

Evaluation of the Joint UNDP/ World Bank/ UNAIDS programme on mainstreaming AIDS into national development plans and processes

Kate Butcher and Clare Dickinson

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Mott MacDonald (Trading as HLSP)

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List of Acronyms

ADB: African Development Bank

CCI: Cross Cutting Issue CFA: Country Follow up Activity

CSLP: Cadre Strategique de Lutte contre la Pauvreté

CNLS: Commission Nationale de Lutte contre le Sida (Rwanda)
CNLS: Conseil Nationale de Lutte contre le Sida (Burkina Faso).

CSLS: Cadre Strategique de Lutte contre le Sida

CSO: Civil Society Organisation

EDPRS: Economic Development and Poverty Reduction Strategy

IFC: International financing corporation (WB)

JP: Joint Programme

INSD: Institut National de la Statistique et de la Demographie

MAP: Multi country AIDS Programme
MINECOFIN: Ministry for Economics and Finance
Mkukuta: Kiswahili for Tanzania's PRSP
MP: Mainstreaming Programme

MTEF: Medium Term Expenditure Framework NACs: National AIDS Commission Secretariat

NDP: National Development Plan

NSP: National Strategic Plan for HIV and AIDS

NSGRP: National Strategy for Growth and the Reduction of Poverty PAMAC: Programme d'Appui au Monde Associatif et Communautaire

PRSP: Poverty Reduction Strategy Paper REPOA: Research on Poverty Alleviation

RSC Regional Support Centre

SP/CNLS: Secrétariat Permanent du Conseil National de Lutte contre le Sida

TACAIDS: Tanzania Commission for AIDS

TGNP: Tanzania Gender Networking Programme

TSF: Technical Support Facility

UNAIDS: Joint United Nations Programme on HIV and AIDS

UNDP: United Nations Development Programme

WB: World Bank

1. Executive Summary

This report assesses the progress of the UNDP/World Bank/UNAIDS Joint Programme on mainstreaming HIV and AIDS into development processes (hereafter the Mainstreaming Programme). The programme was developed at headquarters level by the three participating agencies in 2005 in response to recommendation 1.2 of the 'Global Task Team on AIDS co-ordination among multilateral donors and international donors'. Its first two rounds provided technical support and seed funding of between \$60,000-100,000 each to 14 countries to strengthen capacity for mainstreaming HIV into development processes and plans. Each country was at a different stage of their Poverty Reduction Strategy Process and so support was tailored to meet their needs. Management arrangements were similar in all countries with programme budgets and oversight lying with UNDP headquarters and programme implementation being co-ordinated and supported by UNDP country offices.

The assessment team visited three countries to inform this review: representing Round 1 countries were Rwanda, whose participation coincided with the design of a new PRSP, and Tanzania Mainland which was finalizing and beginning to implement its PRSP at the time of the programme; representing Round 2 was Burkina Faso which was in the middle of its PRSP cycle.

The methodology used for the assessment involved a desk review of available literature, key informant interviews in country, and key informant interviews by email or telephone at the global level.

The programme has made an important contribution to HIV mainstreaming. Key achievements identified during this review were as follows:

- The programme has successfully promoted understanding of mainstreaming HIV among key stakeholders.
- The programme has stimulated a wide range of activities for mainstreaming HIV, as well as broad partnerships and increased participation in the mainstreaming/PRSP process.
- The programme has contributed to the establishment of a budget line for HIV in some countries.

- Internal monitoring across the three agency headquarters was responsive. Where a
 need or bottleneck was highlighted it was addressed leading to a more successful
 devolution of responsibility at regional and national levels.
- The design framework was positively received at country level, and the four keys of 1) participation, 2) diagnostics, 3) policies strategies and resources and 4) monitoring and evaluation were considered a useful framework in understanding the concept of mainstreaming. In Rwanda where the PRSP was being developed, this framework was also used by teams who were mainstreaming other cross cutting issues.

Key lessons learned:

- The lack of an overall programme monitoring and evaluation framework has constrained effective evaluation of the programme's achievements.
- The programme was organized around regional workshops where capacity building
 inputs could be delivered to multiple country teams. Informants noted that in practice
 this resulted in capacity building for individuals and not always institutions, making
 sustainability an issue as people move on.
- Budgets were allocated equally amongst countries and these were often too small to achieve all of the activities identified in the country action plans. Although the budget was envisaged as seed money to leverage further funds, this did not happen in all countries. In addition, the short term nature of the support meant that there was little time for reflection between capacity building inputs and implementation. In addition, the limited duration of technical input does not ensure sustainability.
- Monitoring of the programme activities was not always consistent, in part perhaps owing to the lack of an overall programme monitoring and evaluation framework but also because of limited capacity in some country offices.
- The joint nature of the programme and the fact that it was designed and managed by committed senior staff in headquarters gave the programme status at country level with national authorities.
- However, the headquarters-driven nature of the programme also caused some ownership, accountability and capacity issues at country level which in some cases hindered programme monitoring and implementation.
- The Ministries of Planning and Finance play an essential role in ensuring that sectors mainstream HIV effectively.
- Higher prevalence countries can more easily appreciate the importance of links between HIV and poverty

Recommendations

The programme has succeeded in progressing the issue of mainstreaming but in order to support sustainability of its successes, some changes in elements of the programme are suggested:

- 1. Develop a logic model for the programme with a clear monitoring and evaluation framework. As global and country priorities and HIV epidemic dynamics change, there is a need to underpin the mainstreaming approach with a logic model which has a clear monitoring and evaluation framework which can help build an evidence base for the effectiveness of mainstreaming.
- 2. Focus on follow up activities for fewer countries according to clear selection criteria

 There is a clear need for ongoing technical support to mainstream HIV into plans and processes, but a focus on in depth follow up in fewer and more deliberately selected countries is recommended for the purposes of longer term sustainability. This should include support over a longer period of time to build a critical mass of mainstreaming competence.
- 3. Revise and clarify technical support roles and responsibilities of key UN agencies and refocus the programme to include sectoral strategies and plans. To date, the focus of the Mainstreaming Programme has largely been on mainstreaming AIDS into PRSPs, but more support is needed to guide sectoral strategies and plans (through further work on National Strategic Frameworks for example), as this is the entry point for implementation
- 4. Develop communities of practice for mainstreaming at country and regional level with a particular focus on ministries of finance. Once identified, a programme of team building and mentoring and coaching needs to take place to support a critical mass of capacity in country over time. This will demand the availability of good quality and flexible expertise.
- 5. Develop the capacity of non-HIV CSOs to mainstream HIV. Many non-HIV related NGOs involved in human rights, law and justice, gender and governance could play a larger role in mainstreaming HIV as a development issue, both in terms of advocacy and technical

backstopping. This is particularly important to strengthen the links between gender equality and human rights.

6. *Improve knowledge management* for a broader capture and dissemination of lessons learned. A knowledge management system that can distil key lessons learned from countries and package them in a more accessible, user-friendly way for a broader audience, and that can support an e-sharing or mentoring group for mainstreaming practioners would be useful in the future.

2. Introduction and Background

The Mainstreaming Programme is an initiative established in 2005 by UNDP, the World Bank, and the UNAIDS Secretariat¹, to strengthen the capacity of countries to integrate HIV and AIDS priorities into national planning efforts, particularly into Poverty Reduction Strategy Papers (PRSPs). The initiative was set up in response to a recommendation of the Global Task Team Report and was largely influenced by the findings of two previous UN reports, "The Joint UNDP/UNAIDS/World Bank review of experiences in mainstreaming HIV and AIDS in development instruments and processes at the national level" (2005), and the Joint UNICEF/World Bank "Review of the relevance of PRSPs for addressing HIV and AIDS related vulnerability of children and young people" in 2004. UNDP was assigned the lead organization for the management of the Mainstreaming Programme, based on the 2005 UN Technical Support Division of Labour.

After an initial assessment in mid 2005, 14 countries were identified for participation in the programme. The first 'Round' began in mid 2005 with 7 participating countries: Ethiopia, Ghana, Mali, Rwanda, Senegal, Tanzania (mainland and Zanzibar) and Zambia. The second 'Round', starting in 2006, added 7 new countries: Burkina Faso, Burundi, Kenya, Madagascar, Malawi, Mozambique and Uganda.

Selection criteria for Round 1 countries were based on their PRSP performance and cycle (i.e. a PRSP revision process was expected to take place during the year 2005 to 2007) and HIV epidemics by region. Accordingly, fourteen countries were identified and invited to express their interest in the programme.

Each implementation round broadly followed the same sequence of events and activities:

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