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

Evaluation Office, May 2006
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Executive Summary

Introduction

Rationale

Southern Africa is the subregion where the HIV/AIDS pandemic is the most devastating in the world and where the danger to sustaining development achievements is the greatest. The subregion is also suffering from the effects of poverty, drought and famine, and the severe erosion of human capacities. A number of factors, including social circumstances, economic conditions and population mobility, have increased the severity of the epidemic. Further, gender differences are at the root of a number of social, economic and political factors that drive the HIV/AIDS epidemic and result in a disproportionate number of affected women and adolescent girls. Without an understanding of the complex relationship between gender and HIV/AIDS, strategies to tackle the epidemic are not likely to succeed.

The Evaluation Office undertook a strategic evaluation of the role of United Nations Development Programme (UNDP) and its support in addressing HIV/AIDS in 9 countries in Southern Africa: Angola, Botswana, Lesotho, Malawi, Namibia, South Africa, Swaziland, Zambia and Zimbabwe. Ethiopia, in the Horn of Africa, was also included in the evaluation since it is estimated to have the second highest number of HIV/AIDS-infected people in Africa.

Objectives

The purpose of the evaluation was to assess the role and contributions of UNDP in the achievement of key outcomes at the country level. This included a review of the UNDP role and contributions in the policy and planning choices made by countries in relation to HIV/AIDS. The terms of reference called upon the evaluation to assess whether UNDP was targeting the right areas and taking the correct approach, and to assess the outcomes of its strategy, programmes and projects in addressing HIV/AIDS at the country level. The terms of reference also called for the evaluation to be strategic and forward-looking. It was expected to assist the UNDP country offices (COs) concerned in taking an increasingly effective role in HIV/AIDS, with appropriate contributions from corporate units and the Regional Centre for Southern Africa. The findings were also expected to contribute to future UNDP strategies and programmes on HIV/AIDS.

Concepts and methodology

The evaluation covered the period 1999 through 2004, but the report takes into account many critical developments in the HIV/AIDS response in 2005. The evaluation included an overview of the Strategic Results Framework (SRF) in 1999 and included an overview of budgeted activities that were either ongoing or had not yet begun. It reviewed outcome evaluations conducted by UNDP at the country, regional and subregional levels. It also reviewed the contributions of UNDP towards the Multi-Year Funding Framework (MYFF) 2004-2007, in which responding to HIV/AIDS was a separate corporate-level goal. The focus of the evaluation was at the country level.

The evaluation used a variety of approaches and data sources, which allowed the team to triangulate its research and arrive at robust findings. These included:

- A preliminary review of internal UNDP documents.
• Country assessments by national consultants in 10 countries and six country visits by international consultants. The assessments involved interviews and focus groups, and included views of UNDP and other United Nations (UN) staff, donors, government officials, people in community based organizations, women’s organizations, and academics.

• Policy interviews in New York and several other locations with key personnel from UNDP, other UN bodies, and partner organizations.

The evaluation focused largely on UNDP contributions and outcomes and the environment in which UNDP HIV/AIDS activity at the country level has taken place.

The contributions and outcomes analyzed in the evaluation identified notable changes in responses to HIV/AIDS. However, at the time of the evaluation, many interventions had not been implemented for an extended period, so findings on outcomes were often limited. There were limitations on ability to triangulate and validate views. Validation was made more difficult by a scarcity of quantitative evidence. Since HIV/AIDS activities of other donor partners were not assessed, the team was unable to gain as much understanding of partner activities as would have been desirable for a thorough assessment of UNDP comparative advantages with respect to HIV/AIDS. Weaknesses in monitoring and evaluation at the CO level also impeded the evaluation task. Additional limitations were encountered because UNDP was often only one of several players associated with an outcome. Nonetheless, the review of contributions and outcomes is sufficiently robust to present a number of conclusions and raise key strategic issues that have implications for strengthening the role played by UNDP in the HIV/AIDS response.

Context

The global context

Heads of State from around the world adopted the Millennium Declaration in September 2000. Included in it are eight development goals, comprising an ambitious agenda for reducing and ultimately eliminating poverty. Of these, Goal 6 calls for halting and beginning to reverse the spread of HIV/AIDS, malaria and other major diseases by 2015.

In June 2001, at the special session of the General Assembly on HIV/AIDS, heads of state and government adopted by acclamation the Declaration of Commitment on HIV/AIDS, “Global Crisis – Global Action” (resolution S-26/2) to express their commitment to addressing the HIV/AIDS crisis. The Declaration articulated measurable goals to reverse the epidemic, including targets in several key areas. It also called for a fundamental shift in the global response to HIV/AIDS as not only a public health dilemma, but also a global economic, social and development issue of the highest priority, and the single greatest threat to the well-being of future generations. A commitment was also made at the special session to create the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM), in the recognition that if brought to scale, efforts to prevent and treat HIV/AIDS, tuberculosis and malaria could change the course of these diseases.

The UNDP institutional and policy environment

UNDP has been advocating for action against HIV/AIDS since the late 1980s. In 2000, it made HIV/AIDS one of its top organizational priorities, integrating it into broader efforts to support effective democratic governance and poverty reduction. Since June 2001, several Executive Board sessions have been devoted to reviewing UNDP contributions towards reversing the HIV/AIDS pandemic within the context of the UN System Strategic Plan for HIV/AIDS for 2001-2005. This culminated in the decision to
make HIV/AIDS a vital consideration for UNDP during the second MYFF period (2004-2007), and one of five core goals for the organization – Goal 5: Responding to HIV/AIDS. This will contribute directly to Millennium Development Goal (MDG) 6 on combating HIV/AIDS. The HIV/AIDS service lines were consolidated from five to three areas under the second MYFF: leadership and capacity development to address HIV/AIDS; development planning, implementation and HIV/AIDS response; and advocacy and communication to address HIV/AIDS.

**Growth in external financial resources to fight HIV/AIDS**

Considerable growth in external financial support for the fight against HIV/AIDS was seen at the country level during the review period. This has led to dramatic increases in total public expenditure on health in some case-study countries (potentially as high as 700 percent in Zambia, for example). The consequences include new challenges for developing countries in managing public finances and ensuring that donors respect country priorities. This implies, also, changes in the needs of UNDP’s national partners, which now require more support for the mobilization and the effective use of new external financial resources for HIV/AIDS.

Headquarters data suggest that between 1999 and 2004 total UNDP planned spending from its own resources for HIV/AIDS projects and activities was at least $3 million per year in the 10 case-study countries. Cost-sharing resources brought the total to nearly $6.5 million per year, or a minimum of $21 million in the case-study countries during the period of the evaluation. In contrast, GFATM commitments to the case-study countries amounted to $312 million for signed grants as of April 2005. Thus, UNDP is becoming a smaller player on the HIV/AIDS scene than it was in the 1990s. However, the evaluation found that UNDP has had important accomplishments in relation to the size of its funding.

**UNDP, the UN System, and the international community**

The central position of UNDP Resident Representatives and UN Resident Coordinators in the international system of development support is almost universally recognized. In the case-study countries, the UNDP coordination role sometimes extended beyond UN organizations to include additional partners, especially where new financial resources were programmed by non-UN organizations.

**UNDP comparative advantages in the fight against HIV/AIDS**

The comparative advantages of UNDP in the HIV/AIDS response vary from country to country. Nonetheless, there was one key comparative advantage that is institutional in character: The position of UNDP as coordinator and voice for the UN system and UN country teams. The evaluation perceived a UNDP comparative advantage in facilitating the effective involvement of other smaller UN organizations and donors, especially in smaller countries and where major donors are relatively less active. However, as financial resources from non-UN institutions assume greater prominence, UNDP risks losing relevance at the country level unless it gives greater attention to coordination beyond the UN system.

The generally strong relationships between UNDP and governments represent another key comparative advantage, but it has been under-used in the case-study countries. The ability to promote and facilitate mainstreaming and integration of HIV/AIDS issues into development and poverty reduction strategies should be a comparative advantage of UNDP in all countries, as was the case in Angola and Swaziland.

UNDP was also thought to have a comparative advantage in addressing certain aspects of AIDS-related governance issues, including decentralized support to the HIV/AIDS response, the human rights dimensions, and gender.
Finally, the evaluation found that UNDP should have a comparative advantage in capacity development, as in its work for decentralized HIV/AIDS responses in Botswana and Zambia. Developing and using all of its potential comparative advantages at the country level poses continuing challenges.

It was not clear whether the comparative advantage of UNDP was viewed as actual or only potential. Too often, UNDP leadership was seen as bureaucratic and diplomatic rather than substantial and development-oriented. UNDP might achieve development results as much by trust and facilitation as by the provision of financial resources. The Secretary-General has called for the creation of joint UN HIV/AIDS teams at the country level. UNDP must be at the heart of the implementation of this new arrangement.

**Findings**

The relevance, effectiveness and sustainability of UNDP HIV/AIDS responses represent core issues for the evaluation. They are discussed in the following three sections: key contributions and outcomes of UNDP engagement in HIV/AIDS; UNDP HIV/AIDS strategy and management of the UNDP HIV/AIDS response; and monitoring, evaluation, and sustainability of the UNDP HIV/AIDS response.

**Key contributions and outcomes of UNDP engagement in HIV/AIDS**

UNDP has played multiple roles in the HIV/AIDS response at the country level. In general, the roles and contributions of UNDP were relevant to the situations of its partner countries, but they risk losing relevance as the environment for UNDP engagement changes. It was too soon to assess the effectiveness of the UNDP response in achieving development impact in a number of areas, but certain important contributions and outcomes were identified, along with some missed opportunities and marked inter-country variations in programmes and results. UNDP effectiveness and sustainability of UNDP interventions were limited by lack of attention to monitoring, evaluation and exit strategies.

Overall, the evaluation found that UNDP is supporting those programmes and activities that it said it would support. Activities--frequently at the pilot level--included leadership development programmes for HIV/AIDS; Community Conversations to engage and stimulate HIV/AIDS-related initiatives at the community level; capacity development and policy support to national HIV/AIDS commissions and councils; support to decentralized HIV/AIDS responses at provincial, district and local government levels; support for the elaboration of HIV/AIDS-related policies, including action related to gender and stigma; support for civil society organizations (CSOs) in their HIV/AIDS responses; generation of knowledge through activities such as National Human Development Reports related to HIV/AIDS; mainstreaming or facilitating integration of HIV/AIDS issues into activities beyond the traditional HIV/AIDS “sector;” support for workplace HIV/AIDS responses in the UN family of institutions; and partnership actions for country results.

Beyond the activities that UNDP financed, UNDP CO managers and staff were engaged at various levels in stimulating HIV/AIDS policy development, planning, and action at the country level.

The signal accomplishment of UNDP lies in moving HIV/AIDS paradigms from biomedical towards development perspectives in almost all the case-study countries. The shift was part of a global change, but UNDP was widely considered to have been instrumental in successfully advocating for it within countries and for helping to institutionalize this shift in development planning and management. Support at the country level in systematically promoting the shift has been significant. However, UNDP has achieved only limited change in translating awareness and policy acceptance into actions, especially beyond the HIV/AIDS sector. In addition, the recent growth in external financial resources and resulting prominence of treatment creates the danger that developmental approaches to combating the epidemic may lose attention.
Relevance and effectiveness of UNDP role and contributions

Five themes were used as the organizing framework for the evaluation – governance in relation to HIV/AIDS, HIV/AIDS leadership, mainstreaming HIV/AIDS into other development activities, capacity development for HIV/AIDS response, and partnerships for country results.

Governance, including gender and CSO engagement

UNDP contributed substantially to paradigm shift from biomedical to developmental perspectives on HIV/AIDS and greater commitment of governments and their partners towards policies, strategies, structures, and processes that shape national responses. Three significant outcomes stand out: changing national policies and strategic frameworks for managing HIV/AIDS; strengthening decentralized HIV/AIDS institutions; and increasing the presence and voice of CSOs and vulnerable groups in advocacy and participation. The quality, effectiveness and sustainability of changes in these three areas were mixed.

There are ongoing challenges to enhancing the roles of national HIV/AIDS commissions and decentralized structures, and the participation of key stakeholders, including vulnerable groups. The quality of country strategies to address these issues in the case-study countries could be improved, and plans to translate these strategies into action were often not well developed.

The reputation of UNDP for strong links with government created unexploited opportunities for influence on HIV/AIDS governance. Many other development partners have become involved in strengthening national HIV/AIDS structures and governance, often with larger financial and human resources than UNDP has available.

Gender and HIV/AIDS are inextricably linked. Gender inequality is a key factor in the HIV/AIDS epidemic among women, and young girls, in particular, are disproportionately affected by the pandemic. Several UNDP initiatives, particularly at the community level, have positively and markedly influenced gender dynamics. However, it was difficult to establish that UNDP programmes changed gender-related issues concerning HIV/AIDS on a significant scale. In a number of countries, UNDP has promoted increased recognition of the rights and roles of women, people living with HIV/AIDS and CSOs in governance and in multisectoral responses. UNDP spearheaded initiatives to establish and strengthen umbrella or coordinating CSOs, but did not provide enough support to achieve measurable impact, especially at the peripheral levels where populations most need support from CSOs.

Leadership

UNDP has helped strengthen HIV/AIDS-related leadership through programmes that develop leadership among politicians and government officials, community and civil society bodies, and some private-sector entities. In addition, the UNDP COs themselves, through the interventions of Resident Representatives, Resident Coordinators and CO staff, have contributed to HIV/AIDS leadership. However, there is still a great need to enhance HIV/AIDS-related leadership in the case-study countries.

The evaluation found inspiring examples of leadership “breakthroughs,” particularly in the UNDP Community Conversations and leadership development programmes. However, at the time of the evaluation, it was uncertain whether UNDP interventions, including its Leadership Development Programme, had achieved sufficient scale and depth to respond fully to leadership needs.
It was difficult to verify that effective interventions received adequate support, and that interventions that were supported represented true areas of comparative advantage for UNDP in relation to its other HIV/AIDS work and the work of its development partners. The UNDP concentration on individual leadership development needed to be complemented by emphasis on group leadership.

**Mainstreaming**

UNDP has contributed to acceptance of the multisectoral nature of the epidemic and the need for mainstreaming—incorporation of HIV/AIDS issues in policies, plans, and action in government responses beyond the health and HIV/AIDS sectors; enhancement of the roles of non-governmental partners and successes in facilitating mainstreaming in policy statements, implementation of mainstreaming in multisectoral responses; and emergence of workplace programmes in UNDP COs and in public and private sector entities. However, despite the initiatives of UNDP and its partners, and successes in facilitating mainstreaming in policy statements, implementation of mainstreaming was still at an early stage in most case-study countries, especially in key areas such as poverty reduction strategies. HIV/AIDS deepens poverty and increases inequalities at every level. It is critical to integrate HIV/AIDS priorities into poverty reduction strategies to help create an enabling policy and resource environment. UNDP was influential in integrating HIV/AIDS into poverty reduction strategy documents in several countries, working closely with governments and national partners. However, more needs to be done in this area.

UNDP mainstreaming contributions seemed unlikely to have substantial impact. Very little attention was paid to gender and HIV/AIDS mainstreaming, even at the government policy level. Where this was done, as in Botswana, follow-through was limited. While the problem of making the leap from policy language to follow-up implementation is not unique to UNDP, there is a long way to go to achieve full integration of HIV/AIDS into poverty reduction strategies, papers, processes, and outcomes.

Though UNDP leadership has triggered some important changes through the UN We Care workplace programme in some countries, in others, UNDP was seen more as a participant than a leader. There were missed opportunities for UNDP COs and other UN partners to learn from each other in this regard. COs did not integrate this activity systematically into their own activities and programmes.

The limited mainstreaming of HIV/AIDS into other UNDP programmes and activities is of particular concern. This suggests limited ownership of the HIV/AIDS agenda among UNDP CO staff beyond those immediately responsible for HIV/AIDS response.

**Capacity development**

Capacity development is a top priority for UNDP in supporting programme countries. While results differed among countries, both institutional and individual capacity at all levels, from national and decentralized to the community level, has been strengthened by UNDP. In particular, UNDP has enhanced capacity to respond to HIV/AIDS in the following areas: individual and institutional capacity in national HIV/AIDS commissions and ministerial departments; capacity for decentralized planning, management, and implementation; capacity of HIV/AIDS-related CSOs and community level capacity; empowerment of people living with HIV/AIDS and others vulnerable to effects of the epidemic; and knowledge relating to HIV/AIDS to guide responses. In some countries, UNDP appears to have missed opportunities to deal with larger-scale capacity problems in public sector management, particularly related to human resource planning, development and management.
UNDP has had notable achievements at the community level and at decentralized levels of government, where limited ability to promote activity is often a major gap in national response. However, results related to gender and HIV/AIDS and the development of the capacity and involvement of women have not featured prominently in many countries.

Serious constraints so far on outcomes of capacity building with CSOs and other players are: inadequate consideration of sustainability plans; inexistent exit strategies; and achieving the required scale of impact.

An increasingly prominent area of capacity development is building country capacity to mobilize and manage external HIV/AIDS resources. UNDP has begun to grapple with this issue, particularly through its GFATM principal recipient (PR) role. In the past, insufficient emphasis had been given to moving resources (such as GFATM) beyond the national level to decentralized and community levels. UNDP assumed a major capacity development role through its PR responsibility for GFATM resources in two of the case-study countries, where it is likely that without UNDP support no access to GFATM would have been possible. However, while the importance of UNDP’s capacity development contributions as GFATM PR was underscored, UNDP’s assumption of this role raised concerns among some stakeholders as to whether it created a conflict of interest with other UNDP activities, particularly with its role of neutral advisor to the public authorities.

Approaches to UNDP HIV/AIDS capacity development innovations were sometimes weak in strategic focus, leading to limited sustainability and impact. Issues of scale and sustainability were raised with respect to Community Conversations in several countries. The role of UN Volunteers, which had been successful in achieving urgent outcomes, needs to be more strategic. UNDP training in several countries lacked coherent planning and follow-up. These issues were thought appropriate for action by the UNDP Southern African Capacity Initiative (SACI).

The scale and range of HIV/AIDS capacity challenges in the case-study countries remains huge. UNDP risked spreading itself too thin as a result of limited prioritization, limited consolidation of capacity development agendas, and limited reinforcement and exchange of experience among countries. Stakeholders found a possible role for the UNDP Regional Centre for Southern Africa in cross-country experience sharing.

**HIV/AIDS partnership coordination**

In nearly all the case-study countries, UNDP has played an important role in partnership coordination for the achievement of country results. This was most evident in financial resource mobilization from the GFATM in Angola and Zimbabwe. UNDP assisted some countries in obtaining increasing government financial allocations to HIV/AIDS, but the amounts were dwarfed by the larger funding from external partners such as GFATM and the US President’s Emergency Plan for AIDS Relief (PEPFAR).

UNDP made important contributions in some of the case-study countries in strengthening interagency synergy among UN organizations and official development partners, as exemplified by the effective functioning of HIV/AIDS Theme Groups. Obstacles to effective partnerships included: inadequate communication, inadequate agency role definition and resulting tensions, limited UNDP assertiveness, and excessively project-focused approaches. Differences among UNDP headquarters staff in their personal commitment to the corporate HIV/AIDS agenda were also cited as a reason for inter-country differences in the UNDP HIV/AIDS response.

UNDP’s HIV/AIDS practice is a part of a larger joint UN programme--UNAIDS--of which UNDP is one of 10 co-sponsors. At the country level, they form the UN Theme Group on HIV/AIDS. For UNDP, the
most significant institutional change during the period of this evaluation was the striking growth of the
UNAIDS Secretariat and the expansion of its presence in the field. In many countries, the UNAIDS
Secretariat has recruited Country Coordinators, while UNDP has only part time HIV/AIDS focal points.
Tensions undermined synergies between the two in some countries.

Many stakeholders would like UNDP to provide more leadership in partnership coordination for country
results in the HIV/AIDS response. Strategies to strengthen partnership development roles require the
consideration of several factors including: specific circumstances and opportunities in each country;
capacity of COs and the skills and attitudes of specific Resident Representatives, Resident Coordinators
and staff; clarification of roles between UNAIDS and UNDP at the country level; and improved design
and communication of the UNDP CO HIV/AIDS strategy.

The positive partnership coordination outcomes documented in the evaluation were widely thought to
have been accomplished with less-than-adequate CO and regional centre staff and coordination—a view
shared among CO staff and many development partners. The newly established regional centre was seen
by many as an important complement to the CO, but its role was not well understood. CO capacity might
be strengthened by “projectizing” support and thereby removing it from the constraints of the UNDP CO
administrative budget. Data from the last year of the evaluation indicate that the share of UNDP
HIV/AIDS spending increased in only four of the 10 case-study countries, and actually declined in six.
Box E.1 Promising practices at the country level

As an indication of the importance and value of monitoring, evaluating, and disseminating promising practices, this box summarizes one example from each of the case-study countries documented in the main report, in the country summaries contained in Annex 6, and in the national consultant assessments.

Angola: Mainstreaming HIV/AIDS into the education system—UNDP trained social actors (teachers, community leaders, armed forces, civil society and the media) on human rights, peace, gender and HIV/AIDS. This contributed to establishment and strengthening of community social networks for dialogue and provision of services to adolescent mothers, orphans, and PLWHA.

Botswana: Advocating and supporting the establishment of NAC and civil society coordinating organizations—Consistent support by UNDP for the national AIDS coordinating organization started with the AIDS/STI Unit within the MOH, and was eventually instrumental in the establishment of the NAC, chaired by the President, and NACA, with its Director elevated to the status of Permanent Secretary to provide high profile and commitment to AIDS. Similar support and advocacy also led to the establishment of key civil society coordinating bodies for PLWHA, ethics, and AIDS service organizations.

Ethiopia: Strengthening capacity for community driven solutions through Community Conversations (CC)—in Alaba and Yabello districts, communities certainly not used to discussing such matters, the participatory process of CC enhanced knowledge on AIDS and helped to break the silence, reduced stigma and led to greater support for PLWHA and increased VCT uptake. At the time of the evaluation the CO was generating lessons on how CC can be sustained and rolled out on a larger scale.

Lesotho: Creating partnerships for leadership engagement and social mobilization—a new UNDP Resident Coordinator used her position as co-chair of an Expanded HIV/AIDS Theme Group to forge partnerships with development partners, engage donor support and mobilize national leadership commitment on AIDS. She used the platform to mobilize resources for crafting and publishing a widely used review ‘Turning a Crisis into an Opportunity’. Working collaboratively with other partners, the Resident Coordinator launched the book and used it as a tool for mobilizing national action against AIDS.

Malawi: Supporting the design of the AIDS SWAp—UNDP support for the AIDS Round Table facilitated early engagement of development partners and led to the creation of a donor funding basket or AIDS SWAp, with about $400 million in pledges.

Namibia: Engaging the private sector to mobilize the business community on AIDS—grant support to the National Business Coalition on HIV/AIDS (NABCOA) led to increased awareness about AIDS. Training of employees and development of a toolkit resulted in the expansion of programmes and the mobilization of businesses at the national and municipal levels, through AMICALL (Alliance of Mayors Initiative for Community Action on AIDS at the Local Level).

South Africa: Reducing stigma in the workplace through GIPA—focusing on decentralization themes as a result of its collaborative arrangements with the government, UNDP provided support to both the private and public sector through workplace programmes for PLWHA. It was successful in reducing stigma and empowering PLWHA to live productive lives.

Swaziland: Using leadership training to facilitate scaling up AIDS Awareness for the Police Force—as a result of UNDP training, the Assistant Commissioner of Police scaled up training and established a Committee on AIDS. He expanded AIDS activities to all four regions of the country, thus increasing awareness.

Zambia: Using underutilized national human resources as UN Volunteers, to meet the demand for AIDS Programming—through careful assessment and in response to national requests, national UNVs were deployed to act as catalyst for facilitating district AIDS action plans, and thereby facilitated access to resources available through the World Bank.

Zimbabwe: Staying the course in challenging circumstances—consistent support to the NAC and the country during trying times has resulted in successful mobilization of funds through the GFATM; UNDP started developing increasing capacity of the NAC to assume responsibility for managing funds.
**Strategy and management of the UNDP HIV/AIDS response**

UNDP has made significant efforts to mobilize resources for its interventions in the fight against HIV/AIDS. It operates at three levels--corporate, regional and national. Resources are mobilized through different funding sources--the Global Thematic Trust Fund set up in 2002 to support Global Cooperation Framework resources; projects at the regional level; and core and non-core resources at the country level.

**Strategic focus**

There was a disconnect between the UNDP corporate strategy for HIV/AIDS and implementation by COs, and little evidence of integration of corporate, regional and country-level strategies and activities. A further disconnect existed between the country cooperation framework (CCF) and actual activities. Broad frameworks were not consistent nor did they adequately capture what UNDP actually planned and executed at the country level.

Such disconnects between CCFs and programme statements, compared to actual activities, might indicate adaptation, evolution, and flexibility in the UNDP response. Alternatively, they might indicate disjunctions among the paradigms and strategies of UNDP COs, headquarters, and the regional centre. Headquarters initiatives did not seem to be reliably consistent with country-level circumstances and capacity.

**Funding by UNDP**

The role of UNDP in HIV/AIDS substantially increased among the countries reviewed in this evaluation period, with many new activities being funded. Nonetheless, in some countries, HIV/AIDS still was not a central element in country programmes. A review of CCFs showed that discussions of HIV/AIDS were vague and somewhat limited.

UNDP spending on HIV/AIDS has substantially increased. Although financial information was not available to assess patterns and trends with a high degree of confidence, the evaluation found significant differences among the case-study countries in the amounts and shares of HIV/AIDS spending in total country programme spending. The low levels and small shares of HIV/AIDS in UNDP country programme spending in some countries as late as 2004 (6 percent to 9 percent in three countries) did not reflect the UNDP corporate priority and strategy on HIV/AIDS at the country level. The very high share in other countries (as high as 62 percent in one country) suggests that determined leadership by the UNDP Resident Representative or the UN Resident Coordinator can make a significant difference.

**CO HIV/AIDS capacity**

Wide variations exist in the technical and organizational capacity of the COs to support national HIV/AIDS responses, as well as the determination of CO managers and staff to take action. The difficulty in obtaining financial and other data on UNDP HIV/AIDS projects and programmes from headquarters databases and from the COs themselves raises questions about the capacity of UNDP to be accountable and manage resources in an effective and timely manner.

**Statements and performance**

Despite UNDP’s achievements in making HIV/AIDS a development issue, there were serious gaps between statements made by UNDP and its performance. The soaring rhetoric of senior management
statements and UNDP publications on HIV/AIDS was inadequately matched by comparable CO performance in the design and execution of UNDP activities. Overall, there were large delivery gaps in translating policies into actions.

Implementation was given inadequate attention at two levels: UNDP projects and programmes require greater support from COs to reduce delays in execution; and, as increasing external financial resources were being promised by donors for the HIV/AIDS response, UNDP was not yet providing the new types of support needed for the execution of country HIV/AIDS programmes in the public and private sectors, including the NGO community.

**Monitoring, evaluation, and sustainability of the UNDP HIV/AIDS response**

The limited quantity of monitoring and evaluation data imposed serious constraints on the evaluation and raised questions regarding the sustainability of the UNDP HIV/AIDS response. Weaknesses were observed in the lack of outcome-oriented evaluation at the CO level (with one or two exceptions), and quantified or clearly documented evidence was scarce. The concept of outcome evaluation was not firmly anchored in UNDP—to the extent that CO understanding of an independent evaluation, and the level of support it received, varied greatly from country to country.

UNDP HIV/AIDS projects, which frequently took the form of pilot projects, generally lacked evaluation and exit strategies and seemed simply to come to a halt. One exception in this area was the UNDP Ethiopia’s Community Conversations programme. However, without carefully planned and executed evaluation and exit strategies, the chances of sustaining UNDP projects and activities beyond the period of UNDP financial support are low.

**Recommendations**

This evaluation has one overarching recommendation: In Southern Africa—where the HIV/AIDS epidemic is the most severe in the world—the COs in the case-study countries must demonstrate a much higher level of urgency in their work on HIV/AIDS.

Urgency should be measured, inter alia, by use of resources, leadership, people, time and money. Total UNDP spending on HIV/AIDS overall is not large enough to have a significant impact on the epidemic at the country level. It is therefore particularly important that it use HIV/AIDS resources, both human and financial, in a strategic manner. It is critical to develop coherent approaches to leveraging partner resources in order to achieve the scale of outcomes required in countries with very severe epidemics.

With support of an agile team drawn from all concerned headquarters units and the Regional Centre, each UNDP CO and each of the other units concerned should develop, by September 2006, a monitorable action plan through which to implement the specific recommendations detailed in the evaluation report. These specific recommendations are:

**Country offices**

*Clarify strategic direction.* COs should formulate or update UNDP country HIV/AIDS strategies and integrate them into national HIV/AIDS strategies and programmes. Strategies should:

- Include UNDP inputs from the Regional Centre and headquarters units, and promote mainstreaming, especially the full integration of HIV/AIDS into poverty reduction strategies.
• Draw upon initiatives from the headquarters Bureau for Development Policy (BDP) and the Regional Centre, where those initiatives are relevant to the country’s situation.
• Be based on country demand and need rather than UNDP supply; take into account implementation of the “Three Ones” principles; support donor harmonization; support integration of HIV/AIDS into poverty reduction strategies; and associated actions should feature prominently in UNDP country HIV/AIDS strategies and programmes.
• Integrate all UNDP financial resources for HIV/AIDS, whether managed at country, regional or headquarters level, and whether core resources or trust funds.

**Shift programme focus.**

• Give central attention to supporting implementation of country HIV/AIDS programmes, especially at decentralized levels.
• With support from the Regional Centre, assist partner countries in designing, financing, and executing programmes that take actions successfully piloted by UNDP and other external partners to scale on a country-wide basis.
• Assist partner countries with mobilization, disbursement and effective utilization of external financial resources for HIV/AIDS, with support from the Regional Centre.

**Strengthen HIV/AIDS capacity.** COs should strengthen their HIV/AIDS capacity, with support from the Regional Centre for Southern Africa and headquarters. CO HIV/AIDS capacity should include budgets; staff skills, attitudes, and deployment; staff incentives; organization for HIV/AIDS work; and internal and external leadership. Leadership by example rather than by mandate should characterize UNDP cooperation with UN organizations and other partners. In their HIV/AIDS work, COs should go beyond UNDP projects and should plan, draw upon and facilitate deployment of the entirety of the institutional resources available to UNDP through UNAIDS and the UN system.

**Foster a culture of monitoring and evaluation.** Such a culture should be fostered by strengthening monitoring, evaluation, exit strategies, and especially learning from experience, with an expectation of measurable results from each UNDP HIV/AIDS project or intervention. Specific recommendations include:

• Review each ongoing UNDP HIV/AIDS project or activity for adequacy of its monitoring, evaluation and exit strategy. Projects should not simply end but should have a planned exit strategy involving evaluation and transfer of responsibility.
• Establish successful work on monitoring and evaluation as a criterion for positive evaluation of staff performance.
• Draw upon the monitoring and evaluation work of the Regional Centre for methodology to synthesize monitoring and evaluation analysis in forms usable by others, and to establish and disseminate good practices and lessons learned.

**Regional Bureau for Africa**

**Assume new HIV/AIDS leadership roles.**

• Support stronger HIV/AIDS leadership on the part of Resident Coordinators and Resident Representatives. The Regional Bureau for Africa (RBA) should support and promote proactive leadership on HIV/AIDS through job design, staff selection and performance appraisal, and through support with other UNDP units and external partners.
• Review and revise SACI and ARMADA strategies and mandates in close cooperation with the Regional Centre, to prioritize supporting country HIV/AIDS programmes with particular reference to monitoring and evaluation, and disseminating good practices; support expansion of pilots evaluated as successful; design and support public management actions necessary for
scaled-up HIV/AIDS programmes; and contribute to formulating and executing CO HIV/AIDS strategies and programmes.

- Lead a task force for the independent assessment of HIV/AIDS capacity in COs, the regional centre, and RBA with the participation of RBA, BDP, the Bureau of Management, the Regional Centre, and COs.

Bureau for Development Policy


- Focus on the two themes of: support to implementation of country HIV/AIDS projects and programmes, and support to integration of HIV/AIDS into poverty reduction strategies. UNDP/BDP HIV/AIDS programmes outside the two central themes should gradually be consolidated and transferred to other partners, except to the extent that they are directly responsive to country demand and have been evaluated as being successful. The revised corporate strategy should encompass a review of UNDP approaches to mainstreaming.

- Assist the Regional Centre, and especially COs, with HIV/AIDS country strategy formulation and implementation.

- Weigh the HIV/AIDS capacity of BDP, including budgets, staff skills, attitudes, incentives, and links with other UNDP units and partners, against the changing needs. BDP should give particular attention to capacity for monitoring and evaluation.

To the Bureau of Management

Accelerate implementation of financial management improvement programme. The financial management strengthening programme should make it possible for users in BDP, regional bureaux and COs to access and effectively use real-time, consistent, comparable financial data on the full range of UNDP HIV/AIDS activities.

To the Office of the Associate Administrator

Clarify working relationships. Examine and, where necessary, revise internal HIV/AIDS working and reporting relationships and external partnerships. The Office of the Associate Administrator should position UNDP for increasingly effective engagement on HIV/AIDS.

- Take the lead in defining CO standards and procedures for resolving problems that arise in implementing the division of HIV/AIDS-related labour among UN organizations that was recently agreed upon in follow-up to the work of the Global Task Team on Improving AIDS Coordination. Particular attention is needed to ensure effective cooperation between UNDP and the UNAIDS Secretariat.

- Review collaboration and reporting relationships among the concerned headquarters offices and bureaux, the Regional Centre and the COs. Establish the principle that the COs are supported by the other units within the framework of agreed strategies.

- Review UNDP’s role as principal recipient for the GFATM for conflict of interest. If that role is retained, guidelines should be established to ensure its separation from UNDP advisory functions, and there should be a concentrated focus on capacity development for early phase-out at the country level.
To the Executive Board

Request a report on the implementation of the recommendations for the annual session in 2007. Monitor implementation of the recommendations and commission a further evaluation at a convenient mid-point between 2006 and 2015.
Chapter 1. The Evaluation Challenge

HIV/AIDS presents profound development challenges throughout the world, especially in Africa. These challenges transcend the boundaries of medicine into governance, human development, economic development and growth, employment, culture and traditions. Yet, more than any other epidemic, HIV/AIDS has also given the global community a renewed sense of purpose—addressing the dual scourge of poverty and disease.

The HIV/AIDS response has led to diverse partnerships between governments, civil society, the private sector, and external agencies, and between natural and social scientists. UNDP is a broker and actor near the centre of this complex and continuously evolving network of relationships.

Since the late 1980s, UNDP has been among the global actors advocating and mobilizing others in the HIV/AIDS response. It has paid particular attention to the links between HIV/AIDS, poverty and development. In 2000, UNDP made HIV/AIDS one of its top institutional priorities. It aimed to integrate it into broader development programmes and activities, in support of policy and programming coherence for sustained poverty reduction. In operational terms, UNDP has launched initiatives at the corporate, regional and country levels. Its aims were to be achieved through support to policy change, programme design and implementation, and partnership coordination.

AIDS was considered a vital issue in the second Multi-Year Funding Framework (MYFF) period from 2004-2007. Initiatives from headquarters were launched to stimulate local AIDS-related leadership development. Regional projects were created. A new Southern Africa Capacity Initiative (SACI) was established to respond to serious capacity depletion. UNDP has also deployed thematic trust funds and other non-core sources of funding.

In late 2004, the UNDP Evaluation Office launched this evaluation of UNDP’s role and contributions in the HIV/AIDS response in 10 African countries to determine lessons for future application in UNDP support to the HIV/AIDS response. This report synthesizes the evaluation team’s results. It addresses the environment for the HIV/AIDS response in African countries; it covers the context necessary to understand UNDP’s roles and contributions to the HIV/AIDS response; and it contains recommendations for action by UNDP.

This chapter introduces the evaluation study. It sets forth the challenges faced by the evaluation team. It summarizes the epidemic in Sub-Saharan Africa and it shows the great variations among the countries that have been the focus of the evaluation. The chapter describes the goals and methodology of the evaluation and presents lessons derived from the present evaluation for future UNDP evaluation work. The chapter concludes with an outline of the evaluation report.

1.1 HIV/AIDS in Sub-Saharan Africa

Sub-Saharan Africa, particularly Southern Africa, has been the region most severely affected by HIV/AIDS. According to UNAIDS, in 2004, the total number of people living with HIV rose to an estimated 40 million, approximately 5 million people were newly infected with HIV, and globally, AIDS killed 3 million people that year alone. Sub-Saharan Africa remains by far the worst affected region, accounting for 25 million people living with HIV at the end of 2004 and more than three quarters of all women living with HIV.
On the surface, the epidemic in Sub-Saharan Africa appears to be stabilizing. Average HIV prevalence was about 7 percent for the entire region at the end of 2003 (Figure 1.1). The highest prevalence levels are in Southern Africa, which accounts for around one third of all AIDS deaths globally. Regardless of any stabilization of the epidemic, the social, economic and other costs of HIV/AIDS will continue and increase for many years.

**Figure 1.1 The AIDS Epidemic in Sub-Saharan Africa, 1985-2003**

HIV/AIDS has a devastating impact on life and livelihoods. It represents enormous human development threats—losing adults in the most productive age groups, placing great burdens on already strained community capacity for coping, and further contributing to chronic poverty. At a time when the need for social services is increasing, social service delivery capacity is being weakened by the epidemic. The effects of HIV/AIDS have also combined with poverty, limited capacity for effective governance, and food crises in several Southern African countries and Ethiopia to create a human development crisis that threatens the ability of countries to achieve the Millennium Development Goals (MDGs).

### 1.2 Case-study countries and the variations among them

The focus of this evaluation is at the country level and recognizes the variations among countries and the concentration of UNDP activities at that level. Nine countries in Southern Africa (Angola, Botswana, Lesotho, Malawi, Namibia, South Africa, Swaziland, Zambia and Zimbabwe) and one country in the Horn of Africa (Ethiopia) were chosen for country case studies. The overall rationale for this selection was the severity of the HIV/AIDS pandemic in Southern Africa and the wide variations among country experiences.

The ten case-study countries display great differences. Several countries represent environments where the HIV/AIDS epidemic is particularly severe and requires particularly urgent responses. As shown in Figure 1.2, eight of the countries in this report show HIV prevalence rates among pregnant women attending antenatal services of 20 percent or more. In two of the countries (Botswana and Swaziland) antenatal HIV prevalence rates currently exceed 30 percent, and in two countries (South Africa and Lesotho) they are nearly 30 percent. In four countries (Malawi, Namibia, Zambia, and Zimbabwe) rates of

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approximately 20 percent reflect a median in Southern Africa that far exceeds the Sub-Saharan Africa average of 7 percent. Angola and Ethiopia are the only two countries in this evaluation with antenatal HIV prevalence rates of 3 percent and 4 percent for 2004, significantly lower than the Sub-Saharan Africa average.

**Figure 1.2 HIV prevalence rates among pregnant women attending antenatal clinics in case study countries, 2004**

![HIV prevalence rates among pregnant women attending antenatal clinics in case study countries, 2004](image)


Socio-political conditions differ widely among the case-study countries. Beyond HIV prevalence, income and population size also vary significantly (see Table 1.1). While Angola is in transition from a civil war that lasted almost 3 decades, Zimbabwe is experiencing a rapid socio-economic decline and political crisis. In other countries, such as Ethiopia, Malawi and Zambia, democratic transitions are in nascent stages. These countries are fraught with vacillating relationships between governing and opposition parties. Botswana, one of the most stable countries politically, shares its political and economic stability with Namibia and South Africa. The only two monarchies, Lesotho and Swaziland, are adjusting differently to pressures for increased democratization.

Governance indicators also reveal wide variations among the 10 case-study countries and have shown some overall decline. Case-study country averages are somewhat more favorable, compared to Sub-Saharan Africa as a whole. In a recent study, government effectiveness (which reflects the competence of the public bureaucracy and the quality of public service delivery, including HIV/AIDS services) was assessed to have been stable or improved in only two of the 10 countries, Angola and South Africa.3

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2 Some countries rates refer to 2003, as 2004 survey statistics are not available.
Table 1.1 Variations among case-study countries in antenatal HIV prevalence, income and population

<table>
<thead>
<tr>
<th>Country</th>
<th>Greater than 30% HIV prevalence</th>
<th>10-30% HIV prevalence</th>
<th>Less than 10% HIV prevalence</th>
<th>Middle income</th>
<th>Low income</th>
<th>Extremely small population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Angola</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Botswana</td>
<td>X</td>
<td>X</td>
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<td></td>
<td></td>
<td>X</td>
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<tr>
<td>Ethiopia</td>
<td>X</td>
<td>X</td>
<td>X</td>
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<tr>
<td>Lesotho</td>
<td>X</td>
<td>X</td>
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<td>X</td>
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<tr>
<td>Malawi</td>
<td>X</td>
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<td>X</td>
<td></td>
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<tr>
<td>Namibia</td>
<td>X</td>
<td></td>
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<td>X</td>
<td></td>
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<tr>
<td>South Africa</td>
<td>X</td>
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<tr>
<td>Swaziland</td>
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<tr>
<td>Zambia</td>
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<td></td>
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<tr>
<td>Zimbabwe</td>
<td>X</td>
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</tr>
</tbody>
</table>

Sources: Compiled from data from UNAIDS and World Bank data

1.3 Evaluation goals and methodology

The purpose of the evaluation was to assess UNDP’s role and contributions in the achievement of key outcomes at the country level through review of policy and planning choices made in relation to HIV/AIDS. The terms of reference (Annex 1) called upon the evaluation to assess whether UNDP was targeting the right things and doing things right, and to assess outcomes of UNDP’s strategy, programmes and projects in addressing HIV/AIDS at the country level. The terms of reference also called for the evaluation to be strategic and forward-looking. It was expected to assist the UNDP country offices (COs) concerned in positioning themselves for an increasingly effective role in HIV/AIDS, with appropriate contributions from corporate units and the Regional Centre for Southern Africa. The findings were also expected to contribute to future UNDP strategies and programmes on HIV/AIDS.

The evaluation covered the period 1999 through 2004. The evaluation team did not investigate UNDP activities prior to 1999, even though their results and contributions were visible. Because the evaluation was expected to have implications for future UNDP activities, the evaluation team did not establish a rigid cutoff date for new information at the end of 2004. The report takes into account many critical developments in the HIV/AIDS response in 2005.

The evaluation applied the principles and tools for outcome evaluation. Broadly defined, the outcome evaluation approach is one that moves away from assessing project development results against project objectives, towards assessing how these results have contributed to changes in development conditions. The real challenge lies in understanding the nature of the changes and in grasping the extent of UNDP association with any changes. In many cases, as discussed in Chapter 3, it was impossible to delimit outcomes or results with a high degree of specificity. Thus, this report discussed UNDP contributions as

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well as outcomes. One consequence of the focus on UNDP contributions and outcomes was an inability of the evaluation to give significant attention to UNDP’s plans and intentions.

The evaluation involved both an international consultant team and national consultants. It required the international team: to establish outcome measures that extend beyond traditional records of the processes and outputs of project interventions; and to determine plausible associations between UNDP’s role and contributions and the outcomes—or lack of outcomes—in the area of HIV/AIDS.

In each of the 10 countries, the evaluation commissioned a country case study led by a national consultant. A member of the international team was able to visit six of the 10 countries during the work of the national consultant. Resource limitations made it impossible to visit the other four countries. The countries visited were chosen by the Evaluation Office as follows: Angola—selected on the basis of its emergence from conflict, a country of low HIV/AIDS prevalence rates, and a lusophone country; Ethiopia—low prevalence of HIV/AIDS but high absolute number of infected people and reported to have contributed innovative approaches to HIV/AIDS programming, the only case-study country in the Horn of Africa; Lesotho—relatively high prevalence of HIV/AIDS, low income, small population, innovative UNDP experience; Zambia and Malawi—relatively mature HIV/AIDS epidemics, substantial current rates of infection, and very low incomes and worsening poverty levels; South Africa—middle-income, relatively high rates of HIV/AIDS infection, unique UNDP role.

The evaluation followed this sequence:

- Building consensus between the commissioners of the evaluation (the Evaluation Office) and the independent evaluators about the range of outcomes or “results” to emphasize in assessing progress;
- Participating in selection, training and collaborating with national consultants undertaking country assessment studies;
- Gathering evidence on activities, especially on outcomes, of UNDP’s work at the country level;
- Analyzing and validating influencing factors at the country level;
- Assessing contributions of UNDP to identified changes; and
- Reviewing findings to identify UNDP’s comparative advantages, associated constraints, and missed opportunities.

In parallel with the country studies, members of the international consultant team interviewed key UNDP personnel at the regional level. They also interviewed UNDP corporate staff and external partners for their understanding of UNDP’s contributions to country-level results and feedback on UNDP’s strengths, weaknesses, and comparative advantages in HIV/AIDS. The full team then held a writers’ workshop to build a common understanding of the evidence and to allocate roles and tasks in preparation of the evaluation report.

At the inception of the task, the international team had a day of intensive briefings by UNDP Headquarters staff on its HIV/AIDS work in Africa. These discussions, examination of relevant documents, and consultations with the Evaluation Office led the international consultant team to establish five outcome themes as the framework for its work (Box 1.1).

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7 See Annex 7 for a synthesis of interviews.
Early in the fieldwork it became apparent that the outcome theme categories were not exclusive. Some of the national consultants found it difficult to work within them, in part because the initial definitions lacked specificity. The outcome themes were defined in more detail at the writers’ workshop, after most data collection was complete but before drafting of major portions of the report. The final definitions and issues considered under each theme are presented at the beginning of each section of Chapter 3.

The evaluation gathered evidence for the analysis of contributions and outcomes at three levels:

1. **Key institutions and individuals at the policy level.** This work consisted of discussions in UNDP Headquarters, with its partner agencies, and within the case-study countries—UNDP CO management, development partners, and government, civil society and private sector leaders who shape public policy and responses to HIV/AIDS.

2. **Implementing institutions and individuals at the intermediate level.** This included UNDP CO focal persons and other partners whose programmes contribute to achieving HIV/AIDS results related to the five outcome areas.

3. **Community-level assessments.** These focus group discussions explored the perspectives of community leadership, community-based organizations and people who are infected or affected by HIV/AIDS, or are at risk of infection.

The evaluation team compared this evidence with information gleaned from documents produced by UNDP and others to establish the veracity of outcomes and their plausible association with UNDP. By this approach, the analysis of outcomes went beyond what UNDP stated as planned or actual outcomes of its interventions. The evaluation process endeavored to capture changes that might not have occurred without UNDP’s role as well as missed opportunities where UNDP might have been able to contribute to results but did not. Triangulation of information from several data sources at the country and international levels was used to validate outcomes and confirm the significance of various views on strategic issues for UNDP. At the end of most country assessments, a stakeholder workshop was used to verify the reported changes (outcomes) and their plausible association with UNDP.

On the basis of their country visits and the draft national consultant assessments, members of the international team compiled a detailed matrix of UNDP contributions and results for each case-study country under the five outcome themes for the evaluation. This matrix was an essential transition tool for drafting of the overall evaluation report.

Members of the international consultant team reviewed the national consultant assessments in detail. Feedback on the national consultant studies was obtained from the UNDP CO. The final version of the national consultant assessment was then completed. While the main report commits the international
consultant team, responsibility for the country assessments lies with the national consultants. These assessments are being published separately.

Members of the international team have summarized the team’s assessment of UNDP’s HIV/AIDS roles and contributions in each of the case-study countries in Annex 6. In an endeavor to provide further guidance to UNDP and its country offices, the team has prepared a brief box at the beginning of each country summary on the international consultant team’s views of strategic issues and key implications of the evaluation study for UNDP action in that country. In some cases, these lessons may also have wider application.

1.4 Limitations of the evaluation and lessons for future evaluations

The contributions and outcomes analyzed in the evaluation reflect notable changes that were identified. However, at the time of the evaluation, many changes were intermediate, incremental and/or limited in scale and scope. Validation of contributions and outcomes and their association with UNDP was largely based on triangulation by the evaluation team. Frequently and strongly articulated views of informants were an important factor. Further validation was often not possible due to scarcity of quantitative or other clearly documented evidence. Weaknesses in monitoring and especially in outcome-oriented evaluation at the country office level greatly impeded the successful accomplishment of the evaluation task. Additional limitations were encountered because UNDP was often only one of several players. Indeed, associations with UNDP were generally difficult to discern in the case-study countries, because other influential players also tended to be engaged in areas of UNDP involvement. This made it impossible in most cases to specify how UNDP made a difference, with detailed disaggregation of the roles of UNDP and other partners. Finally, in a number of instances, there were gaps in knowledge of UNDP work among some key stakeholders and informants. Nonetheless, the evaluation team considers the review of outcomes to be sufficiently robust to permit presenting a number of conclusions and raising key strategic issues that are likely to be valid and have implications for strengthening roles played by UNDP in the HIV/AIDS response.

The evaluation has probably underestimated the importance of UNDP’s country partners in the changes that it reports. This is a consequence of the evaluation’s focus on UNDP and its roles and contributions, rather than on the case-study countries themselves. The evaluation was also largely unable to assess the ultimate impact of UNDP contributions to the HIV/AIDS response, even when it was able to reach outcomes. In light of the overall importance of UNDP contributions in key areas, such as the development of the National AIDS Commissions, this is an area for future evaluations that might be considered by UNDP.

In addition to assessing UNDP’s role and contributions in the HIV/AIDS response at the country level, the evaluation also sought to contribute to the methodology for results-oriented evaluation. UNDP is seeking to position itself as a broker of ideas, a catalyst for innovation, and a guardian of principles of country-owned development. The evaluation team believes that UNDP can and should integrate lessons learned from the evaluation in the design, staffing and budgeting of future evaluations.

One major finding of the evaluation is that, although there is a commitment to shift away from traditional project evaluation at the corporate level, outcome evaluation methodology is not yet firmly anchored in UNDP. At the country level, outcome evaluation is a very recent innovation. Generally, it is still viewed as an outside consultant exercise, rather than part of a process of learning and knowledge management.

8 In a few cases, members of the international consultant team have joined as co-authors of the National Consultant reports.
9 A separate and more detailed discussion of the terms of reference, methodology and constraints was submitted to the Evaluation Office at its request as part of the Draft Report.
integral to the work of UNDP country offices. The level of support for the evaluation varied from country to country. This seemed related to CO capacity and understanding of outcome evaluation.

The familiarity and capacity of national consultants to use the outcome evaluation methodology was a constraint. Although a training workshop was conducted prior to launching the country assessments, considerable further effort was required to establish a shared understanding of the concepts and tools. Even then, gaps in understanding remained, which delayed completing the national consultant assessments. Of the 10 countries, the international team was able only to visit six. This limitation may also account for some disparities in the consistency of evidence gathered and analyzed and in the quality of the country assessment reports.

Several other important constraints and limitations should be considered in interpreting findings and conducting future evaluations:

- The timing of the evaluation can impose important limitations. In this evaluation, the brief and highly variable period of implementation of many UNDP interventions limited the ability of the evaluation team to identify the emergence, scale, depth and sustainability of changes and outcomes.
- Specific programmes and activities were not analyzed separately, and analysis focused on “what changes UNDP made” in the five outcome theme areas. Use of broad outcome theme categories and open-ended enquiry as the starting point for assessment is, arguably, methodologically desirable: It helps to identify unintended outcomes and the most prominent outcomes rather than what is “expected,” and it also reduces risk of focus on programme evaluation rather than outcome evaluation. However, this approach led to frustrated expectations at the country and programme level. Some stakeholders wished a more project-based approach had been used, with more explicit acknowledgement of processes, activities and outputs, and more specific guidance and commentary on country-level programming.\(^{10}\)
- Limitations of monitoring and evaluation (M&E) data related to inputs, processes and outputs also imposed important constraints on the evaluation. More conventional M&E data can add substantially to the ability to draw conclusions about association, attribution, scale and depth of outcomes, but their infrequent availability at the country level became a major limitation. Where such data were available, as in recent evaluations conducted in some countries, such as Zimbabwe, and by UNDP’s Bureau of Development Policy (BDP), their results were used to enrich the analysis of outcomes and UNDP contributions.
- The Regional Centre and the Advancing Resource Mobilization and Delivery for Africa (ARMADA) and SACI initiatives have the potential to play major roles in achieving development outcomes and addressing the strategic issues emerging from the challenges posed by HIV/AIDS in Southern Africa. However, at the time of this evaluation, they were still being established and defining their roles. The ability of the evaluation team to draw conclusions on outcomes of their work was therefore limited, although clearer definition of their roles should be facilitated by the findings and recommendations of the evaluation.

Reflecting on the terms of reference for the evaluation, the evaluation team drew three overall conclusions:

- While the team has been able to carry out an outcome-oriented evaluation of UNDP’s role and contributions, the original terms of reference were overly ambitious. The full terms of reference

\(^{10}\) This frustration was expressed by a number of stakeholders, especially CO and some Headquarters staff, who subsequently provided useful additional information to facilitate further understanding of outcomes. The focus of the evaluation remained at a strategic rather than project level.
(only a summary is presented in Annex 1) amounted to more than 12 pages. To explore fully a number of issues in the terms of reference would have required methodologically distinct evaluations or detailed sub-evaluations.11

- The evaluation required resources in time, personnel and funds significantly in excess of those initially planned by UNDP. Future evaluations should anticipate a need to provide for more training of national consultants, more engagement of the international team with national specialists at all stages of the evaluation, and a period of joint analysis of results. The evaluation team considers a writer’s workshop an essential tool to bring evaluation personnel together from distant countries and experiences to compare and share experiences, to build a common understanding of the raw evaluation data, and to agree on assignments for drafting of the evaluation report.

- Early desk compilation of relevant data, including financial data committed to programmes at the country level were difficult to obtain, and when they were available, revealed grave inconsistencies. Future evaluations will need to be informed by such documentation, prepared by UNDP staff rather than external consultants, prior to the commencement of the assignment.

Overall, the evaluation mandate to focus on roles, contributions and results, combined with the devastating impact of HIV/AIDS and the great differences among the case-study countries, constituted a formidable challenge. Box 1.2 highlights some additional lessons for future UNDP evaluations.

### Box 1.2 Methodology lessons for future UNDP evaluations

This evaluation’s experience suggests several lessons for future UNDP evaluations.

- **Choose timing carefully.** The present evaluation took place so early in the execution of many UNDP interventions that it proved very difficult to collect data on UNDP outcomes.

- **Manage expectations of all stakeholders.** Several COs expected the present study to focus more on individual projects and programmes than on the results of UNDP work.

- **Guard against excessively ambitious evaluation mandates.** The original terms of reference for this evaluation called upon the international team to undertake methodologically distinct evaluations and sub-evaluations that were not feasible within the time and other resources available.

- **Plan more carefully, particularly for work by national consultants.** More training and supportive supervisory engagement by the international team would have been appropriate in the present case.

- **Assemble, collate and review available UNDP information before launching an evaluation.** In the case of this evaluation, the international team—at a comparative disadvantage relative to UNDP staff—devoted substantial time late in the work on the report to collecting and reviewing information that should have been available at the outset.

### 1.5 Outline of the evaluation report

The following chapters synthesize the findings of the evaluation. Chapter 2 sets UNDP’s role and contributions in the rapidly changing global context of HIV/AIDS responses. The chapter examines the evolution of global consensus around the millennium challenges, the momentum built around HIV/AIDS, and the evolving role and associated challenges to UNDP. It contains basic information on UNDP AIDS-related programmes and activities at the country level, and comparative data.

11 Activities of other donor partners at the country level are a case in point. While the international team was able to collect overall data on partner financial engagement in the health sector in some of the case-study countries, as shown in Chapter 2, the work of team members with donor partners at the country level inevitably had to concentrate on their perception of UNDP activities instead of the activities of the partners.
Chapter 3 analyzes major UNDP contributions and outcomes associated with support to country-level responses to HIV/AIDS. This Chapter is organized around the five main themes of the evaluation. It analyzes changes that can be plausibly associated with UNDP as well as missed opportunities that might have improved results.

Chapter 4 summarizes major findings of the evaluation team, reviews UNDP’s comparative advantages in addressing HIV/AIDS at the country level, and presents recommendations for future UNDP action.
Chapter 2. UNDP’s Role and Activities in the HIV/AIDS Response

This chapter examines the role of UNDP, within the context of rapid worldwide change, in the HIV/AIDS response and provides an overview of UNDP’s engagement in HIV/AIDS in the case-study countries. It summarizes the growing importance of HIV/AIDS in the global political dialogue, identifies significant changes in the institutional landscape concerning HIV/AIDS, provides data on recent massive increases in external financial support for the fight against HIV/AIDS, and examines shifts in donor programming policies and practices. It includes information on donor engagement in the case-study countries. It also summarizes UNDP’s corporate, regional and country-level strategies and UNDP activities in the HIV/AIDS response in the case-study countries. The chapter concludes with the evaluation team’s assessment of the urgency accorded to HIV/AIDS by the UNDP COs in each of the case-study countries.

2.1 Context: Rapid change in the environment

2.1.1 Growing importance of HIV/AIDS in the global political dialogue

During the period under review, HIV/AIDS has become an increasingly central theme in the global political dialogue. In January 2000, the first discussion of a single disease—HIV/AIDS—took place in the United Nations Security Council. The MDGs emerged from the work of the United Nations General Assembly at its Millennium Summit in September 2000. The MDG targets for 2015 include halting the spread of HIV/AIDS and beginning to reverse it. In June 2001, world leaders gathered in the General Assembly of the UN to hold a special session (the United Nations General Assembly Special Session on HIV/AIDS [UNGASS]) and adopted a Declaration of Commitment (see Box 2.1).12 The Declaration contributes to HIV/AIDS awareness among political leaders and has substantially informed UNDP’s activities in the countries covered by this evaluation.

Box 2.1 The UN General Assembly Declaration of Commitment on HIV/AIDS—Global Crisis-Global Action

In June 2001, the United Nations General Assembly Special Session on HIV/AIDS (UNGASS) declared a commitment by political and other leaders to implement multisectoral national AIDS strategies and integrate HIV/AIDS into the mainstream of development planning, including poverty reduction, by 2003. The UNGASS Declaration of Commitment saw care, support and treatment as fundamental elements of an effective response. It called for the realization of human rights and fundamental freedoms for all, including empowering of women, as essential to reducing HIV/AIDS vulnerability. The Declaration expressed the view that to address HIV/AIDS is to invest in sustainable development. It stated that the HIV/AIDS challenge cannot be met without new, additional and sustained resources. The Declaration supported the establishment of the Global Fund and anticipated a world-wide fund-raising campaign by 2002. It called for conducting periodic national reviews of progress in meeting commitments in the Declaration with the participation of civil society. A high-level UN meeting in May-June 2006 is expected to review progress on the Declaration of Commitment and to keep attention focused on HIV/AIDS globally and at the country level.

In its 2000 report, the High Level Panel on Threats, Challenges and Change established by the UN Secretary-General included HIV/AIDS as a threat faced by the international community. The Panel called on the Security Council to examine the future effects of HIV/AIDS on states and societies, to generate

research on the problem, and to identify critical steps towards a long-term strategy for diminishing the threat to international peace and security.\textsuperscript{13}

Regular discussion of HIV/AIDS has taken place at the Summit meetings of the G7 and G8 major industrial countries. In 2001, together with the UN Secretary-General the G7 launched the Global Fund to fight AIDS, Tuberculosis and Malaria (GFATM).\textsuperscript{14} In July 2005, the leaders at the G8 Summit agreed to aim as close as possible to universal access to treatment of HIV/AIDS in Africa by 2010. They also agreed to double official development assistance to Africa between 2004 and 2010.\textsuperscript{15}

In December 2004, the UN Millennium Project submitted its report to the Secretary-General. It argued that the MDGs should serve as the foundation for country development strategies and for the determination of the level and allocation of external development assistance support. It called for each donor to increase Official Development Assistance (ODA) to 0.7 percent of gross national product (GNP) by 2015, with 0.54 percent devoted to the MDGs largely as grants-based budget support.\textsuperscript{16}

In March 2005, the UN Secretary-General released his report “In larger Freedom” in follow-up to the Millennium Summit and the report of the High Level Panel on Threats, Challenges, and Change, and in preparation for the September 2005 Millennium Summit Plus Five review by the UN General Assembly. The report highlighted HIV/AIDS and called on the international community to provide resources for an expanded response, as identified by UNAIDS and its partners, and to provide full funding for GFATM.\textsuperscript{17}

The Outcome Document for the Millennium Summit Plus Five review re-committed political leaders to the UNGASS Declaration. It called for countries to come as close as possible to the goal of universal access to AIDS treatment by 2010. It engaged leaders in working actively to implement the “Three Ones” Principles,\textsuperscript{18} and welcomed and supported the recommendations of the Global Task Team on Improving AIDS Coordination.\textsuperscript{19}

2.1.2 Changes in the institutional landscape

There have been many changes in the international institutional landscape concerning HIV/AIDS during the period under review, including:

- The creation of the GFATM is a particularly notable development.
- Both the Bill and Melinda Gates Foundation and the Merck Foundation have each donated USD 50 million for AIDS in Botswana.\textsuperscript{20}
- The Clinton Foundation is giving particular attention to AIDS care mainly in Africa under the general umbrella of its health security programme.\textsuperscript{21}
- The George W. Bush initiative of the United States has taken institutional form in the President’s Emergency Plan for AIDS Relief (PEPFAR), with support targeting 15 focus countries, including

\textsuperscript{15} Available online at http://www.fco.gov.uk/Files/kfile/PostG8_Gleneagles_Africa_0.pdf, accessed August 10, 2005.
\textsuperscript{18} The Three Ones Principles include the following: a single agreed strategic framework, a single national AIDS coordinating authority, and a single agreed country-level monitoring and evaluation system.
\textsuperscript{19} UNGA, “2005 World Summit Outcome,” Document A/RES/60/1para. 57.
From the standpoint of UNDP, the most significant institutional change during the period of this evaluation is the striking growth in UNAIDS—a joint programme co-sponsored by 10 UN agencies, including UNDP and the World Bank. UNAIDS has developed its role in advocacy, in the facilitation of coordinated action, and in technical support. The UNAIDS Secretariat has increased its field presence to facilitate support to enhance national responses. While the core Unified Budget and Workplan (UBW) resources for the Secretariat have not grown, the budget for country-level work grew 76 percent in the UBW for 2004-2005. The core UBW for 2006-2007 foresees 28 percent overall growth over the 2005-2006 period, to a total of USD 320 million. In many countries, the UNAIDS Secretariat has recruited full-time Country Coordinators whereas UNDP has only part-time HIV/AIDS focal points.

The growing importance of the civil society, globally and within individual developing countries, is another important element of the changing institutional HIV/AIDS landscape. In South Africa, a wide variety of civic groups, including organizations formed by those infected or affected by HIV/AIDS, constitute a growing militancy. In several other countries, such as Botswana, the emergence of civil society has been more oriented towards the mobilization of resources and partnerships, as well as direct service roles in HIV/AIDS. UNDP has reflected this growing importance of civil society roles through support to civil society organizations in the case-study countries.

2.1.3 Increases in external financial support for the fight against HIV/AIDS

Pledges and commitments of external financial support for the fight against HIV/AIDS have grown greatly in the 1999-2004 period. In 2000, the World Bank initiated its Multi-Country AIDS Programme (MAP), to provide grants and soft loans to support AIDS programmes in Sub-Saharan Africa. By January 2004, the World Bank had committed more than USD 820 million to 24 countries under the MAP Programme. In early 2003, United States President George W. Bush pledged USD 15 billion to respond to AIDS in low and middle-income countries. About USD 9 billion of this sum is new money, earmarked for 12 African countries plus Guyana and Haiti. By the end of 2003, the GFATM had approved 227 grants totaling USD 2.1 billion in 124 countries. Approximately 60 percent of these resources were earmarked for AIDS programmes, and 60 percent of the total is allocated to Africa. By early 2005, GFATM had approved $1.8 billion in grants to Sub-Saharan African countries.

2.1.4 Shifts in donor HIV/AIDS programming and practices

In the mid to late 1990s, donor funding priorities in HIV/AIDS tended to focus on delivering public goods and services, such as surveillance, and on prevention interventions, including behaviour change. Since the late 1990s, greater focus has been placed on mainstreaming HIV/AIDS into programmes and policies across a variety of sectors in order to make use of their comparative advantages to strengthen national responses to HIV/AIDS. There has also been increasing emphasis on the need to address issues such as governance and poverty in order to reduce vulnerability to HIV/AIDS. However, recent focus on treatment has led to a partial redefinition of HIV/AIDS as a health issue.

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25 Ibid.
26 Data from Global Fund website, accessed April 23, 2005. In some cases, AIDS and TB are shown together, and in these cases the entire sum is allocated to AIDS.
In 2004, UNAIDS and its partners adopted the Three Ones Principles—a single agreed strategic framework, a single national AIDS coordinating authority, and a single agreed country-level M&E system. Exemplifying these trends, the March 2005 Paris Declaration on Aid Effectiveness committed participants to address “insufficient integration of global programmes and initiatives into partner countries’ broader development agendas, including critical areas such as HIV/AIDS.” Moving donor funding from a project to a programme approach is increasingly being accepted, in principle. At the country level, donors are trying to work within the framework of AIDS Sector Wide Approaches (SWAps), involving common donor modalities in support of a given sector programme and, where possible, pooling funds into a common account. Malawi is a case in point, where donors have pooled resources to support a unified national plan for HIV/AIDS.

2.1.4 Donor engagement in case-study countries

Total commitments of official development assistance for HIV/AIDS in the case-study countries have averaged about USD 280 million per year. Total approved grants from GFATM in case-study countries for HIV/AIDS amount to more than USD 400 million (Annex 5c).

There is enormous variation in the engagement of donors, including the principal external financiers GFATM, PEPFAR and MAP, in HIV/AIDS programmes in the case-study countries (Table 2.1). GFATM is the only principal financier engaged in all 10 case-study countries, but there has also been considerable variation in its grants by round. Only two of the case-study countries are receiving funding from all three principal external HIV/AIDS financiers—Ethiopia and Zambia.

Table 2.1 Engagement of principal external HIV/AIDS financiers among case-study countries

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<thead>
<tr>
<th></th>
<th>GFATM Round</th>
<th>US PEPFAR</th>
<th>World Bank MAP</th>
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<td>Angola</td>
<td>4</td>
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<td>Botswana</td>
<td>2</td>
<td>X</td>
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<tr>
<td>Ethiopia</td>
<td>2, 4</td>
<td>X</td>
<td>X</td>
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<tr>
<td>Lesotho</td>
<td>2</td>
<td></td>
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<tr>
<td>Malawi</td>
<td>1</td>
<td></td>
<td>X</td>
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<tr>
<td>Namibia</td>
<td>2</td>
<td>X</td>
<td></td>
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<tr>
<td>South Africa</td>
<td>1, 2, 3</td>
<td></td>
<td>X</td>
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<tr>
<td>Swaziland</td>
<td>2, 3, 4</td>
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<td></td>
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<tr>
<td>Zambia</td>
<td>1, 3</td>
<td>X</td>
<td>X</td>
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<tr>
<td>Zimbabwe</td>
<td>1</td>
<td></td>
<td></td>
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</table>

Source: Donor agency reports

The significant growth in overall external financing available for HIV/AIDS in developing countries has its counterpart in dramatic increases in external HIV/AIDS financing and in total public expenditures on health in some of the case-study countries (Figure 2.1). In Zambia, for example, the programmed increase

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28 High Level Forum, “Paris Declaration on Aid Effectiveness: Ownership, Harmonization, Alignment, Results and Mutual Accountability,” March 2, 2005. Participants in the Paris meeting included five of the case-study countries for this evaluation—Botswana, Ethiopia, Malawi, South Africa, and Zambia—and all of the main bilateral donors. The 26 participating organizations included the UN Development Group.
29 Sector Wide Approach refers to the coordination of multi-donor support to a country’s development programme in a given sector.
30 Data from OECD/DAC database; see Annex 5.
31 Round 3 was for Tuberculosis, but is mentioned here because of the inclusion of combined AIDS/TB components.
in annual external HIV/AIDS funding from 2000-2002 to 2002-2004 was estimated to be nearly 700 percent (Figure 2.2). The consequences of this dramatic increase in financing include new challenges in managing public finances and ensuring respect for country priorities, which risk being distorted as a result of new external resources. In addition, there are a number of challenges in moving from pledged and programmed resources to legal commitments, to disbursements to the country, to effective utilization for widespread service provision and positive development results.

Figure 2.1 External AIDS funding’s impact on public expenditure on health

Figure 2.2 Changes in external HIV/AIDS funding for case-study countries

These shifts in the environment for development cooperation have profound implications for UNDP. While the specific consequences vary from country to country, there is a global shift in the needs of

33 Ibid.
UNDP’s developing country partners from advocacy to implementation (including effective use of newly programmed and pledged external financial resources).

2.2 UNDP’s HIV/AIDS response: Corporate and regional strategies and programmes

During the period covered in this evaluation, UNDP’s role in HIV/AIDS has substantially increased. HIV/AIDS has gained higher priority in UNDP, with many new activities. Initially, HIV/AIDS fell under the category of “Economic and social policies and strategies focused on the reduction of poverty”—the second of UNDP’s six corporate goals. Only at the level of sub-goal one, which called for comprehensive strategies to prevent the spread and mitigate the impact of HIV/AIDS, did AIDS have early prominence. When the Annual Reports for 2002 and 2003 were issued, HIV/AIDS rose in priority, as one of six independent practice areas, though there was no systematic discussion of results in this area. The 2005 Annual Report emphasizes leadership and capacity development, development planning centered on HIV/AIDS, and advocacy and communication. HIV/AIDS has been highlighted repeatedly by the UNDP Administrator as a corporate priority and as “an unparalleled crisis.”

Working as a co-sponsor of UNAIDS, UNDP established a corporate HIV/AIDS strategy that gives particular attention to creating the policy, legislative and resource environment essential for effective development planning, and for a multisectoral response to the AIDS epidemic. The strategy called upon UNDP to be fully mobilized at the country level to meet its obligations as a UNAIDS co-sponsor. UNDP proposed to make a difference by promoting leadership and developing capacity to respond to the epidemic at all levels, by strengthening development planning and systems to address HIV/AIDS, and by generating responses that are gender-sensitive and respectful of people’s rights. The strategy set out three service lines: leadership and capacity development; development planning, implementation and HIV/AIDS responses, including mainstreaming; and advocacy and communication.

The 2004 evaluation of the 2nd Global Cooperation Framework by the UNDP Evaluation Office described UNDP corporate strategy and service lines as founded on the organization’s strengths, and considered them to have provided a solid foundation for actions to address the epidemic. The report called for the strategy to “be expanded globally and scaled up within countries.” However, evidence collected by the evaluation team suggests that, as of late in 2004, most interventions remained at limited project and pilot levels. This is discussed in more detail in Chapter 3.

UNDP’s statement in the UNAIDS 2006-2007 UBW presents an expansive vision of UNDP’s roles and expected results in relation to HIV/AIDS, including: strengthened leadership and capacity of governments, CSOs, development partners, communities and individuals, to respond to AIDS; implementation of AIDS responses as multisectoral and multilevel national, district and community actions that mainstream AIDS into national development plans, budgets and instruments; reduction of stigma and discrimination; human and institutional capacity building for AIDS programmes; and support to the UN Resident Coordinator system. Further insight into UNDP’s vision of its role in HIV/AIDS is contained in the division of labour, specifying core functions of various UN Agencies in the fight against HIV/AIDS. This was concluded in follow-up on the work of the Global Task Team established early in

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38 UNDP, “Corporate Strategy on HIV/AIDS—Leadership for Results,” no publication date.
2005 under the auspices of UNAIDS. UNDP was designated as the lead agency for “HIV/AIDS and development, governance and mainstreaming, including instruments such as PRSPs and enabling legislation to address human rights and gender.” In addition, UNDP was identified as a “main partner” on five of 17 other areas in the agreed division of labour. While this effort has reaffirmed the role of UNDP as the lead agency for AIDS and development, AIDS-related governance, and HIV/AIDS capacity development, it is unclear to the evaluation team how the many roles specified in the UBW statement could be absorbed within UNDP’s existing human resource and financial constraints.

At the regional level, UNDP’s second Regional Cooperation Framework (RCF) for Africa 2002-2006, identified the reduction of the HIV/AIDS threat in Africa as one of five strategic areas. Under the umbrella of a large project providing AIDS-related services in seven of the 10 countries covered by this evaluation, UNDP has supported four HIV/AIDS objectives targeted in the RCF. These are: harmonize and strengthen national strategic plans; research, develop and disseminate cross-country methodologies and approaches; strengthen capacities of regional institutions; and build regional consensus on strategies for managing the epidemic.

Beyond the RCF, UNDP has initiated cooperation on HIV/AIDS with countries covered by this evaluation under SACI and the ARMADA Project. Covering all of the case-study countries but Angola and Ethiopia, SACI endeavors to respond to the threats to African capacity from HIV/AIDS. However, the project is too new for this evaluation to be able to report outcomes. UNDP’s ARMADA Project is even newer than SACI, as the Project Document was only signed in November 2004. The Project aims to strengthen the capacity of UNDP COs for financial and procurement management under external assistance.

2.3 Overview of UNDP’s role and activities in the HIV/AIDS response

This section examines the UNDP country cooperation frameworks (CCFs) in the case-study countries, summarizes available data on UNDP activities, and presents information on UNDP spending on HIV/AIDS projects and programmes. The chapter concludes with a comparative assessment of the urgency accorded to HIV/AIDS in the work of each of the case-study COs of UNDP.

2.3.1 Country cooperation frameworks, strategies and HIV/AIDS programmes

The evaluation found it difficult to obtain a clear picture of UNDP’s country HIV/AIDS strategies, programmes and activities in the case-study countries. UNDP’s overall CCF documents have given increasing attention to HIV/AIDS in the case-study countries, as seen from extracts in Annex 3. Nonetheless, HIV/AIDS in some countries still seems to be a less-than-central element in the CCFs, when viewed in the light of UNDP’s corporate priority on HIV/AIDS and, especially, the huge negative

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42 Angola, Malawi and Namibia are the exceptions.
43 The Resident Representative in Angola expressed concern that Angola is not eligible for SACI support.
44 The first SACI annual report and the work of this evaluation team at country level indicate that the SACI activities are only at the initial stage. Source: UNDP, “Southern Africa Capacity Initiative, First Annual Report, March 2004-March 2005.”
45 Elements of the UNDP response to HIV/AIDS in each case-study country are set out in more detail in Annexes 3, 4, and 5.
development effects of the disease in nearly all of the case-study countries. Reviewing the CCFs against actual experience at the country level, the evaluation team found that the CCFs often gave a limited idea of what was intended. Planned objectives and results were very general, with scant definition of “intermediate” results. Consequently, the CCFs have not necessarily been consistent or adequately captured what UNDP has actually planned and executed at the country level. For example, in the case of Lesotho, there has been much more activity, and many more outcomes, than would be expected even from the revised CCF for 2002-2004.

Beyond the CCFs, which are understood to be formulated at a fairly high degree of generality, the team examined available overall data on UNDP country-level HIV/AIDS programmes (collated in Annex 4). This material did not include all programme components, including cornerstones such as the Leadership Development Programme and Community Conversations. These disconnects between CCF and programme statements, compared to actual activities, might indicate adaptation, evolution, and flexibility in UNDP’s response. However, they also suggest possible disjunctions among the paradigms and strategies of UNDP COs, its Headquarters, and its Regional Centre.

2.3.2 What did UNDP do at the country level?

Table 2.2 summarizes UNDP’s areas of support and activities at the country level from the country assessments, the country summaries (Annex 6), and the country visits of evaluation team members. It shows UNDP engaged in a wide range of HIV/AIDS-related activities and roles. However, the table reveals that UNDP has not been active in each area in each country. It also shows that UNDP is doing what it said it would do and supporting what it said it would support. The table does not capture the prominence, depth, or financial commitments of UNDP in each area, nor does it present the roles played by the UNDP CO beyond financing of HIV/AIDS activities. Thus, it must be considered indicative rather than exhaustive.

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<th>LDP</th>
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<th>CSO</th>
<th>Knowledge generation</th>
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46 To be published separately.

47 Beyond answering the question whether UNDP “did the right thing,” as the evaluation does here, the evaluation was also asked to answer the question whether UNDP “did things right.” The team was unable to answer this second question, because it would require a level of familiarity with UNDP processes and management policies that external consultants could not achieve without undertaking a separate, special study.

48 The non-financial roles of UNDP leaders and CO staff are, however, discussed in this chapter under the appropriate outcome themes.
### 2.3.3. Financial data on UNDP HIV/AIDS projects and programmes

In attempting to place UNDP HIV/AIDS activities and outcomes at the country level in context, the evaluation team reviewed financial data on the amount and share of programming resources devoted to HIV/AIDS at the country level.\(^{49}\) Obtaining consistent, timely financial data on UNDP HIV/AIDS projects and programmes in the case-study countries proved impossible within the resources in time and money allocated to the evaluation. The evaluation team is concerned that this situation raises issues of UNDP’s capacity to be accountable and to manage resources for optimal effect.

To the extent that the evaluation team could gather relevant information, UNDP HIV/AIDS projects in the case-study countries and their planned spending for the period 1999-2004 are shown in Annex 5a.\(^{50}\) The grand total of UNDP planned spending on these projects, from its own resources, is USD 17 million, or approximately USD 3 million per year. Cost-sharing resources bring the total to almost USD 39 million, or approximately USD 6.5 million per year. Actual spending data on the projects were not available.

On the basis of reports from the UNDP COs, the evaluation found significant differences among the case-study countries in the amounts and shares of HIV/AIDS spending in the total UNDP country programme spending (Table 2.3).\(^{51}\) These data represent a reasonable, but imperfect and difficult to interpret, approximation of the priority accorded to HIV/AIDS in UNDP country programmes. The small levels and shares of UNDP’s spending in some countries, as reported by the COs, raise questions about whether actual resource allocation adequately reflected UNDP corporate strategy and priority on HIV/AIDS at the country level. The very high share in other countries suggests that determined leadership by the UNDP Resident Representative or UN Resident Coordinator can make a difference.\(^{52}\)

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\(^{49}\) Gathered from UNDP country offices and Gateway and Atlas databases.

\(^{50}\) UNDP Headquarters maintains financial data on UNDP projects, in two databases, Gateway and Atlas, covering different periods; these data are not mutually consistent among themselves, nor with data from other sources.

\(^{51}\) Note: Upon review of a draft of this study, the UNDP Finance Office reported variances between its data and information received from some COs sufficiently important to take the position that it cannot endorse the expenditure data in this report. It observed that the variances would require further investigation and reconciliation with the COs. The evaluation team spent many weeks endeavoring to obtain complete and consistent data from the Finance Office and COs. Since it has not been feasible to complete the reconciliation of data during the period of this evaluation with the available resources, the evaluation team has chosen to rely on the CO data as a reasonable approximation and to retain the information on planned projects and spending in Annex 5A as indicative. The UNDP Finance Staff were able to reconcile Headquarters data with the CO data from some but not all of the countries in Table 2.3. The Finance Staff reported that UNDP has taken steps to ensure that financial reporting by substantive area will improve. Project trees have been set up in Atlas that capture UNDP’s goals, service lines and core results. All UNDP projects are to be tied to these trees, allowing budgetary and expenditure reporting by substantive area.

\(^{52}\) The comprehensive summary in Annex 5B of UNDP’s country programme on HIV/AIDS in Lesotho in the context of its total country programme, is a case in point. If time and available human resources had allowed, this table should have been completed by each CO.
It appears that UNDP spending on HIV/AIDS during the period covered by this evaluation, has increased overall in absolute terms and fluctuated in share of the UNDP programmes in the case-study countries. In seven countries, the level of spending increased from 2002 to 2004, and in three countries it decreased over this period. Similarly, in six countries, the share of HIV/AIDS activities in UNDP spending rose from 2002 to 2003, and in four countries it declined. From 2003 to 2004, however, the share increased in only four countries, and it declined in six countries. It would be difficult to conclude from these data that—overall—the COs in the case-study countries gave great urgency to UNDP spending on HIV/AIDS during the period covered in this evaluation.53

Table 2.3 indicates that UNDP’s total spending on HIV/AIDS is not large enough to have a significant impact on the epidemic. This makes strategic use of its HIV/AIDS resources particularly important.

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Angola</td>
<td>15,541</td>
<td>&lt;1</td>
<td>562,937</td>
<td>7</td>
<td>720,257</td>
<td>7</td>
</tr>
<tr>
<td>Botswana</td>
<td>3,085,324</td>
<td>61</td>
<td>3,416,443</td>
<td>57</td>
<td>1,980,693</td>
<td>62</td>
</tr>
<tr>
<td>Ethiopia</td>
<td>353,350</td>
<td>3</td>
<td>907,908</td>
<td>9</td>
<td>1,000,628</td>
<td>6</td>
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<tr>
<td>Lesotho</td>
<td>88,676</td>
<td>5</td>
<td>521,406</td>
<td>17</td>
<td>921,738</td>
<td>42</td>
</tr>
<tr>
<td>Malawi</td>
<td>309,705</td>
<td>5</td>
<td>689,126</td>
<td>9</td>
<td>885,643</td>
<td>6</td>
</tr>
<tr>
<td>Namibia</td>
<td>40,515</td>
<td>5</td>
<td>360,152</td>
<td>22</td>
<td>207,941</td>
<td>9</td>
</tr>
<tr>
<td>South Africa</td>
<td>2,875,417</td>
<td>37</td>
<td>2,465,223</td>
<td>36</td>
<td>3,352,447</td>
<td>30</td>
</tr>
<tr>
<td>Swaziland</td>
<td>167,135</td>
<td>39</td>
<td>132,135</td>
<td>28</td>
<td>70,914</td>
<td>18</td>
</tr>
<tr>
<td>Zambia</td>
<td>1,034,701</td>
<td>37</td>
<td>1,411,313</td>
<td>47</td>
<td>1,529,000</td>
<td>28</td>
</tr>
<tr>
<td>Zimbabwe</td>
<td>737,398</td>
<td>11</td>
<td>423,952</td>
<td>6</td>
<td>2,227,026</td>
<td>22</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>8,707,762</strong></td>
<td><strong>N/A</strong></td>
<td><strong>10,890,595</strong></td>
<td><strong>N/A</strong></td>
<td><strong>12,896,287</strong></td>
<td><strong>N/A</strong></td>
</tr>
<tr>
<td><strong>Average</strong></td>
<td><strong>N/A</strong></td>
<td><strong>20</strong></td>
<td><strong>N/A</strong></td>
<td><strong>20</strong></td>
<td><strong>N/A</strong></td>
<td><strong>23</strong></td>
</tr>
</tbody>
</table>

Source: UNDP country offices.

Notes: N/A indicates not applicable. 1) All currency is in US dollars, at current exchange rates. 2) For some countries, 2004 spending data are preliminary, not final. 3) Excludes UNDP CO staff and other overhead costs; to this extent it represents a lower bound of UNDP programme spending on HIV/AIDS. 4) Includes country-specific spending on regional projects, such as the Southern Africa Capacity Initiative, to the extent that it is included in country programme accounts maintained by the country office. 5) Table includes all programme spending on HIV/AIDS, regardless of source of funds; thus it includes trust funds. 6) Country programme shares are based on total country programme spending on HIV/AIDS, except for Swaziland, where the programme total used to calculate the share is limited to the poverty reduction and mainstreaming programme and does not include expenditure by the governance and gender mainstreaming programme. Thus the average HIV/AIDS share figures should be considered to represent an upper bound, and could be somewhat lower. 7) Namibia figure represent core resources only. 8) Since the unit of concern is the country, average shares are computed by country by weighting population.

### 2.3.4 Urgency of HIV/AIDS in the work of UNDP COs

53 It should be noted that during the period in question, the amounts of external resources available from other external partners of the 10 countries for HIV/AIDS rose greatly, much more than UNDP’s spending.
Pulling together the wide range of available planning, programming and financial information on UNDP’s work on HIV/AIDS through the COs, the evaluation team prepared a comparative assessment of the urgency accorded to HIV/AIDS in UNDP’s work at the country level. The results (Table 2.4) show modest growth in the urgency accorded to HIV/AIDS in the 10 countries during the period covered by the evaluation. Eight COs showed low urgency, one (Malawi) exhibited medium urgency, and one (Botswana) demonstrated a high level of urgency to HIV/AIDS early in the period. By the end of the evaluation period, the COs revealing medium urgency grew to eight and high urgency to two (Botswana and Lesotho).

Table 2.4 Urgency accorded to HIV/AIDS by UNDP COs, 1999-2004

<table>
<thead>
<tr>
<th>Country</th>
<th>Earlier in evaluation period*</th>
<th>Later in evaluation period*</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>little</td>
<td>medium</td>
</tr>
<tr>
<td>Angola</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Botswana</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Ethiopia</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Lesotho</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Malawi</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Namibia</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>South Africa</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Swaziland</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Zambia</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Zimbabwe</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>8</td>
<td>1</td>
</tr>
</tbody>
</table>

Source: Judgment of international consultant team, based on Table 2.2 (UNDP spending on HIV/AIDS in case-study countries), Annex 3 (UNDP Country Cooperation Frameworks in case-study countries), Annex 4 (UNDP HIV/AIDS Programmes in case-study countries), Annex 5a (UNDP HIV/AIDS projects in case-study countries, 1999-2004), and Annex 6 (Country Summaries).

* The evaluation team has not assigned years to the columns because of inter-country variation and to avoid creating an impression of unjustified specificity.

2.4 Conclusion

There were dramatic increases in global political attention to HIV/AIDS during the period covered in this evaluation, along with significant increases in external funding for HIV/AIDS globally and in the case-study countries. It is not clear how successful UNDP has been in strategically adapting its HIV/AIDS responses to the dramatically changing global and country-level environment for HIV/AIDS programmes. While UNDP corporate strategy gives priority to HIV/AIDS, the breadth of UNDP’s HIV/AIDS-related activities, in relation to its limited human and financial resources, raises questions for the evaluation team concerning the adequacy of focus and continuity.

The evaluation team was unable to identify documentation that brought together at the country level the various strands of UNDP HIV/AIDS activities sponsored from UNDP Headquarters, from the Regional Centre for Southern Africa, and from the COs. There was little evidence of integration of corporate, regional and country-level strategies and activities--this integration is both an important challenge and a future opportunity for UNDP.

The priority given by UNDP to HIV/AIDS increased overall, and especially at Headquarters and regional levels, during the evaluation period. However, this higher priority was much less clear at the country
level, from the country-level documentation analyzed in this chapter.\(^5^4\) In light of the stated corporate priority for HIV/AIDS, of the potential synergy between responses to HIV/AIDS and other development challenges, and of the development disaster that the disease now represents in nearly all of the case-study countries,\(^5^5\) the evaluation team concluded that HIV/AIDS should receive significantly greater urgency and prominence in the work of UNDP at the country level, with clearly integrated country-level strategies and activities and increasingly strategic use of UNDP’s limited resources.\(^5^6\) Urgency should be measured *inter alia* by resources in people, time and money.

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\(^5^4\) The recently completed UNDP Evaluation Office examination of gender mainstreaming by UNDP found, similarly, that “the strength and emphasis of the AIDS programme directed from New York did not seem to be matched by work at the country level.” UNDP, “Evaluation of Gender Mainstreaming in UNDP,” January 2006.

\(^5^5\) Angola may be an exception, since HIV/AIDS prevalence is low. In Ethiopia, prevalence is also relatively low but translates into a large absolute burden due to the country’s large population.

\(^5^6\) The urgency given HIV/AIDS by UNDP in the work of its COs is not autonomously determined by the COs, since the UNDP programme is determined in consultation with the public authorities and partner governments.
Chapter 3. Key Contributions and Outcomes of UNDP in the HIV/AIDS Response at the Country Level

This chapter analyzes key contributions and outcomes of UNDP in the HIV/AIDS response at the country level in the 10 case-study countries under the five themes presented in Chapter 1—HIV/AIDS in relation to governance, leadership, mainstreaming, capacity development, and partnership coordination. Reviewing the contributions and outcomes by theme, each section of the chapter begins with a definition of the theme for the purpose of this evaluation. A box summarizes key contributions and outcomes under the theme. Strategic issues and ongoing challenges relating to the theme are presented at the end of each section. Country cases are cited in the text, with examples in boxes to illustrate innovative approaches and specific experiences and constraints.

3.1 Governance

For the purposes of this evaluation, the governance theme encompassed:

- Strengthening of policy and strategic frameworks that shape and manage HIV/AIDS responses. These include national HIV/AIDS-related policies, strategies, laws and regulations, and policies and plans that reflect the UNGASS agenda.
- HIV/AIDS planning, including operational planning and decentralized planning.
- Institutional reform decisions, including changes to National AIDS Councils/Commissions (NACs) and other fora, and allocation of responsibilities.
- Action on human rights, women and gender dimensions, stigma and discrimination, including greater involvement of people living with HIV/AIDS (PLWHA).
- Public-private partnerships in the fight against HIV/AIDS, including policy and attitude shifts among business, media and policy makers that facilitate these partnerships.
- Civil society empowerment, inclusion and participation, including support to non-state actors to influence policy and actions, and responses related to arts and media.
- Public resource allocation decisions, including allocation of budgets and human resources.

Box 3.1 Key contributions and outcomes of UNDP in HIV/AIDS governance

UNDP has contributed substantially to three outcomes related to HIV/AIDS governance:

- Strengthening policies and strategic frameworks for managing national responses to HIV/AIDS.
- Strengthening decentralized HIV/AIDS planning.
- Increasing the presence and voice of civil society organizations and vulnerable groups, including PLWHA and women, by advocating for their rights and facilitating their participation. Empowerment of women was noted as a prominent contribution in communities targeted by UNDP’s Community Conversations.

Governance issues in relation to HIV/AIDS remain a great challenge. Despite support from UNDP and other partners, AIDS policies and institutions remain weak and, in some cases, relatively ineffective. UNDP has not fully exploited its strong relationships with governments, and many opportunities exist to help to strengthen governance, particularly at decentralized levels, in relation to gender issues and in facilitating development of civil society and community involvement in HIV/AIDS governance.

The evaluation team discerned three significant UNDP contributions and outcomes to governance at the country level. This does not suggest that UNDP was inactive or ineffective in other areas, only that the results stand out in three specific areas—strengthening national policies and strategic frameworks for
managing HIV/AIDS, strengthening decentralized HIV/AIDS institutions, and increasing the presence and voice of CSOs and vulnerable groups in advocacy and participation.

3.1.1 Strengthening national HIV/AIDS policy and strategic frameworks

Although there has been substantial inter-country variation, UNDP has actively engaged in advocacy and support for sound public policy and strategic frameworks for managing the HIV/AIDS pandemic in Southern Africa and Ethiopia. At the national level, UNDP was often influential, during the period covered in this review, in promoting development of policies and plans related to HIV/AIDS. UNDP contributed to developing or refining national HIV/AIDS strategic planning frameworks in Botswana, Ethiopia, Lesotho, Malawi, Namibia, Swaziland, and Zimbabwe. While the extent of UNDP influence and the final results of UNDP’s involvement were difficult to discern, the evaluation team concludes that they have led to increasing soundness and coherence in national responses to the pandemic in case-study countries.57

UNDP’s signal accomplishment, revealed in the country case studies and the evaluation team’s visits, lies in moving HIV/AIDS paradigms from biomedical perspectives towards development perspectives. This was the case in all case-study countries except South Africa. While this shift was part of a global change, UNDP was considered by many informants to have been instrumental in successfully advocating for this paradigm shift within countries and for institutionalizing this shift in development planning and management. Support at the country level in systematically promoting the shift has been significant. It has encompassed a mix of interventions, including impact studies, situation analyses, start-up of new institutions such as the NACs, planning support to make these institutions functional, and actions of CO leaders and staff. In part due to UNDP involvement, the evaluation team found AIDS strategies in the case-study countries to be relatively less health-sector focused than prior to UNDP involvement and to give more emphasis to decentralized systems to manage and coordinate national HIV/AIDS responses.

57 The evaluation team does not suggest that relevant national policies and institutions are entirely sound and coherent, only that UNDP has contributed to greater soundness and coherence than would otherwise be the case.
Box 3.2 Zimbabwe: Maintaining supportive HIV/AIDS governance under challenging conditions

In Zimbabwe, UNDP has contributed substantially to maintaining supportive HIV/AIDS governance under challenging circumstances.

The national HIV/AIDS response during the period under review has been undermined by a drastic deterioration in the economy, political conflict, a “brain drain” of skilled personnel, and reduction of support by a number of development partners. In this environment, UNDP has had a prominent role in interactions with the government and other stakeholders in HIV/AIDS. UNDP has used upstream policy advocacy and capacity development to strengthen national and local governance institutions to effectively coordinate a multisectoral and multilevel response to HIV/AIDS. This has contributed to a more supportive governance environment related to HIV/AIDS than would otherwise have been expected.

At the national level, UNDP support played a critical role in maintaining HIV/AIDS programme sustainability. Contributions included supporting the NAC’s ability to plan and implement the national multisectoral and multilevel response, including development of functional administrative and financial systems. An important contribution of UNDP was also advocacy to parliamentarians, which facilitated the establishment of the National AIDS Levy, a 3 percent payroll tax. The Levy has provided some resources to maintain the national response. Further, UNDP was appointed as Principal Recipient of Zimbabwe’s Global Fund Round 1 grant. The grant provides access to resources that many feel Zimbabwe could not have secured without UNDP.

Further contributions to a supportive HIV/AIDS environment include UNDP’s critical role in enabling government ministries to develop policies, plans and capacity through appointment of focal persons and task forces. In addition, UNDP helped to mainstream HIV/AIDS into key development policies through support to the national MDG task force, developing the influential Zimbabwe Human Development Report 2003 “Redirecting our Responses to HIV/AIDS Towards Reducing Vulnerability--The Ultimate War for Survival”, and backstopping the macroeconomic framework development process.

At the decentralized level, UNDP played a key role in contributing to enhanced capacity of sub-national HIV/AIDS structures at provincial, district, ward and village levels. A major input was the deployment of national UN Volunteers (UNVs) to 10 provincial offices. They worked closely with provincial administrators and were the driving force behind the provincial planning and implementation processes that encompassed both the provincial and the village level. UNDP also helped to implement participatory planning, starting from the community level and moving upwards, that incorporates the views of various stakeholders at each level. This produced a five-year National Strategic Plan as well as strategic and annual plans for every district and province.

Despite these UNDP contributions, Zimbabwe’s capacity, resources and systems remained too limited to plan and implement an adequate HIV/AIDS response. Many structures from the national to the local level functioned poorly. Obstacles perceived during the evaluation included prevailing macroeconomic conditions; limited effectiveness of national and sub-national structures in articulating and carrying out their coordination roles; location of the NAC within the Health Ministry, which predisposed policy to medical approaches; the NAC’s limited ability to retain key staff; and limited coordination with civil society groups active in HIV/AIDS. Regular, critical review of UNDP strategy will be required to ensure that UNDP contributes optimally to meeting Zimbabwe’s HIV/AIDS-related needs under such challenging circumstances.

UNDP contributions seem to be limited in the areas of legislative and regulatory change. The slow pace of associated national processes was cited as an explanation for delays in Namibia and Ethiopia.

In each of the case-study countries, except for Angola and South Africa, UNDP is reported to have been instrumental in helping orient development policy and planning towards the UNGASS agenda. This may have led to increased government focus on AIDS-related donor policy and planning, but there were
minimal indications as to how far such initiatives have led to changes in country priorities and practice, or contributed to accelerating progress towards targets.

Reforming public sector institutions for coordinating policy and managing resources has been a crucial aspect of UNDP’s governance support in relation to HIV/AIDS. UNDP contributions across all countries under review, except South Africa, have helped facilitate the establishment of new national mechanisms for coordinating multisectoral HIV/AIDS responses. These mechanisms generally have a similar governance character. Typically there is a NAC chaired by a senior politician or public figure. It usually consists of representatives of key institutions and sectors—government, private sector, and civil society. There is also a Secretariat managed by professionals, sometimes located within the Ministry of Health and sometimes under a higher cabinet level office or the Presidency.

These UNDP-supported institutional reforms have resulted in the establishment of platforms for multisectoral and development-oriented HIV/AIDS planning at the highest levels of government. However, these institutions are still evolving. Critical governance challenges remain, as NACs have often had difficulty establishing their roles, authority and capacity, and are sometimes seen as donor-driven. In many cases, including Botswana and Zambia, technical assistance and other support from UNDP have helped to address such problems and consolidate change, but the effectiveness of NACs remains problematic in many of the study countries.58

In Botswana, Ethiopia, Lesotho, Swaziland, Zambia, and Zimbabwe, UNDP has helped influence decisions by Ministries of Finance and other sectors to allocate percentages of line ministry budgets to HIV/AIDS. However, it is not clear how successful such budget interventions have been. There were indications that funds have been insufficient to meet needs and were often used ineffectively. Nonetheless, budget work is an important area for the future, in cooperation with other partners and especially where the international financial institutions are not engaged.

3.1.2 Strengthening decentralized planning for an effective HIV/AIDS response

National AIDS coordinating structures often have decentralized equivalents at all levels of governance--provincial, district and, in some cases, community. Progress in establishing sub-national AIDS planning and structures has been unsystematic. At the time of the evaluation, many were either dormant or functioning sub-optimally. UNDP has made important contributions to addressing these problems.

In Botswana, some success was achieved in decentralized HIV/AIDS planning through support to District Multisectoral AIDS Committees (DMSACs) (see Box 3.3). In Zambia, UNDP deployed national UNVs within District Commissioners’ Offices and provided other support to facilitate the HIV/AIDS responses of District Development Coordinating Committees (DDCCs) and District AIDS Task Forces (DATFs). The evaluation found that AIDS-related planning and coordination infrastructure was being better integrated into District development efforts. In turn, greater functionality of DATFs has enhanced citizen demands for HIV/AIDS services and rights in District work plans and improved financial resource flow to support HIV/AIDS projects at the community levels. When asked about the nature of communities’ relationships with the District Council in rural Zambia, a woman community leader pointed to a Zambian UNV as their link to the District, demonstrating how key the UNV is within the District governance structure. Nevertheless, effective planning and implementation have been hampered by limited linkages of these institutions to the local government system, including formalization of accountability and authority. This is either a missed or emerging opportunity for UNDP to use its governance experience to address such problems.

58 Detailed assessment of NAC effectiveness was beyond the scope of the evaluation but would be worth pursuing in light of UNDP’s widespread support for NACs.
The experience of UNDP support for Community Conversations (CC) in Limpopo Province, South Africa is another example of ways to increase support for community-driven systems and responsibility for HIV/AIDS accountability. CC brought local government officials to interact with community leaders around issues of municipal services for the poor and the marginalized. These interventions resulted in communities holding dialogues and developing action plans to address their own HIV/AIDS problems.

### 3.1.3 Increasing the voice of civil society and vulnerable groups in the HIV/AIDS response

**Increasing inclusion of PLWHA and their rights** in HIV/AIDS policy and planning processes is an outcome of UNDP engagement. While there has been substantial variation among case-study countries, in each of the countries, there was some evidence of increased recognition of the rights, roles, and contributions of PLWHA in HIV/AIDS governance. In many cases, UNDP has been strengthening HIV/AIDS governance through advocacy and programmes for greater involvement of people living with...
HIV/AIDS (GIPA), helping to establish and support PLWHA organizations, media interventions to reduce stigma and discrimination, and interfaces with government for policy and planning inputs. In South Africa, UNDP supported GIPA programmes for both the public and the private sector, which contributed to reduced stigma and discrimination in the workplace while simultaneously providing income to PLWHA.

In Zambia, UNDP support to the Zambian Network of People Living with HIV/AIDS (ZNP+) and recruitment of PLWHA as part of the District AIDS Planning Task Forces helped enhance PLWHA roles and visibility and inputs into plans and programmes. Support for other vulnerable groups has also been enhanced. Also, in Zambia, support for non-governmental organizations (NGOs) has increased effective advocacy and recognition of rights for workers and orphans and children affected by HIV/AIDS. In targeted communities in Ethiopia, CC has led to increased involvement, organization and community support of PLWHA.

The evaluation team found that the inclusion and participation of CSOs in HIV/AIDS governance has also improved, but the extent varied among the case-study countries, as had the role and contributions of UNDP. Participation and resolution of tensions in relations with government have not always been comprehensive. Examples were cited particularly in Zimbabwe, but also in Ethiopia and Swaziland. Yet, the increased advocacy of CSOs and their interaction with other governance institutions at the national level, including NACs and parliaments, have contributed to greater openness and plurality of debate about the direction and content of national responses.

Below the national level, good practices are emerging from UNDP pilot projects that enhance community voice in demanding services and respect for rights. The CCs have initiated dialogue on governance at the community level and raised the potential for sustained citizen demand of services and rights. However, these initiatives tended to be highly localized. Their impacts at the country level were minimal at the time of the evaluation. Moreover, the capacity of the government to facilitate and systematically respond to these demands and realize rights was often low and not specifically a subject of UNDP support. Although a minority view, some government officials in Zambia complained that more support was being provided to civil society than to the public sector.

A focus on gender issues and involvement and empowerment of women in combating HIV/AIDS was reinforced as a key theme of the UN and UNDP during the period covered by this review. Gender might be a specific area in which UNDP has a comparative advantage. In Ethiopia, Swaziland, and South Africa, empowerment of women was a prominent outcome in communities targeted by CC. In Ethiopia, the method led to open discussion and signs of actual change around entrenched community norms such as female genital mutilation. In Botswana and Ethiopia, specific initiatives have systematically enhanced gender mainstreaming into HIV/AIDS programmes including formation of women’s organizations and coalitions to lead HIV/AIDS responses, and strengthening of government ministries to address gender in HIV/AIDS responses. Similarly, in Namibia, UNDP advocacy led to increased representation of women as leaders. Women have been appointed regional AIDS coordinators and head most community-based organizations.

UNDP advocacy, research, human development reports and training were specifically noted to have resulted in greater inclusion of gender issues in HIV/AIDS responses in Botswana, Lesotho and Swaziland. Specific activities or outcomes in relation to gender were mentioned in half of the case-study countries. However, it was difficult to establish overall that UNDP programmes had achieved change in gender-related issues concerning HIV/AIDS on a significant scale. In Botswana and Zimbabwe, gender was mentioned as a specific area in which UNDP had missed opportunities to use gender to strengthen HIV/AIDS responses.
3.1.4 Strategic issues and ongoing challenges

UNDP has helped to stimulate paradigm shifts and greater commitment of governments and their partners to developing sound processes, structures, policies and strategies that shape national responses to HIV/AIDS. However, the quality, effectiveness and sustainability of these shifts were mixed. There are ongoing challenges to enhance roles and performance of NACs and decentralized structures and participation of key stakeholders, including vulnerable groups. In addition, the quality of strategies in the case-study countries could be improved, and operational plans to translate these strategies into action were not well developed. Further efforts on gender and HIV/AIDS are clearly needed—a finding consistent with the recent evaluation of gender mainstreaming in UNDP.

Overall, there is a large “delivery gap” in translating governance contributions into actions that mitigate and eventually reduce the incidence and impacts of the HIV/AIDS pandemic. Leveraging policy and strategic change has been easier in words than in action. One opportunity that seems to have been underused is UNDP’s generally strong relationship with governments. While UNDP’s reputation for strong links with government looms large, its influence on HIV/AIDS governance decisions was mixed. More emphasis could have been placed on leveraging this influence.

UNDP has the potential to make important contributions in a number of areas of governance. Particularly interesting planning innovations have been developed at decentralized levels, where other donor activity was limited. Many other development partners have become involved in strengthening national HIV/AIDS structures and governance, often with larger financial and human resources. Therefore, UNDP will need to be increasingly strategic in providing further support in HIV/AIDS governance.

3.2 Leadership

The evaluation understood HIV/AIDS leadership to cover:
- Leadership by the UNDP CO that galvanizes national leadership into action.
- Political and government officials’ leadership at various levels.
- Private sector leadership.
- Community and civil society leadership.

In each of these areas, the evaluation sought evidence of demonstrated exercise of leadership, including leadership in commitment, support and/or advocacy, HIV/AIDS programmes or activities, planning and mainstreaming, and non-hierarchical leadership. In general, leadership results were extremely difficult to measure.

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3.2.1 Leadership from the country office

The type of UNDP leadership on HIV/AIDS at the country level affected the national response in a variety of ways. Individuals can make an integral difference in crisis situations and responses. The leadership facilitation role of the Lesotho UNDP Resident Coordinator and CO was a striking example of supporting a major shift from inertia to action, and the transformation of policies and institutions to govern the national response for HIV/AIDS. Each crisis presents an opportunity to contribute. This can yield large dividends by supporting governments to seek and implement innovative approaches to respond to the great development challenges posed by HIV/AIDS.

In Angola, Botswana, Ethiopia, Lesotho, Malawi and Swaziland, the UNDP CO played a notable role in providing or facilitating leadership to strengthen the national or UN family response to HIV/AIDS. Most prominent leadership has been through the actions of the Resident Representative in countries such as Ethiopia, Lesotho, and Malawi. But UNDP focal points and programme personnel also played important roles in some countries, such as Angola. Turnover of key staff in countries such as Angola and Ethiopia disrupted UNDP’s ability to sustain strong leadership roles in the donor community and its own response to the epidemic.

3.2.2 Leadership development within government, civil society and the private sector

At the most basic level, all UNDP COs have raised awareness among leaders in government, civil society and the private sector, about the imperatives for concerted actions on HIV/AIDS. The instruments for creating awareness have varied, including seminars, direct consultations, and institutional support for leaders to interact with partners at the national and international levels and share experiences that inform policies. Through the UNDP Leadership for Development Results (LDR) training sessions in Ethiopia and other countries, a process of awareness building was initiated, where participants were provided analytical and experiential learning tools. The expectation was that they would use the tools to transform their own decision-making and influence their organizations in a way that would deepen their engagement in the national response for HIV/AIDS.
There were indications that UNDP facilitated stronger leadership among national level politicians and officials in Botswana, Ethiopia, Lesotho, Malawi, Swaziland, and Zimbabwe. Unfortunately, the scale and depth of this were often difficult to determine. In some countries, it was clearly difficult to influence national level leadership, as in the case of South Africa, where UNDP’s collaborative arrangements with government restricted UNDP leadership influence to the district level.

LDP, other training, advocacy and support for organizations have also targeted leadership in lower levels of government, faith-based organizations, civil society, the private sector, traditional structures and communities. In Botswana, Ethiopia, Lesotho, Malawi, Swaziland and South Africa, these interventions seem to have positively affected leadership in important target groups.

Many examples of striking changes in leadership and resulting actions arose from the LDP in this evaluation and more detailed assessments in Botswana, Lesotho, South Africa, and Swaziland. In addition, in Ethiopia in particular, the evaluation found substantial demand from stakeholders to extend the LDP methodology, including requests to extend leadership training methodologies into general civil
service training. This suggests that changes have undoubtedly occurred as a result of the LDP. In addition, regional capacity has now been developed to conduct further leadership training.

While, in some countries, substantial numbers of people participated in leadership training and have attested to its value in invigorating their commitment to HIV/AIDS, it was difficult to assess whether leadership “breakthroughs” will have a broad impact. There is concern about possible effects of the loss of LDP “graduates” from ongoing involvement in HIV/AIDS activities, and about the need to reinforce gains through follow-up mechanisms such as alumni groups.

The financial resources allocated for LDP were an important influence on the scale of outcomes. Impact of leadership development in Botswana was greatly enhanced by supplemental government funding for the programme. Such synergies might be needed to give greater impetus to the innovations being introduced and to reinforce the national response beyond UNDP-managed pilots.

3.2.3 Strategic issues and ongoing challenges

There is a clear need to enhance leadership on HIV/AIDS in many sectors and at many levels in the case-study countries. UNDP interventions can enhance such leadership. Some UNDP COs have demonstrated strong leadership, but others have missed opportunities.

Recent assessments of LDP are encouraging, and there are many examples of leadership arising from the programme, including the application of selective targeting to enhance the capacity of women in Lesotho. However, from the information available to the evaluation team, it was difficult to assess the depth, breadth, and sustainability of the leadership created by these programmes. While remarkable results are reported, the current and potential impact of the overall leadership interventions remains uncertain. Results were reported as “breakthroughs” and reach was extrapolated to include “potential cycle of influence.” This language may mask limited outcomes and sustainability of pilot initiatives. Further assessment of LDP outcomes is needed to ensure that strong interventions receive adequate support, to enhance effectiveness, and to ensure that LDP becomes an area of comparative advantage for UNDP in the HIV/AIDS response and for individual country programmes, or are shifted to other agencies better placed to achieve large scale results.

Currently, an “individualistic” paradigm of “the leader” underpins the notion of leadership and its development in many UNDP CO strategies. The LDP can contribute in this area. The profound challenges posed by the HIV/AIDS pandemic may, however, need to be complemented by a more culturally defined notion of leadership, which goes beyond the individual to “clusters of leaders.” Across Southern Africa, community-based organizations need to be animated to emerge and confront the pandemic. Traditional healers, known and respected for their wisdom and skills in divination, counseling and care are charismatic as individuals, but need to be organized and mobilized to share the common values and knowledge that bind them. There is a search for leadership in government, at central, provincial and municipal levels, but there is limited emphasis on leadership across government and between government and civil society. Where notions of leadership and its development have transcended the individual to the organizational level, there have been significant shifts in the emergence of a more robust and systematic approach to addressing responses to HIV/AIDS, as illustrated in Box 3.6.


62 These were derived from conclusions of a focus group discussion among participants in the LDR programme in Limpopo Province, South Africa, February 26, 2005.
3.3 Mainstreaming of HIV/AIDS

For the purposes of the evaluation, mainstreaming encompassed:

- Acceptance of the development and multisectoral nature of the epidemic.
- Inclusion of HIV/AIDS activities—beyond the HIV/AIDS “sector”—in policies, plans and action relating to poverty reduction, food security and, more generally, national development.
- Enhanced roles of non-governmental partners.
- Integration of HIV/AIDS into other country-level UNDP programmes and activities.
- HIV/AIDS workplace programmes in public and private sector bodies.

Mainstreaming is defined by UNAIDS as a process. The term is also frequently used to refer to the contents of activities aimed at integrating HIV/AIDS issues across a wider spectrum of development activity, beyond the HIV/AIDS sector. In the present discussion, the idea of mainstreaming is used in this wider sense, as both process and result.

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**Box 3.6 Malawi: From individual to organizational leadership**

In Malawi, UNDP supported the NGO Salima AIDS Support Organization (SASO) as it moved away from reliance on leadership by an individual towards effective and more sustainable leadership by the organization as a whole.

In 1994, Catherine Phiri, a nurse who was infected by HIV/AIDS started a small support network, SASO, to raise HIV/AIDS awareness and mitigate the impact of the disease in a remote district in Malawi where her town, Salima, is located. Organizing a network of volunteers, SASO initiated a series of programmes that included: home-based care; linked orphan care to the traditional system of extended families; and initiated, for the first time, outreach activities that confronted ignorance and prejudice in society by raising awareness, and advocated behavioral change, especially among the youth.

The charismatic leadership of Catherine attracted attention worldwide. She won the “Race against Poverty Award” in 2002. In a bid to support and institutionalize this leadership, UNDP helped SASO develop systems for managing its finances and increasing volunteers and personnel. However, the support needed at the time appeared to have been different—the community needed to develop more leaders, and, according to one of the leaders, to be “known, seen and counted.” Having an efficient institution with financial and administrative systems was not the priority. However, the combination of broadening the leadership base and strengthening the organization meant that, at the time of the evaluation, long after Catherine Phiri’s passing, SASO was a haven for community leaders committed to fighting HIV/AIDS and included 66 volunteers working in the service centre at Salima, more than 2,000 volunteers within villages, and 50 home-based care givers. After expanding and consolidating its leadership, by the time of the evaluation, SASO had credibility to negotiate with the District authorities and delivered badly needed services to the communities, which the District AIDS Coordinating Committee (DACC) had no capacity to deliver.
The evaluation found positive contributions and outcomes to mainstreaming, as well as missed opportunities, as discussed below.

### 3.3.1 Accepting HIV/AIDS as a development and multisectoral issue

By increasing awareness and knowledge at the international and national levels, UNDP has facilitated the acceptance of HIV/AIDS as a development and multisectoral issue. This leads to recognition of the need for mainstreaming. One informant in Zambia remarked, “I am a doctor. Working with UNDP [on HIV/AIDS] has led to a complete shift in me from a medical to a development perspective.” This may seem a limited outcome at this stage in the pandemic, however, persistence of limited awareness, only basic knowledge, and minimal acceptance at national and lower levels was noted in several countries. Thus, reinforcement of this acceptance remains a valid objective in many countries.

In Angola, Botswana, Ethiopia, Lesotho, Malawi, and Swaziland, UNDP roles and contributions in increasing acceptance were substantial. Some of the earliest outcomes in this area were achieved through UNDP contributions in Botswana. Advocacy and impact studies helped to shift the national response from a health focus towards a multisectoral and multilevel participatory approach to HIV/AIDS. Marked changes have also occurred in Lesotho. Here, UNDP has been influential in the internalization of HIV/AIDS as a cross cutting human development issue, with the formal adoption of a multisectoral approach by government. In Swaziland, advocacy, policy support and impact studies supported by UNDP were important contributors to the broader understanding and acceptance of the epidemic.

Mainstreaming was hardly recognized as an issue in Ethiopia prior to 2003. UNDP’s subsequent mainstreaming initiative helped to place it on the agenda of the government, sectoral agencies, and donors. UNDP action led to the formation of a Mainstreaming Task Force with multisectoral representation. In Malawi, UNDP involvement in developing national strategic frameworks and structures was important in effecting a qualitative shift from a biomedical to a multisectoral approach. However, in Zimbabwe, UNDP missed opportunities to promote development and mainstreaming agendas, and in Zambia, it was not clear whether changes could be attributed to UNDP.

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**Box 3.7 Key contributions and outcomes of UNDP on HIV/AIDS mainstreaming**

UNDP has contributed to:

- Acceptance of the multisectoral nature of the epidemic and of the need for mainstreaming.
- Some degree of inclusion of HIV/AIDS in policies, plans and action in government responses beyond the HIV/AIDS sector.
- Enhancement of the roles of non-governmental partners in multisectoral responses.
- Emergence of workplace programmes in UN COs, and in public and private sector entities.

Despite the initiatives of UNDP and its partners, integration of HIV/AIDS issues into broader development programmes, projects and strategies was still at an early stage in most case-study countries, especially in key areas such as poverty reduction. The very limited mainstreaming into other UNDP programmes and activities found by the evaluation is a particular concern. It suggests limited ownership of the HIV/AIDS agenda among UNDP CO staff beyond those immediately responsible for HIV/AIDS.

A review of UNDP work on mainstreaming is needed. This should provide a solid, evidence-based analytic framework for UNDP country mainstreaming strategies to ensure that UNDP can meet the challenges of translating awareness of mainstreaming into effective strategies for implementation and into action in the field. Key issues include possible targeting of areas where mainstreaming is most crucial or likely to succeed, UNDP’s own capacity requirements to support its mainstreaming role, and clearer definition of where UNDP’s comparative advantages lie in this area.
In Botswana, Lesotho, Malawi, Swaziland, and Zambia, UNDP has played a role in facilitating transitions to the multisectoral national HIV/AIDS structures that reflect a move away from approaches to the epidemic dominated by the health sector. However, it was apparent that in these and other countries, there were persistent tensions and difficulties of coordination.

### 3.3.2 Including HIV/AIDS in poverty reduction strategies, national development plans, and other non-HIV/AIDS sectors

UNDP, and many other partners, have been able to effect relatively few changes in translating awareness and acceptance into effective inclusion of HIV/AIDS into policy, plans and actions beyond the HIV/AIDS sector. UNDP Regional Centre staff described implementation of mainstreaming in this area as still being at the stage of raised awareness in most countries and sectors. Only a few countries have started to move beyond the stages of reflection and internalization to comprehend its implications for planning.

At the national level, in seven case-study countries—Botswana, Ethiopia, Lesotho, Malawi, Namibia, Zambia and Zimbabwe—UNDP support to the development of national AIDS policies, strategies and frameworks helped to strengthen a multisectoral approach. National level frameworks were clearly key steps in national responses. However, gaps between national level plans and the requirements for practical implementation at local levels tended to be large and were often not addressed.

Particularly in Botswana, but also in Angola, Ethiopia, and Swaziland, UNDP has also contributed to planning, research, and other processes that have facilitated more focused mainstreaming of AIDS into other sectors and government departments. These include public service management, labour, education, agriculture and finance. In Botswana, early responses facilitated by UNDP included the appointment of HIV/AIDS focal persons in ministries and the development of sector plans. UNDP was also instrumental in mainstreaming HIV/AIDS into education in Angola (see Box 3.8) and Ethiopia. Leadership training was reported in Botswana, Ethiopia, and Swaziland to have resulted in the clarification of roles of different sectors, and some inspiring anecdotes of individual initiatives to address AIDS within some sectors were reported in Swaziland (see Box 3.9).
There was a high degree of variability in the extent of HIV/AIDS mainstreaming across countries and sectors. It was difficult to establish that various initiatives have been consolidated and have led to effective multisectoral HIV/AIDS planning and action on a significant scale. In some countries, such as Ethiopia, UNDP mainstreaming initiatives were still at an early stage at the time of the evaluation. This further complicated assessment of the effects of current UNDP approaches to mainstreaming.

The evaluation found that UNDP has made some limited progress in mainstreaming HIV/AIDS into development and poverty reduction strategies. HIV/AIDS tend to be covered in the majority of Poverty
Reduction Strategy Papers (PRSPs), and UNDP was influential in achieving this result in Angola, Botswana, Ethiopia, Lesotho, and Swaziland. Many National Development Plans and recent economic planning in Zimbabwe, which was supported by UNDP, have also taken HIV/AIDS into account. A notable exception, Malawi, was due to review its PRSP at the time of the evaluation. However, much remains to be done on mainstreaming HIV/AIDS into broader national development planning in the case-study countries, including especially their poverty reduction strategies and processes.

Box 3.9 Swaziland: Mainstreaming HIV/AIDS in the police force

In Swaziland, UNDP has stimulated mainstreaming HIV/AIDS in the police force.

The Assistant Commissioner of Police, Mr. Sipho Dlamini, attended UNDP training on mainstreaming HIV/AIDS in 2003. Upon completion, he initiated a number of interventions that have led to marked changes in the police force’s response to the pandemic. A Committee on HIV/AIDS was set up in the police force to initiate, coordinate and monitor activities aimed at addressing HIV/AIDS. In all four regions of the country, the police have initiated awareness and education training for all police officers. Training of police counselors was undertaken so that police can counsel all officers on various aspects of HIV/AIDS. From their experience, the Assistant Commissioner reported that although the counselors have been well trained by the Institute of Development Management, most police officers were still unwilling to attend counseling unless they were already sick. Awareness of HIV/AIDS and the importance of testing were, however, steadily increasing. According to Mr. Dlamini, “more and more healthy police officers are beginning to test for HIV.” Police stations have condom dispensers and senior police officers are encouraged to use them, and to influence junior officers by example.

Other planned initiatives included attempts to address the increasing numbers of orphaned children of police force members, and the development of an HIV/AIDS policy for the police force. The police force policy, however, had to await the development of the national HIV/AIDS policy. Mr. Dlamini asserted that if the government took too long to formulate a national policy the police might be forced to go ahead and formulate their own “because people are dying.”

Overall, substantial impact seems unlikely on the basis of the UNDP mainstreaming contributions made during the period of the present evaluation, as the breadth and depth of substantial integration of HIV/AIDS into economic policies and poverty reduction strategies and thinking were very limited. Several PRSPs included AIDS as a brief chapter, but did not integrate it into other aspects of the plan. In some cases, such as Zambia, a persisting bio-medical bias in HIV/AIDS sections was noted, probably due to the health sector’s continuing role as coordinator of the national response. The Regional Centre has issued basic guidelines on HIV/AIDS mainstreaming in PRSPs but noted that refinements in approach are likely to be needed.64

UNDP has enhanced mainstreaming and multisectoral involvement in HIV/AIDS at district and local level in several countries. In Zambia, UNDP training, tools and other support to District AIDS Task Forces and Development Committee involvement have led to a more multisectoral response at the local level. Similarly, in Botswana, UNDP DMSAC initiatives have been a catalyst for enhanced understanding, planning and action at the District level. In South Africa, UNDP increased understanding of HIV/AIDS mainstreaming among provincial and local planners. In these countries and others, however, it was noted that obstacles remain to effective multisectoral action. So far, action by targeted

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64 Unfortunately, the Regional Centre was not involved in a joint workshop in South Africa on integrating HIV/AIDS in poverty reduction strategies conducted late in 2005 by UNDP, UNAIDS and the World Bank.
authorities was uneven and often limited. Even when local government took note of HIV/AIDS, there was often limited change from a health-sector focus in HIV/AIDS projects and activities at that level.

3.3.3 Supporting multisectoral responses through enhanced roles of non-governmental partners

In all of the case studies except South Africa and Zimbabwe, UNDP achieved positive but varied results in promoting mainstreaming among NGOs, faith based organizations and private sector organizations. Details of NGO performance and scope of work were often not available. However, in Botswana, Malawi, and Swaziland, contributions have been made to a more holistic response to HIV/AIDS through UNDP support for umbrella NGO networks. In Botswana, Ethiopia, Malawi, Namibia, Swaziland, and Zambia, UNDP has enhanced activities of CSOs in HIV/AIDS at community and higher levels. In Botswana and Malawi, UNDP helped to achieve greater clarification of the roles of CSOs in the national response. In Angola, UNDP’s work with the Ministry of Education helped create precedents for NGOs and PLWHA working with the government on HIV/AIDS. In Ethiopia, UNDP has helped to mobilize a promising formal programme of major faith-based organizations to address HIV/AIDS, although it was too early to assess results at the time of the evaluation.

3.3.4 Mainstreaming HIV/AIDS across other UNDP programmes and interventions

Progress in mainstreaming HIV/AIDS across UNDP non-AIDS programmes and interventions, including governance, economic planning and poverty alleviation, was disappointing. Nevertheless, some results had begun to emerge. In Zambia, Ethiopia and Malawi, changes had started to occur from leveraging other UNDP programmes, such as decentralization and civil service reform, to enhance HIV/AIDS responses. In Angola and Namibia, examples of integration of HIV/AIDS into UNDP agriculture, poverty, gender, decentralization and magistrate training programmes were identified.

Unfortunately, the evaluation was unable to draw clear conclusions on the effectiveness of these actions in generating substantial results. There was little indication that mainstreaming support by UNDP has been effectively used. An innovative effort to mainstream HIV/AIDS into Information and Communication Technology programmes took place in Swaziland, but there was no clear evidence about its effectiveness. In South Africa, opportunities have been missed in sharing innovations that were working well within HIV/AIDS programmes with other UNDP programmes related to poverty.

3.3.5 Promoting workplace HIV/AIDS responses

UNDP leadership has triggered some important changes through the UN’s “We Care” Workplace Programme, which was launched by UNDP Headquarters. In Angola, Lesotho, and South Africa, UNDP has had a key role in this area. In other countries, We Care did not feature highly in UNDP reports of achievements. In some of these cases, UNDP was seen more as a participant than leader in UN workplace programmes, as in Ethiopia, or action was reported to be weak, as in Zimbabwe. In Swaziland, limited resources and acceptance by UN partners were obstacles. There were also missed opportunities for UNDP COs and other UN partners to learn from and motivate each other to become model employers in this regard. The expectation of Headquarters that the COs would systematically integrate this activity into their own activities and programmes within a short period of time, following initial subsidization from New York, seems to have been overly optimistic.

Beyond its own employees, UNDP has helped to facilitate the development of ministry workplace policies and programmes in Angola, Botswana, Ethiopia, Lesotho, Malawi, and Zimbabwe. Initiation of workplace responses to HIV/AIDS seemed to be easier to achieve than mainstreaming into more general
sectoral planning. This was especially striking in Ethiopia, where other aspects of mainstreaming were minimal. In several case-study countries, such as Botswana, Malawi and Swaziland, UNDP has assisted through supporting public service impact studies, development of policies and manuals, and motivating the designation of focal persons. In Botswana, Lesotho, Namibia, South Africa, Zambia, and Zimbabwe, support for groups such as labour, PLWHA and business coalitions has stimulated private sector awareness on workplace issues. In Botswana and Zimbabwe, UNDP has helped to promote the provision of antiretroviral treatment by employers.

Greater involvement of PLWHA has been an important contribution of UNDP workplace initiatives, along with greater awareness and adoption of rights-based approaches and interventions in the world of work. In South Africa, use of the GIPA principle appears specifically to have helped to produce results in reducing stigma in targeted UN and public and private sector workplaces. In Zambia, support for ZNP+ and the Zambian Business Coalition achieved some outcomes. Unfortunately, at the time of the evaluation, the GIPA programme appeared to have lapsed or was lapsing in a number of countries without much urgency in renewing or extending it into all UNDP activities.

Despite the efforts of governments, UNDP, and other development partners, the implementation of workplace interventions remained uneven and quite weak in many countries. For private sector initiatives, ability to substantiate results beyond awareness-raising and establishment of coalitions was often limited, although sometimes specific tool development and actions had occurred. This suggests a need to continue strengthening strategic approaches and methodologies in future workplace interventions supported by UNDP and other partners.

3.3.6 Strategic issues and ongoing challenges

Despite its successes, particularly in creating awareness of the development nature of HIV/AIDS and the importance of mainstreaming, UNDP has not yet made full use of its apparent comparative advantages in promoting mainstreaming. While basic advocacy and training are likely to be relevant for some time, new challenges are raised by the need to translate awareness into action. Experience suggests that managing the inter-sectoral coordination of HIV/AIDS programmes, especially including the role of the health sector, is likely to continue to pose formidable challenges to UNDP and its country and international donor partners.

The very limited mainstreaming into other UNDP programmes, such as governance and poverty alleviation, represented an important and quite visible missed opportunity, especially since UNDP has greater control in this area than elsewhere. In general, there are opportunities for better coordination from the perspective of HIV/AIDS across UNDP country programmes, regional programmes (such as PRSP support), and activities promoted from Headquarters.

A review of UNDP strategy and methodologies around mainstreaming seems needed. It can build on the assessment of mainstreaming experience recently completed jointly by UNDP, UNAIDS, and the World Bank. The review should, \textit{inter alia}, examine whether focus should be on generating or facilitating impact, and the possibility of prioritizing areas where mainstreaming is likely to be most effective. It could also assess the UNDP capacity requirements and services needed to consolidate and implement mainstreaming, which may differ from those provided by the UNDP regional project. Greater clarity is also needed to determine exactly where UNDP’s comparative advantages for mainstreaming lie, and whether UNDP should endeavor to address mainstreaming throughout societies and economies or focus

only on more limited aspects such as poverty reduction strategies, priority sectors and workplace interventions.

3.4 Capacity development

For the purposes of this evaluation, capacity development was considered to include skills development, organizational development, institutional strengthening and planning, management and development of human resources. More specifically, it encompassed:

- Increasing national government ministerial capacity to respond to HIV/AIDS.
- Strengthening national HIV/AIDS coordinating structures.
- Strengthening capacity for decentralized planning, management and implementation of HIV/AIDS responses, at provincial, regional, district and local authority levels.
- Developing capacity of CSOs and community-level capacity development and empowerment to address HIV/AIDS.
- Empowering PLWHA and other people vulnerable to the effects of the epidemic.
- Generating, managing and disseminating HIV/AIDS-related knowledge.

Progress was recorded in each of these areas. The nature and extent of results varied greatly. Overall, there was a widely held opinion at the country level that capacity had been strengthened significantly by UNDP. Certain limitations of outcomes and missed opportunities were, however, apparent. Capacity development, particularly for strategic planning and management, was frequently cited as a particular strength or comparative advantage of UNDP in Southern Africa and Ethiopia.

### Box 3.10 Key contributions and outcomes of UNDP on HIV/AIDS capacity development

While results differed among countries, UNDP has contributed to enhanced individual and institutional capacity in:

- NAC and national government capacity to respond to HIV/AIDS.
- Capacity for decentralized planning, management and implementation, in relation to HIV/AIDS.
- Capacity of HIV/AIDS-related CSOs and community-level capacity to address HIV/AIDS.
- Empowerment of PLWHA and other people vulnerable to effects of the epidemic.
- Greater knowledge relating to HIV/AIDS to guide responses.

Innovative achievements in community and decentralized level capacity development were particularly notable, and should be considered for further support in CO and overall strategies. UNDP missed opportunities to deal with larger scale capacity problems related to human resource planning, development and management.

UNDP needs to improve exit strategies to ensure that initiatives are consolidated and sustainable, and to take successful innovations to scale. Important issues related to these concerns include fostering strategic partnerships with other donors, more efficient and reliable systems to support implementing partners, and strengthened knowledge generation, management and communication.

The scale and range of capacity challenges in the case-study countries is huge. It will be important to prioritize and consolidate capacity development agendas to ensure that impact is not compromised by overextension. In an increased role, the UNDP Regional Centre for Southern Africa could possibly harmonize experiences in capacity development and deploy dedicated support to cross-country experience sharing.

3.4.1 Increasing national government ministerial capacity to respond to HIV/AIDS
At the national government ministerial level in Botswana, Ethiopia, Lesotho, Malawi, and Swaziland, UNDP has been instrumental in building skills and structures, such as ministry AIDS coordinating units, that have enhanced the capacity of government to respond to HIV/AIDS. In these countries, UNDP often took the lead when other donor support in these areas was quite limited.

In Botswana, capacity enhancement through UNDP-supported training, planning exercises and technical assistance to various ministries improved HIV/AIDS planning and led to the formation of AIDS coordinating units. In Malawi, the public sector HIV/AIDS impact assessment and ongoing UNDP advocacy and policy development support gave important momentum to the formation of key capacity to address the epidemic. A number of ministries had appointed focal persons and started workplace programmes as a result of UNDP interventions.66

In Ethiopia, Lesotho, and Swaziland, LDP was specifically mentioned as having developed leadership skills, attitudes and institutional change within national ministries that enhanced HIV/AIDS responses. In Lesotho, LDP contributed to the recognition by the government of the need to improve capacity utilization of senior policy officials by placing HIV/AIDS at the centre of policies and plans. In Ethiopia, LDP was a catalyst for the formation of national level bodies such as Ethiopian Media Volunteers against AIDS and the Women’s National Coalition on AIDS, which has strong involvement of senior politicians. In Swaziland, L4R helped to increase the momentum of national private sector HIV/AIDS bodies.

UNDP also missed opportunities to strengthen capacity to plan and implement HIV/AIDS-related policies, plans and programmes. As illustrated by the limited degree of effective sectoral mainstreaming, more sustained support is needed to build adequate capacity and skills for action. In Namibia, for example, missed opportunities appeared to be due, at least in part, to lack of resources to fund needs for technical assistance or deployment of UNVs. Additional missed opportunities also seemed to be due to limited impact of policy dialogue aimed at creating demand for better multisectoral planning on HIV/AIDS.

3.4.2 Strengthening national HIV/AIDS coordinating structures

UNDP support has enhanced the capacity of national AIDS coordinating bodies in Botswana, Malawi, Swaziland, Zambia, Zimbabwe, and—with less clear results—in Lesotho. Many NACs have been weak during the period under review, and more still needs to be done to overcome their weaknesses. However, this does not negate the significance of UNDP’s support. Much of this has been achieved through direct support, such as training, deployment of UNVs, technical assistance and the provision of funds for projects and operations. Institutional capacity has also been developed simply by enabling NACs and key stakeholders to “learn by doing,” as well as through support in resolving dilemmas and conflicts that have arisen around where to locate the authority to coordinate inter-sectoral responses.

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66 A Permanent Secretaries’ task force has been formed to ensure that ministries responded to the epidemic more effectively. The army and most line ministries have implemented workplace programmes and HIV/AIDS have been incorporated in nearly half of the public institutions in the country.
UNDP often supported NAC capacity development at a stage when the institutions were new, and support from other donors was limited.

- In Zambia, UNDP contributed a major proportion of NAC finances at a time when support from alternative sources was minimal. UNDP also provided flexible support in the form of technical assistance and funding of basic operational requirements such as computers and transport. This was essential to the ability of the NAC to maintain a basic level of function and to refine and understand its role (Box 3.11).

- In Botswana, UNDP supported the National AIDS Coordination Authority and the Ministry of Health’s HIV/AIDS STD Unit through training, deploying UNVs and other technical assistance. This has had a substantial role in organizational development and capacity enhancement for executing coordination and other roles, including support to the antiretroviral rollout.

- In Malawi, UNDP has had a substantial role in the emergence of the NAC under the Office of the President, including the mobilization of resources and facilitation of appointments to key positions.

- In Lesotho, UNDP was a major influence behind revamping Lesotho AIDS Programme Coordinating Authority and contributed to the government’s decision to create the newly established NAC, with an enhanced mandate sanctioned by Parliament to coordinate the national response.

- In Swaziland, UNDP is considered to have had a role in strengthening the National Emergency Response Council on HIV/AIDS’s organizational development and staff capacity for its roles in coordination, mobilization of resources, and policy development.

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<tr>
<th>Box 3.11 Zambia: UNDP contributions to NAC institutional development</th>
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<tr>
<td>In Zambia, UNDP has made important contributions to institutional development in the NAC.</td>
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<tr>
<td>UNDP provided Programme Acceleration Fund (PAF) support to the NAC in 2000-2002. The resources were meant to help initiate or strengthen a broad range of catalytic projects. The funds were disbursed to different institutions in different provinces and districts—11 districts were supported on a pilot basis. Funds were also meant to support the NAC directly, especially in developing its monitoring and evaluation system. Other support went to ZNP+, Girl Guides, faith based organizations, Youth Alive, special populations (such as CSW, military and refugees), Zambia Business Coalition, World Aids Day and home based care.</td>
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<td>A senior NAC official commented: “The PAF funds were the lifeline of the National AIDS Council. UNDP came in at a time when we had nothing and nowhere to go. However, most importantly PAF made it possible for NAC to learn what to do and what not to do.... NAC, having little experience and not being able to distinguish between implementation and coordination, learnt some valuable lessons when we attempted to do both and burnt our fingers. We got bogged down in details and discovered we had neither the time nor expertise to monitor, evaluate and ensure accountability if we were being an implementer and a coordinator. Not only that, but there were issues of alienating stakeholders who did not understand the criteria for programme selection and it was difficult to justify to the satisfaction of everyone. Accountability of funds due to the constrained human resource situation was problematic....It was from the experiences of the PAF initiative that we learnt how to focus on coordination and ensure that we support implementing agencies from that context...At the same time however, we were able to commence initiatives such as galvanizing the private sector response through the formation of ZBCA….build a relationship with the FBOs.....”</td>
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<td>At the time of the evaluation, the effectiveness of Zambia’s NAC continued to be undermined by a number of obstacles. However, by maintaining a basic level of function and allowing lessons to be learned, the NAC was better positioned to receive support from other donors and to play its role in the “Three Ones” approach to national HIV/AIDS responses.</td>
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By assuming the Principal Recipient (PR) responsibility in GFATM-financed projects in Angola and Zimbabwe UNDP assumed a major HIV/AIDS capacity development role. However, concerns were raised about UNDP’s role as PR and the implications of PR activity for UNDP’s broader role, including whether the role creates a conflict of interest with other UNDP activities. This could not be assessed in this study, but the implications of UNDP’s PR role clearly need careful examination by UNDP management.

3.4.3 Strengthening capacity for decentralized planning, management and implementation

The most recognizable capacity development contributions and outcomes in several countries were within HIV/AIDS structures at the regional, district and local levels. These results of UNDP support are particularly notable because capacity at these levels is a major gap in many countries, as well as in the HIV/AIDS responses of other development partners.

The most marked results have been achieved in Botswana and Zambia. In Botswana, UNDP played a groundbreaking and critical role in the development of DMSACs early in the period under review. A number of DMSACs have proved to be sustainable, effective players in the HIV/AIDS response. The clearest recent outcomes at the time of the evaluation were in Zambia, where the success of UNDP support has been reflected in increased action at decentralized levels, increased funding flows to districts, collaboration with other donors, and government requests for rollout to all districts. UNDP’s role was central to these successes, through contributing UNVs, training, assistance in planning, and resources for Information and Communication Technology and transport.

In Zimbabwe, UNDP had a significant role in the decentralization of NAC functions, including the development of an apparently successful system of “bottom-up” budgeting and planning. As part of the UNDP project with the Ministry of Education in Angola, some decentralized capacity for project management was created. In South Africa, training of local authorities raised awareness for mainstreaming. However, capacity development to translate this into effective planning and action through the local authority Integrated Development Plans was limited. This is a missed or emerging opportunity.

In several other countries, capacity development at decentralized level has also occurred, though generally on a smaller scale. In Lesotho, UNDP training with the Ministry of Local Government led to improved capacity to plan and manage local AIDS programmes by DATFs. However, it appears that opportunities were missed to involve DATFs more systematically in other UNDP initiatives; some perceived that UNDP was unwilling to use its programmes to empower some local structures. In Swaziland, L4R has led to substantial involvement of local chiefs in initiating local action, with some noticeable changes at organizational and community levels.

In Ethiopia, LDP has improved capacity, particularly in Southern Nations, Nationalities and Peoples Region, but also in other regional HIV/AIDS Prevention and Control Offices. However, several donors felt that UNDP had missed an important opportunity to more systematically strengthen lower level government capacity for HIV/AIDS responses. UNDP’s decentralization programme to strengthen local government planning systems in Malawi has also contributed to enhancing citizen engagement in planning at the lowest levels. However, this work has not been linked with the ability to address HIV/AIDS issues, nor have the newly-established District AIDS Councils been connected with the experiences in other countries in participatory planning so successfully supported by UNDP.
3.4.4 Developing capacity of civil society organizations, and community-level capacity development and empowerment

The importance of civil society for effective national HIV/AIDS responses was widely noted. UNDP initiatives stimulated NGO, faith based organization and other CSO activity on HIV/AIDS through direct financial and technical support. In six of the study countries, UNDP achieved results in building the capacity of CSOs. The exceptions were Angola, Lesotho, South Africa, and Zimbabwe, where civil society strengthening was not a major feature of the UNDP HIV/AIDS programme. CSO capacity development for the HIV/AIDS response was a particularly notable achievement in countries where civil society was previously very weak.

In Botswana, Malawi, and Swaziland UNDP contributed to establishing and strengthening strategically placed civil society umbrella or coordinating bodies. In these countries and others, such as Ethiopia and Zambia, it also stimulated formation and strengthening of significant individual organizations in areas such as media, PLWHA AIDS services, labour, and women’s coalitions on AIDS. In Ethiopia and Swaziland, organizational leadership was strengthened, specifically through LDP, and the capacity of CSOs was enhanced through involvement as implementers of CC and for delivering specific services. Assessment of the effectiveness and sustainability of this capacity development could only be made on a limited basis as part of the present evaluation. However, some clear, immediate and strategic benefits for the HIV/AIDS response were identified.

In Botswana, Ethiopia, Malawi, Swaziland and Zambia, a notable feature of UNDP involvement has been strengthening organizations and the involvement of PLWHA either at national level or at the local level through participation and support groups linked to interventions such as CC. In general, this produced progress in representation, involvement, visibility, de-stigmatization and enhanced support, despite reports of organizational and other limitations inhibiting the integration of these achievements into government planning and implementation processes.
UNDP involvement included initiatives to enhance *arts and media involvement* on HIV/AIDS issues through engagement with journalists’ associations and the promotion of positive role models. In Ethiopia and Swaziland, this improved the quantity and quality of media involvement and reporting on HIV/AIDS. However, there was little clear indication of the extent of improvement and the need to reinforce results should be addressed.

While significant capacity development occurred, some important limitations and missed opportunities were identified in UNDP’s support for civil society capacity development. In three countries—Angola, Lesotho, and Zimbabwe—UNDP concentrated on engaging with the government but had limited engagement with civil society, even where there was a clear need for CSO and PLWHA involvement in the national response and for capacity development.

In countries such as Ethiopia and Swaziland, a number of the CSO initiatives stimulated by UNDP were still at an early stage and results were still evolving. There were frequent comments across countries that many of the CSO activities did not have the ability to become sustainable and effective without further support. UNDP’s mode of providing support to CSOs was also described as laborious, requiring
enormous time and effort, and posing challenges for sustained CSO access to these resources. In brief, UNDP implementation processes and procedures represented an obstacle to effective UNDP support for CSOs. Furthermore, UNDP often had inadequately developed or communicated exit strategies for organizations that it supported. This put their effectiveness and sustainability at risk.

Community level capacity development and empowerment, including the development of community level capacity to address HIV/AIDS, were a prominent result of UNDP programmes in Ethiopia, South Africa, Swaziland, and Zambia. The most dramatic and widely acknowledged effects at community level were achieved through CC. UNDP has been the driving force behind developing CC, which represents an interesting example of adaptation of previous community development methodologies and applying them to HIV/AIDS. In Ethiopia, CC strengthened community skills, motivation and mechanisms for action in relation to HIV/AIDS (Box 3.13). This led to marked changes in community norms and behaviours related to HIV risk and PLWHA, as well as increased assertiveness in relation to local and other authorities to tackle HIV/AIDS issues. In addition, CC has had positive spillover effects in addressing gender and broader poverty and development issues.

Box 3.13 Ethiopia: Improving community capacity to respond to HIV/AIDS through Community Conversations

UNDP has improved community capacity to respond to HIV/AIDS in Ethiopia through its pilot CC programme.

The UNDP CC programme was launched, on a pilot basis, in Alaba in late 2002 and Yabello in mid 2003. The participatory CC process has led to significant changes in the pilot sites. Changes included improving knowledge, breaking the silence about HIV/AIDS, reduction in stigma and greater support for PLWHA, increased voluntary counseling and testing, and evidence of changes related to harmful traditional practices including norms around having multiple sexual partners and female genital mutilation. Risk factors such as market hours meaning women have to travel home after dark were also addressed. Spin off benefits of empowering communities to address other local developmental challenges, and of changing gender relations were also reported.

External observers and communities agreed that the CC process has started dramatic changes. Outcomes in pilot areas led several other donors and the government to start adopting CC methodologies as part of their strategies and programmes. However, final outcomes of UNDP’s initiative will become clearer only after initiatives begun at the time of the evaluation around exit strategies, sustainability, and scale-up have been implemented. The need to manage risks of conflict with stakeholders who feel themselves threatened by the methodology was also raised.

In South Africa, CC has changed knowledge, attitudes and practices among communities and their leaders. In addition, CC has led to actions that address the link between poverty and HIV/AIDS, including establishing “self-help” initiatives, forming committees to channel demands to municipalities, and engaging in dialogue with service providers to improve service provision. However, although CC has direct relevance to strategic gaps in the national response, little attention was given to ensuring that the government is aware of and acts on the methodologies that have been developed.

Other UNDP initiatives, such as enhancing district-level and NGO capacity to support community initiatives, L4R, and specific youth or other projects, have also improved community capacity to respond to HIV/AIDS. In Swaziland, L4R initiatives brought about observable changes in capacity, competencies and actions in organizations and communities targeted by the programme, although the scale of outcomes is not completely clear. Mobilization of youth stimulated youth involvement markedly in targeted communities and led to the formation of youth groups, increased uptake of voluntary counseling and
testing and sexually transmitted disease treatment, condom use, and greater openness. Other components of L4R enhanced capacity of chiefs and other local players to act more effectively at community level. In Botswana, enhanced community capacity to prevent and mitigate HIV/AIDS resulted from UNDP support for development of District and Village multisectoral HIV/AIDS committees. Increasing involvement of local leadership in community-based initiatives, and more recent implementation of CC in five districts, reinforced this. In Lesotho, UNDP support for capacity development, community meetings, workshops, and social mobilization had noticeable effects on community level progress towards AIDS competence.

### 3.4.5 Generating, managing, and disseminating knowledge

A number of UNDP country-level initiatives have contributed to the generation and dissemination of information, knowledge, methodologies and tools to support HIV/AIDS responses. These included impact studies, other publications and research, and the development of innovative projects and interventions.

Impact studies have made significant contributions to mobilizing awareness and support for HIV/AIDS responses in Angola, Botswana, Malawi, and Swaziland, particularly at early stages in national or sectoral responses. Some of these studies have also contributed to subsequent specific actions, including policy on rollout of antiretroviral therapy in Botswana and mainstreaming in public service and sectoral ministry programmes. A notable example of effective use of UN/UNDP-led publications and information to achieve results was the Lesotho study “Turning a Crisis into an Opportunity.” The government adopted the study as a working and advocacy tool for scaling up the national response.

In nearly half of the case-study countries (Botswana, Swaziland, Zambia, and Zimbabwe), impact studies, MDG progress reports, and National Human Development Reports (NHDRs) have provided information that has had ongoing value in advocacy and planning, and have helped focus attention on key issues, such as the HIV/AIDS-poverty link. However, in some countries, the impact studies, NHDRs and other UNDP publications had limited outcomes at the country level. Factors contributing to these limitations include conflicting advocacy and planning agendas, and limitations of local commitment to study results. The unreliability of data and, in particular, the capacity limitations in developing responses to new information limited the utility of the NHDRs. In Malawi and South Africa, country partners challenged the appropriateness of methods and findings of the NHDRs. One UN country official, reflecting sentiments heard in several countries, remarked that the development of NHDRs needed to be more participatory to enhance use and credibility, as currently, “It remains a UNDP report, and it is used at the international level, but not really by government and others.”

UNDP’s contribution to knowledge through innovation and pilot projects has had substantial secondary effects. Prominent examples include CC and initiatives to strengthen District HIV/AIDS structures. Earlier projects in areas such as home based care and trucker prevention programmes were also noted to have informed UNDP strategies. Other donors, governments and CSOs have also adopted methodologies, tools and manuals developed out of UNDP HIV/AIDS capacity development projects. For example, CC is now being used by UNICEF and other partners in Ethiopia and Swaziland. In Ethiopia, LDP is being integrated into general civil service training. UNDP’s ability to use broader development experience and methodologies, such as CC and LDP, to enhance HIV/AIDS responses was an important feature.

In Botswana, UNDP initiatives were specifically noted to have resulted in better information sharing, for example through leadership programme networks and publications. However, there were also missed opportunities to transfer knowledge and communication between and within countries, as well as within the donor community. For example, learning from Botswana’s DMSAC initiative did not explicitly feed into other district and regional initiatives in countries such as Zambia and Ethiopia. The effectiveness of
many conventional UNDP projects and best practices and how they contributed to buy-in, follow-up support for piloted initiatives, and results was also questioned.

3.4.6 Strategic issues and ongoing challenges

UNDP has achieved substantial results in various areas of capacity development in the case-study countries. Data deficiencies and the limited period of certain interventions, however, made it difficult for the evaluation team to develop a clear assessment of the scale and depth of capacity development and, therefore, overall HIV/AIDS capacity development outcomes in each country. From the evidence gathered, UNDP appears to have been influential in helping to catalyze a “re-thinking” of the needs, context and direction of capacity development with regard to HIV/AIDS. However there are areas where UNDP’s capacity development role can be strengthened. These include missed opportunities and limitations on efficiency, sustainability, scale-up and—ultimately—achievement of impact.

UNDP has made particularly notable achievements at the community level through CC and at decentralized levels of government. This suggests that UNDP may have a strategic role in consolidating the use of these methodologies in more places. Possible interventions include further development of tools, information dissemination, technical support for implementation in diverse contexts, and quality assurance. Limited ability to promote activity at these levels is often a major gap in national responses. Other donors are increasingly supporting central NACs, making UNDP’s role there less pivotal.

These considerations point to the need for a more strategic approach to UNDP HIV/AIDS capacity development innovations, to ensure appropriate choice, sustainability and impact:

- In the case of CC, limited attention was paid to issues relevant to scaling-up and sustainability, such as costs, recruitment of other funding agencies, capacity requirements, exit strategies from UNDP support by transferring responsibility to others, differing requirements for skills and management in large programmes, and management of quality and possible conflicts with key stakeholders.

- Decentralization interventions highlighted the pivotal role of UNVs, particularly local UNVs in countries where there is substantial local underutilized capacity outside government. The UNV role was highly desirable to achieve urgent results, even if it represented a temporary “capacity substitution” rather than skills development and transfer. However, the need to develop a more strategic approach going forward is needed. In some cases, UNVs are making a difference but are hamstrung by limited clarity on mandate, and inadequate skills development, support, and basic resources, such as transport. There are also concerns about sustainability and exit strategies. These issues will be important for SACI to systematically address, to avoid risks of creating inefficient precedents.

- Similar issues were raised in relation to UNDP training in several countries. In Botswana, Ethiopia, Namibia, Swaziland, and Zambia it was noted that, when training had not been situated within a well-considered process of follow-up and support, outcomes were often limited. This applied both to short courses and longer ones such as LDP.

As mentioned in the discussion of governance, some outcomes related to gender issues have been achieved through developing capacity and involvement of women. However, results in this area have not featured prominently in many countries. This suggests an opportunity to increase focus on capacity development for HIV/AIDS-related gender issues, or at least more specific monitoring of gender-specific and gender-disaggregated outputs and outcomes.

The CC and district interventions also suggest that UNDP can have a valid role as a lead agency in developing methodologies that can be taken to scale or leveraged by other partners. The reorganization of the Regional Centre for Southern Africa to provide a unified service in methodological refinements, testing new tools, and professional support to COs increases the potential for these tools to be refined
with a common vision and disseminated throughout the region. The Zambia district interventions and Ethiopia CC were examples of helping to leverage World Bank and other partner support to enhance responses and coverage at these levels. Recent initiatives to address the issues of sustainability and scaling up in Ethiopia may provide some important lessons for wider application.

Other notable outcomes have been achieved through support for civil society capacity development. A more strategic approach is important to ensure effectiveness, sustainability and impact, if similar interventions are used in future. Key issues to address include reliability, efficiency and coherence of support and exit strategies.

An area of capacity development that is increasingly prominent is building country capacity to mobilize and manage external HIV/AIDS resources. Particular emphasis is needed on moving such resources beyond the national level to decentralized and community levels. UNDP has begun to grapple with this issue, particularly through its GFATM PR roles. However, definition of desirable and feasible roles for UNDP in this area is likely to need further attention in strategic planning. Work on financial management and procurement under ARMADA represents only a beginning. More concrete modalities for external resource management and the strengthening of capacities at the level of District AIDS Committees or Task Forces are needed to complement the complex procedures for management established by NACs at the national level.

A further strategic issue is the missed opportunity for UNDP to play a more focused role in human resource (HR) planning, management and development, which may be taken up under SACI. In several countries (Botswana, Malawi, Swaziland), UNDP has used impact studies and other means to raise awareness about the human resource challenges presented by HIV/AIDS for the health and other sectors. Governments and other donors have begun to act on this awareness and data. However, prior to the recent SACI initiative, UNDP has done little to capitalize on this awareness in order to more systematically address capacity constraints arising from deficient HR planning, development and management strategies. Where UNDP lacks the staff capacity, it could at least actively monitor developments.

Country and CO experience indicates that transfer of knowledge and learning within and between countries around innovative ideas and other projects has been weak and should be enhanced. This suggests an important role for the Regional Centre, and possible limitations of centrally driven initiatives where the staff concerned may not be sufficiently familiar with precedents and country contexts.

### 3.5 Partnership coordination for country results

For purposes of the evaluation, partnership coordination for country results was defined to cover UNDP contributions relating to:

- Mobilization of financial resources for HIV/AIDS at the country level.
- Strengthening of interagency synergy among UN agencies and with official development partners.
- CO staffing and coordination, and resources for HIV/AIDS in the CO.

The evaluation examined UNDP roles and contributions in the UN Country Team, Thematic Working Groups on HIV/AIDS, and in relation to other donors.
UNDP has achieved positive outcomes in donor partnership coordination for country results in nine of the case-study countries. The exception is South Africa. The outcomes vary greatly from country to country, and it was not easy for the international team to assess these aspects. In some countries, the evaluation team’s work also led to the identification of missed opportunities.

UNDP has a key position in relation to partnerships in most countries, in large part due to its role as Resident Representative and in the Resident Coordinator system. An official’s remark that “UNDP is the agency we all look to for leadership” was representative of many others.

### 3.5.1 Financial resource mobilization at the country level

The most important identifiable partnership contribution from UNDP in the case-study countries lies in the mobilization of resources from other external partners. In five of the case-study countries, successful resource mobilization has occurred where UNDP has been associated. In Angola, the active engagement of the UNDP CO is widely thought, particularly in the donor community, to have been central to the country’s first success in obtaining a grant from the GFATM under Round Four. The UNDP focal point for HIV/AIDS played a central role in bringing CSOs into the GFATM proposal preparation process and in continuous follow-up. UNDP now serves as PR of the grant.

- In Botswana, the UN Theme Group worked with the government on the development of the GFATM grant proposal, and it assisted with advocacy to attract more donors to HIV/AIDS work in the country.
- In Malawi, UNDP’s support and coordination were viewed as important in the development of an AIDS SWAp arrangement with the country’s development partners (although the evaluation was unable to document details).
- In Zambia, UNDP leveraged resources from multiple partners to support district and community-based initiatives and responses to HIV/AIDS. These results were attributed to UNDP, and particularly to UNVs.
- In Zimbabwe, UNDP manages the GFATM grant under Round One, a grant that might not have been awarded without UNDP’s role as PR. UNDP was also instrumental in mobilizing resources for HIV/AIDS in Zimbabwe from the United Nations Foundation.

While the overwhelming outcome in resource mobilization was positive, this result was not universal. In Ethiopia, UNDP was seen as being weak in financial resource mobilization for HIV/AIDS, despite the well-regarded donor coordination arrangements in the country and strong signs of increasing adoption of the CC methodology by other donors. In Lesotho, while UNDP’s active leadership may have contributed to resource mobilization, policy guidance, such as was provided by UNDP, was not enough to ensure
effective operational use of a UNDP guidance manual. Similarly, in Malawi, UNDP was, at the time of the evaluation, on the sidelines in the creation and operation of a pooled fund of donor resources to support AIDS programmes, after substantially coordinating the earlier phases of awareness-raising concerning the need for increased donor resource commitments to HIV/AIDS.\(^{67}\)

### 3.5.2 Strengthening synergy among development partners

UNDP played an important role in strengthening inter-agency synergy for partnership results in six of the case-study countries, but also missed some opportunities. In Botswana, UNDP was instrumental in the formation of a Partnership Forum that includes donors, the private sector and the CSO sector. The Forum had improved information sharing and collaboration on interventions, though the level of interaction with the large US PEPFAR programme could not be ascertained. In Ethiopia, the UNDP Resident Representative played a key role in the UN Theme Group, strengthened harmonization and efficient inter-agency coordination within the UNDAF and the joint government-donor Development Assistance Group (DAG), and improved donor-government relationships. However, UNDP’s role was perceived to have diminished, and informants felt that resurgence of a more assertive and strategic role was desirable. In Lesotho, the UNDP Resident Representative gave an entirely new dynamic to inter-agency cooperation (Box 3.15). As a result, UN agencies agreed that AIDS would represent a key strategic area for all agencies in Lesotho.

\(^{67}\) Between 2000 and 2001, UNDP was the prime mover in convening national conferences in Malawi to raise awareness among donors for coordinated resource mobilization. It later played limited roles in the new pooled funding arrangement, in part because UNDP funds were not in the pool. UNDP guidance permitting UNDP participation in pooled funding was issued at the beginning of 2006.
In Malawi, UNDP’s work created greater synergy in support of the NAC. In Swaziland, UNDP leadership through the Round Table, the UN Country Team, and the HIV/AIDS Theme Group made a difference, especially with bilateral donors. In Zambia, UNDP mobilized partnerships to help in rolling out HIV/AIDS initiatives at the provincial and district levels, following the successes of the UNDP pilots. UNDP also increased the effectiveness of the smaller UN agencies, such as the International Labour Organization. In Ethiopia and Zambia, the internal technical capacity of the UNDP CO HIV/AIDS team was an important strategic resource to the government and some other agencies. Unfortunately, tensions between UNDP and UNAIDS somewhat undermined synergy in two countries.68

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68 The evaluation team found it inappropriate to name the countries concerned in an evaluation intended to be strategic in character and not to have the character of a performance audit.
Certain other UNDP initiatives have assisted in creating awareness and attitudes that enhance partnerships. In Ethiopia, UNDP facilitated increasingly participatory processes for HIV/AIDS policy and strategic planning, although limitations on stakeholder inputs remained.

### 3.5.3 Country office staffing, coordination, and resources for HIV/AIDS

The capacity of the UNDP CO—financial resources, leadership, staffing, skills, incentives, and attitudes—was a critical variable in the creation of effective partnerships for results in the case-study countries. There were wide variations in the technical and organizational capacity of the COs to support national HIV/AIDS responses, as well as in the will and determination of CO managers and staff to take action on the matter.

In Angola, the staff re-profiling exercise of 2001 seriously restricted CO HIV/AIDS capacity, through budget reductions, but in Lesotho the Resident Representative seized the opportunity of the staff re-profiling to alter the CO skills profile (see Box 3.15). In Ethiopia, the UNDP CO increased its HIV/AIDS capacity in recent years, but limited HIV/AIDS programme capacity still constrained partnerships and the rollout of pilots. In Malawi, it was uncertain whether the CO was sufficiently equipped to support scaling up the HIV/AIDS response, and in Namibia, there were important gaps in staffing the CO to support HIV/AIDS activities.

In several countries, including Angola and Namibia, the individual responsible for both poverty and AIDS in the CO was described as over-burdened and could not effectively cope with both responsibilities. In Zambia, the limited capacity of the highly capable HIV/AIDS programme staff to perform both project functions and communication and coordination roles was an obstacle to UNDP effectiveness.

The substantial variations in UNDP CO capacity and effectiveness were not only the consequence of the differences between countries’ perception of the significance of HIV/AIDS as a health and development problem. They were also heavily dependent on the personality and disposition of the UNDP Resident Representative. Changes in Resident Representative and staff assignment discontinuities were frequent sources of weakness in the UNDP CO HIV/AIDS response. At the same time, the Lesotho experience suggests that changes in the assignment of the UNDP Resident Representative can also be a powerful stimulus for action, depending on the personality, commitment and vision of the Resident Representative.

### 3.5.4 Strategic issues and ongoing challenges

UNDP has the ability to be a key role player in strengthening partnerships for country results on HIV/AIDS, particularly in resource mobilization and management and in inter-agency cooperation. Effective functioning of Expanded HIV/AIDS Theme Groups in some countries is a case in point. A key strength of UNDP is its good relationships with host governments, which adds to its credibility and potential effectiveness as a coordinator of partnerships.

The positive contributions documented above were thought to have been accomplished with less-than-adequate CO staff and coordination with Headquarters and the Regional Centre. This view was shared not only among CO staff but also among many development partners. At the same time, questions were raised about the apparently large UNDP staff presence in individual case-study countries, and their roles, competence and credibility. Thus, the “adequacy” of UNDP CO HIV/AIDS staffing, sometimes captured as a complaint about having only a part-time HIV/AIDS focal person, turned out to be a more complex issue of CO HIV/AIDS strategy, administrative budget, staff skills, staff numbers and allocations, incentives, leadership, and attitudes.
The roles and relative responsibilities and relationships of Headquarters, Regional Centre and CO staff were also sometimes unclear. There were also concerns about repeated requests from Headquarters for action on what were perceived as unfunded international mandates. There were wide variations among COs in this respect, and the evaluation team was unable and not mandated to examine the issue in detail. The Regional Centre was seen as an important complement to the COs, but its roles, activities, coordination with CO initiatives, were not well understood by COs and partner staff. CO capacity might be strengthened by “projectizing” support and thereby removing it from the constraints of the UNDP CO administrative budget.\(^{69}\)

Wide differences among UNDP Headquarters staff in their personal commitment to the corporate HIV/AIDS agenda are an important part of the explanation of the inter-country differences in the HIV/AIDS response of UNDP. One observer suggested a gap in New York between the high level of commitment of the UNDP top management and working level officials, on the one hand, and the apparently half-hearted responses of some UNDP officials in middle and senior management who have the ability to ensure follow-through on the corporate agenda.

Several other obstacles to effective partnerships were identified:

- **Inadequate communication.** In Angola, opportunities for synergy were missed due to UNDP’s inadequate definition and communication of the UNDP CO’s role and HIV/AIDS strategy to other development partners. While a strong partnership exists between UNDP and Development Cooperation Ireland in building a formidable programme for UNVs at the Provincial and District levels across Zambia, other donors suggested that better communication about this strategy would have increased synergies with the roll out of the UNV work at district level.

- **Agency role definition and tensions.** In two countries tensions between UNDP and UNAIDS were a serious obstacle.\(^{70}\) In others, there were indications of lack of clarity of roles. Fortunately, there are recent, focused attempts to articulate clear policy on UNAIDS and UNDP roles at country level.\(^{71}\) Associated processes for resolution of problems in practice may still be needed.

- **Limited UNDP assertiveness.** In Ethiopia and Zambia, UNDP was described as too “diplomatic” in its approach, and could have taken a firmer position on some issues with the public authorities and certain donors, for more coherent and effective HIV/AIDS responses.

- **Project focus.** Obstacles could arise when UNDP country HIV/AIDS activities are largely “projectized.” This could lead to missed opportunities for UNDP to provide overall strategic perspectives and guidance in its coordination role, as the limited CO resources end up being devoted to project support and resolution of urgent crises rather than longer-term important issues of policy, strategy and coordination.

### 3.6 Conclusions on country-level contributions and outcomes

UNDP roles and activities have contributed in many ways to HIV/AIDS being a development rather than solely a health issue. While the issue might be perceived solely as mainstreaming, the theme of HIV/AIDS as a development issue ran through the entirety of the UNDP HIV/AIDS work reviewed by the study team. UNDP interventions led to substantive changes in government and grass-roots mobilization within specific targeted areas and groups. Some important precedents have been established. Many interventions have been innovative and have contributed to important paradigm shifts and knowledge generation. Overall, UNDP has achieved important outcomes in all the main outcome theme areas related to the HIV/AIDS response in case-study countries.

\(^{69}\) USAID has done this very successfully at its headquarters.

\(^{70}\) Naming these countries would be inappropriate in the evaluation, since its role is not to single out individuals but to raise strategic issues.

\(^{71}\) UNAIDS, “UNAIDS Technical Support Division of Labour—Summary and Rationale,” UNAIDS, August 2005.
In addition to identifying positive contributions, the evaluation team’s analysis identified missed opportunities. Given the prominent associations between poverty and HIV/AIDS, integration of HIV/AIDS into poverty reduction strategies is particularly relevant to UNDP. The potential for UNDP to mainstream HIV/AIDS in poverty alleviation and other sectors was one of UNDP’s key comparative advantages. UNDP can offer particular technical capabilities and broader development perspectives, as well as the advantages of linkages with political leadership in key ministries, such as finance and development planning. Despite the finding that HIV/AIDS is included in poverty reduction strategy statements, this work is just beginning.

There has been substantial variation in outcomes among countries. In general, country level outcomes and even outputs of UNDP activities up until the end of 2004 are probably more moderate and smaller in scale than some previous ROARs and other reports have suggested. In addition, the depth and sustainability of change and resulting action tended to be difficult to substantiate with available M&E data. The evaluation team therefore considers the ROAR statements to be at risk of hyperbole that could undermine the credibility of the good work done.

Despite the relatively broad understanding of UNDP contributions and outcomes used in this chapter, this viewpoint might not do full justice to the work of UNDP during the period under review. Implementation of key programme components has only started recently in many countries. This meant limited time for changes to manifest themselves, even if a number of potentially significant processes and outputs could be reported by country teams.

Limited scale or even absence of clear, significant outcomes should not be interpreted as meaning that interventions have failed or should not receive further support. In fact, it may indicate a need for greater and more sustained support for certain interventions. Similarly, the strategic issues identified for attention are intended to enhance potential for substantial outcomes and impact arising from good work and dedication of many CO, regional and headquarters staff.

There were wide discrepancies between UNDP statements of policy and its performance at the country level. Specifically, the evaluation team is concerned about problems in the implementation of UNDP’s own interventions and the adequacy of its COs for the interventions of UNDP. In country after country, concerns were repeatedly expressed about delays in approval and subsequent implementation of UNDP HIV/AIDS projects and activities. These problems were attributed to bureaucracy; unclear roles and relationships among Headquarters, the Regional Centre, and COs; and within the Headquarters and the Regional Centre itself.

Substantially sound UNDP initiatives sometimes had the appearance of being UNDP-driven, rather than client partner-driven. Where the client was unambiguously in charge, as in the case of nationally executed projects, UNDP staff were concerned about the implications for further implementation delays.

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72 ROAR 2001 refers to “growing evidence of the impact of UNDP work on HIV/AIDS in SSA … as a major achievement,” and also refers to “clear indications” in many countries of SSA that “comprehensive UNDP interventions are contributing to significant country-level progress in government and grass-roots mobilization to respond to HIV/AIDS.” ROAR 2001 refers to capacity building results in 2001, without detail, in all of the case-study countries except Angola. It mentions mainstreaming results in Botswana, Malawi, and South Africa, and promotion of human rights in response to HIV/AIDS in Botswana, Malawi, and RBA’s regional programme. It also mentions results of information dissemination and awareness-raising on HIV/AIDS in Botswana and Swaziland. The UNDP Annual Reports for 2002, 2003, and 2004 do not take the form of the ROARs.

73 The evaluation of the Second Global Cooperation Framework of UNDP also mentions, in reference to HIV/AIDS work, that “The use of hyperbole and inflated language do not add much to the development debate nor the UNDP role in it.”
adequacy concerns relate to staff, budgets, leadership, knowledge management, and strategy. They suggest significant gaps between the strong promises of UNDP corporate strategy and senior management statements, and the capacity of COs to respond adequately to them. The balance sheet on CO staffing and coordination that results from this evaluation should not, however, be seen as entirely negative. There are cases, as cited in this chapter, where UNDP COs played critical roles in important UNDP accomplishments.

The central importance to UNDP effectiveness of the Resident Representative and Resident Coordinator system was underscored repeatedly. However, there were wide variations in the roles and activities of Resident Representatives and Resident Coordinators.

In examining next steps, experience of the case-study countries indicates that UNDP will need to address a number of general limitations on its ability to achieve more substantial outcomes in the case-study countries. These include the following:

- Programmes and activities gave limited attention to identification and exploitation of UNDP’s strategic focus and areas of comparative advantage in the country. Since these vary from country to country, they merit identification at the country level.
- Mainstreaming of HIV/AIDS within UNDP itself was not well developed at country, regional and headquarters levels, and made it difficult to bring overall comparative advantages to bear.
- Many programmes and projects had yet to consider fully issues related to exit strategies, consolidation and sustainability for particular interventions, as well as strategies for scaling up of successful interventions.
- Communication and coordination with other development partners and COs was often too limited in creating awareness of lessons learned from UNDP programmes and other initiatives to leverage their resources to achieve greater depth and scale of outcomes.
- Tendencies to become too project-focused could dilute strategic thrust, distract from areas where UNDP has clearer comparative advantages, and limit synergy among programmes, development partners and countries.74
- Under-developed monitoring and evaluation systems created risks that effective interventions would not receive appropriate ongoing support, and that limitations would not quickly be recognized and addressed. Dramatic claims of success with little clear substantiation might hinder the understanding of how to intervene more effectively to resolve problems, and discourage other partners from supporting sustainable initiatives and roll out of UNDP-initiated innovations.

These conclusions have implications for the directions that UNDP might assume in deepening its support to the HIV/AIDS response at the country level in Southern Africa and Ethiopia.

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74 A number of smaller projects in various case-study countries, in areas such as home based care, prevention programmes for key target groups, and voluntary counseling and testing have not featured prominently in the above discussion of UNDP contributions and outcomes. In the early years of national responses, such initiatives may have led to important learning by UNDP and its partners. However, it is difficult to argue that in more recent years they have built on UNDP areas of comparative advantage or represent effective strategy.
Chapter 4. Summary of Findings and Recommendations

This chapter summarizes major findings of the evaluation, reviews UNDP comparative advantages in addressing HIV/AIDS in the case-study countries, and sets out recommendations for action by UNDP.

Overall, the evaluation finds that UNDP has been instrumental in increasing awareness about HIV/AIDS and has facilitated, along with other UN agencies and donors, increased commitment to HIV/AIDS as a development issue in Southern Africa and Ethiopia. UNDP also followed through on its commitment to support the HIV/AIDS programmes and activities that it said it would support. While it was too soon to assess the effectiveness of the UNDP initiatives in a number of areas, certain important contributions and outcomes were identified in all the main outcome theme areas related to the HIV/AIDS response in case-study countries.

This is not intended to suggest that UNDP did enough or achieved enough. There were a number of missed opportunities, as cited in earlier chapters. In addition, UNDP’s ability to monitor and evaluate its activities needs to be addressed and strengthened, especially as HIV/AIDS activities and programming continue to expand and mature.

In the face of the magnitude of this pandemic and its devastating impacts on development, UNDP must find a renewed energy and impetus in its HIV/AIDS actions and responses. Implementation of UNDP policies, strategies and projects are not keeping abreast with the growing toll that HIV/AIDS is taking on countries, especially those that are already facing numerous other developmental challenges. If UNDP is to assist countries in halting the spread of this epidemic and meeting the MDG deadline of 2015 for reversing and rolling back HIV/AIDS, it must invest itself more wholly in its commitment to the response, and it must also make the transition from discussion to implementation, from talk to action.

This evaluation calls for new urgency and recommends actions to adjust UNDP HIV/AIDS programming and strategies, strengthen HIV/AIDS institutional capacity within UNDP, and learn from and build upon its experience.

4.1 Summary of Findings

On the basis of the detailed country and international evidence gathered, the evaluation summarizes four major findings concerning UNDP’s roles and contributions in the HIV/AIDS response in the case-study countries:

Finding 1. UNDP has made signal contributions to the increasing recognition in Southern Africa and Ethiopia of HIV/AIDS as a development issue and has supported important changes to this end at the country level.

The theme of HIV/AIDS as a development issue ran throughout the AIDS-related work of UNDP in the case-study countries, beyond the specific issue of mainstreaming HIV/AIDS into other sectors. UNDP Resident Representatives, UN Resident Coordinators, and UNDP CO personnel have made important contributions to the progress in Africa in recognition of HIV/AIDS as a development crisis. UNDP was at the forefront on mainstreaming, and initiated change through its support to National AIDS Commissions and Councils, gender issues, and many levels of government and society. When other development partners were reluctant or unable to provide support, UNDP continued supporting the case-study countries in working on HIV/AIDS, both as a current crisis and as a long-term development issue.
The evaluation demonstrated that UNDP has the ability to engage effectively with country partners at four main levels in its support for national responses. These are: political institutions and leaders; the main sector ministries related to UNDP’s development mandate; sub-national levels of government including regions, districts and local government; and communities. At the national level, UNDP has engaged in upstream work with central government agencies to strengthen macro-level responses. In this work, it had to compete for attention with better-funded partners, particularly in major sectors such as health, education, and agriculture. Evidence from the field indicates that UNDP engagement with higher levels of governance (including Parliament, Cabinet, President’s office, and powerful ministries such as Finance and Planning) has more often resulted in the greatest influence in shaping policy and strategy. This was seen in Botswana, Lesotho and Zimbabwe. Unfortunately, the attention paid to these levels, especially parliaments, was more limited in most case-study countries than would have been desirable.

Mid-stream interventions at decentralized, sub-national levels of government and civil society are an area where UNDP has achieved some of its most prominent successes in the case-study countries. Support for decentralized, participatory planning, and capacity development for district and local government, as well as for strategically placed and umbrella HIV/AIDS CSOs, were among the areas where UNDP’s support has been highly valued across the 10 case-study countries. UNDP has also piloted innovative projects downstream at community levels.

The evaluation team found substantial inter-country variations in contributions and outcomes and some missed opportunities for UNDP to address HIV/AIDS as a development issue through projects and dialogue with political and opinion leaders at the country level. The achievements and roles played by UNDP in contributing to the recognition of HIV/AIDS as a profound development issue in Africa are at risk. The very success of the international community in mobilizing significant new financial resources for HIV/AIDS programmes, and especially treatment, could revive the dominance of the previously prevailing medical paradigm.

Finding 2. Despite UNDP’s achievements in making HIV/AIDS a development issue, important gaps exist between UNDP’s statements and its performance.

Strong stances on HIV/AIDS in senior management statements and UNDP publications were not often matched at the country level by comparable performance in the design, execution and measurable outcomes of UNDP activities at the country level. This does not deny the dedication and effectiveness of many staff and programmes in many countries. Rather, it points to the limited scale and depth of outcomes thus far, and to gaps in strategy and institutional capacity.

In particular, the evaluation identified limited consideration of how to scale up important outcomes and ensure sustainability, limited sense of urgency and importance for HIV/AIDS in UNDP programmes, and limited information and communication—UNDP’s work on HIV/AIDS at the country level was often unknown by key stakeholders and some informants tended to confuse UNDP and UNAIDS. In the view of the evaluation team, this lack of knowledge of UNDP’s HIV/AIDS work was due not only to inadequate communication but also, once again, to inadequate strategy at the country level, especially with respect to how to maximize outcomes.

A second major gap is between policy and plan, and actual implementation in most areas of HIV/AIDS responses—from NAC functioning to mainstreaming. Focus on upstream policy advocacy and analysis is

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75 See, for example, the UNDP Results-Oriented Annual Report for 2001. It refers to “growing evidence of the impact of UNDP work on HIV/AIDS in Sub-Saharan Africa ….. as a major achievement,” and also refers to “clear indications” in many countries of SSA that “comprehensive UNDP interventions are contributing to significant country-level progress in government and grass-roots mobilization to respond to HIV/AIDS.”
not giving room to a new priority for implementation of UNDP, client country, and external partner programs. In addition, UNDP projects and programmes are not receiving enough support from COs and other sources to reduce delays in execution. This challenge is also influenced by the growing external financial resources being promised by donors.

**Finding 3. In refining its roles and making future contributions to the HIV/AIDS response in the case-study countries, UNDP faces significant external challenges and needs for internal change.**

The growing flow of external financial resources for HIV/AIDS programmes coming from outside the UN system implies a need for UN agencies to rethink their roles and activities. In financial terms, UNDP is almost certain to become a much less important actor on the HIV/AIDS scene in the case-study countries. In contrast, the UNAIDS Secretariat is becoming an increasing presence at the country level, with rapidly rising financial resources and personnel in the field.

The rapid changes in the environment for the HIV/AIDS response of UNDP are affecting the case-study countries. The most significant manifestation of this lies in programmed external financial resources. The work of the Global Task Team, the understanding among key partners on the Three Ones principles, and other global policy initiatives must be expected to have direct impact on UNDP’s work at the country level. Additional global initiatives, currently unknown, must also be expected.

**Finding 4. The central coordinating position of UNDP Resident Representatives, UN Resident Coordinators and COs in the international system of development support to the case-study countries was underscored by large numbers of interlocutors at the country level and beyond.**

UNDP’s role very frequently extended beyond UN agencies. This was reflected, for example, in country-level Expanded Theme Groups on HIV/AIDS that were thought more effective than Theme Groups limited to UN agencies. However, sometimes it was not clear whether UNDP’s comparative advantage in coordinating development at the country level was viewed as actual or only potential. The team identified cases, as in Lesotho, where the UNDP Resident Representative seized opportunities to provide forward-looking leadership. Too often, both internally and externally, UNDP country level leadership was seen as bureaucratic and diplomatic, rather than substantial and development-oriented. Skills, aptitudes, and budgets were all part of the problem.

**4.2 UNDP comparative advantages in addressing HIV/AIDS**

The evaluation team offers several conclusions on UNDP’s comparative advantages in addressing HIV/AIDS at the country level.

The issue of comparative advantage must be seen in relative rather than absolute terms, that is, UNDP must be viewed in relation to other external development partners in the case-study countries. This suggests the importance of inter-country differences and the uniqueness of each country case. Country differences in epidemiology and social, political and economic conditions lead to different external presences in the country. Furthermore, in any given country there may be important differences between UNDP’s potential comparative advantages and its actual advantages. For this reason, the evaluation is cautious on categorical statements about UNDP’s comparative advantages, and urges that UNDP’s country-specific comparative advantages be discussed among stakeholders at the country level.
Despite this cautionary note, the team identified several areas of comparative advantage. First, one key UNDP comparative advantage is UNDP’s position as coordinator and voice for the UN system and UN Country Team. This was widely remarked upon by sources. It is a central theme throughout the work of the evaluation team in the case-study countries as well as in its global policy interviews.\(^\text{76}\) One observer from outside the UN system commented that UNDP can and should bring other donors to the dialogue at the country level, even when those donors may be inclined not to participate and to operate outside it. UNDP comparative advantage as voice of the international aid system, even beyond the UN family, includes its closeness to country situations, its presence on the ground, its contacts with political, parliamentary, and government leaders, and its capacity to reach out to opinion leaders throughout the country.

Second, UNDP’s generally, but not universally strong, trusting relationship with government is another key comparative advantage. This strengthens UNDP’s role as coordinator and facilitator in the dynamic of government-donor collaboration. It also enables UNDP to work with government to achieve better results. The experience of the evaluation suggests that this comparative advantage has been under-used.

Third, ability to facilitate and promote mainstreaming and integration of HIV/AIDS issues into development strategy, including poverty reduction, should be a comparative advantage of UNDP. This includes mainstreaming HIV/AIDS issues into other sectors, and helping partners in host countries as well as among bilateral donors to move in their thinking and action on HIV/AIDS beyond narrow, vertical or—as one key informant expressed the problem so vividly—“stovepipe” approaches. UNDP demonstrated this capacity in several case-study countries. However, given the importance of other external actors, especially the international financial institutions, in a number of countries, as well as the challenges of supporting actual implementation of mainstreaming in sectors, the evaluation team concluded that UNDP would need actively to prove this comparative advantage in mainstreaming case-by-case. Mainstreaming must be disaggregated to specific sub-issues at the level of individual countries.

Fourth, the team found a UNDP comparative advantage in addressing certain aspects of AIDS-related governance issues, especially decentralized support to HIV/AIDS programmes and policies. This was seen in several of the case-study countries, including Botswana and Zambia. Whether UNDP would have a comparative advantage in bringing decentralized support to HIV/AIDS programmes to a national scale was, however, not clear to the study team because of the enormous demands this would bring for human, financial and organizational resources.

Fifth, UNDP has a comparative advantage in facilitating the effective involvement of other donors, particularly the smaller UN agencies and donors with some financial resources but little field presence or knowledge of country situations. Because of UNDP’s universal field presence, this was thought to be especially important in smaller countries, where some external partners would wish to engage but be unable to provide sufficient locally based staff support. Several global policy commentators saw the UNDP role in facilitating the engagement of other donors as particularly important in the future, with the growth in GFATM, PEPFAR, and World Bank MAP resources, saying that UNDP should be able to assist countries to mobilize, disburse, and effectively utilize funds from these sources.

Sixth, UNDP should have a comparative advantage in capacity development, including particularly, as one interviewee put it, the “architecture of AIDS institutions” at the country level. AIDS impact on the workforce and AIDS linkages to civil service issues were also mentioned in the team’s global policy interviews, but the team observed little work in these areas in the case-study countries. Beyond generic reference to capacity development, one informant said that UNDP needs to address the question of

\(^{76}\) See Annex 7 for a synthesis of the evaluation team’s global policy interviews.
“capacity for what?” There is a particular need to strengthen UNDP training, especially planning and follow-up.

4.3 Recommendations

This evaluation has one overarching recommendation: In Southern Africa—where the HIV/AIDS epidemic is the most severe in the world—the COs in the case-study countries must demonstrate a much higher level of urgency in their work on HIV/AIDS.

Urgency should be measured, inter alia, by use of resources, leadership, people, time and money. Total UNDP spending on HIV/AIDS overall is not large enough to have a significant impact on the epidemic at the country level. It is therefore particularly important that it use HIV/AIDS resources, both human and financial, in a strategic manner. It is critical to develop coherent approaches to leveraging partner resources in order to achieve the scale of outcomes required in countries with very severe epidemics.

With support of an agile team drawn from all concerned headquarters units and the Regional Centre, each UNDP CO and each of the other units concerned should develop, by September 2006, a monitorable action plan through which to implement the specific recommendations detailed in the evaluation report. These specific recommendations are:

4.3.1 Country offices

Clarify strategic direction. COs should formulate or update UNDP country HIV/AIDS strategies and integrate them into national HIV/AIDS strategies and programmes. Strategies should:

- Include UNDP inputs from the Regional Centre and headquarters units, and promote mainstreaming, especially the full integration of HIV/AIDS into poverty reduction strategies.
- Draw upon initiatives from the headquarters Bureau for Development Policy (BDP) and the Regional Centre, where those initiatives are relevant to the country’s situation.
- Be based on country demand and need rather than UNDP supply; take into account implementation of the “Three Ones” principles; support donor harmonization; support integration of HIV/AIDS into poverty reduction strategies; and associated actions should feature prominently in UNDP country HIV/AIDS strategies and programmes.
- Integrate all UNDP financial resources for HIV/AIDS, whether managed at country, regional or headquarters level, and whether core resources or trust funds.

Shift programme focus.

- Give central attention to supporting implementation of country HIV/AIDS programmes, especially at decentralized levels.
- With support from the Regional Centre, assist partner countries in designing, financing, and executing programmes that take actions successfully piloted by UNDP and other external partners to scale on a country-wide basis.
- Assist partner countries with mobilization, disbursement and effective utilization of external financial resources for HIV/AIDS, with support from the Regional Centre.

Strengthen HIV/AIDS capacity. COs should strengthen their HIV/AIDS capacity, with support from the Regional Centre for Southern Africa and headquarters. CO HIV/AIDS capacity should include budgets; staff skills, attitudes, and deployment; staff incentives; organization for HIV/AIDS work; and internal and external leadership. Leadership by example rather than by mandate should characterize UNDP cooperation with UN organizations and other partners. In their HIV/AIDS work, COs should go beyond
UNDP’s Role in HIV/AIDS Response

UNDP projects and should plan, draw upon and facilitate deployment of the entirety of the institutional resources available to UNDP through UNAIDS and the UN system.

Foster a culture of monitoring and evaluation. Such a culture should be fostered by strengthening monitoring, evaluation, exit strategies, and especially learning from experience, with an expectation of measurable results from each UNDP HIV/AIDS project or intervention. Specific recommendations include:

- Review each ongoing UNDP HIV/AIDS project or activity for adequacy of its monitoring, evaluation and exit strategy. Projects should not simply end but should have a planned exit strategy involving evaluation and transfer of responsibility.
- Establish successful work on monitoring and evaluation as a criterion for positive evaluation of staff performance.
- Draw upon the monitoring and evaluation work of the Regional Centre for methodology to synthesize monitoring and evaluation analysis in forms usable by others, and to establish and disseminate good practices and lessons learned.

4.3.2 Regional Bureau for Africa

Assume new HIV/AIDS leadership roles.

- Support stronger HIV/AIDS leadership on the part of Resident Coordinators and Resident Representatives. The Regional Bureau for Africa (RBA) should support and promote proactive leadership on HIV/AIDS through job design, staff selection and performance appraisal, and through support with other UNDP units and external partners.
- Review and revise SACI and ARMADA strategies and mandates in close cooperation with the Regional Centre, to prioritize supporting country HIV/AIDS programmes with particular reference to monitoring and evaluation, and disseminating good practices; support expansion of pilots evaluated as successful; design and support public management actions necessary for scaled-up HIV/AIDS programmes; and contribute to formulating and executing CO HIV/AIDS strategies and programmes.
- Lead a task force for the independent assessment of HIV/AIDS capacity in COs, the Regional Centre, and RBA with the participation of BDP, the Bureau of Management, the Regional Centre, and COs.

4.3.3 Bureau for Development Policy


- Focus on the two themes of: support to implementation of country HIV/AIDS projects and programmes, and support to integration of HIV/AIDS into poverty reduction strategies. UNDP/BDP HIV/AIDS programmes outside the two central themes should gradually be consolidated and transferred to other partners, except to the extent that they are directly responsive to country demand and have been evaluated as being successful. The revised corporate strategy should encompass a review of UNDP approaches to mainstreaming.
- Assist the Regional Centre, and especially COs, with HIV/AIDS country strategy formulation and implementation.
- Weigh the HIV/AIDS capacity of BDP, including budgets, staff skills, attitudes, incentives, and links with other UNDP units and partners, against the changing needs. BDP should give particular attention to capacity for monitoring and evaluation.
4.3.4 To the Bureau of Management

Accelerate implementation of a financial management improvement programme. The financial management strengthening programme should make it possible for users in BDP, regional bureaux and COs to access and effectively use real-time, consistent, comparable financial data on the full range of UNDP HIV/AIDS activities.

4.3.5 To the Office of the Associate Administrator

*Clarify working relationships.* Examine and, where necessary, revise internal HIV/AIDS working and reporting relationships and external partnerships. The Office of the Associate Administrator should position UNDP for increasingly effective engagement on HIV/AIDS.

- Take the lead in defining CO standards and procedures for resolving problems that arise in implementing the division of HIV/AIDS-related labour among UN organizations that was recently agreed upon in follow-up to the work of the Global Task Team on Improving AIDS Coordination. Particular attention is needed to ensure effective cooperation between UNDP and the UNAIDS Secretariat.
- Review collaboration and reporting relationships among the concerned headquarters offices and bureaux, the Regional Centre and the COs. Establish the principle that the COs are supported by the other units within the framework of agreed strategies.
- Review UNDP’s role as principal recipient for the GFATM for conflict of interest. If that role is retained, guidelines should be established to ensure its separation from UNDP advisory functions, and there should be a concentrated focus on capacity development for early phase-out at the country level.

4.3.6 To the Executive Board

Request a report on the implementation of the recommendations for the annual session in 2007. Monitor implementation of the recommendations and commission a further evaluation at a convenient mid-point between 2006 and 2015.