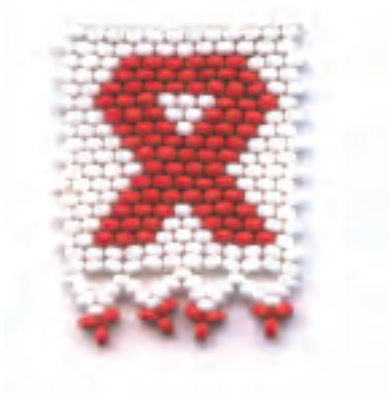




HIV/AIDS



EVALUATION OF UNDP'S ROLE AND CONTRIBUTIONS IN THE HIV/AIDS RESPONSE IN SOUTHERN AFRICA AND ETHIOPIA



UNDP¹ has been advocating for action against HIV and AIDS around the globe since the late 1980s. Today, it works globally with its partners to achieve the Millennium Development Goal on combating HIV and AIDS.

In late 2005, the Evaluation Office completed an independent evaluation of the role and contributions of the UNDP to the HIV/AIDS response. The evaluation's primary focus was Southern Africa, which remains the epicenter of the global AIDS epidemic and where HIV prevalence levels remain exceptionally high. The evaluation assessed whether UNDP was targeting the right things and doing things right, and assessed the results of UNDP's strategy, programmes and projects in addressing HIV/AIDS at the country level. A team of international and national consultants conducted the evaluation using the outcome evaluation approach, which examines not only contributions but also outcomes and results and evaluates how UNDP's interventions, together with those of other partners, contributed to changes in development conditions. The evaluation sought to be strategic and forward looking.

Five 'outcome themes' that focus on HIV/AIDS were identified as the framework for the evaluation: *governance* (which included policy, planning, promotion of rights, and accountability); *leadership for development* (UNDP country office, government, civil society); *capacity development*; *mainstreaming HIV/AIDS response into development and poverty reduction efforts*; and *coordination of partners* for achieving results at country level.

1. The United Nations Development Programme (UNDP) is the UN's global development network, an organization advocating for change and connecting countries to knowledge, experience and resources to help people build a better life. We have offices in 166 countries, where we work with countries to develop their own solutions to global and national development challenges. As countries develop local capacity, they draw on UNDP staff and our wide range of partners.

Since the evaluation's focus was country level, a major feature of the approach was a set of country-based studies conducted in Angola, Botswana, Ethiopia, Lesotho, Malawi, Namibia, South Africa, Swaziland, Zambia and Zimbabwe. The evaluation tried to capture changes that might not have occurred without UNDP's support as well as missed opportunities where UNDP might have been able to contribute to changes but did not.

The evaluation found that UNDP contributed to the acceptance of the multisectoral nature of the epidemic and of the need for mainstreaming. To some degree, it also contributed to the inclusion of HIV/AIDS in policies, plans and action in government responses beyond just the health sector, i.e. it promoted understanding of HIV/AIDS as a crosscutting human development issue. In particular, UNDP emphasized the need to integrate HIV/AIDS into poverty reduction strategies. It also helped to enhance the roles of non-governmental partners and the emergence of workplace HIV/AIDS programmes in country offices and in public and private organizations.

Findings showed that UNDP planned spending on HIV/AIDS from 1999-2004 increased overall in absolute terms. However, from 2003-2004, the share of HIV/AIDS planned spending declined in 6 of the 10 countries. There were significant differences amongst the case-study countries. In some countries, the level and shares of UNDP's planned spending were very high. In other countries, they were small. From 2002 to 2004, the share increased in only four countries and declined in six. Although UNDP at headquarters and the regional level have increased the priority given to HIV/AIDS, the evaluation found that this higher priority was not clearly reflected at the country level. There was also little evidence of integration of UNDP corporate, regional and country-level strategies

and activities. The evaluation recommended a review of the corporate HIV/AIDS strategy to support implementation of country HIV/AIDS and governance programmes including poverty reduction strategies.

The evaluation found that UNDP was influential in helping to catalyze a 're-thinking' of the needs, context and direction of capacity development with regard to HIV/AIDS. While results differed among countries, UNDP contributed substantially to enhanced capacity to plan, manage and implement HIV/AIDS initiatives by national entities and governments. In particular, UNDP's contributions were notable at district and sub-district levels, and among HIV/AIDS-related civil society organizations and communities. UNDP helped to empower both people living with HIV/AIDS and other vulnerable groups to address the effects of the epidemic, and stimulated greater knowledge relating to HIV/AIDS to guide responses. It also helped empower women and increased the presence and voice of civil society groups in HIV/AIDS issues.

The evaluation recommended that UNDP should improve further its efforts on gender and HIV/AIDS. UNDP should also increase leverage of its strong relationships with governments to influence HIV/AIDS governance decisions. UNDP should give central attention to supporting implementation of country HIV/AIDS programmes, especially at decentralized levels. It should also assist countries with mobilization, disbursement and effective utilization of external financial resources for HIV/AIDS. In terms of building capacity to mobilize and manage external HIV/AIDS resources from the national level to decentralized and community levels, the capacities of district AIDS committees or task forces need to be strengthened to complement the complex procedures for managing such resources.

The evaluation found that UNDP played an important role in mobilizing financial resources and strengthening partnerships between UN agencies and with other development partners. However, some missed opportunities were noted in UNDP's roles as Resident Representative and UN Resident Coordinator. Several obstacles to effective partnerships were identified: inadequate communication by UNDP with other development partners on its HIV/AIDS strategy and role; lack of clear agency role definitions; limited UNDP assertiveness; and too much focus on project support rather than longer-term issues of policy, strategy and coordination. The evaluation recommended that UNDP country offices strengthen their HIV/AIDS capacity, including budgets, staff skills, attitudes, and deployment; staff incentives; organization for HIV/AIDS work; internal and external leadership; and monitoring and evaluation.

FOLLOW-UP ACTIONS

The evaluation report was presented to the UNDP Executive Board in June 2006 together with the management response. Members urged UNDP to follow-up on the recommendations of the evaluation. The full report and management response are available on the Evaluation Office website www.undp.org/eo

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The evaluation of UNDP's role and contributions to the HIV/AIDS response in Southern Africa and Ethiopia was commissioned by the Evaluation Office and conducted by independent consultants Sulley Gariba, Ikwo Arit Ekpo, A.E. Elmendorf and Anthony Kinghorn with the support of national consultants in the ten case-study countries. Ruth Abraham was the Task Manager.



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