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Second Independent Evaluation 2002-2008
Country Visit to Swaziland - Summary Report

UNAIDS

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Summary Report

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Table of contents

Acronyms

AIDS	Acquired Immunodeficiency Syndrome
AMICAALL	Alliance of Mayors Initiative for Community Action on AIDS at the Local Level
ART	Antiretroviral treatment
BCHA	Business Coalition on HIV/AIDS
BSS	Behavioural Surveillance Survey
CANGO	Coordinating Assembly of Non-Governmental Organisations
CBO	Community-based Organisation
CCM	Country Coordinating Mechanism (GF)
COMSHACC	Community Multi-Sectoral HIV and AIDS Coordinating Committee
COSAD	Council on Alcohol, Smoking and Drugs
CSO	Civil Society Organisation
DaO	Delivering as One
DHS	Demographic and Health Survey
DOL	Division of Labour
ERP	Enterprise Resource Planning
ExCom	Executive Committee
FBO	Faith-based Organisation
FLAS	Family Life Association of Swaziland
FODSWA	Federation of People with Disabilities in Swaziland
GALESWA	Gays and Lesbians in Swaziland
GAMET	Global AIDS Monitoring and Evaluation Team (World Bank)
GF	Global Fund (abbreviation of GFATM)
GFATM	Global Fund for AIDS, TB and Malaria
GIPA	Greater Involvement of People Living with HIV and AIDS
GLAHA	Gays and Lesbians Against HIV/AIDS
GOS	Government of Swaziland
GTT	Global Task Team
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
HQ	Headquarters
HoA/HoO	Head of Agency or Head of Office (UN)
HSDP	Health Sector Development Plan
HSS	Health systems strengthening
IDU	Injecting drug user
JFFLS	Junior Farmer Field and Life Schools
JMT	Joint Management Team
JT	Joint Team
JUNPS	Joint UN Programme of Support
JUTA	Joint UN Team on AIDS
M&E	Monitoring and evaluation
MARP	Most at risk population
MEPD	Ministry of Economic Planning and Development
MOA	Ministry of Agriculture
MOE	Ministry of Education
MOF	Ministry of Finance
MOHSW	Ministry of Health and Social Welfare
MOL	Ministry of Labour
MSM	Men who have sex with men
NASA	National AIDS Spending Assessment
NCP	Neighbourhood Care Point
NCPI	National Composite Policy Index

NERCHA	National Emergency Response Committee on HIV and AIDS (NAC)
NHA	National Health Accounts
NSF	National Strategic Framework
NSP	National Strategic Plan
ODA	Official Development Assistance
OECD	Organisation for Economic Cooperation and Development
PAF	Programme Acceleration Fund
PCB	Programme Coordinating Board
PEPFAR	President's Emergency Programme for AIDS Relief (USG)
PLHIV	People living with HIV
PMTCT	Prevention of Mother-to-Child Transmission
PR/SR	Principal Recipient/Sub Recipient (GF)
PRSAP	Poverty Reduction Strategy and Action Paper
PSHACC	Public Sector HIV and AIDS Coordinating Committee
PSI	Population Services International
RC	Resident Coordinator
REMSHACC	Regional Multi-Sectoral HIV and AIDS Coordinating Committee
RST	Regional Support Team
SASO	Swaziland AIDS Support Organisation
SCCS	Schools as Centres of Care and Support
SHAPE	Schools HIV and AIDS Population Education
SHAPMOS	Swaziland HIV and AIDS Programme Monitoring System
SNAP	Swaziland National AIDS Programme
SNYC	Swaziland National Youth Council
STI	Sexual transmitted infection
SWAGAA	Swaziland Action Group Against Abuse
SWANNEPHA	Swaziland National Network of People Living with HIV and AIDS
SWAPOL	Swaziland
TASC	The AIDS Support Centre
TB	Tuberculosis
TC	Testing and counselling
TS	Technical support
TSF	Technical Support Facility
TWG	Technical Working Group
UA	Universal Access
UCC	UNAIDS Country Coordinator
UN	United Nations
UNCT	UN Country Team
UNDAF	UN Development Assistance Framework
UNGASS	UN General Assembly Special Session on AIDS
UNJAP	UN Joint Action Programme
UNTG	UN Theme Group on AIDS
USG	United States Government
VCT	Voluntary counselling and testing
WLSA	Women and Law Southern Africa

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Disclaimer

Full responsibility for the text of this report rests with the authors. The views in this report do not necessarily represent those of UNAIDS or of the people consulted.

1 Introduction

1.1 This report is a summary of findings from a short evaluation visit to Swaziland as part of the Second Independent Evaluation of UNAIDS. The country visit took place from 12 to 23 January 2009. The team consisted of Kathy Attawell, Munirat Ogunlayi and Alfred Mndzebele. The team were based in Mbanane and made a field visit to Nhlangano.

1.2 The summary report draws on material in a set of evaluation framework tables (described in the inception report for the evaluation[1]), which are based on information gathered from meetings with a range of stakeholders (Annex 1) and from review of key documents (Annex 2).

1.3 Swaziland is one of 12 countries sampled for visiting during the evaluation.[2] The visit was not a comprehensive evaluation of the programme in Swaziland. Rather, it examined the effectiveness and efficiency of UNAIDS, so the main focus of interest is in the value added by the joint programme. The material in the framework tables from the country visits, visits to regional and global offices of UNAIDS Secretariat and Cosponsors, global interviews and surveys of other stakeholders will be synthesised together in an overall evaluation report due to be submitted in August 2009.

1.4 Following a brief overview of the country context in Section 2 (see also Annex 4), the report presents the main findings from the visit in Section 3, which is structured in line with the conceptual framework of the evaluation (see Box below). Section 4 highlights key issues and discussion points arising from the findings.

Evaluation scope and objectives

The purpose of the Second Independent Evaluation of UNAIDS is to assess the efficacy, effectiveness and outcomes of UNAIDS (including UNAIDS Secretariat, the PCB and UNAIDS Cosponsors) at the global, regional and country levels and, specifically, the extent to which UNAIDS has met its ECOSOC mandate for an internationally coordinated response to the HIV/AIDS pandemic and the continuing relevance of its mandate and objectives in the current global environment. At country level, the evaluation focuses on the following questions:

a) The evolving role of UNAIDS within a changing environment
c) The response to the first Five Year Evaluation of UNAIDS (see Annex 3)
d) The Division of Labour between the Secretariat, Cosponsors, Agencies and Countries
e) Strengthening health systemsf) The administration of the Joint Programme
g) Delivering as One
h) Involving and working with civil society
i) Gender dimensions of the epidemic
j) Technical support to national AIDS responses
k) Human rights
l) The greater and meaningful involvement of people living with HIV

Note: Question b) on governance is not addressed by country visits.

The conceptual framework for the evaluation, and this report, organises these questions under three broad themes: how UNAIDS is responding to the changing context; how UNAIDS is fulfilling its mandate; and how UNAIDS works.

[1] The Second Independent Evaluation of UNAIDS 2002-2008 Inception Report. 20th October 2008
[2] Cote d'Ivoire, DRC, Ethiopia, Haiti, India, Indonesia, Iran, Kazakhstan, Peru, Swaziland, Ukraine, Vietnam

2 Country context

2.1 Swaziland has one of the highest rates of HIV prevalence in the world. The DHS 2006-2007, the first survey to provide population-based prevalence estimates for HIV, showed that HIV adult prevalence was 26% (31% in adult women and 20% in adult men). Antenatal surveillance data for 2006 showed prevalence of 39.2% in pregnant women. Prevalence peaks in women aged 25-29 at 49% and in men aged 35-39 at 45%. Prevalence is higher in urban (31%) than rural (24%) areas.

2.2 Life expectancy has fallen from 60 years in 1997 to just under 34 years in 2007. Around 60% of hospital admissions in 2006 were HIV-related. Although knowledge of HIV and AIDS is high, only half of adult men and women have comprehensive knowledge. Three in ten children in Swaziland are considered orphaned or vulnerable. High reported levels of stigma and discrimination were confirmed by the Demographic and Health Survey, which found that only 43% of adult women and 47% of adult men expressed accepting attitudes towards people living with HIV (PLHIV).

2.3 The recent modes of transmission study, led by World Bank GAMET, found higher HIV prevalence among men and women in urban areas, wealthier and employed men and women, and men and women with ulcerative STI. It also noted that 72% of all new infections in adults were in those aged over 25 and that the prevalence in younger antenatal clinic clients appeared to have started to fall. It concludes that transmission is mainly heterosexual and between longer term and older partners and suggests that only a small proportion of new infections are the result of casual and commercial sex. It also notes that there is a lack of evidence to determine the extent to which injecting drug use and men who have sex with men (MSM) play a part and that the extent of transactional sex is unclear. Mobility, gender and sexual violence are believed to important factors in the epidemiology of HIV in Swaziland.

2.4 The national response was initiated in 1987 through the establishment of the Swaziland National HIV/AIDS Programme (SNAP) under the Ministry of Health and Social Welfare (MOHSW). The first National HIV/AIDS Policy was launched in 1998 and the King declared HIV and AIDS a national disaster in 1999.

2.5 The national coordinating body, the National Emergency Response Council on HIV and AIDS (NERCHA) was established through an Act of Parliament in 2002, with a mandate to coordinate and mobilise resources for an expanded, scaled up, coordinated national multisectoral response to HIV and AIDS. This mandate is carried out through a National Directorate and structures at regional and local levels (REMSHACCs and COMSHACCs). NERCHA reports directly to the Prime Minister. The National Decentralisation Policy has equally facilitated the formation of decentralised institutions including Regional Multi-Sectoral HIV and AIDS Committee (REMSHACC), Tinkhundla Multi-Sectoral HIV and AIDS Committee (TIMSHACC), Chief's Multi-Sectoral HIV and AIDS Committee (CHISHACC).

2.6 The most recent policy framework is the National Multi-Sectoral HIV and AIDS Policy 2006, which shares the same objectives as NERCHA, namely to: prevent the transmission of HIV; improve provision and delivery of treatment, care and support to all those infected and affected; mitigate social and economic impact; and create an enabling environment for the scaled up and better coordinated national response.

2.7 The first National Strategic Plan (NSP) covered the period 2000-2005. Following a joint review of the NSP, the Government of Swaziland (GOS) developed the second NSP, covering the period 2006-2008, which provides strategic guidance under four thematic areas: management, prevention, support and treatment, and impact mitigation. NERCHA developed a National Plan of

Action 2006-2008 and the Ministry of Health and Social Welfare (MOHSW) a Health Sector Response Plan for the same period. The latter identifies the main drivers of the epidemic as denial, multiple concurrent partnerships, low condom use, high incidence of STI, cultural beliefs and practices and population mobility; and increasing demand for health care, attrition of trained and educated staff, increased tuberculosis (TB) cases as challenges for the health sector.

2.8 The Joint Review of the NSP 2006-2008 in mid-2008 identified the following as among the key achievements of the NSP.

- The decentralised structures i.e. REMSHACC, TIMSHACC and CHIMSHACC have been established.
- The Three Ones principles have been fully mainstreamed at national level. At regional level, One Coordinating Authority (REMSHACC) and One M&E framework are functional. The regions are yet to initiate regional planning.
- Key HIV services such as prevention of mother-to-child transmission (PMTCT), antiretroviral treatment (ART), home-based care and HIV testing and counselling (TC) have been scaled up and rolled out throughout the country.
- 11 sub sectors have developed their own strategic plans that to a large extent are aligned to the NSP. The MOHSW strategic plan is aligned to the NSP and has been cascaded down to the regional level.
- The M&E system has been revisited and refined. Stakeholders are conducting routine reporting through the Swaziland HIV and AIDS Programme Monitoring System (SHAPMOS) for non-health data, and the health sector HIV M&E system for health data.
- In the area of research and surveys, the Swaziland DHS, 10th Sentinel Surveillance Survey, Swaziland Vulnerability Assessment Report and Services Availability Mapping among others have been concluded.
- Swaziland has developed Universal Access targets and a road map to achieve these.

2.9 The Joint Review also identified the following strategic gaps and challenges:

- Inadequate human resources capacity is a critical problem at all levels and in all sectors including civil society.
- Regions have limited capacity for coordination and programme planning.
- Availability of and access to strategic HIV and AIDS information is limited; information is fragmented and its management largely uncoordinated; much of the readily available information is outdated and has little value for determining future strategic direction.
- Even though the Three Ones principles have been embraced by most stakeholders, mainstreaming have not been adequate at sector and regional levels.
- There is low reporting of HIV and AIDS.
- The concepts of joint planning and budgeting have not been operationalised except in the case of Global Fund (GF) proposal development.
- The three-year timeframe for the NSP was too short to allow meaningful implementation of activities and subsequent evaluation to measure outcomes and impact trends. The design of the plan did not also articulate adequately roles and responsibilities of sectors, sub sectors and regions. This is in addition to the lack of articulating effective strategies for mainstreaming gender and human rights based approach to programming. The Review concluded that these would be better articulated in the context of a National Strategic Framework for HIV and AIDS.
- Policy formulation and adoption was found to have been slow during the NSP period. In the area of impact mitigation, all the ten identified draft policies in 2006 were still in draft

form. Challenges were attributed to the delays in the lack of capacity at the line ministries and in the office of the Attorney General.

2.10 Despite progress, for example, the proportion of adults and children in need receiving ART increased from 26.5% in 2006 to 35.4% in 2007 and PMTCT coverage reached 64.8% by 2007, there are concerns about GOS commitment and the incidence of new infections. Weak leadership and support for prevention is a key issue. The recent National AIDS Spending Assessment (NASA) concluded that prevention had been inadequately financed compared with resources allocated for care, treatment and support and impact mitigation and the Joint Review states that prevention interventions are carried out 'without being informed by best practices'.

2.11 The National Multisectoral Strategic Framework (NSF) for HIV and AIDS 2009-2014 (NERCHA, Final Draft, 15 December 2008) attempts to address these weaknesses. Prevention is the principal strategy and priority areas include social and behaviour change communication, male circumcision, provider initiated TC, PMTCT, condoms and integration of prevention programmes for key populations at risk. The NSF states that interventions will focus on key drivers such as multiple and concurrent partners, sexual debut, intergenerational sex, mobility and migration, commercial sex, gender inequalities and sexual violence, low and inconsistent condom use.

3 Findings

How UNAIDS has responded to the five year evaluation

3.1 The Five-Year Evaluation put forward 29 recommendations. Of these, 18 have a direct application or influence at country level, though many are also linked to wider global and regional initiatives. Annex 3 lists these country-oriented recommendations in note form with a comment on the situation in Swaziland. Of the 16 that could be assessed, four were assessed as having achieved a high level of progress; eight medium; and four low progress.

How UNAIDS is responding to the changing context

3.2 This section deals with the way in which UNAIDS (Secretariat and Cosponsors) have responded to the changing aid architecture. Three topics are explored: the changing environment; reform within the UN, captured under the slogan 'Delivering as One'; and support to strengthen health systems.

The evolving role of UNAIDS within a changing environment

3.3 External funding for HIV, mainly from the GF and PEPFAR, is significant in Swaziland and, according to the NASA, represented 70% of total spend in the financial year 2006-2007. UNAIDS' role has adapted to respond to this: UN agencies have provided technical support for GF proposal development and for addressing implementation challenges with GF grants. UNAIDS has played an important role in support to the GF Country Coordinating Mechanism (CCM) and to Principal Recipients PRs), in particular the NERCHA and the MOHSW. Engagement with PEPFAR has been fairly limited, in part due to issues related to donor coordination discussed in the following two paragraphs.

3.4 Donor harmonisation and alignment is not a priority for the GOS, since there are relatively few donors. The Expanded UNTG on AIDS evolved into the Swaziland Partnership Forum on HIV/AIDS (SPAFA), which includes high level government officials, donor representatives, UN Heads of Agencies (HOAs) and civil society organisation (CSO) leadership. However, the SPAFA is largely a 'ceremonial' forum for information sharing.

3.5 There is a perception that UNAIDS could use its comparative advantage more effectively to strengthen donor coordination. While there are donor forums, these are not well established and meet relatively infrequently. For example, the donor technical forum is reported by the UNAIDS Country Coordinator (UCC) to have met in August 2008 and February 2009. Donors report that, since the Expanded Theme Group was disbanded, there has been no forum for development partner dialogue and coordination. The UN is planning to revamp the Expanded Theme Group as an Expanded Technical Working Group which will include donors and key implementing agencies.

3.6 UNAIDS also needs to take a more strategic approach to provision of technical support to ensure that it addresses changing national needs, for example, support for systems strengthening more generally and for implementation of GF grants, identified as a future priority by NERCHA.

Strengthening health systems

3.7 There is no specific Joint Team position or document relating to health systems strengthening (HSS) but UN staff – in particular the UCC and WHO and UNICEF HIV specialists – are aware of GF and WHO guidelines on strengthening health systems. These staff also recognise that UNAIDS has an important role to play in advocacy and brokering support for

HSS and should provide leadership and advice to enable Swaziland to align with global standards and protocols, and technical support to help address health system weaknesses. Individual agencies have provided specific support related to HSS; for example, WHO has been involved in assessment of the human resource needs of the Mbabane Government Hospital, setting up a monitoring system for drug resistance, and supporting the development of guidelines on task shifting. The World Bank, together with the European Union (EU), is supporting HSS through a series of assessments and a planned sector-wide approach (SWAp).

3.8 In terms of engagement with other development partners, the Joint Team is represented together with partners such as PEPFAR in the Health Information System Coordinating Committee hosted by the MOHSW, which also addresses matters related to health system strengthening. WHO and PEPFAR hold monthly meetings to discuss HSS issues. There has also been dialogue between the UCC and the World Bank and EU concerning the proposed joint World Bank-EU health sector strengthening initiative.

3.9 There is a both a National Health Sector Strategic Plan (2008-2013) and a National Plan for the Health Sector Response to HIV/AIDS (2009-2014). WHO has provided technical support for the development of both of these plans, including ensuring that they address HSS and HIV issues. The Draft National Multisectoral Strategic Framework for HIV and AIDS (NSF) 2009-2014 refers to strengthening of health systems and community systems but, according to WHO, HSS is given less prominence than it deserves, given the issues facing the health system in Swaziland. HSS is discussed under response management, with a focus on strengthening human resources (adequacy, skills and competencies), building organisational capacity (operational systems, financial resources and technology) and improving the availability of strategic information to inform choices and decision making for the national HIV and AIDS response.

3.10 Donors, including the main donors for HIV, are supporting HSS. The proposed joint World Bank-EU health sector strengthening initiative will potentially provide substantial funding for HSS. The EU under the 10th EDF 2008-2013 has allocated Euro 17 million for HSS, focusing on strengthening MOHSW policy, planning, human resources and procurement; the intention is that this will strengthen HIV service delivery since the absorptive and service delivery capacity of the health system is a major challenge in Swaziland.

3.11 Global Fund Rounds 2, 4 and 7 have provided funding to strengthen aspects of the health system relating to delivery of HIV services including laboratory capacity, storage and staffing of Central Medical Stores, supplies of ARVs and drugs to treat opportunistic infections, MOHSW human resource capacity at central and facility levels. Round 8 (which does not include HIV and has yet to be approved) includes a HSS component focusing on infrastructure, human resources and pre-service training; the UN helped to broker TA for the proposal and participated in related technical working groups.

3.12 PEPFAR support is contributing significantly to HSS, e.g. to human resource recruitment and development, laboratory capacity, supply chain management, information systems and some infrastructure renovation.

3.13 Currently there is no system to track HIV funding, although a NASA has been conducted, and the NSF 2009-2014 states that one of the strategies will be to ‘strengthen financial tracking systems by mainstreaming appropriate tracking tools for example the National AIDS Spending Assessment’. It is anticipated that SHAPMOS, the HIV/AIDS M&E system, will be reviewed to include an indicator requiring implementing partners to periodically report on funding received and used to support the implementation of planned activities.

3.14 The NSF does not include any reference to tracking use of HIV funding for HSS. The Ministry of Economic Planning and Development Aid Management Unit is responsible for

coordinating external aid to the country but funds not channelled through government are not captured through the system (e.g. UN, PEPFAR, NGO funding are 'off budget'). NERCHA manages Global Fund funds and reports on these to the PM's office directly, not to MEPD. The MOHSW is planning to conduct a National Health Account study, and it is anticipated that this will include HIV funding. The NASA conducted for financial years 2005/06 and 2006/07 does not indicate allocations to HSS.

Delivering as One

3.15 The Paris Declaration and the Global Task Team (GTT) have had little impact on acceptance of a multisectoral approach, on how UNAIDS is perceived, or on donor coordination in Swaziland.

3.16 Given the severity of the epidemic in Swaziland, all stakeholders subscribe in principle to the importance of a multisectoral approach to HIV and AIDS. However, in practice there is a tendency for line ministries to see the HIV response as the responsibility of NERCHA. NERCHA established and has been supporting the Public Sector HIV/AIDS Coordination Committee (PSHACC), which is convened by the Ministry of Public Service and is responsible for coordinating the public sector response including mainstreaming HIV into line ministry plans and activities; all ministries are supposed to allocate 2% of their budgets to HIV mainstreaming. The Ministry of Public Service is currently in the process of establishing a Secretariat for PSHACC as up to now the PSHACC has not really been functional.

3.17 The UN Country Team (UNCT) in Swaziland is committed to joint working, but is only just beginning to move towards common services, which could enhance the functioning of the Joint Team. Joint working is, however, perceived to be extremely time consuming and there is no evidence as yet of benefits in terms of reduced transaction costs. Most stakeholders within the UN system do not consider broader UN reform processes to have enhanced the Joint Team approach, since there is no incentive or accountability for Delivering as One, there is a lack of support from agency HQ for UN reform, and systems and procedures have not changed to support implementation of UN reform. Most stakeholders outside the UN system are unaware of UN reform and of the UNAIDS Joint Team approach.

How UNAIDS works

The division of labour between the Secretariat and Cosponsors

3.18 The Joint Team (called the JUTA in Swaziland) was formally established in 2006 by the UNCT. The JUTA consists of all UN agency staff working on HIV whether full or part time. The 2008 Mid-Year Progress Report, *UN Support to the National Response in Swaziland*, August 2008, states that there are 22 staff working full time and 27 staff working part time on HIV (see table below). On average around 13 attend JUTA meetings, with most agencies represented. The JUTA was trained in results-based management in September 2008. Some UNAIDS Cosponsors noted that training provided on Joint Teams and Joint Programmes, and the related toolkit, were very useful.

	Number of full time staff working on HIV	**Number of part time staff working on HIV**
FAO		7
UNAIDS Secretariat	3	
UNDP	3	
UNESCO	1	3
UNFPA	2	6

	Number of full time staff working on HIV	Number of part time staff working on HIV
UNICEF	7	
WHO	3	5
WFP	3	6

3.19 Within the JUTA, there is a Joint Management Team (JMT), which has 16 members. The JUTA also has five thematic working groups, which reflect the NSP (prevention, treatment, care and support, impact mitigation, M&E, coordination and management of the response); some are more active than others. There is a UN Theme Group (UNTG) on AIDS, but this does not meet at present – the UNCT has yet to reach consensus or take a decision about whether or not to abolish it – and discussion of HIV issues at HOA level takes place as part of the agenda of UNCT meetings, which the UCC attends.

3.20 There is also a Senior Technical Working Group (STWG), which pre-dates the JUTA and addresses areas covered under the UNDAF on behalf of the UNCT. The UNDAF includes HIV and some agency heads believe this issue could have been covered by the STWG rather than establishing a separate Joint Team.

3.21 UNCT minutes indicate that discussion about developing a Joint UN Programme of Support on AIDS (JUNPS) started in June 2007. There is now a draft JUNPS, which will be finalised once the draft NSF 2009-2014 is finalised to ensure alignment with national priorities. In the interim, the Joint Team has developed Annual Work Plans (AWPs) by consolidating the plans of individual agencies. These are not particularly strategic and progress reports focus on numbers of activities implemented.

3.22 Transaction costs – in particular numerous meetings – are perceived to be high, especially as most cosponsors in Swaziland have relatively few staff. JUTA and JMT meetings are relatively well attended and all cosponsors are usually represented. However, some agencies view these meetings as duplicative as the same people often attend both and, in some cases, are also members of at least one of the thematic working groups. Overall, there is a consensus about the need to rationalise the various groups and to clarify their respective roles and responsibilities which, in practice, appear to overlap.

3.23 Most agencies have included participation in the Joint Team in staff job descriptions. Joint Team members receive official and formal notification on their roles and responsibilities from their head of agency. Some agencies review participation as part of staff performance appraisal but for most this is not yet formalised. Consequently agency-specific work has taken precedence over Joint Team work. Concerns were raised about the lack of a clear accountability framework and, specifically, the fact that there is no UNAIDS Secretariat reporting relationship to the Resident Coordinator or accountability to UNAIDS Cosponsors at country level.

3.24 Most UN respondents cited the potential benefits of a Joint Team approach, stating that it is too early to identify the actual benefits. Views expressed included:

- Common vision; coordination of activities and sending a political message to partners e.g. GOS that the UN can act in a harmonised way; resource mobilisation for a common platform; information sharing and skills transfer between staff; pilot for joint programming in other areas of UN support in Swaziland; opportunity to maximise use of available resources especially human resources.
- Increased leverage and effectiveness; maximising use of available resources and pooled funding (pooled funding could significantly reduce transaction costs and improve

coordination i.e. if all agencies' HIV work was part of the JUNPS); links upstream policy work and interventions.
- Avoiding duplication of work and funding with partners; reduced transaction costs e.g. through joint field visits, shared costs and logistics; critical mass of expertise.
- Knowing what all agencies are doing; sharing information about activities and experience
- Bringing UN agencies together for planning and monitoring activities (e.g. the process of developing the JUNPS has been participatory); speaking as one on advocacy; providing a model for Delivering as One, joint programming and coordination of UNDAF areas.
- Hard to articulate benefits although has helped to coordinate work and approaches to government and improved working relations between agencies, but the Joint Team has not yet achieved a Joint Programme of Support, although the process has been useful; has helped agencies to focus more on working together and less on their own mandates, and has represented a positive shift towards genuine joint planning.
- Forum for discussing possible joint activities and making effective use of the Programme Acceleration Fund (PAF).

3.25 The Joint Team has not, as yet, evolved into one team delivering one programme, and there is no evidence that the UNCT, UNTG or JMT have considered staffing and capacity requirements across UNAIDS or of joint fundraising.

3.26 The global Division of Labour (DOL) was adopted in 2008 and presented to the GOS. Most agency heads report that the DOL has not influenced staffing and capacity, which still largely reflect overall agency mandates rather than their mandate under the DOL; UNFPA and UNDP are two examples of exceptions to this. Most funding for staff is linked to programmes or projects, although in Swaziland most programmes address HIV to a greater or lesser extent. The Joint Team recognises that the global DOL needs to be adapted to the country context and is reported to be in the process of reviewing the DOL vis-à-vis UN country capacity. There is no clear process for determining how responsibilities are handled when a cosponsor is not present in the country or does not have capacity; it is often left to the secretariat country office to fill the gaps.

3.27 The three current 'joint programmes' involve parallel funding. Challenges to joint working identified included: lack of a JUNPS; predominance of agency mandates and lack of incentives for joint working, including limited support from agency HQ and differences in planning and financial cycles, systems and procedures.

3.28 A letter explaining the Joint Team was sent to external stakeholders in 2006. However, external stakeholders met by the team – government, development partner and CSO – were largely unaware of the Joint Team. The UCC plans further communication once the JUNPS is finalised.

The administration of the joint programme

3.29 The UNAIDS Secretariat country office comes under the administrative management of UNDP, and relies on WHO for human resource management of international staff. With regard to UNDP, the 2008 Working Arrangements between UNDP and UNAIDS has helped to resolve grey areas by defining their respective roles and responsibilities at country level. UNDP provision of administrative support is generally efficient, and minor problems, for example, the timeliness of financial reporting, could be resolved if Secretariat administrative and financial staff receive comprehensive training on ATLAS. The UCC has management control on financial and administrative issues including appraisal of UNAIDS Secretariat country office staff.

3.30 With regard to WHO systems, processing of travel-related issues through Geneva is efficient but the shift to Enterprise Resource Planning (ERP) has created difficulties. In 2008, for

example, medical claims and other benefits have not been honoured and the educational allowance to the UCC was not paid. The Secretariat country office does not have access to the ERP and the process of going through Geneva is lengthy and convoluted.

3.31 The UNAIDS Secretariat country office currently has four technical staff (an increase from two in 2002) and four support staff (an increase from three in 2002). The UCC, M&E Advisor and Partnerships and Social Mobilisation Advisor are on WHO fixed term contracts; the Junior Programme Officer, Admin and Finance Officer, driver and cleaner are on fixed term UNDP contracts; the Admin Assistant is on a temporary SSA, also through UNDP. Activities in the country office work plan largely reflect the staff complement.

3.32 The relationship between the UNAIDS Secretariat at country, regional and Geneva levels raises some issues. Deliverables for the secretariat at country level are not as clear as they might be and not linked to global objectives, as set out in the Unified Budget and Workplan (UBW). Maintaining focus is sometimes difficult in the face of *ad hoc* directives and demands from the Regional Support Team (RST) and UNAIDS Geneva. The secretariat country office refers to the RST on technical issues and to Geneva on operational issues (mainly human resource management). Support from the RST has been good. There is some duplication of activity: for example, both the UNAIDS Secretariat in Geneva and the RST maintain a Swaziland page on their websites; the data concerning Swaziland on these sites is apparently not always consistent. A 'One UN' website for Swaziland is also in development.

3.33 PAF funds have been used extensively in Swaziland – PAF resources accessed in 2007 and 2008 total US$544,555. Overall, the UNAIDS Secretariat and Cosponsors view the PAF as useful, enabling the UN to act as a catalyst or to champion neglected issues – examples cited include:

- UNDP - US$74,000 for M&E, US$157,555 for coordination at NERCHA
- UNFPA - US$50,000 for effective workplace intervention in public transport, US$68,000 for supporting World AIDS Campaigns and World AIDS Days, US$50,000 for HIV prevention among sex workers
- WHO - US$75,000 to provide support for treatment literacy roll-out.
- UNDP and WHO - US$70,000 for stigma reduction and discrimination dialogues by the Church Forum.

3.34 In 2008 agencies mostly applied individually for PAF funding, although decisions about applying for PAF funds and which agency will manage the funds are reported to be based on a consensus among the Joint Team. Decisions on two of seven applications were made by the JMT. Using UNDP to transfer PAF resources is reported to work well and funds are processed efficiently. PAF challenges relate to the amount of funding available (UNICEF, for example, has not used the PAF as the transaction costs relative to the level of funding available are perceived to be high) and the relatively short timeframe (this is problematic when implementing partners have difficulty in utilising resources within the planned timeframe). The reporting chain from partner to UN agency to UNAIDS Secretariat is also lengthy.

How UNAIDS is fulfilling its mandate

3.35 This section examines the substantive areas where UNAIDS is mandated to provide leadership and support for the national response. Achievements are examined for work with civil society, dealing with gender, provision of technical support, human rights and the greater and meaningful involvement of people living with HIV.

Involving and working with civil society[3]

3.36 UNAIDS overall has not had an explicit strategy or plan to work with CSOs, although both the UNAIDS Secretariat and Cosponsors have an appreciation of the importance of engaging with civil society. The UNDAF 2006-2010 mentions civil society as a key partner and encourages UN agencies to build the capacity of CSOs. The UNAIDS Secretariat country office work plan for 2008/9 includes as an objective 'By the end of 2009, CSOs including PLHIV and women's organisations strengthened to meaningfully contribute to the national response' with clear indicators for monitoring of activities.[4] The JUNPS is expected to result in a more coherent UNAIDS approach to engagement with CSOs. The Joint Team is in the process of developing a strategy to streamline UN engagement with civil society, focusing on strengthening umbrella bodies and sub-umbrella bodies, as part of the JUNPS, but has yet to determine what is to be delivered and which agencies will be responsible. Various stakeholders, including NERCHA, PEPFAR and CSOs, noted that UNAIDS needs to work with NERCHA and CSOs to develop a strategy for civil society capacity building, based on a comprehensive needs assessment and including Global Fund requirements.

3.37 Secretariat support has focused on civil society umbrella organisations, e.g. the Coordinating Assembly of Non-Governmental Organisations (CANGO), Business Coalition on HIV/AIDS (BCHA) and the Church Forum, providing a range of support to strengthen management, advocacy and technical skills and for organisational development, as well as for participation in conferences and trainings. This support has been critical, and NERCHA acknowledges that the Secretariat has played an important role in strengthening and supporting civil society networking and coordination mechanisms; NERCHA has specifically requested UNAIDS to build the organisational capacity of CSOs vis-à-vis Global Fund processes.

3.38 With regards to UNAIDS Cosponsors, the approach to working with CSOs differs depending on the agency. Some engage directly with CSOs, providing funding for service delivery (e.g. UNICEF, UNFPA, WFP, FAO), some engage indirectly via the government and others involve CSOs in project steering or advisory committees (e.g. UNODC, ILO). For example:

- WHO through MOHSW is working with the Red Cross on the expansion of its community model and is also collaborating with the Cabrini Sisters on their model of follow up of clients and partners at community level.
- UNFPA supports the Swaziland National Youth Council (SNYC), a quasi-government umbrella body for youth associations, which is implementing a number of HIV programmes, through an HIV/AIDS Advisor who is seconded to SNYC. The SNYC would like to strengthen its gender focus but has received no support on gender from UNFPA or other UN agencies.
- UNDP and UNICEF have provided support to the Media Institute of Southern Africa e.g. on human rights and children's issues.
- UNFPA has supported the Swazi Uniformed Services Alliance on HIV/AIDS (SUSAH), launched in July 2007, providing financial and technical support to develop strategy and capacity.
- ILO works with organisations of employers and unions and includes CANGO on its project advisory board.

[3] Civil society and civil society organisations (CSOs) refers to the range of organisations outside government involved in the HIV and AIDS response including non-government organisations (NGOs), community-based organisations (CBOs), faith-based organisations (FBOs), the private sector and the media.
[4] 2008/09 Swaziland UNAIDS Country Office Mid-year progress report July 7, 2008.

3.39 Smaller NGOs and other sectors of civil society, e.g. the traditional sector, trades unions, mission hospitals, youth organisations and the media, report little or no engagement with the secretariat or cosponsors. Engagement with FBOs has been limited to Christian organisations.

3.40 Funding for CSOs appears to be increasing, but a comprehensive overview is not available. Although the NASA succeeded in tracking 80% of all expenditure, it faced some challenges with regard to funding for CSOs (e.g. it was difficult to obtain information from PEPFAR and even from UN agencies such as UNICEF about how much funding is provided to CSOs and which CSOs are funded). CSOs receive funding from UN cosponsors (directly including through the PAF and via government), PEPFAR and Global Fund (via NERCHA and the MOHSW). The main Global Fund civil society recipients through NERCHA in 2006 were umbrella organisations and national NGOs.[5] Of the $17 million Global Fund funds disbursed by NERCHA, umbrella organisations received 7% and national NGOs 34%. Of government funds of $1.6 million disbursed by NERCHA, umbrella organisations received 26% and NGOs 26%. The UNAIDS Secretariat country office has supported CSO proposal development and brokered links with donors, e.g. Kellogg Foundation and the Stephen Lewis Foundation, and is also advocating for CANGO to be a Global Fund PR.

3.41 The UNAIDS Secretariat country office has promoted CSO participation in the response and advocated for CSO representation on national policy-making bodies. CANGO, for example, stated that 'the role of UNAIDS was evident for NGO recognition as key player in HIV/AIDS response'. CSOs are well represented on the CCM (40% of CCM membership is comprised of CSO representatives e.g. NGOs, FBOs, PLHIV organisations, traditional healers, youth) and on the NERCHA Council (e.g. TASC, SWANNEPHA) and Technical Working Groups (TWGs). CSO umbrella organisations are members of SPAFA, the National Partnership Forum. Key CSOs participated in the NSP Joint Review process in 2008. The most 2008 UNGASS Report core team included SWANNEPHA, BCHA and CANGO. Civil society leadership is reported to have improved and examples were cited of CSOs playing an important role. SASO and other PLHIV organisations' provided important leadership on treatment advocacy, and SWANNEPHA advocacy concerning the proposed bill on sexual offences and criminalisation of HIV transmission.

3.42 However, NGO National Composite Policy Index (NCPI) responses showed no change in the score for civil society participation between 2005 and 2007 (the score remained at 4), noting that civil society is involved in Global Fund activities through the CCM but has limited involvement in non-Global Fund supported activities. Key informants, including civil society networks, were unable to provide examples of specific policy or programming outcomes resulting from civil society representation and participation and noted that civil society influence remains limited. CSOs recommended greater involvement in decision-making forums, TWGs, and policy and planning processes.

3.43 Specific challenges include the capacity of coordination and umbrella organisations to ensure that the views of their various constituencies are represented and clearly articulated. Smaller CSOs highlighted limited consultation with constituencies to inform contributions to debates and decisions and lack of feedback to members about decisions. There is also a lack of funding for smaller CSOs[6,7] and few mechanisms to enable grassroots organisations to access resources. Overall there is a strong perception that UNAIDS could do more to strengthen civil society governance and to broker funding support for smaller organisations.

[5] UNAIDS Accenture Financial Flow Project: Swaziland Findings and Recommendations (2007) Draft.
[6] UNAIDS Accenture Financial Flow Project: Swaziland Findings and Recommendations (2007) Draft.
[7] Discussion with CANGO & key outcome of CSO consultation workshop at Mountain Inn Swaziland.

Gender dimensions of the epidemic

3.44 Gender has not been addressed well in the national response to HIV in Swaziland. The Secretary General's Task Force (SGTF) on Women, Girls and HIV/AIDS in Southern Africa resulted in the National Action Plan on Women and Girls (October 2005) in Swaziland, but this was not well disseminated and activities and monitoring were therefore not systematic. The National Gender Policy has been in draft form for some considerable time. The 2008 Joint Review[8] of the NSP identified failure to mainstream gender and human rights as a weakness and recommended mainstreaming of a Human Rights Based Approach and Gender in joint planning and all HIV/AIDS related interventions. UNAIDS provided a consultant, in response to a request from NERCHA, to review the draft NSF 2009-2014 from a gender and human rights perspective and to support mainstreaming within the NSF. As a result, gender is reflected to a greater extent in the NSF than in previous NSPs.

3.45 Universal Access indicators and targets for Swaziland are disaggregated by sex;[9] and other data sources such as the recent DHS also provide information that is disaggregated by sex. Gender disaggregation of indicators in the five thematic areas in the SHAPMOS is limited. Under HIV prevention services, only three of eight indicators (condoms, PEP training, and referral for PEP treatment in workplaces) are disaggregated by sex; and under care and support services only the number of home-based care volunteers is disaggregated by sex. There is no disaggregation of data under impact mitigation services or training and capacity building. NERCHA M&E staff have requested UNAIDS' support to monitor the gender aspects of the NSF.

3.46 UNAIDS have provided a range of support on gender and gender dimensions of the epidemic. Examples include:

- WFP has a gender policy in place that features enhanced commitments to women and states that 70% of food must go to female beneficiaries[10] and a gender advisor to support implementation of the policy; 80% of Relief Committee membership is female and the majority of those who collect food at distribution points are women.
- UNFPA has a gender advisor who works with the Gender Unit in the Ministry of Home Affairs and the Gender Consortium of CANGO. UNDP and UNFPA have supported integration of HIV issues into the draft National Gender Policy.
- UNFPA worked in collaboration with IPPF, the Global Coalition on Women and AIDS and Young Positives to produce a report card[11] as an advocacy tool to improve programmatic, policy and funding actions on HIV prevention for girls and young women in Swaziland.
- UNDP supported a study on *Gender Focused Responses to HIV/AIDS*.
- UNICEF is working on male involvement in PMTCT and provided support to Swaziland Action Group Against Abuse (SWAAGA) to implement a programme on gender-based violence.
- UNAIDS secretariat and UNDP collaborated with Women and Law Southern Africa (WLSA) to promote community dialogue on the gender dimensions of HIV but activities ended due to lack of funding and only a few communities were covered.
- UNDP produced the Swaziland Human Development Report (2008) which focused on HIV/AIDS and culture.

[8] Muchiru et al (2008) Report of the Joint Review of the National Multi-sectoral HIV and AIDS Strategic Plan.
[9] NERCHA/UNAIDS (2007). The Road towards Universal Access to HIV and AIDS Prevention, Treatment, Care and Support.
[10] World Food Programme Policy Issues Agenda Item 4, Gender Policy 2003 – 2007 Enhanced Commitments to Women to Ensure Food Security.
[11] Report card HIV Prevention for Girls and Young Women in Swaziland, 2007.

- UNESCO has supported Ministry of Education training for teachers on gender roles and HIV.

3.47 Cosponsors have a number of staff working on gender. For example, WFP, UNDP, UNICEF, UNFPA have gender focal points or advisors. UNAIDS Secretariat country office staff have received training on gender dimensions of the epidemic. However, UNAIDS Secretariat sourced a consultant from the Technical Support Facility (TSF) to provide technical support for mainstreaming gender in the NSF, which raises questions about the role of the various gender advisors in supporting national partners.

3.48 In addition, this expertise is not being maximised by the Joint Team. Although individual UN agencies have provided important technical and financial support for gender-related activities, these activities have been somewhat *ad hoc* and uncoordinated. The Joint Team has yet to develop a coherent strategy to address HIV and gender and there is no evidence that HIV and gender advisors in the various UN agencies are working together to ensure that UNAIDS provides strategic, coherent analysis and support to national partners and that gender informs all areas of UNAIDS work, although the draft JUNPS highlights 'Increased capacity to mainstream HIV & AIDS, gender and Human Rights in all sectoral policies and programmes as an UNDAF country programme output' and includes milestones of outcomes up to 2014.

3.49 Although UNAIDS does not have specific policies for working on gender norms and sexual minorities in Swaziland, the secretariat and UNFPA have started to engage with organisations of sexual minorities such as Gays and Lesbians Against HIV/AIDS (GLAHA), for example, convening a meeting to discuss sexual minorities and HIV. WHO is also taking a low-key approach to engagement with the MOHSW on gender issues.

3.50 However, UNAIDS' efforts focus on promoting access to services rather than addressing legal status or rights issues. There is no reference to sexual minorities in the draft NSF 2009-2014. Organisations of sexual minorities are not represented on national policy-making bodies and lack of data is a significant constraint. Visible representation is a challenge given the illegal status and stigmatisation of same sex relationships, although GLAHA noted that they would be willing to take a more visible stand if UNAIDS provided support for the group to register as a legal entity and to participate more actively.

Technical support to national AIDS responses

3.51 There is no national plan for technical support. The NSP 2006-2008 and draft NSF 2009-2014 do not mention specific technical support needs, although NERCHA indicates that it will develop a National Action Plan based on the NSF, which will identify areas where technical support might be required. There is, consequently, no Joint Team technical support plan; the JUTA is waiting for the NSF to be finalised so that it can identify technical support priorities for the UN and incorporate these into the JUNPS. The single entry point system for national partners seeking support from the UN on technical areas is yet to be operationalised. Requests from NERCHA and line ministries are *ad hoc*; NERCHA directs requests to the UNAIDS Secretariat country office and individual UN agencies, line ministries to their respective UN agency counterparts.

3.52 The UNAIDS Secretariat and Cosponsors have provided a wide range of technical support. Examples include:

- UNAIDS supported the development of the Road Towards Universal Access, the preparation of the two recent UNGASS reports, and the DHS 2006/2007.
- UNAIDS Secretariat has provided technical support to NERCHA on strategic planning, organisational issues, the Joint Review, resource tracking and M&E; the

Secretariat and Cosponsors have provided support to NERCHA for development of the NSF 2009-2014, and to NERCHA and the CCM for Global Fund proposal development, e.g. WHO on health sector issues and UNICEF on mitigation and children's issues.

- WHO has provided support to the MOHSW in areas including Service Availability Mapping (SAM); M&E and the Road Map, as well as procedure manuals and guidelines for clinics and hospitals. UNICEF also provided support for analysis of the SAM data, and UNICEF and UNFPA in specific areas such as PMTCT and sexual and reproductive health.
- WHO (together with USG and Italian Cooperation) played a particularly important role in supporting the MOHSW to address conditions precedent with Global Fund Round 4, specifically to develop patient monitoring and drug resistance surveillance systems.
- World Bank has provided valuable support to NERCHA to develop the HIV/AIDS M&E framework and SHAPMOS and the Secretariat has provided a long-term M&E Advisor, who is based at NERCHA.
- UNICEF has provided considerable support to the Ministry of Education on basic education more widely and for specific HIV-related activities such as development of the sector HIV policy (together with UNESCO), Schools as Centres of Care and Support and a child toll free phone line; UNESCO through EDUCAIDS for educational quality and HIV issues.

3.53 UNAIDS has also supported operational and formative research, to inform national priorities and strategies including e.g. projections and estimates, modes of transmission, drivers of the epidemic and commercial sex work studies, behavioural surveillance and Human Development Report on HIV and Culture.

3.54 The UNAIDS Secretariat country office makes considerable use of the TSF. Cosponsors have no links with the TSF and use their own technical back up mechanisms, often at regional level, e.g. UNDP Regional Service Centre, UNFPA Regional Technical Team, to respond to technical support requests. The secretariat maintains a record of support provided through the TSF (mainly to NERCHA), but not of support provided by cosponsors (although cosponsors noted that they report to the JUTA on technical support provided as part of progress reports against the AWP).

3.55 There has been no internal or independent evaluation of the outcomes or impact of UNAIDS technical support in Swaziland. The TSF monitors inputs (e.g. consultancy days) and seeks feedback through client satisfaction and consultant questionnaires and has also reviewed Swaziland's use of its services. NERCHA reports that it monitors the quality of technical support provided and that, although quality control is still an issue, there has been an improvement in the quality of consultants.

3.56 The value of technical support from the UN is seen as related to standards and norms, credibility, technical expertise and the UN being a neutral broker. Support provided by UNAIDS is largely perceived to be relevant to the needs of the national government and civil society partners, and the UN is generally seen to be reasonably quick to respond to requests. However, partners highlighted a number of issues. Coordination of technical support is one issue. Line ministries and CSOs noted that support from UN agencies is piecemeal and fragmented; planning with and reporting to individual agencies increases transaction costs. The type of technical support is another issue. NERCHA highlighted the likelihood that in future there will be an increased need for support for Global Fund grant implementation as well as longer-term support to take account of and address critical shortages of human resources and to assist with systems strengthening.

3.57 Support for a multisectoral response by the public sector has been provided by UNAIDS but appears to have had limited success. Line ministries have in general not mainstreamed HIV. NERCHA has made efforts to promote a multisectoral response, supporting the establishment of the PSHACC, under the Ministry of Public Service. UNAIDS Secretariat has provided some support for PSHACC, including a consultant to advise on how to structure the PSHACC and the consultant's report was used as the basis for a budget request to the GOS to finance a PSHACC Secretariat and to take forward activities in the public sector HIV/AIDS strategic plan. UNDP has also provided support for mainstreaming HIV into the curriculum of government training institutions. However, the PSHACC has not been effective to date, due to lack of resources to support implementation of the plan.

3.58 UNAIDS has been instrumental in support for the Three Ones in Swaziland, including for the establishment and development of NERCHA, for the development of successive NSPs and the NSF 2009-2014, and for strengthening national HIV/AIDS M&E. The Three Ones have been decentralised to regional level, with the establishment of regional coordinating authorities (REMSHACCs) and roll out of the SHAPMOS, although regional planning has yet to be initiated.

3.59 Technical support from UNAIDS Secretariat and from the World Bank have been pivotal in strengthening M&E. The UNAIDS Secretariat M&E Advisor spends approximately 80% of her time providing M&E support to NERCHA, focusing on ongoing mentoring for NERCHA M&E staff, guided by the national M&E road map, has assisted in delivering HIV estimates and Projections, Quarterly Service Coverage Reports and Universal Access Report, and is currently supporting the introduction of a community M&E framework, as proposed in the NSF. The M&E Advisor has also provided support for the sentinel surveillance process, the assessment of HIV research capacity, the DHS, the national M&E TWG, coordination and implementation of the NASA, and the review of the M&E system.

3.60 The World Bank helped to finance the development of the M&E system, in particular the M&E framework and capacity building for organisations in M&E skills, as well as for assessment and revision of the health sector HIV M&E framework. Other Cosponsors, e.g. WHO and UNICEF, have provided financial and technical support for the revision and printing of tools and registers. UNAIDS has also played a brokering role in mobilising implementing partners to report to NERCHA on their activities. However, NERCHA staff noted that the UNAIDS M&E Advisor and UNAIDS more generally could do more to provide the technical support required to deal with GF M&E issues.

3.61 There is evidence of performance change. For example, the NCPI ranking of M&E improved from 4 in 2005 to 7 in 2007, according to the 2008 UNGASS Report. This reflects the fact that over 60% of implementers were reporting in a timely manner, and that NERCHA has been able to produce quarterly service reports since 2006 and produced an annual M&E report in 2008. Resources for M&E have also increased. NASA findings indicate that expenditure on M&E increased from US$489,903 in the 2005/2006 financial year to US$878,931 in the 2006/2007 financial year.

3.62 However, M&E remains a challenging area. Human resource capacity is inadequate, in particular capacity to utilise data for programme management and decision making at regional and facility levels; attrition of skilled M&E staff, often to the UN or to international NGOs, is a problem. The SHAPMOS does not yet effectively capture civil society activities. The MOHSW HIV M&E system is not fully integrated with the HMIS; the MOHSW M&E Unit has been weak but is improving. Most development partners are collecting data in line with national indicators but not all partners comply with the national M&E framework. Implementing partners find the demand for double reporting a challenge (e.g. reporting to PEPFAR as well as the national M&E

system) and this is a factor in non-reporting to NERCHA. NERCHA reported that donor and UN agencies have been poor at reporting on their NSP-related activities and spend. However, the Second UNDAF will be aligned with the NSF, and the NSF includes a requirement that all agencies, including the UN, report on activities and spend. There is a role for UNAIDS to play in strengthening coordination of technical support for M&E, given the significant inputs from a range of UN and non-UN sources.

Human rights

3.63 The Swaziland UNDAF 2006-2010 highlights human rights in relation to good governance and protection of vulnerable groups. One of the challenges relates to how vulnerable groups are defined, and the extent in Swaziland to which this does or does not include the most marginalised, at risk or key populations.

3.64 UNAIDS Secretariat and Cosponsors such as UNDP, UNICEF and UNFPA have provided support to NGOs such as WLSA and SWAAGA to implement human rights and women's empowerment and legal rights work that could have positive effects in terms of vulnerability to HIV infection and impact mitigation. For example:

- UNDP has supported a capacity building project on CEDAW declarations for positive women. The beneficiaries of the project are Women Together and ICW, and the project was implemented by WLSA and SWAAGA. Project implementation was revised to focus on paralegal training, given the non-availability of legal aid and the need for women to be able to deal with issues of abuse, inheritance and maintenance. Project coverage has been limited as this was a small grant.
- UNICEF has supported a WLSA project "Promoting Community and School Rights Education on Protection of Children's Inheritance and Maintenance Rights", which aimed to empower school guidance and counselling teachers on legal issues relating to children's inheritance and enable them to provide support and referral to the appropriate authority when required. However, funding was not made available to follow up and sustain the project.
- UNFPA supported the WLSA and Women's Regime Community Dialogue Project, which aimed to highlight factors that make women and children vulnerable and encourage the community to provide solutions. This project was based on the Joint Task UN reports.

3.65 UNAIDS has, however, no joint strategy on human rights and HIV. Cosponsors have different levels of interest in human rights and HIV. Projects, such as the examples cited above, have a broadly common goal but are generally *ad hoc* and short term. Coordinated inputs would increase coverage and impact. With regard to UNAIDS programmes and actions on key populations in particular:

3.66 UNODC is focusing on HIV prevention, treatment and care for prisoners in Swaziland as part of a four country project (the other countries are Mozambique, Namibia and Zambia) funded by SIDA and NORAD which started in Swaziland in September 2008. UNODC is working with prison staff and prisoners through the correctional services of the Ministry of Justice (e.g. providing training for staff on HIV prevention, encouraging the provision of prevention, VCT, ART and OI treatment for prisoners). The project has conducted a review of all relevant legislation to identify gaps and existing laws and policies that need to be revised. Condoms are not available in prisons; provision of condoms to prisoners is a controversial issue. Prior to the UNODC project, PSI was the only organisation working on HIV and prisoners in Swaziland, focusing on CT and referral for ART, and funded by CDC. PSI reported that it has had one meeting with UNODC since September 2008 when the UNODC project started.

3.67 Injecting drug use is an emerging issue in Swaziland. There is widespread denial of the existence of IDU behaviour, and UNODC does not have the resources to work on this at present. There are no laws and policies concerning harm reduction. There is one NGO, Council on Alcohol, Smoking and Drugs (COSAD), working on drugs issues but it is under-resourced and has received little support from UNAIDS.

3.68 UNFPA and UNAIDS Secretariat commissioned a situation analysis of commercial sex work in Swaziland in 2007.[12] The report informed the minimal information available in the UNGASS report and identified the need to conduct more research. The findings also informed current UNAIDS support to PSI, The AIDS Support Centre (TASC) and Family Life Association of Swaziland (FLAS) to conduct action research and establish service centres targeting sex workers (as well as other key populations); action research is in turn expected to inform the development of an advocacy tool. Sex work is a challenging issue, and the NSF 2009-2014 only refers to the need for more research to better understand the sex worker population but does not incorporate the recommendations of the situation analysis.

3.69 UNAIDS secretariat and UNFPA have started to engage with sexual minorities including MSM, but the focus of engagement is on access to services rather than broader rights or representational issues. The UCC reports that UNAIDS Swaziland is developing an MSM proposal in response to the recent request for proposals from UNDP HQ.

3.70 UNAIDS has provided limited leadership on human rights issues affecting key populations, due largely to the sensitivity of these issues in Swaziland. Groups working with or representing key populations such as sex workers, MSM or IDU are not involved in policy-making, implementation or M&E. Visible participation is a challenge, since sex work, drug use and MSM behaviour are illegal. Representatives of key populations or groups working with key populations stated that UNAIDS could use its comparative advantage to raise sensitive issues and sensitise NERCHA and others in government in a way that they cannot. However, the draft JUNPS does not include any specific action or milestones related to empowering vulnerable or key populations to participate in policy, implementation or M&E. It is anticipated that improving the evidence base, e.g. through the action research project commissioned by UNAIDS secretariat, UNFPA and WHO, will support advocacy with government and other stakeholders.[13]

3.71 The NSP 2008 Joint Review noted that 'stigma is still persistent and prevalent in communities'. The National Strategy on Stigma Reduction is still in draft form. UNAIDS has supported efforts to address stigma and discrimination. For example, the Secretariat and UNDP have collaborated with the Church Forum on implementation of the project "Elimination of Stigma and Discrimination in Churches", which started in 2007; an evaluation[14] revealed that HIV is slowly changing from being "taboo" in the church and the project has paved the way for discussion about the epidemic, care of OVC, acceptance of PLHIV and encouragement of church members to go for VCT. UNAIDS Secretariat, WHO, UNDP together with NERCHA and Italian Cooperation are supporting SWANNEPHA to develop the national strategy on stigma reduction. A draft was produced in March 2008.[15]

[12] UNFPA/UNAIDS/NERCHA (2007) Situation Analysis on Commercial Sex Workers in Swaziland.
[13] Draft Results Matrix for JUNPS.
[14] LCC Capital Consulting, Evaluation Report on Engaging the Church in Eliminating Stigma and Discrimination of PLHIV.
[15] Interview with SWANNEPHA

Greater and meaningful involvement of people living with HIV

3.72 The UNAIDS Secretariat country office has drawn on GIPA principles, as set out in *From Principle to Practice: Greater Involvement of People Living with or Affected by HIV/AIDS (GIPA),* to engage with PLHIV.

3.73 The Secretariat country office has focused efforts on support for the national network of PLHIV. It was instrumental in the establishment of SWANNEPHA, providing seed funding and organisational development and technical capacity building support. However, less support has been provided for other PLHIV groups such as Positive Women Together, SASO and SWAPOL, or support has been somewhat fragmented. These smaller groups would like UNAIDS support to enable them to raise funds, as this is not an area where SWANNEPHA provides training for its member organisations.

3.74 Cosponsors also support or engage with PLHIV organisations, for example: ILO – SWANNEPHA is represented on the project advisory board; UNFPA – has supported SWANNEPHA to develop a documentary entitled *Faces of the young people;*[16] UNODC – SWANNEPHA will be invited to join the project steering committee; UNDP – is working with the UNAIDS Secretariat country office to draw on the PAF to fund SWANNEPHA's proposal on Strengthening of Support Groups;[17] UNESCO – supported the Ministry of Education to develop a sector policy that includes protection of the rights of HIV-positive learners and educators.

3.75 The UNAIDS Secretariat country office has supported efforts to ensure that organisations represent PLHIV in the country in a democratic and transparent way. For example, collaboration with NERCHA, MOHSW and three PLHIV organisations (Women Together, SASO and SWAPOL) to develop the directory of organisations and support groups of PLHIV in Swaziland helped to map these organisations. The mapping exercise was the building block for the establishment of SWANNEPHA;[18] 46 organisations identified formed a working group to develop the constitution that subsequently guided the selection of the National Executive of the network. Two elections have been held so far, and representatives on policy and decision making bodies are also chosen by election; electoral officers are nominated from CANGO or government to monitor the electoral process.[19]

3.76 The UNAIDS Secretariat country office has provided support to strengthen the governance of PLHIV networks and organisations by training the National Executive committee in their role and how they relate to the SWANNEPHA secretariat. UNAIDS has also supported the facilitation of the AGM and works closely with Global Management Systems to facilitate election of PLHIV representatives. A UNV was seconded to provide technical assistance in developing an administration and staffing manual, human resource policies, financial management documents and office structure. UNDP has also supported the network to participate in leadership development training.

3.77 However, smaller PLHIV groups reported that SWANNEPHA does not consult or provide feedback on national meetings and that there is no transparency about funding for SWANNEPHA, and stated that organisations represented on the CCM are representing themselves rather than their constituencies. These smaller groups recommended that UNAIDS reconsider its strategy of engaging only with umbrella organisations.

[16] Hope's Voice. My Face, My Voice, My Story: Does HIV look like me?
[17] Workplan for support group network project.
[18] Directory of Organisations/Associations/Groups of People Living with HIV/AIDS in Swaziland by Women Together, SASO and SWAPOL supported by NERCHA, UNAIDS, SIPAA and MoHSW, May 2004.
[19] Interviews with UNAIDS and SWANNEPHA

3.78 PLHIV are represented in national policy-making bodies, e.g. SWANNEPHA is a member of the CCM, SPAFA and NERCHA Board. PLHIV organisations, in particular SWANNEPHA, are involved in planning and M&E through NERCHA TWGs (e.g. on NSF development and review, M&E, ART and male circumcision) and through involvement in the 2008 NSP Joint Review and UNGASS reporting. The Secretariat country office has collaborated with SWANNEPHA to develop the MOHSW-PLHIV collaboration framework,[20] which aims to: strengthen collaboration at management level between MOHSW and SWANNEPHA; capacity building of PLHIV support groups; service delivery by PLHIV in prevention, care and support; and advocacy and community mobilisation.

3.79 While there has been much improvement in involvement in the national response, wider participation is reported to be limited as the same individuals tend to sit in all committees. This is attributed to the fact that most PLHIV are not sufficiently empowered or conversant with the issues to participate in a meaningful way, and lack support to develop their capacity and skills. There is also a perception that the experience of PLHIV is not always taken seriously and they are not listened to. The directory of PLHIV organisations and support groups also suggests that PLHIV involvement in implementation is mainly related to home-based care and treatment literacy interventions. The NSP 2008 Joint Review also noted that 'the full potential for involvement and participation by PLHIV had not been fully explored'.

4 Discussion points

4.1 Towards the end of the country visit the evaluation team held a workshop with participants from UN agencies and civil society. The presentation used by the team is at Annex 5 together with notes from the concluding exercise which looked at challenges facing UNAIDS globally over the next five years. In the presentation the evaluation team highlighted many of the areas of success they had seen as well as some of the challenges.

4.2 As explained in the introduction, this country study is one of 12 which will be synthesised into the overall evaluation of UNAIDS. It is therefore not a comprehensive evaluation of the programme in Swaziland. Rather, it examines the effectiveness and efficiency of UNAIDS, so the main focus of interest is in the value added by the Joint Programme.

4.3 As regards how UNAIDS is responding to the changing context, in particular financing the response in Swaziland, harmonisation and coordination, and responding to the epidemic, the team noted several positive achievements:

- UNAIDS has provided significant support for Global Fund proposal development and, in particular WHO, for addressing challenges with Global Fund grant implementation.
- UNAIDS participates actively in the CCM and has provide technical support to build the capacity of the CCM.
- UNAIDS Secretariat is playing an important role in capacity building for CSOs to enable them to become Global Fund recipients.
- Successful completion of the NASA for two financial years 2005/6 and 2006/7.
- Studies commissioned and supported by UNAIDS Secretariat and Cosponsors have made an important contribution to the evidence base in Swaziland, for example the World Bank GAMET-led modes of transmission and the UNAIDS Secretariat and UNFPA commercial sex work studies.

[20] MoHSW (2007) MoHSW/PLHIV Collaboration Framework.

4.4 Key challenges include long-term financing of the national response, given the high level of dependence on two major donors – Global Fund and PEPFAR – and limited domestic commitment to HIV funding. Lack of a coordination mechanism for development partners is also a challenge. The SPAFA, which replaced the Expanded Theme Group, does not provide a forum for donors and UN agencies to engage in high-level dialogue on policy and financing issues.

4.5 Lack of coherent leadership across UNAIDS on prevention is a further challenge. Leadership on prevention is critical, since the current focus of the national response is on treatment and impact mitigation and limited attention has been paid to prevention including the socio-economic and cultural drivers of the epidemic.

4.6 As regards how UNAIDS works, in particular the Joint Team, Joint Programme of Support and Delivering as One, the team noted the following achievements:

- The Joint Team was established in May 2006, is operational and the potential benefits of joint working – and of the participatory process of developing the draft Joint UN Programme of Support – are widely acknowledged by the secretariat and cosponsors.
- Participation in the Joint Team is recognised in most agencies as part of individual accountability; agency heads support joint working and staff participation in the Joint Team.
- Joint Annual Work Plans have been developed.

4.7 Key challenges include the high transaction costs of participation in the Joint Team, Joint Management Team and thematic group meetings, and duplication and lack of clarity about respective roles and responsibilities of the these bodies and the UNTG and UNCT, not helped by the lack of a clear UNCT position concerning the UNTG. Participation in the JUTA is not formalised in staff performance appraisal by all cosponsors. Stakeholders outside the UN are unaware of the JUTA and UN reform.

4.8 It has taken considerable time taken to develop the draft JUNPS, one consequence of which is a focus on process rather than on deliverables and results. There is a lack of incentives and cosponsor HQ support for joint programming and for Delivering as One. Resources for joint programming, with the exception of the PAF, are limited. A further challenge is adaptation of the DOL to the country context and lack of a strategic approach to staffing and capacity required to respond to the DOL.

4.9 As regards how UNAIDS is fulfilling its mandate, in particular support for civil society and engagement with PLHIV, gender and human rights, and technical support to the national response, the team noted the following achievements:

- Successful advocacy for CSO and PLHIV representation and increased visibility of both CSO and PLHIV organisations on national policy and decision-making bodies including the CCM, NERCHA Board and SPAFA.
- Capacity building of CSO umbrella organisations, e.g. CANGO, BCHA, SNYC, and the national PLHIV network, SWANNEPHA.
- Technical support resulting in mainstreaming of gender and human rights in the draft NSF 2009-2014.
- Technical support on gender for the Ministry of Home Affairs Gender Unit from UNFPA and for integration of HIV within the draft National Gender Policy from UNFPA and UNDP.
- Important initial work on key populations, e.g. UNODC's recently initiated project in prison settings, UNFPA support for organisations working with sex workers, and UNAIDS Secretariat engagement with groups representing sexual minorities.

- Technical support provided is appreciated by government and civil society recipients; Cosponsor inputs to NERCHA Technical Working Groups are also highly valued.
- UNAIDS technical support has been instrumental for the successful implementation of the Three Ones – establishing and strengthening NERCHA, developing NSPs and the NSF, and establishing a national M&E framework.

4.10 Key challenges include the lack of an overall UNAIDS strategy for engagement with and support for civil society and PLHIV organisations, a tendency to support *ad hoc* projects in a piecemeal fashion, and failure to communicate clearly with external stakeholders about the scope of UN support. The UN has limited capacity to engage with wider civil society e.g. media, traditional sector, youth and trades unions, and with smaller NGOs and PLHIV groups.

4.11 CSOs and PLHIV perceive their involvement in national policy and strategy development on occasions to be somewhat tokenistic. Other challenges include governance and representational issues within civil society, and difficulties in measuring and identifying concrete outcomes of representation. Support for some key populations and for facilitating their participation and representation needs to be stepped up.

4.12 Lack of a national technical support plan and, hence a UNAIDS technical support plan, based on a systematic assessment of needs, limits the UN's ability to respond as a joint programme and to coordinate technical support effectively. Parallel systems for securing technical support, from the TSF and from cosponsor sources of expertise, and lack of links between these providers, exacerbate coordination challenges. A longer term challenge for UNAIDS is how to adapt technical support provision to meet changing needs, e.g. for Global Fund grant implementation and to address more entrenched issues such as weak systems and shortages of human resources.

4.13 Finally, the above highlights a number of overarching issues for UNAIDS with regard to the added value of the Joint Programme:

- There is a lack of a common position on issues such as prevention, key populations, gender and human rights, which represents a missed opportunity for UNAIDS to effectively advocate and support change by speaking with one voice.
- There is a need for a more coherent UNAIDS approach to strengthening the evidence base in Swaziland to support advocacy and engagement with government for a more effective response than has been the case to date.
- There is a lack of a strategic approach to technical and financial support, with a continuing emphasis on individual UN agencies supporting small-scale one-off projects or initiatives often implemented by the same line ministry or NGO.
- There is limited understanding outside the UN system of the mandate and role of UNAIDS as a Joint Programme, of the Joint Team and UN reform processes and of the type of support that the Un can and cannot provide, for example, most CSOs see UN agencies as funding organisations.

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Annex 3: Assessment of progress towards five-year evaluation recommendations

Rec. No.	Abbreviated description of topic	Notes on actions taken	Progress[21]
3	Support to the GFATM	UNAIDS is represented on the CCM and has provided technical support for the development of Round 7 and Round 8 proposals. Swaziland was successful with Round 7 and the HSS component of Round 8 (but not the HIV component). WHO provided important support to address problems with implementation of Round 4. Stakeholders highlight the need for UNAIDS support for GF implementation.	M
10	UNAIDS …maintains global advocacy, with particular emphasis on political and resource commitments. Opportunities need to be taken to advocate for a gendered response and to promote the successful techniques of partnerships and horizontal learning	The UCC meets fortnightly with NERCHA. The extent to which UNAIDS has succeeded in increasing political and resource commitment in Swaziland is difficult to determine; increasing domestic financing is a challenge given the significant amount of external funding for the response. Although support has been somewhat reactive and uncoordinated, the UNAIDS Secretariat and Cosponsors have been proactive in providing technical support to ensure gender is successfully mainstreamed in the NSF and in monitoring tools. In the area of partnerships, UNAIDS Secretariat has played a crucial role in encouraging the private sector through the development of the BCHA and in facilitating the establishment of SWANNEPHA, the national network of people living with HIV. There is insufficient evidence to draw conclusions about horizontal learning.	M
11	Secretariat expands current work on information into a substantial functional area to support the roles of coordination, advocacy and capacity building	Limited evidence of work on information as a substantial functional area. Examples of support include: A. Coordination: Working closely with NERCHA through fortnightly meetings and coordination of M&E through a Technical Advisor who spends 80% of her time with NERCHA. B. Advocacy: Stigma reduction through stigma and discrimination dialogue through the Church Forum and community leaders; awareness raising during World AIDS Days and campaigns; community dialogues. C. Capacity building: Providing TS to CANGO, the CSO umbrella body, to become a GF PR and to 6 other CSOs to become SR.	L
12	Develop a strategy and workplan to promote evaluations and	There is no overarching strategy or work plan to promote evaluation and research. However,	M

[21] H-High; M-Medium; L-Low. Assessment by the evaluation team

Rec. No.	Abbreviated description of topic	Notes on actions taken	Progress[21]
	research into impact at national and regional levels, with the aim of generating data to inform national responses. Priority should be given to studies of behavioural change and contextual factors, including gender, stigma and poverty	UNAIDS Secretariat and Cosponsors have provided support to generate information to inform the national response e.g. projections and estimates, modes of transmission, drivers of the epidemic and commercial sex work studies, BSS and Human Development Report on HIV and Culture.	
13	Develop CRIS with objectively measurable indicators of an expanded response at country level	No evidence of CRIS use except to store data for UNGASS reporting.	L
14	UBW to bring together all planned expenditure on HIV/AIDS by the Cosponsors at global and regional levels should be continued and expanded to reflect all country level expenditure as well	Not applicable in Swaziland	
16	Humanitarian response	WFP has been very responsive, providing food support to PLHIV and people affected in the context of drought and lack of food in the country.	H
17	Cosponsors should promote high standards of transparency and reporting by publishing and making publicly available all Cosponsor country and regional budgets and the annual outturn	No evidence of HIV spending of individual Cosponsors reported in a single country level report. Individual Cosponsor HIV programmes and budgets are transparent.	M
18	In those countries where a medium-term expenditure framework and public expenditure review process is underway, that HIV/AIDS be treated as a specific crosscutting topic for monitoring and reporting	NASA conducted. MTEF and PER not applicable in Swaziland.	
19	OECD donors should link their own bilateral country programmes to national HIV/AIDS strategies and make financial contributions to HIV/AIDS work by the Cosponsors conditional on demonstrated integration and joint programming, reflecting the comparative advantage of the Cosponsors at country level	OECD donor programmes linked to national HIV/AIDS strategy. No evidence of financial contribution to Cosponsors' HIV/AIDS work.	L
20	Continue with and expand the PAF facility, especially to support monitoring and evaluation, if current initiatives by the Secretariat can be shown to improve the allocation process, utilisation and speed of processing.	PAF resources have supported a range of project areas; no significant problems with accessing funding. Some concerns expressed by some Cosponsors about how decisions are made by the UNAIDS Secretariat country office about how to use PAF funds. No examples provided of use of PAF to support M&E.	M
22	Theme groups should have clear objectives with monitorable	UNTG is not effective; its role is unclear and functions largely performed by the UNCT. The	M

Rec. No.	Abbreviated description of topic	Notes on actions taken	Progress[21]
	indicators of both substantive change and process contributions to the national strategy	draft JUNPS has monitoring indicators; this and previous UN HIV/AIDS annual work plans aligned with NSPs.	
23	Expanded theme groups should evolve into partnership forums, led by government	Expanded Theme Group changed to become Swaziland Partnership Forum on HIV/AIDS (SPAFA) in 2007 and is led by government. The SPAFA mainly functions as an information sharing forum and does not play a coordination role.	H
24	Expand and strengthen national systems to monitor and evaluate interventions, and analyse surveillance data	M&E has received considerable TS to develop the M&E framework and systems and to build capacity building; systems are now capable of providing analysed data on the national response.	H
25	Programme of joint reviews led by national governments should be launched	Two Joint Reviews of National Strategic Plans (2003-005 & 2006-2008) have been conducted under the leadership of NERCHA.	H
26	UN system at country level must take a strategic view of implementation of national policies and strategies and exploit opportunities for synergy between the sectors	The UN system in the country has tried to take a strategic approach, e.g. through the development of the draft JUNPS and support for NSP and NSF development. However, support for implementation has been *ad hoc* and uncoordinated, resulting in missed opportunities for ensuring synergy and maximising efficiency by working together and using the skills and competencies of staff to contribute effectively to the national response.	M
27	UNAIDS to act as a broker of good practice for local-level efforts that are designed for horizontal learning and replication	UNAIDS has put together a collection of best practices on community responses in the country, which won an award. However, the extent of horizontal learning and replication has been limited.	L
28	Increase support for scaling up by developing strategies as a service both to national governments and to partner donors	The UN has provided tangible support to scale up of responses in the country, e.g. for ART roll out, PMTCT, VCT, impact mitigation. But more could have been done to take advantage of GF funds to scale up of programmes and move towards institutionalisation and sustainable programming.	M

Annex 4: Timeline of events 2002-2008

Date	Key events		
	Contextual	**National response**	**UNAIDS**
2003		Swaziland implementing its first National Multi-Sectoral HIV and AIDS Strategic Plan (NSP) 2000-2005 National Emergency Response Council for HIV and AIDS (NERCHA) established to coordinate multisectoral response.	
		The National Emergency Response Council for HIV and AIDS Act	
	3 x 5 Initiative	Swaziland initiates roll out of ART in public health facilities December 2003	
		USG resources (US$1.5 million) become available to Swaziland	
		National Policy on Children, including orphans and vulnerable children, launched	
2004		Swaziland National Network of People Living with HIV and AIDS (SWANNEPHA) established	UNAIDS support for SWANNEPHA establishment
2005	Constitution of Swaziland comes into effect	Joint Review of the first NSP	
		National M&E system launched October 2005 together with the programme monitoring system for non-health indicators	World Bank (GAMET) support for M&E system
		National Policy on Decentralisation launched	
Dec		Swaziland meeting 3 x 5 target with 13,000 people accessing ART as of December 2005	
2006		Second NSP 2006- 2008	
		Second Health Sector Response to HIV and AIDS in Swaziland 2006-2008	UN Joint AIDS Team on AIDS (JUTA) established
		HIV and AIDS decentralised coordinating structures (REMSHACC and COMSHACC) established in line with 2005 National Decentralisation Policy	
		National Multi-Sectoral HIV and AIDS Policy launched June 2006	

Date	Key events		
	Contextual	**National response**	**UNAIDS**
		UN Secretary-General's Task Force National Action Plan on Gender and HIV updated June 2006	
		Monitoring system for health indicators on HIV and AIDS put in place	
2007		CANGO HIV/AIDS Consortium Strategic Plan 2008-2011 developed	
		The Road Towards Universal Access to HIV and AIDS Prevention, Treatment, Care and Support with 7 core indicators and targets for Swaziland	
		HIV Estimation and Projections for Swaziland, November 2007	
		MOHSW-PLHIV Collaboration Framework published November 2007	
		HIV Estimation and Projections for Swaziland , November 2007 First DHS conducted 2006-7; finds national HIV prevalence of 26% in adults aged 15-49 years	
2008	National Elections for Parliament 40/40 Celebrations for Swaziland Independence and King's Birthday	New Health Sector Policy Joint Assessment of the Status of the HIV M&E System in Swaziland Joint Review of the NSP 2006-2008	New UNRC GAMET facilitates Joint M&E Assessment providing financial support and other Cosponsors participate in the TWG JUTA self assessment in 2008 UNAIDS supports NSP Joint Review
		Development of the National Multi-Sectoral Framework (NSF) 2009-2014 using results-based management and gender and human rights approach	UNAIDS supports development of NSF

Annex 5: Material from consultation and feedback workshops

A. Stakeholder consultation workshop

Summary of responses below on the following questions:

Understanding of UNAIDS
- The Secretariat of the UN system on HIV
- A member of the Un family that facilitates and coordinates the response of the Un to the epidemic
- A mother body for the UN response to HIV
- A UN body that deals with country specific issues such as poverty and human rights
- The UN office responsible for HIV in a country
- A body in the Un system that coordinates HIV programmes in countries
- A donor
- A backstopping mechanism on technical issues related to HIV

UNAIDS' role
- Coordinates UN programme on HIV; is a resource centre for UN agencies
- Builds capacity
- Evaluates HIV prevalence
- Links all sectors e.g. government, NGOs, private sector
- Funds stakeholders; coordinates resources; ensures sustainability
- Supports GIPA, PLHIV networks, programmes and capacity
- Supports government partners; supports national responses to the epidemic including prevention, coordination, M&E; provides technical advice and standards
- Advocates for prevention, treatment, care, mitigation

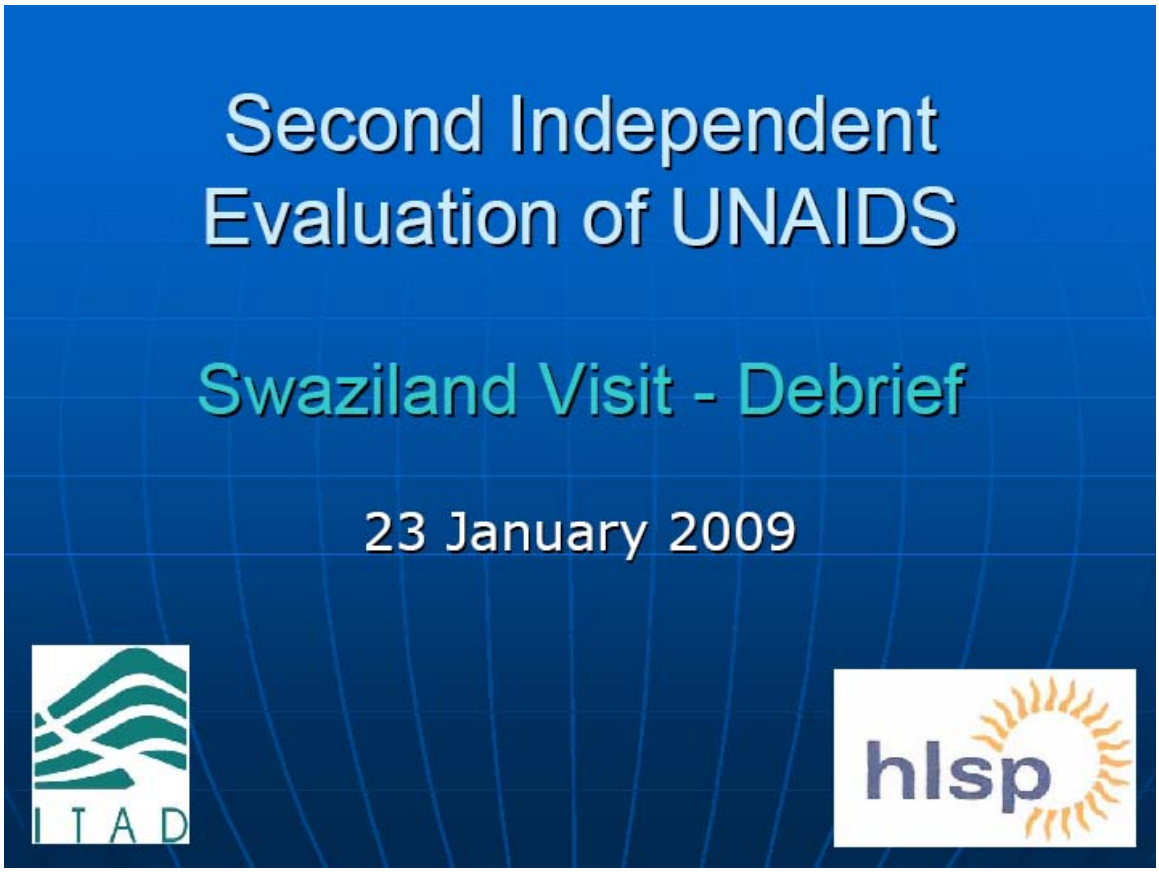
UNAIDS' support for the national HIV response
- Provision of technical support to government e.g. MOHSW, NERCHA
- Provision of capacity building e.g. training on human rights
- Development of materials

UNAIDS' strengths
- Support for establishment of PLHIV network
- Information dissemination
- Leadership for WAD
- Technical support and organisational capacity building
- Professional expertise
- Resource mobilisation
- Specific agency activities and support e.g. UNICEF on OVC, PMTCT, paediatric treatment and care; WHO on support for MOH; UNDP on strategic information to NGOs; WFP on school feeding and support for OVC in schools

UNAIDS weaknesses
- Coordination role and relationship with NERCHA needs to be stronger
- Lack of clear mandate of UNAIDS; overlapping mandates of individual agencies; UN agency involvement in implementation

- Duplication of materials production
- Recruit good staff from government and NGO sectors
- Lack of a clear plan for working with CSOs
- Expectations of CSOs e.g. voluntarism
- Focus on government
- Avoids controversial issues and challenging government
- Too centralised; focus on technical support at national level; top down; approaches may not be consistent with Swazi culture and value system e.g. NCPs
- Lack of clarity and consistency about who UNAIDS works with, how partners are selected
- Priority given to HIV depends on individual UN agency leadership
- Focus on CSO networks and umbrella groups; limited engagement with NGOs delivering services
- Insufficient attention to governance of umbrella groups and networks
- Each UN agency has different procedures and requirements, which makes things difficult for CSOs

B. Feedback workshop



Following the feedback presentation (see below) respondents discussed the question of UNAIDS: The Way Forward. Below is a summary of responses:

UNAIDS positioning

- Become more strategic in a fast changing world; 'business as usual' will not be enough
- In a world where results are measured, UNAIDS needs to position itself differently
- UNAIDS should increase focus on prevention and community system strengthening
- Prioritise, based on comparative advantage, rather than trying to do everything; consider what roles other partners e.g. WAC, could play
- Support for stronger national and donor coordination mechanisms
- More emphasis on support for implementation; implies adequate resources

UNAIDS mandate

- More emphasis on country support, in particular on capacity development, and less on HQ requirements
- Develop clearer working modalities with CSOs, including the traditional sector which is critical in Swaziland and support for individual and smaller NGOs and PLHIV organisations not just networks
- Develop clearer approach to work on gender and human rights
- Support a unified voice among organisations of PLHIV and ensure GIPA is realised in a practical sense
- Strengthen linkages and work with legal system

UNAIDS external communication

- More clarity about and better communication about what UNAIDS does
- Clarify respective roles of UNAIDS Secretariat and Cosponsors
- Clarify respective mandates of UNAIDS and the GF
- More clarity on extent to which UNAIDS can fund CSOs, and which types of CSOs

UNAIDS internal working

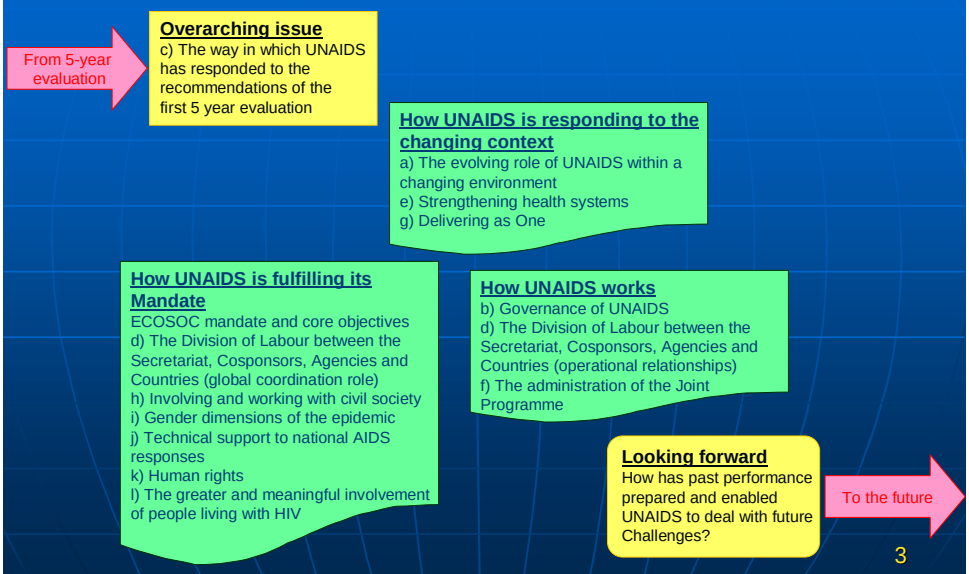
- Strengthen coordination within the UN system including coordination of technical assistance
- Make faster progress with JUNPS
- Develop and implement joint programmes as one
- Greater internal cohesion; agencies are still expected to follow their own mandates and planning cycles at the same time as doing joint work; more guidance required from HQ on how to balance internal agency processes with joint programming processes
- Ensure adequate financial and human resources to fulfil mandate
- Clarify role of UNAUDS Secretariat vis-à-vis the RC
- Strengthen reporting on and M&E of UN contribution

Introduction

- Purpose of the evaluation visit was to collect information from a range of national stakeholders on wider issues relating to UNAIDS – not to assess UNAIDS in Swaziland
- Purpose of this presentation is to feedback some initial findings and issues - please validate, correct, add

2

Conceptual organisation of the evaluation questions



3

1. Responding to a changing context

Financing

Harmonisation and coordination

Epidemic

4

Achievements

- Support for GF proposal development; participation in CCM; capacity building potential CS recipients; addressing GF bottlenecks
- NASA
- Evidence base – e.g. Modes of Transmission study, CSW assessment

5

Challenges

- Financing – sustainability (GF, PEPFAR dependence; domestic funding); tracking
- No development partner coordination mechanism
- Responding to epidemic – e.g. coherent approach to prevention

6

2. Fulfilling the mandate

Support for CS and PLHIV

Gender and human rights

Technical support

7

Achievements

- Capacity building & support – CANGO, Church Forum, SWANNEPHA, BCHA, SNYC
- Increased visibility and representation CSOs and PLHIV organisations e.g. CCM
- Support on gender – e.g. UNFPA MoHA Gender Unit, UNFPA & UNDP for HIV within National Gender Policy
- Gender and human rights inclusion in draft NSF
- Some initial work on key populations e.g. UNODC prisoners, UNFPA SW, UNAIDS secretariat sexual minorities

8

Achievements

- Support for Three Ones – NSF, NERCHA, M&E framework
- Technical support valued by government and CS partners - many examples:
  - WHO – HSS, HIV/TB, drug resistance and patient monitoring
  - UNICEF – OVC support
  - UNESCO – education sector HIV policy
  - ILO – workplace, private sector
  - UNFPA – gender, youth
  - UNDP – WLSA, MISA
  - WB – M&E

9

Challenges

- No overall UNAIDS strategy for CS and PLHIV engagement – limited engagement with e.g. media, trades unions
- Focus on umbrella groups – governance, limited support & funding access for smaller NGOs
- Tokenistic involvement in policy & strategy development– 'invited to the launch'
- No overall UNAIDS strategy for work on gender and human rights
- Limited support for groups of some key populations; no representation
- Advocacy and work on legal issues?

10

Challenges

- No systematic assessment of TS needs
- Role of UNAIDS in TS for implementation of GF proposals
- No national or UN TS plan
- Limited coordination of TS – within UN, between UN & bilaterals
- No overview of TS requested or provided by UN; national partners approach individual UN agencies directly
- No systematic evaluation of quality or outcomes

11

3. Working together

Joint Team

Joint Programme of Support

Delivering as One

12

Achievements

- JUTA established May 2006
- Potential benefits recognised – e.g. information and skills sharing; speaking with one voice, maximising use of resources, avoiding duplication
- HoA support for joint working, staff participation in JUTA
- Joint AWPs developed; draft JUNPS results matrix developed
- Several 'joint programmes' e.g. JFFLS, NCPs, SCCS

13

Challenges

- Duplication, lack of clarity about roles and responsibilities – UNCT, UNTG on AIDS, JUTA, JUTA JMT, TWGs
- High transaction costs of meetings; no funding for joint working
- AWPs = consolidated individual agency work plans; *ad hoc*, piecemeal projects and activities
- Slow progress towards JUNPS
- Agency mandates take priority; joint working not formalised in job descriptions or performance appraisal

14

Challenges

- No evidence strategic approach to staffing & capacity required to respond to DOL – DOL not 'domesticated'
- Accountability – role of UCC vs. UNTG Chair vs. RC; reporting lines
- Role of UNAIDS – secretariat, support for cosponsors vs. *de facto* agency
- Mandate, Joint Team, DOL not well understood by external stakeholders
- UN reform agenda – limited progress on Delivering as One

15