END OF PROJECT EVALUATION REPORT

End of Project Evaluation – UNDP RSC Africa: "Strengthening Regional and National Legislative Environments for HIV/SRHR to Support the Enjoyment of Human Rights of LGBT People and Women and Girls in Sub-Saharan Africa – Phase II" (A Sida Supported Project)

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Executive Summary

As part of its ongoing commitment to follow up on the recommendations from the Global Commission on HIV and the Law, United Nations Development Programme (UNDP) Regional Service Centre Africa (RSC-A), launched a regional project called *"Strengthening Regional and National Legislative Environments for HIV/SRHR to Support the Enjoyment of Human Rights of LGBT People and Women and Girls in Sub-Saharan Africa – Phase II"*. With the support of the government of Sweden, the project, was implemented by the HIV, Health and Development Team in UNDP RSC-A. The original grant period 1 January 2016 to 31 December 2018 was extended to 30 June 2019 through a no-cost extension. This follows Phase I of the project *"Strengthening Regional and National Legislative Environments to Support the Human Rights of LGBT People and Women and Girls affected by HIV and AIDS in Sub-Saharan Africa,"* that initially covered 19 countries in Africa from 2013-2015, and was funded by an initial grant from the Governments of Sweden and Norway.

The decision to expand the scope of Phase 2 to include sexual and reproductive health and rights (SRHR) is aligned with the Government of Sweden's 2015-2019 "Strategy for Sexual and Reproductive Health and Rights in sub-Saharan Africa", particularly for strengthening democracy and gender equality, and for ensuring greater respect for human rights, with a focus on:

- Increased gender equality focusing on prevention of child marriages and sexual and gender-based violence; and
- Greater enjoyment of human rights for LGBT people, young women and girls and other key and vulnerable populations.

A midterm evaluation (MTE) of Phase I was completed in February 2015 by the Program on Global Health and Human Rights, Institute on Inequalities in Global Health, University of Southern California, with logistical support from UNDP.[1] Similarly, this end of project evaluation (EOPE) has been conducted by the Program on Global Health and Human Rights, Institute on Inequalities in Global Health, University of Southern California, with logistical support from UNDP, to follow-up on the MTE and identify the successes and challenges of the project to date, and support the achievement and sustainability of project outcomes.

For the purposes of the EOPE, there are now 10 countries involved in the project: Burkina Faso, Cameroon, Chad, the Democratic Republic of the Congo (DRC), eSwatini, Gabon, Ghana, Namibia, Lesotho and Sierra Leone. Although not in Phase II of the project, the evaluation also includes some information on Malawi, which was in the project's Phase I; several key informants spoke about Malawi and there are useful lessons to be learnt particularly with regard to the sustainability of this type of work.

[1] Mid-Term Evaluation: 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. Available online: https://hivlawcommission.org/wp-content/uploads/2017/06/MTE-Final-Report_GHHR-USC.pdf.

The overall project objective was "to strengthen national and regional legal environments relating to HIV and sexual and reproductive health and rights to support the enjoyment of human rights of LGBT people and women and girls in Sub-Saharan Africa." The project aimed to provide countries with opportunities to gain insight into their legal environments including gaps in legal frameworks, identify effective ways of addressing those gaps, and build consensus on the most effective next steps to support the enjoyment of human rights by target populations.

The identified stakeholders for the project include a range of different parts of governments including diverse ministries and commissions; civil society organisations (CSOs) and community-based organisations working on HIV and/or SRHR including networks of people living with HIV, key populations, LGBT people and women and girls; regional economic communities; and development partners.

The EOPE was conducted with attention to UNDP's HIV theory of change, standard evaluation criteria relating to relevance, effectiveness, and sustainability, and with additional attention to the human rights principles of *inclusion, participation, equality, non-discrimination, and accountability*. Working within the project logic, the focus was on activities carried out during Phase II, building on the learnings from the MTE. While the focus was on impact to date, attention was also given to the project's contribution to longer-term desired outcomes and sustainable change in the context of the Sustainable Development Goals and the maxim of 'leaving no one behind'. Documents were reviewed using a data extraction tool designed for the EOPE and qualitative data were collected through semi-structured key informant interviews using an interview guide developed for the EOPE (See Annex D for Qualitative Interview Guide). Outputs from the document review, data extraction, and qualitative interviews were analysed jointly.

The structure of this report includes an introduction that outlines the background and context of the project and the evaluation. This is followed by a description of the evaluation methodology. The EOPE findings are presented in six sections. Section (A) describes key elements of project design that affected implementation; Section (B) focuses on institutional roles and relationships; Section (C) presents key successes and challenges in project implementation; Section (D) explores implementation of different components of the project in more detail; Section (E) discusses the utility of EOPE findings in relation to the project's results framework and indicators; and Section (F) analyses funding for this work, including how countries leveraged additional funding from other sources to move forward the work.

Many conclusions and lessons learned can be drawn from this EOPE. They are presented in the final section of the document, which first covers general conclusions and then draws conclusions regarding the relevance, effectiveness and sustainability of the project. The latter are grounded in the evaluation questions relevant to each of these evaluation criteria.

I. Introduction

This section provides background information for understanding the context within which this project came into being, how it has evolved over time, and, consequently, how this evaluation was conceptualised.

A. Background and Context

It is by now well established that, to improve the lived experience of people living with HIV, key populations, LGBT people and women and girls, efforts must be made to strengthen regional and national legislative environments for human rights including HIV and sexual and reproductive health and rights (SRHR).

To this point and as part of its ongoing commitment to follow up on the recommendations made by the 2012 Global Commission on HIV and the Law's Risks, Rights & Health report[2] and 2018 supplement[3], United Nations Development Programme (UNDP) Regional Service Centre Africa (RSC-A), launched a project with the support of the government of Sweden and Norway *"Strengthening Regional and National Legislative Environments to Support the Human Rights of LGBT People and Women and Girls affected by HIV and AIDS in Sub-Saharan Africa,"* that covered 19 countries in Africa from 2013-2015. This project was informed by the Africa Regional Dialogue, held in Johannesburg in August 2011 as part of the consultative processes of the Global Commission on HIV and the Law. This regional dialogue provided an important forum for civil society and government participants to discuss the most important challenges for the region, and the findings informed programme design.

As a continuation to the project, the government of Sweden supported Phase II of the project, entitled *"Strengthening Regional and National Legislative Environments for HIV/SRHR to Support the Enjoyment of Human Rights of LGBT People and Women and Girls in Sub-Saharan Africa – Phase II,"*. Phase II is being implemented by the HIV, Health and Development Team in UNDP RSC-A. The original grant period was 1 January 2016 to 31 December 2018, which was extended to 30 June 2019 through a no-cost extension. Phase II was informed by the experiences of implementing Phase I and the mid-term evaluation (MTE) carried out in 2014/15 as well as the evolving interests of the Government of Sweden.

Midterm Evaluation

A MTE of Phase I was completed in February 2015 by the Program on Global Health and Human Rights, Institute on Inequalities in Global Health, University of Southern California,

[2] Global Commission on HIV and the Law: Risks, Rights and Health, Global Commission on HIV and the Law, July 2012
[3] Global Commission on HIV and the Law: Risks, Rights and Health, Global Commission on HIV and the Law – Supplement, July 2018

with logistical support from UNDP.[4] The MTE included 11 countries involved in the project: the Democratic Republic of the Congo (DRC), Ghana, Kenya, Lesotho, Malawi, Mozambique, Seychelles, South Africa, Swaziland, Tanzania, and Zambia.

During Phase I, the project achieved meaningful results which were reported from 19 countries. Results included completion of legal environment assessments (LEAs) in several countries; strengthened capacity related to human rights and HIV amongst the judiciary, national human rights institutions, law enforcement agencies as well as among affected communities; greater inclusion of LGBT people and women and girls in LEAs and other national and regional processes; law review and reform; and greater involvement of regional economic entities (e.g. Southern African Development Community (SADC), East African Community (EAC), Economic Community of West African States (ECOWAS) and the African Union Commission (AUC)) in addressing human rights and legal challenges pertaining to HIV and AIDS.[5]

Based on these achievements, the Government of Sweden provided additional support to UNDP for a further three years (2016-2018) – Phase II of the project. While discussing the Phase II proposal, UNDP took into consideration the need to build on the lessons learned; incorporating recommendations from the MTE; focusing on deeper interventions in a sub-set of countries; and expanding the scope to include SRHR. The expanded scope is aligned with the government of Sweden's 2015-2019 "Strategy for Sexual and Reproductive Health and Rights in sub-Saharan Africa"[6], particularly for strengthening democracy and gender equality, and for ensuring greater respect for human rights, with focus on:

- Increased gender equality focusing on prevention of child marriages and sexual and gender-based violence; and
- Greater enjoyment of human rights for LGBT people, young women and girls and other key and vulnerable populations.

The above-mentioned specific objectives should be understood to contribute to these overarching elements of the Government of Sweden's strategy.

Phase II was planned to operationalize recommendations from the MTE: include more capacity strengthening activities at country level for government and civil society together; systematic mapping of the political and cultural context as it affects the legal environment in countries; and include case studies and research components to identify shorter-term goals

[4] Mid-Term Evaluation: 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. 2015.
[5] Terms of Reference: End of Project Evaluation – UNDP RSC Africa: *"Strengthening Regional and National Legislative Environments for HIV/SRHR to Support the Enjoyment of Human Rights of LGBT People and Women and Girls in Sub-Saharan Africa – Phase II" (A Sida Supported Project)*
[6] Strategy for sexual and reproductive health and rights (SRHR) in Sub-Saharan Africa (2015-2019), Ministry for Foreign Affairs, Sweden, 2015.

along the pathways to legal change that can be instructive as well as used as markers of success.[7]

B. The Evaluated Project

As described above, the project, *"Strengthening Regional and National Legislative Environments for HIV/SRHR to Support the Enjoyment of Human Rights of LGBT People and Women and Girls in Sub-Saharan Africa – Phase II,"* is being implemented by the HIV, Health and Development Team in UNDP RSC-A. The original grant period was 1 January 2016 to 31 December 2018, which was extended to 30 June 2019 through a no-cost extension. This follows Phase I of the project with an expanded scope to include SRHR. The development objective of Phase II is "to strengthen sexual and reproductive health and rights in Sub-Saharan Africa."[8] The program objective is "to strengthen national and regional legal environments relating to HIV and sexual and reproductive health and rights to support the enjoyment of human rights of LGBT people and women and girls in Sub-Saharan Africa."[9]

To achieve the overall program objective, the project has the following four specific objectives:

"1. Strengthening the capacity of national governments to put in place legal environments that respect the rights of LGBT people and women and girls;

2. Strengthening the capacity of regional and national civil society organisations including community-based groups to claim rights and advocate for strengthened national legal environments;

3. Strengthening the capacity and leadership of regional economic communities to facilitate Member States to put in place legal environments that respect the rights of LGBT people and women and girls; and

4. Strengthening the understanding of appropriate indicators and monitoring and evaluation processes that help promote accountability for implementation of human rights enabling activities that arise from legal assessments."[10]

The countries initially selected for Phase II included Angola, Burkina Faso, Cameroon, Chad, DRC, eSwatini, Gabon, Ghana, Namibia, Lesotho, Mozambique and South Africa. This selection of countries subsequently changed as work in Angola, Mozambique and South Africa was funded from other grants from the Global Fund and the Government of

[7] Ibid
[8] Terms of Reference: End of Project Evaluation – UNDP RSC Africa: "Strengthening Regional and National Legislative Environments for HIV/SRHR to Support the Enjoyment of Human Rights of LGBT People and Women and Girls in Sub-Saharan Africa – Phase II" (A Sida Supported Project)
[9] Ibid.
[10] Proposal for UNDP Africa Project on HIV and the Law (2016/18)

Netherlands. Sierra Leone was included in the project as it requested a legal environment assessment.

The change in the project's geographical focus has also influenced the range of countries included in the project evaluation, resulting in little overlap between countries included in the mid-term evaluation and the EOPE (see table below). Only two countries have been covered by both evaluations: the DRC and Lesotho. Due to the ongoing Ebola outbreak in the DRC at the time of the EOPE it was not possible to set up key informant interviews in this country, which has limited the potential for insight into the work there.

Phase	Countries included in evaluation
Phase I (Mid-term evaluation)	11 countries: The Democratic Republic of the Congo (DRC), Ghana, Kenya, Lesotho, Malawi, Mozambique, Seychelles, South Africa, Swaziland, Tanzania, and Zambia.
Phase II (End of Project Evaluation)	10 countries: Burkina Faso, Cameroon, Chad, the Democratic Republic of the Congo (DRC), eSwatini, Gabon, Ghana, Namibia, Lesotho and Sierra Leone.

The identified stakeholders for the project include a range of different parts of governments including ministries and commissions; civil society organisations (CSOs) and community-based organisations working on HIV and/or SRHR including networks of people living with HIV, key populations, LGBT people and women and girls; and development partners.

C. End of Project Evaluation

Purpose of Evaluation

This EOPE seeks to draw lessons relating to the relevance, effectiveness and sustainability of the interventions themselves, as well as to identify any patterns discernible across different types of HIV epidemics, sexual and reproductive health challenges, legal systems, political systems, mix of interventions etc. The Terms of Reference (ToR) provide further depth that helped shape the EOPE: "The overall purpose of the end of project evaluation is to understand the successes, achievements and planned activities of the project for greater learning about what works and what does not; and ways to address challenges encountered to meet the end-of project targets and achievable outputs and outcomes. The evaluation and its report will also achieve the purpose of being a learning document for UNDP, national government partners, regional economic communities, the African Union and for other

stakeholders and the donors and can be used for the benefit of other countries/regions."[11] This was an independent evaluation with logistical support—including documentation and introductions to key stakeholders—provided by UNDP.

Scope of Evaluation

For the purposes of the EOPE, there are 10 countries involved in the project: Burkina Faso, Cameroon, Chad, DRC, eSwatini, Gabon, Ghana, Namibia, Lesotho and Sierra Leone.[12] The ToR describes the following activities as the scope of the evaluation: "review of the [Phase 2] project document(s) and its results framework; annual work plans; country- and regional-level activities and results achieved against the timelines and result framework; review of the project interim and annual reports from 2016 and 2017, tools, technical reports, academic and conference presentations, case studies and guides produced by the project as deliverables for Phase 2 of the Project and reviews and recordings of key challenges faced and key outcomes achieved." [13] The review of the project documents was limited to documents provided by UNDP.

In addition to building on the HIV-related work from Phase I, this evaluation also assessed the newly-included work on appropriate areas of the legal environment relating to SRHR such as: enforcement of laws to prohibit domestic violence, rape including marital rape and sexual assault; prohibition of forced abortion, sterilization and other forms of violence in health care; enactment and enforcement of laws to prohibit harmful norms such as early marriage, widow inheritance etc.; enactment and enforcement of the right of every child to comprehensive sexual health education; enactment and enforcement of laws to ensure young people have safe access to SRHR services; reform of laws to ensure age of consent for autonomous access to SRH services is equal to or lower than age of consent for sex; repeal of laws prohibiting sex work and use of civil/administrative offences to penalise sex work; ensuring anti-trafficking laws punish those using force, coercion; and enforcing laws against child sexual abuse as opposed to consensual adult sex work.[14]

For the purposes of this EOPE, activities to strengthen regional and national legislative environments to respect the rights of LGBT people and women and girls in relation to HIV and/or SRHR are included.

Evaluation Objectives:

The EOPE has the following objectives: "(1) to draw lessons relating to the effectiveness and sustainability of the interventions themselves; (2) to identify any patterns that are discernible across different types of HIV epidemics, legal systems, political systems and mix

[11] Terms of Reference: End of Project Evaluation – UNDP RSC Africa: *"Strengthening Regional and National Legislative Environments for HIV/SRHR to Support the Enjoyment of Human Rights of LGBT People and Women and Girls in Sub-Saharan Africa – Phase II" (A Sida Supported Project)*
[12] Ibid.
[13] Ibid.
[14] Key informant interview 3.

of interventions etc. within the project countries; (3) to comment on whether the short-term goals of the project were linked to the progress of the grant; (4) to identify the key outputs, and outcomes from the project which are most promising to pursue in the longer term; (5) to identify ways to maximise contributions to the longer-term impact and sustainable change, and finally, (6) to highlight some of the learnings the process of evaluating such projects add to the methodology and practice of evaluation."[15] The methodology described in the next section was used to achieve these objectives.

D. Theory of Change and Evaluation Criteria

A preliminary consideration in conducting this EOPE was to understand how the project aligns with UNDP's HIV theory of change, and how the evaluation criteria—supplied by UNDP and bolstered by the explicit attention to human rights agreed to between UNDP and the evaluation team—could help to assess the project's contribution to change.

Theory of Change

The original project was designed on the basis of UNDP's HIV theory of change. The core concept underlying this theory of change is that "[e]ffective and sustainable responses to HIV require a reduction of the stigma associated with the disease and most affected populations, and a legal environment that enables access to and use of key prevention and treatment services and commodities. Such action on stigma, law and human rights in turn requires capacity to work across multiple ministries in the interest of better health outcomes, and political will to include and protect marginalized populations in policy and governance".[16]

The project scope expanded in Phase II to include SRHR alongside HIV. The theory of change remains relevant, including not only the HIV-related components of the project but also with respect to SRHR, especially in the context of marginalized populations.

Evaluation Criteria and Questions

In its HIV and/or SRHR-related evaluations, UNDP relies on a standard set of evaluation criteria relating to relevance, effectiveness, and sustainability. The evaluation team has supplemented these criteria with additional questions that align with the methodological approach of the evaluation, in particular focusing on the human rights principles of *inclusion*, *participation*, *equality*, *non-discrimination*, and *accountability*.

As working with these criteria and questions were central to the work of the evaluation team, they are briefly described below:

- *Relevance*:

    1. To what extent are the objectives of the project consistent with country needs

[15] Ibid.
[16] Draft HIV Theory of Change, United Nations Development Programme

and requests, national, regional, and continental priorities (e.g. the 'AU Roadmap for Shared Responsibility and Global Solidarity for AIDS, TB and Malaria in Africa' and the 'Catalytic Framework to End AIDS, TB and Eliminate Malaria in Africa By 2030: Stride towards sustainable health in Africa' [17]), and international and regional commitments regarding human rights and HIV and SRHR?

2. What are the relevant priorities and commitments regarding HIV and/or SRHR?

3. What are countries' stated needs, requests and priorities?

4. Has the implementation of this project to date been explicitly or implicitly grounded in human rights?

- *Effectiveness*:

1. To what extent does the project contribute to its defined outcomes and the project results framework?

    a. To what extent has each stated outcome been achieved?

2. Is there a focus on the *process* by which these outcomes are achieved, such that human rights are considered at each step?

3. Does the results framework engage with human rights, and if so in what ways?

4. Is this focus on outcomes only or is process also assessed?

- *Sustainability*:

1. To what extent do results achieved point towards the potential for sustained changes in country and/or regional level laws or policies, regional and/or national level strategic plans, development plans, and programming in the context of HIV and/or SRHR for women and girls and LGBT people in Africa?

2. Both at regional and country levels, is there a safe space for dialogue around HIV/AIDS and/or SRHR, the law, women and girls and LGBT populations?

3. Both at regional and country levels, is there a multi-sectoral response, including government sectors, CSOs and individuals involved in the process? Discuss strengths and weaknesses etc.

- *Enabling/Explanatory Factors*

1. How well did the project use its partnerships (with national governments,

[17] Catalytic Framework to End AIDS, TB and Eliminate Malaria in Africa By 2030: Stride towards sustainable health in Africa. African Union (AU), 2015. Available at: http://www.carmma.org/resource/catalytic-framework-end-aids-tb-and-eliminate-malaria-africa-2030-stride-towards

regional and continental bodies, regional NGOs and CBOs, etc.) to improve its performance?

2. Did the project implementation process undertake appropriate risk analysis and take appropriate actions to ensure that results to which it contributed are not lost?[18]

3. To what extent are the benefits being, or are likely to be, maintained over time?[19]

4. How did the project factor in the political environment in trying to effect and sustain change?

Additionally, the detail provided in Sida's evaluation manual helped to inform the approach. The methodological approach adopted for this evaluation therefore combines attention to UNDP's theory of change, standard evaluation criteria, Sida's noted approach, and explicit attention to select human rights norms and standards.

The specific methodology used to conduct this evaluation is described in the following section.

[18]Terms of Reference: End of Project Evaluation – UNDP RSC Africa: *"Strengthening Regional and National Legislative Environments for HIV/SRHR to Support the Enjoyment of Human Rights of LGBT People and Women and Girls in Sub-Saharan Africa – Phase II" (A Sida Supported Project)*
[19] Ibid.

II. Methodological Approach: A Focus on Processes

This section outlines the methodological approach of the evaluation, including the frameworks for evaluation, and methods for data collection and analysis.

Evaluation frameworks

Using a mix of methods, this evaluation assessed the overall effects of the interventions – intended and unintended, long-term and short-term, positive and negative – alongside the project's objectives and targets. This evaluation was carried out using the UNDP evaluation framework with systematic attention paid to relevance, effectiveness and sustainability. Working within the project logic, the focus was on activities carried out during Phase II, building on the learnings from the MTE. While the focus was on impact to date, attention was also given to the project's contribution to longer-term desired outcomes and sustainable change in the context of the Sustainable Development Goals and the maxim of 'leaving no one behind'.[20]

Beyond documenting changes in legal environments, assessment was carried out, to the extent possible, of changes in other factors that might signal either movement towards legal and policy change and/or improvement in lived experiences of affected populations. Consonance between priorities and actions at regional, national and sub-national levels was a focus of the evaluation, including how project activities at these different levels created synergies to leverage change.[21]

Alongside this assessment of performance with regard to achieving objectives and targets, the evaluation team sought to assess the processes and outputs. For example, the process of carrying out the LEA appears critical to its ultimate success; to capture only the production of an LEA report would be to miss the critical value of the actual process itself.

As a cornerstone of this evaluation, human rights bring into focus the importance not only of the effectiveness, relevance and sustainability of activities carried out but also the processes of project implementation. Beyond assessing the project's success in meeting its targets, this evaluation sought to disentangle the different elements of the processes through which these targets were (or were not) achieved in different project settings and how attention to rights in project implementation might have contributed to this.[22]

Given the complexity of effecting change at the various levels at which this project operated and the range of actors required for such change to happen, causal attribution of change brought about by the project alone was not attempted. However, the focus on understanding

[20] Terms of Reference: End of Project Evaluation – UNDP RSC Africa: *"Strengthening Regional and National Legislative Environments for HIV/SRHR to Support the Enjoyment of Human Rights of LGBT People and Women and Girls in Sub-Saharan Africa – Phase II" (A Sida Supported Project)*
[21] Ibid.
[22] Ibid.

the processes through which the project operated in different settings and at different times can support determination of the project's contribution to change.[23]

The long-term sustainability of this work relies on adequate capacity and commitment among actors at each of the project levels (regional, national, sub-national). Any improvements to the legal environment can then only improve access to justice with appropriate regional, national and subnational actions by members of the judiciary, uniformed services, and civil society organisations amongst many others over time. The potential for sustaining project benefits or any impediments thereto have been assessed to the extent possible.[24]

The overarching approach that was used in the EOPE is very similar to that which was adopted during the project's Phase I MTE but also takes into consideration the newly-incorporated areas of focus introduced after the MTE; and accords more focus to sustainability given that the project has now ended.

Methods

A combination of different methods was used to capture information that had already been documented in project reports and other publications as well as the perspectives of key project stakeholders. These are explained in more detail below.

Document Review

The evaluation team has comprehensively reviewed all project documentation provided by UNDP. This includes the results framework, annual work plans, reports of country- and regional-level activities and results achieved, technical reports, meeting reports, tools and guides produced by the project as deliverables, and other relevant documents as identified by UNDP. (See Annex A for List of Documents Reviewed).

After a preliminary review of all 103 documents, a standardised Data Extraction Tool was developed, tested, adapted and put in place. This tool was pilot tested on a few documents to ensure multiple-user reliability and was amended as necessary to ensure that it captured the appropriate information across the range of documents provided for review (See Annex B for Data Extraction Tool). The Tool includes headings for the categories of information that were deemed most relevant to understanding the project within the terms of this evaluation. A Data Extraction Tool was completed for each individual document that was then reviewed in depth to thematically organize all relevant content, noting also where in the document it appeared in case additional context might be required later. In its final form, the tool was used for reviewing each key project document to allow for cohesive thematic analysis across documents, and was adapted, as necessary, for different categories of documents. 57 documents were ultimately selected for this level

[23] Ibid.
[24] Ibid.

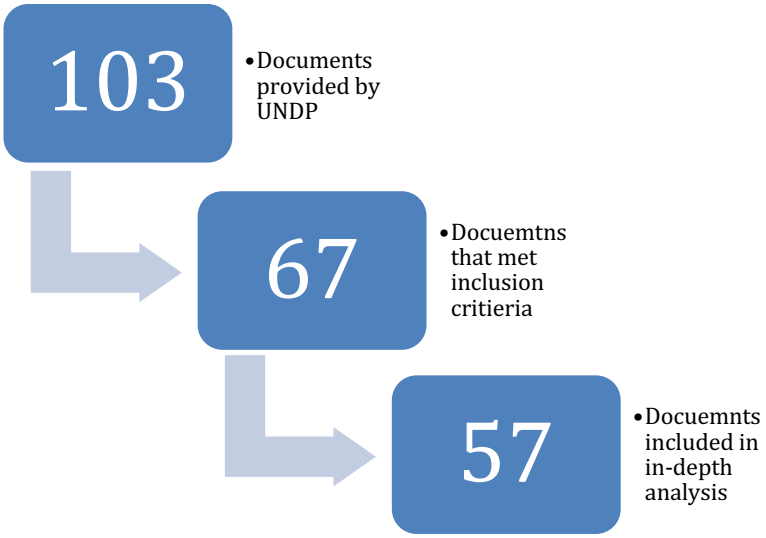
of in-depth review (See Annex A.1 for documents included in in-depth review (Figure 1). This tool combines key thematic and process categories to aid in the evaluation, and allowed for quick reference to specific data at later stages in the evaluation.

To select the key project documents the 103 documents provided by UNDP were reviewed using inclusion criteria for the project. Inclusion criteria were determined based on the scope of the evaluation and were as follows:

1. document was published between 2016-2019;
2. document includes information on at least one key concept of interest to the evaluation (such as activities implemented, outcomes achieved); and
3. document pertains to at least one of the following ten countries: Burkina Faso, Cameroon, Chad, the DRC, eSwatini, Gabon, Ghana, Namibia, Lesotho and Sierra Leone.

35 documents did not meet these inclusion criteria and were not included in the analysis. The content of 11 additional documents (primarily training manuals or conference poster presentations) did not align with the key concepts of interest to the evaluation and these were excluded from in-depth review as well.

Figure 1. Selection of documents for in-depth review



Qualitative Data Collection

Qualitative data were collected through semi-structured key informant interviews with project stakeholders. The list of interview participants was generated after discussion with UNDP, taking into account access to key informants and availability of time for data

collection. The evaluation team developed an interview guide that was used to ensure consistency, connection to the document review process and the quality, breadth and depth of data collected. The interview guide was initially informed by the evaluation team briefing and then adjusted based on lessons learned through the document review. The main topics covered in the interviews included: stakeholders' involvement in and perceptions of work carried out to date, how the focus of the work had changed during Phase II, ongoing challenges in relation to the HIV and/or SRHR related legal and policy environment particularly for LGBT populations, women and girls, critical success factors for this work, and plans for sustainability of the work moving forward. While focused largely on the same topics, the specific content of the interviews was tailored to the thematic and national context and participants' role in the project.

Combined Data Analysis

Outputs from the document review, data extraction, and qualitative interviews were analysed jointly. Just as the data collection tools were informed by UNDP's theory of change, the evaluation criteria, and human rights norms and standards, so too was the approach taken to data analysis. This involved an iterative process of data immersion across different sources and ensuring systematic attention to the framework guiding the evaluation.

The following section presents the key findings that emerged from this process. While many issues came to light through the evaluation, themes for inclusion in this report were selected for their salience and potential learning value for the project moving forward.

III. Findings

There are six sub-sections within this findings section. Section (A) describes key elements of project design that affected implementation; Section (B) focuses on institutional roles and relationships; Section (C) presents key successes and challenges in project implementation; Section (D) explores implementation of different components of the project in more detail; Section (E) discusses the utility of EOPE findings in relation to the project's results framework and indicators; and Section (F) analyses funding for this work, including how countries leveraged additional funding from other sources to move forward the work. General themes are expounded in each sub-section with illustrative country and regional level examples provided.

A. Key Elements of Project Design that Affected Implementation

Three key elements of the project emerged in documents and interviews as having affected project implementation in ways that are useful to highlight: the use of human rights to frame the work, the flexibility of the project design, and the explicit inclusion of SRHR as a focus area. Each of these is explored in turn below.

Human Rights

The project is explicitly grounded in human rights, which aligns with UNDP's overall approach to work in the areas of HIV, health and development. While some stakeholders noted that rights could be perceived as a sensitive topic and it was important to find the right entry point to talk about human rights with the government, most found it a very useful framework for the work and noted increased understanding and acceptance of rights over time.[25] In some places, there is increased acceptance that rights issues should be grounded in national institutions and mainstreamed throughout the HIV response for sustainability.[26] For example, with support from the Global Fund and UNAIDS, work is underway in Ghana to create a five year plan to mainstream human rights programs into the national HIV response.

However, rights were sometimes viewed as "something coming from western people to change the local culture" and one focal point noted that the national government where they work has taken the position that "something opposed to the public order of the state is not worth working for even if it's a human right".[27] One country focal point noted that in contexts such as a Special Rapporteur's visit the government's response may constitute no more than

[25] Key Informant Interview 1, Key Informant Interview 5, Key Informant Interview 11
[26] Key Informant Interview 11
[27] Key Informant Interview 5

diplomatic lip service with no real follow-up, and that when sensitive issues arise they often remain silent.[28]

Despite these challenges, the human rights framing of this work appeared important to stakeholders as the appropriate approach for tackling issues relating to HIV, SRHR and the legal environment. For example, the explicit human rights framing shone a light on the issues surrounding the criminalization of HIV transmission in Sierra Leone that might not have happened otherwise.[29]

While HIV has come to be a relatively acceptable entry point for talking about rights, a perceived danger was noted in that this language can become equated with key populations, which can in turn raise additional political challenges. That the scope of the project was broader than key populations, explicitly also encompassing women and girls, helped foster comfort with the rights language and concepts in some places.[30]

Flexibility of the Project Design

The overarching flexibility of the project design allowed the countries being supported to change, with some that were initially considered part of this work 'moving out' as other donor funds became available to support the work there, and Sierra Leone being added on the basis of the government's request for a LEA.[31]

One UNDP representative noted the flexibility of this project to be interesting because, particularly in relation to other donors, "countries could pick up the pieces that were interesting or feasible for them".[32] At the national level, stakeholders expressed true appreciation for the ability to use the funding for the work within the project scope that seemed most relevant to their national context. One focal point noted that the lack of pressure to show quick results was critical, allowing them to really focus on problem solving, tackling the deep-rooted issues affecting the situation, and bringing everyone on board at the right pace.[33]

Each country is in a different stage of the 'process' of understanding and trying to improve their legal environment as well as a different political moment. Capacity to address these issues also varies by country. National focal points valued the ability to use this funding to

[28] Key Informant Interview 1
[29] Key Informant Interview 8
[30] Key Informant Interview 6
[31] Terms of Reference: End of Project Evaluation – UNDP RSC Africa: *"Strengthening Regional and National Legislative Environments for HIV/SRHR to Support the Enjoyment of Human Rights of LGBT People and Women and Girls in Sub-Saharan Africa – Phase II" (A Sida Supported Project)*
[32] Key Informant Interview 3
[33] Key Informant Interview 4

be responsive to their own reality and try to catalyse appropriate actions to advance the agenda.

The lack of pressure to achieve particular timebound commitments around legal or policy change was also appreciated with many noting the non-linear nature of these processes and the importance of ensuring an appropriate approach to the work. Allowing countries to focus on process rather than immediately achieve targets has strengthened capacity and trusting relationships between different stakeholders. This strengthening of capacity and deepening of relationships, while time-consuming, can provide an invaluable foundation for the sustainability of activities beyond the project period. This can be seen in Malawi, for example, which was not part of Phase II of this project (although it did receive occasional ad hoc support) but where structures created in Phase I have remained active. Prior to the project, it was difficult for civil society, particularly LGBT organisations, to engage with the government but the project helped open up safe spaces and build trust between these different stakeholders. There are now key population representatives in a range of national working groups. In addition, capacity strengthening enabled local civil society organisations to take the lead generating evidence around HIV, key populations and the law as well as advocating for the use of such evidence for informing policies, programmes and services.[34]

Shift in Focus to Include SRHR

The expansion in scope of the project in Phase II to include SRHR alongside HIV does not appear to have had a negative impact on activities, and actually brought attention to a few issues that were not previously considered part of the project. Many countries were already looking at SRHR and, given the flexibility of the project, countries seemed to feel that they could still prioritize their activities within HIV and/or SRHR as appropriate.

Some LEAs that were carried out in Phase I included attention to SRHR, but not all of them. In Phase II, this was much more systematic, and also carried through to the action plans and activities that emerged from the LEAs. The main SRHR issues that appear to have gained traction during Phase II were child marriage and the age of consent for accessing SRHR services without parental consent. There has also been some, although more limited, work around forced sterilization of women living with HIV, comprehensive sexuality education and policies around pregnancy among girls who are still in school.

Overall, the inclusion of SRHR as an additional project focus has been welcomed. While it has created additional difficult conversations (e.g. around adolescent sexual and reproductive health, abortion), there is some recognition that these issues have to be grappled with. While they may not necessarily be prioritized for action at this time, just opening the conversation is seen to be a useful contribution to national environments.

[34] Key Informant 2

B. Institutional Roles and Relationships

The primary stakeholders for Phase II of this work are the same as those for Phase I. This section explores the roles of the primary project stakeholders engaged in the project. Specific information regarding each of the key stakeholders involved is presented in turn, starting with Sweden as the funder at the most macro level.

Sida

Sida is the funder for this work. Through regular contact with the UNDP Regional Service Centre (RSC), Sweden has kept abreast of progress and remained committed to the project. Once the scope of the project had been agreed with UNDP, Sida took a relatively hands-off approach to this work to allow countries to set their own priorities and identify the most appropriate processes for working towards these. Furthermore, they were amenable to the geographical scope of the project changing in response to other funds becoming available and additional requests for participation in activities.

UNDP

The UNDP RSC has also consciously created space for countries to determine their own objectives, workplans and activities. They have managed the project funding, responded to requests from countries and provided reports to Sweden as required. The RSC provided technical support and advice to regional level activities and to country offices when required. For example, in some instances, when new countries entered into this project, the RSC talked to them about the recommendations made by the Global Commission on HIV and the Law to see how these might be used to good effect at the national level.[35] They also provided information on human rights to help country offices support operationalization of human rights in national HIV responses.[36] The UNDP RSC also provided international consultants to work hand in hand with local consultants throughout relevant project processes such as LEAs and national action planning; these international consultants brought a wealth of technical expertise as well as a sensitivity to close collaboration with and building the capacity of the local consultants.

The UNDP RSC has also played an important role in providing technical and political support to regional processes, including, for example, giving a 'solidarity speech' at the SADC Parliamentary Forum at the final endorsement of the Model Child Marriage Prevention

[35] Key Informant Interview 4
[36] Ibid.

Act.[37,38,39] UNDP has become a widely recognized and highly respected authority on HIV, law and human rights in the region so public appearances and demonstrations of support such as this can be very meaningful.

At the national level, UNDP focal points were the contact points and coordinators for this work. Their primary roles included convening, coordinating and providing technical support to the government and civil society partners for project activities, with the ultimate aim of strengthening human rights, laws and policies for HIV and SRHR. The often-longstanding relationships that UNDP Country Offices have with keys parts of government including Ministries of Health and Justice, national AIDS councils and local government bodies have been important for securing and sustaining multi-sectoral participation in this project. In addition, UNDP is recognized for its ability to bring together and bridge government and civil society actors to work together, which is also seen to be key in this project.

In many places, UNDP focal points also assumed responsibility for resource mobilization where additional funds were needed to advance the work (e.g. Burkina Faso, Cameroon, Namibia).

Regional Economic Communities (RECs)

The RECs in the African region have continued to be involved in this project. During Phase II, the project provided strategic policy support to the East African Community (EAC) and the Southern African Development Community (SADC) and its Parliamentary Forum (SADC-PF), as well as the African Union Commission.[40] The RECs have, to differing degrees, continued to push for progressive regional frameworks to help countries improve national legislative environments for HIV and SRHR.

Governments

National governments have played a critical role in this project. Governments requested support from UNDP for their priority areas within this work and they have played key roles in implementation in most places, which is of course critical for sustainability.

However, the complexity of government structures must be considered. It is usually the National AIDS Programme (or equivalent) or the Ministry of Health that initially requests

[37] Africa Health and HIV Team 2016 Results, United Nations Development Programme Regional Centre for Africa, 2016
[38] Africa Health and HIV Team 2017 Results – All countries, United Nations Development Programme Regional Centre for Africa, 2017
[39] Overview HIV Law Project 2016 – October updates, United Nations Development Programme Regional Centre for Africa, 2016
[40] Strengthening Regional and National Legislative Environments for HIV/SRHR to Support the Enjoyment of Human Rights of LGBT People and Women and Girls in Sub- Saharan Africa – Phase II- June 2018 – Project Report 2017, United Nations Development Programme Regional Centre for Africa, 2017

support and that spearheads government involvement in project processes. Yet, ultimate project success also requires the commitment, participation, ownership and action of other branches of government, which may have very different priorities or levels of interest in improving legislative environments around HIV and SRHR for LGBT people, women and girls.

Civil Society Organisations (CSOs)

CSOs including organisations representing key populations have also been key stakeholders in Phase II. In many places, CSOs have been working on issues around HIV, the law and human rights for longer than government and they were well-informed and keen to participate in this work. In some places, this project offered the first opportunity for CSOs, and particularly key population-led organisations to work with their governments on these issues. Key population-led CSOs have played a particularly critical role in this project through sustained engagement throughout project process as well as ongoing advocacy work.

It appears that many of the same CSOs are involved in Phase II as were involved in Phase I of this work, which suggests that their focus may have been more on HIV than SRHR. Further investigation of the types of CSOs who were involved might be useful.

In some places, challenges persist around the capacity and/or the sustainability of funding for CSOs involved in this work, which has caused fragmentation and weakened the response.[41]

Relationships

Stakeholders in many countries noted the importance of trusted working relationships at the country level within this project. Multi-sectoral working groups comprising representatives of government, civil society (including key population representatives) and UN agencies were considered an invaluable mechanism for promoting joint ownership of activities. The significant time implications of this collaborative approach were frequently noted and always acknowledged as a worthwhile investment for ensuring actual country-led and -owned processes as these are key to sustainable action.[42]

[41] Key Informant Interview 1
[42] Key Informant Interview 4; Key Informant Interview 6.

C. Project Implementation

Before exploring the detail of implementation of different components of this work, it seems useful to extract some of the overarching lessons from this evaluation. Key successes and challenges are presented in this sub-section.

Key successes

Stakeholders who were interviewed for this evaluation were all asked what they thought were the biggest successes of the work. Although these perspectives do not cover all project countries, a few themes emerged that seem useful to note.

No respondents said that legal change (even where it had occurred) was the greatest success of the project. Most pointed to factors associated with the processes of how this work has been approached as critical facilitators not only to achieving project goals but to revolutionizing how work around HIV, human rights and the law is carried out locally. Some people highlighted the fact that key populations are now part of the conversation and national HIV responses, and active contributors to this response, as a primary project success. Although SRHR was not mentioned in the same way, in many places it is the same multi-stakeholder working groups working on SRHR as HIV suggesting that, even if maybe not yet as embedded or recognised, the ways of working on SRHR nationally may also be changing.

People spoke about the satisfaction of finding the appropriate way to work in a challenging environment, focusing on the importance of bringing together the range of stakeholders involved in this project: "Human rights is difficult but we've found the appropriate way to do it here, with the right mix of people – government, civil society, key populations – so we could all work together". A UNDP focal point noted that previously all partners worked in silos but now there is a technical team involving everyone, which could be a platform for work in other sectors and on other issues. He spoke of "mobilizing partners around the key issue – bringing all hands on deck, bringing to life collective intelligence in moving towards what we are achieving now".[43] Many described how having everyone involved throughout the process as critical for ownership.

Opening up safe spaces for government and civil society to interact and mobilizing communities to be visible in these spaces was another frequently mentioned success. The increase in trust between stakeholders engendered through these spaces has led to increased collaboration between communities, police, Ministries of Health and national human rights commissions, and access to justice is seen to have improved because communities can now report violations to the police or human rights commission.[44] These

[43] Key Informant Interview 8
[44] Key Informant Interview 2

benefits have much broader reach than the project objectives, and they extend beyond HIV and SRHR.

The breadth of activities involved in this project increased its acceptability to the wide range of stakeholders who are involved. Recommendations that emerged from the LEAs were not exclusively in the domain of legal and policy reform, but also encompassed capacity building and building collaborations at national and regional levels. This allowed all stakeholders to find a piece of the work that they were comfortable with. In addition, there were obvious benefits to adopting multi-pronged approaches to trying to effect change: multiple avenues could be simultaneously followed, all to an agreed-upon similar end.

With regard to process, positive effects have been visible also where prominent individuals have truly bought into this work and pushed for progress within circles within which they have influence.[45,46] [47] "Champions" within different parts of government and civil society can really help maximise potential action across the range of spaces where things need to move in order for legislative environments to be improved.

Changes in the lived experiences of key populations were also noted as a major success of the project: from the availability of 'friendly' health services to fewer arrests, tangible benefits were reported across a range of countries. These changes in lived experience represent a desired impact that even goes beyond legal change – one of the main underlying reasons to effect legal change is to improve lived experience – so the fact that this is being reported across different project countries can be considered a significant achievement.

Some of the structures that were established through this project (such as the Technical Working Groups set up for the LEA process) have been incorporated into government structures and are now working on other activities that go beyond the work funded by this project. This includes, for example, helping to draft relevant sections of national Global Fund proposals that cover human rights interventions (e.g. Burkina Faso, Cameroon, DRC, Gabon, Ghana). Not only do these structures now appear sufficiently stable to be sustainable but their members are also using the skills they have honed through participation in this project to help raise additional funds for building on the work they have carried out to date.

Implementation challenges

A project of this nature inevitably faces a range of implementation challenges. It is important to understand these, partly to contextualise project achievements and partly to see what lessons might be drawn to help inform future work in this area. Some of the main challenges

[45] Africa Health and HIV Team 2016 Results – Burkina Faso
[46] Strengthening Regional and National Legislative Environments for HIV/SRHR to Support the Enjoyment of Human Rights of LGBT People and Women and Girls in Sub- Saharan Africa – Phase II. *Project Report 2016.*
[47] Overview_Sida Project Mid-Year Achievements 2016- Country Updates: Chad.

are explored below. Examples of how some of these challenges have been overcome in specific countries are explored in the subsequent section.

Political/cultural environment

Perhaps the biggest challenge faced across many of the project countries remains prevailing negative attitudes towards people living with HIV, key populations and SRHR generally, which seems to be reduced to abortion, adolescent SRH and key populations in some people's minds.[48] Politicians and other duty-bearers may be unwilling to take on these issues for fear of political reprisals (from other parts of government and/or constituents). This is an area where the complex structures of government play a role: people working in the field of HIV (or even public health) have a relatively good understanding of issues around stigma, discrimination and human rights but in other sectors the level of understanding is much lower, creating barriers to willingness to engage in this work.[49] Where change has occurred it has been centred around HIV; challenges persist in many places with regard to changing key population-specific laws (e.g. Burkina Faso, Cameroon, eSwatini, Namibia, Sierra Leone) or policies around, for examples, access to comprehensive sexuality education (e.g. Sierra Leone).

In one country, a key informant noted that they were struggling to get the LEA report validated and to translate it into action. Admitting that the reasons for these impediments were not fully understood, the UNDP Country Office suggested carrying out an engagement scan to identify appropriate entry points for action.[50]

In some settings, creating a space where key populations feel sufficiently supported to participate and speak up remains a challenge. In some countries, such as Gabon, access to key population representatives for inclusion in the LEA and follow-up processes was a challenge as there were no pre-existing relationships with the communities.

Despite broad government involvement in LEA processes, sometimes only specific parts of government have been willing to advance work with key populations, and they may not always be willing to stand up to other parts of government.[51] This comes into particularly sharp focus with respect to multi-sectoral action planning and the ensuing implementation of these plans. It is, of course, critical that this planning be multi-sectoral but it is equally important that there is a single entity tasked with ensuring follow-up and that they have the mandate to hold others accountable for their commitments.[52]

Political cycles (such as elections) and instability can also be disruptive to project activities (Burkina Faso, eSwatini, Gabon, Lesotho). While the engagement scans can help foresee

[48] Key Informant Interview 7
[49] Key Informant Interview 4
[50] Key Informant Interview 10
[51] Key Informant Interview 10
[52] Key Informant Interview 7

some of this disruption, it is impossible to mitigate it entirely. Changes in government can mean having to 'start again' with advocacy for legal change, building the capacity of allies within government, and re-building a sense of ownership of ongoing activities. All of this should be factored into workplans and targets; and strong leadership from UNDP Country Offices can help in these situations.

Friction among different civil society groups as well as between civil society and government can hamper project progress. The relationships between government and civil society can be complicated as their interests are not always aligned. While collaboration is critical much of the time, civil society's watchdog role can also be very important, and it is not always easy to balance potentially competing interests and perspectives.

Staff turnover and institutional commitment

Regular staff turnover is a reality in most organisations but can slow project progress, necessitate additional capacity building or even derail entire processes.

Some UNDP Country Offices experienced high levels of senior staff turnover during Phase II of this work. This has had an impact on what was achievable in-country, highlighting the important role of UNDP in spearheading activities, particularly early on in project processes. Once structures are established and national ownership has been solidified, the impacts of UNDP staff turnover might be less acute on project progress.

Some Country Offices rely on UN Volunteers to help support their efforts. Although highly capable, these volunteers only stay for three to four months, which can also create challenges with continuity of the work.[53]

The capacity and commitment of the UNDP Country Office, and particularly the focal point, appears critical to this work. In countries where there have been extended periods of under-staffing, the impact on the project has been felt.

In one extreme example, a Country Office went through a strategic planning process and deprioritized this work, cutting the HIV and health portfolio in its entirety. The new focus is on a governance programme to support domestication of the Sustainable Development Goals, targeting civil society engagement and advocacy on a broad range of issues. Arguably, this builds on the work carried out with funding from Sida but it, more recently, has become more difficult to maintain a focus on HIV and SRHR.[54]

Staff turnover in other organisations – government, civil society and key population organisations, technical working groups etc. – can also slow project activities. It seems useful

[53] Key Informant Interview 3
[54] Key Informant Interview 1

to assume that this is bound to happen to a certain extent, and to plan mitigation efforts to help keep activities on track.

Capacity

Capacity to address HIV, human rights, law and issues relating to key populations can be limited among government and civil society stakeholders alike. In some places, governments have never had to understand or address issues relating to key populations so understandably they need support to do this. Civil society representatives, including key populations, may never before have engaged in dialogue with government or legal advocacy work; this too requires capacity building. Government representatives outside the fields of HIV and SRHR may have no prior training in these areas nor how law and human rights might apply, meaning that they too require substantial capacity building to effectively engage in this work.

None of this can be achieved through a single training; the capacity building required for duty bearers and rights holders alike is a long-term process that requires substantial and sustained investment, training and support. National ownership of the work under this project – including both government and civil society – is critical to success and supporting ongoing efforts to ensure sufficient capacity to understand and lead the work is a precursor for any of this to work.

Lack of ownership

Where national ownership of project activities has not been created, it appears challenging to move the work forward. Although it is impossible to tease apart all of the reasons that might contribute to the lack of ownership, some contributing factors which have been raised by various informants include: not having the right mix of institutional actors involved through the LEA process and beyond, leadership changes within the UNDP Country Office or other key institutions, and distrust between some government and civil society partners.[55]

Opportunistic advances

Moving forward work on LEA recommendations appears to be somewhat opportunistic in most places. This is understandable as, linked to some of the challenges linked to the political environment mentioned above, expediency is needed to prioritize moving forward issues that are likely to gain traction nationally. While this might be framed as taking advantage of the most available opportunities for change, it is important to also recognize how this limits which issues are prioritized… and which are not. Increased funding for implementation of national action plans might help promote regular and sustained activity on some priorities

[55] Key Informant Interview 1; Key Informant Interview 8; Key Informant Interview 9

to help at least maintain the momentum of the work, and help to ensure sensitive issues are not entirely avoided.

Funding

Countries have worked hard to use funds judiciously to maximise impact. Most countries appear to have implemented a wide range of activities and been able to achieve a lot under this grant, including leveraging additional funds to be able to expand the scope. For example, Cameroon has successfully leveraged project activities and is also part of the UNDP-OHCHR 'Sexual Orientation and Gender Identity and Rights (SOGIR)' Project in Africa. A SOGIR national assessment conducted in Cameroon was used to inform the drafting of a concept note for a Global Fund HIV grant and to inform the 2018-2021 National Strategic Plan for HIV and AIDS and the UNAIDS prevention strategies for key populations.[56] Additional examples of leveraging further funding are provided throughout the Findings section as well as in Section F entitled 'Leveraging Additional Funds' below.

This suggests not only that countries are committed to the work but that other funders recognize its relevance and effectiveness. Additional funding would, however, enable them to carry out more activities and potentially contribute to greater impact. There is a recognition that some money should be mobilized domestically for this purpose but also that some additional external funding will still be needed for areas and issues that governments might not want to support such as legal advocacy.

D. Project Implementation Processes

As has been mentioned, there is substantial flexibility in this project, which means that different activities have been carried out in different countries. A few of the main project components are highlighted within this sub-section but not all have been implemented in every country. Furthermore, the order in which activities are carried out can also vary e.g. where both an LEA and an engagement scan have been carried out the order of these is not always the same.

In most countries, the LEA has been a core component of this work. This is usually followed by a multi-stakeholder validation and/or planning meeting, which leads to the implementation of follow-on activities including advocacy and capacity building, often with a view to informing changes in laws, policies, strategies or practices. An engagement scan may be carried out somewhere in this process to help identify strategic opportunities for trying to effect change. On top of this, regional-level activities complement work at the country level. Each of these components is further explored below, and a final sub-section

[56] Strengthening Regional and National Legislative Environments for HIV/SRHR to Support the Enjoyment of Human Rights of LGBT People and Women and Girls in Sub-Saharan Africa – Phase II Project Progress 2018-2019 & End of Project Report, 2019.

examines how different countries have leveraged additional funding to expand the scope or promote the sustainability of this work.

1. Engagement Scans

Engagement scans were introduced into the project in Phase II as a way of identifying opportunities for action around HIV, the law and human rights in a specific country. A guidance document to conduct national engagement scans was drafted, tested and finalised in 2016.

Engagement scan purpose and process

Engagement scans are intended to be complementary to the LEAs. Building on the information on the legal and policy environment that the LEA provides, the engagement scans help stakeholders working on HIV and SRHR to plan for and strategically engage and advocate for legal and policy reform. It includes a calendar of specific key opportunities for effecting legal and policy change.

The engagement scan maps out the structure and roles of the main branches of the government and outlines relevant processes for engagement with each branch of government e.g. the executive branch is responsible for policy promulgation/reform, and CSOs can engage in these processes through various entry points such as writing a letter to the relevant Minister. The same information is provided for international and regional processes such as the Universal Periodic Review, Treaty Monitoring Bodies and the African Commission. Where an LEA has already been completed, its recommendations are grouped and potential actions identified as ways to help effect change. While the initial work was always done by an international consultant, a local consultant also contributed additional information, and a national consultation and validation meeting were always held to fill in data gaps and help engender ownership of the final document.

This appears to be a longer process than originally envisioned but the aim has been to create a sense of ownership of the process and product without it taking as long as the LEA.[57] Challenges around ensuring ownership of the engagement scan remain, with particular relevance to ensuring that the calendar of opportunities for influencing laws and policies remains updated.

National experiences

The engagement scan in Cameroon built on the LEA and included its own recommendations for priority actions: developing a working guide for CSOs on how to work with ministerial sectors and other organs of the state; advocacy for national CSOs and NGOs to obtain

[57] Key informant interview 12

consultative status with the national government and other organs of the state; redefinition of the minimum package of activities for LGBTI and sex workers; support for empowerment of the LGBTI community to be self-assertive; and producing and disseminating alternative or shadow reports to the Presidency of the Republic on issues related to rights of sex workers, LGBTI people and other key populations and their right to access sexual and reproductive health and HIV services without stigma and discrimination. These are seen as complementary to and catalysts for the achievement of the LEA recommendations, and civil society organisations are using the engagement scan as a basis for advocacy. Similar to the LEA, the engagement scan process was seen as a capacity building process for those who were involved as it helped people understand new issues and processes, and provided a platform from which they could then build.[58]

Having already carried out its LEA, eSwatini conducted its political scan in 2016 aimed at identifying the relevant institutions for legislation reform; reviewing the processes engaged in the legislation reform agenda; and understanding the key stakeholders involved in driving legislative reform.[59]

Key informants from Namibia suggest that although this activity was planned it has been delayed for a range of reasons, including limited capacity in the Country Office, and it has not yet been carried out.[60] Similar challenges were faced in Chad and Gabon, as both of those Country Offices also went through internal restructuring during this period and there were no focal persons to provide the necessary support, which caused some delays but the scans in both countries were ultimately completed.[61] [62]

Overarching lessons

The engagement scans were a new element to the project in Phase II, and they have since also been adopted by a project funded by the Government of the Netherlands that seeks to increase access to sexual and reproductive health services, specifically for young key populations, in five countries in the SADC region.[63]

It appears to be useful to already have a draft LEA at the time of doing the engagement scan so that specific actions can be suggested in response to the LEA's recommendations.[64]

There is, however, still limited information currently available to ascertain the engagement scans' ultimate value to national level planning and action processes. Additional information

[58] Key informant interview 5
[59] Ibid.
[60] Key Informant Interview 1, Key Informant Interview 9
[61] Strengthening Regional and National Legislative Environments for HIV/SRHR to Support the Enjoyment of Human Rights of LGBT People and Women and Girls in Sub- Saharan Africa – Phase II- June 2018 – Project Report 2017, United Nations Development Programme Regional Centre for Africa, 2017
[62] Strengthening Regional and National Legislative Environments for HIV/SRHR to Support the Enjoyment of Human Rights of LGBT People and Women and Girls in Sub- Saharan Africa – Phase II – Project Report 2016, United Nations Development Programme Regional Centre for Africa, 2016
[63] Key informant interview 3, Key informant interview 12.
[64] Key informant interview 12

on how these scans have been used to strategically plan for follow-up actions would be useful to help understand their overall value.

2. Legal Environment Assessments (LEAs)

A number of LEAs were completed during Phase I of this project and more were completed during Phase II. This sub-section covers the latter. Any follow-up to the LEAs is covered in sub-section 3 below.

The LEA purpose and process

As noted in the MTE report:

"The Legal Environment Assessment (LEA) process has been a cornerstone of most countries' involvement with the project. As described by UNDP's Practical Manual for conducting an LEA: 'An LEA is an assessment of a country's national legal and policy framework. In the human rights context, an LEA can aim to identify and examine all important legal and human rights issues affecting all people in a country. In the context of HIV, it is an important step in understanding how the legislative environment can play a role in influencing HIV prevention, treatment and impact mitigation efforts. LEAs can be critical to strengthening a country's response to HIV.'"[65]

For Phase II, this has explicitly also included attention to SRHR alongside HIV, which has expanded the scope of the LEAs.

Participation and transparency are highlighted throughout UNDP's guidance for carrying out LEAs. That the process involves representatives of government, civil society, key populations, LGBT people, women and girls is critical to its success. The UNDP manual notes that:

"When carried out in a consultative, participatory and transparent manner as recommended by this manual, it is also useful for building consensus among national stakeholders on actions needed to strengthen legal and policy frameworks. Where HIV-related issues are complicated, particularly in relation to key populations, this process can help to increase or initiate dialogue among various stakeholders."[66]

Most LEAs involved multi-stakeholder meetings before and/or after the LEA process. Data were collected by a combination of international and local consultants with expertise in HIV,

[65] Mid-Term Evaluation: 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. 2015.
[66] Legal Environment Assessment For HIV: An Operational Guide to Conducting National Legal, Regulatory and Policy Assessments for HIV, United Nations Development Programme, January 2014

SRHR and human rights, and inputs sought from a wide range of stakeholders. A draft report is then presented for broad stakeholder validation and, once finalized, this is used to inform multi-stakeholder action planning to move forward with implementation of the report's recommendations for action.

National experiences

A few country experiences with LEAs in Phase II are worth highlighting to illustrate the diversity of experiences.

The government of Sierra Leone requested inclusion in the project as they wanted to do an LEA and an engagement scan, and to develop a national action plan. The UNAIDS Country Office allocated some funding towards these activities while the National AIDS Secretariat helped cover some of the local costs.[67] The LEA in Sierra Leone was conducted in 2016 and validated in 2017 by a technical working group that included representatives from LGBT and other key and vulnerable populations.[68] Agreed-upon priorities for action included: legal and human rights issues affecting key populations (female sex workers, men who have sex with men, people living with HIV, prisoners and transgender people); criminal laws in the context of HIV; and issues around access to treatment.[69] [70] While discussions around key populations nonetheless remain fraught and political prioritization of key population-related issues is currently unlikely, it was important that these issues were raised through the LEA process, including collaboration between government and civil society (including key population) representatives.[71]

Cameroon began their LEA process in 2016 gaining government buy-in and hiring consultants. From the outset, the focus was both HIV and SRHR: alongside key populations, women and girls were a focus of the assessment.[72] The report has been completed and it has already been used to help inform the country's proposal to the Global Fund.

The LEA in Burkina Faso took place during a period of political transition and one of the political parties wanted to introduce a law that would criminalise sex between men. The LEA process, coupled with learning from other countries in the region, helped to galvanize

[67] Strengthening Regional and National Legislative Environments for HIV/SRHR to Support the Enjoyment of Human Rights of LGBT People and Women and Girls in Sub- Saharan Africa – Phase II – Project Report 2016, United Nations Development Programme Regional Centre for Africa, 2016
[68] Strengthening Regional and National Legislative Environments for HIV/SRHR to Support the Enjoyment of Human Rights of LGBT People and Women and Girls in Sub- Saharan Africa – Phase II- June 2018 – Project Report 2017, United Nations Development Programme Regional Centre for Africa, 2017
[69] Strengthening Regional and National Legislative Environments for HIV/SRHR to Support the Enjoyment of Human Rights of LGBT People and Women and Girls in Sub- Saharan Africa – Phase II – Project Report 2016, United Nations Development Programme Regional Centre for Africa, 2016
[70] Ibid.
[71] Sierra Leone_HDD 2016 Results Framework, United Nations Development Programme Regional Centre for Africa, 2016
[72] Cameroon_Africa Health and HIV Team 2016 Results Framework for CO inputs, United Nations Development Programme Regional Centre for Africa, 2016

advocacy efforts and the law was not passed. While challenges remain and the battle may not yet be over, the advocacy work to date supported by the findings of the LEA has had a positive impact on the legal framework.[73]

Overarching lessons

Across all countries where LEAs took place during Phase II, there was broad collaboration between government (encompassing different parts of government) and civil society organisations, with support from UNDP and, sometimes, other development partners. Key informants noted that the LEA process was important for bringing together a wide range of stakeholders, for forcing discussions around difficult issues and for identifying synergies for advocacy and other work moving forward. For example, the LEA process was the first time in Gabon that religious and traditional practitioners and leaders were involved as key partners in the HIV response, which is considered a significant advance.[74] In Sierra Leone, there were discussions around comprehensive sexuality education in schools and although no follow-up actions on this were prioritized, even opening up this discussion felt like a step forward. [75] In Cameroon, UNDP consciously sought to create synergies between legal advocacy work around HIV and SRHR, which has helped to deepen both of these areas of work.[76]

The importance of the participatory approach of the LEA has been well-documented but has emerged very strongly again in Phase II.[77] One key informant noted that the LEA process was one of the most useful things in the project because it constitutes a process of getting people on board, getting them used to the idea that they are going to assess laws and policies that they might not want to talk about, and that they are going to own it.[78] Setting up the structures required for the LEA process and involving the range of stakeholders recommended also allowed for opportunities to identify and cultivate "champions" who could help create opportunities for action and progress.

The entire LEA process might be considered an important capacity-building process – international consultants work with local consultants specifically to enhance their capacity for this type of work, multiple meetings are convened to discuss the issues emerging to ensure that all stakeholders understand them, and a diverse range of stakeholders has to come together and have constructive discussions around difficult topics. The fact of the process being so long and involved may be precisely why it is so successful – it is not about

[73] Key Informant Interview 4
[74] Overview_Sida Project Mid- Year Achievements 2016- Country Updates, United Nations Development Programme Regional Centre for Africa, 2016
[75] Key Informant Interview 8
[76] Cameroon_Africa Health and HIV Team 2016 Results Framework for CO inputs, United Nations Development Programme Regional Centre for Africa, 2016
[77] Mid-Term Evaluation: *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*
[78] Key Informant Interview 6

writing a report; it is about changing the dynamics of responding to HIV and SRHR at national level.

In addition, the value of the LEA report itself should also not be minimized. Described by one focal point as a 'bedrock', this report, often bearing the government's logo which confers legitimacy in many spaces, provides an evidence base for action. In most instances, this is the first time that all of this information has been compiled and it provides a context-specific, jointly-owned analysis and a starting point for collaborative action for change.

3. Implementation of LEA recommendations

At the time of the mid-term evaluation, given the limited time for which the project had been implemented, it was difficult to say very much about follow-up to the LEAs and multi-sectoral action planning. At this stage, there is much more evidence of action that has arisen from these processes and the tangible impact across a range of countries.

This sub-section explores some of the activities and impacts arising from the LEAs. First, there is some documentation of the multi-stakeholder action planning processes that took place in different countries and some overarching lessons that can be drawn from these experiences. Then, documented changes in laws and policies are explored followed by changes in national policies, strategies and plans. Finally, some of the ongoing advocacy for change in the national legislative environment are highlighted to show the ongoing commitment to this work.

Multi-stakeholder action planning

Across all project countries, there is strong recognition of the need for concrete action planning, including wide engagement of national stakeholders, to ensure that there can be follow up on the recommendations emerging from national LEAs. While some countries had already completed this during Phase I of the project, other countries went through this process during Phase II as outlined below. Select countries are featured below that usefully illustrate the different ways in which multi-stakeholder action planning can have value.

In some places, the action planning process itself provided an opportunity to stimulate buy-in from stakeholders. For example, in Burkina Faso, UNDP RSC provided technical and financial support for a national workshop to develop an action plan from the LEA recommendations. This was seen as a particularly important workshop for galvanizing buy-in from major stakeholders including government, civil society, UN partners, religious leaders and others.[79] While stakeholders had been engaged in the process, gaps between

[79] Africa Health and HIV Team 2017 Results – UNDP Burkina Faso, United Nations Development Programme Regional Centre for Africa, 2017

activities as well as competing priorities may have led to a degree of dissipation of commitment prior to the workshop. Revitalised from everyone coming together around these issues again, a small team from the 'Human Rights and HIV Technical Working Group" finalized a consolidated action plan and mapped out ongoing legal reform processes where advocacy could be carried out to positively influence the legal framework based on findings from the LEA, such as review and reform of the prisons' law, the HIV Act and the Sexual and Reproductive Health Act.[80] [81] [82]

The action planning workshop also served to reinvigorate efforts in Namibia and Lesotho. In Namibia, there was a particularly long gap between completion of the LEA and its validation and the multi-stakeholder planning workshop so the workshop was critical for reconvening the relevant stakeholders and rekindling their sense of engagement in the process. Some of the priority recommendations that emerged from the workshop included: law review to eradicate HIV-related discrimination, provide clarity and uniformity on the age of consent for young people's access to SRHR, decriminalise adult consensual same-sex behaviour, and stop unjust use of non-criminal laws to harass sex workers.[83] [84] [85] Funding was secured through the UNAIDS country envelope to support the government to develop an implementation roadmap for the LEA recommendations.[86]

In Lesotho, following the formal launch of the LEA report by the Minister of Education and Training, efforts were made to revitalise the technical working group to draft an action plan to follow up on the additional deliverables identified as necessary to move the work forward, including a "Comprehensive 'HIV and the Law' National Action Plan" which will "domesticate the 'HIV Prevention 2020 Road Map'" and "implement recommendations of the LEA" [87] This includes a range of legal reforms and other rights-related activities to improve the HIV-related legal environment.[88] High priority topics for action include preventing child marriage, promoting equality in inheritance, reviewing the criminalisation of non-disclosure of HIV status, protecting the equality and health rights of key populations and addressing

[80] Strengthening Regional and National Legislative Environments for HIV/SRHR to Support the Enjoyment of Human Rights of LGBT People and Women and Girls in Sub- Saharan Africa – Phase II- June 2018 – Project Report 2017, United Nations Development Programme Regional Centre for Africa, 2017
[81] Burkina Faso_Mid-Year Achievement Update, United Nations Development Programme Regional Centre for Africa, July 2017
[82] Regional_Africa Health and HIV Team 2017 Results, Kitty Priti, United Nations Development Programme Regional Centre for Africa, 2017
[83] Strengthening Regional and National Legislative Environments for HIV/SRHR to Support the Enjoyment of Human Rights of LGBT People and Women and Girls in Sub- Saharan Africa – Phase II- June 2018 – Project Report 2017, United Nations Development Programme Regional Centre for Africa, 2017
[84] Namibia and Mozambique Update, Mandeep D., United Nations Development Programme Regional Centre for Africa, 2017
[85] Regional_Africa Health and HIV Team 2017 Results, Christian Mwata, United Nations Development Programme Regional Centre for Africa, 2017
[86] Strengthening Regional and National Legislative Environments for HIV/SRHR to Support the Enjoyment of Human Rights of LGBT People and Women and Girls in Sub-Saharan Africa – Phase II Project Progress 2018-2019 & End of Project Report, 2019
[87] Strengthening Regional and National Legislative Environments for HIV/SRHR to Support the Enjoyment of Human Rights of LGBT People and Women and Girls in Sub- Saharan Africa – Phase II- June 2018 – Project Report 2017, United Nations Development Programme Regional Centre for Africa, 2017
[88] Ibid.

sexual and gender-based violence.[89] [90] [91] The National Action Plan noted the need for sensitisation and capacity building of the judiciary and law enforcement agents on these priority topics, so additional resources were secured through the UNAIDS country envelope to carry out a training needs assessment and develop a training module for these duty-bearers.[92]

Just as there was high level political participation in Lesotho, in Gabon the Minister of Health demonstrated great interest in the LEA process and there was high level participation in the validation workshop including members of the Gabonese Armed Forces and of the prisons, judges of the High Court, the Inspector General of the Ministry of Health, the law advisor of the Gabonese Human Rights Commission, networks of people living with HIV and other key CSOs.[93]

The limited funding available to support priority actions identified through this planning process was noted as a shortcoming in many places: there was often substantial momentum at the planning workshop but some of this was lost if countries were then unable to garner the support necessary to implement at least one or two of their priority actions in the short-term.[94]

In the context of multi-sectoral action planning, the importance of political buy-in, national ownership, and a multi-stakeholder group to help move work forward is clear. Without sustained engagement across different sectors and types of stakeholders, this work cannot succeed. Yet, as noted elsewhere, the importance of having an individual organization to coordinate the follow-on work who is in a position to demand accountability from other stakeholders seems critical to ensuring that follow-up can actually happen.

Legal and policy change

Laws

Pathways towards legal change are long, complicated and non-linear. Despite this, several countries report that laws have been changed or are in the process of reform at least in part as a result of this project. Unsurprisingly, given that the focus of Phase I was HIV, most of the laws that have been changed to date are laws governing national HIV responses. All of these changes have resulted not only from the LEA itself but also ongoing advocacy, technical

[89] Ibid.
[90] Africa Health and HIV Team 2017 Results – All Countries, United Nations Development Programme Regional Centre for Africa, 2017
[91] Lesotho- HHD 2016 Results- Africa Health and HIV Team 2016 Results, United Nations Development Programme Regional Centre for Africa, 2016
[92] Strengthening Regional and National Legislative Environments for HIV/SRHR to Support the Enjoyment of Human Rights of LGBT People and Women and Girls in Sub-Saharan Africa – Phase II Project Progress 2018-2019 & End of Project Report, 2019
[93] Strengthening Regional and National Legislative Environments for HIV/SRHR to Support the Enjoyment of Human Rights of LGBT People and Women and Girls in Sub- Saharan Africa – Phase II – Project Report 2016, United Nations Development Programme Regional Centre for Africa, 2016
[94] Key Informant Interview 6; Key Informant Interview 8

support and mobilization. Other efforts outside this project likely also contributed to the changes in these laws.

Laws that include strong anti-stigma provisions were introduced in Ghana and Sierra Leone. In Ghana, consolidating work done during Phase I, UNDP provided technical support and advocacy with lawmakers/parliamentarians to keep them engaged with provisions in the proposed Ghana AIDS Commission Bill and to help ensure its passage. [95] [96] [97] As part of the Joint UN Team on HIV and AIDS, the project helped to support the development of the legislative instrument for the Ghana AIDS Commission Act, which will support operationalisation of its anti-stigma provisions.[98] In Sierra Leone, where work only began in Phase II, the National AIDS Commission Act 2011 was reviewed and protections against stigma improved. As part of this, and with other potentially positive impacts, a series of community dialogues were held on stigma and discrimination in each of the country's 14 districts.[99] The law now needs to be reviewed by the Judiciary and Parliament before it can be enacted. Ongoing work includes UNDP, along with UNAIDS and the UN Country Team supporting the National AIDS Secretariat to develop a new HIV policy.[100] The policy has been agreed to in principle by the Ministry of Health but will also have to be reviewed by the Judiciary to assess consonance with the proposed law.[101]

In the DRC, the provision in the HIV Law that criminalized HIV transmission was successfully repealed in 2018, and work is ongoing in Burkina Faso to the same end.[102] [103] In the DRC, the LEA report recommended repealing the criminalization of HIV transmission, and this was an area to which the project paid particular attention including organizing a parliamentarian forum to discuss the repeal of this provision. In Burkina Faso, one of the recommendations in the LEA was that the law criminalizing HIV transmission be brought in line with international standards, which included decriminalizing HIV transmission. This led to the national working group on HIV and human rights (coordinated by the Permanent Secretariat of the National Council to fight against HIV and STIs) initiating a very participatory process of law reform using LEA findings that included the preparation of advocacy documents, an

[95] Africa Health and HIV Team 2016 Results – All Countries, United Nations Development Programme Regional Centre for Africa, 2016
[96] Strengthening Regional and National Legislative Environments for HIV/SRHR to Support the Enjoyment of Human Rights of LGBT People and Women and Girls in Sub- Saharan Africa – Phase II – Project Report 2016, United Nations Development Programme Regional Centre for Africa, 2016
[97] Ghana_HDD 2016 Results Framework for CO inputs, United Nations Development Programme Regional Centre for Africa, 2016
[98] Strengthening Regional and National Legislative Environments for HIV/SRHR to Support the Enjoyment of Human Rights of LGBT People and Women and Girls in Sub-Saharan Africa – Phase II Project Progress 2018-2019 & End of Project Report, 2019
[99] Sierra Leone_Country Updates templates – Africa HIV, HHD Focal Points Meeting, United Nations Development Programme Regional Centre for Africa, 2017
[100] Strengthening Regional and National Legislative Environments for HIV/SRHR to Support the Enjoyment of Human Rights of LGBT People and Women and Girls in Sub- Saharan Africa – Phase II – Project Report 2016, Amitrajit Saha United Nations Development Programme Regional Centre for Africa, 2016
[101] Key Informant Interview 8
[102] Africa Health and HIV Team 2018 Preliminary results Data Extraction SIDA, United Nations Development Programme Regional Centre for Africa, 2018
[103] Phase II Mid-year project report – 2016 Sida Endline Data Extraction, United Nations Development Programme Regional Centre for Africa, 2016

advocacy meeting with the national network of parliamentarians on health and development as well as a national consultation with key stakeholders (including the parliamentarians), both of which allowed for views, inputs and comments to be shared to form the basis of re-drafting the law and its accompanying implementation decree. Turnover of senior leadership within the Permanent Secretariat of the National Council to fight against HIV and STIs and the Ministry of Health have slowed the process slightly, but these documents are ready for presentation by the Ministry of Health to the national assembly for validation.[104]

Adolescents' access to HIV and SRH services without parental consent was taken up by both the DRC and Gabon. In the DRC, noting the need to be in accordance with the Convention on the Rights of the Child and the concept of 'evolving capacity', the National Assembly have given space for sexually active minors and adolescents to get tested for HIV and receive their results without their parents' consent when it is determined their best interest is at stake. The LEA in Gabon recommended allowing adolescents access to HIV testing and SRHR services without parental consent, and the project supported the drafting of a National Law on Reproductive and Sexual Health for Young People and Systematic Screening in Schools. UNDP drafted a brief on this issue, which UNAIDS supplemented by sharing global guidance around this topic.

Other improvements in laws include provisions in the Ghana AIDS Control Bill to protect and promote the rights of people living with HIV; an increase in the minimum age of marriage to 19 (from 14 for girls and 16 for boys) in the DRC; and a new Sexual Offenses and Domestic Violence Bill in eSwatini that, among other things, criminalises marital rape and domestic violence offences, and expands the understanding of rape in an effort to make it gender neutral. All of these are in line with LEA recommendations and, for the latter, the LEA was used as a reference document, particularly when discussions were contentious or appeared to be stalling.

Given the timeframe of this project, it is very impressive to see so many positive changes in law as well as so few negative changes in relevant laws in project countries. It is also interesting to see the range of laws that have been changed, which appears to be determined by a combination of local priorities and opportunities for action. Documentation of all of these legal reform processes highlights the value of the LEAs, the collaborative approach needed to effect change, and the importance of the different types of stakeholders working together in a structured way.

Policies, strategies and plans

National policies, strategies and plans can be easier to influence than laws: usually designed to cover a five-year period, there are regular opportunities to influence their content as understanding of the health situation, including the epidemiology relating to HIV and SRH,

[104] Key Informant Interview 4

evolves. Project activities appear to have positively influenced a range of national policies and strategies and plans in different countries.

In some instances, countries report generally that recommendations emerging from the LEA helped to inform national strategies and policies. For example, in Gabon, the LEA recommendations provided guidance that supported drafting a national policy on gender and sexual violence, HIV and sexual and reproductive health and the 2018-2022 National HIV Strategic Plan includes promotion of the integration of key populations and strategies to promote their access to care and services. [105,106,107]

In other cases, technical support was provided specifically to support a particular policy or plan. In eSwatini, UNDP provided technical and financial support for the review and development of the public sector policy and strategic plan for HIV, which constitute a progressive and expanded national response to HIV and wellness within the public sector that the project helped to inform. The strategic plan is already approved, and the policy is to be presented at Cabinet for final adoption.[108] Work is also ongoing in eSwatini to revise the gender policy.[109]

Cameroon provides an example of the LEA recommendations being incorporated into a National Strategic Plan on HIV and AIDS (2018-22) to affect a range of specific issues including integration of gender issues, addressing aspects of GBV and HIV self-screening and pre-exposure prophylaxis for HIV for key populations.[110]

Similarly, in Burkina Faso, at least in part as a result of the LEA process during which they emerged as priority issues, "the consideration of gender, sexual and reproductive health and human rights, including … the fight against stigma and discrimination" is one of the guiding principles of the National Strategic Plan for the fight against AIDS (2016-20).[111] One of the specific issues flagged for attention was adolescents' access to services, which was limited by parental consent laws. There was reluctance to challenge this within law during 2016 for fear of not getting it through Parliament and various work-arounds were developed.[112] However, in 2017, the Minister of Health approved new regulatory language stating that

[105] Strengthening Regional and National Legislative Environments for HIV/SRHR to Support the Enjoyment of Human Rights of LGBT People and Women and Girls in Sub-Saharan Africa – Phase II Project Progress 2018-2019 & End of Project Report, 2019
[106] Africa Health and HIV Team 2018 Preliminary results Data Extraction SIDA, United Nations Development Programme Regional Centre for Africa, 2018
[107] UNDP- HIV, Health and Development- Annual Report 2017-2018, United Nations Development Programme Regional Centre for Africa, 2017
[108] Swaziland_HDD 2016 Results Framework, United Nations Development Programme Regional Centre for Africa, 2017
[109] Key Informant Interview 10
[110] Strengthening Regional and National Legislative Environments for HIV/SRHR to Support the Enjoyment of Human Rights of LGBT People and Women and Girls in Sub- Saharan Africa – Phase II- June 2018 – Project Report 2017, United Nations Development Programme Regional Centre for Africa, 2017
[111] Africa Health and HIV Team 2016 Results – Burkina Faso, United Nations Development Programme Regional Centre for Africa, 2016
[112] Overview_HIV LAW Project 2016 – October Updates, United Nations Development Programme Regional Centre for Africa, October 2016

"people of reproductive age or adolescents can freely use family planning without any barrier or constraints related to sex, religion, marital status..." and extending the "rights to reproductive health and family planning to all persons of childbearing age, including adolescents".[113] It should be noted that in addition to this project other ongoing work also contributed to this change including some work supported by Health Policy Plus and the West Africa Health Organisation Network of Champions.

Also emerging from the recommendations of the LEA, a key pillar articulated in the National Strategic Plan for HIV and AIDS for the DRC (2014–2017) was "supporting an enabling legal environment for people living with or affected by HIV".

As an example of sub-national level activity connected to the project, the Burkinabe Programme d'Appui au Monde Associatif et Communautaire (PAMAC), UNAIDS and UNDP relaunched the "City and HIV" action plan for Ouagadougou with the aim of integrating issues relating to HIV and key populations into the municipality HIV plan.[114]

As with the legal change, the range of policies being influenced by project activities, and even within these the variety of issues being addressed, is expansive. Sometimes policies, strategies and plans can be used as workarounds where legal reform is politically daunting, even as this raises the potential for conflict in the legal and policy environment. In others, the relatively short life cycle of policies, strategies and plans merely constitute convenient opportunities for including LEA recommendations into national documents guiding the responses to HIV and SRH.

Community mobilization and advocacy

Even where laws and policies have not yet changed, ongoing community mobilization and advocacy efforts constitute important efforts towards implementing the priority actions arising from the LEA process, and may ultimately effect legal and policy change. The LEA recommendations are used to inform legal advocacy including for the rights of key populations, decriminalization of HIV transmission, eradication of forced sterilisation of women living with HIV, for increased access to HIV and SRHR services for LGBT people and

[113] Strengthening Regional and National Legislative Environments for HIV/SRHR to Support the Enjoyment of Human Rights of LGBT People and Women and Girls in Sub- Saharan Africa – Phase II- June 2018 – Project Report 2017, United Nations Development Programme Regional Centre for Africa, 2017
[114] Africa Health and HIV Team 2016 Results, United Nations Development Programme Regional Centre for Africa, 2016

clarity and uniformity on the age of consent for young people's access to SRHR.[115] [116] [117] [118] [119]

In some countries, community mobilization has been an important follow-up activity from the LEA process. For example, in eSwatini, meetings have been organized in an attempt to establish a key populations consortium under the Coordinating Assembly of Non-Governmental Organisations. Additional funding provided by OSISA supported a consultation with Parliamentarians on key populations' rights, which provided a platform for engagement and awareness raising.[120] [121] [122]

In Namibia, meetings were held with civil society organisations to assess capacity building needs for advocacy where legal reform was a priority.[123] While the final LEA report is yet to be validated, the findings have been used by civil society to advocate for the decriminalisation of sex work and repeal of the 'sodomy law'.[124]

The project has provided support to the government in eSwatini to align existing laws with protections in the Constitution, particularly focusing on women. Four laws were identified for review in order to ensure legal protections around gender equality and human rights, and this work is ongoing.[125]

UNDP in Sierra Leone has also provided technical assistance to the National AIDS Secretariat to draft a communications strategy, which led to the establishment of communication platforms (social media) and resulted in a MOU with the inter-faith network to deliver stigma/discrimination-free messages to their respective congregations.[126] A social media

[115] Strengthening Regional and National Legislative Environments for HIV/SRHR to Support the Enjoyment of Human Rights of LGBT People and Women and Girls in Sub- Saharan Africa – Phase II- June 2018 – Project Report 2017, United Nations Development Programme Regional Centre for Africa, 2017
[116] Strengthening Regional and National Legislative Environments for HIV/SRHR to Support the Enjoyment of Human Rights of LGBT People and Women and Girls in Sub- Saharan Africa – Phase II – Project Report 2016, United Nations Development Programme Regional Centre for Africa, 2016
[117] Overview_Sida Project Mid-Year Achievements 2016- Country Updates, United Nations Development Programme Regional Centre for Africa, 2016
[118] Strengthening Regional and National Legislative Environments for HIV/SRHR to Support the Enjoyment of Human Rights of LGBT People and Women and Girls in Sub- Saharan Africa – Phase II: Project Report 2016, United Nations Development Programme Regional Centre for Africa, 2016
[119] Africa Health and HIV Team 2017 Results – All countries, United Nations Development Programme Regional Centre for Africa, 2017
[120] Strengthening Regional and National Legislative Environments for HIV/SRHR to Support the Enjoyment of Human Rights of LGBT People and Women and Girls in Sub- Saharan Africa – Phase II – Project Report 2016, United Nations Development Programme Regional Centre for Africa, 2016
[121] Swaziland_HDD 2016 Results Framework, United Nations Development Programme Regional Centre for Africa, 2016
[122] Swaziland_Mid-Year Achievement Update, United Nations Development Programme Regional Centre for Africa, July 2016
[123] Ibid.
[124] Key Informant Interview 1
[125] Strengthening Regional and National Legislative Environments for HIV/SRHR to Support the Enjoyment of Human Rights of LGBT People and Women and Girls in Sub-Saharan Africa – Phase II Project Progress 2018-2019 & End of Project Report, 2019
[126] Overview_Sida Project Mid-Year Achievements 2016- Country Updates, United Nations Development Programme Regional Centre for Africa, 2016

platform for key populations to communicate on issues relating to HIV and sexual health was also established in Gabon.[127]

Also in Gabon, awareness raising took place at different levels targeting specific issues – some were emerging policy issues while others were newly identified during the LEA process. Awareness was raised among law- and policy-makers in Gabon to understand why the criminalization of HIV transmission, which had been proposed in the new penal code, should not be accepted. The new code was not passed for a multitude of reasons and the advocacy campaign can be considered one of them in that it helped ensure that policy and law-makers understood the issues at stake. The LEA also uncovered discrimination against migrants in terms of having to pay to access HIV treatment, at specific health facilities; as a result, the health facility management teams were informed of the problematic nature of these practices and they pledged to fix this.[128] [129]

In the DRC, following training of a range of duty-bearers as a part of this project, successful advocacy for setting up of key population-friendly health centres resulted in the establishment of five such centres in the provinces and two in Kinshasa.[130]

In Burkina Faso, although there have not yet been any official steps to reform the SRH law, which also contains provisions criminalising HIV transmission, on the back of the process of reform of the HIV law, informal discussions have been initiated about the need to now move this work forward.[131]

Even where many of the same problems exist (e.g. stigma and discrimination, criminalization of key populations' behaviours), effective approaches for overcoming them have to be locally determined. The flexibility of this project allows for that, as illustrated by this range of community mobilization and advocacy activities. All of these actions require initiative and concerted action, and the diversity of "successes" noted here – from social media platforms to key population-friendly health services – demonstrates local commitment towards the ultimate goal of positively changing lived experience.

4. Capacity Building of Key Stakeholders

One of the primary activities to have emerged in Phase II has been capacity building of a wide range of relevant stakeholders. This includes capacity building of duty bearers to understand

[127] Strengthening Regional and National Legislative Environments for HIV/SRHR to Support the Enjoyment of Human Rights of LGBT People and Women and Girls in Sub-Saharan Africa – Phase II Project Progress 2018-2019 & End of Project Report, 2019
[128] Gabon_HDD 2016 Results Framework for CO inputs, United Nations Development Programme Regional Centre for Africa, 2016
[129] Overview_Sida Project Mid-Year Achievements 2016-Country Updates, United Nations Development Programme Regional Centre for Africa, 2016
[130] Africa Health and HIV Team 2017 Results – All Countries, United Nations Development Programme Regional Centre for Africa, 2017
[131] Key Informant Interview 4

their HIV-related human rights obligations and, albeit to a lesser extent, of civil society actors to help them advocate for their rights. In some countries this has now been sustained over multiple years while in other places it appears to be more ad hoc. An overview of the sorts of capacity building efforts undertaken with different types of stakeholders under this project is provided below.

Government officials

The approach to training of government officials, including parliamentarians, law-makers, policy-makers and other government officials, has varied by country, tailored to national priorities and entry points for action.

In many countries, capacity building efforts were focused around supporting the passage of a revised law or policy. For example, in Chad capacity building of parliamentarians on HIV and human rights was carried out at an opportune time, which may have helped facilitate adoption of the Revised HIV Act.[132] [133] [134] [135]

In other places (e.g. eSwatini, Cameroon), capacity building was designed to decrease stigma and discrimination, and improve access to services for key populations either through improved strategies or direct service delivery more generally. These trainings covered a range of duty bearers including parliamentarians, magistrates/judges, ministry of health officials and health service providers.

In eSwatini, UNDP collaborated with the Swaziland Business Coalition on HIV/AIDS and the 'Public Sector HIV/AIDS Coordinating Committee' to conduct a baseline assessment on sexual harassment in the workplace with the aim of understanding the extent of the problem as well as how it impacts the national HIV response. Capacity building on workplace sexual harassment and the importance of data to inform a national policy was carried out with senior public sector officers, including HIV coordinators, and UNDP supported the establishment of a website for reporting workplace sexual harassment to enable real time data collection and policy reform in an effort towards helping reduce new HIV infections..[136]

[132] Phase II Mid-year project report – 2016 Sida Endline Data Extraction, United Nations Development Programme Regional Centre for Africa, 2016
[133] Strengthening Regional and National Legislative Environments for HIV/SRHR to Support the Enjoyment of Human Rights of LGBT People and Women and Girls in Sub- Saharan Africa – Phase II- June 2018 – Project Report 2017, United Nations Development Programme Regional Centre for Africa, 2017
[134] Strengthening Regional and National Legislative Environments for HIV/SRHR to Support the Enjoyment of Human Rights of LGBT People and Women and Girls in Sub- Saharan Africa – Phase II – Project Report 2016, United Nations Development Programme Regional Centre for Africa, 2016
[135] Overview_Sida Project Mid- Year Achievements 2016- Country Updates, United Nations Development Programme Regional Centre for Africa, 2016
[136] Strengthening Regional and National Legislative Environments for HIV/SRHR to Support the Enjoyment of Human Rights of LGBT People and Women and Girls in Sub- Saharan Africa – Phase II – Project Report 2016, United Nations Development Programme Regional Centre for Africa, 2016

In Ghana, there has been a strong focus on building the capacity of staff from the Commission on Human Rights and Administrative Justice (CHRAJ) on HIV, human rights, stigma and discrimination (particularly relating to key populations, women and girls). Established under a project that preceded this work, CHRAJ constitutes a key national mechanism for access to justice, including the existence of an online stigma reporting tool – it is an independent structure for people living with HIV or key populations who feel stigmatized, discriminated against or who have experienced rights violations to report this either themselves or through CSOs. However, previous donor support ended prematurely and the potential impact was hampered by limited capacity. This project stepped in at a critical moment and has played an important role in helping build up this institution to fulfil its mandate. Realising that the project could never cover the whole country with the intensity of training that is needed and in response to a request from CHRAJ, regional consultations were recently carried out, with support from the UNAIDS country envelope, to help transform the existing training manual into an e-training manual so that CHRAJ officials can do online training. During these consultations, feedback was sought on the impact of the original training, and respondents reported that the training had made them question their own values, reduce their own prejudices and stigma, better manage complaints, and carry out community outreach.[137] Although challenges persist (especially resources, including vehicles and staff), the support that CHRAJ has received through this project appears to have been transformative in providing limited staff with the capacity to respond appropriately to the complaints they receive.

Although there was no specific training of the Ghana AIDS Commission, they participated in the whole LEA process as well as the development, training workshops and regional consultations, all of which has built their individual and collective capacity around HIV, human rights and the law. Their engagement and training in this way has been critical as they lead and coordinate the national HIV response.

Judges and magistrates

The project supported training for judges at the regional level, which is covered in sub-section 5 below. The current sub-section focuses on national-level training of judges and magistrates.

The DRC constitutes a particularly rich country example of training of judges and magistrates. Reports note that training of the judiciary, including training of trainers, has been 'continuous', encompassing HIV, SRH, sexual violence and human rights. Training has also included judges and prosecutors from the Congolese Army.[138] [139] As a result of this

[137] Key Informant Interview 11
[138] Africa Health and HIV Team 2018 Preliminary results Data Extraction SIDA, United Nations Development Programme Regional Centre for Africa, 2018
[139] Phase II Mid-year project report – 2016 Sida Endline Data Extraction, United Nations Development Programme Regional Centre for Africa, 2016

training, HIV and human rights task forces were established in four provinces, who are known to have since provided legal support to sero-discordant couples and their children as well as LGBT people. The DRC Country Office has also reported that the court has rendered several favourable judgments relating to voluntary transmission of HIV using knowledge gained from the trainings delivered under this project.[140]

In Cameroon, building on training carried out for health care practitioners under this project, with support from the UNAIDS country envelope, a sensitisation session was held for parliamentarians, magistrates/judges and business leaders on their roles in reducing stigma and discrimination against LGBT people.[141]

Law enforcement agents

In many countries, the LEAs highlighted the problem of bad policing practices having a negative impact on access to HIV and legal services, as well as quality of life for people living with HIV, LGBT people and women and girls. As a result, there has been substantial training of law enforcement agents – police and prison officers – in a range of countries under the project.

This capacity building work is wide-ranging, encompassing training of trainers workshops, on HIV, human rights, key populations and sexual and gender-based violence (e.g. eSwatini, Sierra Leone), development of a training manual/module for police on HIV and human rights (e.g. eSwatini, Lesotho), and awareness-raising campaigns on GBV and the protection of women from abuse (e.g. eSwatini). In the DRC, a training module on laws, human rights and HIV was incorporated into the formal training curriculum of magistrates and police officers from 2017.

While all of this seems useful for changing the practices of law enforcement agents, no documentation yet exists of the impact of these capacity building efforts. Assessment of the extent to which practices have changed will be important moving forward.

Health care practitioners

In Cameroon, thirty health care practitioners and officials from the Ministry of Public Health were trained on issues relating to sexuality, gender identity and the provision of stigma-free health services. It is too recent to know the impact of this training but

[140] Strengthening Regional and National Legislative Environments for HIV/SRHR to Support the Enjoyment of Human Rights of LGBT People and Women and Girls in Sub- Saharan Africa – Phase II – Project Report 2016, United Nations Development Programme Regional Centre for Africa, 2016
[141] Strengthening Regional and National Legislative Environments for HIV/SRHR to Support the Enjoyment of Human Rights of LGBT People and Women and Girls in Sub-Saharan Africa – Phase II Project Progress 2018-2019 & End of Project Report, 2019

'champions' have been identified among the participants whom the project hopes will take a lead in promoting human rights-based health care.[142]

Civil society/key populations

Training for civil society representatives, including representatives of key populations, has been more limited during Phase II of the project than in the first phase of the project.

There has been some capacity building of civil society at national level in some countries. For example, in Ghana, UNDP provided technical and financial support to help train 20 regional leaders of the national association of people living with HIV on several things including the new anti-stigma provisions of the Ghana AIDS Commission law and the services available through CHRAJ to help enable people living with HIV to understand and claim their HIV-related rights.[143] Given the extent of capacity building to CHRAJ officials also carried out under this project (see above), this is a good example of concurrent training of duty bearers to be able to fulfil their obligations and rights-holders to be able to claim their rights.

Similarly, in the DRC, substantial capacity building was carried out with duty-bearers and rights-holders on sexual violence, SRH, human rights and HIV. As a result of this training, alongside legal, judicial and psychosocial support to LGBT people, there are now four active legally-recognised LGBT organisations.[144]

In Namibia, capacity building was carried out with 20 representatives from key populations organisations to try to increase referrals to health services. This constituted technical assistance, a five-day training and subsequent engagement seminars to create advocacy skills and develop annual workplans for the organisations.[145]

Despite some regional-level work with civil society representatives (see Section 5 below) in this phase of the project, it is unclear why there has been relatively little priority given to capacity building of civil society organisations/representatives at national level, especially given the key role that civil society play in monitoring the legislative environment, advocating for change and holding duty bearers to account in this sphere. Some key informants noted that it would be useful to work more with civil society organisations to build their capacity on human rights and the national legislative environment.[146]

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[142] Strengthening Regional and National Legislative Environments for HIV/SRHR to Support the Enjoyment of Human Rights of LGBT People and Women and Girls in Sub-Saharan Africa – Phase II Project Progress 2018-2019 & End of Project Report, 2019
[143] Strengthening Regional and National Legislative Environments for HIV/SRHR to Support the Enjoyment of Human Rights of LGBT People and Women and Girls in Sub- Saharan Africa – Phase II- June 2018 – Project Report 2017, United Nations Development Programme Regional Centre for Africa, 2017
[144] Strengthening Regional and National Legislative Environments for HIV/SRHR to Support the Enjoyment of Human Rights of LGBT People and Women and Girls in Sub-Saharan Africa – Phase II Project Progress 2018-2019 & End of Project Report, 2019
[145] Strengthening Regional and National Legislative Environments for HIV/SRHR to Support the Enjoyment of Human Rights of LGBT People and Women and Girls in Sub-Saharan Africa – Phase II Project Progress 2018-2019 & End of Project Report, 2019
[146] Key Informant Interview 5

5. Regional Level Activities/Cross-country Learning

Regional Economic Communities and African Union

Most work has been carried out directly with the Regional Economic Communities (RECs). UNDP has worked with the EAC and SADC throughout this project on the development of regional strategies for HIV and SRHR. Similar to the LEA process, this strategy development has been very participatory with active involvement of the REC Secretariats, national governments, key population groups and development partners. The longstanding nature of these collaborations appears to facilitate these bodies' ability to collaborate and constructively move forward relevant regional frameworks.

During Phase I, the project supported a SADC position paper on child marriage, which has since been used by the SADC Parliamentary Forum as the basis for drafting a Model Law on Eradicating Child Marriage. The Model Law has already been used by some countries in the region, either to review/reform existing laws (e.g. in Zimbabwe where the marriage law was overturned to ensure a minimum legal age of marriage of 18) or to inform other in-country work such as discussions with local and traditional leaders around child marriage. This has fed into work at the level of the African Union, which was also supported by UNDP, to strengthen their framework around child marriage. All project LEAs now also include reference to child marriage, which can also open discussions around the issue at the national level.[147] [148]

In 2017, the project supported the SADC Parliamentary Forum to convene a meeting on implementing the resolution on "Women, the Girl Child and HIV/AIDS" of the Commission on the Status of Women. This resulted in the 'Mahé Declaration' that committed to addressing the disproportionate burden of HIV on women in the region.[149]

The SADC Regional strategy on HIV Prevention, Treatment and Care, and Sexual and Reproductive Health and Rights of Key Population Groups, supported by this project, was adopted by the SADC Ministers of Health in November 2017. Following sensitization by UNDP and UNFPA on this Strategy, the SADC Parliamentary Forum recently endorsed the Minimum Standards for the Protection of Key Populations in the SADC Region.[150]

In the EAC, there has been no strategy supporting key populations in the context of HIV. With growing understanding of the need to ensure appropriate protections for key populations in national HIV responses, the EAC decided to work with UNDP to develop a minimum standard

[147] Key Informant Interview 6
[148] Overview_HIV LAW Project 2016 – October Updates, United Nations Development Programme Regional Centre for Africa, October 2016
[149] Africa Health and HIV Team 2017 Results – All Countries, United Nations Development Programme Regional Centre for Africa, 2017
[150] Skeleton report of Sida Results as rerported in ROAR/Atlas, United Nations Development Programme Regional Centre for Africa, January 2019

at the regional level that could serve a basis for drafting national strategies, including non-discrimination protections and promoting access to services.[151] Through this project, UNDP provided a consultant and facilitated national consultations and validation, which led to a well-reviewed and written document. Unfortunately, although it has been drafted, recent political shifts in the region have impeded adoption of the EAC Key Populations Strategy. While the frustrations around this are evident among some stakeholders, this is an important reminder of how political winds shape the potential success of this type of work. Laws passed at the EAC level are legally binding on the five countries within the region so it can be particularly challenging to find consensus around laws at this level when the politics do not align. One concern arising from the failure to adopt this strategy is that some countries in the region appear unwilling to explicitly adopt an HIV response grounded in the respect, protection and fulfilment of key populations' rights. This suggests that ongoing advocacy for action and accountability around HIV and key populations in the region remains of key importance.

This project has also been supporting work on the EAC's SRHR bill as well as on HIV/SRHR and the law at the level of the African Union.[152] At the EAC level, challenges remain around this work as there appears to be limited understanding among some politicians as to what is meant by SRHR and what the needs of women and girls are in this area. Informants noted that, particularly where issues are culturally embedded (e.g. FGC), it can be difficult to bring to bear the full range of rights without training and capacity building efforts.[153]

Recognising the importance of not only the development of a supportive legal environment but also its implementation, the project has provided support for implementation of the East African Legislative Assembly HIV Law. It supported an analysis of the laws of the five countries in the region and provided a list of 'best practices' in relation to HIV-related law and human rights to promote access to HIV-related services for all.[154] It is unclear at this stage how this has been used in-country but would be worth tracking over time for impact.

The work at the regional level provides an opportunity for positive spill-over beyond the project's ten focus countries. All countries within the AU, EAC or SADC can benefit from work carried out at the regional and sub-regional levels, thus expanding the project's reach.

Regional judges' forum

During Phase II of the project, UNDP convened three regional judges' fora, with consistently high-level participation from across the region. These fora constitute an important and

[151] Key Informant Interview 7
[152] Overview_HIV LAW Project 2016 – October Updates, United Nations Development Programme Regional Centre for Africa, October 2016
[153] Key Informant Interview 7
[154] Strengthening Regional and National Legislative Environments for HIV/SRHR to Support the Enjoyment of Human Rights of LGBT People and Women and Girls in Sub- Saharan Africa – Phase II – Project Report 2016, United Nations Development Programme Regional Centre for Africa, 2016

much-appreciated space for cross-country learning. Judges from across project countries participate in these fora, and many countries have reported that the trainings change judges' perceptions, particularly in relation to key populations, and that this has led to several landmark judgments across the region. For example, following participation in the forum, a member of the Africa Judges Forum wrote the judgement that overturned a conviction for wilful transmission of HIV in Malawi; and a judge in Kenya who had participated in the regional fora recently ruled that it was illegal to imprison people with TB to force them to adhere to treatment.[155]

Countries report regular participation of judges in these regional fora, with the result that an ever-expanding group of judges exists across the continent who can help appropriately interpret and apply the law in the context of HIV and key populations. The judges appear to value their participation in these fora very highly, including the opportunities to learn about the latest legal, scientific and medical information that can help them make evidence-informed rulings and hearing directly from key populations to better understand their lived experiences.[156]

The judges who have participated are developing a training curriculum on 'Integrating human rights and HIV/TB'. The sub-committee responsible for this work presented their workplan at the most recent forum, which laid out plans to initiate curriculum development for incorporation into judicial training at national level throughout the region. The Forum adopted the workplan.[157] This is a key and important development, but financial support will be needed to be able to carry this through.

Many key informants pointed to the regional Judges' Forum as one of the project's greatest continued successes. The Judges Forum began in 2014 during Phase I of the project. During Phase II, the forum has been largely funded by the Global Fund supported regional 'Removing Legal Barriers' project that is also being implemented by UNDP. The Sida project has continued to provide technical support for the Judges Forum through Phase II most notably during the Fourth Regional Judges' Forum on HIV, Human Rights and the Law in 2018.[158] Its critical success factors are not entirely clear but the fact that it was a regularly convened group who received relevant training every year appears important: one-off trainings are simply not sufficient to instil the level of commitment seen in this group. That they started with a small group of 11 judges from 8 countries in Africa and kept the same participants, expanding membership slowly to currently 30 judges may also have been important. And the chosen approach of allowing the group to shape the content of the fora,

[155] Key Informant Interview 6
[156] Ibid.
[157] Strengthening Regional and National Legislative Environments for HIV/SRHR to Support the Enjoyment of Human Rights of LGBT People and Women and Girls in Sub-Saharan Africa – Phase II Project Progress 2018-2019 & End of Project Report, 2019
[158] Strengthening Regional and National Legislative Environments for HIV/SRHR to Support the Enjoyment of Human Rights of LGBT People and Women and Girls in Sub-Saharan Africa – Phase II Project Progress 2018-2019 & End of Project Report, 2019

with the project playing the role of supporting and facilitating has been highlighted as key.[159] Additional factors to consider in relation to this forum are the small number of cases on HIV and SRHR that ever reach the courts and the reasons underlying this (e.g. barriers to accessing justice such as costs and low legal literacy[160]) and how this might be addressed.

As with the work with the RECs, the regional judges' forum expands the project reach beyond its ten countries, with judges from a wider range of countries participating. One challenge is how to sustain this sort of regional level work beyond the project period.

Africa Key Populations' Expert Group

This regional expert group constitutes a critical space for cross-country learning for representatives of key populations. Participants were selected on the basis of their expertise in HIV and SRHR as well as their work in human rights advocacy, and balance in membership was sought across different key population groups. At a time when key population-led civil society organizing is still nascent in some countries in the region, this opportunity for capacity development, networking and mutual learning has been very important: it has provided a safe space, a sense of community, and a resource for learning about HIV responses.

It is unclear how the Group's membership has evolved over time: as with the judges' forum, there are arguments for keeping a stable membership so that participants' capacity can be meaningfully built over time, but there is also a risk of privileging a small group of people representing large and diverse communities over broad-based participation in this mechanism. It would be useful to better understand this from the perspectives of those in the Group, as well as the broader constituencies they represent.

The Model Framework on HIV Prevention, Treatment and Care, which was produced in 2014 by the Africa Key Population Experts Group, has been a key resource for the RECs as they worked to develop regional strategies for key populations. The Group also successfully negotiated for safe and effective participation in an International Conference on AIDS and STIs in Africa and has played an advisory role to a regional Global Fund-funded project on 'Reducing Legal Barriers for Effective HIV and TB Services for Key Populations'. At the national level, group members have advocated for direct representation of key populations

[159] Judges and legal experts from 22 countries meet for the Sixth Africa Regional Judges Forum to discuss HIV, TB and human rights, UNDP, 2019. Available from: http://www.africa.undp.org/content/rba/en/home/presscenter/articles/2019/judges-and-legal-experts-from-22-countries-meet-for-the-sixth-af.html?fbclid=IwAR2nUq6L3SO12zTpa07eJwFM97pvWGf3XF8gyuDRRQvh2uj9I-YVvmrS9-g

[160] Engaging with judges on HIV, TB, human rights and the law: The regional judges' forum in Africa. Justice Ntaba. Presentation, International AIDS Conference 2018.

in mechanisms and roles in their countries such as the Global Fund Country Coordinating Mechanism.[161]

Regional consultation on training for law enforcement

A regional consultation was held in 2019 for eight countries in the SADC region on integrating human rights, HIV and SRHR of key populations into national curricula for law enforcement in Southern Africa. The eSwatini police training manual developed with support from this project was used as a key resource document. During the consultation, a range of weaknesses in current training practices were noted, and a series of agreements were made as to how to improve such training both in terms of its content and the process of training itself.

Conclusion

The regional level activities in this project have been a very important element of the work. Beyond expanding the reach of the project to other countries in the region, taking people (particularly duty bearers) out of their countries and into a regional 'safe space' allows for more open discussion on difficult topics than would be possible in national-level spaces.[162] Furthermore, the sense of solidarity and the opportunities for participants to share experiences and learn from one another appear to have a catalytic effect on in-country work.

E. Project Monitoring and Evaluation

A tension always exists in project monitoring between seeking sufficient information to truly understand project activities and impact, and not overburdening project staff with reporting requirements. None of the key informants reported feeling overburdened by the monitoring requirements of the project, and there is substantial information available to help understand project activities and impact.

The results framework for this project comprises very few, quantitative indicators. The indicators are, in many way, key markers that work is being carried out, and most of them have been exceeded over the project period, which is of course a positive sign.

However, some of the indicators could be improved as they are slightly vague: it is, for example, unclear what constitutes "Number of Countries engaged in LEA follow-up for relevant law, policy and/or strategy reform, or capacity strengthening of key stakeholders to strengthen the legal and policy environment for LGBT". Reviewing project documents, the

[161] Getahun M, Bondoyophadhyay N, Sellers T, Mboddj M, Kashiha J, Abdalla P. Africa key populations expert group: sex workers, men who have sex with men, transgender persons and people who use drugs take a lead in providing strategic direction to the HIV response in Africa. International AIDS Conference poster.
[162] Key Informant Interview 6

evaluation team thought that five countries may have achieved this indicator in 2017 while UNDP reported that only two countries had done so during this period. While this type of flexibility of interpretation is critical for implementation, it raises challenges for monitoring where specificity of indicators is key.

Alongside its reports on progress towards the indicators in the results framework, UNDP has provided Sida with detailed narrative reports that provide very useful insight into a broader range of activities that have been carried out. It is critical that these data sources be jointly considered by any entity interested in this project in order to avoid an under-appreciation of project success.

The project's minimal reliance on quantitative indicators is absolutely appropriate for a project of this nature. This in many ways may be linked to the project's flexible nature that allows countries to set their own priorities within the broad scope of work that countries have appreciated, and illustrates a degree of trust in stakeholders' judgments regarding priorities and actions. The richness of the narrative data provided by countries allows for a more complete understanding of in-country activities.

Yet, even these reports fail to capture the richness of the experience and impact of the project. This is entirely understandable – it is impossible to reduce this experience into a few pages, particularly when it spans ten countries. This only highlights the importance of interviews and evaluation: "real-world" work around legal environments is deeply entrenched in politics, culture and other societal determinants, and its success rests on successful navigation through these different influences. Understanding the processes through which this is done can help inform future work in this area. For example, the LEA process has been criticised by other actors for being so long and 'involved': their focus on the output fails to see the critical value of the process itself in transforming how countries respond to HIV and SRHR. Even this evaluation has highlighted a range of areas where further in-depth case studies might yield useful learning not only about the impact of this work but also its potential for expansion and replication moving forward.

F. Leveraging additional funds

Given the geographic scope of this project, the amount of funding received by each country is relatively modest. However, in most places, the funding has been sufficient to generate interest to leverage additional funding from other sources to expand the work and its impact. In many places, Sida funding has been used to leverage additional funding through the UBRAF country envelope (Cameroon, Ghana, Lesotho, Namibia). In other places, "Sexual Orientation and Gender Identity Rights" (SOGIR) funding has also been available and Country Offices have combined resources from these two projects to maximise efficiency (Cameroon). UNAIDS was noted as an important partner and co-funder in some countries (Chad, Gabon). In Cameroon, although Sida funds are no longer available, stakeholders noted

that they continue the work as they now have UBRAF and SOGIR funding they can put towards the follow-on activities.

In Burkina Faso, the USAID-funded HP Plus Project co-financed the national workshop to develop the action plan from the LEA recommendations as they recognized the importance of the process.[163]

LEA findings and the awareness raised around HIV, human rights and the law through the LEA and related projected processes have also fed into large-scale national funding requests such as those to the Global Fund (e.g. Burkina Faso, Cameroon, DRC, Gabon, Ghana). This has helped to access much larger-scale resources as countries have recognized the importance of addressing the challenges documented through the LEA and its accompanying processes. In Ghana, for example, capacity strengthening of CHRAJ was included in the Global Fund catalytic funding request which allowed them to update their human rights module, do some district-level assessments and operationalize their online tool for reporting human rights violations.[164] In the DRC, during Phase I, capacity building of men who have sex with men, lesbians and trans people was carried out in two provinces as part of the LEA process. Their advocacy for lubricants to be included as a commodity in the national medicines list was successful (as reported in the mid-term evaluation). Since then, the costs associated with procuring lubricant have been included in that national Global Fund grant.[165]

In Chad, additional funds were mobilized from UNDP core resources to build the capacity of parliamentarians on issues relating to HIV and human rights.[166] Furthermore, funds have been sourced from the UNAIDS country envelope to support completion of the LEA, which was initiated during the final year of this project.[167]

In the DRC, UNDP supported advocacy work with a provincial forum of Parliamentarians in Kongo Central, that resulted in an allocation of USD400,000 for HIV-related activities in their provincial budget.[168] This mobilization of domestic resources towards relevant activities is particularly encouraging with regard to government ownership of the response. Even as this has not yet happened in Ghana, there are signs that things might be moving in this direction:

[163] Africa Health and HIV Team 2017 Results – UNDP Burkina Faso, United Nations Development Programme Regional Centre for Africa, 2017
[164] Key Informant Interview 11
[165] Legal Environment Assessments: A tool to generate evidence for law, policy and strategy review and reform in Africa, A. Saha, C. Grant, M. Getahun, T. Sellers, United Nations Development Programme Regional Centre for Africa, 2015
[166] Overview_Sida Project Mid-Year Achievements 2016-Country Updates, United Nations Development Programme Regional Centre for Africa, 2017
[167] Strengthening Regional and National Legislative Environments for HIV/SRHR to Support the Enjoyment of Human Rights of LGBT People and Women and Girls in Sub-Saharan Africa – Phase II Project Progress 2018-2019 & End of Project Report, 2019
[168] Strengthening Regional and National Legislative Environments for HIV/SRHR to Support the Enjoyment of Human Rights of LGBT People and Women and Girls in Sub- Saharan Africa – Phase II – Project Report 2016, United Nations Development Programme Regional Centre for Africa, 2016

the national HIV fund framework and resource mobilization strategy that were supported by UNDP have helped strengthen efforts to mobilise domestic resources to address HIV.[169]

In eSwatini, CANGO generated additional resources from OSISA to help establish the civil society consortium of key population organisations; while this was not a particularly large grant, this forum is significant and parliamentarians have already signalled their willingness to engage on issues related to key populations, highlighting how these additional small grants can have great effect if judiciously used.[170]

In Sierra Leone, the project raised some additional funding from the Government of Japan, which helped support recommendations to remove the provisions that aggravate stigma and discrimination in the National AIDS Commission Act of 2011. Additionally, the police, who have been involved throughout the LEA process, have expressed interest in having their HIV-related policies reviewed as they are seen to be outdated but the resources cannot be stretched to also cover this.[171]

Where countries have been unable to leverage significant additional funding for this work, they have noted the constraint of the limited amount of funding available through this project (e.g. eSwatini, Sierra Leone). This may also be linked to staff turnover within Country Offices which may have impeded the ability to raise extra funding in connection with this work. For example in eSwatini, staff turnover, including movement of the UNDP HIV, Health and Development Focal Point to another international position, had an impact on these activities.

There is no counterfactual, but it seems plausible that this Sida-funded project (Phases I and II) catalysed interest in HIV, human rights and the law among other donors including the Global Fund (through the regional Removing Legal Barriers grant as well as the ongoing baseline assessments of human rights barriers to accessing HIV, TB and malaria services) and other parts of the UN system. In Ghana, for example, the Country Office reported that the Sida fund was catalytic in enabling them to then access UBRAF funding to continue work with CHRAJ at a critical juncture when other external funding had run out.[172] Given the scale of work to be done however, all Country Offices note a persisting and concerning shortage of resources that limits what can be done to improve their national HIV-related legal environments.

[169] Africa Health and HIV Team 2017 Results – Ghana, United Nations Development Programme Regional Centre for Africa, 2017
[170] Strengthening Regional and National Legislative Environments for HIV/SRHR to Support the Enjoyment of Human Rights of LGBT People and Women and Girls in Sub- Saharan Africa – Phase II – Project Report 2016, United Nations Development Programme Regional Centre for Africa, 2016
[171] Key Informant Interview 8
[172] Key Informant Interview 11

IV. CONCLUSIONS

From the variety of methods used in this evaluation, it is possible to draw out a range of lessons learnt from this project: some are general in nature, while others speak more specifically to the UNDP evaluation criteria of relevance, effectiveness and sustainability. These are explored in turn below.

General conclusions

This project has had a range of positive impacts in sub-Saharan Africa, primarily in the ten focus countries but also extending beyond this by virtue of the regional level activities. The breadth of impact can in large part be attributed to the project's flexibility, which allows countries to determine their priorities and most promising opportunities for action.

Project impact should not be measured by changes in laws and policies alone. The project has contributed towards an impressive number of improvements in legislative environments. Yet, perhaps even more important than this are the changes effected in how people work – the opening of safe spaces for discussion and of multi-stakeholder working groups bringing together state and civil society actors to meaningfully engage in understanding issues vis-à-vis HIV, SRHR and the law, and collaborating to decide how to improve the situations they face are crucial gains. Creating national level capacity on HIV, SRHR and laws that enables countries to prioritise their issues of concern and design appropriate actions for improvement is also a notable success, as is generating a thirst for knowledge among judges to be at the forefront of evidence-based judgments in their courtrooms.

A few overarching factors that appear to have contributed to the project's success can usefully be identified and are outlined below.

Within countries, the importance of political buy-in, national ownership, and multi-stakeholder groups to help move work forward is clear. All of this takes time to foster but is critical to long-term success. On top of having multi-sectoral (i.e. different parts of government as well as UN and civil society actors) involvement in planning and implementation, it is important to have a lead agency within government who can coordinate activities and hold others accountable for their actions (or inaction).

An ever-changing landscape is part of the reality of this kind of work. Whether it is staff turnover among key stakeholder institutions or shifts in political momentum, projects of this nature have to be nimble and able to respond to such changes, perhaps through increased capacity building, revised timeframes or even rebuilding a sense of ownership amongst key stakeholders of ongoing activities. Strong leadership is essential in these situations; often, this comes from the UNDP Country Office but, if the project is already well established it might equally come from the government as long as they have the standing and interest to appropriately rally all stakeholders. The long-term investment of this project in developing relationships between stakeholders, including fostering 'champions' in different settings,

also helps overcome issues around fluctuations in momentum as networks and commitment to the project are ever-growing.

Law and policy reform takes a long time, but this project illustrates that it can be achieved if a long-term view is taken where countries are given latitude to create their own pathways to change and where the potentially circuitous nature of these pathways is understood.

The overall monitoring of this type of work remains a challenge. The project results framework illustrates that some quantitative measures can be useful, and additional documentation underscores the value of qualitative data alongside these numbers. This is particularly true given the extent to which project processes, not just outputs, shape ultimate impact. Frameworks for monitoring and accountability can be improved and might be an area for future work.

Relevance

The traction that this project has gained suggests that it is indeed relevant at both national and regional levels. That activities are driven by project stakeholders rather than Sida, or even UNDP is a core determinant of their relevance: whether at regional or national level, decisions as to what should be prioritized have to be reached collaboratively by a variety of stakeholders.

At the regional level, the relevance of these activities cannot be over stated. The judges' forum is consistent with the call in the African Union Roadmap on Shared Responsibility for AIDS, TB and Malaria Response in Africa to "engage… the judiciary on protective legal responses to HIV, reach out to vulnerable populations, address violence against women…".[173] The support of key population representatives at the regional level and development of sub-regional strategies around HIV and key populations speak to the growing recognition of the need to safely and effectively reach and support key populations in national HIV responses in the region.

At the national level, the fact that some countries specifically requested to be part of this project suggests that they understood its potential relevance from the outset. The participatory nature of activities has served to further ensure the relevance of activities, including national action planning through a multi-sectoral process resulting in a jointly owned national plan. Many countries have used these plans, alongside broader LEA findings, to inform other funding proposals, indicating that this work continues to be relevant to their national priorities.

The project's explicit grounding in human rights has been a strength as this has expanded stakeholders' understanding of and engagement with rights. Among duty bearers, there is increased appreciation of rights as a constructive framework for responding to HIV (rather

[173] Engaging with judges on HIV, TB, human rights and the law: The regional judges' forum in Africa. Justice Ntaba. Presentation, International AIDS Conference 2018.

than simply a mechanism through which they might be accused of human rights violations), and because of the range of populations involved in this work, sensitivities around LGBT rights have been somewhat diffused in some places.[174] Amongst rights holders, the rights framework has supported them to be actively involved in working with government and other duty bearers to improve the legal and policy situation for their constituencies.

One UNDP focal point noted that this project has contributed to their overarching institutional goals within the country, noting that they work on the whole legislative environment, which will also make it easier to find a way to sustain activities that are specific to this project.[175]

From a global perspective, the shrinking of civil society space and the backlash against human rights, including the rights of women and LGBT people, highlight the importance of this type of project. That this project has successfully brokered safe spaces where government and civil society can jointly discuss difficult issues is a key contribution, particularly in the current political climate.

Effectiveness

Project effectiveness has been tracked through the results framework and accompanying narrative reports. What has been achieved differs by country, partly because what has been done also differs. UNDP focal points recognised the importance of objectives, targets and workplans, as well as the technical support provided by the regional office, but also the value of their ability to direct all of this to where it was most needed. This, they felt, was critical to project success.[176]

The indicators in the project results framework focus primarily on outputs, the achievement of which is relatively simply attributed to the project. The outcome indicators listed refer to follow-on activities from the LEA process, and it is evident from project documentation and interviews that these too resulted, in large part, from project activities. When considering impacts such as legal and policy change, the causal pathway is more complex and attribution to any project impossible, but in light of the available documentation, contribution by the project to these changes is highly plausible.

The regional judges' forum was seen by many informants as a particularly effective mechanism for impact on legal environments. It would be useful to consider replicating the regional judges' forum for other duty bearers such as police chiefs or prison administrators and to monitor the impact on law enforcement practices. This might perhaps build on the regional workshop on training of law enforcement recently held in the SADC region. An in-

[174] Key Informant Interview 6
[175] Key Informant Interview 5
[176] Key Informant Interview 4; Key Informant Interview 6

depth case study of the judges' forum might yield additional useful information that could inform any additional regional expert fora that might be considered.

The explicit inclusion of human rights approaches in how this project was implemented contributed to its effectiveness. Additionally, in analysing the processes through which impacts were achieved, the project's attention to human rights is easily visible. International human rights frameworks were considered in the LEAs and provided a reference for reviewing and reforming national legislative environments. The overall project objective was to "support the enjoyment of human rights of LGBT people and women and girls in Sub-Saharan Africa", which immediately brings a focus on non-discrimination and reaching groups that are traditionally marginalised or under-served. In addition, there was a key focus on participation and transparency in all processes. All of this has been tracked through a mix of quantitative and qualitative information. Accountability was engendered through regular reporting, and stronger mechanisms for accountability for ongoing in-country processes would be useful moving forward.

Sustainability

The resounding message from key informants is that this project has worked hard to ensure the sustainability of activities beyond the project period. By focusing on the establishment of structures that are embedded within national institutions and ensuring that priorities for follow-up are included in national plans, responsibility for continued action rests with national stakeholders, including the government. Additional funding for this work has been raised both domestically and from other international donors. One key informant noted that "*these are seen as activities in a national plan, so the permanent secretary coordinates the work. It is totally aligned with the National Strategic Plan. Even without our [UNDP] money, things will move. We'll support. We'd love more money, but others are also helping. The work is totally institutionalized.*"[177] At the regional level, there a fewer existing structures within which the project could work; it has worked closely and to good effect with the RECs, and it has established some additional mechanisms that seem important to sustain.

In many ways, the project has helped countries understand challenges within their legislative environments as they relate to HIV and SRHR among LGBT people, women and girls and to see how these challenges might be overcome. The project has created capacity to address these issues and helped countries come to a shared vision of priority actions they can take in this regard, and there is a high degree of confidence that countries will move this forward.

The structures created by the project include safe spaces for dialogue around HIV, SRHR, the law, LGBT people and women and girls at national and regional levels. Some of these are multi-sectoral, which seems critical, particularly at the national level, while others are specific to a particular type of stakeholder (e.g. the judges' forum). Some of these structures

[177] Key Informant Interview 4

are already being used for activities outside the scope of this project, which suggests that they will continue to function in response to other relevant needs arising. Sustaining the regional level structures (judges' forum and key populations' expert group) might require additional funding as these are less likely to be included in national fundraising efforts, but would seem important to continue to support.

Key informants noted that the project has changed the mindsets of many involved in national level work around HIV, SRHR and the law.[178] There is newfound appreciation of the topical issues as well as the importance of a participatory, multi-sectoral approach to this work where a wide range of stakeholders is required to collaborate for effective action. This has opened up space for civil society participation, which can help promote relevance, sustainability and accountability moving forward. Continued technical support might be useful, on an ad hoc basis, to help countries remain abreast of developments in the field and maintain their capacity for this work.

Some informants expressed concern around the difficulty getting funding for work to ensure implementation of 'good' laws and policies that have been passed, which is seen as critical.[179] In eSwatini, a national level indicator was adopted to assess key populations' access to HIV services, which can provide some monitoring data for accountability and informing future actions. [180] More widespread adoption of similar indicators might help foster greater accountability. One UNDP focal point was very clear on what is needed to ensure appropriate implementation of laws and policies: "*We need sensitisation and advocacy… and more sensitisation and more advocacy*."[181] The structures for this are in place if countries wish to prioritise these approaches moving forward.

Overall, the project's participatory approach, focused on building capacities and structures, and allowing countries to determine their own actions has succeeded in fostering ownership, which creates a strong foundation for sustainability. How the work will evolve from here will vary but its importance is clear, and it seems likely that it will indeed continue and, at least in some countries, remain an important stream of work for government and civil society alike.

[178] Key Informant Interview 11
[179] Key Informant Interview 8; Key Informant Interview 11
[180] Overview_Sida Project Mid-Year Achievements 2016-Country Updates, United Nations Development Programme Regional Centre for Africa, 2017
[181] Key Informant Interview 11

ANNEXES

A. List of Documents Reviewed

B. Data Extraction Tool

C. List of Interview Participants

D. Qualitative Interview Guide

ANNEX A: List of Documents Reviewed

1. A Model Regional Strategic Framework on HIV for Key Populations in Africa – an Action Agenda for Key Populations, developed by Key Populations (Poster). Presented at the 21st International AIDS Conference, Durban, South Africa. 2016. 'The State of African Women' Report. KIT Royal Tropical Institute. August 2018.
2. Addendum to the Project Report 2016: 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 - Phase II. UNDP HIV, Health and Development Team. September 2017.
3. Africa Health and HIV Team 2016 Results, Angola. United Nations Development Programme. December 2016.
4. Africa Health and HIV Team 2016 Results, Burkina Faso (French). United Nations Development Programme. 2016.
5. Africa Health and HIV Team 2016 Results, Burkina Faso (French/English). United Nations Development Programme. 2016.
6. Africa Health and HIV Team 2016 Results, Cameroon. United Nations Development Programme. 2016.
7. Africa Health and HIV Team 2016 Results, Côte d'Ivoire. United Nations Development Programme. 2016.
8. Africa Health and HIV Team 2016 Results, Democratic Republic of the Congo. United Nations Development Programme. 2016.
9. Africa Health and HIV Team 2016 Results, Gabon. United Nations Development Programme. 2016.
10. Africa Health and HIV Team 2016 Results, Ghana. United Nations Development Programme. 2016.
11. Africa Health and HIV Team 2016 Results, Kenya. United Nations Development Programme. 2016.
12. Africa Health and HIV Team 2016 Results, Lesotho. United Nations Development Programme. 2016.
13. Africa Health and HIV Team 2016 Results, Malawi. United Nations Development Programme. 2016.
14. Africa Health and HIV Team 2016 Results, Nigeria. United Nations Development Programme. 2016.
15. Africa Health and HIV Team 2016 Results, Phase II Project Overview. United Nations Development Programme. 2016.
16. Africa Health and HIV Team 2016 Results, Senegal. United Nations Development Programme. 2016.
17. Africa Health and HIV Team 2016 Results, Seychelles. United Nations Development Programme. Nair, Preethi Sushil. 2016.
18. Africa Health and HIV Team 2016 Results, Sierra Leone. United Nations Development Programme. 2016.
19. Africa Health and HIV Team 2016 Results, South Africa. United Nations Development Programme. 2016.
20. Africa Health and HIV Team 2016 Results, Swaziland. United Nations Development Programme. 2016.

21. Africa Health and HIV Team 2016 Results, Tanzania. United Nations Development Programme. 2016.
22. Africa Health and HIV Team 2016 Results, Zambia. United Nations Development Programme. 2016.
23. Africa Health and HIV Team 2016 Results, Zimbabwe. United Nations Development Programme. 2016.
24. Africa Health and HIV Team 2016 Results: Botswana UNDP Report. United Nations Development Project. Bengtsson, Mavis. November 2016.
25. Africa Health and HIV Team 2017 Report – All Countries (Draft & Internal Document UNDP HHD Africa). United Nations Development Programme. 2017.
26. Africa Health and HIV Team 2017 Results, Botswana. United Nations Development Programme. 2017.
27. Africa Health and HIV Team 2017 Results, Burkina Faso (French/English). United Nations Development Programme. 2017.
28. Africa Health and HIV Team 2017 Results, Cameroon. United Nations Development Programme. 2017.
29. Africa Health and HIV Team 2017 Results, DRC. United Nations Development Programme. 2017.
30. Africa Health and HIV Team 2017 Results, Gambia. United Nations Development Programme. 2017.
31. Africa Health and HIV Team 2017 Results, Ghana. United Nations Development Programme. 2017.
32. Africa Health and HIV Team 2017 Results, Kenya. United Nations Development Programme. 2017.
33. Africa Health and HIV Team 2017 Results, Liberia. United Nations Development Programme. 2017.
34. Africa Health and HIV Team 2017 Results, Madagascar. United Nations Development Programme. 2017.
35. Africa Health and HIV Team 2017 Results, Malawi. United Nations Development Programme. 2017.
36. Africa Health and HIV Team 2017 Results, Mozambique. United Nations Development Programme. 2017.
37. Africa Health and HIV Team 2017 Results, Nigeria. United Nations Development Programme. 2017.
38. Africa Health and HIV Team 2017 Results, Regional (Email Thread; Priti Patel, Kitty Grant). United Nations Development Programme. November 2017.
39. Africa Health and HIV Team 2017 Results, Regional. United Nations Development Programme. 2017.
40. Africa Health and HIV Team 2017 Results, Regional. United Nations Development Programme. 2017.
41. Africa Health and HIV Team 2017 Results, Senegal. United Nations Development Programme. 2017.
42. Africa Health and HIV Team 2017 Results, South Africa. United Nations Development Programme. 2017.
43. Africa Health and HIV Team 2017 Results, Swaziland. United Nations Development Programme. 2017.

44. Africa Health and HIV Team 2017 Results, Tanzania. United Nations Development Programme. 2017.
45. Africa Health and HIV Team 2017 Results, Zambia. United Nations Development Programme. 2017.
46. Africa Health and HIV Team 2017 Results, Zimbabwe. United Nations Development Programme. 2017.
47. Africa Health and HIV Team 2018 Preliminary Results (Draft). United Nations Development Programme. 2018.
48. Africa Health and HIV Team Results 2015-2016. UNDP Regional Service Centre for Africa. 2016.
49. Africa HIV, Health and Development Focal Points Meeting (Agenda). Johannesburg, South Africa. United Nations Development Programme. January 2017.
50. Africa key population experts group: sex workers, men who have sex with men, transgender persons and people who use drugs take a lead in providing strategic direction to the HIV response in Africa (Poster). Presented at the 21st International AIDS Conference, Durban, South Africa. 2016.
51. Annual & End of Project Phase I Report 2015: 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. HIV, Health and Development Practice, UNDP Regional Centre for Africa, Addis Ababa. April 2016.
52. Annual Project Report 2016: Strengthening Regional and National Legislative Environments for HIV/SRHR to Support the Enjoyment of Human Rights of LGBT People and Women and Girls in Sub- Saharan Africa – Phase II. Istanbul Regional Hub. HIV, Health & Development Team for Africa. June 2017.
53. Annual Project Report 2017: Strengthening Regional and National Legislative Environments for HIV/SRHR to Support the Enjoyment of Human Rights of LGBT People and Women and Girls in Sub- Saharan Africa – Phase II. Istanbul Regional Hub. HIV, Health & Development Team for Africa. June 2018.
54. Annual Report 2014: 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. HIV, Health and Development Practice, UNDP Regional Centre for Africa, Addis Ababa. March 2015.
55. Annual Report 2017–2018: HIV, Health and Development. United Nations Development Programme. 2018.
56. Botswana – 2016 Update (Email Thread; Bengtsson, Mavis to Sellers, Tilly). 2016.
57. Engagement Scan, Cameroon. 2018.
58. Engaging with judges on HIV, TB, human rights and the law: The regional judges' forum in Africa (Slide Deck). Presented at the Judicial Dialogue on Gender, HIV, TB, Human Rights & the Law convened by South African Judicial Education Institute & UNDP South Africa. Johannesburg, South Africa. Presented by Saha, Amitrajit. 21-22 June 2018.
59. Global fund Africa regional grant on HIV – removing legal barriers: country coordinating mechanisms (CCM) endorsement from programme countries (Poster). Presented at the 21st International AIDS Conference, Durban, South Africa. 2016.
60. High Court of Kenya set to Deliver Landmark Decision on Right to Privacy (Email Thread). Kenya Legal & Ethical Issues Network on HIV and AIDS. December 2016.

61. HIV and Human Rights in Nigeria: An Interview with the Assistant Director of Gender, Human Rights and Care Support Services at NACA/Interviewer: Dr. Olayinka Falola-Anoemuah. United Nations Development Programme. 2018.
62. HIV Law Project (Sida Support) 2016: Country-wise Progress update. United Nations Development Programme. October 2016.
63. HIV, Law and Human Rights: Implementation of the Recommendations of the Global Commission on HIV and the Law in Mozambique. HIV Global Conference, Amsterdam, Holland. UNDP HIV, Health and Development Mozambique. 2018.
64. Informal Sida Project Update, Democratic Republic of the Congo (Email Thread; Mwata, Christian Tshimbalanga). May 2018.
65. Legal Environment Assessment for HIV Response in Nigeria (Poster). Presented at the 21st International AIDS Conference, Durban, South Africa. 2016.
66. Legal Environment Assessments: A tool to generate evidence for law, policy and strategy review and reform in Africa (Poster). Presented at the 21st International AIDS Conference, Durban, South Africa. 2016.
67. Linking Policy to Programming – Project Update Presentation to PMC (Slide Deck). 2019.
68. Mapping of Policies, Laws and Services on GBV and HIV Intersections in Nigeria (Poster). Presented at the 21st International AIDS Conference, Durban, South Africa. 2016.
69. Mid-Term Evaluation Report: Mid-term Evaluation – UNDP RSC Africa: "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" (A Sida Supported Project). Program on Global Health and Human Rights, Institute for Global Health, University of Southern California. 4 February 2015.
70. Mid-Year Project Report 2016 (June): Strengthening Regional and National Legislative Environments for HIV/SRHR to Support the Enjoyment of Human Rights of LGBT People and Women and Girls in Sub- Saharan Africa – Phase II. Retrieved from UNDP Regional Centre for Africa, Addis Ababa. HIV, Health & Development Team for Africa. September 2016.
71. Mission Report Summary. United Nations Development Programme; Africa Regional Service Center for Africa (Istanbul). Mwata, Christian Tshimbalanga. 10 October 2018.
72. Multi-Country Progress Update from Burkina Faso, Chad, The Democratic Republic of the Congo and Gabon. United Nations Development Programme. 2018.
73. Peer to peer learning on preventing anti-homosexuality bills: The DR Congo and Burkina Faso case study (Poster). Presented at the 21st International AIDS Conference, Durban, South Africa. 2016.
74. Presentation on Enhancing and Sustaining Responsiveness and Performance of the RSCA (Slide Deck). Presented On the Occasion of the Staff Meeting with the UNDP Associate Administrator. Manneh, Lamin M, RSCA Director. United Nations Development Programme. 7 December 2017.
75. Progress Report for 2013: 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. HIV, Health and Development Practice, UNDP Regional Centre for Africa, Addis Ababa. 2014.

76. Progress Report: Results of Support to Mozambique and Namibia. United Nations Development Programme. Undated.

77. Progress Update for the implementation of the 2018 JUPSA work plan in Uganda (Email; Muge, James). 26 October 2018.

78. Progress Update for the Legal and Environmental Assessment in Namibia (Email). United Nations Development Programme. July 2018.

79. Proposal for Africa Follow-up to the Global Commission on HIV and the Law: Strengthening Regional and National Legislative Environments for HIV/SRHR to Support the Enjoyment of Human Rights of LGBT People and Women and Girls in Sub-Saharan Africa — Phase II. In (pp. 1-61). Sub-Saharan Africa: United Nations Development Programme. HIV, Health and Development Practice, UNDP Regional Centre for Africa, Addis Ababa.

80. Rapport des Activities de la Campagne de Sensibilisation et Depistage des Populations Cles Dans la Ville Province de Kinshasa (French). August 2016.

81. Rapport: Développement des modules et formation des prestataires de soins pour l'amélioration de l'accès des personnes LGBT aux services de santé dans les villes de Yaoundé, Douala et Kribi (15 Octobre - 21 Décembre 2018). Yotta, Serge Douomong. 2018.

82. Rights, Risks & Health Supplement: Global Commission on HIV and the Law. July 2018.

83. Sida HIV Law Project Progress Update October 2016, Overview (Chart). 2016.

84. Sida Project Mid-Year Achievement Update, Angola (Chart). July 2016.

85. Sida Project Mid-Year Achievement Update, Burkina Faso (Chart). July 2016.

86. Sida Project Mid-Year Achievement Update, Cameroon (Chart). July 2016.

87. Sida Project Mid-Year Achievement Update, Chad (Chart). July 2016.

88. Sida Project Mid-Year Achievement Update, Gabon (Chart). July 2016.

89. Sida Project Mid-Year Achievement Update, Ghana (Chart). June 2016.

90. Sida Project Mid-Year Achievement Update, Lesotho (Chart). July 2016.

91. Sida Project Mid-Year Achievement Update, Mozambique (Chart). July 2016.

92. Sida Project Mid-Year Achievement Update, Sierra Leone. Lee, Jason Ian. July 2016.

93. Sida Project Mid-Year Achievement Update, Swaziland (Chart). Ntshangase, Senelisiwe. July 2016.

94. Skeleton Report of Sida Results as Reported in ROAR/ATLAS on 29 Jan. 19

95. Strengthening regional and national legislative environments for HIV/SRHR to support the enjoyment of human rights of LGBT people and women and girls in Sub-Saharan Africa Phase II (Slide Deck). Presented at the Project Management Committee Meeting, Durban, South Africa. United Nations Development Programme. Presented by Saha, Amitrajit. 23 July 2016.

96. Terms of Reference for the UNDP Project Management Committee for Sida Supported Project, Global Fund. In (pp. 1-4): United Nations Development Programme. HIV, Health & Development Team, UNDP Regional Centre for Africa (Addis Ababa).

97. The Final Amended and Published DRC HIV Act (Email Thread; Mwata, Christian Tshimbalanga). August 2018.

98. The UNDP HHD Africa Team: Brief Overview (Slide Deck). Presented at the Project Management Committee Meeting, Johannesburg, South Africa. Presented by Saha, Amitrajit. 1 April 2019.

99. UNDP External Presentation: Africa Regional Grant on HIV – Removing Legal Barriers (Slide Deck). Presented by Patel, Deena. Undated.

100. UNDP HHD Africa Team: Presentation to Africa. Presented at the Project Management Committee Meeting, Johannesburg, South Africa. Presented by Saha, Amitrajit. 1 April 2019.

101. UNDP HIV, Health & Development Team Africa (Slide Deck). Project Management Committee Meeting, Istanbul, Turkey. United Nations Development Programme. Presented by Saha, Amitrajit. 30 November 2017.

102. UNDP Internal Presentation: Africa Regional Grant on HIV – Removing Legal Barriers (Slide Deck). Presented by Patel, Deena. Undated.

103. Strengthening Regional and National Legislative Environments for HIV/SRHR to Support the Enjoyment of Human Rights of LGBT People and Women and Girls in Sub-Saharan Africa – Phase II Project Progress 2018-2019 & End of Project Report, 2019.

ANNEX A.1: Documents included in in-depth review

1. Addendum to the Project Report 2016: 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 - Phase II. UNDP HIV, Health and Development Team. September 2017.
2. Africa Health and HIV Team 2016 Results, Burkina Faso (French). United Nations Development Programme. 2016.
3. Africa Health and HIV Team 2016 Results, Burkina Faso (French/English). United Nations Development Programme. 2016.
4. Africa Health and HIV Team 2016 Results, Cameroon. United Nations Development Programme. 2016.
5. Africa Health and HIV Team 2016 Results, Democratic Republic of the Congo. United Nations Development Programme. 2016.
6. Africa Health and HIV Team 2016 Results, Gabon. United Nations Development Programme. 2016.
7. Africa Health and HIV Team 2016 Results, Ghana. United Nations Development Programme. 2016.
8. Africa Health and HIV Team 2016 Results, Lesotho. United Nations Development Programme. 2016.
9. Africa Health and HIV Team 2016 Results, Phase II Project Overview. United Nations Development Programme. 2016.
10. Africa Health and HIV Team 2016 Results, Sierra Leone. United Nations Development Programme. 2016.
11. Africa Health and HIV Team 2016 Results, Swaziland. United Nations Development Programme. 2016.
12. Africa Health and HIV Team 2017 Report – All Countries (Draft & Internal Document UNDP HHD Africa). United Nations Development Programme. 2017.
13. Africa Health and HIV Team 2017 Results, Burkina Faso (French/English). United Nations Development Programme. 2017.
14. Africa Health and HIV Team 2017 Results, Cameroon. United Nations Development Programme. 2017.
15. Africa Health and HIV Team 2017 Results, DRC. United Nations Development Programme. 2017.

16. Africa Health and HIV Team 2017 Results, Ghana. United Nations Development Programme. 2017.

17. Africa Health and HIV Team 2017 Results, Regional (Email Thread; Priti Patel, Kitty Grant). United Nations Development Programme. November 2017.

18. Africa Health and HIV Team 2017 Results, Regional. United Nations Development Programme. 2017.

19. Africa Health and HIV Team 2017 Results, Regional. United Nations Development Programme. 2017.

20. Africa Health and HIV Team 2017 Results, Swaziland. United Nations Development Programme. 2017.

21. Africa Health and HIV Team 2018 Preliminary Results (Draft). United Nations Development Programme. 2018.

22. Africa Health and HIV Team Results 2015-2016. UNDP Regional Service Centre for Africa. 2016.

23. Africa HIV, Health and Development Focal Points Meeting (Agenda). Johannesburg, South Africa. United Nations Development Programme. January 2017.

24. Annual Project Report 2016: Strengthening Regional and National Legislative Environments for HIV/SRHR to Support the Enjoyment of Human Rights of LGBT People and Women and Girls in Sub- Saharan Africa – Phase II. Istanbul Regional Hub. HIV, Health & Development Team for Africa. June 2017.

25. Annual Project Report 2017: Strengthening Regional and National Legislative Environments for HIV/SRHR to Support the Enjoyment of Human Rights of LGBT People and Women and Girls in Sub- Saharan Africa – Phase II. Istanbul Regional Hub. HIV, Health & Development Team for Africa. June 2018.

26. Annual Report 2017–2018: HIV, Health and Development. United Nations Development Programme. 2018.

27. Engagement Scan, Cameroon. 2018.

28. Engaging with judges on HIV, TB, human rights and the law: The regional judges' forum in Africa (Slide Deck). Presented at the Judicial Dialogue on Gender, HIV, TB, Human Rights & the Law convened by South African Judicial Education Institute & UNDP South Africa. Johannesburg, South Africa. Presented by Saha, Amitrajit. 21-22 June 2018.

29. HIV Law Project (Sida Support) 2016: Country-wise Progress update. United Nations Development Programme. October 2016.

30. Informal Sida Project Update, Democratic Republic of the Congo (Email Thread; Mwata, Christian Tshimbalanga). May 2018.

31. Mid-Year Project Report 2016 (June): Strengthening Regional and National Legislative Environments for HIV/SRHR to Support the Enjoyment of Human Rights of LGBT People and Women and Girls in Sub- Saharan Africa – Phase II. Retrieved from UNDP Regional Centre for Africa, Addis Ababa. HIV, Health & Development Team for Africa. September 2016.

32. Mission Report Summary. United Nations Development Programme; Africa Regional Service Center for Africa (Istanbul). Mwata, Christian Tshimbalanga. 10 October 2018.

33. Multi-Country Progress Update from Burkina Faso, Chad, The Democratic Republic of the Congo and Gabon. United Nations Development Programme. 2018.

34. Progress Report: Results of Support to Mozambique and Namibia. United Nations Development Programme. Undated.

35. Progress Update for the implementation of the 2018 JUPSA work plan in Uganda (Email; Muge, James). 26 October 2018.

36. Progress Update for the Legal and Environmental Assessment in Namibia (Email). United Nations Development Programme. July 2018.

37. Proposal for Africa Follow-up to the Global Commission on HIV and the Law: Strengthening Regional and National Legislative Environments for HIV/SRHR to Support the Enjoyment of Human Rights of LGBT People and Women and Girls in Sub-Saharan Africa — Phase II. In (pp. 1-61). Sub-Saharan Africa: United Nations Development Programme. HIV, Health and Development Practice, UNDP Regional Centre for Africa, Addis Ababa.

38. Rapport des Activities de la Campagne de Sensibilisation et Depistage des Populations Cles Dans la Ville Province de Kinshasa (French). August 2016.

39. Rapport: Développement des modules et formation des prestataires de soins pour l'amélioration de l'accès des personnes LGBT aux services de santé dans les villes de Yaoundé, Douala et Kribi (15 Octobre - 21 Décembre 2018). Yotta, Serge Douomong. 2018.

40. Rights, Risks & Health Supplement: Global Commission on HIV and the Law. July 2018.

41. Sida HIV Law Project Progress Update October 2016, Overview (Chart). 2016.

42. Sida Project Mid-Year Achievement Update, Burkina Faso (Chart). July 2016.

43. Sida Project Mid-Year Achievement Update, Cameroon (Chart). July 2016.

44. Sida Project Mid-Year Achievement Update, Chad (Chart). July 2016.

45. Sida Project Mid-Year Achievement Update, Gabon (Chart). July 2016.

46. Sida Project Mid-Year Achievement Update, Ghana (Chart). June 2016.

47. Sida Project Mid-Year Achievement Update, Lesotho (Chart). July 2016.

48. Sida Project Mid-Year Achievement Update, Sierra Leone. Lee, Jason Ian. July 2016.

49. Sida Project Mid-Year Achievement Update, Swaziland (Chart). Ntshangase, Senelisiwe. July 2016.

50. Skeleton Report of Sida Results as Reported in ROAR/ATLAS on 29 Jan. 19

51. Strengthening regional and national legislative environments for HIV/SRHR to support the enjoyment of human rights of LGBT people and women and girls in Sub-Saharan Africa Phase II (Slide Deck). Presented at the Project Management Committee Meeting, Durban, South Africa. United Nations Development Programme. Presented by Saha, Amitrajit. 23 July 2016.

52. Terms of Reference for the UNDP Project Management Committee for Sida Supported Project, Global Fund. In (pp. 1-4): United Nations Development Programme. HIV, Health & Development Team, UNDP Regional Centre for Africa (Addis Ababa).

53. The Final Amended and Published DRC HIV Act (Email Thread; Mwata, Christian Tshimbalanga). August 2018.

54. The UNDP HHD Africa Team: Brief Overview (Slide Deck). Presented at the Project Management Committee Meeting, Johannesburg, South Africa. Presented by Saha, Amitrajit. 1 April 2019.

55. UNDP HHD Africa Team: Presentation to Africa. Presented at the Project Management Committee Meeting, Johannesburg, South Africa. Presented by Saha, Amitrajit. 1 April 2019.

56. UNDP HIV, Health & Development Team Africa (Slide Deck). Project Management Committee Meeting, Istanbul, Turkey. United Nations Development Programme. Presented by Saha, Amitrajit. 30 November 2017.

57. Strengthening Regional and National Legislative Environments for HIV/SRHR to Support the Enjoyment of Human Rights of LGBT People and Women and Girls in Sub-Saharan Africa – Phase II Project Progress 2018-2019 & End of Project Report, 2019.

ANNEX B: Data Extraction Tool

UNDP Sida Endline Evaluation

OFFICIAL PROJECT TITLE: End of Project Evaluation of the Project titled "Strengthening Regional and National Legislative Environments for **HIV/SRHR** to Support the Enjoyment of Human Rights of **LGBT People** and **Women** and **Girls** in Sub-Saharan Africa – Phase II" being implemented under HIV, Health & Development Team in UNDP Africa

Scope of SRHR and HIV in the project

SRHR:

- domestic violence, rape including marital rape and sexual assault;
- forced abortion, sterilization and other forms of violence in health care;
- harmful norms such as early marriage, widow inheritance etc.;
- the right of every child to comprehensive sexual health education;
- young people's safe access to SRHR services;
- age of consent for autonomous access to SRH services is equal to or lower than age of consent for sex;
- sex work; and
- anti-trafficking and child sexual abuse.

HIV:

- penal code;
- transmission laws; and
- LGBT specific provisions that exist.

DOCUMENT NAME:

NAME OF REVIEWER:

BRIEF OVERVIEW:

LEGAL & POLICY ENVIRONMENT AND POLITICS

(Note any relevance to specific governmental bodies; regional or national level where possible)

Political Environment

Political Mechanisms

Other

Specific Laws

What exists

What has changed

What was the process of change

Gaps and recommended changes

Relevant populations

Key Judicial Decisions

Important judgments relating to HIV or SRHR

Follow up in terms of implementation

What have been the impacts (e.g. resource allocation, media attention etc.)

Specific Policies

What new policies exist (since 2016)

What has changed

What was the process of change

Gaps and recommended changes

Relevant populations (exp/imp)

Specific Strategies and Strategic plans

What new strategies/strategic plans exist (since 2016)

What has changed

What was the process of change

Dates/Time frames

National Action Plans from LEAs/NDs/Engagement scans

What exists (incl. dates of publication)

What recommendations were made

What has been done

What has changed

What was the process of change

Gaps and recommended changes

Key Populations (KPs)

LGBT (general)

Lesbians

MSM and other gay men

Bisexual people

Trans People

M/F/T Sex Workers

PLHIV

Others

Vulnerable Populations (VPs)

Women

Girls

HIV/AIDS

Health Data

HIV

Access to Services and Barriers to Access (general)

Key Populations (KPs)

LGBT (general)

Lesbians

MSM and other gay men

Bisexual people

Trans People

M/F/T Sex Workers

PLHIV

Others

Vulnerable Populations (VPs)

Women

Girls

SRHR

Health Data

Access to Services and Barriers to Access

Key Populations (KPs)

LGBT (general)

Lesbians

MSM and other gay men

Bisexual people

Trans People

M/F/T Sex Workers

PLHIV

Others

Vulnerable Populations (VPs)

Women

Girls

KP/VP LIVED EXPERIENCE

(more general, non-law and non-health but daily existence; note country and context where possible)

Level of Capacity and Engagement in L&P related work

Key Populations (KPs)

LGBT (general)

Lesbians

MSM and other gay men

Bisexual people

Trans People

M/F/T Sex Workers

PLHIV

Others

Vulnerable Populations (VPs)

Women

Girls

PROJECT DESIGN

Criteria/Rationale

Priority activities

Priority populations

Communication

Relationships

PROJECT IMPLEMENTATION (national and regional)

(u/p for undertaken/planned)

Technical Support or Advice to Govt' Officials

Capacity Building to Gov't Officials (including Parliament, judiciary, law enforcement, health workers etc.)

Technical Support or Advice to CS and KP Groups

Capacity Building to CS and KP Groups

Strategic Litigation

Legal advocacy

Guidance Documents/materials produced

Country case studies

Action planning meetings

STAKEHOLDERS

Other CSOs

Useful Background Info

Capacity to carry out work

Function

Communication

Relationships

National Governments

Useful Background Info

Capacity to carry out work

Project Engagement

Communication

Relationships

RECs – EAC, ECOWAS and SADC (Secretariat and Parliamentary Forum)

Useful Background Info

Capacity to carry out work

Function

Communication

Relationships

AUC

Useful Background Info

Capacity to carry out work

Function

Communication

Relationships

Health Facilities and Services (HIV and SRH)

Useful Background Info

Capacity

Function

Communication

Relationships

Legal Facilities and Services

Useful Background Info

Capacity

Function

Communication

Relationships

Individual Actors and Key Champions

Useful Background Info

Name/Title and Role

Communication

Relationships

General Relationship Notes

Internal/Project (beyond PR)

Between project actors (may overlap with above, add if categorization troublesome)

FUNDING

(what is being funded, who is being funded, channels of funding, and by whom)

What is being funded and how does each one link to/intersect with activities funded by the Sida grant through UNDP?

Services/Resources

Legal advocacy

Capacity building

Technical support

Other relevant activities

Who is being funded?

Organizations

Grassroots

INGOs

Government

Funding Sources

HUMAN RIGHTS

(where explicitly mentioned; if OBVIOUS but not explicit, note implicit)

Participation

Equality and Non-discrimination

The AAAQ

Emphasize quality, etc.

(Add more as noted, violations can be own category if necessary)

Accountability

What exists

What has changed

What was the process of change

BARRIERS TO IMPLEMENTATION

ANNEX C: List of Interview Participants

March 2019, Johannesburg South Africa

Interviewer: Dr. Laura Ferguson

Allison Gichohi	EAC
Gift Trapence	CEDEP, Malawi

May-June 2019 Skype

Interviewer: Dr. Laura Ferguson

Belynda Amankwa	UNDP Ghana
Nandipa Bujela	UNDP eSwatini
Edward Gbemeh	UNDP Sierra Leone
Kitty Grant	International Consultant
Julie Mballa	UNDP Cameroon
Brice Millogo	UNDP Burkina Faso
Priti Patel	International Consultant
Amitrajit Saha	UNDP Regional Service Centre
Geraldine Van Wyk	UNDP Namibia

June 2019, Montreux Switzerland

Interviewer: Dr. Laura Ferguson

Michaela Clayton	International Consultant

ANNEX D: Qualitative Interview Guide

This is the basic guide that was used. It was tailored for each respondent based on background knowledge of relevant activities as well as different stakeholders' roles in the project.

Scope of Project

1. How did you become involved in this project?
2. What do you think is UNDP's role in the project?
3. Who is driving the work in-country?
    a. Has this always been the case?
4. How does this project fit with other ongoing work:
    a. In the country
    b. In the UNDP country portfolio

Project design

1. To what extent are human rights an explicit framework in this project?
    a. How acceptable is the language and framing of rights to the different project stakeholders?
2. During Phase 2 of this project, there was a shift to more explicitly include SRHR alongside HIV. How has this affected project activities?
    a. And the range of organisations/stakeholders involved?
    b. To what extent did the project focus on gender equality and SRHR? How did this shift throughout the project?
3. To what extent did you, both as UNDP and as the country, feel that you had flexibility within this project to focus on your priority areas?
    a. Who made decisions about what priority areas should constitute the focus of the work?

Specific activities

1. Did you carry out an engagement scan?
    a. Can you talk me through the process of this?
    b. Who was involved? Who was driving the process?
    c. What was the outcome of the scan?
    d. What was useful about the process and/or outcome of doing the engagement scan?
    e. How, if at all, did it feed into or inform other activities in the project?
2. What mechanisms exist in your country to move forward the recommendations from the LEA?
    a. Who drives these processes?
    b. How were recommendations prioritized for action?
3. Have there been any changes in the law relating to HIV or SRHR following the LEA process?
    a. Do you believe that any of the project activities, starting with the LEA, contributed to the fact of this legal change?
    b. Why?

   c. What else might have contributed to this change?
4. Have there been any changes in national policies, strategies or plans relating to HIV or SRHR since the LEA process?
   a. Do you believe that any of the project activities, starting with the LEA, contributed to the fact of this change?
   b. Why?
   c. What else might have contributed to this change?
5. What capacity building has been carried out:
   a. Of duty-bearers?
   b. Of rights-holders?
   c. What has been the impact of this capacity building?
6. What regional activities have stakeholders from your country been involved with under this project?
   a. Regional judges' forum?
   b. Key populations expert group?
   c. What has been the impact of participation in these activities?

<u>Wrap up</u>

1. What are the common challenges that you have faced in doing this work?
   a. What strategies do you think are required for overcoming these obstacles?
2. What are the factors that really help facilitate the project and promote success?
3. What do you think has been the project's greatest achievement to date?
4. Now that the project is coming to an end, how sustainable do you think this work is?
   a. Will activities continue?
   b. How will this be funded?
   c. Who will drive the work forward?
5. Is there anything else you would like to tell me about the project or your involvement in it that I haven't asked you about?