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<p>Key results/outcomes:</p> <ol style="list-style-type: none"> Improved sexual health of KPs (sex workers and their clients, men who have sex with men and transgender persons) with a specific focus on their ability to protect themselves against HIV and AIDS Improved resilience and ability among KPs to take care of their immediate social and economic needs Improved access to stigma-free health services for KPs Improved inclusion, respect and observance of KPs rights Increased resilience and capacity of KP organisations and allied CSOs <p>Justification for support: HIV represents a serious health challenge to individuals as well as a major challenge to general development in societies with heavy HIV burdens. HIV tends to increase poverty and inequity and vice versa. Those who are already poor, marginalised, and disempowered are more vulnerable to contracting HIV, and contracting HIV adds severe stigma to their already marginalised position. Thus, fighting HIV goes hand in hand with empowering the most marginalised and securing their equal opportunities and human rights. The objective of the program is aligned with the principles for civil society support outlined in "The World We Share" and in the "Policy for Danish Support to civil society". The program has a relevant civil society approach, combining strategic service, capacity building and advocacy.</p> <p>Major risks and challenges: Shrinking civic space, COVID-19, and political unrest are among the risks and challenges assessed to be managed. Risk management has been developed in close collaboration with partners and is a living document and tool that will be used actively to identify, assess, manage, and monitor any risks to which the programme may be exposed.</p>	File No.	2019-1911																						
	Country	Malawi and Uganda																						
	Responsible Unit	HCE																						
	Sector	15150																						
		<i>DKK mill.</i>	2022	2023	2024	2025	Tot.																	
	Commitment		4.4	4.4	4.4	4.4	17.5																	
	Projected Disb.		4.4	4.4	4.4	4.4	17.5																	
	Duration	Jan. 2022 - Dec. 2025 (48 months)																						
	Finance Act code.	06.33.01.12																						
	Head of unit	Mette Thygesen																						
	Desk officer	Marie Theil Kjær																						
	Financial officer	CISU's controller																						
	Relevant SDGs <i>[Maximum 5 – highlight with grey]</i>																							
<table border="1" style="width: 100%; text-align: center;"> <tr> <td> No Poverty</td> <td> No Hunger</td> <td> Good Health, Wellbeing</td> <td> Quality Education</td> <td> Gender Equality</td> <td> Clean Water, Sanitation</td> </tr> <tr> <td> Affordable Clean Energy</td> <td> Decent Jobs, Econ. Growth</td> <td> Industry, Innovation, Infrastructure</td> <td> Reduced Inequalities</td> <td> Sustainable Cities, Communities</td> <td> Responsible Consumption & Production</td> </tr> <tr> <td> Climate Action</td> <td> Life below Water</td> <td> Life on Land</td> <td> Peace & Justice, strong Inst.</td> <td> Partnerships for Goals</td> <td></td> </tr> </table>							 No Poverty	 No Hunger	 Good Health, Wellbeing	 Quality Education	 Gender Equality	 Clean Water, Sanitation	 Affordable Clean Energy	 Decent Jobs, Econ. Growth	 Industry, Innovation, Infrastructure	 Reduced Inequalities	 Sustainable Cities, Communities	 Responsible Consumption & Production	 Climate Action	 Life below Water	 Life on Land	 Peace & Justice, strong Inst.	 Partnerships for Goals	
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CSF Budget: Summary table of Cost Categories

	Total all years	2022	2023	2024	2025	% of Total
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Cost category							
A1	Direct activity cost	2.771.470	680.301	691.586	698.368	701.214	17%
A2	Implementation through local independent partner	8.622.096	2.303.814	2.112.600	2.094.178	2.111.504	53%
A3	Allocated programme support cost	2.161.345	448.057	502.163	634.436	576.688	13%
A5	Information activities in Denmark (max 2% of PPA)	246.612	60.384	61.444	62.082	62.703	2%
A6	Unallocated Funds and Budget Margin (max 15% of PPA)	1.328.197	289.874	414.637	293.366	330.320	8%
A7	Auditing in Denmark	160.000	40.000	40.000	40.000	40.000	1%
B1	Administration in Demark (max 7% of II. Total Direct Costs Budget)	1.070.280	267.570	267.570	267.570	267.570	7%
	Total applied amount before scoring	16.360.000	4.090.000	4.090.000	4.090.000	4.090.000	100%
	Total granted amount after scoring	17.460.000	4.365.000	4.365.000	4.365.000	4.365.000	

After scoring a total of **DKK 17,5 mill.** is approved (against applied DKK 16,4 mill.). The budget will be adjusted proportionally before signing final agreement with CISU.

1. Introduction

- **Parties:**

CISU and AIDS Fondet

The present development engagement document details the objectives and management arrangements for the development cooperation concerning *HIV Prevention, Resilience & Well-being among Key Populations in Malawi & Uganda, 2022-2025* as agreed between the parties specified below. The development engagement document together with the documentation specified below constitutes the agreement between the parties.

AIDS-Fondet-programme will be financed within the current Civil Society Fund (CSF) administered by CISU.

The objective of the programme is aligned with the principles for civil society support outlined in "The World 2030" and in the "Policy for Danish Support to civil society".

The programme has a relevant civil society approach, combining strategic service, capacity building and advocacy.

There is a focus on SDG 3 on good Health and Well-being, SDG 5 on Gender Equality, SDG 10 on Reduced Inequality, SDG 16 on Peace, Justice and Strong Institutions, and SDG 17 on partnerships for the Goals.

Assessment process: The programme has been through a comprehensive process according to the agreed CISU procedures for programme organisations. An external consultant has made a 'review/appraisal' as a basis for the assessment conducted by the CSF Assessment Committee. The final programme document has been desk appraised by two internal CISU Assessment Consultants, followed by an overall assessment by the CSP granting committee, in which the programme has been in competition, according to merits, with five other programme applicants. The assessment was based on 12 criteria. Embassy comments has been received from the Embassy in Tanzania and observations has been addressed in the assessment process.

Quality control: Monitoring of result framework and learning on overall Theory of Change will be done as part of CISU-led yearly consultations. An external review will be conducted in last year of the programme phase.

The CSF Assessment Committee recommends the programme for final approval by the Ministry of Foreign Affairs.

Key documentation:

- Programme document with annexes, including an overall result framework.
- Review/appraisal report by external consultant.

2. Background

- **National, thematic or regional context, key challenges and opportunities relevant to the proposed programme**

HIV represents a serious health challenge to individuals as well as a major challenge to general development in societies with heavy HIV burdens. HIV tends to increase poverty and inequity and vice versa. Those who are already poor, marginalised, and disempowered are more vulnerable to contracting HIV, and contracting HIV adds severe stigma to their already marginalised position. Thus, fighting HIV goes hand in hand with empowering the most marginalised and securing their equal opportunities and human rights. The proposed programme focuses on Eastern and Southern Africa where HIV is most prevalent. Although HIV incidences have decreased globally within the last 10 years, Eastern and Southern Africa still counts for 20.7 of the approximately 38 million people living with HIV (PLHIV) globally, as well as half of the yearly 1.5 million new global HIV infections. The region also sees the highest number of AIDS-related deaths amounting to 310,000 in 2020 alone.

Situated in Eastern and Southern Africa, Malawi and Uganda are in the unfortunate global top ten of countries with the highest HIV prevalence rates. In Malawi's 8.9% of the adult population (aged 15-49) are estimated to be living with HIV. In Uganda, the HIV prevalence rate is 6.2%. Both Malawi and Uganda have generalised HIV epidemics with concentrated HIV sub-epidemics among key populations (KPs) – sex workers (SWs) and their clients, men who have sex with men (MSM), transgender persons (TG), people who injects drugs and people in prisons. According to UNAIDS, KPs and their sexual partners account for 62% of new HIV infections globally, and the risk of acquiring HIV is 25 times higher among MSM, 26 times higher for SWs and 34 times higher for TG than for the general population.

HIV does not only disproportionately affect KPs, but also women compared to men. Women account for more than half the number of PLHIV worldwide and young women (15-24 years old) are twice as likely to acquire HIV as young men of the same age. In sub-Saharan Africa, six in seven new HIV infections among adolescents aged 15–19 years are among girls. Young women aged 15–24 years are twice as likely to be living with HIV than men. High HIV prevalence among women is driven by gender inequality and discrimination, which robs women and girls of their fundamental human rights, including the right to education, health and economic opportunities. The COVID-19 pandemic has increased the number of underage SWs, who are especially vulnerable to exploitation, violations, and HIV as they lack representation and knowledge of their rights.

Criminalization of KPs has a negative effect on HIV outcomes. Where same-sex sexual relationships, sex work and drug use are criminalized, levels of HIV status knowledge and viral suppression among PLHIVs are significantly lower than in countries that opted not to criminalize them. The programme application provides details concerning the criminalisation of LGBT+ persons and consensual same sex relations, sex work / prostitution in Uganda and Malawi. In both countries, KPs furthermore face severe stigma and discrimination. SWs, MSM and TG continue to be marginalized and criminalized for their gender identities and expression, sexual orientation, lifestyles, and livelihoods—or for simply living with HIV. KPs are often accused of fuelling the HIV epidemic, which further stigmatises and marginalises them. The severe stigmatisation, discrimination, and marginalisation of KPs causes high levels of stress, depression, and a variety of other mental health problems. This often leads to alcohol and drug use, which again affects their well-being and leads to increased risky sexual behaviour as well as reduced adherence to HIV treatment. Stigmatization, and discrimination of KPs also permeates the health sectors, which is reflected in different ways – both when KPs are left out of government HIV prevention programmes and when health service providers discriminate against KPs seeking services.

The global COVID-19 pandemic has had a huge effect on the socioeconomic and political contexts in both Malawi and Uganda, and it is evident that COVID-19 is a new structural barrier for effective HIV prevention and for the protection of KP rights. National COVID-19 lock downs, social distancing and other government measures to address the pandemic, have severely affected the SW industry and have increased violence, stigma, poverty and homelessness.

Civic space in Uganda is repressed, and the Uganda NGO Act from 2016 still makes it difficult for organisations working on LGBT+ and SWs issues to register and operate as it imposes ‘special obligations’ upon organisations not to do ‘anything prejudicial’ to the ‘laws of Uganda’, ‘security of Ugandans’ and ‘interests of Ugandans’. In November 2019, more than 12,000 NGOs and charities were ordered to stop their operations, until they complied with new regulations. During 2021, the government intensified its harassment and intimidation of CSOs. Civic space in Malawi is assessed as being obstructed, but with a new government, the country currently witnesses a more open space for civil society.

3. Presentation of programme

- **Lessons learned and results from previous interventions hereunder follow-up on latest Capacity Assessment/reviews (summary of management response or similar) and other assessments:**

The application mentions that monitoring of progress summarized in status reports shows that the programme has reached very good results towards improving HIV prevention among KPs in Malawi and Uganda during the first two years. The programme has positively contributed to expected outcomes:

- The programme has **improved the ability of KPs to protect themselves against HIV and AIDS**, despite COVID-19 negatively affecting HIV-prevention. Positive progress has been seen on all indicators for HIV testing, condom use and adherence to HIV medicine among all beneficiaries in Malawi and Uganda. The peer-to-peer model proves to be very effective in empowering marginalised beneficiaries and facilitating sustainable change.
- The programme has **improved access for KPs to stigma-free health services**; a change facilitated through outreaches and targeted advocacy towards health service providers on their responsibility to treat all clients without discrimination.
- Progress has been made in the attempt to **remove structural barriers to HIV prevention**, where advocacy targeting duty bearers on local and district level led to positive change. Positive behavioural changes and reduction in discrimination and violations towards KPs have been validated. Unfortunately, COVID-19 and national elections have further limited human rights for LGBT+ persons, SWs and NGOs, especially in Uganda, which saw an increase in violations of rights and rampant arrests of KPs.
- The programme has managed to **empower and increase the capacity of partners and other KP organisations** by assisting them in the process of becoming democratic, transparent, lawfully registered NGOs and comply with the national NGO legislation. AF has increased the capacity of programme partners and strengthened South-to-South and South-to-North connectedness by facilitating networking, collaborations, sharing of learnings and best practices.

Some key learnings have been highlighted:

- The **COVID-19 pandemic** has negatively impacted HIV prevention, well-being and human rights of programme beneficiaries, and consequently, the partners have included COVID-19 as a new structural barrier to HIV prevention and human rights for KPs, which the new programme phase will address.
- The pandemic also put a spotlight on a missing dimension in the change strategy, and during the next phase, **resilience** is included as a new component in the ToC.
- An increased number of **underage SWs** have appeared during the past phase, and the programme will develop strategies to help these children to have access to HIV treatment, preventative measures and human rights protection and link them to social services to provide rehabilitation assistance to exit sex work.
- The programme's focus on **CSO resilience** will be strengthened further during the coming phase, considering the increased clampdown on civil society in Uganda and the window of opportunity in Malawi after a period with high political tension. The focus will be on financial sustainability and national and international networking to foster a stronger, independent, and more diversified civil society.
- The next phase will build on the experiences gained during the pandemic to develop and build on innovative methods and **techvelopment solutions** such as online training, electronic data-collection, WhatsApp support groups, HIV-self testing and others.
- The **peer-to-peer approach** has been validated as a cost-efficient and powerful method to promote sustainable development change, directly benefiting beneficiaries, empowering them and improving their self-esteem.
- Widespread poor **mental health and low self-esteem** among beneficiaries has been observed, leading to increased drug and alcohol use, depression and suicidal behaviour – which have negative effects on safe sex behaviour, HIV prevention and adherence to treatment. The coming programme phase will seek to include a stronger focus on increased well-being for KPs and put spotlight on increasing human rights for beneficiaries, emphasising the link between sexual and mental health.
- The strategy of **targeted advocacy** towards duty bearers, who exclude and violate the rights of KPs, to promote inclusion and equal access to services and rights, has proved efficient, with good results on local and district levels with changes in attitudes and behaviour among direct-targeted stakeholders.

- **Partners in the Programme including the role and responsibilities of the key drivers of change**

AIDS-Fondet (AF) is a private foundation that works for a world without AIDS, where sexual health is a right and a reality for everyone. AF works to prevent HIV, ensure access to HIV testing and effective HIV treatment, and to develop and use new prevention methods. It supports research in a cure for HIV. At the same time, AF focuses on strengthening the rights of the most vulnerable target groups. Internationally, AF works in two tracks; partly to influence the Danish development policy priorities with regards to combating the global HIV / AIDS epidemic and partly with program and project work in Africa targeting combating HIV among the most vulnerable population groups. AF has 1073 members and raises around DKK 5m. per year in private funding. The secretariat has 35 employees. Two full-time employees and a part-time employee handle the project work, including partner collaboration, capacity development, training and monitoring and evaluation. A full-time employee handles the international political work through organizations such as UNAIDS, The Global Fund, as well as the work with the SDGs. A communications consultant handles international communications and engagement. AF's annual financial turnover was DKK 28.5m. in 2020, the majority of which is funding raised with a variety of donors.

Lady Mermaid Empowerment Centre (LMEC) was founded in 2002 in Uganda as the first Sex Worker-led organisation in East Africa. Their mission is to create a strong voice for SWs, to bring to light the harassment and abuse faced by SWs, and to educate and empower them. By challenging inequalities, LMEC tackles the conditions that allow ongoing violations of SWs' rights. The organisation advocates for universal access to health services, engages local leaders and police in addressing violence, opposes human rights abuses, and challenges stigma and discrimination against SWs. LMEC uses different approaches to reach SWs with information on safe sex, condom use and the advantage of being tested for HIV and STIs. Some of these approaches are peer education, community outreaches at SW hotspots, as well as the establishment of support groups for the SWs. LMEC collaborates with health service providers, with the government health units and other CSOs and community-based organisations. LMEC is involved in various research and documentation projects about SWs with the aim of informing and influencing health policy makers and is also a member of several key national and international networks.

Human Rights Awareness and Promotion Forum (HRAPF) is a human rights organisation based in Uganda. Although not KP-led, HRAPF operates through grassroots organisations founded and led by LGBT+ persons and SWs throughout the country. HRAPF's mission is 'to promote respect and protection of human rights of marginalised persons and KPs through enhanced access to justice, research and advocacy, legal and human rights awareness, capacity enhancement and strategic partnerships. HRAPF has established several regional legal aid centres to effectively reach KPs throughout Uganda. Over the past 12 years, HRAPF has filed and supported 12 strategic litigation cases on rights of LGBT+ persons, including the case that led to the annulment of the Anti-Homosexuality Act of 2014. HRAPF is responsible for the training of more than 150 paralegals from different KP groups. HRAPF conducts awareness sessions and dialogues on human rights for KPs, develops and implements advocacy campaigns to promote their rights at national, regional and international levels and documents human rights violations.

Action Hope Malawi (AHM) implements projects within HIV prevention, access to health services and education for KPs. The organisation has four strategic priorities, which are youth development, HIV/AIDS, women and gender and human rights and justice. AHM works through a grassroots-based approach with interventions improving access to health care for SWs. AHM has strengthened the capacity of the SWs themselves as well as Male Champions to take centre stage in reducing GBV, human rights violations and improve access to health care services for the SWs. AHM works closely together with public HIV/AIDS units and health service providers at district level and is an active member of several networks.

Centre for the Development of People (CEDEP) is a LGBT-led human rights organisation that operates in 15 out of the 28 districts in Malawi. The organisation's core functions are to address the needs and challenges of minority groups, primarily LGBT+ persons, through advocacy and lobbying; capacity building, networking, and research; and provide support services for the improvement of the welfare of minority groups in accordance with their rights and needs. With employees throughout Malawi and more than 560 volunteer LGBT+ peer educators, CEDEP plays a crucial role in giving a voice to LGBT+ minority groups and securing them an equal access to health. CEDEP has strong skills within political advocacy.

- **Overall strategy (Intervention logic, Theory of Change or Rationale) and key assumptions related to the programme strategy (how the programme will achieve the outcome level, outcome indicators and targets)**

AF became a CISU programme partner for the first time in 2019, with the programme *HIV Prevention among KPs in Malawi and Uganda*, running from 2019-2021. The proposed programme 2022-2025 is a direct development of the first programme phase. It is implemented by the existing programme partnership of CSOs, all adhering to the PANT principles of a human rights-based approach, with extensive experience in working with HIV/AIDS, SRHR, human rights and KPs in Uganda and Malawi. It continues to work directly with SWs, MSM and TG, who form part of the partner organisations and represents beneficiaries.

The structural barriers to HIV prevention, causing unequal access to health, form the context and starting point of the ToC for the programme. At the heart of the ToC is building the capacity of KP CSOs and partners as strong civil society actors and especially within their abilities to address the pathways affecting HIV incidence, wellbeing and resilience among KPs in Uganda and Malawi. According to the outlined ToC:

- *We build the capacity of KP CSOs and partners to be resilient and able to advocate for KP rights and HIV prevention*
- *We empower right holders to organise, know and claim their equal rights to health and protect themselves from HIV and STIs*
- *We empower SWs with new income generating skills and refer underage SWs to social services increasing their resilience providing tools to exit sex work and seek new employment opportunities*
- *We build the capacity of health staff to know KPs' needs and rights and to live up to their obligations as duty bearers to provide non-discriminatory health services*
- *We advocate for KP rights and inclusion in local, national, and international fora, legislation and policies and engage relevant duty bearers and stakeholders motivating them to observe KP rights*

Related to	KEY ASSUMPTION
Programme Outcome 1.1, 1.2, 1.3	Mobilising KPs into support groups, educating them on HIV, safe sex and referring them to KP friendly health services for testing and treatment, will increase their safe sex and HIV-testing behaviour and their enrolment into treatment and reduce HIV incidences among KPs.
Programme Outcome 2.1, 2.2 and 2.3	Educating KPs in loans, savings, life skills and business management will increase their resilience and their ability to exit immediate poverty. We assume that this will lead to increased self-esteem and well-being among KPs, increase their ability to protect themselves against HIV and reduce HIV incidences among KPs. Teaching KPs about their human rights and providing them with legal support and protection will increase their resilience, self-esteem and empower them to claim their rights to equal access to health and justice. We assume this will increase the well-being of KPs, increase their ability to protect themselves against HIV and reduce HIV incidences among KPs.
Programme Outcome 3.1 and 3.2	When we build the capacity of health service providers and advocate for the rights of KPs to equal access to health in health facilities we assume that health service providers will change attitudes and behaviour towards KPs. We assume this will lead to stakeholders providing KP friendly services and promote inclusion of KPs in society, which in turn will lead to reduced HIV incidences and increased well-being among KPs.
Programme Outcome 4.1, 4.2 and 4.3	Using HIV as a lever for human rights, advocating for the rights of KPs to equal access to health, justice and inclusion in society among stakeholders and training stakeholders on their obligations as duty bearers, they will change attitudes and behaviour against KPs. We assume this will lead to stakeholders providing KP friendly services and promoting inclusion of KPs in society. We assume this will lead to reduced HIV incidences and increased well-being among KPs. Providing evidence-based documentation of violations against KPs to courts, national authorities and the UNHRC, and advocating for the removal of criminalising and discriminatory legislation will increase access to human rights for KPs, and in a long-term perspective lead to the removal of discriminatory legislation, policies and practices. We assume that this will lead to reduced HIV incidences and increased well-being among KPs.
Programme Outcome 5.1, 5.2, 5.3 and 5.4	Capacity building and support of CSOs and their increased interlinkage to national and international fora and network will enable them to become strong CSOs with the ability to empower KPs and effectively advocate for their rights. Increased collaboration between partner organizations and other CSOs within and across countries will increase their societal impact.

- **Summary of results framework:**

Program objective		
Reduced HIV incidences and increased well-being among KPs in Malawi and Uganda		
Program theme/component 1		
Improved sexual health of Key Populations with a specific focus on their ability to protect themselves against HIV and AIDS.		
Outcome	Indicator	Target (end of program per country and/or core partner)
Outcome 1.1 <i>Increased safe sex behaviour among KPs (incl. HIV test, STI test, condom use, PrEP)</i>	% of KPs reporting condom use during last penetrative sex [Official Global UNAIDS indicator]	<ul style="list-style-type: none"> – 98.2% of sex workers directly targeted by AHM in Malawi compared to 65.8% in the 2nd trimester, 2021. – 95% of sex workers directly targeted by LMEC in Kampala compared to 84% in the 2nd trimester, 2021. – 90% of sex workers directly targeted by LMEC in Wakiso district, Jinja and Mbale cities compared to the 1st trimester, 2022.
	% of KPs tested for HIV in the past 12 months, or who know their current HIV status [Official Global UNAIDS indicator]	<ul style="list-style-type: none"> – 100% of sex workers directly targeted by AHM in Malawi compared to the 1st trimester, 2022. – 98% of sex workers directly targeted by LMEC in Kampala compared to 87% in the 2nd trimester, 2021. – 95% of sex workers directly targeted by LMEC in Wakiso district, Jinja and Mbale cities compared to the 1st trimester, 2022.
Outcome 1.2 <i>Increased adherence among KPs</i>	% of KPs having at least 95 % adherence to medication during the last three months (Malawi)/ the last 6 months (Uganda)	<ul style="list-style-type: none"> – 78.9% of HIV positive sex workers directly targeted by AHM in Malawi compared to 34.5% in the 2nd trimester, 2021. – 95% of HIV positive sex workers directly targeted by LMEC in Kampala compared to 86.5% in the 2nd trimester, 2021. – 90% of HIV positive sex workers in care directly targeted by LMEC in Wakiso districts, Jinja and Mbale cities compared to the 1st trimester, 2022.
Outcome 1.3 <i>Improved mental health among KPs</i>	% of KPs who reported good, very good or excellent self-rated mental health in the past 12 months	<ul style="list-style-type: none"> – 25 % increase among sex workers directly targeted by AHM in Malawi compared to the 1st trimester, 2022. – 50 % increase among sex workers directly targeted by LMEC in Uganda compared to the 1st trimester, 2022.
Program theme/component 2		
Improved resilience and ability among Key Populations to take care of their immediate social and economic needs.		
Outcome	Indicator	Target (end of program per country and/or core partner)
Outcome 2.1 <i>Implementation of financial and business management skills among sex workers and the caregivers of underaged sex workers</i>	% of sex workers and caregivers of underaged sex workers operating alternative Income Generating Activities	<ul style="list-style-type: none"> – 30 % of sex workers directly targeted with capacity building on IGA by AHM in Malawi. – 25 % of sex workers directly targeted with capacity building on IGA by LMEC in Uganda.
	# of sex workers' support groups operating collective savings	<ul style="list-style-type: none"> – 30 sex worker support groups targeted with loan and savings training by AHM in Malawi. – 14 sex worker support groups targeted with loan and savings training by LMEC in Uganda.
Outcome 2.2 <i>Strengthened social support system among sex workers</i>	% of sex workers who report feeling supported by their support groups	<ul style="list-style-type: none"> – At least 50% of sex workers organized in support groups by AHM in Malawi. – At least 75% of sex workers organized in support groups by LMEC in Uganda.
Outcome 2.3 <i>Reduced number of underage girls in sex work</i>	# of underage girls in sex work	<ul style="list-style-type: none"> – 25% decrease among directly targeted under-aged sex worker by AHM in Malawi. – 25% decrease among directly targeted under-aged sex worker by LMEC in Uganda.
Program theme/component 3		
Improved access to stigma-free health services for Key Populations		
Outcome	Indicator	Target (end of program per country and/or core partner)
Outcome 3.1 <i>Reduced avoidance of health care</i>	% of KPs who have avoided seeking health care within the last 12 months because of fear of stigma and	<ul style="list-style-type: none"> – 0.5% of sex workers directly targeted by AHM in Malawi compared to 2.5% in the 2nd trimester, 2021. – Max. 5% of sex workers directly targeted by LMEC in Uganda compared to the 1st trimester, 2022.

	discrimination [Official Global UNAIDS indicator]	
Outcome 3.2 <i>Reduced experienced discrimination in health care</i>	% of KPs who experienced some form of discrimination in health care settings within the last 12 months [Official Global UNAIDS indicator]	<ul style="list-style-type: none"> – Max. 1.5% of sex workers directly targeted by AHM in Malawi compared to 3.7% in the 2nd trimester, 2021. – Max. 10% of sex workers directly targeted by LMEC in Uganda compared to the 1st trimester, 2022.
Program theme/component 4	<i>Improved inclusion, respect and observance of rights of Key Populations</i>	
Outcome	Indicator	Target (end of program per country and/or core partner)
Outcome 4.1 <i>Advocacy recommendations on the respect of human rights of KPs are addressed by relevant authorities and media</i>	# of advocacy initiatives addressed by relevant authorities and media	<ul style="list-style-type: none"> – Sex workers in Uganda are included in COVID-19 follow-up strategies. – Ministry of Education in Malawi address CEDEP’s study and recommendations on KP consideration in education policies and curriculums. – Media targeted by CEDEP in Malawi publish KP friendly reporting. – Recommendations on KP rights presented in HRAPF’s Shadow report to the UNHRC during Uganda’s UPR are addressed by government and reported by media.
Outcome 4.2 <i>Increased access to justice for KPs in cases of discrimination and violations</i>	% of reported cases of discrimination, violence and violation of rights of KPs addressed by relevant authorities	<ul style="list-style-type: none"> – 100% of cases reported by sex workers directly targeted by AHM in Malawi are addressed by relevant authorities compared to 97.9% in the 2nd trimester, 2021. – 60 % of cases reported by sex workers directly targeted by LMEC in Uganda are addressed by relevant authorities. – 80 % of cases reported by LGBT+ persons directly targeted by CEDEP in Malawi are addressed by relevant authorities. – 5% of cases reported by sex workers and LGBT+ persons directly targeted by HRAPF in Uganda are resolved by relevant authorities in compliance with international standards of justice and human rights.
Outcome 4.3 <i>KPs increasingly report cases when they experience violations and discrimination</i>	% of KPs, subjects to violations who have reported the incident	<ul style="list-style-type: none"> – 100% of violated sex workers directly targeted by AHM in Malawi compared to 90.2% in the 2nd trimester, 2021. – 75% of violated sex workers directly targeted by LMEC in Uganda compared to the 1st trimester, 2022. – 90% of violated LGBT+ persons directly targeted by CEDEP in Malawi compared to 80% in the 2nd trimester, 2021. – 1000 cases of violations reported by sex workers and LGBT+ persons directly targeted by HRAPF in Uganda.
Program theme/component 5	<i>Increased resilience and capacity of Key Population Organisations and allied CSOs</i>	
Outcome	Indicator	Target (end of program per country and/or core partner)
Outcome 5.1 <i>Increased implementing capacity of programme partners</i>	Partners are applying new acquired training, skills, and methods.	<ul style="list-style-type: none"> – AHM and CEDEP in Malawi and LMEC in Uganda are training PEs in HIV & sexuality based on AF ToT and virtual training material. – LMEC and AHM are successfully implementing IGA activities. – LMEC has developed and implemented a new 5-year strategic plan for 2022-2026. – All partner organizations have developed and implemented a knowledge management plan related to the programme.
Outcome 5.2 <i>Increased financial sustainability of programme partners</i>	Increase in donors and funding	<ul style="list-style-type: none"> – AHM in Malawi has increased their donor base, not receiving more than 70% from one donor. – LMEC in Uganda has increased their donor base, not receiving more than 50% from one donor. – CEDEP in Malawi has increased their donor base, not receiving more than 60% from one donor. – HRAPF in Uganda has increased their core funding with 50%.
Outcome 5.3 <i>Increased interlinking to relevant national,</i>	Partners are active members of relevant	<ul style="list-style-type: none"> – AHM in Malawi has maintained active membership and participation in 5 relevant local, national, and international networks and alliances.

<i>regional and global networks and stakeholders of programme partners</i>	networks and connects with relevant stakeholders	<ul style="list-style-type: none"> – LMEC in Uganda has maintained active membership and participation in 15 relevant local, national, and international networks and alliances. – The Diversity Forum led by CEDEP and other KP-organisations in Malawi has increased their funding base by 25%. – HRAPF has maintained active membership and participation in 8 relevant local, national, and international networks and alliances.
Outcome 5.4 <i>Increased accountability by KP organisations</i>	# of KP organisations comply with national standards of financial accountability	<ul style="list-style-type: none"> – At least 60 organisations assisted by HRAPF in Uganda to comply with the national statutory obligations.

- **Target groups and beneficiaries:**

The direct programme beneficiaries are MSM, TG and SWs with a particular focus on young representatives and underage SWs. The programme primary and secondary target groups are comprised of both rights-holders, duty-bearer and stakeholders. The application elaborates on the programme’s reach of each these target groups:

- **Rights holders:** Uganda is estimated to have a population of 22,663 MSM and 130,359 female SWs. In Malawi, records from UNAIDS estimate a population of 42,600 MSM, 36,400 female SWs and 400 TG. The programme aims at benefitting all these groups, either from direct inclusion in activities or through planned advocacy aimed at securing their rights and strengthening their representation at the national level, as well as from campaigns and communication interventions, nationally and internationally.
- In Malawi, AHM’s intervention will benefit 9000 SWs and directly target 1596 SWs, out of which 846 are underaged. AHM will furthermore reach 30 KP-led CSOs directly with training on leadership and governance skills and well as the democratic structures of organizations.
- In Malawi, CEDEP’s political advocacy at national level will indirectly benefit Malawi’s population of 42,600 MSM, 36,400 female SWs and 400 TG and directly engage and benefit 100 MSM and 50 TG through programme activities. CEDEP’s intervention will also directly benefit the 7 KP-led CSOs that make up the Diversity Forum.
- In Uganda, LMEC will directly target 3951 SWs, out of which 1831 are aged between 14 and 19. Through LMEC’s advocacy efforts, their intervention will further benefit an additional number of 9210 SWs.
- In Uganda, HRAPF will directly reach another 600 MSM, 200 TG, 840 SWs and 65 KP-led CSOs through their national level intervention. HRAPF’s national level advocacy efforts will indirectly benefit Uganda’s population of 22,663 MSM and 130,359 female SWs.
- The programme activities will also directly benefit clients and partners of SWs, and indirectly benefit family members of beneficiaries, network alliances and the general public. These groups are named and quantified in the application.
- Beside the programme beneficiaries, the programme primary target also includes a large number of stakeholders and duty bearers, who have a great impact on the access to health and justice for KPs. 11 different groups in Malawi and 8 different groups in Uganda are named and quantified.

- **Monitoring & Evaluation:**

AF’s M&E system is mentioned to have a dual purpose of demonstrating progress and results through monitoring and improving efforts through evaluation and learning. To improve knowledge management, a learning database has been established, where all positive and negative learning (informed through monitoring, reviews and evaluations) is recorded, to inform new interventions and guide adjustments. AF uses two overall approaches to programme monitoring; (a) monitoring of quantitative indicators, assessing outcome and output indicators, and (b) monitoring of qualitative indicators based on techniques such as Most Significant Change and Outcome Harvesting.

- The **quantitative indicators** have been identified and developed in close collaboration with local partners and target groups to ensure local ownership and data quality. When possible, official indicators validated and recommended by UNAIDS and WHO are used.
- **Qualitative indicators** are used to capture issues, achievements, challenges, correlations and learnings which are not easily captured with the use of quantitative data, and to validate and inform analysis and assessment of quantitative data. Participatory techniques such as Most Significant Change are used throughout the programme cycle, including as part of evaluations.

A comprehensive M&E matrix will be developed for the programme and individual partners, clarifying what will be monitored, by whom, where data is documented, when, how and how often data is collected, how data is stored for analysis, and how the data collected will be used. It also defines means of verification. An important feature of the

M&E Matrix is that it states how often data should be reviewed and by whom. This ensures that data is not just collected but also evaluated, disseminated and used for learning and innovation. In addition to these continuous efforts, AF also has specific procedures for systematic review and quality control of data, filing, and of intervention pathways and impact, including continuous quality control by partner organisations, consultation meetings with community representatives, local authorities and target groups, continuous collection and review of Most Significant Change stories, a mid-term review, and a final programme evaluation.

- **Risk analysis and risk management:**

Risk management by AF and its programme partners aims firstly at anticipating risks; then it aims at preventing them from happening or at minimizing their impact if they do happen. Risk management is mentioned to form an integral to all aspects of programme management, including strategic planning, decision-making, operational planning and resource allocation. AF's risk management system encompasses three key elements: Risk management principles, a risk management framework, and a risk management process. The organisation has an elaborated strategy for risk management. The programme framework for managing risks is structured around a Risk Management Matrix, designed to enable the best possible evaluation and treatment of the identified risks. The risk matrix has been developed in close collaboration with programme partners and is a living document and tool that will be used actively throughout the implementation of the programme. The Risk Management Matrix that has been attached to the application identifies a set of contextual, organisational, and programmatic risks for Uganda and Malawi (12 for each country), assessing the potential impact, outlining existing control and prevention measures, as well as further mitigation measures.

- **Sustainability and phasing out:**

The programme operates with a diversified approach to sustainability. This includes organisational and financial sustainability supported by fundraising initiatives and capacity building of partners, a volunteer and peer-to-peer approach where KP peer educators are trained on HIV prevention and human rights and a focus on economic empowerment of beneficiaries. Also, the programme builds on existing structures, collaborations, and mechanisms, which support the sustainability of activities and results. When interventions are planned to be phased out, exit strategies are developed in collaboration with the relevant partner. An exit strategy has been developed together with CEDEP, so that the support groups and peer educators, who will not be part of the programme phase 2022-2025, will continue under CEDEP's health department after 2021.

4. Overview of management set-up at programme level

- **Overall organization:**

AF assumes overall responsibility for managing the programme and for reporting to CISU on implementation progress and financial status. The role includes providing technical support and input to programme partners, plus providing quality assurance to the programme in general. AF's international projects and programme team is part of the international department and runs its interventions with partner organisations in the Global South. The team consists of the Head of International Programmes and the Programme Officer, who are full time staff on the team, as well as the International Communication Consultant and the Head of the International Department, who contribute part of their time to the team. AF's international team in particular possess expertise within human rights, IGAs, research, campaigning, fundraising, communication, and advocacy as well as strategic planning, project management and financial management. AF has developed comprehensive Management Guidelines for its international projects and programmes (2021), where all procedures and formats are compiled. New reporting formats have been introduced, as well as a solid structure around the reporting process, which has been communicated and discussed with the partners. Some key areas of technical assistance to be provided to the programme by AF are national and international advocacy (that supports partners and programme objectives), internal and external programme supporting meetings, reporting and meetings with CISU, and global cross-country steering committee meetings.

The four partners in Uganda and Malawi are to be responsible for the day-to-day implementation and monitoring of programme activities. In order to monitor progress on the interventions, partners are obliged to submit narrative and financial progress reports to AF every four month. All partners report in an identical narrative reporting format developed by the programme team.

- **Financial Management:**

AF's overall financial management is guided by comprehensive Financial Guidelines (2021). Both AF and partners have procedures and guidelines for anti-corruption and procurement. Financial reports from partners are reviewed and controlled by both the Programme Officer and Head of Programme/Head of Department before they are approved by the CFO and transfers to partners are made by the Senior Administrator. New budget follow-up formats and procedures have been developed, the aim being to simplify the formats and strengthen control and transparency and a focus on delivering and documenting results and learning.

5. The programme budget

AIDS-Fondet - HIV Prevention, Resilience & Well-being among Key Populations in Malawi and Uganda						
Budget in DKK						
	Total all years	2022	2023	2024	2025	% of PPA
Turnover Budget - CSF and co-financing						
A. Expected Liquid Funds (funds raised in Denmark)	1.176.691	294.173	294.173	294.173	294.173	8,7%
B. Programme CSF Funds	16.360.000	4.090.000	4.090.000	4.090.000	4.090.000	n/a
C. Expected Co-financing	1.100.000	200.000	250.000	300.000	350.000	8,1%
D. TOTAL	18.636.690	4.584.172	4.634.173	4.684.173	4.734.172	
Liquid Funds (funds raised in Denmark) (A) in % of PPA	8,7%	8,6%	8,9%	8,6%	8,7%	
Co-financing (C) in % of PPA	8,1%	5,8%	7,6%	8,8%	10,3%	

CSF Budget - Outcome and Cost Category breakdown						
Budget in DKK						
Main budget lines	Total all years	2022	2023	2024	2025	% of Total
I. Programme and Project Activities (PPA) (Details below)	13.554.910	3.432.172	3.306.349	3.426.982	3.389.407	83%
Outcome 1	1.086.637	301.888	245.304	276.008	263.436	8%
Hereof Cost Category A1	211.881	51.957	52.804	53.312	53.808	19%
Hereof Cost Category A2	663.937	210.943	152.952	156.849	143.193	61%
Hereof Cost Category A3	210.818	38.988	39.549	65.847	66.435	19%
Outcome 2	1.404.278	303.706	392.085	347.832	360.656	10%
Hereof Cost Category A1	208.119	51.957	52.804	53.312	50.046	15%
Hereof Cost Category A2	985.340	212.761	299.732	228.673	244.175	70%
Hereof Cost Category A3	210.818	38.988	39.549	65.847	66.435	15%
Outcome 3	2.003.413	601.824	430.751	482.474	488.364	15%
Hereof Cost Category A1	211.881	51.957	52.804	53.312	53.808	11%
Hereof Cost Category A2	1.580.713	510.879	338.398	363.315	368.121	79%
Hereof Cost Category A3	210.818	38.988	39.549	65.847	66.435	11%
Outcome 4	4.501.451	1.123.711	1.089.514	1.138.663	1.149.562	33%
Hereof Cost Category A1	211.881	51.957	52.804	53.312	53.808	5%
Hereof Cost Category A2	3.996.680	1.012.248	976.644	998.986	1.008.802	88%
Hereof Cost Category A3	292.890	59.505	60.067	86.365	86.953	6%
Outcome 5	4.559.132	1.101.043	1.148.695	1.182.006	1.127.388	34%
Hereof Cost Category A1	1.927.707	472.472	480.371	485.119	489.745	42%
Hereof Cost Category A2	1.395.424	356.983	344.873	346.355	347.214	31%
Hereof Cost Category A3	1.236.000	271.589	323.451	350.531	290.430	27%
I. Total PPA Costs Budget	13.554.910	3.432.172	3.306.349	3.426.982	3.389.407	83%
A5. Information activities in Denmark (max 2% of PPA)	246.612	60.384	61.444	62.082	62.703	n/a
A6. Unallocated Funds and Budget Margin (max 15% of PPA)	1.328.197	289.874	414.637	293.366	330.320	n/a
A7. Auditing in Denmark	160.000	40.000	40.000	40.000	40.000	1%
II. Total Direct Costs Budget	15.289.719	3.822.430	3.822.430	3.822.430	3.822.430	93%
III. B1. Administration in Denmark (max 7% of II. Total Direct Costs Budget)	1.070.280	267.570	267.570	267.570	267.570	n/a
IV. Grand Total Costs Budget	16.360.000	4.090.000	4.090.000	4.090.000	4.090.000	183%

CSF Budget - Geographical breakdown						
Budget in DKK						
Main budget lines	Total all years	2022	2023	2024	2025	% of Total
I. Programme and Project Activities (PPA) (Details below)	13.554.910	3.432.172	3.306.348	3.426.982	3.389.407	n/a
PPA Geographical breakdown of A1+A2+A3 in intervention countries:						n/a
Malawi	4.062.056	975.271	1.012.193	1.036.656	1.037.935	25%
Uganda	5.069.073	1.466.607	1.240.897	1.199.470	1.162.099	31%
Total PPA in intervention countries	9.131.129	2.441.878	2.253.090	2.236.126	2.200.034	56%
Geographical breakdown of A1+A3 in non-intervention countries:						n/a
Global Cross-Cutting expenses (A3 global costs)	893.465	187.847	238.779	239.339	227.500	5%
Not Denmark nor intervention countries (A1 + A3)	0	0	0	0	0	0%
Country/region 1	0	0	0	0	0	0%
Country/region 2	0	0	0	0	0	0%
Denmark (A1 + A3)	3.530.316	802.447	814.479	951.517	961.873	22%
Total PPA in non-intervention countries	4.423.781	990.294	1.053.258	1.190.856	1.189.373	27%
I. Total PPA Costs Budget	13.554.910	3.432.172	3.306.348	3.426.982	3.389.407	83%
Other costs in Denmark (A5, A7 and B1)	1.476.893	367.954	369.014	369.652	370.273	9%
Information activities in Denmark (max 2% of PPA), A5	246.612	60.384	61.444	62.082	62.703	n/a
Auditing in Denmark, A7	160.000	40.000	40.000	40.000	40.000	1%
Administration in Denmark (max 7% of II. Total Direct Costs Budget), B1	1.070.280	267.570	267.570	267.570	267.570	7%
Unallocated Funds and Budget Margin (max 15 % of PPA), A6	1.328.197	289.874	414.637	293.366	330.320	n/a
IV. Grand Total Costs Budget	16.360.000	4.090.000	4.090.000	4.090.000	4.090.000	100%

6. Overall assessment according to CISU Programme guidelines

STRATEGIC RELEVANCE		Score 1-5
Criteria 1	Strategic orientation: Strengthening civil society in the global South and relevance to the Sustainable Development Goals	Score:
<p>Assessment:</p> <p>The title of the proposed phase II of AF's CISU-funded programme is "HIV Prevention, Resilience & Well-being among Key Populations in Malawi & Uganda". It has two overall impact objectives; (1) <i>Reduced HIV incidences among key populations (KPs) in Malawi & Uganda</i>, and (2) <i>Increased well-being among KPs in Malawi and Uganda</i>. The proposed next phase is introducing an extended focus on increasing the well-being and resilience of KPs and civil society organisations (CSOs), based on results, learnings, and contextual developments during the programme phase 2019-21. The objectives and the strategic orientation of the proposed programme is seen to be highly coherent with the applicant's overall organisational mandate and strategy, including the work to prevent HIV, improve access to HIV testing and effective treatment, and the focus on strengthening rights of the most vulnerable target groups.</p> <p>A key process element in the programme is capacity development by AF and partners of KP organisations and allied CSOs. This builds on the assumption that capacity building and support of CSOs and their increased interlinkage to national and international fora and network will enable them to become strong, sustainable CSOs with the ability to empower KPs and effectively advocate for their rights – as well as empowering them to be catalysts of change contributing to a stronger civil society within their countries.</p> <p>In terms of offering a catalytic approach, the application underlines the overall positive conclusion by the external CISU facilitated review in 2021, and the overarching recommendation "to consolidate further the solid programme strategy and approach from the first phase". However, based on results and learnings during 2019-21 and the COVID-19 pandemic's severe negative impact on HIV prevention and the rights of KPs and CSOs, the programme partnership has decided to extend the overall purpose of the programme to include the purpose of increasing the well-being and resilience among KPs and PLHIV in Malawi and Uganda. The intention is to embrace a stronger focus on socio and economic resilience and access to basic human rights for KPs – not just as a stepping-stone to better HIV prevention, but as an objective in its own right. The programme strategy is on this basis assessed to have included an additional (more so than an innovative) approach; this builds on the experiences from phase I.</p> <p>In AF's response to the draft assessment sheet, it is mentioned that "new innovative approaches included in programme phase 2 mainly relates to counteracting negative effects of COVID-19, which has disrupted HIV-programmes and services. This included distributing of HIV self-testing Kits, using digital means to accelerate ART and PrEP adherence, psychosocial counselling and support on WhatsApp and electronic data collection. The next phase will build on the experiences gained during the pandemic to develop and build on innovative methods and health-tech solutions."</p> <p>The programme is mentioned to be directly aligned with UNAIDS' new global strategy 2021-25, "End Inequalities. End AIDS", and it contributes to a several UN Sustainable Development Goals (SDGs), most directly SDG 3 on good Health and Well-being, SDG 5 on Gender Equality, SDG 10 on Reduced Inequality, SDG 16 on Peace, Justice and Strong Institutions, and SDG 17 on partnerships for the Goals. The application's Annex 3.4 provides a systematic overview of the programme's contribution to the SDGs.</p> <p>In conclusion, the AF programme is seen to be solidly based on a strategic orientation that strengthens civil society in Malawi and Uganda in their efforts to reduce HIV incidences among key populations, and hereby also to influence and promote the realisation of the SDGs.</p> <p><i>The score based on the assessment criteria is 4, which is given, when there is solid indication that supports the criteria.</i></p>		4
Criteria 2	Relevance of civil society partners and their local, national and/or global networking partners	Score:
<p>Assessment:</p> <p>The proposed programme phase comprises the existing partner organisations: In Malawi, AF works with the community-based organisation, <u>Action Hope Malawi (AHM)</u> in the districts of Zomba, Machinga and Blantyre and on a national level with the LGBT+-led human rights</p>		4

<p>organisation, <u>Centre for the Development of People (CEDEP)</u>. AF's partnership with AHM was initiated in 2016 and the partnership with CEDEP goes back to 2008. In Uganda, in Kampala and Wakiso districts and in the cities of Jinja and Mbale, AF works alongside the sex worker-led <u>Lady Mermaid Empowerment Centre (LMEC)</u>, and on a national level alongside the human rights organisation, <u>Human Rights Awareness and Promotion Forum (HRAPF)</u>. AF's collaboration with LMEC and HRAPF was initiated in 2018 under the current programme.</p> <p>The application stresses that working with the same partners for years has formed the basis for a deep understanding of each other's strengths and weaknesses as organisations, and that this knowledge is utilised to support and complement each other, fostering stronger and efficient relationships and better results. The combination of partners that are formed by representatives of and directly addresses the concerns and interests of KPs, and partners that from a national and broader human rights perspective can raise and advocate for KPs' strategic policy interests, is assessed to work well. The programme is in this way assessed to have managed to establish strong partnerships, and that it has served as a catalyst for increased collaborations and sharing of learning within and across countries, internally between programme partners, as well as between partners and other CSO's and key stakeholders nationally and internationally.</p> <p>In conclusion, AF is assessed to present solid partnership engagements, which are contributing to the development of a strong, independent, vocal, and diverse civil society in the global South through meaningful, equal, and mutually committing partnerships.</p> <p><i>The score based on the assessment criteria is 4, which is given, when there is solid indication that supports the criteria.</i></p>	
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CAPACITY		Score 1-5
Criteria 3	Organisational capacity and popular involvement	Score:
<p>Assessment:</p> <p>It is noted that the external capacity review found AF to have strong organisational capacities – technically, on context knowledge, programme, and financial management, and with a close collaboration between the different departments. Staff was assessed as competent and dedicated with sound work routines and systems for partnership management in place. AF has a long track record of engaging volunteers and activists in Denmark.</p> <p>A recent organisational restructuring was found to have strengthened the link between the national and international information work, with the complementary in approach reflecting a profound understanding of the complexity in establishing links between the national and international work. AF has an overall positive track record regarding AF's and partners' ability to reach set targets and deliver results on the ground. The application mentions that AF has streamlined processes to focus on results and learning, with procedures and formats compiled in a comprehensive set of Management Guidelines and with new budget follow-up formats and procedures. During 2020, M&E systems and tools have been strengthened across the programme. Specific measures to implement policies within Preventing Sexual Exploitation Abuse and Harassment (PSHEA) with the programme partners, including capacity building and introduction of protection mechanisms, are yet to be developed.</p> <p>AF has developed an organisational strategy for the overall organisation to cover the period 2020-2022, and also has a strategy for its international work, covering the years 2021-2026.</p> <p>Regarding popular engagement in Denmark, it is noted that AF has roots in the LGBT+ activist movement in Denmark, where the principle of volunteer engagement is applied in the HIV prevention program and peer education and support forming part of popular engagement.</p> <p>In conclusion, AF is assessed to demonstrate solid and effective organisational capacity, including human resources, to enhance development effectiveness of the organisation, and is seen to maintain relevant professional competencies and technical capacities. AF has a record of involving volunteers, peer educators and relevant stakeholders in the Danish society in order to broaden and sustain popular involvement and engagement with development cooperation.</p> <p><i>The score based on the assessment criteria is 5, which is given, when there is comprehensive indication that supports the criteria.</i></p>		5
Criteria 4	Financial management and administrative capacity	Score:
Assessment:		

<p>AF has a diversified partnership with institutional donor partners (EU, Danida, CISU and Danish public and private institutions and foundations), with an annual turnover in 2020 of DKK 28.5m. – of which DKK 5.3m. are own financed. Based on the review report and the application, AF is assessed to possess the required financial and administrative systems in place to manage the programme. Both AF and partners have procedures and guidelines for anti-corruption and procurement. It is mentioned that a PSHEA-policy is to be developed with programme partners, including capacity building and introduction of protection mechanisms. A specific plan for developing and implementing this was not included in the application as required, but in AF’s response to the draft assessment sheet, it is clarified that “AF has already developed and initiated its plan for facilitating development of PSHEA-policies, capacity building on PSHEA implementations and introduction of protection mechanisms among partners and within AF, within the given timeline requested by CISU.” A 10-point action plan is outlined. AF’s financial guidelines (attached to the application as annex 2.2) are comprehensive and from February 2021.</p> <p>In conclusion, AF is assessed to maintain a comprehensive level of financial management and administrative capacity for meeting the overall requirements and responsibilities related to management of CISU grants.</p> <p><i>The score based on the assessment criteria is 5, which is given, when there is comprehensive indication that supports the criteria.</i></p>	5
<p>Criteria 5 Analytical capacity and learning</p>	Score:
<p>Assessment:</p> <p>Based on the review report of phase I and the application for phase II, is it assessed that there is solid indication of AF’s analytical capacity to ensure a relevant contextual understanding to prepare, design and implement phase II of the programme.</p> <p>The application comprehensively presents and discusses key learnings that have informed the design of the next programme phase: The COVID-19 pandemic’s negative impact on HIV prevention, well-being and human rights of beneficiaries and accordingly on programme results – and at the same time putting a spotlight on a missing dimension in the change strategy. The increased clampdown on civil society in Uganda as well as the window of opportunity seen in Malawi after a period with high political tension – requiring an increased focus on organisational resilience. To minimise negative effects of COVID-19 on HIV presentation, the ability to provide a rapid response and introducing new activities and methods (HIV self-testing kits, HIV medicine and condom distribution to SWs during lockdowns, capacity building online, etc.). The validation of the peer-to-peer approach as a cost-efficient method to promote sustainable change. The need to address issues of poor mental health and low self-esteem among beneficiaries. The efficient use of targeted advocacy towards duty bearers, who exclude and violate the rights of KPs. The application includes in annexes (6.1.1-10) a series of analytical and thematic studies that AF and partners have taken part in or supported, and which have informed the development of the programme. The application is seen to demonstrate that the monitoring practice is based on learning and that partners are widely included in the process.</p> <p>The external review recommended that AF strengthens its learning database by retro-updating with information prior to 2019 – and AF has accepted the recommendation and indicates that registering learning from all projects implemented before 2019 into the database is now in process. Learning from 2021 and onwards will be entered into the database continuously.</p> <p>Regarding risk management, this builds on a brief Strategy for Programme Risk Management (annex 7.4) and a comprehensive Risk Management Matrix (annex 7.5), with seven contextual risks, two organisational risks, and a programmatic risk – with existing control, prevention, and mitigation measures. These are assessed as relevant and thorough.</p> <p>In conclusion, AF is seen to have a solid ability to carry out context and stakeholder analysis as a basis for programme design, planning and innovation, and to utilise evidence-based learning to inform strategies and operational approaches. Risk assessment, management and mitigation is seen to be integrated in learning approaches.</p> <p><i>The score based on the assessment criteria is 4, which is given, when there is solid indication that supports the criteria.</i></p>	4
<p>Criteria 6 Delivering and documenting results</p>	Score:
<p>Assessment:</p> <p>The application presents some key results and lessons learned from phase I of the programme. There has been progress on all key objectives and the programme has contributed positively to: (1)</p>	5

<p>Improving the ability of KP's to protect themselves against HIV and AIDS, with positive progress seen on all indicators – and with the peer-to-peer approach proving effective in empowering marginalised beneficiaries; (2) improving access for KP's to stigma free health services; (3) removing structural social, cultural and legal barriers to effective HIV prevention and treatment – resulting from effective advocacy work; and (4) increasing the capacity of partners and other KP organisations. It is noted that AF has included COVID-19 as a new structural barrier to HIV prevention and human rights for KP's. Overall, the theory of change and underlying assumptions and pathways have been confirmed. The programme status reports submitted to CISU and covering the years 2019 and 2020 are assessed as clear and comprehensive, with a focus on changes in the context in Malawi and Uganda (including analysis of risk factors), reporting on performance in the cooperation countries as well as public information results in Denmark, and recommendations for programme development. Issues of cost-effectiveness and efficiency are also addressed. In conclusion, AF is assessed to demonstrate a comprehensive ability to deliver results progressively at outcome level in a cost-effective manner, to monitor and report in significant changes, and to prioritise budget resources in a cost-effective manner.</p> <p><i>The score based on the assessment criteria is 5, which is given, when there is comprehensive indication that supports the criteria.</i></p>	
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PROGRAMMATIC APPROACHES		Score 1-5
Criteria 7	Theory of Change and programme synergy	Score:
<p>Assessment:</p> <p>The presented theory of change (ToC) is assessed to be based on thorough analyses of the context situation in Malawi and Uganda. Attached to the application as annexes are thorough baseline briefs for each of the countries (annex 4.5 and 4.6), analyses of legal regulations policy framework for sex work and transgender persons (6.1.1 and 6.1.2) and on human rights violations on the basis of sexual orientation and gender identity 6.1.3) and on the impact of COVID-19 (6.1.9) in Uganda; a Malawi key populations factsheet (6.1.10), etc. Much of this work is carried out by programme partners. The overall quality of the context analyses is therefore seen to be high and to include identification of stakeholders, duty bearers and rights holders.</p> <p>An illustration of the ToC is provided in the application, together with an explanation of its structure: The structural barriers to HIV prevention, causing unequal access to health, form the context and starting point. There are five main elements that form up the overall ToC: (1) <i>capacity building of KP CSOs and partners to be resilient and able to advocate for KP rights and HIV prevention</i>; (2) <i>empowering right holders to organise, know and claim their equal rights to health and protect themselves from HIV and STIs</i>; (3) <i>empowering SWs with new income generating skills and refer underage SWs to social services, increasing their resilience providing tools to exit sex work and seek new employment opportunities</i>; (4) <i>building the capacity of health staff to know KPs' needs and rights and to live up to their obligations as duty bearers to provide non-discriminatory health services</i>; and (5) <i>advocating for KP rights and inclusion in local, national, and international fora, legislation and policies and engage relevant duty bearers and stakeholders, motivating them to observe KP rights</i>. These five elements are in the ToC presented as pathways; from process interventions to short-term and mid-term outcomes, ending with impact statements. The four mid-term outcomes that reflect anticipated positive changes for the target groups, also appear as the first four outcomes in the Results Framework, while the fifth element (increased resilience and capacity of KP organisations and allied CSOs) is placed in the ToC as a process intervention but is also an outcome in the Results Framework (and in the budget, since a significant part of resources are allocated here). On this basis, the presented ToC is assessed to present a clear and logical link, from the context and stakeholder analyses to programme objective, outcomes, and assumptions. The application mentions that the ToC of the first programme phase, its pathways to change and underlying assumptions have proven valid. However, based on previous listed results and learnings during 2019-21, the programme partnership has decided to extend the overall purpose of the programme from reducing HIV incidence among KPs in Malawi and Uganda to also including the purpose of increasing the well-being and resilience among KPs in Malawi and Uganda. To reflect the proposed changes, the title of the programme has been changed to "<i>HIV Prevention, Resilience & Well-being among Key Populations in Malawi & Uganda</i> to embrace the stronger focus on socio economic resilience and access to basic human rights for KPs. The change led the external review</p>	<p>4</p>	

<p>to conclude in its analysis of the development triangle that it was important to maintain the balance between the strategic service delivery, advocacy and organisational capacity, not allowing service delivery to take over. This is assessed not to be the case in the final application, with outcome 1 taking up 10% of the PPA budget, outcomes 1-3 combined around a third of the PPA budget, outcome 4 and 5 also a third each. The ToC is subsequently assessed to include a relevant balance between strategic deliveries, capacity building and advocacy work.</p> <p>In conclusion, AF is assessed to present a coherent description of how the respective programme interventions create synergy to the overall programme approach. The programme ToC is assessed to be clear and relevant for each of the thematic programme outcomes that constitute the proposed engagement – with interventions in Malawi and Uganda being well fitted. The ToC reflects justified strategic choices of intervention that contribute to the objectives and outcomes of the programme and includes consideration of relevant risks that may hinder or delay programme outcomes.</p> <p><i>The score based on the assessment criteria is 4, which is given, when there is solid indication that supports the criteria.</i></p>				
<table border="1"> <tr> <td data-bbox="161 656 316 696">Criteria 8</td> <td data-bbox="316 656 1262 696">Result Framework and M&E system</td> <td data-bbox="1262 656 1430 696">Score:</td> </tr> </table>	Criteria 8	Result Framework and M&E system	Score:	
Criteria 8	Result Framework and M&E system	Score:		
<p>Assessment:</p> <p>AF and partners have evaluated and adjusted the existing comprehensive results framework to align it with the revised ToC and objectives for 2022-25, with an indicated ambition to measure results at impact, outcome and output levels across countries and partners. It is mentioned that the framework was developed through a participatory approach that included both management and implementing staff from all local partners. The programme results framework is assessed as detailed and well aligned with the ToC. Each of the 5 main components each have 2-5 outcomes formulations, all of which with well-developed indicators and measurable targets. It is noted that key programme indicators are aligned with global indicators as used by WHO, UNAIDS and the SDG's. The indicator level also includes use of the Most Significant Change technique, and feeds into AF's knowledge management and learning database. The external review found partners' project plans under phase I to be well aligned with the program results framework and to contain detailed activities and output indicators related to the main objectives. The monitoring system was seen to be systematic and based on partner organisations' data collection and aggregation by AF. AF's M&E system is presented to have a dual purpose of demonstrating progress and results through monitoring and improving efforts through evaluation and learning – and learning processes therefore takes place continuously at several levels and between various stakeholders, including internally within departments, between departments and through exchanges with partners and external stakeholders. As part of knowledge management, a learning database is used to register positive and negative learning through monitoring, reviews and evaluations. Two overall approaches are used in programme monitoring: (a) Monitoring of quantitative indicators, assessing outcome and output indicators, and (b) monitoring of qualitative indicators based on techniques such as Most Significant Change and Outcome Harvesting.</p> <p>Regarding risk management, AF and partners aim firstly at anticipating risks, then at preventing them from happening or at minimizing their impact if they do happen. It is mentioned that, because responding to risk is intended to help AF to achieve objectives, risk management is integral to programme management, including strategic planning, decision-making, operational planning and resource allocation. AF's risk management system encompasses three key elements: Risk management principles, a risk management framework, and a risk management process. The organisation's strategy for risk management is elaborated in annex 7.4.</p> <p>In conclusion, AF is assessed to present a coherent results framework at programme level and to have proven systems to operate sub-results frameworks at thematic, country and partner level.</p> <p><i>The score based on the assessment criteria is 4, which is given, when there is solid indication that supports the criteria.</i></p>	4			
<table border="1"> <tr> <td data-bbox="161 1800 316 1841">Criteria 9</td> <td data-bbox="316 1800 1262 1841">A human rights-based approach (HRBA)</td> <td data-bbox="1262 1800 1430 1841">Score:</td> </tr> </table>	Criteria 9	A human rights-based approach (HRBA)	Score:	
Criteria 9	A human rights-based approach (HRBA)	Score:		
<p>Assessment:</p> <p>The application stresses that the human rights-based approach (HRBA) is in AF's programme and partnership DNA. This falls in line with the assessment by the external review, where it was concluded that HRBA is reflected not only in the implementation of the HIV prevention program, but in the approach to working with KP: "Nothing about us without us", which is the principle guiding AF's partnership approach. AF take its point of departure in international human rights</p>	4			

<p>conventions, norms and instruments, and these form key guidance in the development interventions, partnerships and political dialogue. KPs – MSM, TG and SWs in Malawi and Uganda – are defined as rights-holders with entitlement to proper services and fulfilment of basic human rights, such as non-discrimination and equal access to health and justice. Politicians, officials, judiciary, police, public opinion makers and health service providers are defined as duty-bearers, with obligations to ensure that KPs are treated equally to other groups in society and have equal access to relevant health care and other services. PANT principles are integrated with this approach.</p> <p>AF is seen to have a track record and approach to supporting women and girls, primary though the focus on SWs, who are predominantly women. The strong focus on women and how women are disproportionately affected by HIV as presented in the context analysis is perhaps not as explicit on the programme ToC and results framework. It would among others be useful that AF confirms that outcome indicators and targets – whenever possible – will be gender disaggregate. In AF’s response to the draft assessment sheet, it is clarified that <i>“AF has a special focus on reaching the most vulnerable group of women and adolescent girls when it comes to HIV prevention, namely sex workers. As this group of women and adolescent girls forms part of the group defined as Key Populations – the populations most at risk of acquiring HIV and of experiencing harmful discrimination and stigmatization - we address the disproportionate HIV effect on women within the framework of Key Populations in the programme strategy. The majority of our beneficiaries are cis-gender female sex workers, including adolescent girls, and homosexual and bisexual men, but we also benefit transgender women and men, non-binary men and to a lesser extent, homosexual women. We will be mindful to segregate our data and results to the extent possible using the above-mentioned gender identities.”</i></p> <p>In conclusion, the proposed programme is solidly based on a HRBA, gender equality, and the principle of poverty orientation with a particular focus on poor, marginalised and vulnerable groups – in the AF programme defined as KPs. The programme’s focus on women and strategies to address the mentioned disproportionate HIV effect on women (as well as other groups within the framework of KPs) is satisfactorily explained as forming part of the programme strategy. <i>The score based on the assessment criteria is 4, which is given, when there is solid indication that supports the criteria.</i></p>		
Criteria 10	Sustainability	Score:
<p>Assessment:</p> <p>AF’s sustainability focus is on social justice and addressing growing inequality (rather than climate-related and environmental responsibility). The programme operates with organisational and financial sustainability supported by fundraising initiatives and capacity building of partners, as well as a volunteer and peer-to-peer approach where KP peer educators are trained on HIV prevention and human rights and a focus on economic empowerment of beneficiaries. Also, the programme builds on existing structures, collaborations, and mechanisms, which support the sustainability of activities and results. AF and its partner organisations develop exit strategies; an example mentioned is CEDEP, where support to groups and peer educators will not be part of the programme phase 2022-2025. Concerning environmental sustainability, an internal practice related to international flights and physical partner meetings is mentioned to be taken into consideration by the programme.</p> <p>In conclusion, the application is seen to present a solid analysis of the sustainability of key expected changes, including how the intervention strengthens civil society entities that promote social justice. There are also some reflections on responsible climate and environmental conduct – even if it this is not a direct focus of the programme.</p> <p><i>The score based on the assessment criteria is 4, which is given, when there is solid indication that supports the criteria.</i></p>		4
Criteria 11	Financial resources and Cost Level	Score:
<p>Assessment:</p> <p>The total programme budget amounts to DKK 18,636,690 – with DKK 16,360,000 being applied for with CISU; DKK 1,176,691 (8,7%) being expected liquid funds; and DKK 1,100,00 (8,1%) in expected co-financing. The applied CISU funding has an equal four-year annual distribution of DKK 4,090,000. DKK 13,554,910 is the total of PPA budget posts, comprising the programme’s 5 outcomes:</p> <ul style="list-style-type: none"> - Outcome 1: Improved sexual health of KPs ...: 8% of PPA budget. - Outcome 2: Improved resilience and ability among KPs ...: 10% of PPA. 		4

- Outcome 3: Improved access to stigma-free health services for KPs: 15% of PPA.
- Outcome 4: Improved inclusion, respect and observance of human rights of KPs: 33% of PPA.
- Outcome 5: Increased resilience and capacity of KP organisations and allied CSOs: 34% of PPA.

The balance between the budget allocations to the 5 outcomes is assessed as reasonable, with outcomes 1-3 (that contains some level of strategic services), outcome 4 (that focuses on advocacy), and outcome 5 (with a focus on organisational capacity building) taking up approximately a third each of the total PPA budget.

The detailed budget outlined in sheet 1C appears to be well prepared and detailed, providing a transparent indication of the programme's main types of costs (meetings, trainings, campaigns, administration, local staff, equipment, etc.). It seems that local administration takes up some 6% of PPA and local staff around 21% - both seen to be justifiable with the expected partner responsibilities to be accomplished. The application mentions that expenses within local administration, salaries and investments are not outcome specific and have been allocated to each of the outcomes based on that specific outcome's share of total costs.

DKK 9,131,129 (67% of PPA) is spent in the two programme countries, with 56% of this in Uganda and 44% in Malawi. This distribution over the two country programmes seems reasonable in consideration of the mentioned impressive results achieved by Uganda partners.

With regards to the three new budget cost categories, A1-A7, DKK 2,771,470 (17% of total budget) covers direct activity costs (A1), DKK 8,622,096 (53%) covers implementation by partners (A2), whereas DKK 2,161,345 (13%) has been allocated to programme support costs (A3). The level of budget allocation for A1 at the time of submission of the Concept Note was seen to consume a relatively high proportion of the total costs, and AF was advised to clearly justify the allocation. The allocation has been reduced from 23% to 17%, with some level of justification. The allocation to A3 has on the other hand been increased from 10% to 13%. The overall reduction of Danish TA is reduced with DKK 0.3m. 2% is to be spent on information activities in DK, 8% are unallocated, 1% is for auditing in DK, and 7% are for administration in DK.

Almost all of A1 is budgeted for Danish pay-roll costs, covering 8994 work hours at a cost of DKK 2.62m. A3 is budgeted at DKK 1.65m. for 5252 work hours; 50% of this is applied for with CISU, while the other half is to be covered by liquid funds. The total budget for Danish pay-roll costs is DKK 4.5m. – or 27% of the programme's total direct costs. The application mentions that AF expenses primarily promotes outcome 5, with a focus on building capacity and facilitating networking, sharing of learning and best practices between partners and advocacy support. The high level of TA is also argued as necessary because of the fragile context of KP-led CSOs that are vulnerable to government restrictions and harassment – which is time-consuming. It is also argued that detailed time registering during phase I proved that time allocation to programme monitoring, technical support and partner visits were under-budgeted. AF provides a long and detailed response to the draft assessment sheet on the issue of the level of Danish payroll cost – with the gist being that *"securing equal opportunities and rights for poor people and building a strong civil society in fragile and swiftly changing contexts together with and for vulnerable populations demands that AF apply a high level of expertise, agility, flexibility, close monitoring, and capacity building, which rests on investment of working hours from highly qualified staff."* The response highlights they compliments that the 2021 CISU review gave AF for its capacity to agile manage and implement the 1st phase of the HIV-prevention programme. It is noted that the funding for staff costs provided by the CISU programme grant does not fully meet actual costs. Finally, it is argued that a higher grant level would make it possible to reduce the TA percentage.

In conclusion, the application is seen to present a clear and transparent budget that clearly identifies and separates costs incurred at partner level and costs relating to the Danish application. The cost of each outcome can be reviewed during programme implementation to reallocate budgetary resources to enhance cost effectiveness. The level of budget allocations for Danish pay-roll costs at 27% of total direct costs is seen to be high, but the necessity well justified, and additional arguments provided to the draft assessment sheet confirms this.

The score based on the assessment criteria is 4, which is given, when there is solid indication that supports the criteria.

Criteria 12	Popular engagement and development education	Score:
Assessment: AF's strategy and plans for popular engagement is quite comprehensive. The aim is to target the Danish public, policy makers, academia, students, youth organisations, civil society, etc. with		4

<p>relevant and engaging communication on the international AIDS and human rights agenda, exemplified through programme interventions, achievements and challenges experienced on ground. The strategy consists of awareness raising (events, public media debates, campaigns, an informative website, and social media presence), mobilisation (using an impressive number of followers on social media, and receivers of the quarterly newsletter), and alliance building (re-thinking the approach to volunteer engagement to have a more partner-based approach). Community ambassador programmes are also being developed in four major cities of Denmark. In conclusion, AF is assessed to with engage relevant groups and stakeholders in Denmark to strengthen understanding of and interest in the global challenge of HIV and AIDS, the role of local partners and civil society in general.</p> <p><i>The score based on the assessment criteria is 4, which is given, when there is solid indication that supports the criteria.</i></p>	
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[udfyldes af CISU sekretariat]

Overall conclusion and budget (based on scoring and former budget level):			
Scoring aggregated and weighted	AIDS-Fondet	Average score for all applying programmes	Gain in % of AIDS-Fondet
	84,8	77,2	7%
Budget:	Applied amount/year:	Gain due to competition:	Final budget amount/year
	4.090.000	275.061	4.365.000

Embassy screening (if any):

Comments from Embassies	Embassy in Tanzania (30/9 2021): The Embassy is unfortunately not sufficiently familiar with the situation in Malawi. However, if the situation is similar to other Southern- and East African countries, like Tanzania, HIV Prevention, Resilience & Well-being among Key Populations is very relevant and a pertinent topic.
Response from applicant (if any)	

Comments from Embassies	
Response from applicant (if any)	

QUALITY ASSURANCE CHECKLIST

File number/F2 reference: 2019-1911

Programme/Project name: AIDS-Fondet - HIV Prevention, Resilience & Well-being among Key Populations in Malawi & Uganda – Phase II, 2022-2025

Programme/Project period: Jan. 2022 - Dec. 2025 (48 months)

Budget: 17.460.000

Presentation of quality assurance process:

Quality assurance has been implemented by Civil Society in Development, CISU, who are managing the pooled funds on behalf of the MFA and external consultants. Project documents have also been reviewed by the desk officer. The MFA has also provided input and comments for an earlier version of the concept note.

The design of the programme/project has been appraised by someone independent who has not been involved in the development of the programme/project.

The project design has been appraised by CISU and by an external assessment consultant. The partners are recommended to systematically monitor the TOC, including the underlying assumptions for change, and with focus on the partner component and the results of the Core Cost Grants.

The recommendations of the appraisal has been reflected upon in the final design of the programme/project.

Comments: Yes.

The programme/project complies with Danida policies and Aid Management Guidelines, including the fundamental principles of Doing Development Differently.

Comments: Yes.

The programme/project addresses relevant challenges and provides adequate responses.

Comments: The programme has a relevant civil society approach, combining strategic service, capacity building and advocacy. There is a focus on SDG 3 on good Health and Well-being, SDG 5 on Gender Equality, SDG 10 on Reduced Inequality, SDG 16 on Peace, Justice and Strong Institutions, and SDG 17 on partnerships for the Goals. The project includes a systematic risk analysis and risk management, wherein the description is divided into external risks and organizational risks.

Issues related to HRBA, LNOB, Gender, Youth, Climate Change, Green Growth and Environment have been addressed sufficiently in relation to content of the project/programme.

Comments: The proposed programme is solidly based on a HRBA, gender equality, and the principle of poverty orientation with a particular focus on poor, marginalised and vulnerable groups. The programme's focus on women and strategies to address the mentioned disproportionate HIV effect on women (as well as other groups within the framework of KPs) is satisfactorily explained as forming part of the programme

strategy. AF's sustainability focus is on social justice and addressing growing inequality (rather than climate-related and environmental responsibility). There are also some reflections on responsible climate and environmental conduct – even if it this is not a direct focus of the programme.

Comments from the Danida Programme Committee have been addressed (if applicable).

Comments: N.A.

The programme/project outcome(s) are found to be sustainable and in line with the partner's development policies and strategies. Implementation modalities are well described and justified.

Comments: Yes.

The theory of change, results framework, indicators and monitoring framework of the programme/project provide an adequate basis for monitoring results and outcome.

Comments: Yes.

The programme/project is found sound budget-wise.

Comments: Yes-

The programme/project is found realistic in its time-schedule.

Comments: Yes.

Other donors involved in the same programme/project have been consulted, and possible harmonised common procedures for funding and monitoring have been explored.

Comments: N.A.

Key programme/project stakeholders have been identified, the choice of partner has been justified and criteria for selection have been documented.

Comments: Yes, partners are found to be relevant and well-selected.

The implementing partner(s) is/are found to have the capacity to properly manage, implement and report on the funds for the programme/project and lines of management responsibility are clear.

Comments: Yes.

Implementing partner(s) has/have been informed about Denmark's zero-tolerance policies towards (i) Anti-corruption; (ii) Child labour; (iii) Sexual exploitation, abuse and harassment (SEAH); and, (iv) Anti-terrorism.

Comments: Yes-

Risks involved have been considered and risk management integrated in the programme/project document.

Comments: Yes, the project includes a systematic risk analysis and risk management, wherein the description is divided into external risks and organizational risks.

In conclusion, the programme/project can be recommended for approval: Yes

Date and signature of Desk Officer: 05.11.2021

Date and signature of Management: 05.11.2021

A handwritten signature in black ink, appearing to read "Meyer".