Regional HIV&AIDS Team
Contribution Overview

Governed by the - Strategy for regional work on HIV and AIDS, sexual and reproductive health and rights (SRHR) and on the human rights of lesbian, gay, bisexual and transsexual (LGBT) persons in sub-Saharan Africa (2012-2014)
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HIV PREVENTION AND SRHR

• Decreased number of new HIV infections
Africa Capacity Alliance (ACA) (formerly RATN)  
“Developing Capacity of HIV and AIDS programmes in Eastern and Southern - strategic plan 2009 -2014”

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<tr>
<td>Team PO:</td>
<td>Grace Chibowa</td>
</tr>
<tr>
<td>Contact:</td>
<td>Ms Kristi Maasjo</td>
</tr>
<tr>
<td>E-mail:</td>
<td><a href="mailto:kmaasjo@africacapacityalliance.org">kmaasjo@africacapacityalliance.org</a></td>
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**Short programme description**  
ACA is a network of 31 member training institutions (MIs) in 10 countries of the Eastern and Southern African region. The network functions as a facilitator in the strengthening of the capacities of member training institutions and as a forum of exchange of ideas and experiences for the development and delivery of quality HIV training programmes in the region.

**Development Objective(s)**  
Strengthen the integration of HIV & AIDS into SRHR in Sub Saharan Africa (SSA)

**Program/Project objective(s)**  
To strengthen the capacity of relevant individuals, organizations and other stakeholders to respond to STIs/HIV & AIDS pandemic in the Eastern and Southern African region through training, capacity development, information sharing and advocacy.

**Main Results Since Initiation of Support**

**Results from current agreement period include:**
- Expanded on the existing evidence based programmes such as the Comprehensive Results Based Management Capacity Building for HIV and AIDS Service Organisations (RECABASO) and the Initiative for Strengthening HIV & AIDS Training and Networking (INSTANT) which provides grants for RATN member institutions for HIV Training and Capacity building related interventions and recruited more Member Institutions (MIs).
- Developed new innovative initiatives to expand RATN impact through strengthening community systems for HIV prevention and integrating HIV response and sexual reproductive health focusing on women and girls.
- Ensured sustainability by setting up a technical assistance programme targeting member civil society organizations and acquired RATN’s own office space.
- Embarked on a rebranding exercise, started development of a new strategic plan and actively looking at increasing their donor base.

**Results in previous agreement periods include (2004-2008):**
- Training of 2,073 people, 57% of them females, 150 courses been delivered (86% of the target). In addition, digitised training materials and other publications on HIV&AIDS for e-mail access; monthly users raised from a base of 75 in April 2004 to 176 in 2007/2008.

**Beneficiaries/Stakeholders**  
Programme managers, policy makers, middle level and senior level managers of AIDS service organizations

**Region/Countries of implementation**  
Botswana, Kenya, Malawi, Rwanda, South Africa, Swaziland, Tanzania, Uganda, Zambia and Zimbabwe.

**Co-Funding Partners**  
Joint Financing Arrangement with Irish Aid and Canadian International Development Agency (CIDA)

**Link to Sweden Regional Strategy**  
The contribution is in line with the first objective of the Regional Strategy; “Decreased number of HIV infections”.

**Website**  
www.ratn.org

**Key words**  
capacity building, training, facilitation
**Regional HIV&AIDS Team - Contribution Overview**

### Health Economics and HIV/AIDS Research Division (HEARD)

"Knowledge and Evidence for Impact: Integrating HIV Response with Human Development - 2011-2016 Phase II"

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<tr>
<td>Team PO:</td>
<td>Diana Macauley</td>
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<tr>
<td>Contribution (SEK)</td>
<td>78.5M</td>
</tr>
<tr>
<td>Contacts:</td>
<td>Prof. Nana Poku (Director), Mr. Samuel Gormley (Operations Director), E-mail: <a href="mailto:Poku@ukzn.ac.za">Poku@ukzn.ac.za</a>, <a href="mailto:Gormley@ukzn.ac.za">Gormley@ukzn.ac.za</a></td>
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**Support initiated:** 2006  
**Total volume of support since start:** 118.9M

### Short programme description

The overall goal: to contribute to the production of knowledge and utilisation of knowledge and evidence which support integrating health, HIV & human development responses in East and Southern Africa. Main programme areas are: 1) HIV Prevention 2) Health systems and health care access 3) Health and HIV in an urban context. Focal areas are: gender equality, SRHR, disability and HIV, care-giving, youth development, maternal and child health.

### Development Objective(s)

To conduct research, increase knowledge and disseminate results for impacts in the response to HIV & AIDS

### Program/Project objective(s)

- To produce new knowledge through research.
- To promote the utilisation of knowledge and evidence in support of health, HIV and development responses.
- To enhance HIV and health research capacity.
- To support leadership in integrating focused HIV responses into sustainable human development.

### Main Results Since Initiation of Support

- Conducted 43 discrete research projects across the three defined program areas (HEARD Mid-term review 2011-2012, Sept. 2013).
- Has broadened its SRHR-focus to include youth and is developing models to reduce GBV through social mobilization. HEARD’s gender research program includes a focus on structural interventions – e.g. ‘Creating Futures’ and ‘Stepping Stones’ initiative – which supports training towards empowerment of youth in relation to HIV and gender equality.
- In relation to disability and HIV, a cluster of research projects have been developed. Research outputs have included practical approaches for integration of disability into care settings through NSPs, which has had value at regional level. HEARD has also engaged in international networking to strengthen the disability and HIV sector.
- The Young careers study is a large-scale quantitative study of the impacts of familial HIV/AIDS on children’s wellbeing. The project has collected data on 2477 paired child-caregivers through interviews in rural and urban sites. A film documentary *Manguzi: raising children in rural South Africa* was produced and launched in 2012.
- During 2011-2012 HEARD contributed to 60 peer-reviewed articles spread across 42 different academic journals. HEARD also produced 2 edited books, 6 book chapters, 7 policy briefs and 3 multimedia pieces. HEARD also took over the Editorial function of The African Journal of AIDS Research (AJoAR), which comes with increased visibility for HEARD.

### Beneficiaries/Stakeholders

Youth incl. disabled youth, Researchers, SADC, governmental bodies, NGOs.

### Region/Countries of implementation

Southern and Eastern Africa

### Co-Funding Partners

Sweden/Norad through the Regional HIV and AIDS Team for Africa provides core support for the implementation of the HEARD Strategy 2011-2015, however HEARD also have several projects grants that contribute to the realisation of this strategy.

### Link to Swedish Regional Strategy

The contribution is in line with the first objective of the Regional Strategy; “Decreased number of HIV infections”.

### Website

[www.heard.org.za](http://www.heard.org.za)

### Key words

university, research, research capacity building, advocacy, gender
| **International Organization for Migration (IOM)**  
| “Partnership on Health and Mobility in East and Southern Africa 2 (PHAMESA)” |
| **PLUS ID:** 51040062 | **Activity period:** January 2014 – December 2017 |
| **Agreement No.:** A5100268 | **Contribution (SEK):** 85M |
| **Team PO:** Kim Sundström | **Contact:** Reiko Matsuyama  
| **E-mail:** rmatsuyama@iom.int |

**Support started:** 2004  
**Total volume of support since start (SEK):** 227M

**Short programme description**  
PHAMESA assists partners and governments in identifying and responding to the health needs of migrants. It focuses its interventions on three different levels:  
- **Micro level** - individuals and communities (outcome 1)  
- **Mezzo level** - institutional changes (outcomes 2, 3 and 4)  
- **Macro level** - structural and normative interventions (outcomes 3 and 4).  
The programme promotes the building of partnerships at the local, national and regional levels that support and facilitate service delivery, capacity building, resource mobilisation and advocacy.

**Development Objective(s)**  
The overall objective of the project is to contribute to the reduced health vulnerability of people affected by the migration process in East and Southern Africa.

**Program/Project objective(s)**  
- Outcome 1: Improved health literacy among migrants and migration-affected communities in identified spaces of vulnerability.  
- Outcome 2: Increased availability, accessibility and acceptability of services that improve health in identified spaces of vulnerability.  
- Outcome 3: Evidenced-based policy and/or legal instruments developed or amended at regional, national, and sub-national levels to realize migrants’ right to health.  
- Outcome 4: Improved sustainability of migration and health responses in the region.

**Main Results Since Initiation of Support**  
No results as of yet. Results from previous agreement periods include:  
- Enhanced regional policy environment such as the SADC Declaration on Tuberculosis in the Mining Sector (2012), and the Draft SADC Policy Framework for Population Mobility and Communicable Diseases (2009);  
- Increased regional responses to migration and health such as the SADC Global Fund HIV Cross Border Initiative and the IGAD Regional HIV/AIDS Partnership Programme;  
- Integration of migration and health into national policies and programmes, such as the integration of migration indicators into the 2012 Kenya AIDS Indicator Survey, and inclusion of migrants as one of the key populations identified in the South Africa National Strategic Plan on HIV, STIs and TB 2012 – 2016; and  
- Improved funding for migration and health interventions, with IOM raising over USD 23 million over the years, under the overall PHAMESA umbrella framework.

**Beneficiaries/Stakeholders**  
Labour migrants and mobile workers, forced and irregular migrants, migration-affected communities, policy makers, civil servants, healthcare workers, service providers, development partners, civil society organisations and academia.

**Region/Countries of implementation**  
South Africa, Botswana, Mauritius, Mozambique, Namibia, Zambia, Kenya, Tanzania, Uganda, Angola, DRC, Zimbabwe, Djibouti, Ethiopia, Somalia, South Sudan, Lesotho and Swaziland.

**Co-Funding Partners**  
The Royal Netherlands Embassy (Pretoria/Regional). At national level and special research: SADC, USAID PEPFAR, UNAIDS PAF, IOC/AfDB, UN Joint programme, Japanese supplementary budget, Irish Aid, UNICEF/GFATM

**Link to Sweden Regional Strategy**  
The contribution will contribute to the achievement of the first objective in the Strategy “Decreased number of new HIV infections”.

**Website**  
www.iom.org.za

**Key words**  
Migration and Health, mobile populations
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<td><strong>Short programme description</strong></td>
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| **Program/Project objective(s)** | In this third phase of the programme, the overall outcomes at the end of the project are expected to be:  
- Sustainable workplace programmes responding to HIV, health and gender inequalities;  
- Benefits for secondary beneficiaries; and  
- Increased SHWAP interaction at global, regional and national levels to spread the approach and model. |
| **Main Results Since Initiation of Support** | No results as of yet. However, during the two previous agreement periods the programme has supported the establishment of wellness programmes in a total of 209 workplaces in 106 companies and reached 23,173 employees in 14 countries. |
| **Beneficiaries/Stakeholders** | Companies and their employees and their families; company management in Sweden and other countries; workers organisations |
| **Region/Countries of implementation** | Botswana, Kenya, Democratic Republic of Congo, Namibia, Rwanda, South Africa, Tanzania, Uganda, Zambia and Zimbabwe |
| **Co-Funding Partners** | Cooperate with IOM and ILO to some extent, regional and national business coalitions, and trade unions. Sida and the private sector. |
| **Link to Sweden Regional Strategy** | The contribution is in line with the first objective of the Regional Strategy; “Decreased number of HIV infections”. |
| **Website** | www.swhap.org |
| **Key words** | Swedish related work places in Africa - HIV programmes, private sector |
**Regional HIV&AIDS Team - Contribution Overview**

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**Population Council**

“Phase III: Expanding the Evidence Base and Networks for Sexual Violence Response and Management in East and Southern Africa 2014-2017”

| Short programme description | The focus of the programme is on reception and support services for women, refugees and children who have experienced sexual or gender-based violence. |
| Development Objective(s) | Mitigate the consequences and occurrence of Sexual and Gender Based Violence (SGBV) by strengthening capacities of the medical, legal and justice sectors for caring for survivors of such violence. |
| Program/Project objective(s) | The programme has three result areas: |
| | - Best practice in SGBV service provision is tested and rigorously documented; |
| | - South-south technical assistance provided through a network of implementing partners to strengthen national SGBV response programs; and |
| | - Policy and programmes influenced by disseminating best practices to key audiences. |
| Main Results Since Initiation of Support | - Evaluation report drafted as a result of a study on the feasibility of a strategy for improving forensic evidence collection and documentation on the post-rape care form within health facilities in Kenya. The national police medical record and reporting forms have been revised using this study’s evidence and selected courts in have accepted the form as an official document for presenting evidence during sexual violence prosecutions. |
| | - Study on acceptability and feasibility of routine screening and referral procedures for IPV was completed at Kenyatta National Hospital in 2011. In 2012 providers at Kenyatta National Hospital were trained to screen routinely for IPV. The study was disseminated at a meeting organised by WHO and at Southern Africa Health Community Best Practices Forum, where Ministers passed a resolution prescribing that GBV and child sexual abuse screening be integrated into SRHR and HIV and AIDS services in the region. |
| | - Population Council’s implementing partner Swaziland Action Group Against Abuse (SWAGAA) drafted the National Multisectoral Guidelines on response to SGBV in Swaziland which is now with the Office of the Deputy Prime Minister. |
| | - A study under Ministry of Health Zambia leadership is building on the Population Council pilot of police HIV PEP provision. Findings from the study informed the finalisation of the Zambia Police Service curriculum which has guided training of police during 2012. |

**Beneficiaries/Stakeholders**

Survivors of SGBV and IPV, national governments, RECS

**Region/Countries of implementation**

Malawi, South Africa, Swaziland, Zambia, Uganda and Kenya

**Co-Funding Partners**

The initiative is solely funded by Sweden/Norad through the Regional HIV and AIDS Team for Africa.

**Link to Sweden Regional Strategy**

The contribution is strongly linked to the second objective of the Regional Strategy: improved living conditions for women and girls affected by HIV and AIDS.

**Website**

www.popcouncil.org

**Key words**

Sexual and Gender Based Violence, Intimate partner violence
**Regional HIV&AIDS Team - Contribution Overview**

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<td>Jan-Dec 2015</td>
<td><strong>65M</strong></td>
<td><strong>E-mail:</strong> <a href="mailto:ggaleta@psi.org">ggaleta@psi.org</a></td>
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<td><strong>Total volume of support since start (SEK):</strong> 65M</td>
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### Short programme description

The aim of the programme is to establish a financially sustainable condom social marketing model operating at a regional scale starting with 4 countries with the aim of expanding through the expansion of private sector distribution networks. The support from the Team makes it possible to also include a component to start a revolving commodities fund to social market and distribute female condoms and lubricants targeting Men who have sex with Men (MSM), with the aim to gradually remove the subsidy for both products to levels near sustainability.

### Development Objective(s)

The overall project goal is to contribute to a 50% reduction in HIV incidence in Southern Africa by 2015. The '50 by 2015' HIV Prevention Movement is a SADC initiative aimed at reducing the number of new HIV infections by 50 per cent in the member countries of the region. The purpose of the project is to increase the adoption and maintenance of safer sexual behaviours in the Southern Africa region.

### Program/Project objective(s)

- **Outcome 1:** Strengthened capacity of regional HIV prevention organizations operating across Southern and Eastern Africa
- **Outcome 2:** An efficient, financially sustainable condom social marketing model serving the total market is in place and operating at regional scale by 2015.

### Main Results Since Initiation of Support

**Examples of main results in 2012 – Outcome 1:**
- 604 PSI staff in the East and Southern Africa regions completed a combined total of 1,393 PSI University courses to build professional and platform capacity, examples of courses include project management, M&E, writing skills, software etc.
- PSI improved the capacity of over 50 organizations in the region by providing training/technical assistance, disseminating research results and sharing best practices with academic institutions, civil society, government and private sector partners.

**Examples of main results in 2012 – Outcome 2:**
- PSI sold more than 73.4 million and distributed more than 59.4 million male condoms throughout Botswana, Lesotho, South Africa and Swaziland.
- Lesotho, Swaziland and South Africa distributed over 1.2 million free female condoms in collaboration with the public sector in 2012. Female condoms were branded specifically to target key populations i.e. youth in each country.
- In 2012, donor-supported CSM and distribution activities have averted more than 1 million Disability Adjusted Life Years (Botswana, Lesotho, South Africa and Swaziland).
- PSI has transitioned from a Regional Office and a non-profit coordination unit to a regional commercial enterprise for marketing products related to SRHR, Company 158.
- Regional sales of CSM commodities reached record levels for seven out of twelve months of the year, and stock-outs of commodities were eliminated by Q4 of 2012.
- Strategic partnerships have been established with the private sector, universities and the UN and PSI and UNFPA have initiated a Regional Condom Security Working Group.

### Beneficiaries/Stakeholders

Sexually active men and women, men who have sex with men, National governments, RECs, private sector

### Region/Countries of implementation

South Africa, Botswana, Lesotho, and Swaziland with the aim of expanding to other countries in the region

### Co-Funding Partners

The Royal Netherlands Embassy (Pretoria/Regional)

### Link to Sweden Regional Strategy

The contribution is in line with the first objective of the Regional Strategy; “Decreased number of HIV infections”.

### Website

[www.psi.org](http://www.psi.org)

### Key words

Condom social marketing, female condoms, lubricant, private sector
### Southern Africa HIV & AIDS Information Dissemination Services (SAfAIDS)

“Sustainable Communities of Real Excellence – (SCORE) on SRH, HIV and GBV in Southern Africa 2014-2018.”

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#### Short programme description
Southern Africa HIV & AIDS Information Dissemination Service (SAfAIDS) is a regional NGO established in 1994. SAfAIDS’ mission is to promote effective and ethical development responses to the epidemic and its impact through HIV & AIDS knowledge management, capacity building, advocacy, policy analysis and research.

#### Development Objective
Enhance health communication

#### Project objective
To contribute to a sustained 50% reduction in new infections and improved positive sexual and reproductive health (SRH) outcomes for communities in southern Africa by 2018

#### Main Results Since Initiation of Support
New agreement, no results reported yet

#### Beneficiaries/Stakeholders
NGOs, FBOs, ASOs, CBOs, media, academic, research institutions as well as individuals and communities.

#### Region/Countries of implementation
Zambia, Zimbabwe, Malawi, Lesotho, Swaziland and South Africa.

#### Co-Funding Partners

#### Link to Sweden Regional Strategy
The contribution is in line with the Strategy, especially to the first objective “Reduced number of new HIV infections”.

#### Website
www.safaids.net

#### Key words
Capacity building, information repackaging and dissemination, HIV prevention
| **Southern African AIDS Trust (SAT)**  
| **PLUS ID:** A51040031 | **Chief PO:** Anna-Klara Berglund  
| **Agreement No.** A5104016 | **Activity period:** April 2013 – March 2016  
| **Contribution (SEK):** 60M | **Contact:** Dr Jonathan Gunthorp  
| **Archive Ref. No.:** UF 2012/66602 | **E-mail:** gunthorp@satregional.org  
| **Support started:** 2004 | **Total volume of support since start (SEK):** 168.8M  

**Short programme description**
SAT works with community based organizations to build organizational and technical competencies to respond to HIV & AIDS in Africa. With the new strategy, each of the approximately 80 partner organisations at community level will focus on one of SAT’s three strategic results areas. SAT will through its four regional and country offices provide technical support to and work with the CBOs to identify challenges (community mapping), build community support for evidence based and results based programming, advocacy and for monitoring and evaluation.

**Development Objective(s)**
To strengthen community systems for HIV/AIDS prevention and improve sexual and reproductive health and rights for population.

**Program/Project Objective(s)**
SAT’s overarching goal is to enhance SRHR among youth and adults in the SAT programming communities in southern Africa. Specifically, the intervention has identified the following results areas: a) Prevention with youth, b) Women’s health, c) SRHR which integrate health rights in programming and d) Dialogue for Health aimed at improving community participation in SRHR responses.

**Main Results Since Initiation of Support**
Results by Strategic Areas (2008-2012)
- **Competence:** 129 partners supported by SAT have been assessed to have improved in the areas of functional systems and processes. 116 partners have demonstrated improved financial management ability and financial processes. More than 45 partners indicated that their resource pool had increased above the funds received from SAT. In 2013, 63 SAT supported partners underwent expert designed and facilitated governance and anti-corruption training.
- **Knowledge:** SAT developed a set of tools to enable partners to conduct their own community level mapping activities and to utilise the knowledge gained there from to inform their programming outcomes and results. Also, SAT conducted a multi country study for the SADC HIV and AIDS unit to identify the SRHR needs of adolescents living with HIV in 4 of SAT’s programme countries.
- **Influence:** Assessment findings reveal that 63 partners had gained significant competence in undertaking advocacy work. SAT has supported 64 partners to showcase their work at national and international events, e.g. ICASA.
- **Organisational values:** Both SAT and its network of partners underwent intensive governance and anti-corruption capacity strengthening.

**Beneficiaries/Stakeholders**
Community based organizations, regional organizations, Global Fund recipients

**Countries of Implementation**
Malawi, Tanzania, Zambia and Zimbabwe

**Co-Funding Partners**
Joint Financing Arrangement with Canadian International Development Agency (CIDA), the Royal Netherlands Embassy (RNE) & the Swiss Agency for Development and Cooperation (SDC)

**Link to Sweden Regional Strategy**
SAT recognises the feminised nature of the HIV epidemic and targets women by linking their rights to health and by providing key information. The contribution is thus relevant to all objectives, specifically to “decreased number of new HIV infections”.

**Website**
[www.satregional.org](http://www.satregional.org)

**Key words**
community systems strengthening, capacity building, youth, prevention, SRHR, gender, advocacy

Last updated Sep 2014
## Save the Children

**“Improving Children’s access to comprehensive Sexuality Information and Education in sub-Saharan Africa”**

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<td>Support initiated: 2012</td>
<td>Total volume of support since start (SEK): 45M</td>
<td>Contact: Elijah Adhera e-mail: <a href="mailto:elijaha@saf.savethechildren.se">elijaha@saf.savethechildren.se</a></td>
</tr>
</tbody>
</table>

**Short programme description**

Save the Children Sweden (SCS) works with children and adults towards realising a world in which every child attains the right to survival, protection, development and participation. The goals and objectives advocate for the realisation of child rights based on the United Nation Convention on the Right of the Child. Through this project- ‘Improving Children’s access to comprehensive Sexuality Information and Education in sub-Saharan Africa’. It aims at improving knowledge of SRHR issues among both children and adults as well as changing behaviour of children and adolescents at community level. Sexual and reproductive health rights issues of children and adolescents will be addressed in 12 countries in sub-Saharan Africa.

**Development Objective(s)**

- 340,000 children under 18 years have improved knowledge and safer sexual practices in target countries by 2015.

**Program/Project objective(s)**

- Partner organisations in target countries have improved capacity to provide comprehensive sexuality information and education for children.
- Partner organisations in target countries have improved advocacy capacity for children’s early access to comprehensive sexuality information and education and SRHR and HIV prevention services.

**Main Results Since Initiation of Support**

1. Partner capacity assessments have been conducted to establish gaps relating to the provision of accurate, comprehensive sexuality information and education.
2. Individual partner organisations have been helped to develop strategies for organisational development and internal capacity enhancement to deliver comprehensive sexuality information and education programmes. Thus far 15 organisations have adopted the comprehensive sexuality education approach and 15 partner organisations are providing comprehensive Sexuality Information and Education to children; 84 trainers and mentors within the partner organisations are involved in the provision of Comprehensive Sexuality Information and Education to children.
3. The project completed two cycles of training, in French in West Africa and in English in East and Southern Africa, using various methodologies particularly the Personal Oriented Approach (POA), that enable them learn more about how to handle issues of sexuality as individuals and how to then communicate with children and even adults on sexuality issues. The trained individuals have been tasked with the responsibility of extending the training to others in their own organisations, thereby creating a cascading effect.
4. All trainees have been provided with copies of training materials as well as additional information hand-outs. In total 95 trainees have received training materials and 10 partner organisation have received the tool-kit.
5. SADC OVC minimum package of services component of SRH education rolled out to countries, all 14 member states have adopted the minimum package of services for orphans and vulnerable children.

**Beneficiaries/Stakeholders**

- Civil Society Organisations /NGOs; faith based organisations; Children and Youth and their networks; Girls and boys aged 5-18; Parents; Teachers; community health providers; community leadership including religious leaders; and national governments.

**Region/Countries of implementation**

- Cycle 1: Cote d’Ivoire, Kenya, Nigeria, Senegal, South Africa, Swaziland, Zambia
- Cycle 2: Liberia, Malawi, Tanzania, Uganda and Zimbabwe

**Co-Funding Partners**

- N/A

**Link to Sweden Regional Strategy**

- The project is in line with the regional strategy on HIV&AIDS and human rights of LGBTI-people in sub-Saharan Africa (2012-2013) objective 1

**Website**

- [www.savethechildren.se](http://www.savethechildren.se)

**Key words**

- Sexual and Reproductive Health and Rights
- Prevention
- Information and Knowledge
### Sonke Gender Justice/MenEngage Africa

**“Increasing the Scale and Impact of Work with Men and Boys for Gender Equality across Sub-Saharan Africa through MenEngage Network 2011-2014”**

<table>
<thead>
<tr>
<th>PLUS ID: 51040040</th>
<th>Archive Ref. No.: UF 2011/2308</th>
<th>Team PO: Grace Tambatamba Chiyaba</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agreement No. A5100145</td>
<td>Activity period</td>
<td>Budget (SEK)</td>
</tr>
<tr>
<td></td>
<td>April 2011 – June 2014</td>
<td>17.2M</td>
</tr>
<tr>
<td>Contact: Dean Peacock, Tim Shand</td>
<td>E-mail: <a href="mailto:dean@genderjustice.org.za">dean@genderjustice.org.za</a>, <a href="mailto:tim@genderjustice.org.za">tim@genderjustice.org.za</a></td>
<td></td>
</tr>
</tbody>
</table>

**Support started:** 2010  
**Total volume of support since start (SEK):** 17.7M (of which primary support 0.5M)

**Short programme description**

MenEngage is a global network of organizations working for more equitable gender relations and improved SRHR through engaging boys for changes in attitude and behaviour. Sonke Gender Justice is the regional coordinating organisation for the MenEngage Africa Network and also co-chair of the global MenEngage steering committee. The programme focused on strengthening national MenEngage networks, advocacy and capacity-building.

**Development Objective(s)**

The project aims to effectively scale-up work with men and boys to promote gender equality, prevent gender-based violence and the sexual exploitation of children, and reduce the spread and impact of HIV and AIDS across Sub-Saharan Africa.

**Program/Project objective(s)**

- Formalize MenEngage regional/country networks in East and Southern Africa and establish them as key networks for engaging men and boys in reducing gender-based violence and sexual exploitation.
- Strengthen strategic alliances between MenEngage structures in Sub-Saharan Africa and other key partners, to carry out joint campaign and advocacy activities.
- Develop a shared policy and advocacy agenda on work with men and boys for gender equality and the prevention of sexual violence in East and South Africa.
- Implement the International Men and Gender Equality Survey in DRC & Zambia.
- Support the development & operation of a ‘MenEngage Africa Training Initiative’

**Main Results Since Initiation of Support**

- Fifteen strong country networks with a steering committee in each country have been established.
- 21 youth organisations (and increasing) are now part of the country networks.
- 36687 men and boys reached through community activities focused on engaging men and boys on gender and HIV.
- The policy scans completed for the thirteen countries brought much insight into policy gaps that exist in different contexts.
- Sonke, Promundo and the Institute for Mental Health of Goma implemented the IMAGES Survey in Goma, in the Eastern part of the Democratic Republic of the Congo (DRC). IMAGES is one of the most comprehensive studies ever undertaken on men’s practices and attitudes as they relate to gender equality, household dynamics, intimate partner violence, health and economic stress.

**Beneficiaries/Stakeholders**

A range of UN agencies, particularly UNFPA, UNDP, UNAIDS and UN WOMEN, as well as government actors across the region. Beneficiaries include victims of gender-based violence, men and boys as well as women and girls.

**Region/Countries of implementation**

Burundi, Democratic Republic of Congo, Kenya, Malawi, Mozambique, Namibia, Rwanda, Sierra Leone, South Africa, Tanzania, Uganda, Zambia and Zimbabwe

**Co-Funding Partners**

Oak Foundation

**Link to Sweden Regional Strategy**

The programme contributes to especially the first and second objective in the Strategy; “Decreased number of HIV infections” and “Improved living conditions for women and girls affected by HIV and AIDS”.

**Website**

[www.sonkegenderjustice.org.za](http://www.sonkegenderjustice.org.za)

**Key words**

GBV, Men, boys, Gender Equality

Last updated Sep 2014
**Regional HIV&AIDS Team - Contribution Overview**

<table>
<thead>
<tr>
<th><strong>Soul City Institute</strong></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>“To intensify its regional intervention in order to accelerate HIV prevention &amp; address SRHR priorities 2010 – 2014”</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PLUS ID: 51040027</th>
<th>Archive Ref. No.: UF2010/39111</th>
<th>Team PO: Chilamo Sinkala Sikazwe</th>
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<tr>
<td><strong>Agreement No. A5100127</strong></td>
<td><strong>Activity period:</strong> December 2010 – December 2014</td>
<td><strong>Contribution (SEK): 30M</strong></td>
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<tr>
<td><strong>Support started:</strong> 2010</td>
<td><strong>Total volume of support since start (SEK): 30M</strong></td>
<td><strong>Contact:</strong> Lebogang Ramafoko</td>
</tr>
<tr>
<td><strong>E-mail:</strong> <a href="mailto:lebo@soulcity.org.za">lebo@soulcity.org.za</a></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Short programme description**

Aims to intensify its regional intervention in order to accelerate HIV prevention and address key SRHR priorities; through regionally coordinated Social and Behaviour Change Communication (SBCC) initiatives in 7 countries.

**Development Objective**

To contribute to the reduction of the burden of disease related to HIV&AIDS, and to the attainment of universal access to sexual and reproductive health (SRH).

**Project objective**

- To intensify cross-border SBCC interventions with a particular focus on the higher-risk groups of migrant populations, women and sex-workers, young people and men.
- To develop strong political leadership for HIV and SRHR in the region and to consolidate regional alliances and partnerships to intensify SBCC interventions.
- To advocate among leaders at a local, national, regional and global level for increased promotion of human rights and gender equality.
- To develop in-country Social and Behaviour Change Communication (SBCC) interventions targeting young people in SRHR, including HIV and AIDS, for use in countries and aligned with national priorities as well as in cross-border programmes.

**Main Results Since Initiation of Support**

- Developed and distributed 40 000 (all translated to local language) SRHR pamphlets for sex workers at borders in Namibia, Malawi, Zambia and Zimbabwe.
- Set up of 7 TV sets and 7 DVD sets in wellness centres at border areas of Namibia, Malawi, Zambia and Zimbabwe – there are scheduled viewing and discussion sessions in all areas facilitated by trained volunteers. Total of 4041 men and women have been reached.
- Produced and disturbed 2116 CD boxes of OneLove radio drama stories to wellness centres and trucking companies at border areas.
- Conducting an audience reception evaluation with truck drivers.
- Participation in regional process on HIV, Sexuality Education and SRH through research led-by UNESCO and UNFPA to develop a VCT campaign targeting school going children.
- Produced and aired on national stations 2 youth SRHR TV talk shows in Malawi and Swaziland. UNFPA to add funds to broadcast 2nd season of each talk show in each country.
- Production of TV talk show in Zimbabwe on-going.
- Achieved working collaborations with reduced costing with 3 organisations; Red Cross, Corridors of hope and North Star Alliance.

**Beneficiaries/Stakeholders**

Young people, policy makers, healthcare providers, programmers, adults

**Region/Countries of implementation**

Lesotho, Malawi, Mozambique, Namibia, Swaziland, Zambia and Zimbabwe

**Co-Funding Partners**

There is no financial arrangement because other financiers support more in-country activities (British Petroleum, SABC, Old Mutual)

**Link to Sweden Regional Strategy**

The contribution will especially contribute to the first objective of the Strategy, "Reduced number of new HIV infections".

**Website**

[www.soulcity.org.za](http://www.soulcity.org.za)

**Key words**

multimedia edutainment

_Last updated updated Sep 2014_
UNAIDS
“Expanded Accelerated AIDS Response towards HLM Targets and Elimination Commitments in ESA Region 2013-2016”

<table>
<thead>
<tr>
<th>PLUS ID: 51040052-01</th>
<th>Archive Ref. No: UF 2013/12818</th>
<th>Team PO: Anna-Klara Berglund</th>
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</table>

**Agreement No.** A5104015  
**Activity period** June 2013 – March 2017  
**Contribution (SEK)** 129.5M  
**Contact:** Pierre Somse  
**E-mail:** somsep@unaids.org

**Support started:** 2007  
**Total volume of support since start (SEK):** 202.7M

**Short programme description**  
The Programme seeks to scale up countries progress towards the United Nations High Level Meeting (HLM) Targets and will build on existing efforts and strengthen the response to HIV in ESA. The intervention will help to reduce poverty through support for accountable and capable leadership, enabling countries to scale up prevention and treatment efforts, thereby reducing AIDS related deprivation and death. It will focus on reducing gender inequality which will lead to less discrimination in education, healthcare, employment and control of assets. By providing technical support to key actors, as well as engaging with and supporting civil society to fulfil its role as watch dogs, RST ESA aims to fulfil its objectives.

**Development Objective(s)**  
MDG 6, plus contributing to MDGs 3, 4, & 5

**Program/Project objective(s)**  
The overall objective is “Strengthened AIDS response in ESA countries to achieve the High Level Meeting Targets (HLM) and elimination commitments”

- **Strategic area 1.** - Advocacy and Leadership
- **Strategic area 2.** - Strategic information
- **Strategic area 3.** - Combination Prevention and Treatment
- **Strategic area 4.** - Community mobilization
- **Strategic area 5.** - Human Rights
- **Strategic area 6.** - Gender Equality
- **Strategic area 7.** - HIV and SRHR integration.

**Main Results Since Initiation of Support**  
- **Advocacy and Leadership:** Many high level political advocacy activities have been conducted, e.g. the HLTF mission to Malawi in October 2013. This mission resulted in a commitment on action by traditional leaders to get engaged to improve the situation of women and girls and regarding their education, SRHR, culture, GBV, early & forced marriages, HIV/AIDS.
- **Strategic Information:** Know your Epidemic/Know your Response (KYE/KYR) studies supported in Zambia, Mozambique, Tanzania, Mauritius, Malawi and South Sudan. Investment cases have also been developed in several countries making use of strategic information and have proven to lead to a shift in use of resources. In addition, incidence studies together with the WB to assess impact of prevention interventions started in Zambia and Botswana.
- **Combination Prevention:** Several country based initiatives to strengthen prevention programming, not least on eMTCT. High level advocacy events for eMTCT acceleration and early paediatric diagnosis and treatment have been held, including conference with AU and high level panel with 5 health ministers.

**Beneficiaries/Stakeholders**  
EAC, SADC, member states, CSOs

**Countries of implementation**  
Eritrea, Ethiopia, South Sudan, Uganda, Kenya, Rwanda, Tanzania, Malawi, Zambia, Mozambique, Zimbabwe, Angola, Namibia, Botswana, South Africa, Lesotho, Swaziland, Seychelles, Comoros, Madagascar and Mauritius.

**Co-Funding Partners**  
EAC, SADC, UN organisations

**Link to Sweden Regional Strategy**  
The intervention will contribute to all three main focus areas of the Swedish Regional Strategy, specifically to “Decreased number of new HIV infections”.

**Website**  
[www.unaids.org](http://www.unaids.org)

**Key words**  
UN, HIV prevention, gender, strategic information, statistics, advocacy and leadership, technical support, SADC, EAC.
**UNESCO**

“Strengthening Sexual and Reproductive Health and HIV prevention amongst children and young people through promoting comprehensive sexuality education in Eastern and Southern Africa’ 2012-2015”

<table>
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<tr>
<th>PLUS ID: 21500192-01</th>
<th>Archive Ref. No.: UF 2011/27901</th>
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<tr>
<td>Agreement No. A5100025</td>
<td>Activity period</td>
<td>Contribution (SEK)</td>
</tr>
<tr>
<td></td>
<td>Dec 2012–Dec 2015</td>
<td>45.8M</td>
</tr>
<tr>
<td>Support started: 2012</td>
<td>Total volume of support since start (SEK): 45.8M</td>
<td></td>
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</tbody>
</table>

**Short programme description**
The project works towards bolstering the delivery of Comprehensive Sexuality Education (CSE) to children and young people aged 5-18 within the education sector. UNESCO works with the ministries of education countries to improve policies, systems and resources related to the provision of CSE within the education sector. UNESCO will also engage with different stakeholders key to the provision of CSE to young people including politicians, parents and SCO working in the area of CSE on issues related to SRHR and HIV and AIDS. This will ultimately lead to increased ability by children and young people to make informed decisions regarding their health and sexuality. The project will reach 15 million children and young people, 68,000 practising teachers and 6,000 pre-school teachers.

**Development Objective(s)**
Increase children and young people’s knowledge on SRHR through access to high quality comprehensive sexuality education that is gender transformative, evidence-informed and age and culturally appropriate.

**Program/Project objective(s)**
- Secure high level political commitment to improving comprehensive knowledge on SRH, through sexuality and HIV prevention education by 2013.
- Increase capacity of the education sector to plan, manage and monitor comprehensive sexuality education at all levels of the school system by 2015.
- Strengthen the quality and effectiveness of comprehensive sexuality education curricula to ensure that they are evidence informed, gender-transformative, and age and culturally appropriate by 2015.
- Strengthen the implementation of comprehensive sexuality education curricula through the development of a confident and well-trained force by 2015.
- Support improved community engagement in young people’s access to comprehensive sexuality education by 2015.

**Main Results Since Initiation of Support**
1. Ministers of Health and Education from 20 countries signed the ‘ESA commitment’, aimed at strengthening HIV prevention efforts and fostering positive health outcomes.
2. The project has further provided technical support for monitoring and evaluation at regional level, to include the 15 indicators under the global M&E framework for education sector responses to HIV and IADS, in the UNAIDS IATT on education.
3. Additionally, concerted efforts have been made to integrate CSE in all 6 project countries. Processes of curriculum review, teacher training and maternal development have been undertaken in the 6 focus countries.
4. UNESCO has also in collaboration with UNFPA trained 250 curriculum developers and programme officers from 15 countries in Eastern and Southern Africa, through the regional in-country trainings. Training focused on developing sexuality education curricula that is most effective in changing sexual behaviour.
5. UNESCO, at the regional level commissioned a study on the status of teacher pre and in service teacher training in CSE in 21 ESA countries.

**Beneficiaries/Stakeholders**
Children and young people aged 5-18 and in school in the project countries; Teachers and Education managers in the Ministries of Education and Health in the project countries, Parents Teachers Associations and Community members, Civil Society Organisations working in the area of Comprehensive Sexuality Education,

**Countries of implementation**
Lesotho, Malawi, Mozambique, Uganda, Tanzania and Zambia (focus countries)
Angola, Botswana, Burundi, Ethiopia, Kenya, Namibia, Rwanda, South Africa, Swaziland and Zimbabwe (network countries)

**Co-Funding Partners**
The initiative is solely funded by Sweden/Norad through the Regional HIV and AIDS Team for Africa.

**Link to Sweden Regional Strategy**
The project works towards achieving the first objective of the Strategy; decreased number of new HIV infections.

**Website**
www.unesco.org

**Key words**
Sexual and Reproductive Health and Rights, Prevention Information and Knowledge comprehensive Sexuality Education (CSE)
<table>
<thead>
<tr>
<th><strong>UNODC</strong></th>
<th></th>
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<tbody>
<tr>
<td>PLUS ID: 51040028</td>
<td>Archive Ref. No.: 2010/51047</td>
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<tr>
<td>Team PO: Chilamo Sinkala Sikazwe</td>
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<tr>
<td><strong>Agreement No.</strong> A5100012</td>
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<tr>
<td><strong>Activity period</strong> March 2011 – December 2015 (Extended)</td>
<td><strong>Contribution (SEK)</strong> 45.5M</td>
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<tr>
<td><strong>Support started:</strong> 2004</td>
<td><strong>Total volume of support since start (SEK):</strong> 132.5M</td>
</tr>
<tr>
<td><strong>Short programme description</strong></td>
<td>Aims to reduce HIV infection in prison settings by focusing on 3 levels.</td>
</tr>
<tr>
<td></td>
<td>• Policy level: addressing structural issues i.e. prison rules and overcrowding, M&amp;E of general conditions;</td>
</tr>
<tr>
<td></td>
<td>• Prison Management level: operationalizing national policies for specific institutions</td>
</tr>
<tr>
<td></td>
<td>• Service Provider level: raising awareness and building capacity among prison staff and other service providers.</td>
</tr>
<tr>
<td><strong>Development Objective(s)</strong></td>
<td>Prevention of new HIV infections specifically related to incarceration in selected countries in sub-Saharan Africa (SSA)</td>
</tr>
<tr>
<td><strong>Program/Project objective(s)</strong></td>
<td>• Strengthen national capacity to implement evidence-informed HIV &amp; AIDS prevention, treatment and support interventions in Prison Settings in SSA</td>
</tr>
<tr>
<td></td>
<td>• More effective national HIV &amp; AIDS responses in prison settings through development and implementation of activities, which are evidence-informed and appropriately coordinated.</td>
</tr>
<tr>
<td></td>
<td>• Improved availability and management of evidence-informed HIV &amp; AIDS interventions in prison settings</td>
</tr>
<tr>
<td><strong>Main Results Since Initiation of Support</strong></td>
<td>• Minimum Standards for the provision of HIV and other communicable diseases services in prisons was approved and endorsed by the SADC Health and Justice Ministerial Committees.</td>
</tr>
<tr>
<td></td>
<td>• The Africa HIV in Prison Partnership Network (AHPPN) has continued to provide a platform for networking and advocacy for HIV in prisons, the web-based membership portal has increased to 700 members.</td>
</tr>
<tr>
<td></td>
<td>• 10 countries have developed guidelines and instruments for M&amp;E of HIV programmes in prison settings.</td>
</tr>
<tr>
<td></td>
<td>• Twelve countries in the region have incorporated the HIV prevention, treatment, care and support in the core curricula of the national prison training academies.</td>
</tr>
<tr>
<td></td>
<td>• 52 Regional Master Trainers have been trained, including UNODC Staff, training cascades have been taking place and to date Master Trainers have cascaded training to 276 correctional staff, civil society service providers and other governmental counterparts as national trainers (TOT). A number of 22,891 male and 455 female prisoners and 276 prison staff benefited from capacity building opportunities.</td>
</tr>
<tr>
<td></td>
<td>• Country specific results include: A review of 32 pieces of legislations was completed and the report was widely disseminated in Zambia. In Namibia, the project supported the development of the HIV workplace policy for prison staff.</td>
</tr>
<tr>
<td><strong>Beneficiaries/Stakeholders</strong></td>
<td>Prison community, national ministries/departments/services, civil society and regional bodies</td>
</tr>
<tr>
<td><strong>Region/Countries of implementation</strong></td>
<td>Ethiopia, Malawi, Mozambique, Namibia, Swaziland, Tanzania (incl. Zanzibar), Zambia, South Africa, and Zimbabwe</td>
</tr>
<tr>
<td><strong>Co-Funding Partners</strong></td>
<td>The Royal Netherlands Embassy (Pretoria/Regional). At national level: CDC, Austrian Development Agency, EC</td>
</tr>
<tr>
<td><strong>Link to Sweden Regional Strategy</strong></td>
<td>The contribution will contribute to the achievement of the first objective in the Strategy “Decreased number of new HIV infections”.</td>
</tr>
<tr>
<td><strong>Website</strong></td>
<td><a href="http://www.unodc.org/southernafrica/index.html">www.unodc.org/southernafrica/index.html</a></td>
</tr>
<tr>
<td><strong>Key words</strong></td>
<td>HIV, prisoners, Drug Users, MSM</td>
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</table>
**UNICEF**

“Advancing Elimination of Mother To Child Transmission (EMTCT): Optimizing access to simplified HIV treatment to reduce new HIV infections among children in 4 countries”

<table>
<thead>
<tr>
<th>PLUS ID: 21500193</th>
<th>Archive Ref. No.: UF 2012/28706</th>
<th>Team PO: Francis Mangani</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agreement No. A5104014</td>
<td>Activity period: December 2012-December 2015</td>
<td>Contribution (SEK) 151M</td>
</tr>
<tr>
<td>Support started: 2012</td>
<td>Total volume of support since start (SEK): 151M</td>
<td></td>
</tr>
</tbody>
</table>

**Short programme description**

Under the recently adopted UN Global Plan to eliminate mother to child transmission of HIV (“The Global Plan”). UNICEF will work with Ministries of Health, for policy update, and in-country international non-governmental organisations (NGO) partners for implementation in 4 countries to accelerate the roll-out of WHO’s Option B+ in existing prevention of mother to child transmission (PMTCT) programs. The first two years will focus on the 4 initial countries and the third and final year will see project expansion in to an additional 2 countries. It aims to increase access to treatment for HIV-positive mothers, thereby contributing to the realisation of their sexual and reproductive health and rights. Project foresees that 42 568 pediatric HIV infections will be averted and 104 268 pregnant women living with HIV will receive long-term ARV regimens for prophylaxis and treatment.

**Development Objective(s)**

To improve maternal and child survival by ensuring availability of PMTCT/Maternal and Newborn Child Health (MNCH) services in line with current WHO B/B+ guidance in the selected four countries.

**Program/Project objective(s)**

1. To optimize the delivery of simplified ARV prophylaxis and treatment for pregnant women and mothers living with HIV through strengthening the capacity of primary health care systems to provide quality PMTCT/MNCH services;
2. To increase the demand, uptake and timely utilization of PMTCT/MNCH services for HIV-positive pregnant women, mothers and their children along the continuum of care;

**Main Results Since Initiation of Support**

Implementation commenced in mid-2013 following the formalising of working relationships with implementing partners. In the Katanga region of Congo DRC, the project procured essential commodities including ARVs and supported the training of health workers in Option B+, which has improved PMTCT uptake. PMTCT coverage has similarly improved in the project districts in Malawi and Uganda while in Cote D’ivoire, the preparatory work has just been completed. To date 21 886 Women living with HIV have benefitted from HIV services provided through this initiative.

**Beneficiaries/Stakeholders**

Pregnant women living with HIV, Community based organizations, National health systems, national and regional programs/policy makers,

**Countries of implementation**

Malawi, Uganda, Cote D’Ivoire, Katanga región DRC – 2 additional countries in 2015

**Co-funding Partners**

The initiative is solely funded by Sweden/Norad through the Regional HIV and AIDS Team for Africa.

**Link to Sweden Regional Strategy**

The intervention addresses the regional strategy’s long-term goal of decreasing the number of new HIV infections and the expected result of ‘40 000 children saved from HIV-infection through prevention of mother-to-child-transmission, and an equal number of HIV-positive mothers have access to long-term treatment.’

**Website**

[www.UNICEF.org](http://www.UNICEF.org)

**Key words**

PMTCT, Children, HIV prevention
**Regional HIV&AIDS Team - Contribution Overview**

<table>
<thead>
<tr>
<th><strong>AIDS Foundation South Africa (AFSA)</strong></th>
<th>“Making sexual and reproductive health rights real in South Africa 2014-2017”</th>
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<tr>
<td>PLUS ID: 51040066</td>
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<tr>
<td>Agreement No. A2150111</td>
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<tr>
<td>Activity period</td>
<td>May 2014 – March 2017</td>
</tr>
<tr>
<td>Contribution (SEK)</td>
<td>49M</td>
</tr>
<tr>
<td>Contacts: Debbie Mathew</td>
<td></td>
</tr>
<tr>
<td>E-mail: <a href="mailto:dm@aids.org.za">dm@aids.org.za</a></td>
<td></td>
</tr>
<tr>
<td>Support initiated: 2014</td>
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<tr>
<td>Total volume of support since start (SEK): 49M</td>
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<tr>
<td>Short programme description</td>
<td>The goal is ‘Advancing the realisation of Sexual and Reproductive Health Rights in marginalised communities and populations in South Africa’. The programme aims to address and catalyse the transformation of social and cultural structural barriers, and to identify and compel duty bearers to redress the systematic failures, which impede the realisation of HIV/AIDS and SRH rights in marginalised communities and populations.</td>
</tr>
<tr>
<td>Development Objective(s)</td>
<td>Social and cultural barriers transformed and health systems functionality strengthened enabling increased uptake and realisation of SRHRs in marginalised communities and populations in South Africa.</td>
</tr>
</tbody>
</table>
| Program/Project objective(s)           | • The capacity of strategic partners enhanced to drive a strong civil society advocacy campaign for the realisation of SRHRs and health rights in South Africa  
• Government held to account for systematic failures in the public health sector  
• The rights of LGBTI people advanced  
• The transformation of traditional and cultural systems to advance SRHRs in rural communities catalysed  
• Programme evidence and lessons documented and disseminated for broader use and application at national and regional levels |
| Main Results Since Initiation of Support | New agreement, no results to report yet |
| Beneficiaries/Stake-holders            | Civil society, Women and girls, LGBT persons, Community Based Organisations |
| Region/Countries of implementation     | South Africa, Southern and Eastern Africa region |
| Co-Funding Partners                    | The initiative is solely funded by Sweden/Norad through the Regional HIV and AIDS Team for Africa. |
| Link to Swedish Regional Strategy      | The contribution will contribute to the achievement of the first objective in the Strategy “Decreased number of new HIV infections”. |
| Website                                | www.aids.org.za                                                          |
| Key words                              | Sexual and Reproductive Health and Rights, HIV/AIDS, Human Rights, Capacity Building |

Last updated Sep 2014
IMPROVED LIVING CONDITIONS

- Improved living conditions for women and girls affected by HIV and AIDS
# Regional HIV&AIDS Team - Contribution Overview

<table>
<thead>
<tr>
<th>PLUS ID: 51040065</th>
<th>Archive Ref. No.: UF 2014/4074</th>
<th>Team PO: Adam Lagerstedt</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agreement No: N/A</td>
<td>Activity period: March 2014 – January 2017</td>
<td>Contribution (SEK): 60.9M</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Contact: Catarina Andrade</td>
</tr>
<tr>
<td></td>
<td></td>
<td>E-mail: <a href="mailto:candrade@clintonhealthaccess.org">candrade@clintonhealthaccess.org</a></td>
</tr>
<tr>
<td>Support initiated: 2012</td>
<td>Total volume of support since start (SEK): 85.5M</td>
<td></td>
</tr>
</tbody>
</table>

## Short programme description

The contribution aims to contribute to sustainable health financing in 8 countries; South Africa, Swaziland, Zimbabwe, Malawi, Zambia, Cameroon, Rwanda and Ethiopia. With a vision to create “a regional network of countries who have gained the independence and ability to more efficiently, transparently and accountably manage and direct health resources”.

Many countries are in the process to reform their systems for financing health services, which provides an opportunity to support a process towards equity in access and fairness in financing. Many countries, both those who support external financing and those providing external support are challenged by the increasing demands for accountability and performance reporting.

The support provided by CHAI in developing coherent management accounting systems integrating performance or management information with financial information, aims at strengthening government systems to enable them to deliver on reporting on both accountability and operational results.

## Development Objective(s)

Promote sustainable and effective Health Sector financing that is owned and maintained by national governments.

## Program/Project objective(s)

- The institutionalization of health financing plans and reforms, where financing strategies developed in the previously implemented project in most of the participating countries will be planned for, introduced and implemented.
- Improving management accounting systems, where the focus is on enhancing and integrating systems for accounting and performance monitoring to assist countries in both allocating resources better and in enhancing efficiency in resource use.
- Empowerment through capacity building and tools, where focus is on ensuring that the capacity to manage, sustain and further develop the systems and evidence based strategies is built.

## Main Results Since Initiation of Support

No results as of yet.

## Beneficiaries/Stakeholders

National governments’ health sector.

## Region/Countries of implementation

South Africa, Swaziland, Zimbabwe, Malawi, Zambia, Cameroon, Rwanda and Ethiopia

## Co-Funding Partners

The initiative is solely funded by Sweden/Norad through the Regional HIV and AIDS Team for Africa.

## Link to Sweden Regional Strategy

The contribution is in line with the Regional Strategy and is specifically relevant to the objective “improved living conditions for women and girls affected by HIV and AIDS”.

## Website

[www.clintonfoundation.org](http://www.clintonfoundation.org)

## Key words

Sexual and Reproductive Health and Rights, Prevention, Information and Knowledge
### Contribution Overview

<table>
<thead>
<tr>
<th>PLUS ID: 21500100</th>
<th>Archive Ref. No: UF 2008/48567</th>
<th>Team PO: Adam Lagerstedt</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agreement No. A5100002</td>
<td>Activity period: November 2008 – June 2015</td>
<td>Contribution (SEK): 27.5M</td>
</tr>
<tr>
<td>Support started: 2008</td>
<td>Total volume of support since start (SEK): 27.5M</td>
<td></td>
</tr>
</tbody>
</table>

#### Short programme description
The program supports the EAC Secretariat’s HIV & AIDS Unit to carry out the Implementation Framework of the EAC Regional Strategic Plan on HIV & AIDS.

#### Development Objective(s)
EAC regional capacity to coordinate and lead the response on HIV & AIDS.

#### Program/Project objective(s)
- To enhance the institutional capacity of the EAC Secretariat to secure effective implementation of regional and national responses to HIV & AIDS
- To mainstream HIV & AIDS through the EAC organs, institutions and sectors
- To improve the effectiveness of interventions through the harmonisation of EAC member states HIV & AIDS protocols, policies, plans, strategies and legislation
- To improve the design and management of national and regional responses to HIV & AIDS through the generation of/access to strategic information and knowledge on the epidemic
- To scale-up regional and national responses to HIV & AIDS through the strengthening of political leadership and commitment towards addressing the epidemic
- To consolidate effective partnerships among strategic partners both within and outside the EAC in response to HIV & AIDS
- To improve the work environment by operationalizing an EAC workplace policy on HIV & AIDS
- To mitigate the effects of vulnerabilities related to HIV & AIDS that result from the internal and cross-border population mobility within the East African region through harmonised response and interventions by various stakeholders

#### Main Results Since Initiation of Support
- Has supported mainstreaming of HIV interventions in three sectors of EAC (Peace and Security, Education, and Tourism). The programme has also developed the “HIV and AIDS Mainstreaming Guidelines” and trained focal persons in each of the EAC organs, institutions and sectors to institutionalize HIV and AIDS mainstreaming.
- Has identified and documented successes and challenges in each member state during the implementation of the current HIV/AIDS -prevention, -care and treatment policies and protocols.
- The draft EAC Prevention and Management HIV and AIDS Bill 2012 was developed by the Health Department in close collaboration with Eastern Africa National Network of AIDS Service Organizations (EANNASO). This Bill seeks to promote Rights-Based Approaches (RBA) to HIV and AIDS prevention, care and treatment.
- Has supported studies on migrant populations in Rwanda.

#### Beneficiaries/Stakeholders
EAC and national bodies, CSOs, EAC populations, mobile populations.

#### Countries of implementation
Burundi, Kenya, Rwanda, Tanzania, and Uganda.

#### Co-Funding Partners
The initiative is solely funded by Sweden/Norad through the Regional HIV and AIDS Team for Africa.

#### Link to Sweden Regional Strategy
The contribution fully supports achieving the Strategy’s objective “decreased number of HIV infections”.

#### Website
www.eac.int

#### Key words
EAC Regional Strategic Plan on HIV & AIDS
HelpAge International & Africa Regional Development Centre (HAI-ARDC)

### “Strengthening Social protection to prevent and mitigate the impact of HIV/AIDS and poverty in sub-Saharan Africa”

<table>
<thead>
<tr>
<th>PLUS ID: 21500161</th>
<th>Activity Ref. No.: UF 2011/25899</th>
<th>Team PO: Francis Mangani</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Agreement No.</strong></td>
<td><strong>Activity period:</strong> January 2011 – April 2016</td>
<td><strong>Contribution (SEK):</strong> 79 MSEK</td>
</tr>
<tr>
<td>A2150110</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Support initiated:</strong> 2006</td>
<td><strong>Total volume of support since start (SEK):</strong> 106.2 MSEK</td>
<td></td>
</tr>
</tbody>
</table>

**Short programme description**
Aiming to respond to the fact that a high percentage of persons above 45 are HIV+ and that most caregivers for orphaned children are elderly. ARDC is nesting CCABA, APSP and University College London (for a cohort study) also supported by the Team.

**Development Objective(s)**
Strengthening social protection to prevent and mitigate the impact of HIV and AIDS and poverty in Sub-Saharan (focusing on vulnerable groups)

**Program/Project objective(s)**
- Increased access to universal HIV & AIDS services and SP mechanisms for vulnerable groups.
- Regional and national level HIV & AIDS and SP policies, plans and budgets increasingly incorporate measures which address vulnerable groups and recognize their contribution to the HIV and AIDS response.
- Increased participation of CSOs in the formulation and implementation of national and regional HIV & AIDS and SP policies and strategies.
- Evidence on effective action contributing to the achievement of universal HIV & AIDS and SP services gathered, documented and shared amongst CSOs, governments and other stakeholders.
- HelpAge is nesting a cohort study conducted by University College London in conjunction with Stellenbosch University, South Africa. The study will analyze the effect of different community based interventions for vulnerable children; it is thought to be the first study of its kind.

**Main Results Since Initiation of Support**
- Key achievements have been made in incorporating social protection mechanisms and the needs of vulnerable groups in regional and national strategic plans, legislations and policies. On a global level, high-level advocacy has ensured that the needs of vulnerable groups are convincingly presented with a strong evidence base.
- UCL has collected baseline data with over 2000 respondents in the course of its study. The research findings have been presented at more than five conferences in various parts of the world.
- The programme has contributed to improved access to basic services for the vulnerable populations in Sub-Sahara Africa through the provision of asocial protection services such as cash transfers, grants for small businesses and educational support to more than 150,000 beneficiaries as at December 2013.

**Beneficiaries/Stakeholders**
older persons, vulnerable children, caregivers, policy makers

**Region/Countries of implementation**
Ethiopia, Kenya, Uganda, Rwanda Tanzania, DRC, Sudan, Zimbabwe, Malawi, Mozambique, Zambia, Namibia, Lesotho, Swaziland South Africa, Sierra Leone, Ghana Burkina Faso, Senegal, Cameroon, Burundi, Liberia, Mauretania, Nigeria, Tunisia

**Co-Funding Partners**
The initiative is solely funded by Sweden/Norad through the Regional HIV and AIDS Team for Africa.

**Link to Sweden Regional Strategy**
Impact mitigation, psychosocial support

**Website**
www.helpage.org

**Key words**
older persons, caregivers, social protection
**International Labour Organization (ILO)**

“Economic Empowerment & HIV Vulnerability Reduction Along Transport Corridors in Southern Africa”

<table>
<thead>
<tr>
<th>PLUS ID: 5104004</th>
<th>Archive Ref. No: 2010/27904</th>
<th>Team PO: Kim Sundström</th>
</tr>
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<tbody>
<tr>
<td>Agreement No. A2150068</td>
<td>Activity period March 2011 – January 2015</td>
<td>Contribution (SEK) 68M</td>
</tr>
<tr>
<td>Contact: Margharita Licata Joseph Ayakaye E-mail: <a href="mailto:licata@ilo.org">licata@ilo.org</a> <a href="mailto:ayakaye@ilo.org">ayakaye@ilo.org</a></td>
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</tbody>
</table>

**Support started:** 2007  
**Total volume of support since start (SEK):** 101M

**Short programme description**  
The programme is engaging in social economy organisations and enterprises in the formal and informal economies to facilitate economic empowerment of affected populations, particularly women, and build/utilize the capacity of ILO constituents and social economy organisations to effectively respond to the epidemic.

**Development Objective(s)**  
To contribute to the development objective of the Southern Africa Development Community goal of “controlling and reversing the HIV and AIDS epidemic as outlined in the Millennium Development Goals and Universal Access Commitments by 2015” through the world of work.

**Program/Project objective(s)**

- **Objective 1:** To support policy makers and promoters make evidence based decisions to mainstream the economic empowerment model into HIV and AIDS regional and national agendas.
- **Objective 2:** To economically empower targeted men and women along selected transport corridors by increasing the availability of economic services to prevent and mitigate the impact of HIV and AIDS in selected transport corridors.
- **Objective 3:** To reduce HIV vulnerability by increasing access to effective HIV and AIDS prevention and impact mitigation and social services provided by targeted operators (members organizations such as cooperatives, informal associations, MSMEs) along selected transport corridors.

**Main Results Since Initiation of Support**

- **Advocacy:** The economic empowerment approach of the programme has been integrated into policies and frameworks (total 19) in all countries. In addition, nine programmes have emerged through the programme’s influence.
- **Capacity Building:** 127 trainers have been trained in HIV and AIDS/TB in Malawi, Mozambique, Tanzania and Zimbabwe. 65 HIV workplace programmes have been initiated by informal economy association, cooperatives and business groups for their members and the community. Also, a total of 3896 beneficiaries have accessed business skills programmes.
- **Socio Economic Status and Behaviour Change:** 37% of female and 41% male beneficiaries reported increase in net income. Results regarding behaviour change have been noted, however behaviour change takes time and a quick delivery is not expected.

**Beneficiaries/Stakeholders**  
Apex and organisations of cooperatives, informal sector associations, MSEs. Women and men workers in selected countries.

**Region/Countries of implementation**  
It is implemented in six countries namely - Malawi, Mozambique, South Africa, Tanzania, Zambia and Zimbabwe.

**Co-Funding Partners**  
Private sector partners at national level

**Link to Sweden Regional Strategy**  
The contribution is in line with the Regional Strategy and is specifically relevant to the objective “Improved living conditions for women and girls affected by HIV and AIDS”.

**Website**  
www.ilo.org

**Key words**  
transport sector, informal economy sector, economic empowerment
<table>
<thead>
<tr>
<th>PLUS ID: 21500180</th>
<th>Archive Ref. No.: UF2011/25265</th>
<th>Team PO: Francis Mangani</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agreement No. A215010</td>
<td>Activity Period: March 2011- December 2015</td>
<td>Contribution (SEK) 79M</td>
</tr>
<tr>
<td>Support initiated: 2002</td>
<td>Total volume of support since start (SEK): 121.5M</td>
<td></td>
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</tbody>
</table>

**Short programme description**
Aims to mitigate the psychosocial impact of HIV & AIDS, poverty & conflict among children & youth. Champions the cause of Psychosocial Care to OVCs in the ESA region. The focus is community & family centred support. REPSSI works closely, through technical partnership/advisory roles, with UN agencies, SADC, EAC at the regional level and with CSOs and governments at country level.

**Development Objective(s)**
Increased capacity for impact mitigation. Promote enabling environments for communities & families in ESA to nurture psychosocial wellbeing of children and youth.

**Program/Project objective(s)**
- Develop, accredit and share innovative, user friendly, evidence-based and culturally appropriate resources in the application of psychosocial support for children & youth.
- Advocate for the integration of PSS into policies and programmes that affect children and youth, nationally, regionally and globally.
- Provide technical assistance to national programmes in the 13 countries to mainstream PSS and enhance family and community competences to nurture, protect and empower children and youth.
- To enhance REPSSI’s Organisational effectiveness (e.g. generate % of operational costs through social enterprise measures).

**Main Results Since Initiation of Support**
- **Research, development and refinement of resources**: REPSSI has developed resources for PSS in protection. New resources include a 6-module teachers’ diploma that is being implemented in Zambia, guidelines for country domestication for the SADC minimum package of services and tools for community conversations on Children with Disabilities and Experiential Learning.
- **Advocacy**: A number of advocacy events were held in conjunction with REPSSI@10 celebrations in REPSSI countries and the 2012 IAS in Washington. Partnerships with SADC and the EAC have been strengthened; REPSSI is involved and following the progress of the development of SADC’s ‘Youth Development & Empowerment Plan’.
- **Technical support – National-level mainstreaming of PSS**: REPSSI is now directly working with a government body in each of the 13 countries; e.g. Ministries of social service (12 countries), education (2 countries), and health (2 countries).
- **Improved organisational development**: Over the last year, an Organisational Development (OD) consultant has worked with them to review the organisational design in light of their strategic direction and regional growth.
- REPSSI has been providing managerial oversight - under a nesting arrangement – for the Regional Inter-Agency Task team on Children and AIDS (RIATT) jointly funded by the UNICEF and the Regional HIV & AIDS Team. The 2013 external mid-term review noted that the RIATT network had been important in bringing together actors across sectors working on children and HIV, in the world’s most HIV-affected region, and used its regional platform to keep children’s care and support needs on the agenda.
- Overall, 11 million children have, since 2002, accessed psychosocial support through various interventions provided by REPSSI’s implementing partners.

**Beneficiaries/Stakeholders**
Vulnerable children, care givers, community workers, families

**Region/Countries of implementation**
Angola, Botswana, Mozambique, Zimbabwe, Tanzania, Kenya, Uganda, Malawi, Namibia, Zambia, Swaziland, Lesotho, South Africa.

**Co-funding Partners**
Suisse Development Cooperation (SDC), Novartis Foundation. No JFA – but joint donor meetings and reporting.

**Link to Sweden Regional Strategy**
Improved living conditions for women and girls affected by HIV and AIDS

**Website**
www.repssi.org www.riatt-esa.org

**Key words**
children, OVC, psychosocial support, care-givers, families

_Last updated Sep 2014_
Southern African Development Community (SADC)  
“SADC HIV & AIDS Business Plan 2010-2015”

<table>
<thead>
<tr>
<th>PLUS ID: 21500190</th>
<th>Archive Ref. No.: UF2010/23147, UF2011/18042, UF2014/7255</th>
<th>Team PO: Adam Lagerstedt</th>
</tr>
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<tbody>
<tr>
<td>Agreement No. A5104008</td>
<td>Activity period</td>
<td>Contribution (SEK)</td>
</tr>
<tr>
<td></td>
<td>July 2011 – March 2015</td>
<td>34M</td>
</tr>
<tr>
<td>Support initiated: 2005</td>
<td>Total volume of support since start (SEK): 76.15M</td>
<td></td>
</tr>
<tr>
<td><strong>Short programme description</strong></td>
<td>The Regional Indicative Strategic Development Plan, RISDP (2004) and the Maseru Declaration on the combating of HIV &amp; AIDS (2003) provided the policy direction and political commitment that the SADC Secretariat has been tasked to put into operation. In a consultative process a SADC HIV &amp; AIDS Strategy and Business Plan (BP) was developed. This program aims to strengthen the foundation and capacity of the SADC HIV &amp; AIDS Unit to implement and deliver on the SADC HIV &amp; AIDS BP 2010-2015. It builds on the previous HIV &amp; AIDS BP (2005-2009) and responds to identified gaps and challenges that have emerged during the last period. The BP highlights interventions that will be implemented at regional level by the SADC Secretariat and its partners in order to support Member States (MS) attain the Goal of “reducing new HIV infections by 50% by 2015 and to virtually eliminate mother to child transmission of HIV”.</td>
<td></td>
</tr>
<tr>
<td><strong>Development Objective(s)</strong></td>
<td>Strengthened leadership and institutional capacity to manage the regional response to HIV &amp; AIDS</td>
<td></td>
</tr>
</tbody>
</table>
| **Program objectives** | • All MS deliver on their universal access to prevention targets by 2015;  
• All MS deliver on their universal access targets to achieve access to quality treatment for people living with and affected by HIV, AIDS & TB by 2015;  
• Reduced impact of HIV & AIDS on the socio-economic and psychosocial development of the region, MS, communities and individuals with all orphans, vulnerable children and youth (OVC&Y) having access to external support by 2015;  
• Sufficient resources mobilised for a sustainable scale-up multisectorial response to HIV & AIDS in the SADC region that channels resources efficiently to operational and community levels; and  
• Enhanced institutional capacity in the region supports evidence based program design, implementation, monitoring, reporting and evaluation at regional and MS levels to ensure ongoing progress towards regional, continental and global commitments. |
| **Main Results Since Initiation of Support** | • Technical Advisory Committee (TAC) meetings and National AIDS Authorities (NAA) meetings held annually.  
• Minimum package of services (MPS) for OVC&Y developed and approved by SADC ministers, Nov 2011 (Collaboration with REPSSI). 5 SADC Member States (MS) have started to integrate the MPS within National Plans and/or standards, and 6 MS conducted national multisectorial stakeholder sensitisations on the MPS.  
• Approval of minimum standards by Ministers of Health and/or responsible for HIV/AIDS in November 2012: “Minimum Standards for HIV and AIDS, TB, Hepatitis B and C, and sexually transmitted infections prevention, treatment, care and support in prisons in the SADC region” developed in collaboration with UNODC; “Minimum standards for child and adolescent HIV, TB and Malaria continuum of care and support”.  
• “Communications and advocacy strategy for the domestication of minimum standards and frameworks for communicable diseases” was developed to popularize SADC minimum standards and frameworks and support domestication and implementation in member states.  
• Declaration on TB in the Mining Sector that was developed in collaboration with the Stop TB Partnership Forum, World Bank and IOM and signed by SADC Heads of State at their Summit in August 2012. A Code of conduct for operationalization of the declaration is currently being developed.  
• Declaration on PMTCT was developed in association with SADC First Spouses with the aim to (i) mobilize women and their spouses (and society in general) to adhere to PMTCT and other services, (ii) promote integration of HIV and SRH services in MS, and (iii) increase... |
availability of domestic resources.

- A committee/Think Tank of financing experts (incl. CHAI, UNAIDS, HEARD) has been established to work with the SADC Secretariat to prepare and develop background documentation for the Inter-Ministerial meeting on Health/HIV Sustainable financing (planned May 2014).
- Focal point persons from all SADC Secretariat Directorates have been trained in simultaneous mainstreaming, i.e. in HIV/AIDS, gender and human rights. In collaboration with UNDP core mainstreaming indicators have been developed.
- 2012 Regional HIV and AIDS Epidemic report based on 2010 and 2011 data submitted by MS.
- SADC Cross-Border HIV and AIDS Initiative funded by the Global Fund to fight AIDS, TB and Malaria (GFATM). All 12 SADC MS involved in the implementation of the project have signed MoUs with the SADC Secretariat. MS are contributing medicines and commodities to the 9 border sites that are up and running (of 32 planned).

<table>
<thead>
<tr>
<th>Beneficiaries/Stake-holders</th>
<th>Politicians, governments and peoples of member states</th>
</tr>
</thead>
<tbody>
<tr>
<td>Region/Countries of \ implementation</td>
<td>SADC region with 15 member states (Angola, Botswana, Democratic republic of Congo, Lesotho, Madagascar, Mauritius, Malawi, Mozambique, Namibia, Seychelles, South Africa, Swaziland, Tanzania, Zambia, Zimbabwe)</td>
</tr>
<tr>
<td>Co-Funding Partners</td>
<td>Total budget for the BP is approximately 43.4 MUSD for 5 years (2010-2015). SADC Member States will contribute 35%, ADB approx. 16%, USAID approx. 16%, and the Swiss Dev. Coop. XX% and Sweden/Sida approx. 16%. There is still a funding gap of approx. XX%.</td>
</tr>
<tr>
<td>Link to Sweden Regional Strategy</td>
<td>The contribution is in line with the second objective of the Regional Strategy; “Improved living conditions for women and girls affected by HIV”.</td>
</tr>
<tr>
<td>Website</td>
<td><a href="http://www.sadc.int">www.sadc.int</a></td>
</tr>
<tr>
<td>Key words</td>
<td>political leadership, prevention, harmonisation, capacity building</td>
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</table>
Regional HIV&AIDS Team - Contribution Overview

<table>
<thead>
<tr>
<th>Voluntary Services Overseas (VSO)</th>
</tr>
</thead>
<tbody>
<tr>
<td>“Gender Empowerment and Development to Enhance Rights (G.E.N.D.E.R) 2013-2017”</td>
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<table>
<thead>
<tr>
<th>PLUS ID: 51040063</th>
<th>Archive Ref. No.: UF2012/20547</th>
<th>Team PO: Chilamo Sinkala Sikazwe</th>
</tr>
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<tbody>
<tr>
<td>Support started: 2008</td>
<td>Total volume of support since start (SEK): 70M</td>
<td></td>
</tr>
<tr>
<td>Short programme description: Voluntary Services Overseas (VSO) has its core competency in utilizing human resources (professional volunteers) for capacity development. It adopts a transfer of skill approach, which promotes mentorships between women and girls and encourages women to assert their rights. The VSO RAISA deploys skilled volunteers of no less than 6 years’ experience into government ministries, regional and national civil society organisation (CSOs) and community based organisations (CBOs) towards institutional strengthening.</td>
<td></td>
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<tr>
<td>Development Objective(s): The intervention’s goal is improved quality of life of women and girls in six southern Africa countries.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Program/Project objective(s): The intervention seeks to simultaneously empower women through raising awareness of SRHR, advocate for accessible comprehensive health services and support creation of income generating opportunities. Programme outcomes include:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Increased availability and uptake of HIV and AIDS prevention services as well as Reproductive Health Services for women and girls</td>
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<td></td>
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<tr>
<td>• Increased livelihood opportunities for women through income-generation activities (IGA) and economic capacity building</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Advocacy that results in development, adoption and/or implementation of policies that are responsive to SRHR, comprehensive HIV and AIDS interventions and economic needs for women and girls in southern Africa</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Improved effectiveness of civil society and government to respond to women’s health and livelihood needs</td>
<td></td>
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</tr>
<tr>
<td>Main Results Since Initiation of Support: VSO RAISA (Phase III – April 2009 to March 2013) Evaluation and Great Mind Consultancy Group: Evaluation of the VSO RAISA 2012 note:</td>
<td></td>
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<tr>
<td>• Community based organisation (CBO) Training guidelines on policy development; in Zimbabwe there is visible increase in the number of males involved in the community and home-based care programmes.</td>
<td></td>
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<tr>
<td>• Pilot mobile phone IGA project in Mozambique with private mobile phone service provider Vodacom with widows and PLWHIV, it is being replicated in Lesotho under Royal Netherlands Embassy (RNE) with private mobile service provider for Lesotho mcel. Mozambique project has Coca Cola Company on board now.</td>
<td></td>
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<tr>
<td>• Through 120 SADC MPs’ training on issues of HIV prevention and on need for various policies in the area: Zimbabwe has Caregivers’ policy - MoH approved in 2013. Policy draft development in progress in Mozambique, Malawi and Zambia. Informed Deputy Prime Minister of Zimbabwe’s presentation to Commission of Status on Women in New York on caregiver’s policy.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Beneficiaries/Stakeholders: Women &amp; girls infected and affected by HIV in southern Africa – with particular emphasis on female orphans and vulnerable children (OVC) and pregnant women. Stakeholders include donors, state governments, CBOs as well as regional and national CSOs.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Region/Countries of implementation: Lesotho, Swaziland, Malawi, Zambia, Zimbabwe and Mozambique.</td>
<td></td>
<td></td>
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<tr>
<td>Co-Funding Partners: EU, DfID, IOM, and RNE.</td>
<td></td>
<td></td>
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<tr>
<td>Link to Sweden Regional Strategy: The contribution is linked to;</td>
<td></td>
<td></td>
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<tr>
<td>• reduced number of new HIV infections and</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• improved living conditions for women and girls affected by HIV and AIDS.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Website: <a href="http://www.vsointernational.org/what-we-do/raisai/">http://www.vsointernational.org/what-we-do/raisai/</a></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Key words: volunteers, capacity building, skills, knowledge, learning</td>
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HUMAN RIGHTS

- Increased respect for and enjoyment of the human rights of LGBT people
## AIDS & Rights Alliance for Southern Africa (ARASA)

**“Support to AIDS & Rights Alliance (ARASA) Strategic Plan 2013-2017”**

<table>
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<th>Activity period: November 2013 – December 2017</th>
<th>Contribution (SEK) 49M</th>
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<td><strong>Support started: 2004</strong></td>
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<td><strong>Archive Ref. No.:</strong> UF 2013/49546</td>
<td><strong>Team PO:</strong> Grace Chibowa</td>
<td><strong>Contact:</strong> Michaela Clayton E-mail: <a href="mailto:Michaela@arasa.org.na">Michaela@arasa.org.na</a></td>
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**Short programme description**
The project creates awareness through training, advocacy and lobbying governments on the need to domesticate international human rights conventions and to make adequate investments in the health and rights of communities. The activities will be implemented in the Southern Africa Development Community (SADC) region with ARASA’s 73 partner organisations. Through this intervention, ARASA seeks to ensure the human rights of people living with HIV or TB through making the response more human rights based and hence more effective.

**Development Objective**
To promote human rights based approach and gendered response to HIV in Southern Africa through capacity building and advocacy.

**Project objectives**
- Increased documentation of human rights violations against LGBT persons as a means of influencing policy makers.
- A more active public debate around legislation which criminalises same sex relations.
- Increased participation by LGBT persons in policy processes in national, regional and global forums.

**Main Results Since Initiation of Support**
No results as of yet. Results from previous agreement periods include:
- ARASA has made contributions to awareness of the importance of human rights and HIV/AIDS/TB and has mobilised civil society in Southern Africa around this and equipped them with advocacy and lobbying skills. They have reached about 70 organisations from 16 countries in SADC and the Indian Ocean area.
- ARASA has monitored discriminatory legislation, policy and practices and has supported the development and strengthening of an enabling environment to tackle these issues by producing a regular report on HIV and Human Rights in SADC since 2006.
- ARASA has conducted awareness and sensitisation campaigns for communities and governments on the rights of Gay, Lesbian, bisexual and Transgender populations.

**Beneficiaries/Stakeholders**
CSOs engaged in building capacity in human rights, law and HIV & AIDS.

**Region/Countries of implementation**
The Southern Africa Development Community (SADC) region.

**Co-Funding Partners**
Ford Foundation, John M Lloyd Foundation, Robert Carr Foundation, Levi Strauss Foundation, RNE-HIVOS

**Link to Sweden Regional Strategy**
Contribute to the long term objective of attaining increased respect for and enjoyment of the human rights of LGBT persons.

**Website**
www.arasa.info

**Key words**
HIV, AIDS, Human Rights
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<th>PLUS ID: 51040039</th>
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<td>Support started: 2005</td>
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<td>Contact: Asha Ramgobin</td>
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**Short programme description**

Poverty prevents the vulnerable from accessing justice. Legal fees charged by lawyers are too exorbitant for the poor to afford. In this category of the poor falls People Living with HIV, Men having sex with men (MSM), disabled people, the elderly and other minority groups. Because of their status, they are discriminated against. The project seeks to challenge stigma and discrimination by taking legal actions against the perpetrators of the scourge. International, regional and domestic human rights instruments and mechanisms are also inaccessible to the poor whom these instruments are meant to protect. This project seeks to challenge stigma and discrimination by taking legal action against perpetrators of human rights abuses before domestic, regional and international human rights fora. The programme currently has 19 partners in 13 countries.

**Development Objective(s)**

To promote the respect for the rule of law and Human Rights by increasing access to domestic, regional and international Human Rights forums for the poor and vulnerable groups in society.

**Project objectives**

- Build capacity and create a pool of social justice lawyers in target countries
- Provide legal services to the poor and the vulnerable through legal clinics.
- Contribute to the development of Human Rights jurisprudence in the region.

**Main Results Since Initiation of Support**

- A pool of 50 lawyers has been created in East Africa, Southern Africa and the Great Lakes regions.
- Legal action has been taken on issues of discrimination, unlawful clinical trials, claimed cures of HIV by traditional healers, pre-employment testing of PLHIV, access to food, water and sanitation for PLHIV. A special mechanism was established at the African Commission for the protection of PLHIV, including at risk groups such as men having sex with men.

**Beneficiaries/Stakeholders**

MSM, People Living with HIV, women and any vulnerable member of society discriminated against on account of their HIV status.

**Region/Countries of implementation**

Burundi, DRC, Kenya, Lesotho, Malawi, Mozambique, Namibia, Rwanda, Swaziland, Tanzania, Uganda, Zambia and Zimbabwe.

**Co-Funding Partners**

The initiative is solely funded by Sweden/Norad through the Regional HIV and AIDS Team for Africa.

**Link to Sweden Regional Strategy**

Strengthened leadership and increased respect for human rights in responses to HIV & AIDS

**Website**

[www.hrdi.org](http://www.hrdi.org)

**Key words**

Human rights, HIV, legal clinics

Last updated Sep 2014
International Gay and Lesbian Human Rights Commission (IGLHRC)
“Responding to the Human Rights and Health Crisis Among African LGBT - 2012-2014”

<table>
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<th>PLUS ID: 51000105</th>
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<th>Team PO: Andrea Bergström</th>
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**Short programme description**
IGLHRC proposes interventions in three program areas 1) Human Rights Documentation Capacity Building, 2) Global Advocacy, 3) Sub-granting and Emergency Response. Decriminalization and lesbian and transgender visibility and empowerment are cross-cutting thematic themes for the program.

**Development Objective(s)**
The overall aim of the programme is to build stronger LGBT rights movements in Africa based on the visions and directions of local, national, and regional leaders.

**Program/Project objective(s)**
- To assist emerging African LGBT leaders and organizations to improve their capacity to document human rights violations and responses, and to use this documentation to advocate for change at the domestic level.
- To obtain concrete support for African LGBT rights from key global and regional human rights monitoring bodies
- To increase the visibility, leadership and empowerment of lesbians and transgender people in African LGBT movements.
- To move the focus countries toward decriminalization of same-sex and transgender behaviours, expressions and identities and achieve legal reform on Sexual Orientation and Gender Identity (SOGI) related issues.

**Main Results Since Initiation of Support**

**Main results since the beginning of the current agreement period:**
- Funded and trained LGBT activists for training and advocacy at the UN.
- Meetings with four LGBT-friendly embassies; with a senior official in the Nigerian Ministry of Foreign Affairs in Abuja; and with three African Missions to the UN.
- Produced two robust shadow reports for Zimbabwe and Cameroon, and five “country change” strategic plans with the purpose to establish a clear direction for IGLHRC’s Africa work based on the needs identified by local LGBT activists.
- Performed five press interviews and produced seven press releases in response to breaking news for LGBT Africans.

**Main results from previous two agreement periods:**
- Capacity building workshops, organisation of panels, workshops and participation to the ICASA and other international conferences that resulted in high visibility of LGBT people and issues.
- Worked intensely as part of the national coalition to oppose the Anti-homosexuality bill in Uganda. Mobilized a group of progressive religious leaders to conceptualise, edit and disseminate “the Ugandan Declaration” that advocated for LGBT equality through a religious lens.

**Beneficiaries/Stakeholders**
LGBT people, organisations, international community

**Region/Countries of implementation**
Cameroon, South Africa, Zimbabwe, Zambia and Malawi.

**Co-Funding Partners**
The initiative is solely funded by Sweden/Norad through the Regional HIV and AIDS Team for Africa.

**Link to Sweden Regional Strategy**
The contribution is strongly linked to the third objective of the Regional Strategy; increased respect for and enjoyment of the human rights of LGBT persons.

**Website**
www.iglhrc.org

**Key words**
human and sexual rights, lesbian-gay-bi- trans
**International HIV/AIDS Alliance (IHAA)**
“Support to the Africa Regional Programme 3 (ARP phase II)”

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<td>Support initiated: 2005</td>
<td>Total volume of support since start (SEK): 121.4M</td>
<td>Contact: Anna Richmond Reid E-mail: <a href="mailto:anreid@aidsalliance.org">anreid@aidsalliance.org</a></td>
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**Short programme description**
The International HIV/AIDS Alliance (IHAA) supports communities in low and middle income countries to play an active and effective role in the global response to HIV. The IHAA is a global partnership of nation-based, independent civil society organisations (CSOs) also known as Linking Organisations (LOs) committed to the mission of supporting community action on HIV, health and human rights to end AIDS. The ARP3 Phase 2’s design is motivated by the realisation that improving access to health and HIV services for Key Populations (KP) requires, *inter alia*, well informed and organised KP CSOs that can effectively advocate for a more favourable environment at national, regional and global level. In order to maximise synergies between ARP3 Phase 2 and the IHAA’s Sexual Health and Rights Programme (SHARP) in Africa the intervention will be implemented regionally across the Sub-Saharan African region and nationally in 12 countries.

**Development Objective**
Improved access to quality HIV and health services by Key Populations in Africa

**Project objectives**
- Wider civil society supported to effectively engage with KP issues;
- Improved organisational and technical capacity of LOs and national and regional KP CSOs to deliver integrated KP and PPTCT programmes, and to strengthen the KP evidence base;
- Increased engagement of national policy-makers in KP issues;
- Strengthened collaboration between LOs and KP CSOs’ advocacy structures at national, regional and global levels; and
- Improved processes for regional knowledge sharing and learning.

**Main Results Since Initiation of Support**
No results as of yet. Results from previous agreement periods include:
- Development of a strong regional engagement and programming model, resulting in regional partnerships, activities, knowledge sharing, capacity building and good-practice sharing between countries.
- A responsive stigma and discrimination reduction programme with demonstrable impact at community and national levels.
- Development of training materials, popularising methodologies for reaching youth populations with emphasis on linking sexuality to HIV.
- National partners (NGOs) trained to engage governments on matters of target setting, national planning and universal access to information on treatment and prevention.

**Beneficiaries/Stakeholders**
CSOs working on HIV at community level, vulnerable and key populations

**Region/Countries of implementation**
The intervention will be implemented regionally across the Sub-Saharan African region and nationally in 12 countries: the eight countries under ARP3 Phase 1 - Botswana, Burundi, Cote d’Ivoire, Namibia, Nigeria, Senegal, South Africa, Zambia and the four countries under SHARP - Kenya, Uganda, Tanzania, Zimbabwe.

**Co-Funding Partners**
The initiative is solely funded by Sweden/Norad through the Regional HIV and AIDS Team for Africa.

**Link to Sweden Regional Strategy**
The programme will contribute to objective “Reduced number of new HIV infections” through its prevention component, and by virtue of targeting Key Populations “Increased respect for and enjoyment of the human rights of LGBT persons”.

**Website**
www.aidsalliance.org

**Key words**
MSM, Sex Workers, HIV, Gender Equality, capacity building, Key populations
**UNDP – HIV and The Law**

*“Strengthening Regional and National Legislative Environments to Support the Enjoyment of Human Rights of LGBT People and Women and Girls affected by HIV and AIDS in Sub-Saharan Africa”*

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<th>Team PO: Diana Macauley</th>
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<td>Contact: Patricia Sellers</td>
<td>E-mail: <a href="mailto:tilly.sellers@undp.org">tilly.sellers@undp.org</a></td>
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**Short programme description**
The contribution aims at supporting 8 countries in Sub-Saharan Africa (SSA) to do an analysis of their current legislation and its implementation with a view to assess how well these harmonize with the commitments the countries have made in various international declarations and protocols.

**Development Objective(s)**
To reduce the HIV-related vulnerability of LGBT people and women and girls affected by HIV in Sub-Saharan Africa by helping ensure that their legal rights are realised and stigma and discrimination are addressed.

**Program/Project objective(s)**
Strengthen national and regional legal environments to support the enjoyment of human rights of LGBT people and women and girls affected by HIV in Sub-Saharan Africa.

**Main Results Since Initiation of Support**

At the global level, results include:
- Legal environment assessments (LEA) to inform legislative reform in 51 countries.
- National dialogues & action planning on HIV and the Law are ongoing in 20 countries including advocacy towards both the judiciary and parliamentarians.
- Activities included; disseminating tools to conduct reviews of specific laws or LEA aimed at improving enabling legal environments; documenting and sharing of good practice on enabling legal environments; and providing guidelines on how to use the law to make financing the AIDS response more sustainable.

At the country/regional level, results include:
- In Malawi: A revised HIV policy and Strategy that explicitly acknowledges the promotion and protection of rights from a public health angle; government statements supportive of the human rights of MSMs and Sex Workers; and the Gender Equality Bill being passed by Parliament.
- In Zambia: A national dialogue core team has been set up for the dialogue on HIV and the Law and date for national dialogue had been set.
- In the Seychelles: the LEA had been finalized and validated at a stakeholder meeting attended by the President of Seychelles. One of issue remaining is to develop a plan of action and to hold a national dialogue. Recommendations emanating from the process include law review and reform as well as strengthening access to justice & enforcement; developing strong anti-discrimination laws; strengthening laws and enforcement around sexual and gender-based violence; review of laws criminalizing sex between men and sex work, and review of drug laws to improve harm reduction programming.
- In the EAC: The process to review laws in the community in order to harmonize them with the 2012 EAC HIV and AIDS Prevention and Management Bill is underway: At present Kenya, Burundi and Uganda have ascended to the EAC Bill.

**Beneficiaries/Stakeholders**
EAC, national governments, women and girls affected by HIV, LGBT people

**Region/Countries of implementation**
Ivory Coast, Kenya, Democratic Republic of Congo, Malawi, Mozambique, Namibia, Nigeria and Uganda.

**Co-Funding Partners**
The initiative is solely funded by Sweden/Norad through the Regional HIV & AIDS Team for Africa.

**Link to Sweden Regional Strategy**
The contribution supports achieving the Strategy’s long term objectives “Improved living conditions for women and girls affected by HIV and AIDS”, and “Increased respect for and enjoyment of the human rights of LGBT persons”.

**Website**
http://www.hivlawcommission.org/

**Key words**
Legal environment assessments, harmonization with international commitments, human rights

Last updated Sep 2014