



*Mid Term Review of UNDP Project:
“Support to the National Strategic Plan”*

UN Joint Programme on HIV / AIDS in Angola

FINAL REPORT

*Produced
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Acronyms

ANC: Ante Natal Care

ARV/ART: Anti retroviral- Antiretroviral therapy

AWP: Annual Work Plan

AYFRHS: Adolescent and Youth-Friendly Reproductive Health Services

CNLCSGE: Comissão Nacional de Luta Contra a SIDA e as Grandes Endemias

CNS: Centro Nacional de Sangue

CPLCSGE: Comités Provinciais de Luta Contra a SIDA e as Grandes Endemias

CRIS: Country Response Information System

DNSP: Direcção Nacional de Saúde Publica (National Direction of Public Health, NDPH)

DPS: Direcção Provincial de Saúde (Provincial Health Directorate)

EU: European Union

FAO: United Nations Food and Agriculture Organization

FTRP: Family Tracing and Reunification Programme

GBV: Gender Based Violence

GEPE: Gabinete de Estudos, Planeamento e Estatística (Planning and Statistics Office)

GoA: Government of Angola

GTT: Global Task Team

HDI: Human Development Index

IEC: Information, Education and Communication

IMAI: Integrated Management of Adolescent and Adult Illnesses

INLS: Instituto Nacional de Luta Contra a SIDA (National Institute for the fight against AIDS)

INSP: Instituto Nacional de Saúde Pública (National Institute of Public Health)

M&E: Monitoring and Evaluation

MDGs: Millennium Development Goals

MoH: Ministry of Health

NAC: National AIDS Commission

NSP: National Strategic Plan for Sexually Transmitted Infections and HIV/AIDS

OVC: Orphans and Vulnerable Children

OVI: Objectively Verifiable Indicators

PLWHA: People Living with HIV/AIDS

PMTCT: Prevention of Mother to Child Transmission

PRSP: Poverty Reduction Strategy Paper
RAAAP: Rapid Assessment
SGBV: Sexual and Gender Based Violence
SGBV: Sexual and Gender Based Violence
SR (RH): Reproductive Health
STI: Sexually Transmitted Infection
TFC: Treatment Food Center
UCC: UNAIDS Country Coordinator
UNDP: United Nations Development Programme
UNDAF: United Nations Development Assistance Framework
UNFPA: United Nations Population Fund
UNGASS: United Nations General Assembly Special Session
UNHCR: United Nations High Commission for Refugees
UNHRO: United Nations Human Rights Office
UNICEF: United Nations Children's Fund
UN JP: United Nations Joint Programme
UN JT: United Nations Joint Team
UN RC: United Nations Resident Coordinator
UNTG: United Nations Thematic Group
UN TWG: United Nations Technical Working Group
VCCT: Voluntary, Confidential, Counseling and Testing
VCT: Voluntary Counseling and Testing
WFP: World Food Program
WHO: World Health Organization

Executive Summary

Scope and Purpose of the Mid-Term Evaluation

This document is the report of the Mid-Term Evaluation of UNDP Project: "Support to the National Strategic Plan" in the context of the UN Joint Programme on HIV/AIDS in Angola. The Project was formulated in 2006 and endorsed by the Government of Angola in November of the same year.

The Project was designed to three years, with an end date of December 2009. The main Outcomes of the Project were defined as follows: (i) Strengthen the institutional capacity for the National AIDS Commission and the Provincial HIV/AIDS Committees; (ii) Legalize more than 80 NGOs; (iii) Produce information and education material on HIV/AIDS.

The Project unit was staffed by mid 2007 and has been implementing a series of Activities, including a survey of the Provincial AIDS Committees and 8 Provincial workshops, and advocating for the legalization of NGOs.

The decision to contract an international consultant to carry out a Mid-Term Evaluation was taken on the 14th of January 2009 by a Project Board meeting. The work for the evaluation, consisting of field visits and desk work was carried out over four weeks between July and August 2009. (The Terms of Reference are outlined in Annex 1).

The evaluation covers the relevance of the Project, quality of Project design, efficiency of implementation, effectiveness to date, potential sustainability and impact.

This Mid Term Evaluation assesses the achievements of the Project with respect to the relevance of its objectives and the attainability of its outcomes. It also assesses the Project design including, to what extent the assumptions/risks outlined in the Programme document are valid and identifies external factors beyond the control of the Project management that affected it negatively or positively.

Special emphasis is placed on all the elements, internal and external factors, that affected the performance of the Project.

Assessment of Project relevance

The Project relevance has been reviewed with a specific focus on the appropriateness of the Project design to the problems to be solved.

Through this review it emerged that the UN Joint Programme of Support to the National Strategic Plan was elaborated by taking into account the realities of the Angolan context of 2005 and its design was finalized by March 2006. Since the approval of the UN Joint Programme several important changes in context have occurred, such as the progress of the HIV/AIDS epidemic in the country, the approval of a new National

Strategic Plan (2007-2010), the advancements made in the collection of more refined data for HIV/AIDS estimates, the finalization of a new UNDAF for years 2009-2013.

Despite the above mentioned changes in context this UN Joint Programme, with its specific focus on the decentralization of HIV/AIDS programmes, has not been updated to adapt to the new circumstances. This review has nevertheless considered this Joint Programme to be relevant as it still reflects both the Angolan national priorities and the UN development priorities.

*As stated in the Terms of Reference, the planned Activities and the Results to achieve have been considered specifically with respect to the Activities implemented by UNDP under the first and the third Programme pillars, respectively: **"Enhance the institutional capacity to ensure a rapid, multisectoral and decentralized provincial response to the epidemic"** and **"Reduce the incidence of STI-HIV/AIDS through strengthening the prevention capacity"**. No particular problem has been encountered in the set of UNDP planned Activities under the third Programme component, for this reason specific attention has been given to the first pillar of the UN JP.*

This Mid-Term Evaluation has largely and thoroughly focused on the design of the Project as its quality appears to be quite weak and questionable.

By considering both the Programme document and its Work Plan it can be noticed that UN cosponsors are not always carrying out Activities according to their comparative advantage by then potentially lowering the competitiveness of the UN System as a whole in the country. Also the way Activities and Results to be achieved appear in the Work Plan seems to be not always responding to a carefully planned logic. The sequence of some Activities does not always correspond to an effective strategy, as in the case of the Activities to be carried out under Result 1.2: "Provincial Plans rolled out to identify immediate actions for integrated HIV response".

Activities under this Result should have been carried out only if Assumption 2¹ came true. The Work Plan of the Programme document mistakenly indicates as a Result what is an Assumption, which by definition is out of the Programme management control. The whole Programme design, under its first pillar, appears to be too optimistically designed since most of the Activities cannot be carried out unless the above mentioned Assumption holds true.

The weak Programme design is reflected both in the Programme document and in its Work Plan. The narrative part of the Programme document is not thoroughly discussed and target groups do not seem to be always precisely identified. This is the case of the CPLCSGE, which is correctly considered as being the target group who will be affected by the Project, but at the same time, its broad and heterogeneous composition has not been accurately considered by the Programme document. This lack of precision in the identification of the target group has affected both the efficiency and the effectiveness of the Activities carried out under Result 1.2. During interviews both with national and international partners the issue of whether Activities should have targeted also the provincial Governors or Deputy Governors emerged quite often. The non

¹ "It is fundamental for a decentralized multisectoral response, the effective operationalization of the NAC at central and provincial level and enhance the INLS's capacities".

involvement of the whole CPLCSGE has contributed to the non sustainability of the Activities implemented under Result 1.2.

Other issues negatively affected the performance of the Project: Activities and Results as they are expressed in the Work Plan, under the first Programme component, are both not easy to understand and rather generically expressed. Too much is left to interpretation, Activities and Results are not straightforward and further explanation on their process and content is needed. The narrative part of the Programme document does not adequately clarify doubts and therefore time is wasted to collect information and identify where to focus exactly to implement Activities. Results appear in the Work Plan matrix without being supported by the path that Activities express, therefore affecting the efficiency and timely delivery of Outputs by the Project management.

Ultimately, the absence of a Logframe and indicators make it difficult to assess the timely delivery of Outputs, the achievement of Results and likely impact.

The UN Joint Programme is now in its third year of implementation and it is almost at the end of its implementation phase. Seen that the Government of Angola has not yet operationalised the Provincial Committees of the NAC, it appears unrealistic that the Purpose expressed under the first pillar of the Joint Programme, "Enhance the institutional capacity to ensure a rapid, multisectoral and decentralized provincial response to the epidemic", will be attained by the end of it.

Assessment of Project governance

In order to actually guarantee the success of this Programme component a high degree of coordination and willingness should be in place among the Government of Angola, the INLS, the other sub-national partners, the UNDP and all the UN institutions and actors involved in the Joint Programme.

The capital importance of the above mentioned coordination issue lead the evaluator to check the quality of the partnership among implementing partners, both national and international, and the degree of ownership of the Project by national stakeholders. During this assessment it became clear that to some extent the performance of UNDP Project component has been affected by a lack of coordination, a low level of ownership and non-timely reaction in facing the emerged implementation impediments.

In order to assess the extent to which coordination arrangements have influenced the performance of UNDP Programme component, the evaluator checked whether all parties involved in the Joint Programme have actually complied to what was stated in the agreed Programme document and whether the emerged implementation impediments have been dealt with in a timely and efficient manner by the parties involved. Section four of the Programme document under the heading: "Coordination Arrangements" indicates the rules and regulations put in place to guarantee coordination among all the concerned parties of the Joint Programme. This information has been complemented with an additional document provided by UNAIDS on the governance agreement among UN parties participating in HIV/AIDS Joint Programmes. (See Annex 5).

Through the review it emerged that roles and responsibilities are clearly stated, even though a precisely defined accountability architecture among all parties involved in the joint Programme is not always in place. The "Enlarged Thematic Group on HIV/AIDS", for example, has never met since the Programme started. According to the convened regulations expressed in the Programme document the role of this party is to ensure that the Joint Programme Activities are implemented as per the AWP. The "Enlarged Thematic Group on HIV/AIDS", which includes the GoA and the INLS, has the following three main responsibilities: (i) Will meet on a quarterly basis to discuss progress made during past quarter and confirm planned Activities for the next quarter. It will act on the inputs from the UN JT on HIV/AIDS that includes for this purpose a representation of the INLS; (ii) Responsible to make decisions on appropriate coordination and monitoring mechanisms for specific interventions/activities; (iii) Designates members of the UN JP to carry out field supervision.

According to the agreed coordination arrangements the "Enlarged Thematic Group on HIV/AIDS" could have faced the implementation impediments that UNDP was facing by readapting the planned Activities in a sustainable manner, or decide not to confirm Activities as stated in the AWP.

It is rather evident that the implementation problems that UNDP was facing in its contribution to: "Enhance the institutional capacity to ensure a rapid, multisectoral and decentralized provincial response to the epidemic", have been dealt with at a rather late stage.

The non-timely flaw of information regarding the difficulties encountered in the implementation phase suggest that something went wrong in the timely reporting of Activities implemented. This reporting should be done at the level of the Joint Team on HIV/AIDS who, according to the above mentioned regulations, should meet on a monthly basis for agencies to provide updates on Programme implementation. Other UN actors and institutions are involved in the coordination of the Programme, such as the UCC, the UN TG and also the UN RC.

The UN Team on HIV/AIDS quarterly reports and the UCC implementation reports would have been an valuable source of information to assess compliance of all parties contributing to the Joint Programme to stated rules and regulations and therefore understand why no timely action was taken to adapt UNDP Activities, but since the evaluator's terms of reference were limited to the UNDP Programme component, further and deeper analysis could not be carried out.

Through extensive interaction between the evaluator and heads of agencies it emerged that Activities are not always decided in a coordinated manner and are not always carried out with a high level of interaction between agencies and national partners, thus reducing the effectiveness and the efficiency of the joint action.

The purpose of the Joint UN Team on AIDS is to promote coherent and effective UN action in support of an expanded national response to HIV. The establishment of Joint UN Teams on AIDS has emerged within the larger context of both UN reform and international efforts to improve aid effectiveness, including the Paris (2003) and Rome (2005) Declarations on aid harmonization. In March 2005, a Global Task Team on improving AIDS coordination among multilateral institutions and international donors was formed at the request of leaders from governments, civil society, UN agencies, and other multilateral and international

institutions who met in London to review the global response to AIDS under the theme, "Making the Money Work: The Three Ones in Action." It is under the logic of the "Three Ones" that this Joint Programme should work.

The bad design of the UN JP remains the main cause of failure of the first component, but an appropriate level of coordination could have provided an alternative strategy to readapt the Programme or at least could have reduced some inefficiencies.

There are reasons to be concerned for the fact that even if rules and regulations are in place these are not always clear to the parties involved, that a mechanism to ensure compliance with those rules and regulations does not always exist, at least at the higher levels, that the Programme information flow to all stakeholders has not been timely, that the governance structure is not posing the right emphasis on participation and ownership.

Assessment of Project management

Activities implemented have been scrutinized to determine to what extent progress has been made in attaining the Outcome(s), Objectives and Goal. Of particular concern is how the Project has succeeded or failed to implement planned Activities using available resources.

Under the first Programme component three Results and six Activities were foreseen by the initial Work Plan. Result 1.1 was not achieved since under this Result a National Survey instead of a National Seminar was carried out. This change is not mirrored in the Work Plan and not explained in the monitoring reports reviewed.

The National Seminar was, according to the Programme logic, of capital importance to guarantee the sustainability of the first Programme component. The National Seminar was meant to create positive synergies among all actors involved in the operationalization of the National Strategic Plan, especially between the UN and the Government of Angola. The National Seminar would have reinforced the partnership agreement expressed in the Programme document and would have been an effective way to keep high on the agenda the need to decentralize the fight against HIV/AIDS and to elaborate an agreed workplan for the operationalization of the CPLCSGE.

According to UN key informants a National Survey was carried out instead of a National Seminar because the INLS did not authorize this latter Seminar. The reasons for this change are not supported by any documentation or report. Through this review the evaluator has questioned this change since the National Survey only serves the need for updated information on the CPLCSGE before implementing Activities. This is a correct approach to plan Activities but at the same time is an approach of reduced effectiveness towards the purpose since it misses the opportunity for a high level meeting and political commitment, elements which were fundamental to guarantee the potential sustainability of the Activities of the first pillar of the Joint Programme.

Result 1.2 could not be sustainable unless an Assumption (mistakenly indicated in the WP as result 1.3) came true. As a consequence all other 6 Activities under this Result could not be carried out. Result 1.4, on the Legalization of the NGOs was also not achieved because a series of problems emerged during the implementation phase. These problems are expressed in UNDP Annual monitoring Report 2008: the high costs to advertise on the "Diario da Republica" the voluminous statutes that some NGOs already had, the difficulties in synthesizing the statutes that existed but needed to be reduced in order to be published at lower prices, the long time needed from the presentation of the statutes to their publication, the not up to date address and contact details of some NGOs and so on. All together these difficulties determined the non achievement of the Result.

The difficulties mentioned in the Project's Annual Report 2008 are correctly identifying problems encountered during implementation, but at the same time the shortcomings of the whole approach of the "legalization" have not been adequately considered. UNDP and ANASO have been working towards Result 1.4 but Activities, at a certain point, had to be reconsidered since it became obvious that some baseline standards and criteria had to be in place before legalizing an NGO. The simple existence of a statute was a not good enough criteria for supporting the civil society through the legalization of NGOs. The additional challenge in this process of legalization became then the need to empower existing NGOs.

The emerging of problems during implementation is a constant when implementing Projects and a good quality criteria to judge the management capacity is to look at how these difficulties are faced and overcome. As it is the case for Activity 1.2, also under Result 1.4 planned Activities should have been adapted and promptly managed. By looking at UNDP Draft Annual Work Plan 2009 it appears that nothing had been planned to change strategy and overcome the implementation bottlenecks. The real and underlying constraints had not been taken in to consideration. Lessons learned should have at least been mirrored in the draft Work Plan 2009 and strategies should have been developed by the Project to minimize the risks posed by all the emerged constraints that affected the quality, timeliness and volume of results obtained.

As it concerns the other pillar of UNDP intervention, "Reduce the incidence of STI- HIV/AIDS through strengthening prevention capacities", only one Activity has been carried out by UNDP but with no compliance with what stated on the Work Plan. The Project Manager bought some IEC material that was then randomly distributed in Luanda and in the provinces where the 7 workshops took place. This Activity might be in line with Result 3.16, "IEC campaign at national and provincial level implemented" but does not respond to the Project's requirements which clearly indicate the Activities that should have been carried out under the above mentioned Result. To sum up, under Result 3.16 six Activities should have been carried out by UNDP but, as a matter of fact, three have been carried out by UNICEF, one by IOM and one by the GFATM.

The evaluator checked also if Activities have been carried out on time and within budget. Obviously, the late start of the Project had, as a consequence, a delayed implementation of all the Activities and especially for the ones under Result 1.2. In this case, too much time was wasted to decide the content of the workshops to carry out and to select the appropriate provinces in which to carry them out. According to documentary

evidence Activities under Result 1.2 have been carried out in a joint manner among UN implementing partners.

As it concerns the financial aspects of the Project's implementation, appropriate financial and management records have been kept and are up to date. Procurement procedures are institutionalized but according to documentary evidence compliance has not always been respected. Funds appear to have been used in a judicious manner if considering the Activities implemented, but if considering the whole period under evaluation this judgment cannot apply since too many funds have been disbursed without producing any impact. At least under the first pillar of UNDP component Activities have proved not to be sustainable and not efficiently implemented.

The Project has also experienced some delays in payment of services due to the fact that money was not directly transferred to the Project's bank account. This issue has not been sufficiently clarified, as a matter of fact it is not clear whether the delay in payment is due to a late request from the Project Manager or to a late disbursement of funds by UNDP.

This Project is carried out under the National Execution (NEX) financial modality. This implies four different modalities of cash transfer to manage the finances. It is also possible to use the four modalities in the same Project, for different Activities or Inputs. These arrangements must be clearly stated in the Project document but in this case the documentation provided to the evaluator is not enough to assess whether the direct payment being applied actually corresponds to what was foreseen by the Project document.

There are other relevant aspects which indicate that the Project management might have not always been up to the task since the Logical Framework Approach and its associated tools are not being appropriately applied through the implementation stage to support analysis and decision making. The lack of a Logframe matrix, and therefore also indicators, makes it difficult to evaluate performance and assess impact towards what was planned.

Assessment of Project implementation

Under this heading the evaluator assessed several elements such as the "adequacy of the inputs", "the Project's budget and expenditure", and "activities and outputs".

The assessment of the adequacy of the inputs focused, in particular, on an efficiency criterion to determine how well the various inputs sustained planned Activities. Some discrepancies emerged between the human resources foreseen by the Project and the ones effectively contracted. As this review was carried out a Financial Assistant and an Administrative Assistant were still missing. The Financial Assistant, recruited in October 2007, left in July 2008 therefore affecting the efficiency of the Project management and the timely provision of inputs necessary to carry out Activities, therefore affecting the Outputs. Additionally, not all human resources are working according to their professional competencies, as it is the case of the Project's driver who is presently the Administrative Officer.

All other material resources are adequate to carry out Project's Activities. The only concern is the faulty internet connection, a general problem in Angola, which often hampers the timely access and exchange of information between concerned Project's staff and other stakeholders.

The point of view of the evaluator is that the detached office where the national Project's staff is based is not adequate to carry out Activities efficiently. The national staff working there has no direct supervision and has a non direct interaction with the rest of UNDP staff. The exchange of information, pertinent to the efficient management of the Project, is not timely and the retrieval of documentation necessary to plan Activities, monitor, evaluate and implement Project's Activities are affected.

Timeliness of funds provided to the Project has not always been adequate to carry out Activities. The Project Manager complained about the fact that no funds have ever been transferred to the Project's bank account on which he could have withdrawn autonomously and in a timely manner. Payments are currently authorized by the Programme Specialist on Poverty. The disbursement of funds on Project's Activities has almost stopped since the decision of the Project Board to stop the Activities and carry out a Mid-Term Evaluation. This is one of the reasons that explains the 2009 budget flaw, under "Operational Support" despite no Activities being carried out.

As it concerns the Project's budget and expenditure this has been thoroughly analysed as the ratio of actual to scheduled disbursements mirrors the history of the Project. UNDP initially stated budget to implement its Project was 1.338.000 US\$ to be disbursed over 3 years. Due to the late start of the Project, the Project Unit was staffed by mid 2007 and the Project Manager was only hired in September 2007, the utilization rate of the stated budget for 2007 was dramatically low (29,6%). The first and the only Activity that was carried out in 2007 was a National Survey, in order to have a clear picture of the decentralization process of the Provincial Committees of the CNLCSGE in the 18 Provinces of Angola. To carry out this Activity a national consultant was contracted.

For year two (2008) the total budget was revised and decreased from 1.338.000 US\$ to 1.118.090 US\$. In this year Activities started to be carried out at a faster pace and by the end of 2008, the second year of implementation of the Project, the utilization rate increased to 76,3% on the reallocated budget.

In year 2009 Activities stopped soon after the Project's Board decision, taken on the 14th of January 2009, to hold an independent assessment through a Mid-Term Review of the Project, in order to review the performance and the impact of the Project's Activities.

A point of concern regarding the expenditure is with respect to the high costs of Operational Support towards Project Activities. Actual disbursement of funds over the 2 years of implementation (mid 2007-July 2009) show that actual Operational Support has absorbed almost 4 times more than Activities implemented. Actual disbursement on Operational Support is likely to reach what was planned by the end of 2009, and this despite no Activities being carried out.

Since the beginning of 2009 until the end of July 2009, the total amount disbursed on Operational Support is 70.028 US\$. If we assume that almost the same amount will be spent by the end of the year, then it is likely

that the funds disbursed on Operational Support will almost reach , but should not exceed, the stated planned budget.

After reviewing the whole budget and the disbursements against what was planned, it is evident that costs greatly exceed expected benefits and therefore indicate not just a high level of inefficiency but also a great level of ineffectiveness of UNDP Project.

With respect to the Activities implemented and the Outputs Under UNDP Programme component in the first pillar no results have been achieved. On the nine Activities and Results indicated on the Work Plan, seven of them could not be achieved or carried out because they are all based on Assumption 2 expressed in the Programme document.

Under UNDP third Programme component most of the Activities have been carried out by other UN partners, despite what was originally planned in the WP. Under Activity 3.17 UNDP contributed to cover the costs of the consultant and the training material for the two workshops which IOM implemented in September and December 2007. Under Result 3.16 UNDP Project Manager bought some IEC material that was then distributed in Luanda and in the Provinces where the seven workshops took place.

Under the two Programme components under which UNDP has carried out Activities no Results have been achieved and therefore no tangible impact can be observed.

The likelihood of the Project achieving its planned Outputs, based on the present design, is highly risky on Outcome 1. The three Assumptions/Risks stated in the Programme document in November 2006 still hold true.

Sustainability and ownership

Sustainability is one of the most important criteria of evaluation and refers to the extent to which the positive impacts of the Project at the Purpose level are likely to continue after the Project assistance is over. It also relates to the extent to which the target group want, and can, take over the Project Activities and thus continue to accomplish the Project's Objectives. In this respect the ownership of the UN Joint Programme is of capital importance to guarantee its sustainability.

The Project, as it has been discussed in the previous chapters, cannot be sustainable mainly because it depends on a political decision of the Government of Angola to effectively operationalize the CPLCSGE, a decision that the Government has not yet taken. Both documentary and interview evidence suggest that the design stage was participatory with adequate involvement of partners and stakeholders. The initial partnership commitment appears to have weakened through the implementation phase of the Programme, at least under UNDP Programme components. The "Enlarged Thematic Group", which includes the Government of Angola and the INLS never met since the Project started. The aim of these meetings was to ensure the implementation of the Joint Programme as per the Work Plan. Through regular quarterly meetings and discussions this "Enlarged Group" should have checked progress made in implementation and planned for the next quarter. If this group had met regularly the implementation impediments, under the

first pillar of the Joint Programme, would have emerged on time. The non-implementable component could have therefore been rearranged in order to adapt to circumstances and thus modified in an effective and sustainable manner.

The development of an action plan, in the first half of 2008, between the UNDP and the INLS, through which Activities under Result 1.2 have been decided and the initial Work Plan, were both participatory but the subsequent non constant interaction between the INLS and the UNDP greatly contributed to the unsuccessful performance of UNDP Programme component.

The participatory approach adopted in the preparation of the Joint Programme has ensured its approval but not its sustainability, at least under the first programme component. There is an urgent need to address the operational problems delaying implementation otherwise there might be disillusionment of final beneficiaries for whom this UN Joint Programme is meant.

Conclusions

Several problems affected the performance of UNDP Programme components. Through this Mid-Term Evaluation these problems have been discussed and some recommendations have been provided in order to take advantage of lessons learned and give a practical contribution for strategic planning for the future.

One of the main challenges that UNDP had to face during the implementation of the Project has been under the first Programme Component and in particular under Result 1.2: "Provincial Plans rolled-out to identify immediate actions for integrated HIV/AIDS response".

The timing of the Activities to carry out in order to achieve this Result was not correctly fitted in to the Work Plan and in order to be effective Activities should have been carried out only if Assumption 2, listed in the Programme document came true. In the logic of the Project, Activities under Result 1.2 would have complemented the operationalization of the Provincial Committees of the National Aids Commission (CPLCSGE).

The non operationalization of the CPLCSGE, together with a weak Project design and a low level of ownership and coordination among national and international partners have been the main causes of failure of UNDP Project.

The non operationalization of the Provincial Committees of the CNLCSGE, which is one of the Assumptions on which, too optimistically, all the first pillar of the UN Joint Programme on HIV/AIDS is based, brought to light the non implementable Programme component under which UNDP was carrying out its Activities.

The non timely reaction by implementing partners in facing the implementation impediments has highlighted a low level of coordination and a low quality of partnership among UN cosponsors and national partners.

In light of the implementation impediments, the timely intervention of the "UN Enlarged Thematic Group on HIV/AIDS", which includes the GoA and the INLS, would have greatly contributed to readapt the Programme component and thus reduced the inefficiencies produced.

This Mid-Term Evaluation focused on UNDP first Programme component since it is under this pillar that the main problems were encountered.

The Project design has been considered weak under several aspects, among which the stakeholder analysis. As a matter of fact, during implementation, it became obvious that Activities carried out under Result 1.2 were not reasonably comprehensive and well balanced, since not all members of the CPLCSGE had been taken into consideration.

The Project design actually does not clarify whether also the Governor and the Deputy-Governor were to take into consideration through the planned Activities. The Programme document generally indicates the CPLCSGE as being the target group, but then no indication is given on whether Activities under Result 1.2 had to be addressed also to the Governor and Vice-Governor. It actually would be difficult, considering the present Angolan context, to see a Governor sitting in a room with the rest of the participants for a workshop without having considered the peculiarity of its political role and status. This has been an aspect that the Programme document did not consider well enough and therefore also the effectiveness of the Activities carried out was consequently reduced.

The mindset of the evaluator has been focusing on a simple question: "Would the achievement of Result 1.2, considering the present context, effectively bring about sustainable benefits for the target group"? The answer seems rather simple, since without the operationalization of the CPLCSGE the Activities carried out will not be sustainable.

In order to be effective Activities carried out, need to be sustained not just by a great level of coordination between implementing partners and the GoA but also by some "environmental" condition which is outside of the Project management control and can be seen as of long term constraint. So, besides a short term constraint which could be encompassed in the short run through a political decision of actually operationalising the CPLCSGE, there is a long term constraint to consider which can be defined in terms of weak technical capacities at the sub-national level.

The Government of Angola is already experiencing this challenge since it embarked on the institutional decentralization process. Some of the limitations of this decentralization at the sub-national level include: inadequate experience in planning and budgeting for public funds, lack of experience in managing funds transferred from central government and accountability issues, limited experience in consultative process and community participation in the decision making process, and weak management and technical capacities in public service delivery and promoting local development. These are all challenges that cannot be easily overcome in the short run.

The CPLCSGE remain highly important for the key role they could play in the decentralization of the National Strategic Plan and thus the fight against HIV/AIDS. To be successful in this task the CPLCSGE need to be

further developed so that they could contribute in the coordination of activities at provincial level through the implementation of the Provincial Action Plans.

The effective operationalization of the NAC at central and provincial level remains the fundamental step for an effective decentralized multisectoral response to the HIV/AIDS epidemic in Angola.

Main Recommendations

- Consider complying to the existing rules and regulations in order to endorse the "**Three Ones**" **principles**, to achieve the most effective and efficient use of resources, and to ensure rapid action and results-based management of Joint Programmes.
- Consider calling for a meeting of all head of agencies, the UCC, the UN RC and all relevant national partners in order to build on lessons learned and establish effective coordination arrangements, before the next UN Joint Programme starts.
- Make sure a final agreement is produced and published on UNAIDS website before the next UN Joint Programme starts.
- Make sure that an effective mechanism to ensure compliance with agreed rules and regulations is endorsed.
- A common monitoring and evaluation framework is a powerful instrument to enhance effectiveness, efficiency and impact of Joint Programmes. UNAIDS should therefore consider elaborating standardized tools for the monitoring and evaluation of Joint Programme Activities to be updated by the focal persons in UN agencies and then discussed during the UN JT meetings. The information collected should then be available in the form of quarterly reports to be timely published on UNAIDS website.
- The UN TG together with the INLS should carefully consider the design of the next Joint Programme on HIV/AIDS and make sure that the content is implementable.
- The INLS and the GoA should consider not to meet with single agencies separately when discussing main issues related to the UN JP on HIV/AIDS, but should meet with the UCC or, if the case, with the UN RC.
- The GoA and the INLS should continue to take advantage of the UN Joint Programmes on HIV/AIDS and participate to the Enlarged Thematic Groups on HIV/AIDS.
- Consider calling for an inception meeting 4 to 6 months after the start of the next Project in order to review and revise the Project's plan and establish an appropriate M&E system.
- Consider using a standardized format for monitoring reports in order to immediately gather the information needed.

- *Consider not to adopt the National Execution modality for Project implementation if efficiency and effectiveness of the Project are affected.*
- *Consider hiring a Programme Specialist on HIV/AIDS in order to increase management efficiency of UN JP on HIV/AIDS.*
- *The UN Joint Programme should take in to consideration the long term constraints herein identified through a long term comprehensive strategy.*
- *A high level of partnership among implementing partners is key to the effectiveness and efficiency of the Joint Programme.*
- *A coordinated action between the UNDP and the Government of Angola is highly recommended in order to guarantee the sustainability of Activities implemented to enhance the institutional capacity to ensure a rapid, multisectoral response to the epidemic.*
- *Consider changing the focus of the Activities implemented under the first Programme component and consider insisting on raising awareness were political decisions can be made in order to effectively contribute to the operationalization of the CPLCSGE.*
- *Considering the need to effectively decentralize the fight against HIV/AIDS the UNDP will have to insist in the support of the CPLCSGE.*
- *Awareness should be raised at the political level while at the same time working with civil society. A combination of both upstream and downstream interventions will be required in order to tackle the HIV/AIDS epidemic in a comprehensive and effective way.*
- *The risks and assumptions identified in the Project document are still relevant, but lack actions for managing unforeseen negative effects or risks. Consider a risk management strategy in order not to get stuck during implementation.*
- *Consider as risk the lack of human resources, which is long term constraint, that it will then not easily be managed in the short run.*
- *Consider as opportunity the emphasis given by the new UNDAF 2009-2013 to Joint Programmes.*
- *Consider as opportunity the political willingness of the Angolan Health Minister to quarterly meet the UN Representatives for debriefing on Activities carried out².*
- *Consider as an opportunity a UN fully/or quite operational in terms of human resources. In 2006 and 2007 this was not happening and many head of agencies were missing. At that time a high level of turnover and the absence of the UN RC affected Programme performance.*
- *Consider as an opportunity the fact that the decentralization process is on top of the agenda in Angola.*

² Meeting held on the 22nd of July 2009 between the Minister of Health and the UN Representatives.

- *Consider analyzing what the positive synergies could be in linking the support to the decentralization of the fight against HIV/AIDS and the "Decentralization and Local Government" phase II Project (UNDP).*
- *Consider periodically mapping what international organizations/initiatives/NGO are doing in the provinces for coordinated action.*

CHAPTER I

1.1 - Introduction

In September 2005, the UN Secretary General directed Resident Coordinators to establish a Joint Team on AIDS and to define at country level one Joint Programme of Support for HIV/AIDS. Through the leadership of UNAIDS and the coordination of the Resident Coordinator and the UN Country Teams as well and the definition of the Division of Labor for each agency with regards of types of interventions in response to the HIV/AIDS epidemic, UN agencies were expected to formulate a Joint Programme that would be aligned with the National Plans for Reducing the Impact of HIV/AIDS.

The UN Joint Programme on HIV/AIDS was formulated in 2006 and formally endorsed by the Government in November 2006, by the Ministry of Planning and the Ministry of Health and also signed by the UN Resident Coordinator. The Programme was formulated based on a series of joint missions held by the UN Joint Team on AIDS which had identified the main priorities for supporting the Government's "National Strategic plan for Combating HIV/AIDS epidemic".

As defined by the Division of Labor, UNDP has a comparative advantage in providing support to the Strategic Planning, Governance and financial management, particularly regarding PRSPs, and enabling environment as well as human rights and gender.

UNDP formulated the Project "Support to the National Strategic Plan", also commonly referred to as the UN Joint Programme on HIV/AIDS (covering only those activities implemented by UNDP) in 2006. The Project was designed to three years, with an end date of December 2009.

The main Outcomes of the Project were defined as follows:

- *Strengthen the institutional capacity for the National AIDS Commission and the Provincial HIV/AIDS Committees*
- *Legalize more than 80 NGOs*
- *Produce information and education material on HIV/AIDS*

The Project unit was staffed by mid 2007 and the Project has been implementing a series of Activities, including a survey of the Provincial AIDS Committees and 8 Provincial workshops, and advocating for the legalization of NGOs.

A Project Board meeting held in January 2009 had as the main recommendation to hold an independent assessment through a Mid-Term Review of the Project "UN Joint Support to the National Strategic Plan in the decentralization process of HIV / AIDS programmes" in the framework of the United Nation's Joint Programme, in order to review the performance and the impact of the Project's Activities.

1.2 - Methodology

This independent evaluation has been an extremely important exercise through which the strengths and weaknesses of UNDP Programme components have been assessed so to allow for a review of performance and contribute to strategic planning for the future.

Through this Mid-Term Evaluation, the mind-set and the approach of the International Consultant had as a priority focus the provision of UN quality standards information, in order to allow for an informed judgment on the performance and impact of the Project through the delivery of accurate and reliable information.

The evaluator did his best to provide a practical and effective information report to be used for evidence-based decision-making.

A participatory approach has been used to encourage joint problem analysis and development of solutions between the consultant and project staff, national and international partners.

In order to enhance the usefulness of the findings and of the recommendations, the view point and the participation of the key stakeholders have been taken into high consideration, especially through rapid appraisal methods such as interviews, focus group discussions and field visits.

The interpretation of the findings has been grounded in the realities of the country and the Project's context and the recommendations aim to be practical and realistic.

The itinerary of the field visits has been agreed upon by the consultant and the Project Manager before departure but then readapted during the assessment exercise. The review exercise, the methodology and approaches used have been discussed in Luanda between the consultant and UN staff, as stated in Terms of Reference.

The main method adopted has been of primary data collection, through semi-structured interviews conducted with key informants. Key informants consisted of national and international stakeholders identified by the consultant, the UNDP Project Manager, the UNDP Deputy Director and the UNDP Programme Specialist on Poverty.

Interviews have been conducted either with individuals or small groups, and have been loosely structured around the topics stated in the Terms of Reference.

Topics of discussion and content of interviews have been decided by the consultant in the preliminary phase of the Mid-Term Evaluation and during the assessment exercise.

During semi-structured interviews it has not been requested to respondents to cover every topic, and topics have not always been used in a linear fashion. Rather respondents have been asked to identify key strengths and challenges of the Project as an opening question and then prompted on other relevant issues and topics as the conversation unfolded.

Secondary data has been collected from documentary sources identified by the evaluator and the UNDP Project Manager in accordance with the scope and objectives of the Mid-Term Evaluation.

The evaluation employed both qualitative and quantitative information. It included participatory rapid assessment techniques involving extensive interaction with management and technical staff of almost all the agencies participating in the Joint Programme. This process has been complemented with the monitoring information available, which demonstrated the process and the progress being made to achieve stated Objectives and Project's Goals.

The methodology included, but was not limited to, the following: literature review, key informant interviews, focus group discussions and observational field visits.

The evaluation criteria of relevance, impact, sustainability, effectiveness and efficiency have been the guiding criteria of the assessment exercise.

During the planning stage of the evaluation, extensive desk-review of Project documents and other related documents took place, both primary and secondary information has been analysed and then incorporated in Annex 3.

Relevant documentation was forwarded to the International Consultant before departure.

Field visits have been an important part of the assessment exercise. During field visits focus group interviews took place in order to assess both the progress and the continued relevance of Project's Activities.

During the field visits the evaluator has been engaged in: direct observation, questionnaires, semi-structured interviews, interviews with key persons, focused group discussions, mixed group interviews and discussion within the evaluator and the UNDP Project Manager. (See Annex 2)

During the analysis stage and report writing additional consultations took place with key informants at the national and international level, including: INLS, MAT, MAPESS, MINSA, ANASO, UNDP, UNICEF, UNAIDS, FAO, GFATM, UNHCR and IOM.

The findings and recommendations of the Mid-Term Evaluation have been discussed in-depth between the consultant and the Project Manager and also with key stakeholders such as the Director of the INLS, the Director of UNDP, the UN Resident Coordinator and the UNAIDS Country Coordinator to whom the draft evaluation has been presented for acknowledgment.

The Terms of Reference, in Annex 1, for this review have been considered clear and an adequate guide for conducting the Mid-Term Evaluation.

CHAPTER II

2.1 - The Angolan Background

The Republic of Angola is a country in south-central Africa bordering Namibia to the south, Democratic Republic of the Congo to the north, and Zambia to the east, and with a west coast along the Atlantic Ocean. Estimates suggest that the current population amounts to 16.5 million, dispersed over a total area of 1,246,700 km². Of these, 50.7% are women, 53.3% reside in urban areas, and 50% between the ages of 5 and 25³. The country is the second-largest petroleum and diamond producer in sub-Saharan Africa, and is ranked 59th among the world's economies in terms of gross domestic product⁴.

"Angola em movimento" is the leitmotiv that illustrates the country situation.

After six years of peace the Angolan Government is taking action with huge investments in rebuilding and renovating basic national infrastructure, which is expected to have an impact in the living conditions of its populations.

Angola is enjoying an unprecedented performance with the economy growth rate reaching the 23.3% in 2007, while inflation dropped from 105.6%, in 2002, to 11.9%, in 2007⁵. This largely reflects the achieved macroeconomic stability, the continued good performances in the oil and diamond sectors and the recovery in non-mineral, transport and agriculture sectors. With peace and macroeconomic stability more firmly entrenched the country has the opportunity to make far-reaching reforms to achieve great sustained socio-economic development.

The absence of regular surveys and lack of updated data make it difficult to track accurately the progress in the social sector. However, some advances are perceptible. For example, the enrollment in primary education has improved considerably with gross enrollment rate increasing to 5.8 million in 2007 (more than 75% compared with 2003); from 2003-2005 29.000 new teachers were recruited; infant mortality rate has improved from 154/1000, in 2004, to 134/1000, in 2007, and the life expectancy remain at 42 years; the proportion of population with access to improved water and sanitation are respectively at 61.6% and 59%⁶.

Additionally, the Government has therefore emphasized in its Draft Medium-Term [2009-2013] Development Plan the need for faster and more inclusive growth, reducing by 90% the infant mortality and 95% the maternal mortality.

The Government actions to reverse years of instability is indicating its will to bring a new image of Angola to the international community, as an active player in the Organization of the Petroleum Exporting Countries (OPEC) networks and put forward its potential in mining and natural resources. Its rapid economic growth

³ Source: Ministry of Planning and UNFPA.

⁴ Source: World Bank 2007.

⁵ Source: 2008 State Budget.

⁶ Source: Draft Angola Medium-Term Development Plan (2009-2013).

also provides indications of the need for constant and growing efforts to ensure that Angola's young population is and will benefit from it. It calls for unprecedented strategies and investment to include the vulnerable in the driving force of national development -children, girls and women being at the centre of development. Angola's human capital is the most important resource to ensure a prosperous future for the country.

It is the objective of the GoA to substantially reduce the poverty incidence rate over the next decade, setting targets according to the MDGs, the New Partnership for Africa Development (NEPAD) programme and the Southern African Development Community (SADC), marking a reduction by 50% of the proportion of people living with less than one dollar a day by 2015 and a 75% increase in the national HDI by 2025, positioning Angola among the Medium Development Countries.

Despite efforts to improve the performance of the health sector, the respective system and service are still precarious, since it still suffers from inadequate infrastructure, equipment, trained personnel and referral systems. In 2005 there were 1.659 doctors in Angola, equivalent to only one per 10,000 inhabitants, and the government has pledged to increase this to 13 per 10,000 inhabitants by 2015. Many provinces have little functioning health infrastructure. Life expectancy (42 years in 2007), access to basic health care (30%), and access to water and sanitation (respectively 62% and 69%) are low. The endemic malaria (77,6% of deaths) is high. Maternal mortality is very high, at 1,850/100.000, and infant and under five mortality rates are at 150 and 250 per 1,000 live births, respectively. Teenage pregnancies are serious concern; 51.5% of girls aged 15-19 having at least one child. Obstetric fistula is an important problem. Condom use rate is low (0,3%).

The adult rate of HIV infection in Angola is 5.0%⁷. The variation among the provinces is very significant: from 0,8% in Bié to 10,6% in Cunene (Surveillance study in pregnant women who attended antenatal clinic-sentinel sites\ 2005). In 2007, 73,31% of the cases in women were concentrated between 20 to 39 years old. On the other hand, between these ages, almost 70% of the notified cases are among women. This shows clearly the impact of the epidemic within the highest economic productive age and the high vulnerability of the women facing the epidemic.

The involvement of the civil society and of public and private sectors is crucial for a higher integration of HIV/AIDS in the different interventions. The people living with HIV network has been implemented in 2006 the same year of the creation of the Angolan business coalition. Besides that the church network to fight against AIDS is also very active in all the eighteen provinces and plays a key role in the mobilization of the urban and rural communities.

Despite strong economic performance and wealth of natural resources, Angola HDI is still low. However, there is a positive trend with a slight improvement as per the 2007/2008 World HDR.

With a 0,446 HDI (data from 2005), Angola is still ranked among the low development countries. Therefore, it needs to address its Human Development challenges to better reflect the economic efforts that have been made since the signing of the peace agreement in 2002, through systematic investments in the human capital.

⁷ Source: Ministry of Planning.

Sixteen years after the first multi-party elections, Angola held the second legislative elections on the 5th September 2008, while the presidential election was announced for 2009. Local elections are also expected in the near future, as part of the decentralization process. Vibrant, but still fragile civil society organizations, have been flourishing in the country. However, effective vertical and horizontal accountability mechanisms need further strengthening.

Angola was among the 191 countries that adopted the Millennium Declaration at the Millennium Summit in September 2000. In this regard, the MDGs figure among the outreaching objectives and drivers of Angolan development strategies and plans.

Top officials regularly reconfirm the country's commitment to achieve the MDGs and some steps have been undertaken to increase awareness of the MDGs in the country and assess the progress towards them. More precisely, two MDG reports have been produced and disseminated and episodes of an MDG campaign have been realized.

Basically, tracking the progress towards the MDGs, on the basis of the framework defined in the millennium declaration, is a daunting task in Angola, for various reasons.

Indeed, no pertinent/accurate data pertaining to the MDG indicators is available for wartime period, especially for the early 1990s. The absence of regular surveys adds to this difficulty.

It is believed that most MDGs are within reach on the basis of recent trends and the country's financial capacity. MDGs 2 and 3 are considered at global level (MDG monitor) to be on track: school enrolment was considered at 49 % in 2002, and since then the government funding increased from \$1 billion in 2005 to more than \$2.6 in 2008. MDGs 4, 5, 6 and 7 are considered within reach if sufficient political and funding commitments are ensured. A good illustration of this latest trend can be found on MDG 4 (reduce child mortality) where recent estimates tend to prove that Angola could be back on track if efforts are sustained.

2.2 - The Context of the UN Joint Programme on HIV/AIDS

This UN Joint Programme on HIV/AIDS (UN JP) was designed in 2005 and signed in November 2006, it first and foremost supports the National Strategic Plan (NSP) under the leadership of the Government of Angola (GoA) with a focus on the decentralization process of the HIV/AIDS programmes. This UN JP is also contributing to the UNDAF and in particular to the achievement of its Outcome 3: Rebuilding the Social Sectors. The Outcome 3 of the UNDAF is based on the national priorities set in the PRSP covering the period 2004-2006 and contributes to the following Outcomes:

- 1. Control the spread of HIV/AIDS and assist those families within which people are living with HIV/AIDS (PRSP 4.)*
- 2. Improve the health situation of the population by increasing access to primary health care and focus on the control of the spread of HIV/AIDS (PRSP 6.)*

The expected Outcome(s) of the UN Joint Programme are based on the harmonization of UN approach to HIV/AIDS and on the establishment of an integrated response in support of the Government in its implementation of the National Strategic Plan with a focus on the decentralization process of HIV/AIDS programmes.

The UN JP has been divided into four pillars of intervention: that have the following expected Outcomes:

- Enhance the institutional capacity to ensure a rapid, multisectoral and decentralized provincial response to the epidemic;*
- Reduce the incidence of STI-HIV/AIDS through strengthening clinical capacities;*
- Reduce the incidence of STI-HIV/AIDS through strengthening prevention capacities; and*
- Mitigate the impact of HIV/AIDS in the individual, family and community.*

At the time when this Programme was signed, not all the institutional structures necessary to fight the HIV/AIDS epidemic were fully operationalised:

The National Commission to fight AIDS and other Endemic Diseases (CNLCSGE) created by the Council of Ministers in the light of Decree n°1/03 of 10 January 2003 was already in place, and through Law Decree 7/2005 its functions and attributions were officially approved.

This structure is coordinated by the President of the Republic of Angola and is composed of the following Ministries: Ministry of Health, Ministry of Education, Ministry of Culture, Ministry of Assistance and Social Reintegration, Ministry of Agriculture and Rural Development, Ministry of Youth and Sport, Ministry of Justice, Ministry of National Defense, Ministry of Interior, Ministry of Public Administration, Labor and Social Security, Ministry of Territorial Administration, Ministry of Information and Ministry of Planning. It is therefore a political organ aimed at ensuring the engagement of all sectors of national life in the fight against the HIV epidemic and other major diseases.

The CNLCSGE is technically assisted in its decision making process by a Technical Committee comprising the Deputy Ministers of the Ministries that are members of the Commission, which is also a political organ.

At the level of the Provinces, the CNLCSGE is represented by the Provincial Committees of the CNLCSGE chaired by Governors or Deputy Governors for Social Affairs and is composed of Provincial Directors from the above Ministries.

Most provinces have already formed their own Provincial Committees, but despite the general optimism regarding their operationalization at the time when the Joint Programme was designed they have not yet been operationalised.

Operationalization is the process through which effective rules and regulations, financial and human support are provided in order to make an institution, or a set of institutions, work concretely and effectively.

This operationalization process is of fundamental importance in the decentralization of the National Strategic Plan and the fight to the HIV/AIDS epidemic. In order to operationalize the CNLCSGE and the Provincial committees, it is necessary to regulate the Law decrees that created these organs. A step forward towards this process has been made with the Law Decree n.2/2007, which regulates attributions, competencies and functioning of the sub-national institutions. Despite this Decree, nothing was said on the operationalization of the CPLCSGE, which are therefore still waiting to be operationalised.

Networks of NGOs, such as ANASO and Rede Esperança (religious organization), are central actors in the national response to the HIV/AIDS epidemic and their support is considered to be fundamental both by the Government of Angola and the UN.

The first National AIDS and STI Strategic Plan in Angola was prepared in 1999, followed by a second strategic planning exercise in 2003 covering the period 2003-2008 and then a third National Strategic Plan released in December 2006, covering the period 2007-2010.

The National Strategic Plan for Sexually Transmitted Infections and HIV/AIDS (NSP) aimed at defining the strategic directions for the GoA in its fight against the epidemic for the period of 2003-2008. Various ministries and other important sectors of the national life, such as local and international NGOs, churches and some Deputy Governors, Donors and UN Agencies participated in the preparation of the NSP 2003-2008.

The NSP 2003-2008 aims at achieving three General Objectives:

- 1. Strengthen the capacity of the national response to fight the HIV/AIDS epidemic at various levels.*
- 2. Reduce the spread of the HIV/AIDS epidemic and STI.*
- 3. Reduce the socio-economic impact of HIV/AIDS on the individual, family and community.*

This Joint Programme is supporting the National Strategic Plan in the decentralization process of HIV/AIDS programmes and the UNDP is specifically implementing Activities in support of the following two Outcomes:

Outcome 1: Enhance the institutional capacity to ensure a rapid, multisectoral and decentralized provincial response to the epidemic.

Outcome 3: Reduce the incidence of STI-HIV/AIDS through strengthening prevention capacities.

By working on the above mentioned Outcomes UNDP has proposed to respond to the limitations that the UNGASS reporting had identified⁸. For background information see Box 1.1⁹.

**BOX 1.1 THE UN GENERAL ASSEMBLY DECLARATION OF COMMITMENT ON HIV/AIDS-
GLOBAL CRISIS-GLOBAL ACTION**

In June 2001, the United Nations General Assembly Special Session on HIV/AIDS (UNGASS) declared a commitment by political and other leaders to implement multisectoral national AIDS strategies and integrate HIV/AIDS into the mainstream of development planning, including poverty reduction, by 2003. The UNGASS Declaration of Commitment saw care, support and treatment as fundamental elements of an effective response. It called for the realization of human rights and fundamental freedoms for all, including empowering of women, as essential to reducing HIV/AIDS vulnerability.

The Declaration expressed the view that to address HIV/AIDS is to invest in sustainable development.

It stated that the HIV/AIDS challenge cannot be met without new, additional and sustained resources.

The Declaration supported the establishment of the Global Fund and anticipated a world-wide fundraising campaign by 2002. It called for conducting periodic national reviews of progress in meeting commitments in the Declaration with the participation of civil society. A high-level UN meeting took place in May-June 2006, the main focus of the meeting was to review progress achieved in realizing the commitments set out in the Declaration of Commitment and to:

- review progress in implementing the 2001 Declaration of Commitment on HIV/AIDS, focusing on both constraints and opportunities to full implementation;*
- consider recommendations on how the targets set in the Declaration may be reached, including through the "towards universal access processes" and to*
- renew political commitment.*

The aim of the high level meeting was to review progress on the Declaration of Commitment and to keep attention focused on HIV/AIDS globally and at the country level.

⁸ REPÚBLICA DE ANGOLA, RELATÓRIO DE UNGASS 2006, December 2005

⁹ UN, "The UN General Assembly Declaration of Commitment on HIV/AIDS—Global Crisis-Global Action," Document A/RES/S-26/2, 2001

CHAPTER III

ASSESSMENT OF PROJECT RELEVANCE

3.1 - Assessment of relevance towards the country's identified problems

The Project relevance has been reviewed with respect to its design and to the extent to which the latter continues to reflect beneficiaries' needs and addresses the identified problems.

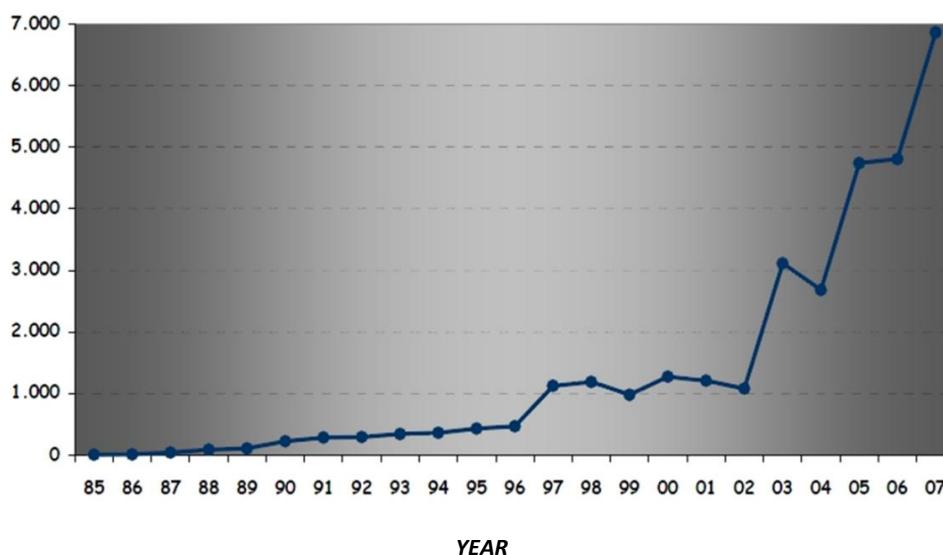
The UN Joint Programme of Support to the National Strategic Plan was elaborated by taking into account the realities of the Angolan context of 2005 and its design was finalized by March 2006. It was then approved and signed in November 2006 by the Deputy Minister of Health, by the UN Resident Coordinator and the Minister of Planning. By the end of 2006 all the representatives of the UN partners added their signature to the Programme document.

Some important changes in context have occurred since then. The most important one is that the HIV/AIDS epidemic has grown in magnitude.

Updated and more refined HIV and AIDS estimates that cover up to year 2007 have been released by the Angolan Health Ministry/INLS¹⁰ and WHO/UNAIDS.

The table below shows the cumulative trend of HIV and AIDS infection per year 1985 - 2007.

Cumulative number of new cases of HIV and AIDS , 1985 - 2007*

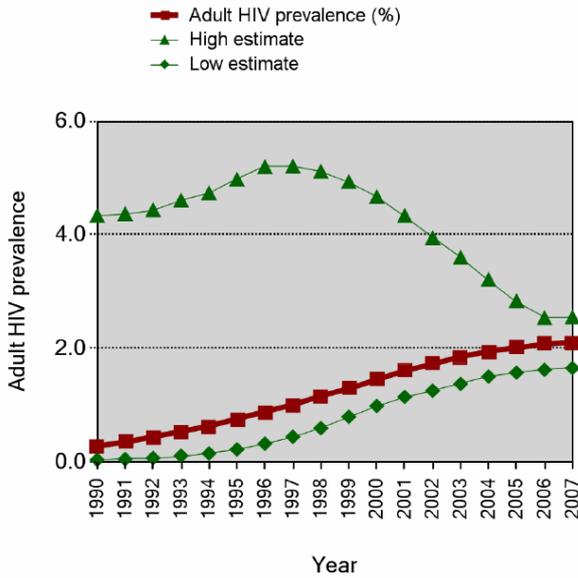


*Data provided by Provincial Health Directorates/INLS

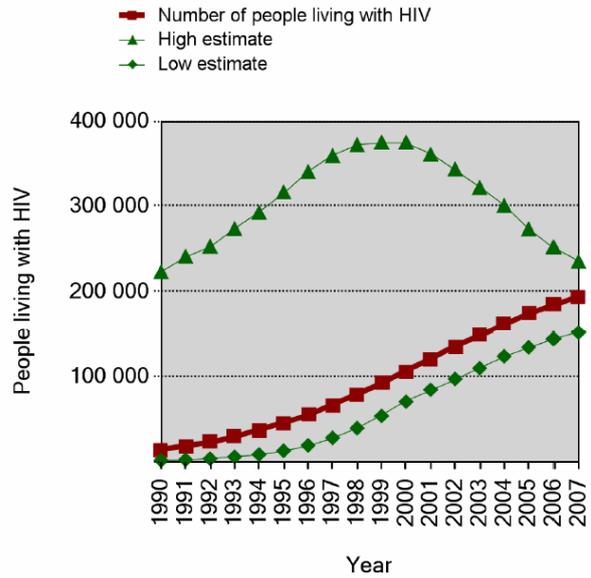
¹⁰ UNGASS, "RELATÓRIO DE UNGASS 2007", December 2007

Other estimates and data on HIV prevalence and number of people living with HIV/AIDS 1990-2007 confirm an increased prevalence in the country.

Estimated adult HIV (15-49) prevalence %, 1990-2007



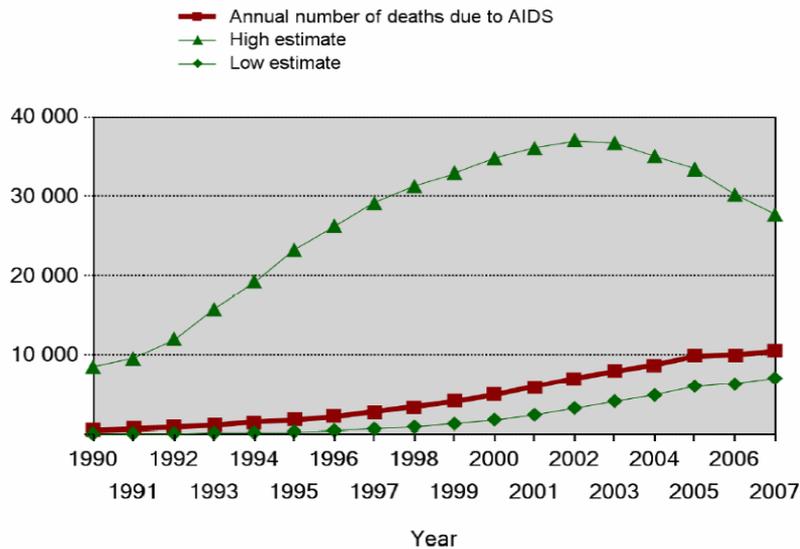
Number of people living with HIV, 1990-2007



Source: UNAIDS/WHO, 2008

The new estimates available show that the HIV/AIDS epidemic has entered a stage where the impact is increasingly affecting human lives The chart below¹¹ shows this situation.

Estimated number of deaths due to AIDS 1990-2007



¹¹ UNAIDS/WHO Working Group on Global HIV/AIDS and STI Surveillance, "Epidemiological Fact Sheet on HIV and AIDS", Core data on Epidemiology and Response Angola, 2008 Update, September 2008, Geneva.

The progress of the HIV/AIDS epidemic in Angola did not take the Government and its national partners nor the UN by surprise, as a matter of fact at the time when this Programme was being signed UNAIDS was actively supporting the INLS in the elaboration of the updated National Strategic Plan to fight HIV/AIDS and other STDs for 2007-2010, which was taking in to account also the steps towards Universal Access¹².

The new NSP was ready to be implemented by the Government of Angola only one month after the signature of the present Joint Programme, it was just awaiting to be approved by the Angolan Government.

With the new NSP 2007-2010 new challenges were taken in to consideration and new strategies were therefore decided.

Despite the newly approved NSP this Joint Programme is still relevant in the Angolan development context even though it should be adjusted in order to be more harmonized with the NSP 2007-2010.

This consideration is mainly based on the fact that the decentralization of the response to the epidemic and better access to services at the decentralized level are still among the challenges Angola is facing.

The present NSP 2007-2010 is substantially an update of the previous one, since the logical structure of the previous NSP has been maintained. The General and Specific Objectives of the NSP 2003-2008 have been partially revised.

The main changes occurred in order to incorporate Specific Objectives in the areas of monitoring and evaluation of the vertical transmission of the HIV virus.

The NSP 2007-2010 is based on three General Objectives:

- *Enhance the institutional capacity to respond to the HIV/AIDS epidemic*
- *Reduce the incidence of the HIV epidemic*
- *Mitigate the socio-economic impact of HIV and AIDS on the individual, family and community*

A set of Specific Objectives, some of them revised in the new NSP, is provided in order to contribute to these General Objectives.

The new National Strategic Plan (NSP) has been organized in 4 components: 1) Institutional reinforcement; 2) Promotion and Prevention; 3) Support; 4) Treatment and Care.

The new NSP also provides sub-components, actions and targets all to contribute to the General Objective.

The UN Joint Programme has not incorporated all the changes of the new NSP 2007-2010, which considers the advancements made between 2003-2006 and the new strategies for 2007-2010, and therefore should be adapted.

According to key informant interviews a new UN Joint Programme is currently under elaboration in order to adapt to the new circumstances.

¹² UNGASS Report 2007, December 2007

The current UN Joint Programme has been structured on the General and Specific Objectives considered in the NSP.

The first pillar of the UN Joint Programme, "**Enhance the institutional capacity to ensure a rapid, multisectoral and decentralized provincial response to the epidemic**", directly contributes to the General Objective 1 of the NSP: Strengthen the national institutional capacity to fight HIV/AIDS, Specific Objective 1.1: Strengthen the National Commission and Provincial Commissions to fight against AIDS through advocacy at the political level, Specific Objective 1.2: Capacity building of the National and Provincial programmes and Specific Objective 1.7: Promote a supportive ethical, legal and human rights environment to fight stigma and discrimination against PLWA.

The second pillar of the UN Joint Programme, "**Reduce the incidence of STI-HIV/AIDS through strengthening clinical capacities**", contributes to the General Objective 2: Reduce transmission of sexually transmitted infections (STI) - HIV/AIDS and Specific Objective 2.1: Promote safer sexual behaviour for young people, other specific population groups and for the general sexually active population and Specific Objective 2.2: Reduce transmission of sexually transmitted infections (STI). The second pillar focuses on the clinical capacities both in terms of structures, services, human resources related to prevention and treatment.

The third pillar of the UN JP, "**Reduce the incidence of STI-HIV/AIDS through strengthening the prevention capacity**", contributes to the General Objective 2: Reduce transmission of sexually transmitted infections (STI) – HIV & AIDS and Specific Objective 2.1: Promote safer sexual behaviour for young people, other specific population groups and for the general sexually active population and Specific Objective 2.2: Reduce transmission of sexually transmitted infections (STI). The third pillar focuses on prevention activities at the community level.

A fourth area of intervention of the UN Joint Programme, "**Mitigate the impact of HIV/AIDS in the individual, family and community**" is mirrored in the NSP through its third General Objective.

3.2 – The Project's coherence towards the UN development priorities

The extent to which this Joint Programme is coherent and contributes to the development priorities of the UN has also been assessed and it is here presented.

The present UN Joint Programme is contributing to the UNDAF 2005-2008 and in particular to the achievement of its Outcome 3: Rebuilding the Social Sectors. The contribution under this Outcome 3 aims at strengthening the national capacity for the delivery of basic services and sustaining processes of social empowerment in order to reduce mortality among under-five children and women and reduce morbidity caused by prioritized diseases.

As this Mid-Term Evaluation is being carried out a new UNDAF for years 2009-2013 has been finalized.

The UNDAF 2009-2013 will be implemented in order to support the Government of Angola in its Medium-Term (2009-2013) Development Plan.

As it specifically relates to the HIV/AIDS epidemic in the country, the UN System will deliver on two main areas of support:

Support area 2: Social Sectors (Health, WESH and Education)

UNDAF outcome 2: Increased and equal access to quality and integrated social services at national and sub-national levels with emphasis on MDG targets.

" [...] The UN is particularly suited to support the government's efforts in these areas [...] including HIV&AIDS and maternal and child health [...] the establishment of policy and legal frameworks for [...] the promotion of the Human-Rights based approach to AIDS response".

Support area 3: HIV and AIDS

UNDAF Outcome 3: Strengthened institutional and technical national response to HIV and AIDS to accelerate progress towards Universal Access to prevention, treatment, care and support as step on the road to achievement to the MDGs by 2015, to eradicate stigma and discrimination, to meet the epidemic's multigenerational challenge.

The emphasis that has been put on Universal Access to prevention, treatment, care and support is a clear sign of commitment of the UN system, in support to the priorities of the Government of Angola, by "acting as one" and increasingly taking advantage of Joint Programmes in key areas such as HIV/AIDS.

With the approval of the new UNDAF, finalized in April and signed in May 2009, the Joint Programme will have to adapt to the new commitments and challenges therein identified.

This Joint Programme even if not yet updated to all the changes in context can be still considered as being correctly fitted in the Angolan national priorities and the UN development priorities.

3.3 - The design of the Project

The relevance of a Project does not only relate to the way its design continues to reflect the beneficiaries' needs and reflects the development priorities of the implementing partners, it also relates to the appropriateness of its design to the problems to be solved.

In the following part of this review the overall logic of the Project design and its adequacy in the present context will be specifically assessed.

It is according to the above mentioned logic that the main weaknesses of this UN Joint Programme come to evidence.

The design of the Project, as it specifically relates to its appropriateness to solve the identified problems, is questionable from several points of view, and the reasons of this weakness is here thoroughly discussed.

One of the shortcomings that can easily be noticed in this UN JP is that the UN implementing agencies are, under several of the Activities listed in the Work Plan, not always working according to their comparative advantage and therefore the competitiveness of the UN System as a whole in the country is potentially reduced.

Also the way Activities and Results appear in the Work Plan seems to be not always responding to a carefully planned logic.

For example: Result 1.15: "Awareness and knowledge raised among the population on the HIV/AIDS impact on food security, agricultural production and nutrition in the rural areas through the distribution of information materials", under which FAO's Activities are being carried out, appears in the first pillar instead of the fourth pillar of the Joint Programme intervention.

The first pillar of the Joint Programme intervention supports the enhancement of the institutional capacity to ensure a rapid, multisectoral and decentralized provincial response to the epidemic, whereas the fourth supports the mitigation of the HIV/AIDS impact at several levels, the individual, the family and community.

The way Activities and Results have been fitted in to the Work Plan is also not responding to the most effective intervention logic, since Activities appear to be rather fragmented with the consequence of reducing the effectiveness towards the identified Objectives of the Programme.

The sequence of some of the Activities that appear in the Work Plan does not always respond to an effective strategy, as it is the case for Result 1.2: "Provincial Plans rolled out to identify immediate actions for integrated HIV response".

Activities under the above mentioned Result, in order to be effective, should have been carried out only after Result 1.3: "Provincial Committees of NAC operationalised to strengthen the National AIDS Commission to Fight AIDS and major endemic diseases at provincial level".

But, what the Work Plan indicates as Result 1.3 is, as a matter of fact, an Assumption and therefore Activities under Result 1.2 could only be sustainable if the Government of Angola concretely operationalised the CPLCSGE (See: Assumption/Risk n. 2¹³ in Programme document).

The Work Plan of the Programme document mistakenly indicates as a Result what is an Assumption. Result 1.3 cannot be achieved by any of the UN agencies and sub-national partners because it is the Assumption on which almost all the first pillar of the Joint Programme is based. As an Assumption it should not even be considered in the Work Plan, but should be left in the fourth column of the LFM.

The Programme design, under its first pillar, appears therefore too optimistically designed because most of the Activities cannot effectively be carried out, unless Assumption 1.3 holds true. This Assumption did not hold true and became the Risk of the whole Programme.

¹³ It is fundamental for a decentralized multisectoral response, the effective operationalization of the NAC at central and Provincial level and enhance the INLS's capacities. Programme document page 16.

In the Programme document the Assumption is listed as an "Output" as though UNAIDS and UNDP had to work towards, but when it comes to the Work Plan nothing is said on who has to be the responsible party to achieve the "Operationalization of the Provincial Committees of the NAC".

The only explanation of why implementing partners have disappeared from the Work Plan of the Programme is that Result 1.3 has to be considered a political decision, and therefore an Assumption, that cannot be under the Programme management control.

The Assumption considered, on which the first pillar of the Programme is based, is the following: "It is fundamental, for a decentralized multisectoral response, the effective operationalization of the NAC at central and provincial level and enhance the INLS's capacities".

The UN Joint Programme is now in its third year of implementation and it is almost at the end of its implementation phase. Seen that the Government of Angola has not yet operationalised the Provincial Committees of the NAC, it appears unrealistic that the Purpose: "Enhance the institutional capacity to ensure a rapid, multisectoral and decentralized provincial response to the epidemic", will be attained by the end of the Programme.

In order to actually guarantee the success of this Programme component a high degree of coordination and willingness should have been in place among the Government of Angola, the INLS, the UNDP and the Joint Team on HIV/AIDS.

This issue indirectly leads us to the quality of the partnership among implementing partners, both national and international, and the degree of ownership of the Project by national stakeholders. This issue will be specifically discussed in chapter IV: "Assessment of Project Governance".

As stated in the Terms of Reference, the planned Activities and the Results to achieve have been considered specifically with respect to UNDP Programme components 1 and 3.

No particular problem has been encountered in the third Programme component, for this reason the focus will be given to UNDP Activities and Results indicated in the first pillar of the UN JP.

Even though the Programme seems to be not carefully designed it cannot be said that it is not relevant, mainly because this Programme, with its specific focus on decentralization process of the HIV/AIDS programmes, still reflects beneficiaries' needs and identified problems.

The weak Programme design is reflected both in the Programme document and in its Work Plan. The narrative part of the Programme document is not thoroughly discussed and target groups do not seem to be always precisely identified.

In the Work Plan, under the first pillar of UNDP component, it is not easy to understand what concretely has to be carried out.

Too much is left to interpretation, Activities and Results are not straightforward and further explanation is needed. The narrative part in the Programme Document does not adequately clarify doubts and therefore time is wasted to collect information and identify where to focus exactly to implement Activities.

The Stakeholder analysis of the Project does not seem adequate since the Programme document does not say how stakeholders will be positively and negatively affected by the Programme. Under the first pillar, the target group, which is the CPLCSGE, has not been adequately identified.

The CPLCSGE is correctly considered as being the target group who will be affected by the project, but its broad and heterogeneous composition has not been accurately considered by the Programme document.

In order to effectively carry out Activities, the composition of the CPLCSGE should be more carefully considered and analysed so to define Activities that correctly address the identified problems and needs, by taking in to consideration all the differences that there are within this broad target group.

The weak stakeholder analysis does not precisely clarify, for example, whether also the Governor and the Deputy-Governor are to be taken into consideration through the planned Activities. The Programme document generally indicates the CPLCSGE as being the target group, but then no indication is given on whether Activities, under Result 1.2, should address also to the Governor and/or the Vice-Governor.

It actually would be difficult, considering the present Angolan context, to see a Governor sitting in a room with the rest of the participants for a workshop without having considered the peculiarity of its political role and status.

Because of the weak Project design the Project Manager will encounter difficulties in performing its duties effectively and in a timely manner.

Other elements contribute to the weak Programme design.

Results appear in the Work Plan Matrix without being supported by Activities, the latter would at least give an indication to the Project Manager on how to proceed when considering the objectives stated under this Programme component.

The chart below is a section of the present Work Plan of the Joint Programme with a focus, shown in the third column, on the main problems:

| <i>UNDP Expected Outputs and Monitoring Activities</i> | <i>Key Activities / Annual Output targets</i> | Problems <i>(The Work Plan indicates as Outputs what more correctly should be considered Specific Objectives or Purposes).</i> |
|--|---|--|
| 1 – Enhance the institutional capacity to ensure a rapid, multisectoral response to the epidemic | 1.1 – National Seminar completed for review actions, global best practices and National Work Plan to operationalize the National Strategic Plan on HIV/AIDS | Result No Activities are mentioned and it is not clear what happens with the Work Plan elaborated at the National Seminar. Is it just for review actions or will it also be submitted to the Government? Who will have to participate at the National Seminar? Who is the target group exactly? The narrative part of the Programme does not mention. |

| UNDP Expected Outputs and Monitoring Activities | Key Activities / Annual Output targets | Problems <i>(The Work Plan indicates as Outputs what more correctly should be considered Specific Objectives or Purposes).</i> |
|---|--|--|
| | 1.2 – Provincial Plans rolled out to identify immediate actions for integrated HIV response | <p>Result</p> <p>The way this Result is stated seems to be half way through a Result and an Activity. Would Activities implemented under this result lead to a sustainable Result if CPLCSGE are not yet operationalised? The answer is no!</p> <p>The way this result is stated is not clear, what is/are then the Activities to carry out in order to achieve this Result?</p> <p>The Work Plan should indicate also the Activities to carry out under this Result. This Result cannot be achieved by any Activities unless Assumption 1.3 holds true.</p> |
| | 1.3 – Provincial Committees of NAC operationalised to strengthen the National AIDS Commission to Fight AIDS and major endemic diseases at provincial level. | <p>Assumption¹⁴</p> <p>(Key external factor critical to Project's success)</p> <p>1.3 indicates that the project designer was optimistic when he considered this Assumption. This Assumption should be carefully monitored but should not appear in this Work Plan Matrix.</p> |
| | 1.3.1 – To assist the NAC provincial staff, related Provincial line Ministries the Provincial Administrator and the Offices of the Governor in each of the 18 th Provinces to collate all the district reviews/updates and situation/response analysis regarding: (a) Primary and secondary determinants of HIV spread in all sectors and their immediate clients. (b) Provincial capacity to carry out mandate in the context of HIV/AIDS related morbidity and mortality. (c) Line Ministry and Governors Offices and other development partners programme influence/impact on spread and mitigation of HIV/AIDS in the province. (d) Operationalization of Provincial Operational Plans. | Activity |
| | 1.3.2 – Adapt and/or develop appropriate training materials and tools for HIV/AIDS mainstreaming. (in year 2) | Who is the target group? |
| | 1.3.3 – Conduct refresher training and create network of trainers (in year 3) | Who is the target group? |

¹⁴ External factors which could affect the progress or success of the Project, but over which the project manager has no direct control. They form the 4th column of the Logframe, and are formulated in a positive way, e.g.: "Reform of penal procedures successfully implemented". If formulated as negative statements, assumptions become 'risks'.

| <i>UNDP Expected Outputs and Monitoring Activities</i> | <i>Key Activities / Annual Output targets</i> | Problems <i>(The Work Plan indicates as Outputs what more correctly should be considered Specific Objectives or Purposes).</i> |
|--|--|--|
| | 1.3.4 – South to south cooperation visit to selected countries (in year 2 and 3) | How and what for? |
| | 1.3.5 – Dissemination of lessons learned throughout the provinces (in year 2 and 3) | How? Who is the target group? |
| | 1.3.6 – Support participation in international conferences, training programmes | Who is the target group? |
| | 1.4 – Support to the civil society provided in terms of their legalization and development of proposals of interventions on HIV/AIDS | The narrative part of the document should explain the logic of this intervention. What happens once that NGO's have proposed interventions? It would be better to proceed by steps, legalization is important but to empower the existing ones is a priority. Empowered NGOs will propose more effective interventions on HIV/AIDS. According to which criteria will the NGOs be legalized? Which are the standards to consider? |
| 3 – Reduce the incidence of STI – HIV/AIDS through strengthening the Prevention Capacity | 3.16 – IEC campaign at national and provincial level implemented | Result |
| | 3.16.2 Technical Assistance | ? |
| | 3.16.3 Situation analysis and formative research | |
| | 3.16.4 HIV/AIDS national communication strategy design | |
| | 3.16.5 – Institutional capacity building in strategic communication and community mobilization | |
| | 3.17 – Reinforcement of IEC within the Educational system | |
| | 3.18 – Sensitization of Armed Forces (FAA) and National Police (PNA) | |

The above section of the Work Plan, in its third column, not only highlights the evaluators comments but also the main questions that the Project Manager will be faced with when trying to implement the Activities of this Programme component.

The answers to the "How?" and "Who is the target group?" is not always provided in the Programme document and this inadequacy will have a direct consequence on the performance of the Programme component.

The Programme document does complement the Work Plan but nevertheless a certain degree of missing information and vagueness remains.

Let's consider the following Results and Activities (as stated in the Work Plan):

- *Result 1.2: "Provincial plans rolled-out to identify immediate actions for integrated HIV response"*
- *Assumption 1.3: "Provincial Committees of NAC operationalised to strengthen the National Commission to Fight AIDS and major endemic diseases at provincial level"*
- *Activity 1.3.1: "To assist the NAC provincial staff, related Provincial line Ministries, the Provincial Administrator and the Offices of the Governor in each of the 18 Provinces to collate all the district reviews/updates and situation/response analyses regarding: ...(d) Operationalization of Provincial Operational Plans."*

The wording used: "rolled-out", "Provincial Committees of NAC operationalised", "Operationalization of Provincial Operational Plans" is not clear and needs further explanation on the process.

The meaning of the words used is not straight forward and does not indicate concretely what has to be done.

According to the explanation provided by the dictionary¹⁵, "Operationalize" means: the action of operating, an organized action involving a number of people,[...] relating to the functioning of an organization.

So this means that rules, regulations, financing and human resources are to be taken into account when talking about "operationalization".

But which are the Activities that will enable the Project Manager to achieve Results 1.2 and 1.3 exactly?

With reference to Result 1.3, as it has been previously discussed, the answer is none, because this is a political decision that only the Government of Angola could take and has not yet taken.

With reference to Result 1.2 the way to achieve the expected Result is not clear and the whole Result seems not to be correctly fitted into the Work Plan. By interpreting the Project design and having a closer look at the time schedule of the Work Plan it becomes clear that this Result can only be sustainable if the Assumption 1.3 holds true.

All the sub-Activities under Assumption 1.3 are complementary and cannot therefore be carried out.

Once again, it becomes clear that the way Activities/Results are positioned within the Work Plan and the vague form in which they are presented not only do not facilitate the timely delivery of Outputs and achievement of Results, but also affect the effectiveness of the Programme component.

With reference to Result 1.2, almost six months passed by the time UNDP and the INLS convened on the identification and content of the suitable Activity, which turned out to be 24 workshops to carry out in six selected provinces, 4 workshops in each province.

¹⁵ Oxford University Press, "Oxford English Dictionary", Oxford 2001-2002.

Result 1.2 does not say anything about the targeted provinces and this has also been a matter to discuss and convene upon during the implementation phase.

The design of the Project document, as it has become clear, is weak also from the Assumption/Risks that have been considered during the design phase.

Under Assumption/Risks, the Project document did not consider the lack of adequate technical capacities to effectively operationalize the Provincial Committees of the NAC. This long-term constraint, has been confirmed by key informants during several interviews. The inadequacy of the technical capacities that should complement the political decision to operationalize the CPLSGE represents a long term constraint that has to be considered for any future Project/Programme intervention that aims to be realistic, pragmatic and not over ambitious.

The timing of the set of Activities to carry out has also been considered by the evaluator, and it appears to be unrealistic and not easy to monitor because Indicators are missing.

One of the biggest limits of this Programme is that no Logframe has been provided and no Indicators exist to assess progress towards Results.

Progress towards Results and impact will be consequently difficult, if not impossible, to measure.

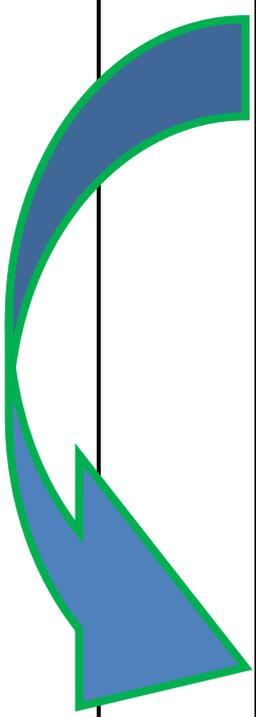
The Programme Work Plan clearly indicates the resources (such as staff, equipment, materials, including an analysis of resource contributions from each of the implementing partners), required for implementation even though not all funds, according to the June 2006/June 2007 Work Plan, had been fully identified to guarantee the success of the Programme.

3.4 - How could the Work Plan be improved¹⁶?

| UNDP Specific Objective | Expected results | OV Indicator(s) | Sources of Verif. | Implementing Partners | Key Activities | Target group | 1. Year |
|--|---|---|---------------------------------|--|--|---|---------|
| 1 – Enhance the institutional capacity to ensure a rapid, multisectoral response | 1.1 – National Seminar on operationalization of the National Strategic Plan on HIV/AIDS completed | 1.1- Final document/commitment, of all/majority of selected participants, submitted to the GoA. | Activity reports, minutes, etc. | UNDP; UNAIDS; (INLS technical support) | 1.1-Review actions and global best practices from other countries in the sub-Saharan region 1.2-Identify bottlenecks in the | Professors 18 Governors and/or Vice-Governors soc/econ. rep. of civil society | X |

¹⁶ The following Work Plan is only a simple example and the information added in the columns has only an explicative meaning.

| UNDP Specific Objective | Expected results | OV Indicator(s) | Sources of Verif. | Implementing Partners | Key Activities | Target group | 1. Year |
|-------------------------|---|---|-------------------|-----------------------|---|--|--|
| to the epidemic | | | | | present Angolan context 1.3-Identify all possible solutions 1.4-Identify steps to operationalize the NSP 1.5-Create a feasible workplan to submit to the GoA | other rep. of CPLCSGE INLS provincial delegations ..ecc. | |
| | 1.2 – Provincial Plans rolled out to identify immediate actions for integrated HIV response | | | | | | |
| | 1.3 – Provincial Committees of NAC operationalised to strengthen the National AIDS Commission to Fight AIDS and major endemic diseases at provincial level. | CPLCSGE functioning through regulation, sources of fund and human resources | | | | | |
| | 1.2 – HIV response Integrated Provincial Plans rolled out | All/majority of the CPLCSGE with functioning integrated Provincial Action Plans on HIV/AIDS | | | | 1-Prepare 4 workshops, with a total of 40 participants per workshop, in coordination with the INLS on: -HIV Basic concepts of epidemiology -P&S identification -Budgeting -Integrated Action Management 2-Workshop, to be held in Luanda for the Vice-Governors soc/eco | CPLCSGE - Gov/Vive - Provincial Directors, Departments CEOs, Hospital Directors, Municipal Administrators, NGO Representatives and the Sectoral Focal Points |



| UNDP Specific Objective | Expected results | OV Indicator(s) | Sources of Verif. | Implementing Partners | Key Activities | Target group | 1. Year |
|-------------------------|------------------|-----------------|-------------------|-----------------------|---|--------------|---------|
| | | | | | 1- Basic epidemiology on HIV 2-Institutional planning and administration | | |

The sample Work Plan above has been created with the aim of suggesting some corrections that could help to improve the performance of UNDP Programme component.

Obviously it could be further refined by introducing baseline information and targets for the indicators but the aim of this simplified Work Plan is only to highlight the shortcomings of the one presently being used.

Compared to the original Work Plan this only represents a section of it and the main suggestions are the following:

The original Work Plan is misleading as it defines "Expected Outputs" what, more correctly, should be considered "Purposes" (or Specific Objectives).

The last column indicates a more elastic and realistic timeframe to assess the achievements of Results, as it takes into consideration a whole year, instead of the quarterly partition. Project Managers will, on their side, have to create a credible and effective monthly/quarterly time schedule to plan the implementation of their Activities.

The UN JT will, as stated in regulations, hold monthly meetings to assess progress on Activities implemented by parties involved in the joint Programme.

Consider separating Results and Activities instead of using sub numbers for Activities. The Project Manager did not always understand which was the Activity and which was the Result.

Do not put Assumptions/Risks in the Work Plan but leave them in the fourth column of the LFM. Make sure that they are always up to date by constantly monitoring the circumstances in which the Joint Programme is operating.

Check the wording used when indicating an Activity and when indicating a Result: as a general rule Results are expressed through a past participle tense and Activities through a present tense.

Consider adding an "Activities" column in the Work Plan. By putting "Activities" instead of "Key Activities" the level of detail will be increased and the Project Manager's duties facilitated.

Consider adding a "Target Group" column, it will be particularly useful when the achievement of Results implies several Activities to be carried out through the involvement of a heterogeneous target group.

Also the Programme document does not adequately identify the immediate target group of the Joint Programme intervention, for the sake of clarity they should be listed, possibly under every pillar of intervention.

The wording and the meaning of the Activities and Results can also be improved.

Considering Result 1.2: "Provincial Plans rolled out to identify immediate actions for integrated HIV response", the impression is that this Result is expressed ambiguously, it seems half way through a Result and an Activity.

The Project Manager will, once again, have serious problems in correctly identifying which actions to take in order to achieve this Result.

Which Activity is to carry out to achieve this result? And which is exactly the group to target to achieve this Result? Even after carefully reading the one and a half page narrative description, under section two of the Programme document, several doubts remain. Are all components of the CPLCSGE to be taken into consideration?

But also, what should the Project Manager do exactly to carry out this Activity? What kind of provincial plans are we talking about here? Of what response are we talking about exactly? What is the extent of the integrated HIV response? Nothing is said on the process and therefore a list of Activities to assist the "Roll-out" of provincial plans should be provided.

The Programme document only provides a brief narrative description to clarify this point: "[...] assist the provincial partners in developing a detailed Provincial Operational Plan of HIV/AIDS with budget and sources of funds".

The evaluator would also question whether the targeted group under Result 1.2 was, in the present Angolan context, the most effective way to lead to the Purpose 1: "Enhance the institutional capacity to ensure a rapid, multisectoral and decentralized provincial response to the epidemic".

Through interviews with key stakeholders the Activities carried out under Result 1.2 (workshops) would have been more effective if the target group had been selected at a higher institutional level, at the level where political decisions can be made.

The bottom up approach of this activity does not correctly take into consideration the realities of the context where it had to be carried out and remind of an NGO approach more than a UN approach.

The assessment of Project implementation will be taken into account and further discussed under Chapter VI.

3.5 - Recommendations

- *The "Enlarged Thematic Group on HIV/AIDS" will have to think of revising the Joint Programme in order to meet the new challenges of the NSP 2007-2010 that have not been integrated in the present Joint Programme.*
- *Take stock of the advancements made by the Government of Angola in the response to the epidemic and not yet mirrored in the Joint Programme.*
- *Improve the whole Project design by considering the suggestions made in paragraph 3.3 and 3.4.*
- *Consider planning the next Joint Programme according to the comparative advantage of every single partner engaged in the fight against HIV/AIDS and consider a true Joint approach to an effective fight against the HIV/AIDS epidemic in the country.*
- *Consider using indicators so that a common performance monitoring system can be in place to measure progress towards the achievement of Objectives and planned Results.*
- *Activities are several times too general and not focused. Consider listing precisely all Activities that will contribute to the achievement of the Result.*
- *Target groups are not always precisely identified. Consider the heterogeneous composition of the CPLCSGE when planning Activities.*
- *Results, as they do not appear in a Logframe, seem generic and not objectively verifiable. Consider using the correct wording when stating Results. Make sure OVI are introduced.*
- *Consider building a Logframe and putting the Sources of Verification in the third column.*
- *The Work Plan should be annually updated, and an additional column should include Result(s) Indicators.*
- *The second column of the present Work Plan, "Key Activities/ Annual Output targets" should either indicate one or the other, but not both.*
- *The next UN Joint Programme Work Plan should consider monitoring the progress of Activities yearly and leave to Project Managers and the Joint Team the monthly monitoring of the Activities being implemented.*
- *A risk management strategy should be provided in order to face implementation impediments.*
- *Consider linking the duration of the next UN Joint Programme on HIV/AIDS to the timeframe considered by the new UNDAF (2009-2013).*
- *Consider calling for an inception meeting once the new UN Joint Programme has started in order to review and revise the Programme Work Plan. On this occasion consider also checking if appropriate M&E systems are in place.*
- *The UN Joint Team on HIV/AIDS together with the UCC should consider introducing a standardized format for the reporting and also a results based matrix to be used by every implementing partner.*
- *Periodically call for meetings with the "Enlarged Thematic Group on HIV/AIDS" to discuss relevance of project and identified opportunities and risks.*

CHAPTER IV

ASSESSMENT OF PROJECT GOVERNANCE

4.1 - The governance structure and its functions

Responding to the letter sent by the UN Secretary General on the 12th of December 2005 to all UN Resident Coordinators encouraging the creation of Joint Programmes at country level, the UN system in Angola together with the Government of Angola (GoA) jointly developed a Joint Programme on HIV/AIDS.

The UN Joint Programme (UN JP) is a direct implementation of the Global Task Team (GTT) recommendations that call for (i) Empowering national leadership and ownership, (ii) Alignment and harmonization, (iii) Reform for a more effective multilateral response and (iv) accountability and oversight.

The overall coordination of the UN JP rests with the GoA and the UN through an enlarged Thematic Group on HIV/AIDS to include the GoA with a representation from the INLS. The role of the expanded UNTG is to ensure that the activities mentioned in the UN JP are implemented as per the annual work plan (AWP). It is also responsible to make decisions on appropriate coordination and monitoring mechanisms for specific interventions/activities when applicable. The expanded UN TG will meet on a quarterly basis to discuss progress made during the past quarter and confirm planned activities for the next quarter. It will act upon the inputs from the UN Team on HIV&AIDS that also includes for this purpose a representation of the INLS. Coordination of the implementation of activities rests with participating agencies responsible for these activities, however with direct supervision by the UN Team on HIV&AIDS, which will meet on a monthly basis for agencies to provide updates on activity implementation. It will produce a quarterly status report on the activities to be shared with the expanded UNTG for discussion.

Role of the participating UN agencies

The role of each participating UN agency is to implement their activities as per the annual work plan –AWP– and as per the coordination mechanisms established by the expanded UNTG. Each UN organization is responsible to allocate time and human resources (as members of the UN Team on HIV&AIDS) to the UN JP ensuring participation of the Heads of Agencies in the meetings of the expanded UNTG.

Role of Sub-National partner(s)

Ministry of Health

Ministry of Health is the Government Ministry mandated to define policies and strategies, programmes and projects for the development and promotion of strategic plans to fight the HIV/AIDS and STIs for the country. It is the leader in the fight against HIV and Aids and it ensures that HIV/AIDS issues are mainstreamed into all national processes. It thus has the responsibility to coordinate all efforts related to

Universal Access and mainstreaming both within Government institutions and among civil society organizations.

National Institute to Fight AIDS (INLS)

The INLS is the technical organ from the Ministry of Health with responsibilities over HIV/AIDS programme design and implementation. The INLS will play a key role in coordination of the activities of this UN JP through its participation in the ad hoc meetings of UN Team on HIV&AIDS and the expanded UNTG.

Civil Society Organizations and ANASO

The Civil Society and ANASO are key partners in this UN JP with responsibilities over the coordination of activities related to the legalization and development of proposals for submission to the Global Fund and the World Bank (HAMSET). ANASO should galvanize the local NGOs to ensure their full participation in this UN JP.

Provincial Committees of the CNLCSGE

Though the TORs of the Provincial Committees of the CNLCSGE are still to be developed as part of the operationalization of the NAC it is expected that the Provincial Committees of the CNLCSGE will play a key role in coordination of activities at provincial level through the implementation of the Provincial Action Plans.

Provincial Delegation of the INLS

The Provincial Delegation of the INLS will play a key role in the coordination and implementation of the activities as well as in their monitoring and evaluation.

Role of the Provincial Human Rights Committees

The Provincial Human Rights Committees will be responsible to divulgate the law on HIV/AIDS and ensure monitoring of human rights issues in the provinces.

Reporting: *Each participating UN organization will prepare narrative and financial reports in accordance with its policies and procedures, and operational policy guidance. Reporting should be annual and focused on results. Reporting practices and formats should be harmonized to the extent possible. The expanded UN TWG will be responsible for the preparation of an aggregated or a consolidated narrative and financial report for submission to the expanded UNTG. The aggregated/consolidated narrative and financial report should be clearly identified as a compilation of the UN organizations' narrative and financial reporting and be presented "for information purposes" only.*

Monitoring and Evaluation: *Monitoring and Evaluation occurs throughout the year and culminates at the annual review of the common work plan (organizations that conduct their reviews on a biennial basis should attempt to participate in the annual review). The planned monitoring activities and evaluation(s) of the joint programme should form part of the UNDAF M&E plan. Coordination of M&E activities is the responsibility of the UN TWG, which then reports to the UNTG on progress. Field supervision will be undertaken by*

designated members of the expanded UN JP and expenditures paid by own agencies. The CRIS (Country Response Information System) database will be used to monitor and evaluate the JP and facilitate the periodic reporting.

Communication: All communications regarding the joint programme should reflect participation of the (sub)-national partners and all other organizations involved. In cases where an individual organization would publicize the joint programme, any reference to activities carried out by the individual organizations should mention the activities in the context of the joint programme.

Funding arrangements: This Joint Programming will be managed through parallel funding. Under this option, the funding arrangements follow each agency's regulations and rules for individual programming and project processes.

Budget Preparation: Each participating UN organization will prepare a separate budget, consistent with its procedures, and covering the mutually agreed components of the programme that it will manage. The UN Team on HIV&AIDS will be responsible for the preparation of an aggregated/consolidated budget, showing the budget components of each participating UN organization/implementing partner(s) for submission to the expanded UNTG. That may also contribute to identifying funding requirements.

Accounting: Each UN organization will account for the income received to fund its programme components in accordance with its financial regulations and rules.

Indirect Costs: In the case of Other Resources, each participating UN organization will recover indirect costs in accordance with its financial regulations and rules and as documented in the funding agreement signed with the donor.

Interest on funds: In the case of Other Resources, interest will be administered in accordance with the financial regulations and rules of each UN organization and as documented in the funding agreement signed with the donor.

Balance of Funds: The disposition of any balance of funds remaining at the end of programme implementation will be in accordance with the agreements between the participating UN organizations and the implementing partners as well as donors where applicable.

Audit: Consistent with current practice, each UN organization will be responsible for auditing its own contribution to the programme as part of its existing regulations and rules. Audit opinions of the individual UN organizations should be accepted by the other UN organizations.

Common Work plan and Budget

The overall budget for this UN JP has been prepared jointly by the participating UN agencies. Since the UN JP adopts the Parallel Funding format, participating UN agencies are allowed to follow their own Parallel Fund raising procedures to secure funding for their own activities. However in order to guarantee the synergy of joint activities, it is critical to secure funding of all contributing activities to any given intervention area. It is the responsibility of the expanded UNTG to ensure that all activities have secured funding before implementation.

4.2 - Its performance and effectiveness

In order to assess the extent to which coordination arrangements have influenced the performance of UNDP Programme component, the evaluator checked whether all parties involved in the Joint Programme have actually complied to what was stated in the agreed Programme document and whether the emerged implementation impediments have been dealt with in a timely and efficient manner by the parties involved.

Written sources of verification have not been provided and therefore the evaluator could not tell whether documentary evidence, such as monitoring reports and meeting minutes, actually existed or simply was not showed. The following chart briefly indicates what was foreseen by the Programme document in terms of roles and responsibilities and what has actually been done in order to comply to the overall coordination arrangements. Some shortcomings in the responsibilities section have also been briefly commented on. The last column of the chart provides the assessment of the International Consultant.

UN JOINT PROGRAMME'S COORDINATION ARRANGEMENTS (AS STATED ON PROGRAMME DOCUMENT)

| PARTY INVOLVED | ROLE | RESPONSIBILITIES & COMMENTS | ASSESSMENT |
|---|---|---|--|
| Enlarged Thematic Group on HIV/AIDS (Includes the GoA and INLS) | Ensures that the JP activities are implemented as per the AWP | <p>1-Will meet on a quarterly basis to discuss progress made during past quarter and confirm planned activities for the next quarter. It will act on the inputs from the UN JT on HIV/AIDS that includes for this purpose a representation of the INLS</p> <p>2-Responsible to make decisions on appropriate coordination and monitoring mechanisms for specific interventions/activities</p> <p>3-Designates members of the UN JP to carry out field supervision</p> | <p>This Party according to coordination arrangements has a great responsibility in the low Project performance. The Project should have adapted to the impossibility of implementing the Activities of the first pillar.</p> <p>BUT: There is no evidence that the enlarged Thematic Group on HIV/AIDS ever received the quarterly reports from the Joint Team on HIV/AIDS.</p> <p>There is also no evidence that the Enlarged Thematic Group ever met since the programme started.</p> <p>It is not clear how often and for which occasions the designated members of</p> |

| PARTY INVOLVED | ROLE | RESPONSIBILITIES & COMMENTS | ASSESSMENT |
|-------------------------------------|---|---|--|
| UN Thematic Group | | <p>1- Receives the aggregated/consolidated budget from the UN Team on HIV/AIDS and may contribute to identify funding requirements</p> | <p>the UN JP should carry out field supervision.</p> |
| UN Team on HIV & AIDS | <p>Promotes coherent and effective UN action in support of an expanded national response to HIV</p> | <p>1- Will meet on a monthly basis for agencies to provide updates on activities implementation.</p> <p>2- It will produce a quarterly status report on the activities to be shared with the expanded UNTG for discussion</p> <p>3- Responsible for the preparation of an aggregated/consolidated budget, for submission to the expanded UNTG</p> | <p>According to verbal sources of information provided by key informants these meetings took place, but no quarterly status reports have been provided to the evaluator.</p> <p>The evaluator does not know whether they actually exist and whether these quarterly reports have ever been shared with the expanded UNTG for discussion.</p> |
| UN TWG (UN TECHNICAL WORKING GROUP) | | <p>1- Responsible for the preparation of an aggregated or consolidated narrative and financial report to be presented "for information purposes only"</p> <p>2- Coordinates M&E activities and then reports to the UNTG on progress</p> | <p>Further explanation is needed on the process of the coordination of M&E activities and on the timing of reporting to the UNTG.</p> <p>Project document does not say who composes the TWG, anyway the old UNTWG structure working through focal points has been disbanded and does not exist in this context.</p> |
| UN Agencies | | <p>1- Implement their activities as per the AWP and as per the coordination mechanisms established by the expanded UNTG</p> <p>2- Allocate time + human resources, ensuring participation of Heads of Agencies in meetings of the expanded UNTG</p> <p>3- Prepare narrative and financial annual reports in accordance with its policies and procedures</p> | |

| PARTY INVOLVED | ROLE | RESPONSIBILITIES & COMMENTS | ASSESSMENT |
|---|--|--|---|
| | | 4- Are accountable for the income received to fund its programme component in accordance with its financial regulations and rules. | |
| Ministry of Health | Define policies and strategies, programmes and projects for the development and promotion of strategic plans to fight HIV/AIDS and STI in the country... | | |
| INLS | Technical organ from the MoH with responsibilities over HIV/AIDS programme design and implementation | 1-Plays a key role in coordination of the activities of this UNJP through its participation in the ad hoc meetings of the UN Team on HIV/AIDS and the expanded group UNTG | How this coordination should be carried out it is not clear. Timing is not stated. |
| CSO (Civil Society Organizations) and ANASO | | Responsible over the coordination of activities related to the legalization and development of proposals for submission to the GFATM and WB (HAMSET). ANASO should galvanize the local NGOs to ensure their full participation in this UN JP | Project document does not indicate how this party is represented in the governance of the Joint Programme. Is it in the Enlarged Thematic Group? Or just in UNDP Project Board? |
| CPLCSGE | Still to be developed as part of the operationalization of the NAC | 1-Will play a key role in coordination of activities at provincial level through the implementation of the Provincial Action Plans | The optimistic expectations of the programme designer emerge also from the future responsibilities of the CPLCSGE |
| Provincial Delegation of the INLS | | 1-Play a key role in the coordination and implementation of the activities as well as in their M&E | Further explanation on the process and timing is needed. |
| Provincial Human rights Committees | | 1-Responsible to divulgate the law on HIV/AIDS and ensure monitoring of human rights in the provinces | Further explanation on the process is needed. |

The above chart is based on the information provided in Section 4 of the Programme document, under the heading: "Coordination Arrangements".

This Section of the Programme document should indicate clearly all the rules and regulation put in place in order to guarantee both coordination and a precisely defined accountability architecture among all parties involved in the Joint Programme.

As it can quite easily be noticed the detail of information provided under this section is rather minimal.

The evaluator could not rely on this information in order to clearly understand the functioning of the coordination arrangements and the overall governance structure within which the Joint Programme operates.

More accurate and updated information has been provided by the UNAIDS office in Luanda on the "Roles and Responsibilities" of the concerned parties involved in the Joint Programme. The information obtained has then been integrated with the information provided by the UN Joint Programme document.

The final document on the governance agreement among parties involved in HIV / AIDS Joint Programmes was not found in both UNAIDS and UNDP offices, but a draft document: "The Angolan UN Team on HIV & AIDS & The Joint Programme of Support" (November 2006), which is the "Semi-official" document on which coordination arrangements are working has been provided by the UNAIDS office in Luanda, and used to elaborate the following information. (See Annex 5)

It has not been possible to retrieve other information needed to fully assess if coordination arrangements have somehow affected the performance of the Project.

According to key informants, in order to improve Programme performance and most of all joint coordination among cosponsors, two meetings, convened by the UNAIDS Country Coordinator, took place during 2008. The minutes of these two meetings would have completed the picture on the effectiveness of the governance structure under which this Joint Programme functions. Regrettably this information has not been provided because considered to be internal documentation. The same applies to selected internal correspondence concerning coordination arrangements.

Through the analysis of the draft document (in Annex 5), complemented by the information under section 4 of the Joint Programme document, it is evident that coordination arrangements do exist, even if clear accountability mechanisms are not always in place.

The evaluator did not encounter any written source of information to prove that the problems that UNDP was facing under the first Programme component emerged beyond the level of the implementing agency before the end of 2008. According to UN key informants UNDP had attempted to book a Project Board meeting with the INLS, as the NEX implementing partner, on several occasions in 2008, but this did not take place until the 14th of January 2009. The timely intervention of the concerned parties would have reduced the inefficient budget flaw and accelerated a coordinated decision to readapt or stop the non sustainable Activities carried out under Result 1.2.

The question that the evaluator will try to give an answer to is the following: who should have effectively re-planned the Activities under UNDP Programme component or intervene in order to stop the inefficient budget flaw according to the present coordination arrangements and accountability system?

No clear answer can be given because no documentation, to prove whether the issue of the implementation impediments has ever been discussed at the Joint Team level, at the Theme Group level and/or at the Resident Coordinator's level, has been provided to the evaluator.

The following chart, which is the integrated version of the previous chart but with a specific focus on the UN partners¹⁷, provides additional information based on: "The Angolan UN Team on HIV & AIDS & The Joint Programme of Support"¹⁸ Draft document (Annex 5). This chart lists some of the main roles and responsibilities of the parties involved as they pertain to the Joint Programme deliverables.

**UN JOINT PROGRAMME'S COORDINATION ARRANGEMENTS
(AS STATED ON PROGRAMME DOCUMENT + INTEGRATED WITH INTERNAL COORDINATION
ARRANGEMENTS¹⁹)**

| PARTY INVOLVED | ROLE | RESPONSIBILITIES & COMMENTS | ASSESSMENT |
|--|--|--|---|
| Enlarged Thematic Group on HIV/AIDS (Includes the GoA and INLS) | Ensures that the JP activities are implemented as per the AWP | <p>1-Will meet on a quarterly basis to discuss progress made during past quarter and confirm planned activities for the next quarter. It will act on the inputs from the UN JT on HIV/AIDS that includes for this purpose a representation of the INLS</p> <p>2-Responsible to make decisions on appropriate coordination and monitoring mechanisms for specific interventions/activities</p> <p>3-Designates members of the UN JP to carry out field supervision.</p> | <p>This Party according to coordination arrangements has a great responsibility in the low Project performance. The project should have adapted to the impossibility of implementing the Activities of the first pillar.</p> <p>BUT: There is no evidence that the Enlarged Thematic Group on HIV/AIDS ever received the quarterly reports from the Joint Team on HIV/AIDS</p> <p>There is no evidence that the Enlarged Thematic Group ever met since the Programme started.</p> |
| UN Resident Coordinator | Promotes overall coordination of the UN Team on HIV/AIDS, national policy and Three Ones implementation | 1-Intervenes as needed to resolve impediments and make decisions on AIDS Team effectiveness | There is no written evidence that any concerned UN staff member has ever raised the issue to the RC of the problems in implementation under UNDP Programme component. (See also comments under UN Theme Group). |
| UN Theme Group | Under the leadership of the Resident Coordinator has responsibilities on overall policy and programmatic | 1Receives the aggregated/consolidated budget from the UN Team on HIV/AIDS and may contribute to identify funding | As it appears from the present roles and responsibilities of this Joint Programme the bad design |

¹⁷ The INLS is still considered because according to the attributions established by Angolan Decree 7/05 also collaborates with IIOO working on HIV/AIDS

¹⁸ In Annex

¹⁹ As per Draft document 2006: "The Angolan UN Team on HIV & AIDS & The Joint Programme of Support". In blue information derived from draft document, in black information derived from programme document, in red evaluator's comments.

| PARTY INVOLVED | ROLE | RESPONSIBILITIES & COMMENTS | ASSESSMENT |
|--|--|---|---|
| <p>UNAIDS Country Coordinator</p> | <p><i>guidance, both in terms of operating procedures of the Team, and the content and implementation arrangements of its joint programme of support.</i></p> | <p>requirements</p> <p>2-Lead by the RC, is responsible for...the content and implementation arrangements of the Joint Programme</p> | <p>of UNDP Programme component is a direct responsibility of the UN Theme Group, under the leadership of the Resident Coordinator.</p> |
| | <p>As convenor and facilitator of the AIDS Team, ensures its effective functioning by convening meetings, synthesizing and disseminating information, and strategically planning and advocating the AIDS Team's collective response.</p> | <p>1- Provides regular implementation reports to the HIV/AIDS Theme Group, and ensures that their policy directives are carried out</p> <p>2- Identifies impediments to achievement of annual deliverables, and informs the Resident Coordinator when intervention is necessary</p> <p>3- Ensures that the AIDS Team's annual work plan is implemented.</p> <p>4- As a full member of the UN Country Team and an integral part of the Resident Coordinator system, provides policy and technical advice as well as advocates for and mobilizes effective action on HIV/AIDS by cosponsors and agencies.</p> | <p>1-The evaluator does not have any evidence that regular implementation reports have ever been submitted to the Theme Group.</p> <p>2-As it appears from the present roles and responsibilities the UCC has a direct responsibility in informing the RC over impediments to achievement of annual deliverables. But there is no written evidence to show that the UCC ever received such information before the end of 2008. (UNDP manager ppt presentation made at the JT)</p> <p>3-The UCC has a direct responsibility in making sure that the annual work plan is implemented. If the work plan is not implemented the UCC has to report to the RC. The actions through which the RC can solve implementation impediments are not indicated.</p> |
| <p>UN Team on HIV & AIDS</p> | <p>Promote coherent and effective UN action in support of an expanded national response to HIV</p> | <p>1-Will meet on a monthly basis for agencies to provide updates on activities implementation.</p> <p>2-It will produce a quarterly status report on the activities to be shared with the expanded UNTG for discussion</p> <p>3-Responsible for the preparation of an aggregated/consolidated budget, for submission to the expanded UNTG</p> | <p>According to verbal sources of information provided by key informants these meetings did take place, but no quarterly status reports have been provided to the evaluator. The evaluator does not know whether they actually exist and whether these quarterly reports have ever been shared with the expanded UNTG for discussion.</p> |

| PARTY INVOLVED | ROLE | RESPONSIBILITIES & COMMENTS | ASSESSMENT |
|--|---|--|---|
| | | <p>4- Facilitates and monitors the UN JP, based on the Country UNDAF</p> | <p>According to key informants a presentation concerning UNDP performance on its Programme components was given at the end of 2008. The evaluator received this presentation which identifies constraints in Project implementation.</p> |
| <p>UN TWG (UN TECHNICAL WORKING GROUP The old UNTWG structure working through focal points has been disbanded and does not exist in this context UN Agencies</p> | | <p>1-Responsible for the preparation of an aggregated or consolidated narrative and financial report to be presented "for information purposes only"</p> <p>2-Coordinates M&E activities and then reports to the UNTG on progress</p> | <p>Further explanation is needed on the process of the coordination of M&E activities and on the timing of reporting to the UNTG</p> |
| | | <p>1-Implement their activities as per the AWP and as per the coordination mechanisms established by the expanded UNTG</p> <p>2-Allocate time + human resources, ensuring participation of Heads of Agencies in meetings of the expanded UNTG</p> <p>3-Prepare narrative and financial annual reports in accordance with its policies and procedures</p> <p>4- Are accountable for the income received to fund its programme component in accordance with its financial regulations and rules.</p> | <p>According to the present documentary evidence agencies working on the JP can express impediments to achievements of Project objectives at the level of the Theme Group under the leadership of the RC.</p> <p>This procedure is not necessary if individual team members discuss implementation issues at the level of the Joint Team where the UCC can thus identify impediments to achievement of annual deliverables, and inform the Resident Coordinator when intervention is necessary.</p> |
| <p>Individual Team member</p> | <p>Contributes to the development, implementation and monitoring of the HIV/AIDS Programme of Support</p> | <p>1- Keeps their Head of Agency informed of AIDS Team activities.</p> | |
| <p>INLS</p> | <p>1-Technical organ from the MoH with responsibilities over HIV/AIDS programme design and implementation</p> | <p>1-Plays a key role in coordination of the activities of this UNJP through its participation in the ad hoc meetings of the UN Team on</p> | <p>How this coordination should be carried out it is not clear. Timing is not stated.</p> |

| PARTY INVOLVED | ROLE | RESPONSIBILITIES & COMMENTS | ASSESSMENT |
|----------------|------|---|------------|
| | | HIV/AIDS and the expanded group UNTG | |

It is rather evident that the implementation impediments that UNDP Programme component was facing have been dealt with at a rather late stage.

The non-timely flow of information would indicate that something went wrong in the timely reporting of Activities implemented. This reporting should be done at the level of the Joint Team on HIV/AIDS who, according to the above mentioned regulations, should meet on a monthly basis for agencies to provide updates on Activities implementation.

It is not clear whether the problems that UNDP was facing have ever been raised at the Joint Team meetings at an early stage or if despite problems being raised nothing was done.

In this respect coordination arrangements seem to have thus partially affected the inefficient and ineffective Programme component under which UNDP was carrying out its Activities.

As it has also been confirmed by several head of agencies, interviewed during this evaluation, Activities are not always carried out with a high level of interaction between agencies and national partners, thus reducing the effectiveness of the joint action.

The purpose of the Joint UN Team on AIDS is to promote coherent and effective UN action in support of an expanded national response to HIV. "Coherent" means that a strong cohesion of all its parts is in place, and "effective" means capable of producing the effect and the expected results.

The establishment of Joint UN Teams on AIDS has emerged within the larger context of both UN reform and international efforts to improve aid effectiveness, including the Paris (2003) and Rome (2005) Declarations on aid harmonization.

In March 2005, a Global Task Team on improving AIDS coordination among multilateral institutions and international donors was formed at the request of leaders from governments, civil society, UN agencies, and other multilateral and international institutions who met in London to review the global response to AIDS under the theme, "Making the Money Work: The Three Ones in Action."

It is under the logic of the "Three Ones" that this Joint Programme should work.

According to the Work Plan of the Joint Programme, UNAIDS, UNICEF, UNDP, FAO, WFP, UNFPA, and WHO where all to carry out Activities, starting from the second quarter of year 2007, in order to achieve Result 1.2: "Provincial plans rolled-out to identify immediate actions for integrated HIV response". It is rather difficult to think that none of the implementing partners realized that none of the Activities to carry out under this Result would have been sustainable without the operationalization of the CPLCSGE.

This issue could be understandable if agencies were working independently in a closed, non transparent and non participatory manner, but seen that this happened in a Joint Programme there is a matter of concern

which brings about the level of participation, coordination and communication of all implementing partners, both local and international.

As it concerns the local involvement of partners this issue of non-timely reaction could be read as a low level of ownership, at least under this Programme component.

Present coordination arrangements are not posing the right emphasis on participation and ownership, the Draft document considered (Annex 5) only mentions: "National counterparts should be invited to provide input on the effectiveness and challenges of the programme of support", but again nothing is explained on the process through which this should happen and the extent of local partner's participation.

The problems that UNDP was facing under the first Programme component might have not emerged beyond the level of the implementing agency at least until the end of 2008, and even if problems did emerge before then, no timely decision or action was taken by any of the actors involved in the Joint Programme to stop or readapt the non-implementable programme component.

The regular monitoring of the HIV/AIDS Programme of support is a responsibility of the AIDS Team but to be monitored a Programme/Project needs to have also indicators which are completely missing in this Joint Programme.

The bad design of the UN JP remains the main cause of failure of the first component, but an appropriate level of coordination could have provided an alternative strategy to readapt the Programme or at least could have reduced some inefficiencies.

There are reasons to be concerned for the fact that even if rules and regulations are in place these are not always clear to the parties involved, that a mechanism to ensure compliance with those rules and regulations does not always exist, at least at the higher levels, that the Programme information flow to all stakeholders has not been timely, that the governance structure is not posing the right emphasis on participation and ownership.

4.3 - Recommendations

- *Consider complying to the existing rules and regulations in order to endorse the "Three Ones" principles, to achieve the most effective and efficient use of resources, and to ensure rapid action and results-based management of Joint Programmes.*
- *Consider calling for a meeting of all head of agencies, the UCC, the UN RC and all relevant national partners in order to build on lessons learned and establish effective coordination arrangements, before the next UN Joint Programme starts.*
- *Make sure a final agreement is produced and published on UNAIDS website before the next UN Joint Programme starts.*

- *Make sure that an effective mechanism to ensure compliance with agreed rules and regulations is endorsed.*
- *A common monitoring and evaluation framework is a powerful instrument to enhance effectiveness, efficiency and impact of Joint Programmes. UNAIDS should therefore consider elaborating standardized tools for the monitoring and evaluation of Joint Programme Activities to be updated by the focal persons in UN agencies and then discussed during the UN JT meetings. The information collected should then be available in the form of quarterly reports to be timely published on UNAIDS website.*
- *The UN TG together with the INLS should carefully consider the design of the next Joint Programme on HIV/AIDS and make sure that the content is implementable.*
- *The INLS and the GoA should consider not to meet with single agencies separately when discussing main issues related to the UN JP on HIV/AIDS, but should meet with the UCC or, if the case, with the UN RC.*
- *The GoA and the INLS should continue to take advantage of the UN Joint Programmes on HIV/AIDS and participate to the Enlarged Thematic Groups on HIV/AIDS.*

CHAPTER V

ASSESSMENT OF PROJECT MANAGEMENT

5.1 – Leadership of Project's Activities

The UN JP is a three year Programme. This planned duration is realistic if all Activities had been carried out according to the initial Work Plan. External constraints, weak design of the project, lack of adequate coordination among partners and delays for various reasons have caused UNDP Programme component to be ineffective and inefficient.

Given the limitations expressed above and the short time span over which UNDP Project has been carried out, substantially from September 2007 to January 2009, progress towards the expected Outcomes has been almost irrelevant.

The initial weak Project design, the lack of Indicators and the low quality of the Project management, which dealt with far too many internal issues, as can be seen from the Atlas reporting, determined a waste of time that could have been more efficiently spent on the implementation of sustainable Project Activities, have all contributed to the low performance of UNDP Programme component.

Nevertheless the few Activities implemented have been scrutinized to determine to what extent progress has been made in attaining the Outcome(s), Objectives and Goal.

Of particular concern is how the Project has succeeded or failed to implement planned Activities using available resources.

Under the first Programme component three Results and six Activities were foreseen by the initial Work Plan.

Result 1.1 was not achieved and under this Result a National Survey instead of a National Seminar was carried out. This change is not mirrored in the Work Plan and the monitoring reports checked by the evaluator do not explain the reasons for this change.

The National Seminar was, according to the Programme design logic, of capital importance to guarantee the sustainability of the first Programme component. The National Seminar was meant to create positive synergies among all the actors involved in the operationalization of the National Strategic Plan, also those at the political level, in order to keep high on the agenda the need to decentralize the fight against HIV/AIDS and therefore the operationalization of the CPLCSGE.

The National Seminar would have been a way to advocate and maintain a high level of awareness on the purpose on which the first pillar of the Joint Programme is built.

Result 1.2 could not be sustainable unless an Assumption (mistakenly indicated in the WP as result 1.3) came true.

As a consequence all other 6 Activities under this Result could not be carried out.

Result 1.4, on the Legalization of the NGOs was also not achieved because a series of problems emerged during the implementation phase.

UNDP Annual monitoring Report 2008 lists some of the problems the implementing agency was facing in order to legalize the NGOs: the high costs to advertise on the "Diario da Republica" the voluminous statutes that some NGOs already had, the difficulties in synthesizing the statutes that existed but needed to be reduced in order to be published at lower prices, the long time needed from the presentation of the statutes to their publication, the not up to date address and contact details of some NGOs and so on. All together these difficulties determined the non achievement of the Result.

The difficulties mentioned in the Project's Annual Report 2008 are correctly identifying problems encountered during implementation, but at the same time the shortcomings of the whole approach of the "legalization" have not been considered. UNDP and ANASO have been working towards Result 1.4 but Activities at a certain point had to be reconsidered since it became obvious that some baseline standards and criteria had to be in place before legalizing an NGO.

The simple existence of a statute was not a good enough criteria for supporting the civil society in terms of legalization of NGOs. The additional challenge in this process of legalization became then the need to empower existing NGOs.

The emerging of problems during implementation is a constant when implementing Projects and a good quality criteria to judge the management capacity is to look at how these difficulties are faced and overcome.

In this case planned Activities under this Result should have adapted and changed promptly. But this did not happen.

By looking at the Draft Annual Work Plan 2009 for UNDP Activities it is evident that nothing was done to change strategy and overcome the implementation bottlenecks both under Result 1.2 and 1.4.

By analyzing both the Draft Work Plan 2009 and the Project's Annual Report 2008 it is evident that the real and underlying constraints are not taken in to consideration at all. Lessons learned should have at least been mirrored through the draft Work Plan 2009.

Strategies should have been developed by the Project to minimize the risks posed by all the emerged constraints that affected the quality, timeliness and volume of results obtained.

As it concerns the other pillar of UNDP intervention: "Reduce the incidence of STI- HIV/AIDS through strengthening prevention capacities" one Result had to be achieved through the implementation of several Activities, six of which should have been carried out by UNDP.

None of the Activities stated on the initial Work Plan have been followed during implementation and the Project Manager simply bought some IEC material that was then randomly distributed in Luanda and in the Provinces where the 7 workshops took place. This Activity did not follow a clear criteria and did not comply with the Project's requirements.

All other Activities under Result 3.16 have been carried out by other Programme partners.

The evaluator checked also if Activities have been carried out on time and within budget. Obviously, the late start of the Project had, as a consequence, a delayed implementation of all the Activities and especially for the ones under Result 1.2. Too much time was wasted, by UNDP and INLS, to decide the content of the workshops to carry out and to select the appropriate provinces in which to carry out those workshops. According to documentary evidence Activities under Result 1.2 have been carried out in a joint manner among UN implementing partners.

5.2 – Financial management and accounting

As it concerns the financial aspects of the Project's implementation, appropriate financial and management records have been kept and are up to date.

Procurement procedures are institutionalized but according to documentary evidence compliance has not always been respected²⁰.

Funds appear to have been used in a judicious manner if considering the Activities implemented, but if considering the whole period under evaluation this judgment cannot apply since too many funds have been disbursed without producing any impact. At least under the first pillar of UNDP component Activities have proved not to be sustainable and not efficiently implemented²¹.

The Project has also experienced some delays in payment of services due to the fact that money was not directly transferred to the Project's bank account. This issue has though not been sufficiently clarified, as a matter of fact it is not clear whether the delay in payment is due to a late request from the Project Manager or to a late disbursement of funds by UNDP.

This Project is carried out under the National Execution (NEX) financial modality. This implies four different modalities of cash transfer to manage the finances. It is also possible to use the four modalities in the same Project, for different Activities or Inputs.

These arrangements must be clearly stated in the Project document but in this case the documentation provided to the evaluator is not enough to assess whether the direct payment being applied actually corresponds to what was foreseen by the Project document.

²⁰ Note for the File – HIV/AIDS Programme Meeting 04/09/08

²¹ Refer to paragraph "Project Budget and Expenditure" for further detail.

There are other relevant aspects which indicate that the Project management might have not always been up to the task since the Logical Framework Approach and its associated tools are not being appropriately applied through the implementation stage to support analysis and decision making.

The lack of a Logframe matrix, and therefore also indicators, makes it difficult to evaluate performance and assess impact towards what was planned.

5.3 – Administration of personnel

As it concerns the administration of personnel it has been acknowledged that the Project Manager was given his ToRs with great delay, almost three months after he signed the contract, and therefore his full duties might have not been completely clear, even though he was briefed before the start of the Project.

The Project Manager has direct responsibility over the performance of other Project's staff such as the Administrative Officer. The latter, is currently covering this post even though he should be the driver assigned to the Project and definitely does not appear to be competent for the position presently held.

Some staff initially foreseen for the Project implementation is missing²². This has created an additional burden on the Project Manager during the implementing phase but as this evaluation is being carried out, the Project has stopped completely and other additional staff would just increase the inefficient budget flaw.

5.4 – Monitoring and reporting systems

The evaluator assessed also the quality of the Project's reporting and monitoring which is very weak both from the strengths and weaknesses identified and because the format of the monitoring reports is not standardized. The evaluator struggled to retrieve information from these reports.

The quality of the information provided by the reports is several times of no use to support effectively a correct analysis of the Project's constraints and for decision making.

Also in this case if Objectively Verifiable Indicators (OVI) existed they would have eased the task of all staff involved in the implementation. OVI would have provided the basis for designing an appropriate monitoring system. In this case indicators were missing since the design phase but could have nevertheless been created at the inception stage.

²² Refer to paragraph "Adequacy of the Inputs" for further detail.

An inception meeting would have greatly contributed to review and revise the Project's plan and establish an appropriate M&E system.

The overall assessment of the capacity of the management team is not satisfactory.

5.5 - Recommendations

- *Consider calling for an inception meeting 4 to 6 months after the start of the next Project in order to review and revise the Project's plan and establish an appropriate M&E system.*
- *Consider using a standardized format for monitoring reports in order to immediately gather the information needed.*
- *Consider not to adopt the National Execution modality for Project implementation if efficiency and effectiveness of the Project are affected.*
- *Consider hiring a Programme Specialist on HIV/AIDS in order to increase management efficiency of UN JP on HIV/AIDS.*

CHAPTER VI

ASSESSMENT OF PROJECT IMPLEMENTATION

6.1 - Adequacy of the Inputs

This assessment focuses, in particular, on a efficiency criterion which concerns how well the various inputs sustained planned Activities.

HR foreseen by Work Plan document: Project Coordinator, International Technical Advisor, Local Advisor, Financial Assistant, Driver, Administrative Assistant.

HR utilized: Project Coordinator, International Technical Advisor, Local Advisor, Financial Assistant, Driver, Administrative Assistant.

HR missing: International Technical Advisor, Financial Assistant and Administrative Assistant.

The Financial Assistant, recruited in October 2007, left in July 2008 therefore affecting the efficiency of the Project management and the timely provision of inputs to carry out the Activities, therefore delaying the Project's Outputs.

HR should be selected according to their professional competencies. It is not clear how the Project's driver became the Administrative Officer. On the few duties he had to perform while the International Consultant was in Luanda, such as making payments and filling receipts, he proved to lack appropriate training and seemed to be not up to the task.

All other material resources are adequate to carry out Project's Activities.

The only concern is the faulty internet connection, which is a general problem in Angola and therefore an external factor over which the Project Management has no direct control, but which often hampers the timely access and exchange of information between concerned Project's staff and other stakeholders.

The point of view of the evaluator is that the detached office where the Project's staff is based is not adequate to carry out Activities efficiently. The national staff working there has no direct supervision and has a non direct interaction with the rest of UNDP staff. The exchange of information, pertinent to the efficient management of the Project, is not timely and the retrieval of documentation necessary to plan Activities, monitor, evaluate and implement Project's Activities are affected.²³

Timeliness of funds provided to the Project has not always been adequate to carry out Project's Activities. The Project Manager complained about the fact that no funds have ever been transferred to the Project's

²³ *The evaluator had great difficulties in carrying out its duties because internet was not working and documents needed for this evaluation were saved in the computer of the Programme Specialist on Poverty in UNDP main office.*

bank account on which he could have withdrew autonomously and in a timely manner. Payments are currently authorized by the Programme Specialist on Poverty. The disbursement of funds on Project's Activities has almost stopped since the decision of the Project Board to stop the Activities and carry out a Mid-Term Evaluation.

6.2 - Recommendations

- *In order to carry out Activities in an efficient manner a Financial Assistant should be provided so to allow the Project Manager to efficiently carry out Activities and deliver Outputs.*
- *HR should be hired according to their professional added value for the vacant post.*
- *Despite the NEX arrangements an office within UNDP main building should be provided in order to increase management efficiency, Project's performance and supervision of staff.*

6.3 – Project’s budget and expenditure

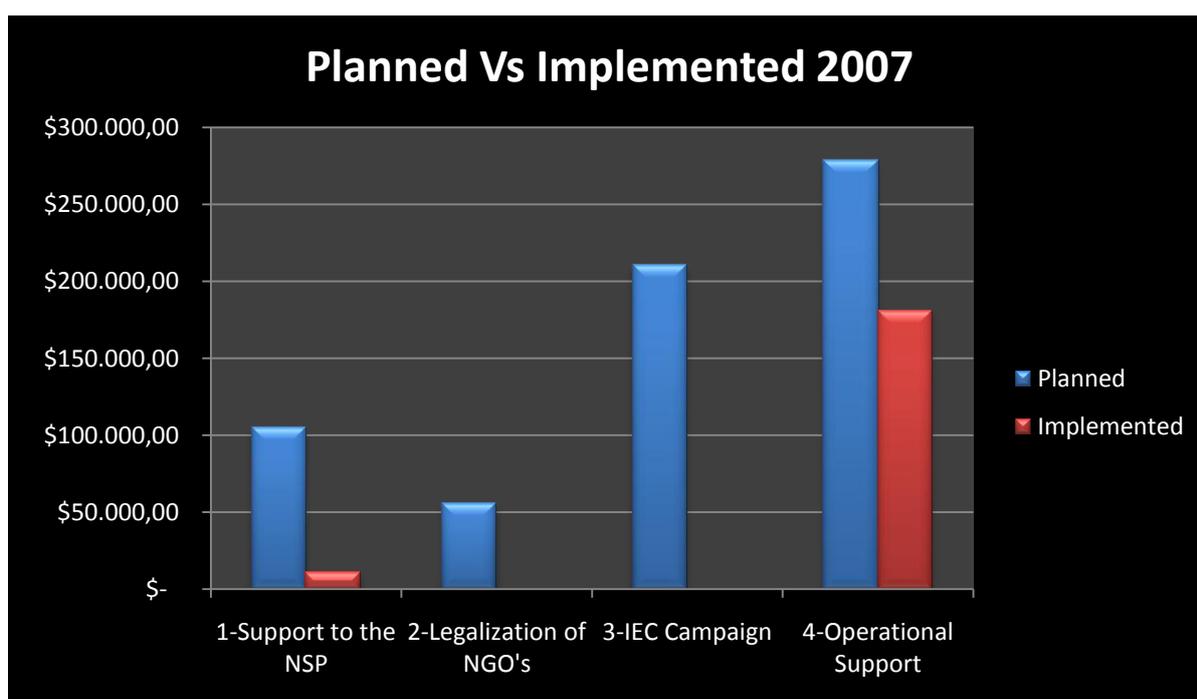
UNDP initially stated budget to implement its Project was 1.338.000 US\$ to be disbursed over 3 years.

The budget was spread over the three years Project in the following way:

| YEAR 2007 | YEAR 2008 | YEAR 2009 | TOTAL |
|--------------|--------------|--------------|----------------|
| 650.000 US\$ | 250.000 US\$ | 438.000 US\$ | 1.338.000 US\$ |

At the end of 2007, the first year of implementation of the Project, the utilization rate was 29,6%, this means that on the 650.000 US\$ awarded only 192.473,68 had been spent by the end of 2007.

The graph below indicates how this money was spent:



Due to the late start of the Project, the Project Unit was staffed by mid 2007 and the Project Manager was only hired in September 2007, the utilization rate of the stated budget for 2007 was dramatically low.

The first and the only Activity that was carried out in 2007 was a National Survey in order to have a clear picture of the decentralization process of the Provincial Committees of the CNLCSGE in the 18 Provinces of Angola.

To carry out this Activity a national consultant was contracted.

For year two, the whole Project's budget was revised and modified in the following way:

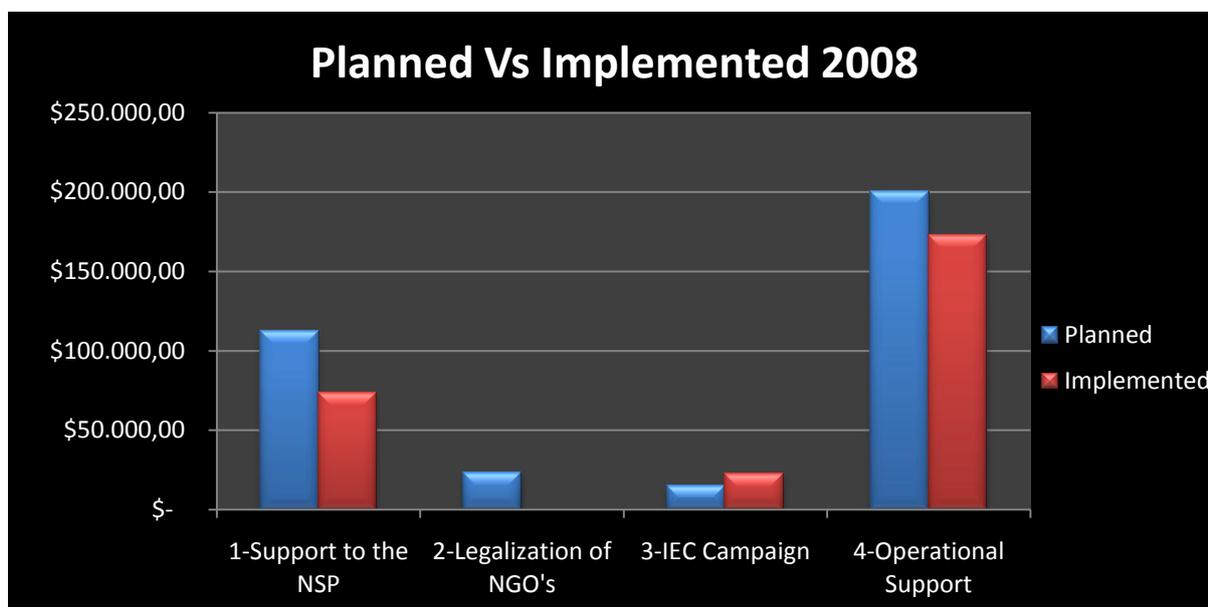
| YEAR 2007 | YEAR 2008 | YEAR 2009 | TOTAL |
|--------------|--------------|--------------|----------------|
| 650.000 US\$ | 350.590 US\$ | 117.500 US\$ | 1.118.090 US\$ |

The total budget was revised and decreased from 1.338.000 US\$ to 1.118.090 US\$.

In year 2008 Activities started to be carried out at a faster pace and by the end of 2008, the second year of implementation of the Project, the utilization rate increased to 76,3% on the reallocated budget.

This means that on 350.590 US\$ of the reallocated budget 267.476 US\$ were spent by the end of 2008.

The graph below indicates how this money was spent:



As it is evident from the graph above, Operational Support takes most of the stated budget.

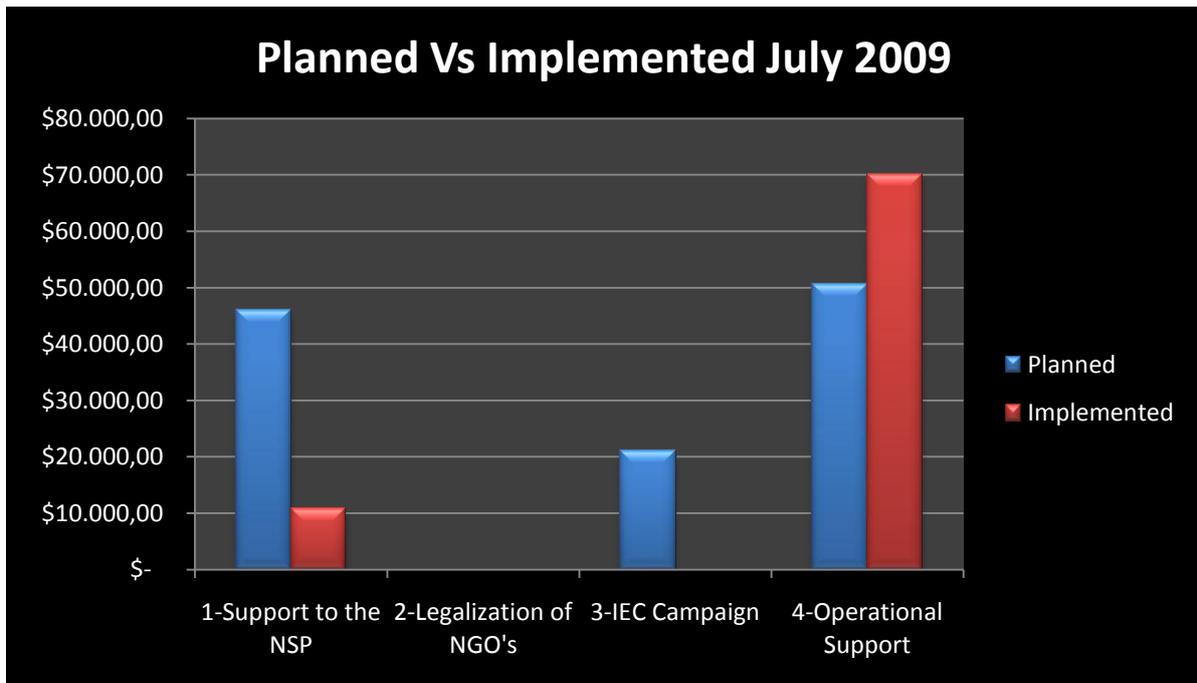
The performance on Activity 1 is still low but increased substantially compared to the previous year, passing from 11.317 US\$ to 73.222 US\$, on a stated budget of 112.100 US\$ for this Activity.

Some budget has been disbursed for Activity number 2, Legalization of NGO,s even if this flow does not appear in the above graph. Costs for this Activity are included under the Operational Support.

On Activity number 3 the stated budget exceeded what was originally planned.

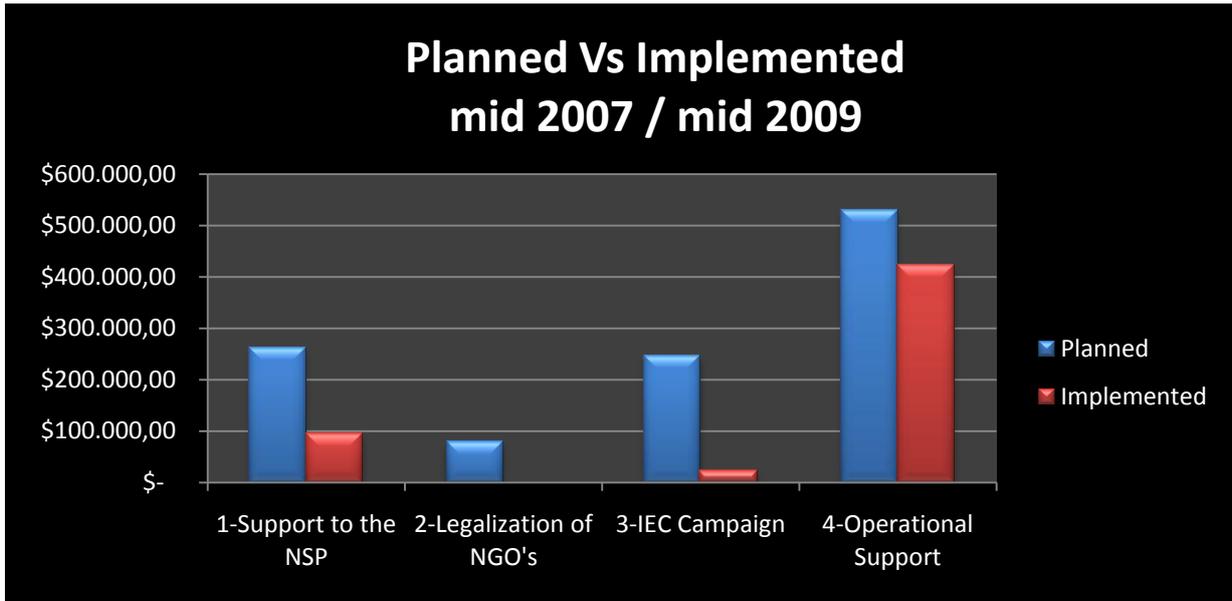
In year 2009 Activities stopped soon after the Project's Board decision, taken on the 14th of January 2009, to hold an independent assessment through a Mid-Term Review of the Project, in order to review the performance and the impact of the Project's Activities.

The graph below shows how notwithstanding this situation, Operational Support costs are shrinking the budget:

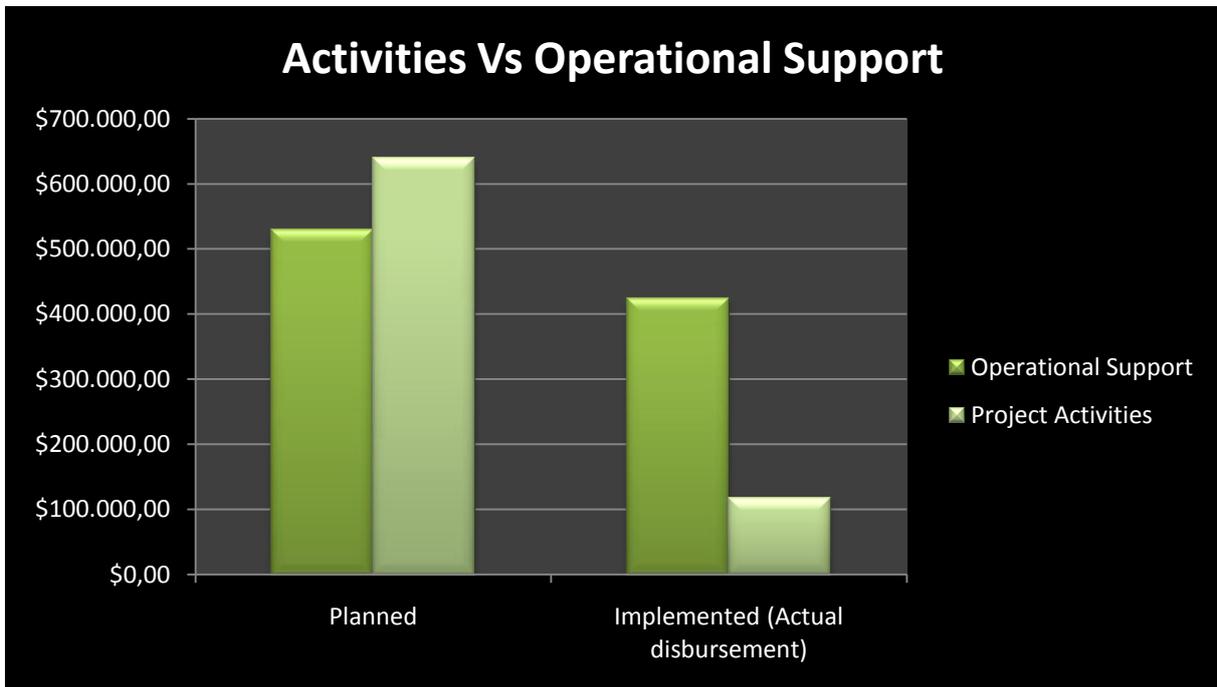


Since mid January until July 2009 no Activities have been carried out. The above graph shows a relatively small budget flow under Activity 1. The graph shows that there is no planned budget for the Legalization of NGO's (Activity 2) therefore indicating that since the start of the Project something changed in the initial implementation plan with respect to this Project Output. Nothing has been disbursed under Activity 3, therefore indicating a complete stop of this Activity. Also in this case Operational costs are greatly higher than costs of implemented Activities.

The following last graph indicates the total amount disbursed since the Project started, mid 2007 until mid 2009. The information provided below takes in to consideration the budget how it was reallocated at the end of 2007.



The following graph shows what has been spent since the Project started until now on all three Activities put together towards Operational Support, both on what was planned and what has actually been disbursed.



A point of concern regarding the expenditure is with respect to the high costs of Operational Support towards Project Activities. Actual disbursement of funds over the 2 years of implementation (mid 2007-July

2009) show that actual Operational Support has absorbed almost 4 times more than Activities implemented.

Actual disbursement on Operational Support is likely to reach what was planned by the end of the year.

Since the beginning of 2009 until the end of July 2009, the total amount disbursed on Operational Support is 70.028 US\$. If we assume that almost the same amount will be spent by the end of the year, then it is likely that the funds disbursed on Operational Support will almost reach , but should not exceed, the stated planned budget under this Activity.

After reviewing the whole budget and the disbursements against what was planned, it is evident that costs greatly exceed expected benefits and therefore indicate not just a high level of inefficiency but also a great level of ineffectiveness of UNDP Project.

6.4 - How can the Project's low performance be explained?

The ratio of actual to scheduled disbursements mirrors the history of the Project.

The overall utilization rate, based on the reallocated budget (1.118.090 US\$), since the Project started until the end of July 2009 has been 48,36%; of which 37,86 % on Operational Activities and 10,49 % on the three actual Project's Activities.

So, on the 1.118.090 US\$ stated for the Project only 540.724,16 US\$ has been spent, of which 423.350,51 US\$ on Operational Support and 117.373,65 US\$ on Implemented Activities.

The low utilization rate of the first year (29,6 %) is mainly due to the late start of the Project. Despite low performance, actual disbursement towards Operational Support has almost reached what has been disbursed in 2008.

This is probably due to the fact that some main disbursements, to buy cars and to pay rents for example, occurred in order to start the Project's Activities.

In 2008 Activities started to be carried out at a faster pace because a National Project Manager was hired in late 2007 and planned Activities could start to be implemented, the utilization rate thus increased to 76,3 %.

The increased utilization rate would lead to think that the Project started to be efficient, but in reality Activities were not carried out in an appropriate manner, resources were wasted and no results were achieved.

This could be one of the reasons why in January 2009 the Project Board decided to stop the Project and hold an independent assessment.

The low utilization rate of the stated budget is mainly due to a bad Project design which too optimistically was relying on a fundamental Assumption that did not hold true.

Project planning has also been an issue. If Activities to carry out had been more carefully scheduled before starting the implementation phase they would have been more efficient and more effective. It is also likely that the limits in Project implementation would have emerged before spending money on Activities that did not lead to any Results.

Other factors that affected Project's performance can be found in the coordination arrangements among partners and the quality of management. The extent to which these factors contributed to a bad performance of the Project is though difficult to measure.

Both issues are nevertheless discussed respectively under chapter IV, "Assessment of Project Governance" and under chapter V, "Assessment of Project Management".

Institutional and policy constraints, such as the non-operationalization of the CPLCSGE have been considered as being an Assumption instead of a true Risk. In 2005/06 when the Project was designed expectations were at that time probably different, but the implications of this "optimism" are presently affecting the performance of the Programme.

When such things happen the Project should adapt to the changed circumstances, but in this case the Project did not adapt. Implementing partners, despite the evidence of the bad performance, only decided to meet at the beginning of 2009 whereas it should have been clear from the start of the Project that this pillar of intervention would have needed a political decision in order to have it functioning.

Even if the Project is aligned to Government priorities, the lack of coordination and effective partnership can be considered as an important factor which affected the bad performance of the Project.

(See assessment of Programme governance under chapter IV).

6.5 - Activities and Outputs

What are the key Activities/annual Output targets that UNDP agreed to carry out by signing the Programme document in November 2006?

The following Annual Work Plan is based on the original one as it has been approved for June 2006-June 2007). This simplified version is being used by the evaluator only to assess the Activities that UNDP has actually carried out since the start of the Programme until present.

Activities that according to the Work Plan should be carried out appear in the first column. The second column, under the heading "Achievements", indicates the state of implementation. The last column shows the evaluators comments.

| 1- Outcome: Enhance the institutional capacity to ensure a rapid, multisectoral response to the epidemic | | |
|---|----------------------------|--|
| Key activity/Annual output, targets | Achievements ²⁴ | Comments |
| 1.1 – National Seminar completed for review actions, global best practices and National Work Plan to operationalize the National Strategic Plan on HIV/AIDS | None | <p>The Result has not been achieved.</p> <p>A National Seminar is something different from a National Survey (Inquerito)</p> <p>The "Inquerito" produced by UNDP in November 2007 as an Activity under this result, seems to be more suitable if considered under Activity 1.3.1 (d).</p> <p>The overall quality of the document produced is nevertheless low.</p> |
| 1.2 – Provincial Plans rolled out to identify immediate actions for integrated HIV response | None | <p>The Result has not been achieved.</p> <p>Activities under this Result should have not been carried out unless the Assumption, mistakenly inserted in the Work Plan as Result 1.3, held true.</p> <p>Activities under this Result have been nevertheless partially carried out through 7 workshops in selected provinces.</p> |
| 1.3 – Provincial Committees of NAC operationalised to strengthen the National AIDS Commission to Fight AIDS and major endemic diseases at provincial level | None | Assumption |

²⁴ Based on results achieved by UNDP.

| | | |
|--|-------------|---|
| <p>1.3.1 – To assist the NAC provincial staff, related Provincial line Ministries the Provincial Administrator and the Offices of the Governor in each of the 18th Provinces to collate all the district reviews/updates and situation/response analysis regarding: (a) Primary and secondary determinants of HIV spread in all sectors and their immediate clients. (b) Provincial capacity to carry out mandate in the context of HIV/AIDS related morbidity and mortality. (c) Line Ministry and Governors Offices and other development partners programme influence/impact on spread and mitigation of HIV/AIDS in the province. (d) Operationalization of Provincial Operational Plans.</p> | <p>None</p> | <p>Not implementable at the present stage</p> |
| <p>1.3.2 – Adapt and/or develop appropriate training materials and tools for HIV/AIDS mainstreaming. (in year 2)</p> | <p>None</p> | <p>Not implementable at the present stage</p> |
| <p>1.3.3 – Conduct refresher training and create network of trainers (in year 3)</p> | <p>None</p> | <p>Not implementable at the present stage</p> |
| <p>1.3.4 – South to south cooperation visit to selected countries (in year 2 and 3)</p> | <p>None</p> | <p>Not implementable at the present stage</p> |
| <p>1.3.5 – Dissemination of lessons learned throughout the provinces (in year 2 and 3)</p> | <p>None</p> | <p>Not implementable at the present stage</p> |
| <p>1.3.6 – Support participation in international conferences, training programmes</p> | <p>None</p> | <p>Not implementable at the present stage</p> |
| <p>1.4 – Support to the civil society provided in terms of their legalization and development of proposals of interventions on HIV/AIDS</p> | <p>None</p> | <p>The result has not been achieved. This activity was partially carried out and then stopped²⁵.</p> |

Under UNDP Programme component in the first pillar no results have been achieved.

On the 9 Activities and Results indicated on the Work Plan 7 of them could not be achieved or carried out because they are all based on the Assumption expressed in the Programme document²⁶.

Result 1.2 has been mistakenly fitted in the wrong order in the Programme Work Plan.

The next chart highlights Results and Activities that UNDP should have carried out under the third pillar of intervention of the Joint Programme as stated in the Work Plan (Year June 2006/June 2007)²⁷

²⁵ See comments in third column of chart on page 25.

²⁶ See: Programme document, Section 3 – Opportunities, assumptions and risks.

| 3-Outcome: Reduce the incidence of STI- HIV/AIDS through strengthening prevention capacities | | |
|---|----------------------------|----------------------------------|
| Key activity/Annual output, targets | Achievements ²⁸ | Comments |
| 3.16 – IEC campaign at national and provincial level implemented | None | The Result has not been achieved |
| 3.16.2 Technical Assistance | None | Not carried out |
| 3.16.3 Situation analysis and formative research | None | Implemented by UNICEF |
| 3.16.4 HIV/AIDS national communication strategy design | None | Implemented by UNICEF |
| 3.16.5 – Institutional capacity building in strategic communication and community mobilization | None | Implemented by UNICEF |
| 3.17 – Reinforcement of IEC within the Educational system | None | Implemented by IOM |
| 3.18 – Sensitization of Armed Forces (FAA) and National Police (PNA) | None | Implemented by GFATM |

Under UNDP third Programme component there is no documentary information on what has concretely been implemented. Several Activities have been carried out by other UN partners despite what was originally planned.

Under Activity 3.17 UNDP contributed to cover the costs of the consultant and the training material for the 2 workshops which IOM implemented in September and December 2007.

Without following the path that Activities indicate in order to achieve Results, UNDP Project Manager bought some IEC material that was then randomly distributed in Luanda and in the Provinces where the 7 workshops took place. This disbursement of funds did not follow a clear criteria and did not comply with the Project requirements.

A Project is a series of Activities aimed at bringing about clearly specified Objectives within a defined time-period and with a defined budget²⁹. In this case, under result 3.16, the distribution of IEC material was improvised and exceeded the stated budget.

Probably, and this should be taken in to account when designing the next Work Plan Matrix, the Project Manager was misled by the fact that Result 3.1.6 is in the same column of the Activities and might have thought that it was also an Activity, even if Activities are indicated by progressive sub-numbers of the Result under which they are contributing.

²⁷ The evaluator has been provided only with this Work Plan. No Common Monitoring and Evaluation Framework exists because there are no indicators to assess the state of the Activities implemented.

²⁸ Based on results achieved by UNDP.

²⁹ European Commission, "Aid Delivery Methods. Project Cycle Management Guidelines", EuropAid Cooperation Office, Brussels, March 2004, p. 143

Another explanation of this inefficiency is that the Project Manager while implementing Activities was guided by the three macro-activities in to which the budget is divided, instead of following the path indicated by the Work Plan.

Like in the case of the previous Pillar of intervention no indicators have been provided.

The likelihood of the Project achieving its planned Outputs, based on the present design, is highly risky on Outcome 1. The three Assumptions/Risks stated in the Programme document in November 2006 still hold true.

The Programme document should consider also a long term constraint which is a common challenge in many developing countries.

Through discussion with key informants, through focus group discussions and field visits the evaluator acknowledged the difficulty to concretely operationalize the Provincial Committees of the CNLCSGE.

The insufficient human resources and inadequate technical capacities effectively capable of operationalising provincial action plans appears to be a realistic explanation of the present constraints in the effective fight against HIV/AIDS in the provinces of Angola.

In such circumstances the success of the first Programme component becomes even more critical.

6.6 – The Impact of the Project

Impact refers to the effects of the Project on target beneficiaries as well as to its wider overall effect on larger numbers of people, within a sector or in a geographical area, in terms of technical, economic, socio-cultural and institutional factors. It relates to the relationship between the Project's Purpose and Overall Objectives, obviously taking into account the fact that at this level the Project is normally one of the variables contributing to the wider Outcome.

In the case of this Joint Programme component UNDP did not achieve any Results and therefore the Activities carried out did not have any impact.

6.7 - Sustainability and Ownership of the Project

Sustainability is one of the most important criteria of evaluation and refers to the extent to which the positive impacts of the Project at the Purpose level are likely to continue after the Project assistance is over.

It also relates to the extent to which the target group want, and can, take over the Project Activities and thus continue to accomplish the Project's Objectives.

In this respect the ownership of the UN Joint Programme is of capital importance to guarantee its sustainability.

In the case of the Activities carried out by UNDP, no results have been achieved and therefore the purpose level has not been reached. It has to be said that the group targeted to implement Activities under Result 1.2 would have enthusiastically taken advantage of the Project Activities if the CPLCSGE had been operationalised by the Government.

Another issue is whether they would have been up to the task. See Annex 4.

The Project, as it has been discussed in the previous chapters, cannot be sustainable mainly because it depends on a political decision of the Government of Angola to effectively operationalize the CPLCSGE, a decision that the Government has not yet taken.

Both documentary and interview evidence suggest that the design stage was participatory with adequate involvement of partners and stakeholders.

The initial partnership commitment has though weakened through the implementation phase of the Programme, at least under UNDP Programme components. The "Enlarged Thematic Group", which includes the Government of Angola and the INLS never met since the Project started. The aim of these meetings was to ensure the implementation of the Joint Programme as per the Work Plan. Through regular quarterly meetings and discussions this "Enlarged Group" should have checked progress made in implementation and

planned for the next quarter. If this group had met regularly the implementation impediments, under the first pillar of the Joint Programme, would have emerged on time. The non-implementable component could have therefore been rearranged in order to adapt to circumstances and thus modified in an effective and sustainable manner.

The development of an action plan, in the first half of 2008, between the UNDP and the INLS, through which Activities under Result 1.2 have been planned and the initial Work Plan, were both participatory but the subsequent non constant interaction between the INLS and the UNDP greatly contributed to the unsuccessful performance of UNDP Programme component, and therefore the non sustainability of the Activities implemented.

Ownership and sustainability elements were built in at the design stage of the Programme. Efforts were made to create a sense of ownership through: cost sharing, localizing support through involvement of sub-national partners and other stakeholders at the design stage, as well as the establishment of implementation and management institutions to drive the process.

However, throughout the implementation phase, the sense of ownership diminished through the limited involvement of key partners such as the INLS. It is not clear whether the sensation expressed by the Director of the INLS, during an interview with the evaluator, of not owning the Project was due to an unlikely top down approach adopted by the UNDP in the planning stage of the Project component or simply to avoid being considered partially accountable in the ineffective Activities that had been carried out.

The participatory approach adopted in the preparation of the Joint Programme has ensured its approval but not its sustainability under UNDP first programme component.

There is an urgent need to address the operational problems delaying implementation otherwise there might be disillusionment of final beneficiaries for whom this UN Joint Programme is meant.

CHAPTER VII

CONCLUSIONS AND RECOMMENDATIONS

Several problems affected the performance of UNDP Programme components. Through this Mid-Term Evaluation these problems have been discussed and some recommendations have been provided in order to take advantage of lessons learned and give a practical contribution for strategic planning for the future.

There have been many challenges that UNDP had to face during the implementation stage and these have been thoroughly discussed in the previous chapters.

The conclusion that are here presented do not aim to be a synthesis of what has been assessed in the Mid-Term Evaluation.

The evaluator thinks that practical solutions, presented in paragraphs 7.1 and 7.2, will be more appreciated in order to enhance the usefulness of findings and to indicate a way forward.

One of the main challenges that UNDP had to face during the implementation of the Project has been under the first Programme Component and in particular under Result 1.2: "Provincial Plans rolled-out to identify immediate actions for integrated HIV/AIDS response".

The timing of the Activities to carry out in order to achieve this Result was not correctly fitted in to the Work Plan and in order to be effective Activities should have been carried out only if Assumption 2, listed in the Programme document³⁰, came true.

In the logic of the Project design, Activities under Result 1.2 would have complemented the operationalization of the Provincial Committees of the National Aids Commission (CPLCSGE).

UNDP strategy to: "Enhance the institutional capacity to ensure a rapid, multisectoral and decentralized provincial response to the epidemic", got stuck on prioritization and sequence, which are, besides human and material capacities, the key features needed for a realistic implementation plan.

The wrong sequence of the Activities to carry out, together with a weak Project design have been the main causes of failure of UNDP Project.

The non operationalization of the Provincial Committees of the CNLCSGE brought to light the non implementable Programme component under which UNDP was carrying out Activities. As a matter of fact almost all the first pillar of the Joint Programme was relying on the Assumption of the effective operationalization of the NAC at central and provincial level, as a fundamental step for a decentralized multisectoral response to the HIV/AIDS epidemic.

³⁰ Assumption 2: "It is fundamental, for a decentralized multisectoral response, the effective operationalization of the NAC at central and provincial level and enhance the INLS's capacities".

The above mentioned issue has been the main weakness of the Project design, and an alternative strategy to face this implementation impediment was not discussed until a late stage.

The non timely reaction of implementing partners has highlighted a low level of coordination and a low quality of partnership among cosponsors and national partners.

The issue of ownership of the Joint Programme has also been discussed in this Mid-Term Evaluation since it also appears to be one of the factors that affected the low performance of UNDP Programme component.

The timely intervention of the "UN Enlarged Thematic Group on HIV/AIDS", which includes the GoA and the INLS, would have greatly contributed to readapt the Programme component and thus reduced the inefficiencies produced.

This Mid-Term Evaluation focused on UNDP first Programme component since it is under this pillar that the main problems were encountered.

The Project design has been considered weak under several aspects, among which the stakeholder analysis. As a matter of fact, during implementation, it became obvious that Activities carried out under Result 1.2 were not reasonably comprehensive and well balanced, since not all members of the CPLCSGE had been taken into consideration.

The Project design actually does not clarify whether also the Governor and the Deputy-Governor were to take into consideration through the planned Activities. The Programme document generally indicates the CPLCSGE as being the target group, but then no indication is given on whether Activities under Result 1.2 had to be addressed also to the Governor and Vice-Governor. It actually would be difficult, considering the present Angolan context, to see a Governor sitting in a room with the rest of the participants for a workshop without having considered the peculiarity of its political role and status.

This has been an aspect that the Programme document did not consider well enough and therefore also the effectiveness of the Activities carried out was consequently reduced.

This created an "impasse" in the implementation of the Project and the issue, discussed among implementing partners at the Project Board meeting in January 2009, became, among others, whether it was the case to keep on carrying out Activities under Result 1.2.

The mindset of the evaluator has been focusing on a simple question: "Would the achievement of Result 1.2, considering the present context, effectively bring about sustainable benefits for the target group"?

The answer seems rather simple, since without the operationalization of the CPLCSGE the Activities carried out would have not been sustainable.

In order to be effective Activities carried out³¹, had to be sustained not just by a great level of coordination between implementing partners and the GoA but also by some "environmental" conditions which relay outside of the Project management control and can be seen as of long term constraints.

So, besides a short term constraint which could be encompassed in the short run through a political decision of actually operationalising the CPLCSGE, there is a long term constraint to consider which can be defined in terms of weak technical capacities.

The Government of Angola is already experiencing this challenge since it embarked on the institutional decentralization process. Some of the limitations of this decentralization at the sub-national level include: inadequate experience in planning and budgeting for public funds, lack of experience in managing funds transferred from central government and accountability issues, limited experience in consultative process and community participation in the decision making process, and weak management and technical capacities in public service delivery and promoting local development.

These are all challenges that cannot be easily overcome in the short run.

Some of these challenges were confirmed during a field visit to Saurimo, in the province of Lunda Sul, where the evaluator had the chance to meet and discuss with some members of the CPLCSGE. See Annex 4.

The CPLCSGE remain highly important for the key role they could play in the decentralization of the National Strategic Plan and thus the fight against HIV/AIDS.

To be successful in this task the CPLCSGE need to be further developed so that they could contribute in the coordination of activities at provincial level through the implementation of the Provincial Action Plans.

7.1 – Implementation strategy option

The evaluator thought of an effective strategy to achieve the Project's purpose. The most effective one can only be achieved through the support of the GoA, and therefore it's a strategy that, once again, relies on the Assumption that the CPLCSGE will be operationalised. It is therefore important to constantly monitor the Angolan context in order to take advantage of any changed circumstance.

Preliminary stage:

- *Coordinate with the INLS in order to define a clear, harmonized and comprehensive national strategy for the training of the CPLCSGE staff in all the 18 provinces.*
- *The INLS should report back to the Technical committee of CNLCSGE / Health Ministry on activities discussed in order to receive feedback, support and political commitment.*

³¹ Which were 24 workshops in 6 selected provinces aiming at training staff from the CPLCSGE on the elaboration of sectoral and multisectoral action plans to respond to the HIV/AIDS epidemic.

- *A national seminar to be held in Luanda with the presence of concerned Ministries of the CNLCSGE, provincial Governors/Vice-Governors, INLS, UN, NGOs and other relevant stakeholders, should be held with the aim of creating awareness and political commitment, expressed through the final document of the National Seminar. A Workplan on the steps of the operationalization should be agreed upon.*

Assumption: The Government of Angola effectively operationalises the CPLCSGE

- *Training of provincial delegates of the INLS in Luanda on integrated HIV/AIDS response related issues. Their training will have to be started before the other members of the CPLCSGE will be trained. The provincial delegates of the INLS will be the future trainers and facilitators once the CPLCSGE will be operationalised.*
- *Training of members of the CPLCSGE, provincial directors, focal points, representatives of the NGOs, and other target groups already identified, on the subjects already agreed upon in May 2008 (INLS-UNDP). Four workshops to be held in every province.*
- *A second phase of the training will be directly "on the field" in the newly created structures where members of the CPLCSGE will work. They will be assisted by the delegates of the INLS previously trained.*
- *Other activities can be as already foreseen by project work plan (from 1.3.1 to 1.3.6)*

This strategy is similar to the one already identified by the Programme document, as it relies on the same Assumption.

The main difference is that it starts by trying to create a high level of engagement and commitment by revitalizing partnership among all actors involved in the decentralization process also, and especially, at the political level.

The strategy adopted is wider in scope as it concerns all the 18 provinces.

Lessons learned teach that the Assumption on which the intervention strategy is based could determine the failure of the approach, it is therefore important to consider other alternatives and keep this strategy in mind in case present circumstances change.

7.2 - What is the alternative?

The most credible alternative is the one that does not rely on the Assumption above mentioned, but that at the same time effectively addresses the core problems identified in the Programme document and brings about sustainable benefits for the target group, the CPLCSGE.

Seen that the group targeted is within a structure that is politically institutionalized, but not yet operationalised, there is no way that benefits can be sustainable if not directly sustained by the Government of Angola.

The UNDP will therefore have to change the focus of its Activities and think about another strategy in order to effectively contribute to the operationalization of the CPLCSGE.

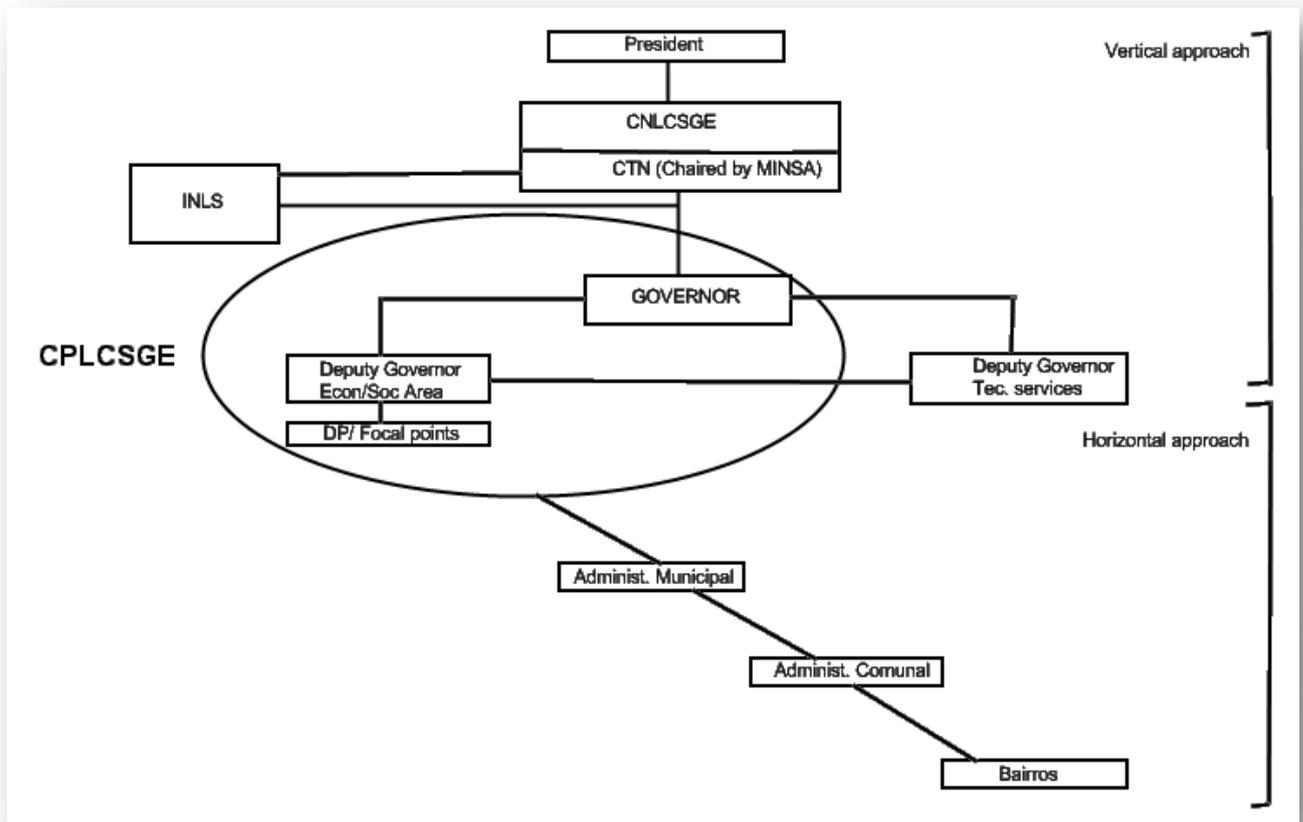
The CPLCSGE could play a relevant role in the response to the HIV/AIDS epidemic and other disease at the provincial level and therefore UNDP will have to insist in the support of these institutions.

In light of the present circumstances, the only viable strategy that could contribute to enhance the institutional capacities of the CPLCSGE is an indirect one.

Therefore, awareness should be raised at the political level while at the same time working with civil society. A combination of both upstream and downstream interventions will be required in order to tackle the HIV/AIDS epidemic in a comprehensive and effective way.

It is important that awareness is raised where political decisions can be taken.

Let's consider the following picture:



The CPLCSGE is at the cross point where the approach to HIV/AIDS from vertical can start to horizontalize and reach more deeply the whole province by spreading through various institutions and organizations,

represented in the CPLCSGE by Provincial Directors, Departments CEOs, Hospital Directors, Municipal Administrators, NGO Representatives and the Sectoral Focal Points.

The above mentioned representatives were the group targeted by implementing partners through the Activities under result 1.2.

All other institutional actors are represented in the above picture.

As it is evident there are two possible options when choosing at which level awareness could be raised.

One is with the Governor that could be sensitized on the need to effectively operationalize the CPLCSGE and the other one is to raise awareness with the National Aids Commission.

7.3 - Recommendations

- *The UN Joint Programme should take in to consideration the long term constraints herein identified through a long term comprehensive strategy.*
- *A high level of partnership among implementing partners is key to the effectiveness and efficiency of the Joint Programme.*
- *A coordinated action between the UNDP and the Government of Angola is highly recommended in order to guarantee the sustainability of Activities implemented to enhance the institutional capacity to ensure a rapid, multisectoral response to the epidemic.*
- *Consider changing the focus of the Activities implemented under the first Programme component and consider insisting on raising awareness were political decisions can be made in order to effectively contribute to the operationalization of the CPLCSGE.*
- *Considering the need to effectively decentralize the fight against HIV/AIDS the UNDP will have to insist in the support of the CPLCSGE.*
- *Awareness should be raised at the political level while at the same time working with civil society. A combination of both upstream and downstream interventions will be required in order to tackle the HIV/AIDS epidemic in a comprehensive and effective way.*
- *The risks and assumptions identified in the Project document are still relevant, but lack actions for managing unforeseen negative effects or risks. Consider a risk management strategy in order not to get stuck during implementation.*
- *Consider as risk the lack of human resources, which is long term constraint, that it will then not easily be managed in the short run.*
- *Consider as opportunity the emphasis given by the new UNDAF 2009-2013 to Joint Programmes.*
- *Consider as opportunity the political willingness of the Angolan Health Minister to quarterly meet the UN Representatives for debriefing on Activities carried out³².*
- *Consider as an opportunity a UN fully/or quite operational in terms of human resources. In 2006 and 2007 this was not happening and many head of agencies were missing. At that time a high level of turnover and the absence of the UN RC affected Programme performance.*
- *Consider as an opportunity the fact that the decentralization process is on top of the agenda in Angola.*
- *Consider analyzing what the positive synergies could be in linking the support to the decentralization of the fight against HIV/AIDS and the "Decentralization and Local Government" phase II Project.*
- *Consider periodically mapping what international organizations/initiatives/NGO are doing in the provinces for coordinated action.*

³² Meeting held on the 22nd of July 2009 between the Minister of Health and the UN Representatives.

ANNEXES SECTION

| | |
|--|--------------|
| <i>1 - Terms of Reference of the Mid-Term Evaluation</i> | <i>p. 64</i> |
| <i>2 - Calendar of Interviews and field visits</i> | <i>p. 66</i> |
| <i>3 - List of documents reviewed</i> | <i>p. 68</i> |
| <i>4 - Field visit in the Province of Lunda Sul</i> | <i>p. 70</i> |
| <i>5 - The Angolan UN JT draft document</i> | <i>p. 73</i> |

Annex 1

Terms of Reference

**Mid-Term Review of the Project "Support to the national strategic plan" /
UN Joint Programme on HIV/AIDS**

March 2009

Background

1. In September 2005, the UN Secretary General directed Resident Coordinators to establish a Joint Team on AIDS and to define at country level one Joint Programme of Support for HIV/AIDS. Through the leadership of UNAIDS and the coordination of the Resident Coordinator and the UN Country Teams as well and the definition of the Division of Labour for each agency with regards of types of interventions in response to the HIV/AIDS epidemic, UN agencies were expected to formulate a Joint Programme that would be aligned with the National Plans for Reducing the Impact of HIV/AIDS.
2. The UN Joint Programme on HIV/AIDS was formulated in 2006 and formally endorsed by the Government in November 2006, by the Ministry of Planning and the Ministry of Health and also signed by the Resident Coordinator. The programme was formulated based on a series of joint missions held by the UN Joint Team on AIDS which had identified the main priorities for supporting the Governments "*National Strategic plan for Combating HIV/AIDS epidemic*".
3. As defined by the *Division of Labour*, UNDP has the primary to provide support for the Strategic Planning, Governance and financial management, particularly regarding PRSPs, and enabling environment as well as human rights and gender.
4. UNDP formulated the Project "Support to the National Strategic Plan", also commonly referred to as the UN Joint Programme on HIV/AIDS (covering only those activities implemented by UNDP) in 2006. The project was designed to three years, with an end date of December 2009.
5. The main outcomes of the project were defined as follows:
 - *Strengthen the institutional capacity for the National AIDS Commission and the Provincial HIV/AIDS Committees*
 - *Legalize more than 80 NGOs*
 - *Produce information and education material on HIV/AIDS*
6. The project unit was staffed by mid 2007 and the project has been implementing a series of activities, including a survey of the Provincial AIDS Committees and 8 Provincial workshops, and advocating for the legalization of NGOs.
7. A Project Board meeting held in January 2009 had as the main recommendation was to hold an independent assessment through a Mid-Term Review of the Project in order to review the performance and the impact of the project activities.
8. To allow for an independent assessment, a review team will be established (composed of an international and a national consultant) led by an international consultant who will undertake field missions in Angola and produce the draft and final report of the review exercise. The Project Coordinator and Project will participate in the exercise and provide

inputs for the report as and when needed. This document contains the terms of reference of the international and national consultant.

Objectives of the review

4. The main objectives of the proposed review are to: (i) take stock of current project achievements, problems and opportunities; (ii) verify the continued relevance and pertinence of the project as well as the related sustainability; (iv) identify the necessary adjustments, if any, in project design, objectives, strategies and implementation arrangement in light of changes in the environment; (v) make recommendations on how to improve the performance of the project; (vi) identify areas which project promoters and management should pay specific attention in order to achieve project objectives.

Scope and elements of the review

6. **Scope of the Mid-Term Review.** The review will cover the following: (i) design of the Project; (ii) implementation of all project outputs and activities (quantity, quality and utility); (vi) project outcomes, effects and impact on the provincial workshops (vii) project sustainability.
7. **The Design of the Project.** Using all relevant documents, the mid-term review team will assess the validity of the assumptions and premises that formed the basis for the design and implementation of the project to determine their correctness and continued relevance. The project's enabling environment will also be assessed to determine project ownership and support by its promoters and beneficiaries.
8. **Project Governance and Management.** The mid-term review Team will first assess the governance structure, its functions and performance of the project in order to determine its adequacy and effectiveness. Project management will also be assessed especially as it relates to the leadership of project activities, administration of personnel, financial management, accounting, procurement of goods and services, monitoring and reporting systems, etc., so as to determine their relevance and compatibility with project premises, objectives and activities as designed.
9. **Project Implementation.** The implementation of the project components and activities will be reviewed in order to take stock of the quantity and quality of achievements, compare them with what was planned and ascertain the likelihood of the project achieving its objectives in the remaining time left on the grant given the way activities are being implemented and outputs produced.
10. The review will examine the project's instruments for planning activities and monitoring implementation and their adequacy. These will include annual work programs and budgets, quarterly and special reports on progress, audit reports.

11. The review will examine the adequacy of inputs for the delivery of project outputs and the timeliness of the delivery of such inputs. The inputs will include selection criteria of consultants, service providers, equipment and other material inputs.
12. As regards financing, the mid-term review will compare the proposed annual budgets with actual disbursements, timeliness of disbursement of funds, and absorptive capacity of project.
13. **Project Outputs, Impact and Sustainability**. The mid-term review will assess the project overall outputs. The consultants will compare quantity and quality of the outputs produced with what was planned. He/she will determine whether the outputs produced are of value to the beneficiaries. Based on these assessments, the team will identify specific constraints and opportunities and make specific recommendations on how to improve the performance of the project and consider its future expansion and sustainability.
14. **Conclusions and Recommendations**. The review will be based on its findings and observations draw conclusions and recommendations that will guide the project to the end of its implementation.

Objectives and tasks of the assignment

16. The main objectives of the assignment are (i) to assess the implementation of the project in relation to its objectives and (ii) to prepare a report on the mid-term review to be submitted to the UNDP and Government of Angola.
17. The following tasks will be undertaken by the consultants in order to reach the main objectives of the assignment:
 - (i) Meeting with National Project Coordinator, Staff, and UNDP to discuss the review exercise, the methodology and approaches to be used;
 - (ii) Review all documentation related to the project (project document, work plans and budgets, progress reports, minutes, concept papers etc.);
 - (iii) Discussions with the beneficiaries of the Project on the relevance of the project, its design, its operations, management and governance structure, administrative and financial procedures, usefulness, impact, challenges and long-term sustainability;
 - (iv) Discussions with representatives of the donors based in Angola on the relevance of the project, its design, its effectiveness and impact, long-term sustainability and co-funding possibilities;
 - (v) Discussions with the relevant project stakeholders, on relationship with the project, on its design, its operations, its management and governance structure, administrative and financial procedures, its usefulness, impact, challenges and long-term sustainability;

- (vi) Review of the project management arrangements to assess effectiveness in the implementation of the project;
- (vii) Preparation by the Consultants of preliminary and final reports on the mid-term review of the project with conclusions and recommendations. The preliminary report should be submitted to UNDP before departure and the final report two weeks after the mission completion. The final report Executive Summary and Recommendations must be in English.

Output

- 18. The Consultants will produce a report on the mid-term review with its conclusions and recommendations.

Dates

- 19. The consultant will be hired for 20 working days, starting ASAP.

Profile of the consultants sought

- 20. The profile of the international consultants sought is as follows:

- (i) Higher university degree in Medicine, Public Health or relevant Social Sciences degrees;
- (ii) Knowledge of HIV/AIDS programmes in developing countries, particularly responding to National Strategic Plans ;
- (iii) Proven experience in carrying out project review assessment or/and similar analytical exercises;
- (iv) Experience in preparation of reports for similar assignments;
- (v) Knowledge of the UNDP and its requirements for project mid-term review exercise.

- 21. The profile of the national consultant sought is as follows:

- (i) Higher university degree in Medicine, Public Health or relevant Social Sciences degrees;
- (ii) Knowledge of HIV/AIDS programmes in Angola and of the main structures supporting ;
- (iii) Proven experience in carrying out project review assessment or/and similar analytical exercises;
- (iv) Experience in preparation of reports for similar assignments;

Annex 2



República de Angola

PROJECTO CONJUNTO DAS NAÇÕES UNIDAS SOBRE VIH/SIDA AVALIAÇÃO AO MEIO TERMO DO PROJECTO VIH/SIDA

NOVA AGENDA DE TRABALHO 28-07-2009

| Data | Hora | Actividades |
|---------------|-------|--|
| 17/07/09 | 05h00 | Chegada do consultor; |
| | 06h00 | Acomodação na Ilha de Luanda; |
| | 8h30 | Briefing UNDP Deputy Country; |
| | 10h00 | Briefing UNJP Manager; |
| 18 - 19/07/09 | | Revisão dos documentos; |
| 20/07/09 | 9h30 | Encontro com INLS; |
| | 11h00 | Encontro com ANASO; |
| | 12h30 | Encontro com Rede Esperança; |
| | 14h30 | Reunião com Joint Team HIV/AIDS; |
| 21/07/09 | 6h00 | Partida missão Lunda Sul; |
| 24/07/09 | 16h30 | Regresso Luanda; |
| 25 - 26/07/09 | | Revisão dos documentos e análise dos dados de Saurimo |
| 27/07/09 | 9h00 | Briefing UNJP Country Director, |
| | 11h00 | Briefing UNDP Deputy Country, |
| | 16h00 | Briefing UN Resident Coordinator & UNDP Country Rep., |
| 28/07/09 | 9h00 | Revisão dos documentos com Director de Projecto sobre as quantidade de actividades implementadas; |
| 29/07/09 | 9h00 | Análise com Director de Projecto dos constrangimentos da governance sobre as actividades do projecto |
| 30/07/09 | 9h00 | Encontro com Poverty Officer UNDP |
| | 12h00 | Encontro com Director de Projecto UNICEF |
| | 16h00 | Trabalho no escritorio |
| 31/07/09 | 9h00 | Encontro com Representante IOM |
| | 12h00 | Encontro com Representante FAO |

| | | |
|---------------|-------|--|
| | 16h00 | Encontro com Ex-Representante Fundo Global (J. Romero) |
| 1-2/08/09 | | Análise dos dados e ponto sobre os encontros |
| 3/08/2009 | 09h00 | Participação na reunião do Joint Team sobre HIV/AIDS |
| | 10h00 | Encontro com Representante FAO |
| | 11h00 | Encontro com Representante UNHCR |
| | 15h00 | Encontro com INLS |
| 04/08/09 | 16h00 | Encontro com Ex-Representante Fundo Global (J. Romero) |
| 05/08/09 | | Trabalho no escritório |
| 06/08/09 | 9h00 | Encontros com os parceiros do nível Central: Sra Chacomba do MAT; |
| | 11h00 | Sra Edaltina do MAPESS; |
| | 13h30 | Dr. Ndombele do Gabinete do Plano MINSA; |
| 07/08/09 | 9h00 | Encontro com Deputy Director UNDP |
| | 10h00 | Encontro com Representante UNAIDS |
| | 14h00 | Encontro com Representante UNICEF |
| | 15h00 | Trabalho com Poverty Officer UNDP |
| 08 - 12/08/09 | | Compilação dos dados, análise, elaboração do relatório final e outros; |
| 13/08/09 | 9h30 | Apresentação do relatório preliminar ao grupo técnico no INLS; |
| | 15h30 | Debriefing com UN Resident Coordinator, UNDP Director, UNAIDS Country Coordinator, UNDP Poverty Officer; |
| 14/08/09 | | Regresso a Itália; |

Annex 3

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- *United Nations Development Programme, UNDP, and Ministry of Territorial Administration, "Decentralization and Local Government, PHASE II Project Implementation Plan", UNDP Project Number: 00039307, Luanda, April 2002*
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- *World Health Organization, WHO, "Summary Country Profile for HIV/AIDS Treatment and Scale-up", WHO Country Office for Angola and the WHO Regional Office for Africa, Angola, 2005*

Annex 4

SAURIMO – LUNDA SUL - 22 July 2009

| <i>Technique applied</i> | <i>Means</i> | <i>Purpose</i> |
|---|---|--|
| <i>Focus group discussion (10 people) guided by a semi-structured questionnaire with both open and closed answers</i> | <i>Use of broad questions in a formal setting; additionally guided by a semi structured questionnaire</i> | <i>Gain qualitative information towards expected results of the workshop and (undisclosed purpose) towards the effectiveness of the project. Are the results achieved through the workshop leading to the project's outcome?</i> |

Targeted Group: CPLSGE Provincial Focal Points

LIST OF PARTICIPANTS

| <i>Organization</i> | <i>Name and Surname</i> | <i>Position</i> | <i>Telephone</i> |
|------------------------------|-------------------------|-----------------|------------------|
| <i>Ministry of Health</i> | | | |
| <i>Ministry of Transport</i> | | | |
| <i>Ministry of Education</i> | | | |
| <i>National Police</i> | | | |
| <i>National Armed Forces</i> | | | |
| <i>Ministry of Health</i> | | | |
| <i>Dapess</i> | | | |
| <i>NGO</i> | | | |
| <i>DPYDDALS</i> | | | |
| <i>DPS</i> | | | |
| <i>National Police</i> | | | |

PURPOSE AND METHODOLOGY OF THE EVALUATION TECHNIQUE APPLIED

The aim of the questionnaire was to assess, through an evaluation indicator, to what extent expected results of the two workshops, that were held in the Province of Lunda Sul in August and November 2009, had been achieved.

The second, undisclosed, aim was to assess how far the UNDP through its implemented activity is moving towards expected outcome 1: "Enhance the institutional capacity to ensure a rapid, multisectoral and decentralized provincial response to the epidemic" in the perception of beneficiaries.

No quality indicators had been foreseen for this activity by the project document nor by the project manager and therefore the questionnaire was submitted as a preliminary evaluation technique to be integrated by the focus group discussion.

The questionnaire had been elaborated according to the targeted group. The vocabulary used for the phrasing of the questions had been carefully selected in order to be appropriate with what had been discussed at the workshops.

Some of the questions aimed deliberately at reassessing the relevance and effectiveness of the activities carried out, in order to check the reliability and the coherence of the responses.

The evaluator was not over ambitious about the questionnaire's capacity to obtain information, for this reason a focus group discussion had been planned and the reaction of respondents, while filling the questionnaire, has also been carefully observed and evaluated.

Easy questions were put at first in order to give respondents confidence and facilitate progress through the questionnaire.

The possibility to make some free comments was given in the questionnaire and the answers became topic for discussion in the focus group discussion that took place soon after the completion of the questionnaire.

The questionnaire was short, straightforward, clear and unambiguous but the wording in the last four questions might have influenced the response by implying only a positive or negative answer.

The undisclosed purpose of the questionnaire was to evaluate the relevance, the effectiveness, the likely sustainability and the likely impact of the activity implemented towards Outcome 1.

The quality of the information obtained through the questionnaire has been of small value, not just because of the limitations discussed above, but also because the number of respondents was not high enough to be representative of all participants at the workshops. It has been anyway a valuable tool to capture perceptions over needs and appreciation of the implemented activities. The evaluation criteria used are normally used at the purpose level but here have been used at the output level only to catch impressions on value of activities implemented and the degree of their appreciation.

Three respondents answered to the questionnaire even if they did not participate to the workshops. Their answers have not been taken in to consideration by the evaluator. On a total number of 11 respondents only 8 have been considered.

The table below indicates results, both disclosed and undisclosed.

The ratings guide is as follows:

A) EXCELLENT: Over and above normal good practice, something particularly innovative. Workshop considered as a model to follow.

B) GOOD: Fully satisfies all requirements, there are only a few minor weaknesses.

C) SATISFACTORY OVERALL: There are weaknesses as well as strengths. Strength prevail on weaknesses.

D) PROBLEMS: There are serious weaknesses although other aspects may be satisfactory. Weaknesses prevailed on the positive aspects of the workshop.

E) WEAK: There are serious deficiencies with respect to expected quality of the workshop.

| QUESTIONS | EXCELLENT | GOOD | SATISFACTORY OVERALL | PROBLEMS | WEEK | NO ANSWER | UNDISCLOSED EVALUATION CRITERIA |
|--|-----------|-----------|----------------------|----------|----------|-----------|---------------------------------|
| 1 - To what extent do you consider the 1 st workshop (coordination of interventions) of value to your needs? | 4 | 4 | | | | | RELEVANCE |
| 2 - To what extent do you consider the 2 st workshop (elaboration of a draft action plan) of value to your needs? | 4 | 3 | 1 | | | | RELEVANCE |
| 3 - To what extent the workshops reflected development priorities and policies in your province? | 3 | 3 | 1 | 1 | | | RELEVANCE |
| 4 - To what extent do you feel that these workshops have been useful to enhance the institutional capacity to ensure a rapid, multisectoral and decentralized provincial response to the epidemic? | 3 | 3 | 2 | | | | EFFECTIVENESS / LIKELY IMPACT |
| 5 - To what extent do you feel that these workshops could be useful to enhance the institutional capacity to ensure a rapid, multisectoral and decentralized provincial response to the epidemic | 3 | 4 | 1 | | | | EFFECTIVENESS |
| 6 - To what extent do you feel that these workshops will be useful to contrast the epidemic and to mitigate its effects? | 6 | 2 | | | | | EFFECTIVENESS |
| 7 - To what extent did the workshops correspond to the priorities of your organization? | 3 | 2 | 2 | 1 | | | RELEVANCE |
| EVALUATION SCORE | 26 | 21 | 7 | 1 | 0 | 0 | |

| QUESTIONS | YES | NO | NO ANSWER | UNDISCLOSED EVALUATION CRITERIA |
|--|-----|----|-----------|---------------------------------|
| 8 - After having attended the 2 workshops would you feel ready to write a sectoral action plan? | 7 | 1 | | SUSTAINABILITY |
| 9 - After having attended the 2 workshops would you feel ready to write a multisectoral action plan? | 7 | 1 | | SUSTAINABILITY |
| 10 - Do you feel that if PNUD switches to phase 3 and 4 with these workshops you would gain the capacity to write and operationalize a sectoral action plan? | 8 | | | RELEVANCE |
| 11 - Do you feel that if PNUD switches to phase 3 and 4 with these workshops you would gain the | 6 | | 2 | EFFECTIVENESS |

| | | | | |
|---|----|---|---|--|
| capacity to write and operationalize a multisectoral action plan? | | | | |
| EVALUATION SCORE | 28 | 2 | 2 | |

The last question of the questionnaire aimed at assessing if the draft multisectoral action plan that was produced at the end of the second workshop had been submitted to the Governor or the Deputy Governor to the Social Sector of the Province of Lunda Sul, as it was in the intentions of participants to the workshop.

The hope was that the Governor who coordinates the activities of the Provincial Committee for the fight against HIV/AIDS and other Epidemics, or the Deputy Governor who leads the Provincial Committee could produce some kind of impact in the Province of Lunda Sul.

This last question has been considered by the evaluator to assess also the ownership of the activity carried out.

The information that emerged through observation showed that several respondents had difficulties and wanted to be reassured over the ratings guide and the meaning of the questions.

The majority of them did not seem to be accustomed with the technical wording used and this was confirmed through the focus group discussion that took place immediately after the questionnaire.

The impression of the evaluator, also shared by the project manager and the trainer from the Ministry of Health later interviewed, is that the difficulties encountered by participants in filling a simple questionnaire are a clear sign of the difficulties they would encounter if they had to elaborate a sectoral action plan.

During the focus group discussions a participatory approach to encourage joint problem analysis was used. Questions were posed by the evaluator to the audience and vice-versa. The evaluator posed open questions to respondents in order to stimulate joint discussion.

Some of the key questions were the following:

What is the present situation in your Province with respect to the Provincial Committee, is it working?

Why not?

Is it important to keep a Provincial Committee that is only formal?

Would it be important to have it functioning?

What should be done in your province with respect to HIV/AIDS?

What could the UNDP do for you?

As the discussion unfolded, it became clear that:

According to the people who intervened in the discussion in the Lunda Sul Province there is a formal CPLCSGE which is supported also by the Deputy-Governor. There is no formal place where meetings take place because of lack of resources. The lack of resources was seen as the main problem in the operationalization of the CPLSGE. The Deputy-Governor called for periodical meetings formally scheduled on a quarterly basis...but last meeting took place in November 2008. (almost 10 months before the focus group discussion)

There is no official regulation on the functioning of the CPLCSGE in the Lunda Sul Province. Participants shared the idea that the National Aids Commission should approve a formal and effective regulation to operationalize the CPLCSGE.

They did not receive any kind of support (especially in terms of material resources) from national institutions, even though they had initiatives, such as awareness campaigns, at the Provincial level. Some of the participants actively advocated with the Deputy Governor.

Some of them had relayed on the Hamset funds (World Bank) to carry out some awareness activities. Others told us to carefully disburse funds to NGO's if no clear accountability mechanism are in place.

On the question on how UNDP could address the HIV/AIDS epidemic at the local level the answers have been the following:

Provide the CPLCSGE with a place where to hold meetings

Increase training

Empower NGOs

Create nets in order to reach also municipalities

Sensitize Governors on the importance of a common engagement to fight the epidemic

Work on HIV prevention campaigns, which should be carried out effectively like the vaccination campaigns

A last question was: "Do u think that you will still remember what you have learned at the workshop by the time the CPLCSGE will be operationalised?"

The common answer was: no!

An unexpected result that the 2 workshops produced was to put people together that interacted, engaged in discussions and showed passion on issues related to the fight against HIV/AIDS. With respect to this unexpected result a sense of ownership and willingness to actively lead the fight against the HIV/AIDS epidemic emerged through the discussion.

The evaluator's impression is that through the Activities implemented a certain degree of expectations have been created which are though frustrated by the non-operationalization of the CPLSGE.

Annex 5

Draft
November 2006



**The Angolan UN Team on HIV&AIDS &
The Joint UN Programme of Support**

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Introduction

i. Background

The UN Team on HIV&AIDS emerges within the context of both UN reformⁱ and international efforts to improve aid effectivenessⁱⁱ. In March 2005, a Global Task Team on improving AIDS coordination among multilateral institutions and international donors was established following the request of leaders from governments, civil society, UN agencies, and other multinational and international institutions who met in London to review the global response to AIDS under the theme, "Making the Money Work: The Three Ones in Action". The imperative to create Joint UN Teams on AIDS comes from recommendations of the Global Task Team in June 2005ⁱⁱⁱ, subsequently endorsed by the United Nations General Assembly during the World Summit in September 2005^{iv}. Consequently, the UN Secretary-General wrote to UN Resident Coordinators in December 2005 directing them to establish these Teams.

Strengthening the integration of HIV programming within existing frameworks and processes is the key for effective and sustained support of national responses.

The Joint UN Team is designed to reinforce the national response to the HIV & AIDS epidemic by improving processes and frameworks and building on existing mechanisms, experiences and lessons learned. The following elements constitute the added value of the UN Team on HIV&AIDS:

- Simplification and harmonization of UN support to national response, building on existing directives and processes.
- Clear definition of accountability lines, mechanisms for enforcing them, and overall a greater commitment of UN agencies.
- Greater clarity on roles and responsibilities of individual UN agencies as part of the Joint UN Team on AIDS, especially through the Technical Support Division of Labour^v.
- Allowing partners to access services for provision of technical support through the UN system
- A joint programme of support, and the team that implements it, operating under a long-term vision with shorter-term actions.
- Unifying and integrating UN support within national planning frameworks, so as to strategically fill existing gaps.
- Evolution and strengthening of the HIV&AIDS component of UN Development Assistance Framework.

ii. The Angolan context

Largely due to the internal armed conflict lasting over 25 years and ending in early 2002, the Angolan HIV prevalence appears considerably lower than in neighboring countries. This suggests that the lack of mobility resulting from the conflict may have slowed the spread of HIV in the country. Recent estimates taking into consideration data from a national seroprevalence study amongst pregnant women receiving antenatal care in the 18 Angolan provinces showed a prevalence of 2.5%. These results agree with that published by UNAIDS in the Report of the Global AIDS Epidemic 2006, which states that Angola is an exception in southern Africa with a prevalence estimated in 3.7% (2.3%-5.3%). This also suggests: (i) there is currently a window of opportunity for Angola to avoid the high prevalence facing other countries in sub-Saharan Africa; and (ii) Angola may be able to convey concrete hope to other countries that, with strong leadership and a coordinated multisectoral response, the epidemic can be controlled. According to national official information (also

published in the Report of the Global AIDS Epidemic 2006), only 6% of the HIV-infected population has access to ARV therapy and no more than 2.3% of infected pregnant women has access to PMTCT plus. In terms of prevention, the same source mention that 63.3% Of men and 52% of women aged 15 to 24 referred having used a condom in the last occasional sexual relation.

II. The Angolan UN Team on HIV&AIDS

1. Composition and Organogram

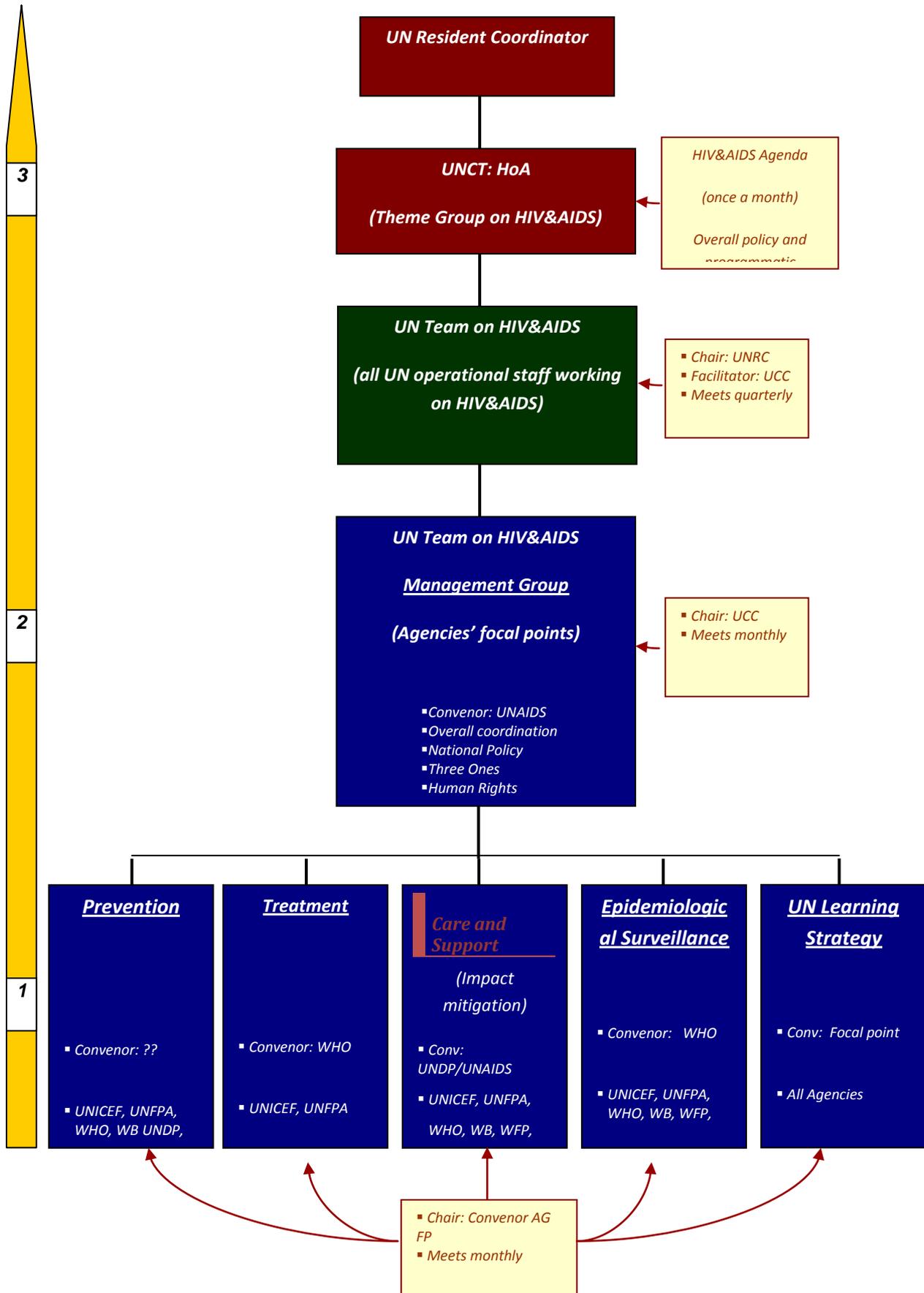
The Angolan Joint UN Teams on HIV&AIDS, built up on the existing Technical Working Group, is composed by all UN staff working full- or part-time on HIV&AIDS within the UN system, including UNAIDS cosponsor and other non-cosponsor agencies and functions within a organogram with three levels of accountability.

- The Theme Group, led by the Resident Coordinator is responsible for overall policy and programmatic guidance in terms of operating procedures of the AIDS Team and content and implementation arrangements of the Joint Programme of Support.
- The Management Group of the Joint Team, chaired by the UNAIDS Country Coordinator, consists of Focal-Officers from each UN agency formally nominated by the respective Head of Agency. It has responsibilities of overall coordination of the UN Team on HIV&AIDS, national policy and Three Ones implementation.
- Under the Joint Team Management Group, 4 sub-groups in specific technical areas function as fora for technical interaction with Government, stakeholders, donors and civil society, providing programmatic direction and technical assistance.
- The Theme Group, led by the Resident Coordinator is responsible for overall policy and programmatic guidance in terms of operating procedures of the AIDS Team and content and implementation arrangements of the Joint Programme of Support.
- The Management Group of the Joint Team, chaired by the UNAIDS Country Coordinator, consists of Focal-Officers from each UN agency formally nominated by the respective Head of Agency. It has responsibilities of overall coordination of the UN Team on HIV&AIDS, national policy and Three Ones implementation.

Under the Joint Team Management Group, 4 sub-groups in specific technical areas function as fora for technical interaction with Government, stakeholders, donors and civil society, providing programmatic direction and technical assistance.

- The sub group 'UN Learning Strategy', convened by a member of the team that function also as UN focal point for the UN learning strategy and UNAIDS, is a forum aimed to:
 - Develop knowledge and competence of the UN Staff to be able to support the national response
 - Ensure that all UN staff members understand the UN's HIV/AIDS workplace policies and are able to make informed decisions to protect themselves from HIV or, in case of HIV infection, know how they can have access to the best possible care and treatment.

UN Team on HIV&AIDS, Angola (Organogram)



Actually, 43 members from the different Agencies, 23 full-time and 20 part-time, integrate the Angolan UN Team on HIV&AIDS as illustrated in the following table. The annex 1 shows the list of the members currently appointed to integrate the Angolan UN Team on HIV&AIDS

Composition of the Angolan UN Team on HIV&AIDS per Agency

| UN Agency/Organization | Staff dedicated to HVI&AIDS | | |
|------------------------|-----------------------------|----------------------------|-----------|
| | Full time (70-100% time) | Part time (20-69% time) | Total |
| UNCHR | 3 | - | 3 |
| UNICEF | 3 | 16 | 7 |
| WFP | 1 | 6 | 7 |
| UNDP | 5 | - | 5 |
| WHO | 2 | - | 2 |
| UNFPA | 2 | 9 | 11 |
| FAO | - | 1 | 1 |
| IOM | 4 | - | 4 |
| WB | | | |
| UNAIDS | 3 | - | 3 |
| Total | 23 | 20 | 43 |

2. Roles and Responsibilities

2.1 The UN Theme Group on HIV&AIDS

The UN Theme Group on HIV/AIDS, under the leadership of the Resident Coordinator has responsibilities on overall policy and programmatic guidance, both in terms of operating procedures of the Team, and the content and implementation arrangements of its joint programme of support.

The HIV/AIDS Theme Group will also continue to provide advocacy and assist with mobilization of resources for a scaled-up response, in accordance with other existing roles and responsibilities outlined in the *Resource Guide for Theme Groups* (UNAIDS, 2004). The Theme Group will approve the decisions of the AIDS Team.

2.2 The UN Tem on HIV&AIDS

The purpose of the Joint UN Team on HIV&AIDS is to promote coherent and effective UN action in support of the national response to HIV. Among the specific roles and responsibilities it is expected to fulfil:

- Support the National AIDS Commission in its efforts to: (a) implement an accelerated national response, and (b) resolve impediments to implementation;
- Constitute an entry point for national stakeholders to access HIV/AIDS technical assistance from the UN system;
- Facilitate and monitor the joint UN HIV/AIDS Programme of Support, based on the country UN Development Assistance Framework;
- To provide technical advice to and follow up on decisions made by the UN Theme Group on HIV&AIDS; and
- Liaison with global and regional problem solving mechanisms and technical support facilities

2.3 Individual actors

The following table shows the individual responsibilities of the UN Resident Coordinator, Heads of Agencies, UNAIDS Country Coordinator and team members.

The Resident Coordinator*

- Ensures formation of the AIDS Team.
- Builds consensus on the final results matrix on AIDS that will appear in the UN Development Assistance Framework.
- Provides overall UN leadership, advocacy and guidance on AIDS, and represents the UN system to head of state; ensures that AIDS remains high on national agendas.
- Ensures that Heads of Agencies are accountable for agency contributions towards the joint programme deliverables.
- Intervenes as needed to resolve impediments and make decisions in the interest of AIDS Team effectiveness (involving Regional Directors Team as necessary.)
- Reports on the performance, functioning and workplan of the AIDS Team as part of the Resident Coordinator annual report.

Heads of UN Agencies (HoA)

- Officially designates participation of staff members on the AIDS Team.
- May revise job descriptions (where necessary) to reflect participation in the Team as a key responsibility.
- Works with the Resident Coordinator and UNAIDS Country Coordinator to determine appropriate performance evaluation mechanisms, incentives and sanctions for AIDS Team members.
- Accepts overall accountability for annual deliverables of that agency as agreed upon by the Team, including resource mobilization at the agency level.
- One agency head will also be appointed as Theme Group Chair, to facilitate meeting and decision-making among the group.
- As members of UN Country Team and HIV/AIDS Theme Group, contribute to overall policy and programmatic guidance of AIDS Team members, and participate in approving the programme of support and annual workplans.

The UNAIDS Country Coordinator

- As convenor and facilitator of the AIDS Team, ensures its effective functioning by convening meetings, synthesizing and disseminating information, and strategically planning and advocating the AIDS Team's collective response.
- As a full member of the UN Country Team and an integral part of the Resident Coordinator system, provides policy and technical advice as well as advocates for and mobilizes effective action on HIV/AIDS by cosponsors and agencies.
- Ensures that the AIDS Team's annual work plan is implemented.
- Identifies impediments to achievement of annual deliverables, and informs the Resident Coordinator when intervention is necessary.
- Provides regular implementation reports to the HIV/AIDS Theme Group, and ensures that their policy directives are carried out.
- Ensures appropriate financial management for operation of the AIDS Team.
- Represents the UNAIDS and the AIDS Team to external partners as needed, and consistent with the representation guidelines in paragraph 14.
- Carries out other functions, as designated by the Resident Coordinator or HIV/AIDS Theme Group Chair.

Individual team member

- Contributes to the development, implementation and monitoring of the HIV/AIDS Programme of Support.
- Attends all AIDS Team meetings and follows-up on action points.
- Provides technical advice to UNAIDS Country Coordinator/UN Theme Group/government/individual agencies on their area of expertise.
- Keeps their Head of Agency informed of AIDS Team activities.
- Represents the AIDS Team in various government-led technical working groups, committees or forums, as requested by UNAIDS Country Coordinator based on division of labour, presence and capacity.

3. Accountability

All members of the Team are accountable for fulfilling their assigned roles and responsibilities as detailed in the Programme of Support. As mentioned in the Secretary-General's letter to UN Resident Coordinators (December 2005), all members of the UN Country Team and the Joint UN Team on AIDS should expect to be appraised on their performance as members of these Teams. The Resident Coordinator and HIV/AIDS Theme Group will determine how to expand the existing performance evaluation mechanisms in order to reflect each individual's role as an AIDS Team member.

Team members remain solely under the supervision and authority of their agency head. Performance assessment of individual Team members will be conducted as part of their annual performance evaluations, taking into consideration the time and technical contribution that an individual has made to the AIDS Team, and the achievement of annual key deliverables to the extent that the individual was responsible for specific outcomes. Heads of Agencies may solicit input from the Resident Coordinator, UNAIDS Country Coordinator or other relevant Team members in assessing a staff member's performance on the AIDS team.

III. The Joint UN HIV/AIDS Programme of Support

The HIV/AIDS Programme of Support describes the UN's support to the national response to AIDS. It reflects processes, products and resources that the UN Team will put to work. It consists of specific plans aimed at operationalizing the Programme of Support, such as a technical support plan, advocacy and communications strategies, resource mobilization strategies, etc. These plans are translated annually in an annual work plan where specific responsibilities are assigned to agencies and individuals, with clear deliverables (against the Programme).

Executive Summary of the Angolan UN Joint Program of Support^{vi}

Responding to the letter sent by the UN Secretary General on the 12th of December 2005 to all UN Resident Coordinators encouraging the creation of Joint Programmes at country level, the UN system in Angola together with the Government of Angola (GoA) jointly developed a Joint Programme on HIV/AIDS. This Joint Programme elaborates the UN joint support for a three-year period to the National Strategic Plan with a focus on the decentralization process of the HIV/AIDS programmes.

The UN Joint Programme (UN JP) is a direct implementation of the Global Task Team (GTT) recommendations that call for (i) Empowering national leadership and ownership, (ii) Alignment and harmonization, (iii) Reform for a more effective multilateral response and (iv) Accountability and oversight.

The UN JP is jointly coordinated by the GoA and the UN Theme Group on HIV/AIDS. The activities developed have been harmonized with those of the other partners involved in the National response including the World Bank (HAMSET project) and the Global Fund. This UN JP aims at building institutional capacities, facilitating the expansion of services and developing the appropriate mechanisms at central and provincial levels.

Finally, building on the joint missions to Cunene and Benguela provinces, the UN JP intends to be a strategic instrument to guarantee the necessary partnerships to help drive the country towards the Universal Access.

IV. Monitoring and Evaluation

1. Input and process indicators

Monitoring and evaluation focus on three levels: individual (performance), team (processes), and programme of support (inputs). The table in appendix 2 illustrate possible indicators at each level. Teams will determine the best methods for collecting and validating data to report on each indicator.

2. Output and outcome indicators

The regular monitoring of the HIV/AIDS Programme of Support is a responsibility of the AIDS Team. Individual and joint agency activities will be evaluated based on their own internal programme monitoring and evaluation plans and will be reflected in the annual work plan component of the Program of Support. Progress on the AIDS Team's annual work plan and the Programme of Support will also be evaluated on the basis of annual key results and intermediate milestones with clear indicators of collective achievement (for example, "At the mid-term, 85% of planned activities have begun"). Indicators for specific activities reflect the UNDAF M&E framework. In the same way, a final evaluation of the HIV/AIDS Programme of Support will be carried out at the end of the long-term cycle in order to prepare the development of the next HIV/AIDS Programme of Support as well as the next UN Development Assistance Framework. National counterparts should be invited to provide input on the effectiveness and challenges of the Programme of Support.

3. Impact indicators

The impact of the UN System's contribution to the national response will be measured indirectly, through existing processes that conduct surveillance and provide epidemiological estimates. Furthermore, supporting national partners in monitoring and reporting on the *Declaration of Commitment* is an important responsibility.

This review will take place both informally during regular (monthly) Team meetings, and formally at six-month intervals in a participatory manner (involving the UNAIDS Regional Support Teams, regional Cosponsors, HIV/AIDS Theme Group and the AIDS Team members) that seeks to identify impediments to implementation and resolve them in order to enable achievement of key deliverables. This review can also identify good practices in AIDS Team functioning that lead to improved results. The Resident Coordinator and Heads of Agencies may also solicit feedback from national partners and stakeholders on the added value of the AIDS Team towards achievement of national goals and priorities. This review will take place within the context of the Resident Coordinator's annual reporting requirements. The performance of the AIDS Team and the HIV/AIDS Theme Group will constitute a portion of the Resident Coordinator's annual report.

Appendix 1:

Members of the Angolan UN Team on HIV&AIDS, October 2006-10-31

UNCHR

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UNICEF

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WFP

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UNDP

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WHO

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UNFPA

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FAO

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IOM

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WB

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- ...
- ...

UNAIDS

- Alberto A Stella, UNAIDS Country Coordinator
- Roberto Brant Campos, Organizational Development Adviser
- (*Vacant position*): Monitoring & Evaluation Adviser:

Appendix 2:

Monitoring and Evaluation: Suggested Input and process indicators³³

Individual performance

- Attends all meetings regularly and actively contributes as a team player to the implementation of the workplan activities.
- Assumes a technical facilitation role to support national government to scale up programming in his or her areas of specialization.
- Contributes to problem identification and solving.
- Reports regularly and adequately to supervisors on AIDS Team activities, decisions, agency accountabilities towards the achievement of the team results, and country HIV/AIDS situation developments.
- Provides effective follow-up in support of the implementation of all workplan actions and activities with own agency, national counterparts and partners.

AIDS Team effectiveness

- Heads of Agencies have formally designated staff members to participate in the AIDS Team, and included in their performance appraisal system clear roles, responsibilities and performance indicators against which they will be assessed.
- The entire AIDS Team has results-based meetings on a regular basis to move forward the HIV/AIDS Programme of Support.
- Working groups have been mobilized, and are providing leadership on specific issues, or focal points are representing the UN System in partner-led working groups.
- The AIDS Team is being used by national stakeholders as an entry point for access to HIV/AIDS technical assistance from the UN system.
- Clear roles, responsibilities and lines of reporting have been articulated among different members of the group.
- Communication between the AIDS Team and the UN Theme Group on HIV/AIDS (where there is a distinction) results in effective follow up on decisions made by the Theme Group.
- Mechanisms are in place for effectively working with the global regional and problem-solving entities (i.e. Global Problem-Solving Implementation Support Team) and the Technical Support Facilities.

Programme of Support

- Developed out of a participatory process that combines identification of gaps in the national response with analysis of strengths and comparative advantage of the UN System.
- The AIDS Team workplan has clear results-based deliverables in support of the national programme, with clear team member accountabilities for activity inputs.
- Addresses technical support needs
- Addresses and supports the "Three Ones" principles, and national development priorities
- Activities are costed, sources of funding identified, and responsible agencies/individuals assigned.
- Adds value to the national response through efficiency and relevancy in design and implementation.

6. References

ⁱ Report of the Secretary-General: An agenda for further change (September 9, 2002)

ⁱⁱ Rome (February 2003) and Paris (March 2005) Declarations

ⁱⁱⁱ Global Task Team Final Report (14 June 2005), section 3.1, page 21.

³³ *United Nations Development Group: Proposed Working Mechanisms for Joint UN Teams on AIDS at Country Level. Guidance Paper. May 2006*

- ^{iv} World Summit Outcome Document (September 15, 2005), paragraph 57(f).
- ^v *UNAIDS technical support division of labour: summary and rationale.* (UNAIDS, August 2005).
- ^{vi} UN Joint Programme of Support to the National Strategic Plan in the decentralization process of HIV/AIDS programmes. UN Angola 2006