

# REVIEW OF THE IMPLEMENTATION OF THE UNAIDS JOINT PROGRAMME ACTION PLAN AND REVISED OPERATING MODEL

## Interim report

## Part I





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## Acronyms

|                 |  |
|-----------------|--|
| <b>AP</b>       | Asia and the Pacific   |
| <b>CCA</b>      | Country Capacity Assessment  |
| <b>CSOs</b>     | Civil society organizations  |
| <b>DoL</b>      | Division of Labour   |
| <b>EECA</b>     | eastern Europe and central Asia  |
| <b>ESA</b>      | eastern and southern Africa  |
| <b>GEM</b>      | Gender Equality Marker   |
| <b>GF</b>       | Global Fund  |
| <b>HoA</b>      | Head of Agency   |
| <b>JPMS</b>     | Joint Programme Monitoring and Reporting   |
| <b>LAC</b>      | Latin America and the Caribbean  |
| <b>MENA</b>     | Middle East and North Africa   |
| <b>OECD-DAC</b> | Cooperation and Development Assistance Committee -<br>Development Assistance Committee |
| <b>PCB</b>      | Programme Coordinating Board   |
| <b>PEPFAR</b>   | President's Emergency Plan for AIDS Relief   |
| <b>RST</b>      | Regional Support Team  |
| <b>SDG</b>      | Sustainable Development Goal   |
| <b>SMART</b>    | Specific, Measurable, Achievable, Realistic, Time-bound                                |
| <b>SRA</b>      | Strategic Result Area  |
| <b>UBRAF</b>    | UNAIDS Budget Results and Accountability Framework                                     |
| <b>UCD</b>      | UNAIDS Country Director  |
| <b>UCO</b>      | UNAIDS Country Office  |
| <b>UNDAF</b>    | UN Development Assistance Framework  |
| <b>UNDG</b>     | UN Development Group   |
| <b>UNEG</b>     | UN Evaluation Group  |
| <b>UNRC</b>     | UN Resident Coordinator  |
| <b>WCA</b>      | western and central Africa   |

## EXECUTIVE SUMMARY

### Context

A review of the implementation of the Joint Programme Action Plan was undertaken between February and May 2018. The review focused on the country processes of the Action Plan: capacity assessments of the Joint Programme on AIDS; Joint Plans on AIDS for 2018 and 2019; and the establishment of country envelopes, as part of a new resource allocation model, carried out through an integrated approach.

The review was designed as a formative evaluation, i.e., when activities are still taking shape. It covered the period from June 2017, when the Action Plan was approved by the Programme Coordinating Board (PCB), to May 2018. The review presents achievements, challenges and lessons learned and provides recommendations for the further implementation of the Action Plan. The findings, conclusions, recommendations and supporting evidence, as well as tools used, are included in Part I of the report. Findings from the six country case studies are presented in Part II.

### Methods

The review used a mixed-method approach and standard evaluation criteria: relevance, effectiveness, efficiency, inclusiveness, gender equality and human rights responsiveness. The review included a desk review, an online survey and six country case studies.

The country case studies were conducted by joint teams of reviewers. The countries represent different epidemics in different regions, and the size of the country envelopes and the presence of HIV capacity of the Joint Programme also vary. The countries selected were: Belarus, Côte d'Ivoire, India, Iran (Islamic Republic of), Peru and Zambia. Through structured interviews and focus group discussions, feedback was received from 197 individuals in the six countries representing the UN system, national authorities, civil society organizations and other partners. A total of 371 responses (283 from Cosponsors and 88 from the UNAIDS Secretariat) were received via the online survey, representing an estimated 64% response rate.

### Findings

**1:** The country processes of the Action Plan (country capacity assessments, Joint Plans and envelopes) are highly relevant to the SDGs and the UN Reform process. They represent a practical example of joint programming directly linked to UNDAFs and country priorities. Making funds available at the country level has increased ownership and targeted the use of UBRAF resources to meet country needs.

**2:** National stakeholders in the six countries visited value the unique contribution of the Joint Programme and its advocacy, policy, technical and convening roles. Civil society in all countries visited confirmed the unique position and contribution of the Joint Programme in providing them with space and voice. There are calls for greater capacity and specialized human resources across agencies to fulfil normative and technical roles.

**3:** The Action Plan is contributing to reinvigorate the Joint Programme at regional and country levels. Although there are exceptions, and competition or challenges in joint implementation in some instances, most respondents believe that the country envelopes have improved strategic planning and coherence of UN support around country priorities.

There are examples of increased engagement of Cosponsors that were less active in recent years at the country level.

**4:** Although the situation varies across countries, the commitment to and quality of joint planning, based on evidence, and looking at areas of synergy and complementarity, has improved. Some challenges remain around prioritizing plans and envelope funds, and more work is still required on SMART (Specific, Measurable, Achievable, Realistic, Time-bound) deliverables.

**5:** Shrinking financial resources, linked with limited human resources at the country level, affect the work of the Joint Programme and the engagement of some Cosponsors in the planning and resource allocation processes. However, many Joint Teams have solid collective experience in the HIV response and well-established relationships with key partners.

**6:** Most respondents believe that the joint planning process and envelopes are strengthening ownership and accountability, since envelope funds are received and managed at country level and tied to specific deliverables. The country processes have brought transparency regarding responsibilities and funding allocated to each Cosponsor at the country level. Joint Teams in the six countries visited stressed the importance of decision making on the allocation of funds occurring at the country level.

**7:** Available funds are insufficient and there are many unfunded priorities for the Joint Programme. More needs to be done to use the Joint Plans as the basis for resource mobilization and to leverage funds from Cosponsors, as well as connect HIV-specific funding to the broader health and development agenda.

**8:** For the most part, coordination and collaboration among the Cosponsors and Secretariat were perceived to be good at the regional and country levels, with somewhat differing views at the global level. The short time frame for completing the assessment, planning and envelope processes were perceived as the main shortcomings, along with some delays in the receipt of funds. Roles and responsibilities at different levels could be clarified further and communication could be improved and streamlined.

**9:** The guidance provided to countries could be clarified in certain respects, for example regarding the possibility for one agency to manage funds for a cluster of agencies (through pooled funding or similar arrangements in line with UNDAFs); the formulation of deliverables and use of results-based language; the use of funds for recruitment of staff; monitoring, performance-based release of funds, reprogramming, reporting requirements and timelines; and simplification of templates, where possible.

**10:** The capacity assessments, joint planning and envelope processes encompassed all Cosponsors. With very few exceptions, the coordinating role of the Secretariat was considered to be effective and appreciated by Joint Teams members as well as UN Country Teams and Resident Coordinators.

**11:** Engagement of national stakeholders varies, but the priorities of the Joint Plans on AIDS have generally been developed in close collaboration with national and international partners, including civil society. Engaging civil society and key populations remains a key role for the Joint Programme. Looking ahead, more systematic engagement of civil society, especially people living with HIV and key populations, is needed.

**12:** Most respondents, across regions, are of the view that implementation of the Joint Programme Action Plan is contributing to gender equality, women's empowerment and human rights related to HIV. Nonetheless, across Joint Plans and envelopes, gender equality and human rights have uneven prominence. Joint Teams are calling for more guidance, capacity and tools so that gender and human rights issues can feature more prominently in design, implementation and monitoring.

## Conclusions and lessons learned

*Overall.* Responses to the online survey, across Cosponsors and the Secretariat, and the case studies show good progress in the implementation of the Joint Programme Action Plan. In line with the objectives of the Action Plan, financial resources are being deployed where they are most needed; country-level joint work and collaborative action is being reinvigorated; and, accountability is being reinforced. However, challenges remain, notably shrinking financial resources, combined with limited human resources at the country level, all of which affect the Joint Programme's ability to deliver. Addressing these issues will be essential in the next phases of the implementation of the Action Plan.

*Relevance.* The elements of the Action Plan that specifically focus on the work of the Joint Programme at country level are highly relevant to country priorities, the Sustainable Development Goals (SDGs) and the United Nations (UN) reform process. Making UNAIDS Budget Results and Accountability Framework (UBRAF) funds available at the country level has increased ownership and targeting of resources towards country needs. National stakeholders in the six countries visited value the advocacy, policy, technical and convening role of the Joint Programme. Civil society confirmed the unique position and contribution of the Joint Programme affording them space and voice.

*Effectiveness.* The country processes of the Action Plan represent a practical example of joint programming that is linked directly to the UN Development Assistance Framework (UNDAFs), the broader accountability framework of the UN system. The Action Plan has contributed to reinvigorate the Joint Programme at regional and country levels and stimulated strategic planning around country priorities where the UN can make a difference. Although the situation varies between countries, the commitment to and quality of joint planning has improved.

*Efficiency.* For the most part, coordination and collaboration within the Joint Programme is reported as good. A compressed time frame and some delays in receipt of funds were perceived as the main shortcomings. Roles and responsibilities at different levels should be clarified further and communication from the global level to regions and countries can be streamlined. More clarity is also needed on specific elements of the existing guidance, including monitoring and reporting requirements, as well as timelines.

*Inclusiveness.* The capacity assessments, joint planning and envelope processes encompassed all Cosponsors. With some exceptions, the coordinating role of the Secretariat was considered effective and appreciated by Joint Teams. Established processes were used to engage with national and international partners, including civil society, and stakeholders believe Joint Plans account well for national priorities. Nevertheless, there is room for improvement and consultations with national and international partners should be more systematic in the future.

*Accountability.* Most respondents to the online survey and interviewees at the country level believe that the joint planning process and envelopes are promoting to accountability (due to



funds being tied to specific deliverables) and transparency (since there is clarity regarding the funds that are allocated to each Cosponsor in each country).

*Gender equality and human rights.* Most respondents, across regions, are of the view that the country processes are supporting gender equality and human rights related to HIV. At the same time, Joint Teams call for more guidance, capacity and tools for stronger consideration of gender equality and human rights in planning, implementation and monitoring.

## Way forward

Tentative recommendations have been identified based on the findings and conclusions of the review to inform discussions among the Cosponsors and the Secretariat on the implementation of the Joint Programme Action Plan:

1. Sustain investment in joint planning as a platform for strategic support from the UN system to the national HIV response, joint implementation and monitoring.
2. Build on the greater commitment of the UN Country Teams, which is emerging as part of the implementation of the Joint Programme Action Plan.
3. Maximize the potential that the country envelopes bring for more collaborative action, joint monitoring, improved reporting and strengthened accountability.
4. Strengthen the bottom-up approach, building on the collective programming experience of the UN Joint Teams on AIDS.
5. Explore alternative management models in line with UN reform to strengthen joint and collaborative action and facilitate effective resource management.
6. Consider how to tailor the Joint Programme presence to country needs and ensure the right skills mix at country and regional levels.
7. Use the Joint Plans as a basis for strengthened resource mobilization by UN Joint Teams on AIDS and UN Country Teams.
8. Clearly define the roles and responsibilities of the Cosponsors and Secretariat at the global, regional and country levels.
9. Revise and refine guidance and timelines for monitoring and reporting, considering existing tools and mechanisms.
10. Promote and strengthen inter- and intra-agency communication among the Cosponsors and Secretariat at all levels.
11. Engage more systematically with national authorities, civil society and other partners, drawing on existing consultation mechanisms.
12. Strengthen the understanding and capacity of Joint Teams of the needs and priorities of women and girls in the context of HIV and human rights and how to address these.

## INTRODUCTION

### Context

#### **The Joint Programme Action Plan and the UNAIDS 2018–2019 budget**

To effectively deliver on its mandate in an increasingly complex environment, a Global Review Panel was established by the UNAIDS Programme Coordinating Board (PCB) at its 39th meeting in December 2016 to review and advise the Joint Programme on refining and reinforcing its model. The Panel's recommendations informed *Innovation for Impact: Refining the operating model of the UNAIDS Joint Programme: Action Plan* (referred to as the Action Plan), which the PCB endorsed at its 40th Meeting in June 2017.<sup>1</sup>

At its 40th meeting the PCB also approved the UNAIDS 2018–2019 budget, including a dynamic resource planning, mobilization, allocation and accountability model based on the Action Plan.<sup>2</sup> The budget reflects regional and country priorities and targets, and it includes provisions for catalytic funding for Cosponsors in the form of country envelopes, representing approximately 12% of the core budget in UNAIDS Budget, Results and Accountability Framework (UBRAF).

#### **Country capacity assessments, Joint UN Plans on AIDS and country envelopes**

Based on the Action Plan and UNAIDS 2018–2019 budget, an integrated approach was developed to strengthen joint and collaborative action at the country level (Box 1). Country envelopes were included as an integral part of a broader approach to reinvigorate country-level joint work and deploy human and financial resources where they are needed most.

By September 2017, 71 countries were deemed eligible for country envelopes and amounts per country were determined through a process involving UNAIDS' Cosponsors and the Secretariat at global and regional levels. The amounts were calculated using a formula based on epidemiological and other quantitative variables, as well as qualitative considerations.

In October 2017, country Joint UN Teams on AIDS were required to:

- complete a country capacity assessment to provide an overview of available human, technical and financial resources (all countries);
- develop/update a 2018–2019 Joint Plan through an inclusive process, identifying key deliverables aligned to prioritised country targets and the UBRAF (all countries); and
- agree on the allocation of country envelope resources to Cosponsors (71 countries eligible for country envelopes).

By the end of 2017, 97 Joint UN Teams had conducted country capacity assessments and finalized Joint Plans, covering all Joint Programme actions at the country level; in 71 eligible countries, Joint UN Teams on AIDS and partners finalized the allocation of the country envelope portion of the core UBRAF funds.

Envelope funds for 2018 were transferred to Cosponsors headquarters in February 2018 and to Cosponsors at country level by March/April 2018.

## Purpose of the review

This review of the implementation of the Joint Programme Action Plan is part of the UNAIDS 2018 Evaluation Plan. The review spans the period from June 2017, when the Joint Programme Action Plan was approved by the PCB, to May 2018.

The review used the first three of the four Organization for Economic Cooperation and Development Assistance Committee/Development Assistance Committee (OECD/DAC) evaluation criteria— relevance, effectiveness, efficiency and sustainability—as defined in the OECD *Glossary of Key Terms in Evaluation* (2002). It also added inclusiveness, as well as gender equality and human rights, in line with UN Evaluation Group guidance on the conduct of human rights and gender-responsive evaluations.

The primary purpose of the review was to assess progress in the implementation of the Joint Programme Action Plan at country level – see [http://www.unaids.org/sites/default/files/media\\_asset/20170621\\_PCB40\\_Action-Plan\\_17.4\\_EN.pdf](http://www.unaids.org/sites/default/files/media_asset/20170621_PCB40_Action-Plan_17.4_EN.pdf).

The review covered all 97 countries in which the Joint Programme operates, where the capacity assessment had been carried out, and Joint Plans were developed or updated, not only the countries eligible for envelope funds.

The original terms of reference of the review are included as Annex I.

## Box 1: Country capacity assessments, Joint UN Plans and allocation of envelopes

### Chronology of events

Source: Guidance to Countries and internal Joint Programme communications

Global level agreement on the methodology and formula for allocation of country envelopes (based on quantitative variables) and a review and adjustment of country amounts by Joint Teams at the regional level (based on qualitative parameters).

Development of templates (<https://goo.gl/tGVBuc>) and guidance on the process for conducting country capacity assessments, developing Joint UN Plans on AIDS and allocating envelope funds among Cosponsors.

Communication of envelope amounts as well as templates and guidance to all countries followed by webinars and emails.

Country capacity assessments, development or update of Joint UN Plans on AIDS (in 97 countries), and development of envelope proposals (in 71 eligible countries) with support from regional Joint Teams on AIDS.

Quality assurance of Joint Plans and envelope proposals by regional Joint Teams and finalization of envelope proposals based on feedback. Criteria: SMART deliverables, pertinence of activities to deliverables, level of prioritization, alignment to Fast-track priorities, gender-responsiveness.

Analysis and compilation of data and development of Letters of Agreement to transfer funds from UNAIDS Secretariat to Cosponsors headquarters.

## Box 2: The Country Envelopes

### The allocation between Fast-Track and other priority countries

US\$ 22 million per year: US\$ 15 million for 33 Fast-Track countries and US\$ 7 million for other priority countries. Overall country allocations for a two-year period.

### Allocation by individual country

#### Fast Track countries

The share or the relative weight for a country is arrived at by adding the proportion of new HIV infections in a country and the proportion of treatment gap in the country. The two proportions get equal weight (50%).

$$50\% \frac{\text{Country's No. new infections}}{\sum_{\text{all FT countries}} (\text{No. new infections})} + 50\% \frac{\text{Country's No. PLHIV not on ARV}}{\sum_{\text{all FT countries}} (\text{No. PLHIV not on ARV})}$$

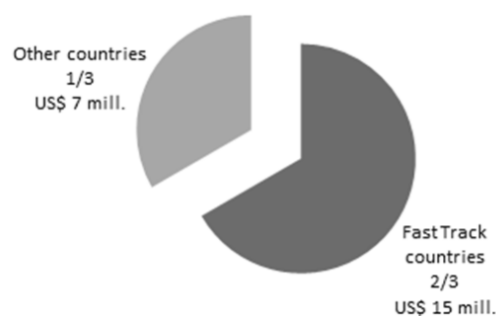
Values are adjusted by the country economic level of development (World Bank classification based on gross national income per capita). This adjustment accounts for  $\pm 20\%$ . The country's raw allocation is then adjusted considering a lower and upper band for the funding:

- Minimum shares (US\$ 300 000) for investments to be significant;
- Maximum shares (US\$ 1.1 million) to ensure a critical amount of funding for each of the Fast-Track countries.

#### Other priority countries

##### Application of an eligibility criteria by country

Focus on countries with a significant epidemic burden (new cases). Only countries where the number of new infections in 2016 was estimated to be more than 1,500 (UNAIDS data) were included. Eligibility criteria were introduced because of the limited amount of funding and risk of fragmentation (i.e. distributing funds in amounts too small to be effective). High-income countries and OECD members were not eligible.



*Allocation of overall amount of funds by region*

Fund allocations by region were determined based on the relative proportion of new HIV infections in a region (of all new HIV infections among eligible countries). The number of eligible countries in the region was used as an upward correction to ensure that the allocations based on the proportion of new infections were sufficient for at least a minimum allocation by country of US\$ 150 000.

*Allocation of funds by country*

A formula similar to the one described for Fast-Track countries was applied within the amount and country lists for each region. Since these countries tend to have “concentrated” epidemics, the quantitative variables involved using estimates of the summed size of key populations (sex workers, gay and other men who have sex with men, transgender persons, people who inject drugs) instead of the treatment gap (with a lower weight, 30%, due to more uncertainty in the data), thus anticipating a stronger focus on prevention.

$$70\% \frac{\text{Country's No. new infections}}{\sum \text{all priority countries in a region (No. new inf.)}} + 30\% \frac{\text{Country's size key pop.}}{\sum \text{all priority countries in a region (size key pop.)}}$$

The first adjustment was made considering the income level of the country (World Bank classification). The second adjustment was done by comparing a country's raw allocation, based on formula against the minimum (US\$ 150 000).

**Qualitative adjustment**

The calculated amount was reviewed and refined to country-specific considerations. This holistic adjustment was carried out by regional Joint Teams on AIDS convened by the UNAIDS Regional Support Team. Adjustments within the total available funding were made separately for Fast-Track countries and other priority countries, accounted for a maximum variance of +/-20%, and considered an agreed list of parameters:

- the rate of new infections and HIV prevalence among key populations,
- gaps in service coverage and efficiency considerations,
- human rights barriers and stigma,
- gender inequalities and gender-based violence,
- humanitarian emergencies,
- risk environment, absorptive capacity and other contextual considerations, and
- the relative importance of the Joint UN Team to the country response and national capacity.

**Key features**

Source: Extracts from Guidance to countries

**Country capacity assessments:** Review of available human, technical and financial resources, to identify opportunities for optimal resource configuration. The UNAIDS Secretariat led the country capacity assessment exercise and kept the UN Resident Coordinator and UN Country Team informed. Consideration of available (HIV-related) resources for each Cosponsor by relevant strategic result areas. Only programme staff included in the assessment (position, title and grade, % staff time spent on HIV).

**Joint UN Plans:** Consideration of the entirety of the UN support to achieve the prioritised country targets, including, but not limited to the country envelope. The Joint Teams, in consultation with country stakeholders, reviewed prioritised country targets for 2018-2019 (ref. UNAIDS 2018–2019 Budget). Prioritization based on the epidemic and response patterns and critical support needs, as well as the UN comparative advantage and capacity. Prioritised country target linked to the most relevant SRA. The Plans identify: implementation bottlenecks; game changers; UN added value and include SMART deliverables (sex and age-disaggregated if possible); activities; Gender Equality Marker; lead and contributing agencies; estimate of resources available.

**Country envelopes:** Proposals based on regional and country priority targets, identified in the Joint UN Plans on AIDS and respond to country capacity assessments. Biannual proposals, with detailed budget by Cosponsor for 2018. Budget categories based on UNDG harmonized categories. Equipment, vehicles and furniture excluded. Recruitment of fixed-term staff not recommended due to the nature and the timeline for the funds, but possible. Advisable to have a limited number of Cosponsors for each country, to avoid fragmentation. Strategic allocations responding to existing needs and gaps. Allocations are for Cosponsors (not for Secretariat implementation). Amounts by Cosponsor in 2019 subject to performance in 2018.

## Focus of the Review

**The Joint Programme.** The UN Joint Programme on AIDS has been a pathfinder and a champion of UN reform. This requires a focus on results, coordination and collaboration combined with flexibility in programming and support. These are prerequisites for the Joint Programme response to HIV to be integrated, coherent and demonstrate added value.

**The Action Plan.** To effectively deliver on its mandate in an increasingly complex environment, a Global Review Panel was established by the UNAIDS Board (PCB) to review and advise the Joint Programme on refining and reinforcing its model. The Panel's recommendations informed *Innovation for Impact: Refining the operating model of the UNAIDS Joint Programme: Action Plan* (<https://goo.gl/wAmW1D>) - referred to as the **Action Plan** - which was endorsed by the PCB at its 40th Meeting.

Specific areas assessed in the review are presented below.

| Action Plan Areas  | Results   |
|--|---|
| <b>ACTION AREA I</b><br><b>Mobilising and allocating resources to enable the Joint Programme to deliver on the UNAIDS Strategy within a fully-funded aids architecture</b> | <b>Result 1</b><br>Dynamic, differentiated resource planning, mobilization, allocation and accountability model for the Joint Programme |
| <b>ACTION AREA II</b><br><b>Configure an optimal United Nations response to AIDS, by country, that enhances joint working to accelerate ending AIDS</b>                    | <b>Result 4</b><br>Joint Programme presence tailored to country priorities and context, as well as its comparative advantage            |

## Review methodology

The review was designed as a formative evaluation and guided by an analytical framework that outlined the review criteria, questions and sources of data (see Annex II). The methods are summarized below. The review tools – an online survey questionnaire and questionnaires for group and individual interviews are presented in Annex III. Mapping of critical stakeholders was carried out at the global, regional and country levels to identify key stakeholders to be interviewed or surveyed, and to provide insights into the context for the review. Stakeholders included representatives of UN agencies, national governments, donors, civil society and other development partners.

### Document review

The review team reviewed documentation relevant to country processes (country templates on country capacity assessments, Joint Plans and envelopes) to provide further evidence to answer the review questions.

### Online survey (global level, regional level and all countries)

An anonymous survey was developed in English and French, based on the analytical framework. The survey was shared with members of the Joint Programme:

- UNAIDS Secretariat staff at global level (one response for UNAIDS HQ); regional level (one response per region) and UNAIDS Country Offices (one response per country); and
- Cosponsor staff at global level (one response for each Cosponsor); regional level (one response for each Cosponsor per region); and country level (one response for each Cosponsor per country).

The survey asked respondents to identify whether they worked for the Secretariat or a Cosponsor, but not which Cosponsor. The survey questionnaire was tested at both country and regional levels, and the formulation of some questions edited as per inputs to improve respondents' understanding.

### Data analysis

Multichoice responses from the survey were tabulated in Excel, providing Likert type scales, i.e. the sum of responses across the five possible opinions (*fully disagree; somewhat disagree; somewhat agree; fully agree; do not know*) to the statements that the respondents were asked to assess in the survey. Statements are clustered by review criteria.

*Two-sample test of proportions* was used to determine if there was a statistically significant difference between the proportion of those who agreed (somehow or fully) and those who did not agree (somehow or fully) with the survey statements between (a) respondents in the group of countries who were recipients of envelopes and the ones in the countries who were not recipient of envelopes; and between (b) respondents from the Secretariat and respondents from Cosponsors (all levels combined). None of the differences was statistically significant ( $p < 0.01$ ).

Because of no significant differences between Likert-type scales from survey respondents from countries with or without the allocation of an envelope and from Cosponsors and the Secretariat, data along this disaggregation are not presented.

Data from the open-ended questions from the survey (including the requests to indicate the three main strengths and three main weaknesses with the process) were analysed using *Nvivo 12 Pro*. Responses were coded to main themes, developed during data analysis by a team of two reviewers. The frequency of appearance of a certain theme was recorded, with possibilities of multiple references for one same respondent. Often, respondents provided keywords (like, as a strength: *joint planning*) instead of full narratives, and the analysis was a combination of themes/keywords, with keywords guiding the identification of themes. When the number of references is presented in this report, it may be that a same respondent mentioned a specific theme (or keyword) multiple times across questions. In general, the list of strengths clustered around a smaller number of themes while limitations were more dispersed. Furthermore, views from country respondents tended to be more convergent than views from regional respondents, which raised more diverse issues.

### Country case studies

Fast-Track countries and other priority countries were included in the review. One country per region was selected by the Regional Support Teams (RSTs) in consultation with regional Joint Teams. Time and funding constraints did not allow visits to more than six countries, one per region. Selection of countries was based on the following criteria:

- The country is a recipient of envelope funds (to be able to assess all elements of the approach: capacity assessments, Joint Plans, country envelopes and interlinkages;



- The presence of at least four Cosponsors in a country (to be able to analyse the dynamics of the allocation of funds);
- The country has an existing UNDAF (to be able to analyse links with existing frameworks and the UN reform); and
- The country has a UNAIDS Country Office (to facilitate interviews with stakeholders and logistics).

The country missions took place in March and April 2018. The three-day country visits were an opportunity to develop an in-depth understanding of the perspectives of the various country stakeholders: UN Resident Coordinators and UN Country Teams, Joint UN Teams on AIDS (all Cosponsors present in a country), and key stakeholders, such as National AIDS Councils and National AIDS Programmes, donors and civil society. On average, a country mission gathered the views of 30 people (197 interviewees in total) through individual interviews and group interviews. The interviews focused on the implementation of the Action Plan in the last quarter of 2017, as it would have been too early to assess the achievement of results for activities funded through the country envelopes. Details of the country case studies are provided in Part II of this report (country case studies).

The six country case studies covered:

- Belarus (eastern Europe and central Asia);
- Cote d'Ivoire (western and central Africa);
- India (Asia-Pacific);
- Iran (Islamic Republic of) (Middle East and North Africa);
- Peru (Latin America and the Caribbean); and
- Zambia (eastern and southern Africa).

Joint teams of reviewers (representing UNAIDS Secretariat Headquarters, Regional Support Teams and one regional Cosponsor) conducted the country case studies, using standard methods and interview protocols. Case studies included focus group discussions with all Joint Team members; individual meetings with Heads of Agencies and the Resident Coordinator; focus group discussions with civil society representatives and academia; one-on-one interviews with Government representatives (National AIDS Programmes /National AIDS Councils, other sectors) and other partners, such as Global Fund Principal Recipients, PEPFAR, and other bilateral donors.

### Limitations of the Review

Due to the timing of the review of the Action Plan, the review was not able to assess outcomes or results at country level but focused on processes with the aim to improve internal learning and inform future implementation.

The review itself was implemented in a short period of time. Limited time and resources allowed for only a small, purposeful sampling of countries for visits, thereby limiting the representativeness and generalizability of findings from country case studies.

The Secretariat led the teams of reviewers for the case studies, and the UNAIDS Country Directors were present in the interviews. Although the primary focus for the interviews was organizational learning and the findings are anonymized (as was made clear at the outset of interviews), it is possible that some Cosponsors may not have felt a liberty to freely express their views.



The online survey was internal to the Joint Programme, which may have created a positive bias as there could have been a perceived benefit in reporting that things are working or improving. No triangulation of data with perceptions of stakeholders was possible since information from stakeholders was not collected through the survey. The reason for this is that the survey focused on internal processes of the Joint Programme, which most external stakeholders would not be very familiar with. However, the six country case studies included national partners and allowed some triangulation with views from Cosponsors and the Secretariat. This was possible since the interview/focus groups format provided more flexibility for explanations on Joint Programme processes and the possibility to customise questions to the type/knowledge of people interviewed.

## Findings

The following sections present review findings by relevance, effectiveness, efficiency, inclusiveness and human rights and gender equality. Data from the country case studies and from the survey are presented separately. Detailed findings from case studies are presented in Part II of this report (country case studies). Data from the survey are presented by level of respondent (global, regional and country) and by region to capture the variety of perspectives.

The response rate for the survey was relatively high, possibly due to frequent reminders and existing motivation to contribute to the process: 381 responses (from UN staff) were recorded, and 371 responses retained after data cleaning for double entries. This rate corresponds to approximately 64% of the estimated potential respondents (580), based on JPMS user data and Cosponsors staffing reports for 2017. The distribution by type of respondent, level and region is well reflective of the size of the actual presence of Cosponsors and the Secretariat (Table 1).

**Table 1: Number and percentage of respondents to the online survey by organizational level and region\***

| Organizational level                   | Secretariat | Cosponsors | Total      | %          |
|--|-------------|------------|------------|------------|
| <b>Global</b>                          | 1           | 9          | 10         | 3          |
| <b>Regional</b>                        | 6           | 34         | 40         | 11         |
| <b>Countries</b>                       | 79          | 242        | 321        | 86         |
| Countries recipient of an envelope     | (65)        | (219)      | (284)      |            |
| Countries non-recipient of an envelope | (14)        | (23)       | (37)       |            |
| <b>Total respondents</b>               | <b>86</b>   | <b>285</b> | <b>371</b> | <b>100</b> |
| Region*                                | Secretariat | Cosponsors | Total      | %          |
| Eastern and Southern Africa            | 81          | 20         | 101        | 28         |
| West and Central Africa                | 61          | 22         | 83         | 23         |
| Asia Pacific                           | 44          | 17         | 61         | 17         |
| Latin America and the Caribbean        | 35          | 11         | 46         | 13         |
| East Europe and Central Asia           | 19          | 6          | 25         | 7          |
| The Middle East and North Africa       | 18          | 6          | 24         | 7          |
| blank                                  | 18          | 3          | 21         | 6          |
| <b>Total respondents</b>               | <b>85</b>   | <b>276</b> | <b>361</b> | <b>100</b> |

\*Regions include respondents from regional level and countries

## Relevance

Respondents to the survey from the global level shared the view that one of the strengths of the process is that it brings decision-making to country level, with more ownership and better alignment to country priorities.

Respondents to the online survey at the regional level consider country ownership and country-led decisions with better consideration of local contexts and alignment to country priorities as strengths of the process (21 references). There is appreciation for the use of national priorities to determine Joint Programme priorities and alignment to the global and regional agenda (Catch-up plan, the Cities Initiative, *All In* and others).

*“...Good connection to the overall UN Reform discussions. The experience is perceived as a possible pathway for other joint UN funding in the future...”*  
(Cosponsors, EECA).

*“Country ownership – the process was led by those who are present, engaging and working at the country level”.* (Cosponsor, EECA)

When asked about the strengths of the process, the fact that the Joint Plans and envelopes planning process was responsive to national Fast-Track strategies and priorities (the National AIDS Strategic Plans or similar) was referenced 77 times. Making funds available at the country level has increased ownership and consideration of local needs in the use of UBRAF resources. In western and central Africa, some respondents mentioned the Joint Plan alignment to the Catch-Up Plan<sup>3</sup> that was also developed in partnership with national stakeholders.

Respondents from all country case studies (UN and national stakeholders) reported that the country capacity assessments, Joint Plans on AIDS and envelope allocations are consistent with the SDGs and country priorities (National Strategic Plans or equivalent and that the process strengthened country ownership). The Joint Programme operates within the UNDAF framework, creating significant synergies. Resident Coordinators interviewed were supportive and believed that the process is consistent with the UN reform priorities: joint planning, decentralized decision making based on country needs, strengthened partnerships, addressing fragmentation and enhancing accountability.

*“The envelope process will strengthen the role of the entire UN system in the response to HIV. The leadership of the UNAIDS is essential.”* (Cosponsor, Peru)

**Finding 1: The country processes of the Action Plan (country capacity assessments, Joint Plans and envelopes) are highly relevant to the SDGs and the UN Reform process. They represent a practical example of joint programming directly linked to UNDAFs and country priorities. Making funds available at the country level has increased ownership and targeted the use of UBRAF resources to meet country needs.**

As part of the case studies, country interviews with national stakeholders showed that they value the contribution of the Joint Programme in meeting demands for high level advocacy, policy and technical support and strategic information. However, there were calls for greater capacity or specialized human resources across agencies to fulfil normative and technical roles. Representatives of bilateral donors emphasized the value of the close cooperation with UNAIDS. The role of the UNAIDS Secretariat as an interface with the other UN agencies is recognized by national stakeholders across countries.

Across the six countries, national partners recognize that the Joint Programme can raise topics that would not otherwise be addressed due to local sensitivities, such as HIV-related human rights, needs of key populations, community support, and social determinants. Most national authorities reported their appreciation for the convening role of the Joint Programme, thereby, building partnerships at the country level. Civil society in all countries confirmed the unique position and contribution of the Joint Programme in giving them space and voice.

In all six countries, engaging civil society and key populations are considered as a key role for the Joint Programme. Civil society respondents recognize Joint Programme efforts to ensure that the Global Fund also considers their needs. In Côte d'Ivoire, the network of sex workers reported that the UN made them more aware of their rights, empowering them to speak out and demand HIV services. In Belarus, civil society representatives said that the Joint Programme is a vital interface bringing partners together. For instance, the "Zero Discrimination Day" was cited as an opening for civil society to dialogue with government partners and donors which normally would be difficult.

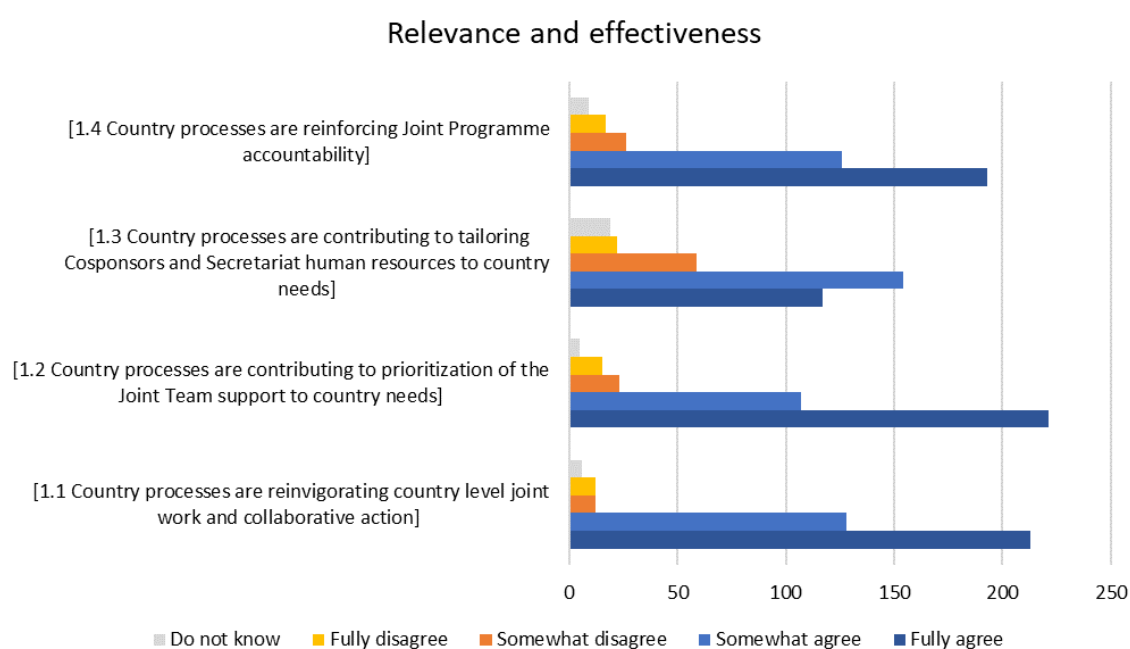
In Zambia, Joint Programme engagement of civil society is much appreciated. This has led to support for the civil society self-coordination mechanism, legal environment assessments, policies and guidelines to evaluate the impact on access to HIV services for key populations, as well as a sexual orientation and gender identity project to determine the context and response for key populations. In Peru, civil society representatives highlighted the long history of engagement of the UN on human rights and gender equality, and its role in facilitating discussions between civil society and government.

**Finding 2: National stakeholders in the six countries visited value the unique contribution of the Joint Programme and its advocacy, policy, technical and convening roles. Civil society in all countries visited confirmed the unique position and contribution of the Joint Programme in providing them with space and voice. There are calls for greater capacity and specialized human resources across agencies to fulfil normative and technical roles.**

## Effectiveness

Results from the online survey about effectiveness questions are presented in Figure 1.

**Figure 1. Number and percentage of respondents, by question on relevance and effectiveness, online survey – all levels**



| Questions         | [1.1] | [1.2] | [1.3] | [1.4] |
|-------------------|-------|-------|-------|-------|
| Fully agree       | 60%   | 62%   | 33%   | 55%   |
| Somewhat agree    | 32%   | 27%   | 42%   | 32%   |
| Somewhat disagree | 3%    | 5%    | 15%   | 7%    |
| Fully disagree    | 4%    | 4%    | 5%    | 5%    |
| Do not know       | 2%    | 1%    | 5%    | 2%    |
|                   | 100%  | 100%  | 100%  | 100%  |

At the global level, nine of the 11 Cosponsors in addition to the Secretariat responded to the survey. All respondents agree (fully or somewhat) that the country processes are reinvigorating country-level joint work and collaborative action. The majority (8 out of 10) agree that country processes are contributing to prioritization of Joint UN Team support to country needs and that they are reinforcing Joint Programme accountability.

6 out of 10 survey respondents at the global level do not agree that country processes are contributing to tailoring Cosponsors and Secretariat human resources to country needs. Shortcomings mentioned include: some countries' envelope allocations do not sufficiently consider epidemic needs for key populations; issues with inadequate Cosponsor presence (partly due to previous UBRAF cuts) and strategic decision-making when sufficient expertise is lacking at country level and; challenges to prioritize with some Cosponsors which expect that funds should be shared evenly among them.

*“As flexible UBRAF resources have declined, staff are increasingly funded through extrabudgetary arrangements which cannot be modified to respond to the country capacity assessments. Hence, the extent to which this process will be able to impact country footprints remains unclear”* (Cosponsor, global level).

At the regional level, 34 Cosponsors and six staff from the Secretariat (one per regional support team), responded to the survey (data presented in Table 2).

**Table 2. Percentage and number of respondents by question from the regional level**

|                   | <b>Country processes are contributing to:</b>            |  |   |                                       |
|-------------------|--|--|---|---------------------------------------|
|                   | <b>Country-level joint work and collaborative action</b> | <b>Prioritization of the Joint Team support to country needs</b> | <b>Tailoring human resources to country needs</b> | <b>Joint Programme accountability</b> |
| Fully agree       | 48% (19)   | 48% (19)   | 28% (11)  | 43% (17)                              |
| Somewhat agree    | 43% (17)   | 33% (13)   | 40% (16)  | 40% (16)                              |
| Somewhat disagree | 8% (3)   | 15% (6)  | 18% (7)   | 10% (4)                               |
| Fully disagree    | -  | 5% (2)   | 13% (5)   | 5% (2)                                |
| Do not know       | 3% (1)   | -  | 3% (1)  | 3% (1)                                |
|                   | 100% (40)  | 100% (40)  | 100% (40)   | 100% (40)                             |

Most respondents believe the country processes are reinvigorating country-level joint work, collaborative action and synergies (45 references across several questions).

*“Good collaboration at country level in all of the countries that were eligible to receive envelope funding. (...) These funding envelopes helped secure additional funding from the organization”*. (Cosponsor, EECA)

Respondents from the regional level mentioned that the country processes are contributing to prioritization of Joint Team support to country needs, reduced duplication, potential for catalytic effects (23 references) and that the process reinforces Joint Programme accountability (4 references). The process is said to be based on country needs and looking at where the UN can add value based on gaps and opportunities to engage. In some cases, this means funding areas of work which other entities (the Global Fund or donors) are not engaged in.

However, not all regional respondents agree. Some feel that there was not enough collaboration by all agencies (7 references), competition on resources allocation (7 references) and that some Joint Plans are either incomplete or lack strategic scope and focus (14 references).

*“...Certain officers attended meetings not with the spirit of prioritization and engagement, but with marching orders from their HQ to get the most out of the pie.... (this) made for poor prioritization...”* (Cosponsor, ESA)

*“Spreading thin on the allocation of the country envelopes and concerns about using UN lead agency as pass-through.”* (Cosponsor, WCA)

*“...mandate versus performance (namely, there are cases when some agencies think that their mandate is enough to get funding regardless of their country capacity or performance)...”* (Cosponsor, EECA)

Some regional respondents feel that more should be done to leverage funds from Cosponsors and mobilize resources for the region to support a robust response at regional and country level; as well as to connect HIV specific funding to larger UN/national agendas supporting the broader development and human rights agenda (3 references).

Issues of limited capacity (human resources) were referenced eight times. Some regional respondents (6 references) are of the view that the purpose of the country capacity assessment was not clear.

*"...If you are an agency with capacity, does that mean you should get less or more money? Many agencies overstated their capacity ..."* (Cosponsor, ESA)

*"It is unlikely that the country capacity assessment will trigger any adjustment to Cosponsors' and Secretariat's human resources at the country level..."* (Secretariat, EECA)

At the country level, the majority of the 321 respondents support the positive statements related to effectiveness (Table 3). As noted above, the analysis of responses in countries that are recipients of country envelopes and countries that are not do not reveal a significant difference. This probably reflects the positive effects of the focus on joint planning even in the absence of extra funding.

**Table 3. Percentage and number of respondents by question from the country level**

|                   | <b>Country processes are contributing to:</b>            |  |   |                                       |
|-------------------|--|--|---|---------------------------------------|
|                   | <b>Country-level joint work and collaborative action</b> | <b>Prioritization of the Joint Team support to country needs</b> | <b>Tailoring human resources to country needs</b> | <b>Joint Programme accountability</b> |
| Fully agree       | 60% (191)  | 62% (200)  | 33% (105)   | 55% (175)                             |
| Somewhat agree    | 32% (104)  | 27% (88)   | 42% (136)   | 32% (103)                             |
| Somewhat disagree | 3% (9)   | 5% (16)  | 15% (47)  | 7% (21)                               |
| Fully disagree    | 4% (12)  | 4% (13)  | 5% (16)   | 5% (15)                               |
| Do not know       | 2% (5)   | 1% (4)   | 5% (17)   | 2% (7)                                |
|                   | 100% (321)   | 100% (321)   | 100% (321)  | 100% (321)                            |

When asked what worked well and what were the strengths of the country processes, the following areas were mentioned most frequently by survey respondents from countries:

- Strengthened joint programming to Fast-Track the HIV response (155 references). References cover mainly joint planning and targets but also joint monitoring; the opportunity for joint advocacy and engagement with national programmes and civil society, and reduced transaction costs; and opportunity for integrating and linking different interventions. Joint implementation was referenced but less frequently than planning. There is a belief that projects are stronger when they are planned and implemented jointly (e.g. multidisease testing).

*"Joint planning has contributed to maximising the contribution of all agencies and created an opportunity for inclusion of refugee and asylum seekers."* (Cosponsor, ESA)

*"Provides the opportunity to work as ONE UN programme. As such it is unique to all the country UN processes where I have worked."* (Cosponsor, ESA)

*“The Joint Plan reflects the funding commitments and gaps of all Cosponsors in HIV. The country envelope is only an element of it, 15% of the total budget”.* (Secretariat, EECA)

- Strategic use of evidence and prioritization (91 references). Joint Plans and envelope allocations are said to be based on evidence and gap analysis, thereby complementing other partners’ efforts. Respondents believe that Joint Plans and envelopes improved prioritization and helped Joint Teams to further focus on results for people (deliverables).
- Reinvigorated Joint Teams and engagement (63 references). The country processes are reinforcing the Joint Team as a model of operation within the UN reform debate. Respondents report renewed interest in the Joint Programme. Agencies show responsiveness and commitment, including stronger engagement of the UNCT (Heads of Agencies).

*“Additional resources have allowed some Cosponsors to join the Joint Team. Previously they felt that they had nothing to contribute because they had no resources for HIV.”* (Secretariat, AP)

- Accountability for results (41 references). Respondents believe accountability is enhanced since funds are allocated at country level and tied to specific deliverables. The process brought transparency about funds allocated to each Cosponsor and responsibilities at the country level. The Joint Plans provide a framework where agencies are mutually accountable for results.

When asked what did not work well and what the limitations of the process were, country respondents most frequently cited inadequate funding (referenced 117 times) and inadequate human resources at the country level (referenced 74 times).

Insufficient funding mostly refers to the limited amount of the envelopes when compared to countries’ needs. However, some references also concern the small contributions from Cosponsors’ own resources to complement envelope funds and a lack of efforts to mobilize additional resources. Country respondents believe that funding constraints limit the potential impact of interventions, create competition around small amounts, impose difficult choices between funding human resources or programmes, and limit chances for more consultation with external stakeholders. A few respondents suggested that overheads should be kept as low as possible.

Insufficient human resources refer to number and time of staff for planning and support to implementation. References mainly concerned Cosponsors’ uneven technical capacities. In a few cases, concerns were raised about the technical capacity of the Secretariat. Respondents mentioned a few cases where countries had no Secretariat presence and the related challenges to political dialogue and mainstreaming of HIV in Cosponsors agenda.

*“Most Cosponsors do not have an AIDS focal point anymore. More and more the Secretariat is being called upon to fill the gap. However, Secretariat staff was also reduced in 2017.”* (Secretariat, AP)

*“Technical staff designated to the Joint Team have their core functions which often take prominence.”* (Cosponsor, WCA)



Other limitations cited by country respondents to the survey were: the insufficient commitment by some of the Cosponsors (Heads of Agencies and Joint Team members) at country level (referenced 58 times), with HIV becoming less of a priority for some Cosponsors; and competitive needs/ low participation of some Joint Team members. A few respondents (4 references) believe that for countries with no envelope allocation it is more challenging to have Cosponsors engaged.

Difficulties in reaching an agreement (also due to limited envelope amounts) and competition for funding, with agency mandate overshadowing joint programming were referenced 51 times. Lack of “jointness” was referenced 22 times, with respondents pointing mainly to lack of joint implementation, hindered by agency mandate.

*“The agency-specific reporting format was not helpful in fostering a joint delivery model, away from agency mandates.” (Secretariat, ESA)*

Lack of prioritization—with funds allocated to multiple activities—was referenced 12 times. Respondents believe this was due to a lack of data and comprehensive situation analysis, and because all agencies expected a share of the funds.

*“... not easy to expect all agencies that need funds to agree on a few activities to be done by a few Cosponsors.” (Cosponsors, ESA)*

Some country respondents (13 references) report that the country capacity assessment (CCA) tool had limitations: it was unclear how to use the findings and link them to other parts of the process; it was not user-friendly; some agencies did not provide data or show more than existing capacity to justify access to funding; and there was a lack of clarity on how to include support from regional and headquarter levels.

The percentage of responses by region are provided in Table 4.

**Table 4. Percentage of respondents by region (regional and country level respondents)**

|  | AP  | EECA | ESA | LAC | MENA | WCA |
|--|-----|------|-----|-----|------|-----|
| <b>Action Plan country processes are contributing to country level joint work and collaborative action</b> |     |      |     |     |      |     |
| Fully agree  | 48% | 52%  | 64% | 50% | 67%  | 61% |
| Somewhat agree   | 44% | 44%  | 23% | 46% | 25%  | 36% |
| Somewhat disagree  | 2%  | 4%   | 5%  | 2%  |      |     |
| Fully disagree   | 3%  |      | 5%  |     | 8%   | 2%  |
| Do not know  | 3%  |      | 3%  | 2%  |      |     |
| <b>Country processes are contributing to prioritization of the Joint Team support to country needs</b>     |     |      |     |     |      |     |
| Fully agree  | 54% | 68%  | 58% | 63% | 75%  | 64% |
| Somewhat agree   | 33% | 24%  | 26% | 26% | 17%  | 33% |
| Somewhat disagree  | 7%  | 8%   | 9%  | 7%  | 4%   |     |
| Fully disagree   | 3%  |      | 6%  | 2%  | 4%   | 4%  |
| Do not know  | 3%  |      | 1%  | 2%  |      |     |
| <b>Action Plan country processes are contributing to tailoring human resources to country needs</b>        |     |      |     |     |      |     |
| Fully agree  | 25% | 48%  | 30% | 37% | 42%  | 31% |
| Somewhat agree   | 48% | 40%  | 48% | 39% | 29%  | 41% |
| Somewhat disagree  | 18% | 12%  | 12% | 11% | 17%  | 16% |
| Fully disagree   | 5%  |      | 9%  | 4%  | 8%   | 4%  |
| Do not know  | 5%  |      | 2%  | 9%  | 4%   | 8%  |



| <b>Action Plan country processes are contributing to Joint Programme accountability</b> |     |     |     |     |     |     |  |
|---|-----|-----|-----|-----|-----|-----|--|
| Fully agree   | 39% | 52% | 57% | 57% | 75% | 52% |  |
| Somewhat agree  | 44% | 40% | 27% | 35% | 13% | 36% |  |
| Somewhat disagree   | 8%  | 4%  | 6%  | 4%  | 4%  | 8%  |  |
| Fully disagree  | 2%  | 0%  | 9%  | 2%  | 8%  | 2%  |  |
| Do not know   | 7%  | 4%  | 1%  | 2%  |     | 1%  |  |

Country case studies consistently show improved engagement of Joint Teams and stronger planning processes. Joint Teams across the six countries reported that planning moved from a “compilation” of activities to real joint planning around agreed country priorities. The approach is said to provide more clarity on what each agency contributes and increase support from regions and headquarters.

In all but one of the six countries the discussion focused initially on priorities and joint planning before touching on envelope funds allocations. Joint Teams in all six countries stressed the importance to leave decision-making on the allocation of funds and possible reprogramming at the country level, building on the collective programming experience of Joint Teams.

*“... all UN HIV-related actions are now accessible online in one place...the Joint Plan promotes a comprehensive, joint approach to implementation ...”* (Two Heads of Agencies, Belarus)

Joint Plans are based on existing capacity (that in most cases includes very few full-time staff on AIDS among Cosponsors). The capacity assessments were not used to influence changes in the composition (reconfiguration) of Joint Programme country presence and not considered sufficient for this purpose. For instance, despite having a mandate that is of priority for the HIV epidemic, UNODC lacks a full-time staff country presence in Iran (Islamic Republic of) and Belarus. The relatively small amount of the envelopes makes it challenging to allocate it to staff costs.

Respondents from country case studies report increased country-level engagement of some agencies that were less active in recent years, even among those who did not receive envelope funds.

*“It felt like a movement...”* (Cosponsor, Iran (Islamic Republic of))

For example, in Iran (Islamic Republic of) the process brought additional agencies onboard: UNHCR, that will be able to address the HIV needs (harm reduction) among Afghan refugees; and UNODC, that has severe funding constraints in Iran despite the importance of harm reduction for the epidemic in the country. UNDP did not receive an allocation from the envelope in Iran but remained engaged throughout the process. In Côte d’Ivoire, ILO (after a few years without HIV activities) is now supporting the Ministry of Labour to develop an AIDS Strategic Plan and prevention activities in the cacao industry and transport sector.

In some countries, like in Iran (Islamic Republic of), the Joint Team developed deliverables that are SMART (Specific, Measurable, Achievable, Realistic, Time-bound) and hence can be used to assess agency-specific - and in some cases joint - performance. Other countries will need more work on defining deliverables, mainly on specificity and measurability. While the case studies showed that envelope activities were intended to be catalytic, it is too early to assess whether this is the case. In some countries, such as Côte d’Ivoire, stakeholders stressed that the envelope amount is insufficient to meet needs and may be too fragmented to show results.

There are some examples of innovation. For example, in Belarus envelope funds will allow WHO to support the implementation of HIV self-testing at decentralized levels, with the engagement of community organizations, and UNFPA will assess the feasibility of introducing PrEP for gay and other men who have sex with men. In Iran (Islamic Republic of), innovative services include self-testing, public-private partnerships in delivering eMTCT services, peer-led education to improve the recruitment rate of people who inject drugs for HIV services, and an online phone-based application in the ART programme. However, areas of innovation were not accounted for systematically in Joint Plans and envelopes.

Interviews with Joint Teams and a desk review of the proposals for the six countries found that although there is overall agreement on the need to prioritize, there are still cases of fragmentation, with most Cosponsors present in a country expecting a share of the envelope.

*“... there are some ad hoc discussions in the UNCT on human resources, and the possibility for cost-sharing positions, but we are still far from a coordinated approach (as foreseen in UN Reform) ...”* (Heads of Agencies, Côte d'Ivoire and Iran (Islamic Republic of))

*“... it is necessary to put the means (human resources) at the country level. There is a need for staff profiles adapted to the needs, for example, economic capacity to support sustainability and transition, or legal advocacy for work with key populations... »* (Bilateral, Côte d'Ivoire; Heads of Agencies, Iran (Islamic Republic of))

At the same time there are also examples where joint strategic/prioritized choices were made after options had been reviewed. For instance, in India the envelope proposal focuses on one state, and it covers areas that lack other sources of funding, such as support to a Transgender Welfare Board; sensitization on and implementation of the HIV/AIDS Act; HIV prevention for prisoners; and prevention services for drug users. In Belarus and Iran (Islamic Republic of) a strong rationale was provided for each of the envelope allocations.

**Finding 3:** The Action Plan is contributing to reinvigorate the Joint Programme at regional and country levels. Although there are exceptions, and competition or challenges in joint implementation in some instances, most respondents believe that the country envelopes have improved strategic planning and coherence of UN support around country priorities. There are examples of increased engagement of Cosponsors that were less active in recent years at the country level.

**Finding 4:** Although the situation varies across countries, the commitment to and quality of joint planning, based on evidence, and looking at areas of synergy and complementarity, has improved. Some challenges remain around prioritizing plans and envelope funds, and more work is still required on SMART (Specific, Measurable, Achievable, Realistic, Time-bound) deliverables.

**Finding 5:** Shrinking financial resources, linked with limited human resources at the country level, affect the work of the Joint Programme and the engagement of some Cosponsors in the planning and resource allocation processes. However, many Joint Teams have solid collective experience in the HIV response and well-established relationships with key partners.

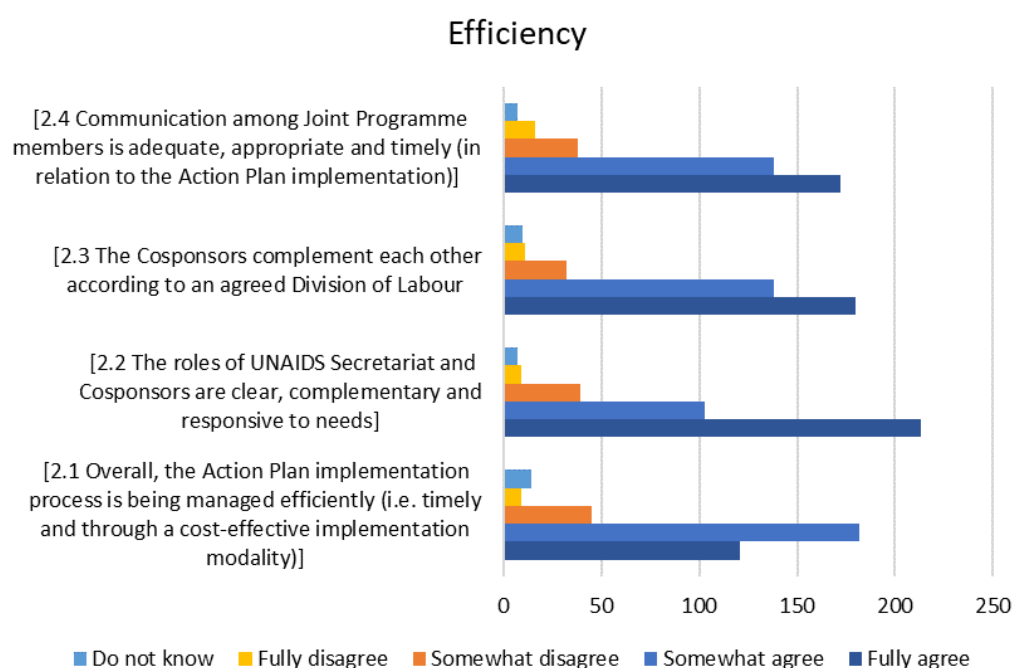
**Finding 6:** Most respondents believe that the joint planning process and envelopes are strengthening ownership and accountability, since envelope funds are received and managed at country level and tied to specific deliverables. The country processes have brought transparency regarding responsibilities and funding allocated to each Cosponsor at the country level. Joint Teams in the six countries visited stressed the importance of decision making on the allocation of funds occurring at the country level.

**Finding 7:** Available funds are insufficient and there are many unfunded priorities for the Joint Programme. More needs to be done to use the Joint Plans as the basis for resource mobilization and to leverage funds from Cosponsors, as well as connect HIV- specific funding to the broader health and development agenda.

## Efficiency

Results from the online survey concerning efficiency questions are presented in Figure 2.

**Figure 2. Number and percentage of respondents, by question on efficiency, online survey – all levels**



| Questions         | [2.1] | [2.2] | [2.3] | [2.4] |
|-------------------|-------|-------|-------|-------|
| Fully agree       | 35%   | 62%   | 51%   | 50%   |
| Somewhat agree    | 48%   | 25%   | 38%   | 36%   |
| Somewhat disagree | 11%   | 8%    | 6%    | 9%    |
| Fully disagree    | 2%    | 2%    | 2%    | 3%    |
| Do not know       | 4%    | 2%    | 3%    | 2%    |
|                   | 100%  | 100%  | 100%  | 100%  |

At the global level, the majority (7 to 8 out of 10) of survey respondents consider the process efficient, i.e. they *somewhat* or *fully agree* on all the efficiency statements about adequate communication, clarity of roles, division of labour and efficient management.

Limitations that were cited by global respondents include: the short time frame for planning, consultation and implementation; uneven interpretation of guidance (while exceptional, some instances of "pass-through"<sup>4</sup> funding between the Cosponsors at country level still occurred); lack of clarity on decision-making in some countries; and increased transaction costs at a time of already reduced resources for Cosponsors.

At the regional level, most respondents believe that the Action Plan implementation process is being managed efficiently and that the roles of UNAIDS Secretariat and Cosponsors are clear, complementary and responsive to needs (Table 5).

**Table 5. Percentage and number of respondents, by question, regional level**

|                   | <b>Action Plan implementation managed efficiently</b> | <b>Roles of Secretariat and Cosponsors clear, complementary and responsive</b> | <b>Cosponsors complement each other (DoL)</b> | <b>Communication adequate and timely</b> |
|-------------------|---|--|---|--|
| Fully agree       | 18% (7)   | 33% (13)   | 38% (15)                                      | 23% (9)                                  |
| Somewhat agree    | 55% (22)  | 40% (16)   | 25% (10)                                      | 38% (15)                                 |
| Somewhat disagree | 15% (6)   | 23% (9)  | 28% (11)                                      | 20% (8)                                  |
| Fully disagree    | 8% (3)  | 5% (2)   | 8% (3)  | 15% (6)                                  |
| Do not know       | 5% (2)  | -  | 3% (1)  | 5% (2)                                   |
|                   | 100% (40)   | 100% (40)  | 100% (40)                                     | 100% (40)                                |

Some regional respondents observed that regional support was instrumental (9 references). The process created opportunities to work closer with colleagues across geographical locations, thereby strengthening the relationship between regional teams and country focal points. In addition, Joint Plans at country level could benefit from a critical review by regional Joint Teams.

*"[The process] brought greater purpose for regional Joint Teams to support the country level implementation ..."* (Secretariat, AP)

*"The process helped to consolidate the division of labour based on ground realities."* (Cosponsor, WCA)

When asked about limitations and elements that did not work well, some respondents reported that communication from the regional level to the country level was inconsistent and that there is need to streamline communication coming from the Cosponsors and Secretariat headquarters to countries (10 references to communication issues).

*"... I cover 13 countries ... The situation varies from zero communication between stakeholders to very good ..."* (Cosponsor, ESA)

Other limitations cited at the regional level were the short time frame (16 references) for planning and conducting a thorough review at the regional level, and insufficient resources (11 references). Some regional respondents suggested there was lack of clarity about the regional role in the process (regional reviews) and poor coordination (12 references). Some respondents reported that guidelines were unclear or not uniformly received by all levels of

Cosponsors and were not precisely followed by some UNAIDS Country Directors to facilitate the process (10 references).

*“The regional team lacked 'teeth'. A few country proposals were sent back with comments for revision; however, what was finalized depended on Joint Team in the country at the end.”* (Cosponsor, ESA)

*“The country-level approach removes the capacity of regional office and HQ to steer directions consistent with mandate and division of labour. There was too little engagement in the quality control within Cosponsors ...”* (Cosponsor, AP)

*“The principle of review at the regional level could have been done without as we should trust country-based experts. The numbers of meetings and professional included were too great with some agency completely discrediting national consultative process ...”* (Cosponsor, ESA)

At the country level, the majority of the 321 survey respondents fully agree or somewhat agree with the positive statements about efficiency, clarity of roles and communication. Detailed numbers of respondents by questions are provided in Table 6.

**Table 6. Percentage and number of respondents, by question from the country level**

|                   | <b>Action Plan implementation managed efficiently</b> | <b>Roles of Secretariat and Cosponsors clear, complementary and responsive</b> | <b>Cosponsors complement each other (DoL)</b> | <b>Communication adequate and timely</b> |
|-------------------|---|--|---|--|
| Fully agree       | 35% (113)   | 62% (199)  | 51% (163)                                     | 50% (162)                                |
| Somewhat agree    | 48% (154)   | 25% (81)   | 38% (122)                                     | 36% (116)                                |
| Somewhat disagree | 11% (36)  | 8% (27)  | 6% (19)                                       | 9% (28)                                  |
| Fully disagree    | 2% (6)  | 2% (7)   | 2% (8)  | 3% (10)                                  |
| Do not know       | 4% (12)   | 2% (7)   | 3% (9)  | 2% (5)                                   |
|                   | 100% (321)  | 100% (321)   | 100% (321)                                    | 100% (321)                               |

When asked which elements worked well and what the main strengths of the country processes were, most respondents referred to strengthened coordination, collaboration and communication among the UNAIDS Secretariat and Cosponsors (referenced 165 times) and the clear division of labour (68 references).

Joint Teams meet regularly and are valued as a forum for dialogue, information sharing, consultation, mutual support, technical exchange and creating synergies across agencies. Country respondents report goodwill for collaboration and consider the work of Joint Teams as a best practice (Delivering as One) within the UN system. Some country respondents believe that the existing good collaboration between agencies is in fact what enabled to develop Joint UN Plans in such a short time.

*“Major strength is the identification of priority activities under each result area jointly and agreeing on the lead agency for each.”* (Cosponsor, MENA)

When asked which elements did not work well and what the limitations of the country processes were, respondents mostly referenced the lack of time (referenced 87 times): the short time for joint planning in 2017 and the short time left for implementation in 2018, since funds were only made available to countries in March 2018 or some cases in April 2018.

Some respondents mentioned that the short time frame was a challenge for broad consultations outside the UN system, and for the quality of products.

Limitations with coordination and communication were referenced 45 times. References include the fact that Cosponsors did not uniformly receive guidelines and that some Cosponsors at country level did not receive information from their headquarters on fund transfers. Inadequate communication among Cosponsors was cited, and the same issue was noted for Cosponsors and the Secretariat and, in some cases, between Joint Team members and a Head of Agency. Some respondents called for more frequent Joint Team meetings at country level to improve coordination and communication.

Unclear guidance was referenced 12 times. Although the frequency is relatively low, issues raised are important and should be considered going forward. These references included lack of clarity on how to allocate and manage envelope resources; types of eligible costs (such as staff); the required level of inclusion of external stakeholders; and the legitimacy of country decisions on final allocations (in some cases, changes to allocations were requested at a later stage by the regional or headquarter levels).

Some respondents (18 references) mentioned the lack of clarity on how to assess performance at the end of the one- and two-year cycles, and on monitoring and reporting procedures. A few believed (10 references) that the process was time-consuming and resource-intensive, given the small amounts of envelope funds.

The percentage of responses by region are provided in Table 7.

**Table 7. Percentage of respondents by region** (regional and country-level respondents)

|  | AP  | EECA | ESA | LAC | MENA | WCA |
|--|-----|------|-----|-----|------|-----|
| <b>Action Plan implementation managed efficiently</b>                          |     |      |     |     |      |     |
| Fully agree  | 30% | 40%  | 35% | 39% | 46%  | 25% |
| Somewhat agree   | 52% | 48%  | 51% | 37% | 38%  | 51% |
| Somewhat disagree  | 8%  | 12%  | 6%  | 17% | 17%  | 19% |
| Fully disagree   | 2%  |      | 6%  | 2%  |      |     |
| Do not know  | 8%  |      | 2%  | 4%  |      | 5%  |
| <b>Roles of Secretariat and Cosponsors clear, complementary and responsive</b> |     |      |     |     |      |     |
| Fully agree  | 51% | 76%  | 60% | 61% | 71%  | 54% |
| Somewhat agree   | 33% | 20%  | 24% | 20% | 25%  | 31% |
| Somewhat disagree  | 10% | 4%   | 11% | 13% | 4%   | 11% |
| Fully disagree   | 2%  |      | 3%  | 4%  |      | 2%  |
| Do not know  | 5%  |      | 2%  | 2%  |      | 1%  |
| <b>Cosponsors complement each other (Division of Labour)</b>                   |     |      |     |     |      |     |
| Fully agree  | 39% | 52%  | 52% | 57% | 50%  | 49% |
| Somewhat agree   | 44% | 40%  | 34% | 30% | 33%  | 39% |
| Somewhat disagree  | 7%  | 8%   | 9%  | 7%  | 13%  | 8%  |
| Fully disagree   | 3%  |      | 3%  | 2%  | 4%   | 2%  |
| Do not know  | 7%  |      | 2%  | 4%  |      | 1%  |
| <b>Communication adequate, appropriate and timely</b>                          |     |      |     |     |      |     |
| Fully agree  | 39% | 68%  | 46% | 59% | 50%  | 41% |
| Somewhat agree   | 39% | 24%  | 39% | 26% | 29%  | 45% |
| Somewhat disagree  | 8%  | 8%   | 11% | 7%  | 13%  | 11% |
| Fully disagree   | 7%  |      | 4%  | 7%  | 8%   | 2%  |
| Do not know  | 7%  |      | 1%  | 2%  |      | 1%  |



Country case studies show that, as of April 2018, all agencies have received envelope funds and initiated implementation. However, respondents remarked that the actual implementation time will be less than nine months in 2018 if it is not extended.

*“We received the money in April. We recommend faster movement of funds ...”*  
*“If funds are to be catalytic, they need to be disbursed rapidly ...”* (Cosponsors in Iran (Islamic Republic of) and Peru).

Joint Teams at the country level value the convening and leadership role of the UNAIDS Secretariat. Joint Teams in the countries visited expect the UNAIDS Country Offices to convene and facilitate joint monitoring to allow early identification of issues and troubleshooting. There is a common understanding that the envelope funds are performance-based. However, mechanisms in case of non-delivery, reprogramming and carryover of unspent funds need clarification. Reporting progress against deliverables using the current JPMS platform is recommended.

In Côte d'Ivoire, India, Peru and Zambia the RCs and some Country Teams and Joint Teams members emphasized that country envelopes should align with UNDAFs mechanisms, including management of funds by UNDAF results groups. To manage joint work efficiently, pooled funding and similar arrangements should be explored.

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**Finding 8:** For the most part, coordination and collaboration among the Cosponsors and Secretariat were perceived to be good at the regional and country levels, with a somewhat differing view at the global level. The short time frame for completing the assessment, planning and envelope processes were perceived as the main shortcomings, along with some delays in the receipt of funds. Roles and responsibilities at different levels could be clarified further and communication could be improved and streamlined.

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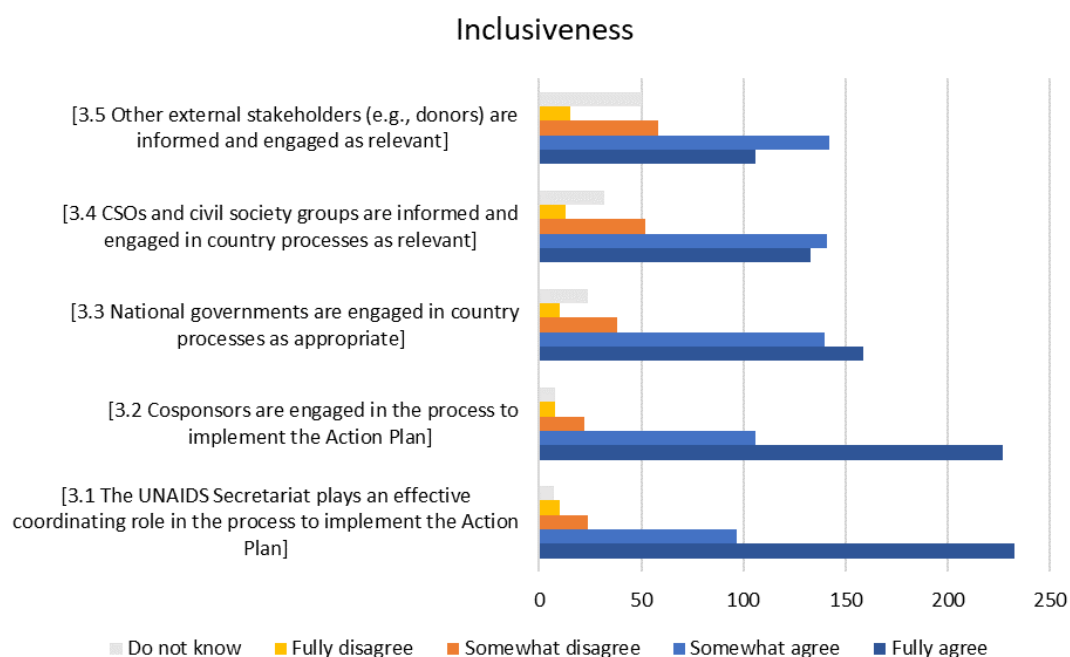
**Finding 9:** The guidance provided to countries could be clarified in certain respects, for example regarding the possibility for one agency to manage funds for a cluster of agencies (through pooled funding or similar arrangements in line with UNDAFs); the formulation of deliverables and use of results-based language; the use of funds for recruitment of staff; monitoring, performance-based release of funds, reprogramming, reporting requirements and timelines; and simplification of templates, where possible.

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## Inclusiveness

Results from the online survey about inclusiveness questions are presented in Figure 3.

**Figure 3. Number and percentage of respondents, by question on inclusiveness, online survey – all levels**



| Questions         | [3.1] | [3.2] | [3.3] | [3.4] | [3.5] |
|-------------------|-------|-------|-------|-------|-------|
| Fully agree       | 67%   | 64%   | 46%   | 39%   | 32%   |
| Somewhat agree    | 24%   | 26%   | 38%   | 39%   | 39%   |
| Somewhat disagree | 5%    | 5%    | 9%    | 12%   | 16%   |
| Fully disagree    | 2%    | 2%    | 2%    | 3%    | 3%    |
| Do not know       | 2%    | 2%    | 4%    | 6%    | 10%   |
|                   | 100%  | 100%  | 100%  | 100%  | 100%  |

At the global level, while nearly all (9 out of 10) survey respondents believe that Cosponsors are engaged in the process to implement the Action Plan, only a few perceive that national governments, civil society groups, and other stakeholders (such as donors) are adequately engaged. Almost all (9 out of 10) respondents agree that the UNAIDS Secretariat plays an active coordinating role in the process to implement the Action Plan.

At the regional level, most respondents agree that the UNAIDS Secretariat plays an active coordinating role in the process to implement the Action Plan and that Cosponsors are engaged (Table 8).



**Table 8. Percentage and number of respondents, by question, regional level**

|                   | <b>Secretariat plays an effective coordinating role</b> | <b>Cosponsors engaged</b> | <b>National governments engaged</b> | <b>Civil society organizations engaged</b> | <b>Other external stakeholders engaged</b> |
|-------------------|---|---------------------------|-------------------------------------|--|--|
| Fully agree       | 43% (17)  | 43% (17)                  | 30% (12)                            | 18% (7)                                    | 8% (3)                                     |
| Somewhat agree    | 30% (12)  | 40% (16)                  | 38% (15)                            | 35% (14)                                   | 38% (15)                                   |
| Somewhat disagree | 18% (7)   | 18% (7)                   | 15% (6)                             | 25% (10)                                   | 18% (7)                                    |
| Fully disagree    | 5% (2)  | -                         | 5% (2)                              | 5% (2)                                     | 8% (3)                                     |
| Do not know       | 5% (2)  | 5% (2)                    | 13% (5)                             | 18% (7)                                    | 30% (12)                                   |
|                   | 100% (40)   | 100% (40)                 | 100% (40)                           | 100% (40)                                  | 100% (40)                                  |

Reasons for disagreement vary:

*“In some countries, there was poor leadership by the UNAIDS Country Director and communication with Cosponsor and the lack of convening of meetings ...”*  
(Cosponsor, ESA)

*“... the UNAIDS Country Directors had too much influence on this process ...”*  
(Cosponsor, MENA)

At the same time, a lack of Secretariat presence in some of the countries was reported as a limitation to the process (in these cases, the regional offices played the facilitating role).

No external partners were involved at a regional level. Opinions about the inclusiveness of country level processes vary (10 references to inclusive processes and 14 to lack of inclusiveness). The short time frame was said to affect the ability to engage stakeholders.

*“I participated at the regional level and at the country level in more than one country. There is a mixed bag of experiences with some country undertaking consultative process.”* (Cosponsor, ESA)

*“Engagement of stakeholders is a fine balance. The funding envelopes are not very big, so getting everyone engaged at every step of the decision process may be cumbersome.”* (Cosponsor, EECA)

At the country level, most respondents are of the view that the process has been inclusive, with the Secretariat playing an effective coordinating role (Table 9). Views on the inclusiveness of external stakeholders are more uneven than for members of the Joint Programme.

**Table 9. Percentage and number of respondents, by question, country level**

|                   | <b>Secretariat plays an effective coordinating role</b> | <b>Cosponsors engaged</b> | <b>National governments engaged</b> | <b>Civil society organizations engaged</b> | <b>Other external stakeholders engaged</b> |
|-------------------|---|---------------------------|-------------------------------------|--|--|
| Fully agree       | 67% (215)   | 64% (206)                 | 46% (147)                           | 39% (126)                                  | 32% (102)                                  |
| Somewhat agree    | 24% (77)  | 26% (85)                  | 38% (123)                           | 39% (126)                                  | 39% (124)                                  |
| Somewhat disagree | 5% (16)   | 5% (15)                   | 9% (30)                             | 12% (40)                                   | 16% (51)                                   |
| Fully disagree    | 2% (8)  | 2% (7)                    | 2% (8)                              | 3% (10)                                    | 3% (11)                                    |
| Do not know       | 2% (5)  | 2% (8)                    | 4% (13)                             | 6% (19)                                    | 10% (33)                                   |
|                   | 100% (321)  | 100% (321)                | 100% (321)                          | 100% (321)                                 | 100% (321)                                 |

When asked about strengths and what worked well, the role played by the Secretariat was mentioned 82 times by country respondents to the survey. There is a view that the UNAIDS Country Office played a leadership, coordinating, brokering and convening role, also outside the UN system.

*“UNAIDS Secretariat is doing a very great job to ensure that every party is on the same page and that the Joint Programme is responsive to the local government's priority and the UN mission.”* (Cosponsor, AP)

However, not all agree, and there are also references to a need for stronger leadership and neutral coordination by the Secretariat (18 references).

The inclusion of national stakeholders in the process was referenced as a strength 103 times – and key for country ownership. Respondents report engaging with government sectors at different levels (national AIDS commissions, health, education, youth, gender, social protection, justice, other), civil society and community-based organizations, people living with HIV networks and other national partners (like PEPFAR and the Global Fund) in the development of Joint Plans, identification of gaps and priorities, and implementation of interventions. Existing consultation fora (e.g. Health Development Forum) as well as *ad hoc* meetings were used. Only one respondent mentioned private sector involvement. A few country respondents suggested that management of stakeholders' expectations is vital due to the limited resources.

*“All the relevant actors in the national response were considered in the elaboration of the Joint Plan, which is also in line with the National Strategic Plan and the UNDAF (...) the process has been inclusive. The identification of strategic opportunities (...) in the Joint Plan for the envelope was an internal work of the Joint Team. (...) In any case, the process is inclusive since it is based on the Joint Plan that was properly negotiated and participatory.”* (Secretariat, LAC)

However, the situation varies by country, and there are also several references (47) to limited consultation with external partners. Although plans are generally said to be aligned with national and stakeholders' priorities, in some countries, there was no specific joint consultation conducted with governments at central or sub-national levels, nor civil society organizations, people living with HIV and other development partners. The short time frame was mentioned as the main reason for lack of specific engagement (meetings were sometimes held after Joint Plans and country envelopes had been finalized).

*“Joint discussions and consultations with CSOs and partners have room for improvement at all stages, including planning, implementation and monitoring of results.”* (Cosponsor, ESA)

The inclusive process and participation of Cosponsors and, in some cases, the Resident Coordinator was referenced 61 times, along with the involvement of the Joint Teams on AIDS (technical) and UN Country Teams (political). Insufficient inclusion of Cosponsors at country level was only mentioned twice.

The percentage of respondents by region is provided in Table 10.

**Table 10. Percentage of respondents by region** (regional and country-level respondents)

|   | AP  | EECA | ESA | LAC | MENA | WCA |
|---|-----|------|-----|-----|------|-----|
| <b>Secretariat plays an effective coordinating role</b> |     |      |     |     |      |     |
| Fully agree   | 61% | 64%  | 64% | 72% | 71%  | 60% |
| Somewhat agree  | 30% | 24%  | 22% | 9%  | 25%  | 35% |
| Somewhat disagree                                       | 3%  | 8%   | 9%  | 13% | 4%   | 1%  |
| Fully disagree  | 3%  |      | 4%  | 2%  |      | 2%  |
| Do not know   | 3%  | 4%   | 1%  | 4%  |      | 1%  |
| <b>Cosponsors engaged</b>                               |     |      |     |     |      |     |
| Fully agree   | 59% | 80%  | 64% | 57% | 63%  | 59% |
| Somewhat agree  | 26% | 16%  | 27% | 33% | 25%  | 34% |
| Somewhat disagree                                       | 7%  |      | 6%  | 9%  | 13%  | 4%  |
| Fully disagree  | 5%  |      | 2%  |     |      | 1%  |
| Do not know   | 3%  | 4%   | 1%  | 2%  |      | 2%  |
| <b>National governments engaged</b>                     |     |      |     |     |      |     |
| Fully agree   | 36% | 60%  | 50% | 37% | 58%  | 39% |
| Somewhat agree  | 43% | 32%  | 37% | 35% | 29%  | 43% |
| Somewhat disagree                                       | 8%  | 4%   | 8%  | 15% | 4%   | 13% |
| Fully disagree  | 3%  |      | 4%  | 2%  |      | 2%  |
| Do not know   | 10% | 4%   | 1%  | 11% | 8%   | 2%  |
| <b>CSOs and civil society groups engaged</b>            |     |      |     |     |      |     |
| Fully agree   | 36% | 68%  | 33% | 39% | 38%  | 31% |
| Somewhat agree  | 38% | 28%  | 39% | 37% | 46%  | 46% |
| Somewhat disagree                                       | 8%  | 4%   | 19% | 11% | 13%  | 16% |
| Fully disagree  | 3%  |      | 4%  | 2%  | 4%   | 4%  |
| Do not know   | 15% |      | 6%  | 11% |      | 4%  |
| <b>Other external stakeholders engaged</b>              |     |      |     |     |      |     |
| Fully agree   | 30% | 52%  | 40% | 17% | 29%  | 18% |
| Somewhat agree  | 38% | 32%  | 33% | 39% | 38%  | 49% |
| Somewhat disagree                                       | 16% | 8%   | 14% | 22% | 8%   | 18% |
| Fully disagree  | 2%  |      | 5%  | 7%  | 17%  | 1%  |
| Do not know   | 15% | 8%   | 9%  | 15% | 8%   | 13% |

Country case studies show that there has been full and active participation by Joint Team members, UN Country Teams and Resident Coordinators. In Peru, the Heads of Agencies were brought together through the envelope process, whereas previously joint planning only took place at the technical level.

Specific/additional consultations with national stakeholders took place only in Côte d'Ivoire. However, the general sense in the six countries is that there is good consideration of priorities of stakeholders due to ongoing dialogue (confirmed by interviews with national stakeholders). The overall lack of additional consultation was due to the short timeframe, but also considered in line by some with the level of funding.

In the case of Côte d'Ivoire, the joint planning retreat was open to key government and civil society partners, including networks of people living with HIV and women's networks. Civil society members were part of the working groups discussing allocations. In some countries (India, Iran (Islamic Republic of) and Côte d'Ivoire) civil society requested to be more engaged in the implementation and monitoring of the programme as well as capacity development and support to communities.

*"If UNAIDS were not here ... who will work with key populations?"* (RC, Peru)

*"The joint approach of the HIV response should be used for other health issues as well, including the capacity to bring stakeholders together."* (National stakeholder, Belarus)

**Finding 10:** The capacity assessments, joint planning and envelope processes encompassed all Cosponsors. With very few exceptions, the coordinating role of the Secretariat was considered to be effective and appreciated by Joint Teams members as well as UN Country Teams and Resident Coordinators.

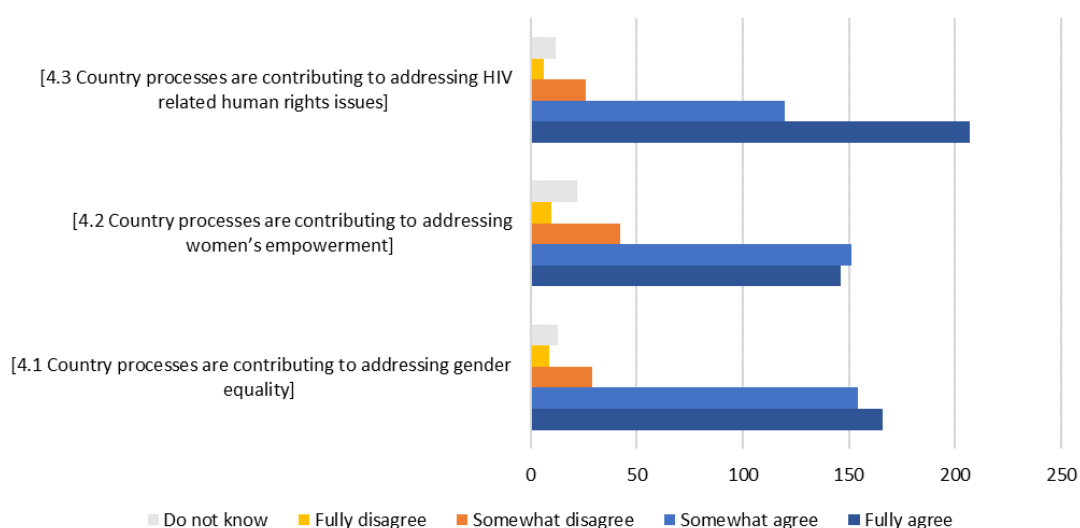
**Finding 11:** Engagement of national stakeholders varies, but the priorities of the Joint Plans on AIDS have generally been developed in close collaboration with national and international partners, including civil society. Engaging civil society and key populations remains a key role for the Joint Programme. Looking ahead, more systematic engagement of civil society, especially people living with HIV and key populations, is needed.

## Human rights and gender equality

Results from the online survey about human rights and gender equality questions are presented in Figure 4.

**Figure 4. Number and percentage of respondents, by question on human rights and gender equality, online survey – all levels**

## Human rights and gender equality



| Questions         | [4.1] | [4.2] | [4.3] |
|-------------------|-------|-------|-------|
| Fully agree       | 49%   | 42%   | 59%   |
| Somewhat agree    | 40%   | 41%   | 31%   |
| Somewhat disagree | 7%    | 10%   | 6%    |
| Fully disagree    | 2%    | 3%    | 2%    |
| Do not know       | 2%    | 5%    | 2%    |
|                   | 100%  | 100%  | 100%  |

At the global level, a minority of global respondents (up to three, with about half not having an opinion on the subject) believe that country processes are contributing to addressing gender equality, women's empowerment and HIV-related human rights issues. The gender equality marker<sup>5</sup> is seen as a positive element, leading to discussions at the country level on addressing gender dimensions. At the same time, there is a need for additional ways to factor in gender equality and women's empowerment dimensions.

A few global respondents highlight the potential risk that the need to show results in a short time frame may contribute to a focus on quick wins and less investment in structural determinants of the response, gender equality and human rights.

At the regional level, a significant proportion of respondents believe that country processes are contributing to addressing gender equality, women's empowerment and HIV-related human rights issues (Table 11).

**Table 11. Percentage and number of respondents, by question, regional level**

|                   | <i>Country processes are contributing to addressing:</i> |                     |                                 |
|-------------------|--|---------------------|---------------------------------|
|                   | Gender equality  | Women's empowerment | HIV-related human rights issues |
| Fully agree       | 25% (10)   | 28% (11)            | 43% (17)                        |
| Somewhat agree    | 55% (22)   | 48% (19)            | 40% (16)                        |
| Somewhat disagree | 13% (5)  | 20% (8)             | 13% (5)                         |
| Fully disagree    | 3% (1)   | -                   | -                               |
| Do not know       | 5% (2)   | 5% (2)              | 5% (2)                          |
|                   | 100% (40)  | 100% (40)           | 100% (40)                       |

At the country level, most survey respondents, across regions, are of the view that country processes are contributing to gender equality, women's empowerment and human rights issues related to HIV. The number of respondents is provided in Table 12. Across open-ended questions (on strengths and limitations) there are only a few references to gender equality and human rights (less than ten), some claiming the process is giving strong consideration to those issues and others having the opposite view.

**Table 12. Percentage and number of respondents, by question, country level**

|                   | <i>Country processes are contributing to addressing:</i> |                            |  |
|-------------------|--|----------------------------|--|
|                   | <b>Gender equality</b>                                   | <b>Women's empowerment</b> | <b>HIV-related human rights issues</b> |
| Fully agree       | 49% (156)  | 42% (135)                  | 59% (190)                              |
| Somewhat agree    | 40% (130)  | 41% (131)                  | 31% (101)                              |
| Somewhat disagree | 7% (21)  | 10% (31)                   | 6% (18)                                |
| Fully disagree    | 2% (7)   | 3% (9)                     | 2% (5)                                 |
| Do not know       | 2% (7)   | 5% (15)                    | 2% (7)                                 |
|                   | 100% (321)   | 100% (321)                 | 100% (321)                             |

**Table 13. Percentage of respondents by region (regional and country-level respondents)**

|  | <b>AP</b> | <b>EECA</b> | <b>ESA</b> | <b>LAC</b> | <b>MENA</b> | <b>WCA</b> |
|--|-----------|-------------|------------|------------|-------------|------------|
| <b>Country processes are contributing to gender equality</b>                 |           |             |            |            |             |            |
| Fully agree  | 43%       | 60%         | 57%        | 50%        | 50%         | 28%        |
| Somewhat agree   | 38%       | 32%         | 37%        | 35%        | 38%         | 59%        |
| Somewhat disagree  | 11%       | 4%          | 3%         | 11%        | 13%         | 7%         |
| Fully disagree   | 3%        | 4%          | 2%         |            |             | 2%         |
| Do not know  | 5%        |             | 1%         | 4%         |             | 4%         |
| <b>Country processes are contributing to women's empowerment</b>             |           |             |            |            |             |            |
| Fully agree  | 39%       | 48%         | 51%        | 46%        | 42%         | 23%        |
| Somewhat agree   | 34%       | 44%         | 41%        | 39%        | 38%         | 51%        |
| Somewhat disagree  | 16%       | 4%          | 6%         | 9%         | 17%         | 14%        |
| Fully disagree   | 3%        | 4%          |            | 2%         | 4%          | 4%         |
| Do not know  | 7%        |             | 2%         | 4%         |             | 8%         |
| <b>Country processes are contributing to HIV-related human rights issues</b> |           |             |            |            |             |            |
| Fully agree  | 52%       | 64%         | 64%        | 67%        | 58%         | 42%        |
| Somewhat agree   | 33%       | 28%         | 29%        | 22%        | 25%         | 49%        |
| Somewhat disagree  | 5%        | 8%          | 4%         | 9%         | 17%         | 5%         |
| Fully disagree   | 3%        |             |            |            |             | 2%         |
| Do not know  | 7%        |             | 3%         | 2%         |             | 1%         |

Country case studies paint a mixed picture with some Joint Teams calling for more guidance, capacity and tools for a stronger consideration of gender and human rights issues in design, implementation and monitoring; while others reporting that gender equality and human rights were discussed, given priority and relevant actions mainstreamed.

In Peru, for example, the focus of the HIV response on key populations and indigenous people is central to UN system efforts to protect and promote human rights. In Belarus, where there are still some legal barriers to accessing HIV services,<sup>6</sup> the envelope funds allowed UNDP to create synergies with its programme on broader human rights issues, joining UNAIDS for technical support on tracking human rights violations and high-level advocacy for changes in the legal system. UNFPA is leveraging on its gender-based violence programme, and UNICEF is working with adolescent girls on social norms. In Iran (Islamic Republic of), following a UNAIDS-led study to understand the causes of stigma among health personnel, the Joint Plan includes actions to address stigma and discrimination in health settings, with different approaches for different causes of stigma.

The gender equality marker was used and useful to systematically consider gender equality issues in joint planning. However, in some countries, it was only used as a marker, and it did not influence how to address gender equality. More capacity and in-depth discussions on gender equality are needed at the planning stage (e.g. gender analysis as part of a theory of change, gender scorecard, technical support from the regional level or the Resident Coordinator office).

**Finding 12: Most respondents, across regions, are of the view that implementation of the Joint Programme Action Plan is contributing to gender equality, women's empowerment and human rights related to HIV. Nonetheless, across Joint Plans and envelopes, gender equality and human rights have uneven prominence. Joint Teams are calling for more guidance, capacity and tools so that gender and human rights issues can feature more prominently in design, implementation and monitoring.**

## Lessons learned and way forward

Responses to the online survey, across the Cosponsors and the Secretariat, and the case studies, present the Joint Programme Action Plan and revised operating model of the Joint Programme as relevant to country priorities and the broader SDG agenda, effective, efficient, inclusive of the needs of national and international partners and responsive to gender equality and HIV-related human rights.

Financial resources are being deployed where they are most needed; country-level joint work and collaborative action is being reinvigorated; and, accountability is being reinforced in line with the objectives of the Action Plan.

However, challenges remain, notably shrinking financial resources, combined with limited human resources at the country level, all of which affect the Joint Programme's ability to deliver. Addressing these issues will be essential in the next phases of the implementation of the Action Plan.

**Relevance.** The elements of the Action Plan that specifically focus on the work of the Joint Programme at country level are highly relevant to country priorities, the Sustainable Development Goals (SDGs) and the United Nations (UN) reform process. Making UNAIDS Budget Results and Accountability Framework (UBRAF) funds available at the country level has increased ownership and targeting of resources towards country needs. National stakeholders in the six countries visited value the advocacy, policy, technical and convening role of the Joint Programme. Civil society confirmed the unique position and contribution of the Joint Programme affording them space and voice.



**Effectiveness.** The country processes of the Action Plan represent a practical example of joint programming that is linked directly to the UN Development Assistance Framework (UNDAFs), the broader accountability framework of the UN system. The Action Plan has contributed to reinvigorate the Joint Programme at regional and country levels and stimulated strategic planning around country priorities where the UN can make a difference. Although the situation varies between countries, the commitment to and quality of joint planning has improved.

**Efficiency.** For the most part, coordination and collaboration within the Joint Programme is reported as good. A compressed time frame and some delays in receipt of funds were perceived as the main shortcomings. Roles and responsibilities at different levels should be clarified further and communication from the global level to regions and countries can be streamlined. More clarity is also needed on specific elements of the existing guidance, including monitoring and reporting requirements, as well as timelines.

**Inclusiveness.** The capacity assessments, joint planning and envelope processes encompassed all Cosponsors. With some exceptions, the coordinating role of the Secretariat was considered effective and appreciated by Joint Teams. Established processes were used to engage with national and international partners, including civil society, and stakeholders believe Joint Plans account well for national priorities. Nevertheless, there is room for improvement and consultations with national and international partners should be more systematic in the future.

**Accountability.** Most respondents to the online survey and interviewees at the country level believe that the joint planning process and envelopes are promoting to accountability (due to funds being tied to specific deliverables) and transparency (since there is clarity regarding the funds that are allocated to each Cosponsor in each country).

**Gender equality and human rights.** Most respondents, across regions, are of the view that the country processes are supporting gender equality and human rights related to HIV. At the same time, Joint Teams call for more guidance, capacity and tools for stronger consideration of gender equality and human rights in planning, implementation and monitoring.

Tentative recommendations have been identified based on the findings and conclusions of the review to inform discussions among the Cosponsors and the Secretariat on the implementation of the Joint Programme Action Plan.

| Way forward  | Responsible (tbc)  |
|--|--|
| <p><b>1. Sustain investments in joint planning</b> as a platform for the UN system to strategically support the national HIV response, joint implementation and monitoring. Support efforts to prioritize, through use of evidence, and limit fragmentation by emphasizing cooperation over competition and making it clear that not all agencies are expected to receive envelope funds. Ensure good quality and ongoing support from the regional and global level to UN Country Teams and UN Joint Teams on AIDS.</p> | <p>Secretariat HQ and Global Coordinators</p> <p>Regional Joint Teams</p> <p>UN Country Teams<br/>Joint UN Teams</p> |

*Based on findings: 1, 2, 3, 4*



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**2. Build on the greater commitment of the UN Country Teams** emerging as one of the strengths of the Action Plan to ensure that the response to HIV is firmly positioned in the agendas of the United Nations in countries. Where UN Country Teams are managing large portfolios of donor funding (e.g. in emergencies, health or education) the envelopes should contribute to and where possible leverage these larger initiatives and resources.

UN Country Teams  
Joint UN Teams

*Based on findings: 3, 4*

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**3. Maximize the potential of the country envelopes** to strengthen commitment further and provide an additional incentive for joint and collaborative action, not only on HIV and AIDS, but also on human rights, gender equality and the broader SDG agenda. Tap fully into the potential of the country envelopes to stimulate the implementation of Joint Plans and enable improved monitoring and reporting on the UN system response to HIV at the country level.

UN Country Teams  
Joint UN Teams

*Based on findings: 3, 4*

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**4. Strengthen the bottom-up approach** building on the collective programming experience of Joint Teams. Ensure flexibility in the allocation of funds with decision-making authority delegated to the country level to strengthen accountability and enable the most strategic investment of resources at national and sub-national levels.

Secretariat HQ and  
Global  
Coordinators

*Based on findings: 3, 4, 6*

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**5. Explore alternative management models in line with UN reform efforts** which facilitate joint and collaborative action: thematic clustering of Cosponsors to implement activities through pooled funding arrangements or joint initiatives envisaged as part of UN reform. Foresee that the lead agencies of a thematic cluster can manage the funds for a group of agencies, especially in cases where the agencies have the same implementing partners.

Secretariat HQ and  
Global  
Coordinators

*Based on findings: 8, 9*

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**6. Consider how to tailor the Joint Programme presence to country needs** drawing on the country capacity assessments and efforts to establish a new generation of UN Country Teams. Leverage Cosponsors' expertise, capacity and complementarity and consider innovative ways to adapt the presence of the Joint Programme to the needs of countries (e.g. shared human resources across agencies or programmatic areas within agencies, pooled funding of positions, multicountry or sub-regional positions). Explore ways to enable stronger participation of agencies that are not based in a country, but whose mandate is a priority for the HIV response.

All levels

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*Based on findings: 5*

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**7. Use the Joint Plans as a basis for strengthened resource mobilization** by Cosponsors individually as well as Joint Teams and UN Country Teams. Effectively mainstream HIV and AIDS in individual agency plans of Cosponsors and mobilize agency funds and co-financing to complement the country envelopes. Explore ways of mobilizing resources for Joint Plans (e.g. through country-based SDG funds, a pooled funding mechanism under development for joint investments) towards acceleration of the SDGs.

All levels

*Based on findings: 5, 7*

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**8. Clearly define roles and responsibilities at the global, regional and country levels and update guidance** on the implementation of the Joint Programme Action Plan at country level. Consider the experience of implementing the Action Plan in updating the guidance for 2019 and remove ambiguity and undue room for interpretation (e.g. related to pass-through funding; formulation of deliverables, use of funds for recruitment of staff; reprogramming), and simplify templates, where possible.

Secretariat HQ and Global Coordinators

*Based on findings: 8, 9*

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**9. Provide clear guidance and timelines for monitoring and reporting** on the joint plans and envelope funds as part of existing processes and mechanisms (JPMS). Ensure clarity on reporting lines and accountability of Cosponsors at the country level. Consider carefully requirements for additional reporting and reviews to minimize burden and transaction costs. Regularly monitor performance and expenditures and include stakeholders and partners in periodic reviews.

Secretariat HQ and Global Coordinators

*Based on findings: 8, 9*

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**10. Promote inter- and intra-agency communication and ensure adequate support from UNAIDS Secretariat** to strengthen coordination, monitoring and reporting. Prepare and share joint communications with regions and countries and inform the Cosponsors at the country level at the same time as the UNAIDS country offices. Maintain information on a joint platform to facilitate availability and sharing of information. Document and share lessons learned and experience as a basis for continued improvements.

All levels

*Based on findings: 8, 10*

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**11. Engage more systematically with national authorities, civil society and other partners**, drawing on existing consultation, review and reporting mechanisms to ensure ownership and reinforce accountability. Ensure the active engagement of civil society throughout implementation and monitoring of Joint Plans. Improve communication with national counterparts to ensure shared understanding of decision-making and what the resources can deliver.

UN Country Teams  
Joint UN Teams

*Based on findings: 11*

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**12. Strengthen the understanding and capacity of Joint Teams of the needs and priorities of women and girls in the context of HIV and human rights and how to address these**, with stronger inclusion of gender equality and human rights-responsive actions, budgets and accountability frameworks in planning and implementation. Request UN Women, UNDP and other agencies to share tools, assist in monitoring and evaluation, and support implementing partners in consideration of gender issues and human rights.

Secretariat HQ and  
Global  
Coordinators

Regional Joint  
Teams

*Based on findings: 12*

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## ANNEXES

### Annex I – Original terms of reference



#### Evaluation of the UNAIDS Joint Programme Action Plan country processes

##### Terms of Reference

###### I. OVERALL CONTEXT

**Political Declaration on HIV and AIDS.** In June 2016, United Nations Member States adopted a Political Declaration on ending AIDS. The Declaration established specific, time-bound targets and commitments that must be reached by 2020. The world must get on the Fast-Track to end AIDS as a public health threat by 2030, within the framework of the Sustainable Development Goals (SDGs).

**Agenda 2030 and UN Reform.** The SDGs and 2030 Agenda calls for integrated approaches to sustainable development. Key messages of the SG's vision for a repositioned UN Development System that deliver on the 2030 Agenda include:

- a new generation of UNCTs and a strengthened UNDAF
- a reinvigorated Resident Coordinator system to drive cohesion and system-wide results in response to national priorities and needs
- a revamped and streamlined regional approach
- more accountable leadership and governance and a system-wide approach to partnerships
- need to address fragmentation and competition within the system.

(Source: SG's June 2017 report on 'Repositioning the UNDS to Deliver on the 2030 Agenda')

###### II. BACKGROUND

**The Joint Programme.** The UN Joint Programme on AIDS has been reaffirmed as a forerunner and a champion of UN reform. This requires the UNAIDS Secretariat and Cosponsors to be flexible in adapting their presence, support and skillset to each country, with a focus on results through a culture of collaboration. The Joint Programme response to HIV must be integrated, coherent and demonstrate added value.

**The Action Plan.** To effectively deliver on its mandate in an increasingly complex environment, a Global Review Panel was established by the UNAIDS Programme Coordinating Board (PCB) to review and advise the Joint Programme on refining and reinforcing its model. The Panel's recommendations informed *Innovation for Impact: Refining the operating model of the UNAIDS Joint Programme: Action Plan* (<https://goo.gl/wAmW1D>) - hereby referred to as the **Action Plan** - which was endorsed by the PCB at its 40th Meeting.

**The UNAIDS 2018-2019 budget.** The UNAIDS 2018-2019 budget, a dynamic resource planning, mobilisation, allocation and accountability model (<https://goo.gl/xaHFHX>) also approved by the PCB at its 40th meeting was developed taking into consideration the commitments of the Action Plan.

The budget incorporates regional and country priorities and targets and includes provisions for country envelopes to support their achievement.

By September 2017, 71 countries had been identified as eligible for country envelopes and amounts by country were established through a process involving UNAIDS Cosponsors and Secretariat at the global and regional levels using a formula based on epidemiological and other variables as well as qualitative adjustments.

In October 2017, Joint UN Teams in countries were required to:

- Complete a **country capacity assessment** to provide an overview of available human, technical and financial resources
- Develop/update a 2018-2019 **joint plan** through an inclusive process, aligned to prioritised country targets and the UBRAF
- Agree on key deliverables and allocate **country envelope** resources to Cosponsors.

By the end of 2017, 97 Joint UN Teams on AIDS conducted country capacity assessments and worked on joint plans; in 71 eligible countries, Joint UN Teams on AIDS and partners finalized the allocation of the country envelope portion of the core UBRAF funds.

Envelope funds for 2018 were transferred to Cosponsors headquarters in February 2018. Monitoring reports for country envelopes will cover progress on achievement of national priority targets, annual deliverables and expenditures. Disbursement of funds for 2019 will be subject to achievement of 2018 agreed deliverables.

### III. PURPOSE AND SCOPE

This evaluation is part of UNAIDS 2018 evaluation plan. It is a result of the commitment to joint evaluations for credible assessment of results. The evaluation will cover the period of June 2017 (40<sup>th</sup> PCB) to May 2018.

The main purpose of the evaluation is to assess progress in the implementation of the Action Plan in relation to joint work and country processes: Result 1, Action Area I; and Results 4 and 5, Action Area II ([http://www.unaids.org/sites/default/files/media\\_asset/20170621\\_PCB40\\_Action-Plan\\_17.4\\_EN.pdf](http://www.unaids.org/sites/default/files/media_asset/20170621_PCB40_Action-Plan_17.4_EN.pdf)).

Specifically, the evaluation will assess:

- progress against the expected results at global, regional and country levels; and
- the relevance, effectiveness, efficiency, inclusiveness and gender and human rights responsiveness of the processes that were implemented at global, regional and country levels to achieve these results.

The evaluation will allow identifying and documenting best practices and innovations; highlight achievements and lessons learned; and provide actionable recommendations for the second year of the Action Plan implementation.

The evaluation will also provide the opportunity to review the contributions of the Cosponsors and the Secretariat during the process and look at ways to strengthen their specific roles and functions.

This evaluation meets both accountability and learning objectives. It will be publicly available and presented at the 42th PCB in June 2018. It builds on the report on progress in the implementation of the UNAIDS Joint Programme Action Plan that was presented at the 41th PCB, in December 2017.

Elements to form part of this evaluation (*extracts from the Action Plan in relation to joint work/ country processes*) are:

| Joint Programme Action Plan Areas   | Results  | Core deliverables (Implementation modality)   |
|---|--|---|
| <b>ACTION AREA I</b><br>Mobilizing and allocating resources to enable the joint programme to deliver on the UNAIDS strategy within a fully-funded aids architecture | <b>Results 1</b><br>Dynamic, differentiated resource planning, mobilization, allocation and accountability model for the Joint Programme | 1.1 Refined budget and resource allocation model<br>1.2 Country envelopes ( <i>integrated approach with Country Capacity Assessments and Joint Plans</i> )<br>1.3 More transparent, precise monitoring and evaluation framework |
| <b>ACTION AREA II</b><br>Configure an optimal United Nations response to aids, country by Country, that enhances joint working to accelerate ending aids            | <b>Result 4</b><br>Joint Programme presence tailored to country priorities and context, as well as its comparative advantage             | 4.1 Rapid, inclusive country assessments ( <i>Country Capacity Assessments</i> )<br>4.2 Country reconfiguration<br>4.3 Differentiated support typology  |
|   | <b>Result 5</b><br>Inclusive country-level platforms strengthened to review and advance the AIDS response within the context of the SDGs | 5.1 Cosponsor accountabilities to ending AIDS in UN country programmes ( <i>Joint Plans</i> ).<br>5.2 Support to more inclusive, integrated governance platforms<br>5.3 Support to regional mechanisms for country delivery.    |

#### IV. STAKEHOLDER INVOLVEMENT

The evaluation will be a joint effort between the UNAIDS Secretariat and Cosponsors.

The Evaluation methodology will foresee consultation with stakeholders in the planning, design and implementation phases; this is to ensure greater accuracy and depth of information, increased credibility and acceptance of findings, and better correspondence to the practical concerns of stakeholders. To the extent that virtual consultations are possible this method will be employed. Methods to increase the speed and efficiency of the evaluation should be prioritized.

Key stakeholders:

- UNAIDS Secretariat (HQ, RSTs, Countries)
- Cosponsors (HQ, Regional Teams, Countries)
- Resident Coordinators at country level
- Programme Coordinating Board (PCB) constituencies: donors and civil society
- National governments and other country partners as relevant (including civil society, development partners, PEPFAR, others)

## V. EVALUATION QUESTIONS

This section presents the broad evaluation questions that form the scope of learning for the exercise. The evaluation will use the following criteria:

**Relevance** - *The extent to which the implementation modalities were consistent with the priorities and objectives identified in the Action Plan? Were the implementation modalities of the Action Plan at the country level aligned to the overall Agenda 2030, UNAIDS Strategy and UBRAF and the UN reform process?*

**Effectiveness** - *The extent to which the objectives of the Action Plan were achieved, what were the major influencing factors and potential course corrections? Have the initial stages of the implementation of the Action Plan achieved the expected results for 2017/2018? What may need to be done differently?*

**Efficiency** - *The extent to which objectives were achieved on time, implementation modalities were cost-effective, and the process was the most efficient compared to implementation alternatives? How efficiently were Joint Programme resources and expertise used to achieve the objectives of the Action Plan?*

**Inclusiveness** – *Degree of participation and transparency in the process and accountability for results? How strong was the engagement of the members of the Joint Programme and key country stakeholders, including national authorities, civil society and community-based organizations, and other development partners?*

**Responsiveness to gender and human rights** – *How far gender issues and relevant human rights considerations were addressed (please refer to UNEG guidance on the conduct of human rights and gender-responsive evaluations: <http://www.uneval.org/document/detail/1616>)?*

Specific evaluation questions will be developed and agreed upon at the outset of the evaluation, using a consultative approach with Cosponsors, Secretariat staff and key external stakeholders, including civil society.

An evaluation matrix will be developed with indication of methods and source of data for each of the evaluation questions, considering data availability challenges, the budget available and timing constraints.

Good practices and lessons learned will be identified across the findings.



**Possible examples of specific evaluation questions**

- Were the country processes of the Joint Programme Action Plan linked with country priorities and the UN Development Assistance Frameworks (UNDAF) or equivalent processes? Were the Joint Programme processes aligned with efforts to reposition the UN Development System to deliver on the 2030 Agenda? Can alignment and synergies be further strengthened? – *Relevance*
- Were the Joint Programme Action Plan country processes linked with other processes and broader initiatives, such as the H6 partnership to improve the health and save the lives of women and children (UNAIDS, UNFPA, UNICEF, WHO, UN Women and the World Bank)? Can alignment and synergies be further strengthened? – *Relevance*
- How did the country planning processes in general and the allocation of envelope funds respond to countries epidemiological contexts and priorities? Were the following thematic issues adequately accounted for: gender and human rights; combination prevention and key populations; humanitarian responses; integration, others? – *Relevance, effectiveness and human rights/gender*
- How do the Joint Plans and envelope proposals score on the following criteria: prioritization and focus; catalytic nature and innovation in approach; consideration of mandates and capacities of different organizations (DoI); articulation of SMART deliverables? How can the guidance be improved to strengthen plans and funding proposals? – *Relevance and effectiveness*
- What went well and what did not work as expected and what may need to change, at global, regional and country level? Issues to consider include: guidance and tools; support and communication lines; participation and decision-making processes; integration of different elements (linkages and coherence among country capacity assessments, joint plans, envelopes)? – *Effectiveness, efficiency and inclusiveness*

**VI. METHODOLOGY**

A mixed-methodology approach will be used, that utilizes both quantitative and qualitative data. A small set of standardized, relevant and significant metrics will be included in the evaluation to provide a quantitative assessment of inputs and outputs. Detailed evaluation methods/tools will be described in the inception report. Data collection methods will include:

**Document review:** analysis of key documents including the UNAIDS 2016-2021 Strategy, UBRAF and Budget document; background document related to PCB decisions and the Action Plan; relevant guidance tools; latest documents on UN reform; country templates on CCAs, Joint Plans and envelopes and country data on allocations and deliverables.

**Interviews and focus groups:** Virtual interviews with relevant stakeholders (from Secretariat; Cosponsors; external stakeholders including civil society, PEPFAR, others) based at the global, regional and country level. Standardized interview instruments will be used to assure that

information can be consolidated, analysed and compared. Interviewers will do follow up questioning to verify the findings and to seek more detail as to the successes and failures and why these might have occurred.

**Online survey with stakeholders:** The evaluation team will gather the perspective of a broader range of UNAIDS Secretariat, Cosponsors and other stakeholders at the global, regional and country level through an online survey (in English), based on the evaluation matrix. The survey will be launched at the month of March and remain open for four weeks. Particular efforts will be made to encourage a high response rate.

**Country visits:** Following the document reviews and stakeholder interviews, country visits will be an opportunity to develop an in-depth understanding of the perspectives of the various country stakeholders (UNAIDS Country Office, Joint Teams, RC Office and key external country stakeholders such as National AIDS Councils, donors and civil society) around the evaluation questions and collect additional data. Visits will be joint (Secretariat and Cosponsors) and cover all regions. Annex 1 provides a draft template for country visits.

The evaluation will also consider (among data sources) findings and recommendations issued from Regional Peer Reviews on programmatic quality of Joint UN Plans on AIDS, 2018–2019/UBRAF, that are being conducted during the month of March 2018 by UNAIDS RSTs and Regional teams.

## VII. WORK PLAN AND SCHEDULE

The evaluation is expected to be carried out over a period of three months (March- May 2018).

| Steps  | March 2018 |      |       |       |       |       | April 2018 |      |       |       |       |       | May  | June  |
|--|------------|------|-------|-------|-------|-------|------------|------|-------|-------|-------|-------|------|-------|
|  | 1-5        | 6-10 | 11-15 | 16-20 | 21-25 | 26-31 | 1-5        | 6-10 | 11-15 | 16-20 | 21-25 | 26-30 | 1-15 | 16-18 |
| Consultation on <u>ToR</u> and evaluation questions  |            |      |       |       |       |       |            |      |       |       |       |       |      |       |
| Finalisation of inception report [evaluation matrix questions, methodology, tools, instruments, process and time line] |            |      |       |       |       |       |            |      |       |       |       |       |      |       |
| Desk review  |            |      |       |       |       |       |            |      |       |       |       |       |      |       |
| Online survey  |            |      |       |       |       |       |            |      |       |       |       |       |      |       |
| Individual Interviews and focus groups   |            |      |       |       |       |       |            |      |       |       |       |       |      |       |
| Multi-stakeholder country visits   |            |      |       |       |       |       |            |      |       |       |       |       |      |       |
| Draft report   |            |      |       |       |       |       |            |      |       |       |       |       |      |       |
| Validation workshop  |            |      |       |       |       |       |            |      |       |       |       |       |      |       |
| Final report   |            |      |       |       |       |       |            |      |       |       |       |       |      |       |
| Submission of final report to UNAIDS Board   |            |      |       |       |       |       |            |      |       |       |       |       |      |       |

## VIII. EVALUATION TEAM

**UNAIDS Evaluation Office.** The UNAIDS Evaluation Office is responsible for the management and conduct of the evaluation. The Evaluation Office will lead the development of an inception report, data collection, analysis and production of the draft and final reports, in consultation and collaboration with Cosponsors.

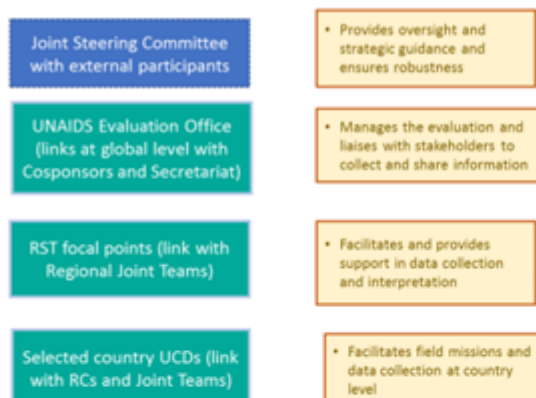
**Evaluation Steering Committee.** An *ad-hoc* Steering Group will provide oversight and strategic/technical guidance and review progress and potential impediments in the evaluation. The Steering Committee will also ensure the quality/credibility of the evaluation, by reviewing methods, tools and draft reports.

Members of the Steering Committee:

- UNAIDS Secretariat (Programme Branch)
- Cosponsors (Global Level)
- Civil Society (PCB NGO Delegation)
- UNAIDS Evaluation Office (Convener)

UNAIDS RSTs and country offices will facilitate access to information and provide necessary logistic/organizational support for data collection at country level and contact with country officials and key stakeholders as necessary.

### *Roles and responsibilities in conducting the evaluation*



## IX. REPORTING

The final report should be 20-25 pages long with annexes and follow the format below:

1. **Executive summary:** Summary of the evaluation, with emphasis on main findings, conclusions, lessons learned and recommendations

2. **Introduction:** Brief description of the Action Plan recommendations and implementation modalities
3. **Methodology of the evaluation:** Presentation of the evaluation's purpose and methodology (criteria, questions, evaluation matrix (data collection and analysis), stakeholders' participation to the evaluation process etc.)
4. **Main findings:** Factual evidence (results) relevant to the questions asked by the evaluation and interpretations of such evidence
5. **Conclusions/Lessons learned:** General conclusions with a potential for wider application and use and specific conclusions for each element of the Action Plan Country processes
6. **Recommendations:** Actionable proposals regarding improvements. Recommendations shall include what aspects can be scaled up or down, done differently and/or discontinued
7. **Annexes:** Terms of reference, data collection tools, references, etc.

#### Background documentation

- UBRAF Budget:  
UBRAF Budget 2018-2019, including Fast-Track countries priority targets  
[http://www.unaids.org/sites/default/files/media\\_asset/20170623\\_PCB40\\_2018-2019-Budget\\_17-9\\_EN.pdf](http://www.unaids.org/sites/default/files/media_asset/20170623_PCB40_2018-2019-Budget_17-9_EN.pdf)
- Action Plan:  
Innovation for Impact: Refining the operating model of the UNAIDS Joint Programme Action Plan  
[http://www.unaids.org/sites/default/files/media\\_asset/20170621\\_PCB40\\_Action-Plan\\_17.4\\_EN.pdf](http://www.unaids.org/sites/default/files/media_asset/20170621_PCB40_Action-Plan_17.4_EN.pdf)
- Report on progress in the implementation of the UNAIDS Joint Programme Action Plan  
[http://www.unaids.org/sites/default/files/media\\_asset/20171208\\_UNAIDS\\_PCB41\\_Implementation\\_JP-Action-Plan\\_17-20\\_EN.pdf](http://www.unaids.org/sites/default/files/media_asset/20171208_UNAIDS_PCB41_Implementation_JP-Action-Plan_17-20_EN.pdf)
- Report of the Global Review Panel on the future of the UNAIDS joint programme model  
[http://www.unaids.org/sites/default/files/media\\_asset/refining-reinforcing-unaid-model\\_en.pdf](http://www.unaids.org/sites/default/files/media_asset/refining-reinforcing-unaid-model_en.pdf)
- Repositioning the United Nations development system to deliver on the 2030 Agenda: our promise for dignity, prosperity and peace on a healthy planet. Report of the Secretary-General.



## Annex II - Analytical framework

| Questions   | Sub-questions   | Indicators/tools  | Data Sources (all countries)   |
|---|---|---|--|
| <b>Relevance</b>  |   |   |  |
| <b>Are the country processes consistent with the overall objectives of the Action Plan?</b>   | Are the country processes consistent with: <ul style="list-style-type: none"> <li>○ Deploying human and financial resources where they are needed most</li> <li>○ Reinvigorating country level joint work and collaborative action</li> <li>○ Reinforcing accountability and results for people</li> </ul>  | <b>Indicators</b><br>Level of alignment of resource allocation to country needs: evidence of use of HIV epidemic and response data (i.e. HIV prevalence among population groups, HIV services coverage)       | UNAIDS strategic documents<br>Action Plan and Progress Report<br>Country HIV strategies and country templates for CCAs, Joint Plans and envelopes<br>UNAIDS and Cosponsors staff at global, regional and country level<br>In-country stakeholders: RCO, AIDS commissions, donors, civil society (in countries selected for country visits) |
|   | Are the country processes consistent with: <ul style="list-style-type: none"> <li>○ Country priorities</li> <li>○ UN Development Assistance Frameworks (UNDAF) or equivalent country processes</li> <li>○ Efforts to reposition the UN Development System to deliver on the 2030 Agenda (UN Reform Agenda)</li> <li>○ Other processes and broader initiatives, such as the H6 partnership?</li> </ul>               | <b>Tools</b><br>Desk review<br>Perceptions of key respondents (online survey)<br>Interviews for the countries selected for country visits   |  |
| <b>Effectiveness</b>  |   |   |  |
| <b>Is the Action Plan being implemented as intended?</b>  | Are the deliverables of the Action Plan under Results 1 and 4 being achieved?   | <b>Indicators</b>   | 2018-2019 UNAIDS Budget<br>Action Plan and progress Report<br>Country guidance documents, and documents from regional processes/reviews<br>Country templates for CCAs, Joint Plans and envelopes<br>UNAIDS and Cosponsors staff at global, regional and  |
| - <b>the new resource planning, mobilization, allocation and accountability model for the Joint Programme is dynamic and differentiated (Action Area I,</b> | <p>Deliverables</p> <p><i>1.1 Refined budget and resource allocation model</i></p> <p><i>1.2 Country envelopes (integrated approach with Country Capacity Assessments and Joint Plans)</i></p> <ul style="list-style-type: none"> <li>● How do the country planning processes and allocation of funds respond to epidemiological contexts, priorities and targets?</li> <li>● How do the Joint Plans and</li> </ul> | <ul style="list-style-type: none"> <li>- % of countries with a complete set of integrated templates (CCAs, Joint Plans, Envelopes)</li> <li>- Quality of completed templates based on the guidance</li> </ul> |  |
|   |   | <b>Tools</b>  |  |

|   |  |   |  |
|---|--|---|--|
| <p><b>Result 1)</b></p> <p>- <b>the process is contributing to tailor the Joint Programme presence to country priorities and context, as well as its comparative advantage (Action Area II, Result 4)</b></p> | <p>envelope proposals score on: prioritization and focus; joint and coordinated action; catalytic nature and innovation; consideration of mandates and capacities of different organizations (DoL); articulation of SMART deliverables?</p> <ul style="list-style-type: none"> <li>Is the process contributing to reinvigorating Joint Programme work and collaboration?</li> </ul> <p><i>1.3 More transparent, precise monitoring and evaluation framework</i></p> <ul style="list-style-type: none"> <li>Is the process providing a more transparent, precise monitoring and evaluation framework?</li> </ul> <p><i>4.1 Rapid, inclusive country assessments (Country Capacity Assessments)</i></p> <p><i>4.2 Country reconfiguration</i></p> <p><i>4.3 Differentiated support typology</i></p> <ul style="list-style-type: none"> <li>Is the process contributing to tailor the Joint Programme presence to country priorities and needs? How?</li> <li>Is the process designed to strengthen Joint Programme accountability?</li> </ul> <p>Overall questions:</p> <ul style="list-style-type: none"> <li>What is working well? What challenges have been faced? How are these being addressed? What, if any, unintended consequences (either positive or negative) are occurring?</li> </ul> | <p>Documents outlining the elements of the refined budget and resource allocation model (analysis of evidence)</p> <p>Perception of stakeholders (country interviews and online survey)</p> <p>Analysis of monitoring and evaluation framework (document analysis)</p> <p>Analysis of guidance and tools; CCA, Joint Plans, and envelopes templates (document analysis)</p> <p>Evidence of unintended consequences (country interviews and online survey)</p> | <p>country level</p> <p>In-country stakeholders: RCO, AIDS commissions, donors, civil society (in countries selected for country visits)</p> <p>Reports from regional peer reviews</p> |
| <p><b>Efficiency</b></p> <p><b>Have the right processes being implemented to reduce inefficiencies?</b></p>   | <ul style="list-style-type: none"> <li>Is the process being managed efficiently at global, regional and country levels?</li> <li>Are the roles and responsibilities of UNAIDS Secretariat and Cosponsors clear and responsive to needs?</li> <li>Is the process to allocate the envelope funds efficient?</li> </ul>   | <p><b>Indicators</b></p> <p>Rating of Joint Programme respondents on management efficiency</p> <p><b>Tools</b></p> <p>Guidance documents on roles and responsibilities</p>  | <p>UNAIDS and Cosponsors staff at global, regional and country level</p> <p>Guidance material and relevant documents (including NFR for envelopes allocation)</p>                      |



|   |  |  |   |
|---|--|--|---|
|   | <ul style="list-style-type: none"> <li>Is communication sufficient, appropriate and timely?</li> </ul>   | <p>(document analysis)<br/>Analysis of NFRs and other documents related to global and regional processes (document reviews/ country relevant documents for countries selected for country visits)<br/>Perceptions of stakeholders (interviews and online survey)</p>                           |   |
| <b>Inclusiveness</b>  |  |  |   |
| <b>How are the Joint Programme, Civil Society and other partners engaging in the process?</b>   | <p>a. What is the degree of participation in the process?</p> <ul style="list-style-type: none"> <li>How are members of the Joint Programme participating and what is their role?</li> <li>Is the process effective in making the Joint Programme working together?</li> <li>What is the role and engagement of stakeholders – national authorities, civil society and community-based organizations, networks and organizations of women living with HIV and development partners?</li> </ul> | <p><b>Indicators</b><br/>Qualitative assessment from country case studies</p> <p><b>Tools</b><br/>Perceptions of stakeholders (interviews and online survey)<br/>Evidence of engagement of external stakeholders (country interviews and NFRs for the countries selected for case studies)</p> | <p>UNAIDS and Cosponsors staff at global, regional and country level</p> <p>External stakeholders including civil society</p> <p>In-country stakeholders: RCO, AIDS commissions, donors, civil society (in countries selected for country visits)</p> <p>Civil Society Marker</p> |
| <b>Gender Equality and Human Rights</b>   |  |  |   |
| <b>Are the process and country products (CCAs, Joint Plans, envelopes) considering and addressing gender equality and human rights?</b> | <ul style="list-style-type: none"> <li>Are the actions planned through the Joint Plans and country envelopes addressing gender equality and women empowerment?</li> <li>Are the actions planned through the Joint Plans and country envelopes addressing human rights?</li> <li>Did the use of the Gender Equality Marker in the Joint</li> </ul>  | <p><b>Indicators</b><br/>Qualitative assessment from country case studies</p> <p><b>Tools</b><br/>Perceptions of stakeholders (interviews and online survey)<br/>Evidence of gender equality and human rights considerations in</p>  | <p>UNAIDS Secretariat and Cosponsors staff</p> <p>In-country stakeholders: RCO, AIDS commissions, donors, civil society including networks and organizations of women living with HIV (in countries selected for country visits)</p>  |

|  |  |  |   |
|--|--|--|---|
|  | <p>Plans and country envelopes contribute to consideration of gender equality?</p> <ul style="list-style-type: none"> <li>• Are the Joint Plans and envelope proposals using data that are sex and age disaggregated?</li> </ul>   | <p>Joint Plans and envelope proposals (document analysis in countries selected for visits)</p> | <p>Gender Equality Marker</p>   |
| <b>Recommendations</b>   |  |  |   |
| <p><b>What overall recommendations for improvement in the next phases?</b></p> | <ul style="list-style-type: none"> <li>• What contextual factors (e.g. country level, donor level) may influence the next phases?</li> <li>• What could improve in relation to support and communication lines; tools; participation and decision-making processes (at global, regional and country levels)?</li> <li>• What good practices may be replicated?</li> <li>• What may need to be done differently going forward?</li> </ul> | <p>Perception of stakeholders (interviews and online survey)</p>                               | <p>UNAIDS Secretariat and Cosponsors staff<br/>In-country stakeholders: RCO, AIDS commissions, donors, civil society including networks and organizations of women living with HIV (in countries selected for country visits)</p> |

## Annex III – Review tools

### Online Survey

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#### Review of the refined operating model of the UNAIDS Joint Programme

##### ONLINE SURVEY

Thank you for agreeing to participate in this survey, which should take approximately 10-15 minutes to complete. The results are expected to contribute to a better understanding of how the UNAIDS Joint Programme Action Plan is being implemented at different levels and provide useful learning for the implementation of the refined operating model of the Joint Programme.

The survey is designed to capture your views and experience of the implementation of the Action Plan, in your current country of work, region (if you are based at the regional level), or at the global level (if you are based at Headquarters). Kindly therefore respond according to your direct experience of the implementation of the Joint Programme Action Plan and refined operating model.

“Country processes” refer to the Country Capacity Assessments (CCA), Joint Plans and Country Envelopes for eligible countries (initiated in 2017 as part of the Action Plan implementation).

##### Respondent Identification Questions

Please indicate if you work for the Secretariat or a Cosponsor organization:

- Secretariat                       Cosponsor Agency

Please choose your current level of work and then indicate the specific region if relevant:

- Global
- Regional
- Country (eligible to envelope funds)
- Country (not eligible to envelope funds)
- AP
  - ESA
  - WCA
  - EECA
  - MENA
  - LAC

**Questions (kindly note this pertains to the 2017-2018 time period)**

**1. Relevance and effectiveness**

Please comment on the extent to which you **agree** or **do not agree** with the following statements that relate to the three overarching objectives of the Action Plan (obj. 1. to deploy human and financial resources where they are needed most; obj. 2. to reinvigorate country-level joint work and collaborative action; and obj. 3. to reinforce accountability and results for people).

|   | Fully disagree        | Somewhat disagree     | Somewhat agree        | Fully agree           | Do not know           |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 1.1 Country processes are reinvigorating country level joint work and collaborative action                      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 1.2 Country processes are contributing to prioritization of the Joint Team support to country needs             | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 1.3 Country processes are contributing to tailoring Cosponsors and Secretariat human resources to country needs | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 1.4 Country processes are reinforcing Joint Programme accountability  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

1.5 Optional: Please elaborate on what you think are the major strengths in the implementing the Action Plan in 2017-2018 (country processes) and what is working well

1.6 Optional: Please elaborate on what challenges were faced in conducting the country capacity assessment, the formulation of the Joint Plan and allocation of the country envelopes, and how were these challenges addressed

## 2. Efficiency

Please comment on the extent to which you agree or do not agree with the following statements.

|   | Fully disagree        | Somewhat disagree     | Somewhat agree        | Fully agree           | Do not know           |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 2.1 Overall, the Action Plan implementation process is being managed efficiently (i.e. timely and through a cost-effective implementation modality) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2.2 The roles of UNAIDS Secretariat and Cosponsors are clear, complementary and responsive to needs   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2.3 The Cosponsors complement each other according to an agreed Division of Labour  |                       |                       |                       |                       |                       |
| 2.4 Communication among Joint Programme members is adequate, appropriate and timely (in relation to the Action Plan implementation)                 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

2.5 Optional: Please elaborate on your answers to the above statements about efficiency:

## 3. Inclusiveness

Please comment on the extent to which you agree or do not agree with the following statements.

|   | Fully disagree        | Somewhat disagree     | Somewhat agree        | Fully agree           | Do not know           |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 3.1 The UNAIDS Secretariat plays an effective coordinating role in the process to implement the Action Plan | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3.2 Cosponsors are engaged in the process to implement the Action Plan                                      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3.3 National governments are engaged in   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

|   | Fully disagree        | Somewhat disagree     | Somewhat agree        | Fully agree           | Do not know           |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| country processes as appropriate  |                       |                       |                       |                       |                       |
| 3.4 CSOs and civil society groups are informed and engaged in country processes as relevant | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3.5 Other external stakeholders (e.g., donors) are informed and engaged as relevant         | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Optional: 3.6 Please elaborate on your answers to the above statements, and list which external stakeholders (governments, civil society, development partners) are participating in country processes and how. Also, please provide insights – if any - on how to strengthen inclusion of stakeholders?

#### 4. Gender equality and human rights

Please comment on the extent to which you agree or do not agree with the following statements. “Country processes” refers to the Country Capacity Assessments (CCA), Joint Plans and Country Envelopes for eligible countries.

|  | Fully disagree        | Somewhat disagree     | Somewhat agree        | Fully agree           | Do not know           |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 4.1 Country processes are contributing to addressing gender equality     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4.2 Country processes are contributing to addressing women’s empowerment | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

4.3 Country processes are contributing to addressing HIV-related human rights issues



**5. In your view, what were the 3 greatest strengths of the country processes?**

Strength 1:

Strength 2:

Strength 3:

**6. In your view, what were the 3 greatest limitations of the country processes?**

Limitation 1:

Limitation 2:

Limitation 3:

**7. Please provide key recommendations for the way forward to improve the implementation of the UNAIDS Joint Programme Action Plan**

**Thank you for your time!**



## Tools for country visits

### Agenda for country visits

#### Review team

1. UNAIDS Evaluation Office
2. UNAIDS Regional Support Team
3. UN Joint Regional Team on AIDS

#### Agenda

| Day 1         |  |                   |
|---------------|--|-------------------|
| Time          | Activity   | Venue             |
| 9.00 - 9.30   | Introduction meeting and discussion with UCD               | UNAIDS            |
| 9.30 - 10.30  | Meeting with UNAIDS Country Office staff                   | UNAIDS            |
| 11.00 - 12.00 | Meeting with UN Resident Coordinator                       | UNDP / UN House   |
| 12.00 - 14.00 | <i>Lunch break</i>   |                   |
| 14.00 – 17.00 | Meeting with UN Joint Team members                         | UNAIDS / UN House |
| Day 2         |  |                   |
| 9.00 – 10.00  | Meeting with National AIDS programme manager               | NAC / MoH         |
| 10.00 – 11.00 | Meeting with Head of UN agency                             | UN agency         |
| 11.00 – 12.00 | Meeting with Head of UN agency                             | UN agency         |
| 12.00 – 14.00 | <i>Lunch break</i>   |                   |
| 14.00 – 15.00 | Meeting with Donor representative/s                        | Donor             |
| 15.00 – 16.00 | Meeting with other country partner/s                       | Partner           |
| Day 3         |  |                   |
| 9.00 – 11.00  | Focus group discussion with civil society                  | UNAIDS            |
| 11.00 – 12.00 | Debrief with UN Joint Team and UNAIDS Country Office staff | UNAIDS            |
| 12.00 – 14.00 | Lunch and end of mission meeting with UCD                  |                   |

## **Interview protocol for country visits (template to be customized by type of respondent)**

### **Introduction**

In January 2018, the UNAIDS Evaluation Office was tasked to conduct a review of the country level processes of the Joint Programme Action Plan. The review covers the period of June 2017 to May 2018.

The main purpose of the review is to assess progress in the implementation of the Action Plan in relation to joint work and country processes: Result 1, Action Area I; and Results 4, Action Area II (see <https://goo.gl/bjJyvt>). Specifically, the review will assess: the progress against the expected results at global, regional and country levels; and the relevance, effectiveness, efficiency, inclusiveness and gender equality and human rights responsiveness of the processes to achieve the results.

The review will highlight achievements and lessons learned; identify and document best practices and innovations; and provide actionable recommendations for the second year of the Action Plan implementation.

You have been identified as a key respondent for the study, and we thank you for your participation in this interview, which is confidential. **While you have been named as a key informant of the study in our list of stakeholders, your specific contribution to the study will be anonymous. We will not associate your name with anything specifically included in this report.**

### **Guidance to Interviewer**

The questions have been designed to cover the range of issues addressed by the review in the context of country missions. The sub-questions are further categorized. Thus, some questions may not be relevant to every stakeholder and the interviewer will need to select the pertinent ones, depending on the respondent (UN, government, civil society, other), the type and level of experience of interviewee, how much time is allotted to the interview and possibly other factors. The actual formulation of the questions will depend on these factors and relies largely on the interviewer as well as on how the discussion evolves. This should also be used to guide an experienced interviewer through a more conversational exchange – ideally keeping closely to the order of questioning. This interview guide is situated with the tradition and method of semi-structured interviewing.

### **Range of stakeholders at country level**

**UN/UNAIDS:** UNAIDS country directors and other relevant staff

**UN/Cosponsors:** Heads of agency; other staff (country level)

**UN/Resident Coordinator's office:** Resident Coordinator and relevant staff

**OTHER:** Government officials/NAC managers; civil society/NGOs/CSOs/networks of people living with HIV; donors/PEPFAR; other stakeholders

| Phase         | Number | Themes   | Interview questions   |
|---------------|--------|--|---|
| Warm-Up       | 1      | Familiarity and involvement in the implementation of the Joint Programme Action Plan   | (Note: The stakeholders listed for each question should be considered as a suggestion only. You can make a qualified judgment on what question should be asked).  |
| Relevance     | 2      | Relevance of the country process with current AIDS context and priorities.   | <p><b>UN staff:</b></p> <ul style="list-style-type: none"> <li>• Are the country processes of the Joint Programme Action Plan consistent with country priorities and the UNDAF [or equivalent]? (prompt on consistency with other processes and broader initiatives, such as the H6 partnership if relevant)</li> <li>• Are the country level processes of the Action Plan in line with emerging UN working modalities at country level in the context of UN reform? Can alignment and synergies be further strengthened?</li> <li>• Are the country processes contributing to increased resource mobilization?</li> </ul> <p><i>Some key elements on UN Reform that can be used as follow-up in the conversation: a new generation of UNCTs and a strengthened UNDAF; a reinvigorated Resident Coordinator system; more accountable leadership and governance and a system-wide approach to partnerships; joint planning, common budgetary frameworks and pooled funding mechanisms; need to address fragmentation and competition within the system.</i></p> <p><b>Other stakeholders:</b></p> <ul style="list-style-type: none"> <li>• How are the epidemic and the response evolving in [country]? What role can the UN Joint Programme on AIDS play in the response?</li> <li>• To what extent is the Joint Programme (the UNAIDS Secretariat and Cosponsors) engaging in the AIDS response in [country]? How relevant are the Secretariat and Cosponsors roles in [country]?</li> </ul> |
| Effectiveness | 3.1    | <p><b>Action Plan, Action Area I, Result 1</b></p> <p>The new resource planning, mobilization, allocation and accountability model for the Joint Programme is dynamic and differentiated</p> | <p><b>UN staff:</b></p> <ul style="list-style-type: none"> <li>• How does the country planning processes and the allocation of envelope funds respond to countries epidemiological contexts and priorities/targets? [prompt on combination prevention; key populations; humanitarian responses (if relevant); integration]</li> <li>• How would you score the joint plan and envelope proposal on: prioritization and focus; joint and coordinated action; catalytic nature and innovation; articulation of SMART deliverables?</li> <li>• Disbursement of envelope funds for 2019 will be</li> </ul>   |

|               |     |   |  |
|---------------|-----|---|--|
|               |     |   | subject to achievement of 2018 agreed deliverables. How do you see this taking place in [country]?   |
| Effectiveness | 3.2 | <b>Action Plan, Action Area II, Result 4</b><br>Tailoring of the Joint Programme presence to country priorities and context, as well as its comparative advantage | <p><b>UN staff:</b></p> <ul style="list-style-type: none"> <li>• Is the process contributing to tailor the Joint Programme presence to country priorities and context? How?</li> <li>• How were mandates and capacities of different organizations (Division of Labour) considered during the process?</li> <li>• How have the results from the Country Capacity Assessments (CCAs) been used?</li> <li>• How to best to capture capacity at the country level, including support from regional and global levels?</li> </ul>  |
| Effectiveness | 3.3 | Achievements – other  | <p><b>UN staff:</b></p> <ul style="list-style-type: none"> <li>• What is working particularly well? What would you consider the main achievements and why (what the key factors that enabled those achievements)?</li> <li>• What challenges have been faced?</li> <li>• What, if any, unintended consequences (either positive or negative) are occurring?</li> </ul> <p><b>Other stakeholders:</b></p> <ul style="list-style-type: none"> <li>• How do you see the priorities and capacity of the Joint Programme in [country] evolving? How can past achievements be built on?</li> <li>• Are you aware of the recent Joint Programme processes (i.e.: CCA, Joint Plans, Envelopes)? If so, what would you consider as the main achievements (and challenges)?</li> </ul> |
| Efficiency    | 4.1 | Management and operational efficiency   | <p><b>UN staff:</b></p> <ul style="list-style-type: none"> <li>• Is the process being managed efficiently? Please explain.</li> <li>• Is there evidence of actions taken to identify and remove roadblocks?</li> <li>• Is the process to allocate the envelope funds efficient?</li> <li>• Are the roles and responsibilities of UNAIDS Secretariat and Cosponsors clear and responsive to needs?</li> </ul> <p><b>Other stakeholders:</b></p> <ul style="list-style-type: none"> <li>• How can the Joint Programme use its resources in the best possible way? How can UNAIDS Secretariat and Cosponsors be more accountable and responsive?</li> </ul>   |
| Efficiency    | 4.2 | Communication and guidance  | <p><b>UN staff:</b></p> <ul style="list-style-type: none"> <li>• To what extent, and in what form, have UNAIDS Secretariat and Cosponsors communicated and shared information [prompt: is communication sufficient, appropriate and timely]?</li> </ul>  |

|   |            |   |  |
|---|------------|---|--|
|   |            |   | <ul style="list-style-type: none"> <li>• What could improve in relation to support provided by the global and regional levels; guidance/tools; and decision-making processes?</li> </ul>   |
| <b>Efficiency</b>                       | <b>4.3</b> | M&E -<br>Accountability                           | <p><b><u>UN staff:</u></b></p> <ul style="list-style-type: none"> <li>• To what extent are monitoring and reporting requirements appropriate?</li> <li>• How is the process impacting accountability in the ways of working as a Joint Programme? How can this be further strengthened?</li> </ul>   |
| <b>Inclusiveness</b>                    | <b>5</b>   | Participation/cooperation                         | <p><b><u>UN staff:</u></b></p> <ul style="list-style-type: none"> <li>• How are members of the Joint Programme engaging and what is their role? To what extent have UNAIDS and the Cosponsors cooperated?</li> <li>• Which other stakeholders were engaged in the process and how (including national authorities, civil society, people living with HIV)</li> </ul> <p><b><u>Other stakeholders (including civil society):</u></b></p> <ul style="list-style-type: none"> <li>• What was the role and engagement of country stakeholders, including national authorities, civil society and community-based organizations, and other development partners in recent Joint Programme processes (CCA, Joint Plans, envelopes)?</li> <li>• How engaged are you in the work of the Joint Programme? Is this changing overtime?</li> <li>• Any suggestions to strengthen collaboration and participation at country level?</li> <li>• How is UNAIDS facilitating engagement in the national response?</li> </ul> |
| <b>Gender equality and human rights</b> | <b>6</b>   | Consideration of gender equality and human rights | <p><b><u>UN staff:</u></b></p> <ul style="list-style-type: none"> <li>• What is the extent of actions planned through the joint plans and the country envelopes to address gender equality and women empowerment (GEWE)? How was this prioritized? (SRA 5 versus Integration under other SRAs)</li> <li>• What is the extent of actions planned through the joint plans and the country envelopes to address human rights? How was this prioritized?</li> <li>• To what extent did the use of the Gender Equality Marker contribute to consideration of gender equality issues? How? How was the Marker used/understood? Was the guidance note used/useful? Is there a risk of having over scored?</li> <li>• To what extent were the networks and organizations of women living with HIV engaged as key stakeholders?</li> </ul> <p><b><u>Other stakeholders (including civil society):</u></b></p>   |

- 
- To what extent does the Joint Programme in [country] address gender equality and human rights? Are there ways to strengthen the focus on gender equality and human rights?

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**Recommendations**

7

Recommendations  
Strengths to build on and changes, if any, that are needed

**UN-staff:**

- What contextual factors may influence the next phases of implementation?
- What good practices may be replicated?
- How could the next phases of implementation be enhanced? What may need to be done differently going forward?

**Other stakeholders:**

- What recommendations would you have for a stronger Joint Programme in [country]?

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**Cool-down**

Additional follow up questions and closing remarks

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## Tool for Joint Teams workshop

EVALUATION OF THE REFINED OPERATING MODEL OF THE UNAIDS JOINT PROGRAMME

Country visits  
Inputs from the UN Joint Team on AIDS

Country:  
Dates:

### Background

- An Action Plan to implement a refined operating model of the UNAIDS Joint Programme was endorsed by UNAIDS Board in June 2017. (<https://goa.aj/wAmW1D9>)
- UNAIDS 2018-2019 budget with priorities and targets for regions and countries was developed based on the Action Plan. (<https://goa.aj/oaH5H4>)
- In October 2017, Joint UN Teams on AIDS were requested to:
  - Complete a country capacity assessment on HIV and AIDS
  - Develop or update a 2018-2019 joint plan on AIDS
  - Agree on key deliverables and allocate country envelope resources
- 97 Joint UN Teams on AIDS completed the assessments and joint plans; 71 countries allocated the country envelopes among the Cosponsors
- Monitoring reports will cover progress against national targets, annual deliverables and expenditures.
- Disbursement in 2019 will be subject to achievement of 2018 deliverables.

### Scope of the evaluation


- The purpose of the evaluation is to assess progress in the implementation of the UNAIDS Joint Programme Action Plan
- Country case studies are conducted to review lessons learned from:
  - An assessment of the capacity of the Joint Programme on AIDS
  - Efforts to reinvigorate joint planning at the country level
  - Country envelopes as a new resource allocation model
- Evaluation criteria to be used include:
  - Relevance
  - Effectiveness
  - Efficiency
  - Inclusiveness
  - Gender and human rights responsiveness

### Outline of the session

- Review and discussion of how the process unfolded at country level (30 min. max)
- Brainstorming across a few key questions under each of the evaluation criteria (45 min. max)
- Brief SWOT analysis – including recommendations from the group (45 min. max)
- Concluding observations

### 1. How the process unfolded at country level


Who was involved?  
What happened?  
When did it take place?


 Max. 30 min.

### 2. Questions based on evaluation criteria

#### Relevance


Q: Is the country process consistent with country priorities, the UNDAF and with the UN reform process?

 Max. 10 min.


**Effectiveness**  Max. 10 min.

**Q:** How would you score the joint plan and envelope proposal on: prioritization; joint and coordinated action; catalytic nature and innovation? (Ref: Action Plan, Action Area I, Result 1)


**Q:** Is the process contributing to tailor the Joint Programme presence to country priorities and context? (Ref: Action Plan, Action Area II, Result 4)

**Efficiency**  Max. 10 min.

**Q:** Is the process being managed efficiently? Please also consider elements such as clarity of roles and communication lines. Any suggestions for improvement?

**Inclusiveness**  Max. 10 min.

**Q:** What is the degree of participation and transparency in the process? What is the role and engagement of members of the Joint Programme and of other country stakeholders (including civil society and networks of PLHIV)?


**Human Rights and gender**  Max. 10 min.

**Q:** To what extent do planned actions address gender and/or human rights? How was this prioritized? Was the application of the Gender Marker useful?

**3. SWOT analysis**



|                             |                          |
|-----------------------------|--------------------------|
| STRENGTHS<br>(internal)     | WEAKNESSES<br>(internal) |
| OPPORTUNITIES<br>(external) | THREATS<br>(external)    |

**4. Concluding observations**  Max. 15 min.

**Q:** What contextual factors may influence the next phases?

**Q:** What could improve in relation to: support and communication lines; tools; participation and decision-making processes?

**Q:** What good practices may be replicated? What may need to be done differently going forward?

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<sup>1</sup> <https://goo.gl/wAmW1D>

<sup>2</sup> <https://goo.gl/xaHFHX>

<sup>3</sup> The western and central Africa Catch-up Plan is a political instrument and a compact between countries and the international community that supports countries' strategies and plans to quickly address bottlenecks, accelerate the national responses and reach a trajectory to achieve the 90–90–90 targets by 2020.

<sup>4</sup> Pass-through is when an agency receives envelope funds at country level on behalf of another agency.

<sup>5</sup> The gender equality marker is a tool part of the joint plan templates to track and report actions (and funding allocations) for gender equality and women's empowerment, using a standard scale.

<sup>6</sup> Criminalization of people who inject drugs; punitive legislation towards sex workers; stigmatization of same-sex relationships; criminalization of unintentional HIV transmission.