater focus on social drivers and vulnerability.
- Success at regional level requires ownership of regional bodies.
- Regional approaches are important where issues are too sensitive to manage nationally, for example Human Rights.

It will be of benefit to Irish Aid to consider the lessons learned from this programme and how they might apply to any future (broader multi sectoral) programme, which aspects need to be retained and which could be discarded.

5.0 The way forward: Recommendations

Recommendations (for immediate implementation)

1. Findings and lessons learned in this Review need to be translated into improved understanding of regional added value for national and HQ programmes, and more effective practice at all levels. This should include an *Irish Aid HIV and Health Advisers' meeting* to present and discuss lessons learned and guide future action.

Annex 1. Terms of Reference

Consultancy Support to Irish Aid in the Documentation of Lessons from the Regional HIV and AIDS Programme

1. Background to HIV and AIDS in Southern and Eastern Africa

Eastern and Southern Africa is no doubt the epicentre of the HIV and AIDS Epidemic. At the end of 2007, the SADC region alone had an estimated 12 million People Living with HIV and AIDS (PLWHAs), accounting for about 36% of all PLWHA globally. HIV transmission in both regions is mainly *heterosexual*, and an estimated 92% of all infections are attributed to this mode of transmission. HIV is thus most prevalent in sexually active people in the 20-39 year age group. The majority of those infected are women (60%) and almost 45% of those infected are young people (15-24). Young women in this age group are particularly vulnerable to becoming infected, for biological reasons and also due to social and economic factors.

There is a *diversity of epidemics* between and within Eastern and Southern African States with the majority of them considered to have *generalised epidemics* that are sustained by sexual networking in the general population, and where HIV prevalence is consistently over 1% among pregnant women. Botswana, Lesotho, Mozambique, Namibia, South Africa, Swaziland, Zambia and Zimbabwe are countries with *hyper-endemic* scenarios (prevalence of over 15%). Other countries that have generalised epidemics include Angola, Burundi, Democratic Republic of Congo, Malawi, Rwanda, Tanzania and Uganda. In contrast, Madagascar, Mauritius and Seychelles have *low-level and concentrated epidemics*. Adult HIV prevalence is less than 1%, and sexual transmission is low in the general population, but it is high and concentrated in certain population groups such as men who have sex with men (MSM) and intravenous drug users (IDUs).

The growing emphasis on regional integration led by the Regional Economic Commissions in this context, Southern African Development Community (SADC) and the East African Community (EAC), brings fresh challenges to HIV and AIDS with the resultant increased mobility. It increases the need for better regional coordination and management and further infuses the relevance for regional programming.

2. Irish Aid Interventions in HIV and AIDS in Southern and Eastern Africa

Irish Aid supports a range of HIV/AIDS activities through global initiatives, bilateral country programmes and a regional programme in Southern and Eastern Africa.

Support at global level is towards research and product development such as vaccines and to multilateral agencies. At national level, support is to a mix of government and Civil Society Organizations (CSOs) guided by the country priorities.

The Irish Aid regional HIV and AIDS programme was initiated in 2002 for an initial three year phase and a total budget of €8million. The current programme is guided by a five year strategy 2006 to 2010 with an initially approved budget of €23million and has over the period provided support to 11 organizations covering Eastern and Southern Africa. These include intergovernmental organizations, research institutions, and CSOs that work regionally. A mid-term review of the programme was undertaken in 2008

As the programme is now in its final year, it has been decided that lessons learned over the years be captured and documented..

3. Documentation of Key Lessons

3.1 Objective of the Consultancy

The Specific Objectives of the assignment are:

3. To review and document the lessons learned in the implementation of the Irish Aid regional HIV and AIDS programme strategic plan 2006-2010.
4. In light of these lessons, make recommendations regarding transition of the programme both in content and management, to the anticipated wider regional programme.

3.2 The focus of the Exercise:

The exercise will focus on capturing lessons in the following areas:

(i) Regionality

What is regional programming and what distinguishes it from other levels of programming?

(ii) Value added

What added value does the regional programme bring to AIDS work in development and to Irish Aid's development agenda?

How effectively have the aspects of the programme with regional comparative advantage been delivered?

Are there aspects of the regional programme that are better suited to regional work than others?

Could the benefits be delivered as well by either country level or global level programming?

(iii) Harmonisation, coordination and alignment (the Paris agenda)

- What have been the experiences in donor harmonisation and coordination?
- How does the aspect of alignment to indigenous priorities work at regional level?
- Are there examples of the programme having undermined national level ownership, harmonisation and alignment?- Where Irish Aid has been collaborating with other donors to support regional work, could Irish Aid comfortably retreat from support with other donors covering any gaps?

(iv) Partnerships

- What were the determinants in the choice of partnerships?
- Were the partners chosen appropriate for fulfilling the regional objectives of the programme?
- Was the mix between partnerships with Inter-governmental institutions and with Civil Society Organizations appropriate?
- Was there mutual accountability?

(v) Linkages

- Was there adequate communication and coherence between the Regional HIV and AIDS Programme, the bilateral programmes and the global response? Are there examples of synergy?

(vi) An Assessment of Risks and Opportunities

- What were/are the major risk factors of this programme?
- What are the important opportunities past present and emergent?

(vii) Monitoring and Evaluation

- How is this best managed at regional level?
- What are the parameters?

3.3 Scope of Specific Tasks

The specific tasks will be to:

- (i) Develop an inception report on how the TORS will be addressed
- (ii) Assess and analyse the programme interventions in terms of the 7 focus areas identified above
- (iii) Analyse the space for Regional HIV and AIDS programming during the strategy period and post 2010
- (iv) Present the research findings to stakeholders invited by Irish Aid

3.4 Key Outputs

The following key outputs are envisaged:

- (i) Inception report by consultant
- (ii) A draft report of no longer than 20 pages addressing the Terms of Reference, including an executive summary and key recommendations.
- (iii) A final report incorporating comments and feedback from Irish Aid

3.5 Methodology

Appropriate data collection tools will be designed and employed. The methodology will combine a desk review of organizational, policy, office and programmes documents and interviews with key informants including programme partners, relevant personnel within Irish Aid, other donors and multilateral agencies working at regional level.

4. Consultant Skills and Selection Criteria

The selected consultant will be expected to carry out this exercise jointly with 2 Irish Aid staff . The successful candidate will have the following skills and experience:

- (i) Practical technical competence in the area of HIV and AIDS
- (ii) Demonstrable knowledge of global policies and approaches, in particular regional approaches, in respect of HIV and AIDS issues
- (iii) Proven skills in similar exercises documenting lessons

The consultant will be selected based on the following criteria:

- (i) Understanding of the Terms of Reference and proposed methodology
- (ii) Technical competence as detailed above
- (iii) Experiences in similar exercises and report writing skills
- (iv) Cost

5. Management Arrangements

The Regional HIV and AIDS Advisor in Pretoria will manage the exercise with technical support provided by the Senior Development Specialist Thematic Sectors and Special Programmes Section.

6. Budget

The total consultancy budget for support to the exercise will not exceed €17,000 including travel and other logistical arrangements.

7. Time Frame

The consultant is expected to carry out this assignment over a period of 15 days beginning in April 2010

Annex 2. Overview of Irish Aid partners in the Regional programme

Irish Aid Regional HIV and AIDS Programme Partner overviews

Intergovernmental Organisations

- **Eastern African Community (EAC)**

The East African Community (EAC) is a regional inter-Governmental Organization comprising Tanzania, Uganda, Kenya, Rwanda and Burundi. In mid 2006, the EAC

secretariat embarked on the process of developing the regional strategic plan on HIV and AIDS. Irish Aid has been closely linked to this process.

Southern African Development Community (SADC)

Support to SADC is to strengthen the capacity of the SADC HIV and AIDS Unit to fulfil its mandate to lead coordinate and manage response of the SADC region to the HIV/AIDS pandemic inline with the SADC HIV and AIDS Business Plan 2005-2009.

The purpose of the SADC plan is to *accelerate action towards regional level integration and harmonization in support of country level responses to HIV and AIDS in the SADC region*

The specific objectives are to:

1. Develop key priority policies and harmonise protocols and practices across the SADC region
2. Build capacity within SADC and among regional stakeholders to better respond to HIV/AIDS
3. Strengthen access to strategic information at regional level and strengthen monitoring and evaluation systems
4. Strengthen the management of SADC partnerships, coordination functions and resource mobilization

Non Governmental Organisations

▪ **Southern African AIDS Information Dissemination Network (SAfAIDS)**

SAfAIDS core work focuses on information production, collection and dissemination and the promotion of dialogue and debate on HIV/AIDS related issues.

The purpose of the SAfAIDS Strategic plan is *to use information as a tool to bring about changes that will reduce peoples risk and vulnerabilities to HIV/AIDS, increase their coping abilities and contribute to the reduction of HIV/AIDS prevalence in the Southern African region.*

The specific objectives are to:

1. Reposition and intensify a regional focus on HIV/AIDS prevention, while promoting integrated strategic approaches to prevention, care, treatment and mitigation.
2. Scale up availability and access to high quality targeted and evidence based information on HIV/AIDS prevention, care and treatment to communities and practitioners in southern Africa
3. Contribute to the reduction of stigma and discrimination for people affected and infected with HIV and AIDS to enhance universal access to prevention, care, support and treatment services through policy and advocacy
4. Promote gender equity and empower women and girls to reduce their risk and vulnerability to HIV/AIDS
5. Complement national and regional efforts to achieve universal access to treatment for people living with HIV and AIDS

- **Save the Children UK**

Save the Children UK (SC UK), is an international children's organisation and child rights agency, currently working in around 70 countries throughout the world to find lifelong answers to the problems faced by children. In Southern and East Africa SC works in the areas of emergency care and support, food security and livelihoods, health, education, social protection and child protection and HIV and AIDS

To advocate for effective implementation of legislation and policy that enables the most marginalised children in Southern and East Africa to realise their rights.

The specific objectives of the work of Save the Children are to:

1. Monitor that National Plans of Action or key legislative instruments are implemented and reviewed with a view to promoting harmonisation in key policy areas affecting vulnerable children across the region
2. Conduct research and advocacy on the rights and protection of migrant and non national children and ensure that these are highlighted into regional agendas on migration and trafficking.
3. Facilitate the documentation, dissemination and replication of programmes empowering the most vulnerable and excluded children in Southern and East Africa through regional information sharing and learning.

Networks and Associations/Alliances

- **AIDS and Rights Alliance for Southern Africa**

ARASA is a regional partnership of non-governmental organisations working together "to promote a human rights based response to HIV/AIDS in Southern Africa through capacity building and advocacy." ARASA aims to build and strengthen the capacity of civil society organisations with a particular focus on organisations of people living with AIDS (PLWA), to effectively advocate for a human rights and gendered based response to HIV/AIDS in Southern Africa.

ARASA's strategic objectives are:

1. to facilitate intra-regional sharing of expertise in order to build capacity around HIV and human rights,
2. to replicate good practices around HIV and human rights in the region and
3. to identify and facilitate regional advocacy initiatives on issues that are common to all countries in the field of HIV and human rights.

- **Eastern African National Networks of AIDS Service Organisations (EANNASO)**

EANNASO is a network of country networks of AIDS Service Organizations. EANNASO has a membership of 13 East African Countries

1. To establish support and enhance the capacity of functional and sustainable HIV / AIDS national networks in Eastern Africa.
2. To advocate for critical issues related to HIV /AIDS.
3. To enhance greater involvement of People Living with HIV and AIDS (PLHAs) in matters related to HIV / AIDS and other aspects of life.
4. To promote and strengthen the institutional and managerial capacity of EANNASO, in order to facilitate its effectiveness and efficiency.

- **Regional AIDS Training Network (RATN)**

RATN is a network constituting partner training institutions in Eastern and Southern Africa to collaborate on training activities related to STIs//HIV/AIDS in the region.

1. A sustainable and functioning network of training institutions in ESA region
2. Quality training and capacity development program that respond to the STI/HIV/AIDS training needs of the region
3. RATN recognized as an effective source of information on and an advocate for, quality STI/HIV/AIDS training and capacity development in the ESA region
4. Regional and national policies and programmes for HIV/AIDS human resource development strengthened by RATN advocacy
5. RATN recognised as a learning organisation

- **Southern African Network of AIDS Service Organisations (SANASO)**

SANASO is a regional network whose membership is comprised of national networks of AIDS Service Organisations (ASOs) in the SADC region.

The purpose of the proposal is to build the capacity of SANASO to carry out its mission of ensuring that member networks of ASOs in SADC countries have the capacity and resources to contribute effectively to their national responses to HIV and AIDS through regional representation and the support of member networks.

1. Build sustained institutional capacity and resources to represent and support national member networks
2. Represent and advocate the interests, challenges and value add of ASOs in the fight against HIV and AIDS
3. Optimise member network functioning and support to national responses to HIV and AIDS
4. Cohere a knowledge repository of member network interventions and best practice
5. Help ensure the sustainability of member network organisations.

Research Institutions

Health Economics and HIV/AIDS Research Division (HEARD)

HEARD is a self-funded applied research centre based within the University of KwaZulu Natal in South Africa. Its research focus is on the socio-economic aspects of public health, and largely regional in scope, mainly within sub-Saharan Africa

Its main objectives are to:

1. Apply research to improve holistic and systemic ways of understanding the long-term impacts of the pandemic on society, economics & development, the environment, politics and Africa's global position.
2. Strengthen the field of health economics and the practice of multi-disciplinary research throughout Africa.
3. Enhance the capacity of leaders in Africa (especially SADC) to think systemically and strategically and to take informed action in creating sustainable long-term systemic responses to the pandemic.
4. Develop the organisational capacity of HEARD to achieve these objectives in a sustainable manner.

- **Regional Network on AIDS, Livelihoods and Food Security (RENEWAL)**

RENEWAL is a regional “network-of-networks” in sub-Saharan Africa. Currently active in six countries (Malawi, Uganda, Zambia, South Africa, Kenya and Ethiopia), RENEWAL comprises national networks of food and nutrition-relevant organizations (public, private and non-governmental) together with partners in AIDS and public health.

The twin goals of RENEWAL 3 are to enhance understanding of the two-way interactions between HIV and AIDS and food and nutrition security, and to improve the effectiveness of food and nutrition-relevant policy and programming in the context of HIV and AIDS.

RENEWALS objectives are:

1. To reduce critical gaps in understanding how livelihoods, particularly those deriving from agriculture, a) contribute to the further spread of HIV (susceptibility), and b) are affected by HIV and AIDS (vulnerability)
2. To generate new policy-relevant knowledge on how households and communities may strengthen both their resistance to HIV transmission and their resilience to the impacts of AIDS, and
3. To enable relevant institutions (in particular, governments) to generate and to act upon realistic priorities for responding to the interactions of AIDS epidemics with food and nutrition insecurity.

Annex 3. Schedule of meetings

Date & Time	Activity	location	Organization/person
8th April 2010			
09.00hrs	Team Discussion	Embassy PTA	Study Team
09.30	Courtesy call on Ambassador	Embassy PTA	Study Team

	Wrafter		
10.00	Desk review	Embassy PTA	Study Team
12.30			
14.00	Desk Review		
16.00	Team Discussion		
19.00			
9th April			
09.00	Team meets at Embassy		
9.30	RNE	Pretoria	Isabelle Van-Toll
10.45	DFID	Pretoria	Anne Gathrie and Samantha Yates
12.30			
14.00hrs	Save The Children UK	Pretoria	Lucy Hillier
15.15	SAfAIDS	Pretoria	Lois Chingandu
16.15	Team Discussion	Pretoria	Study Team
19.30			
11th April			
12th April			
09.00hrs	EANNASO Shaun Samuels		Lucy Nganga
	Departure for Nairobi		
13 April			
14.00 hrs	RATN	Nairobi	Kelvin Storey
14th April			
08.25	Departure for Lusaka		
13.00	Reference Group Member		Dr. Michael Kelly
14..00	Swedish Norwegian Team	Sida office	Dr. Kristina Ramstedt
15.30	Irish Aid	Lusaka	Bronagh Carr/ Patricia Malasha
15th			

April			
09.00	Return to Pretoria		
15.30	HEARD	Pretoria (conference call)	Prof. Alan Whiteside
16th April			
09.00	UNAIDS Team for Eastern and Southern Africa	Johannesburg	Atienno
12.30	RENEWAL	Johannesburg	Scott Drimie
19th April			
09.00	Team Discussion	Pretoria	
10.00	Nicola Brenan	Pretoria (video conference)	
21 st April	Irish Aid Regional director	Meeting	Vinnie O'Neill
23 rd April	Head of Development. SA office	Telephone	Cait Moran

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