



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

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List of Acronyms

ADB :	African Development Bank
CCI :	Cross Cutting Issue
CFA :	Country Follow up Activity
CSLP :	Cadre Strategique de Lutte contre la Pauvreté
CNLS :	Commission Nationale de Lutte contre le Sida (Rwanda)
CNLS :	Conseil Nationale de Lutte contre le Sida (Burkina Faso).
CSLS :	Cadre Strategique de Lutte contre le Sida
CSO :	Civil Society Organisation
EDPRS :	Economic Development and Poverty Reduction Strategy
IFC :	International financing corporation (WB)
JP :	Joint Programme
INSD :	Institut National de la Statistique et de la Demographie
MAP :	Multi country AIDS Programme
MINECOFIN :	Ministry for Economics and Finance
Mkukuta :	Kiswahili for Tanzania's PRSP
MP :	Mainstreaming Programme
MTEF :	Medium Term Expenditure Framework
NACs :	National AIDS Commission Secretariat
NDP :	National Development Plan
NSP :	National Strategic Plan for HIV and AIDS
NSGRP :	National Strategy for Growth and the Reduction of Poverty
PAMAC :	Programme d'Appui au Monde Associatif et Communautaire
PRSP :	Poverty Reduction Strategy Paper
REPOA :	Research on Poverty Alleviation
RSC	Regional Support Centre
SP/CNLS :	Secrétariat Permanent du Conseil National de Lutte contre le Sida
TACAIDS :	Tanzania Commission for AIDS
TGNP :	Tanzania Gender Networking Programme
TSF :	Technical Support Facility
UNAIDS :	Joint United Nations Programme on HIV and AIDS
UNDP :	United Nations Development Programme
WB :	World Bank

1. Executive Summary

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

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

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

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

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

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

Key lessons learned:

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

Recommendations

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

1. *Develop a logic model for the programme with a clear monitoring and evaluation framework.* As global and country priorities and HIV epidemic dynamics change, there is a need to underpin the mainstreaming approach with a logic model which has a clear monitoring and evaluation framework which can help build an evidence base for the effectiveness of mainstreaming.

2. *Focus on follow up activities for fewer countries according to clear selection criteria*

There is a clear need for ongoing technical support to mainstream HIV into plans and processes, but a focus on in depth follow up in fewer and more deliberately selected countries is recommended for the purposes of longer term sustainability. This should include support over a longer period of time to build a critical mass of mainstreaming competence.

3. *Revise and clarify technical support roles and responsibilities of key UN agencies and refocus the programme to include sectoral strategies and plans.* To date, the focus of the Mainstreaming Programme has largely been on mainstreaming AIDS into PRSPs, but more support is needed to guide sectoral strategies and plans (through further work on National Strategic Frameworks for example), as this is the entry point for implementation

4. *Develop communities of practice for mainstreaming at country and regional level with a particular focus on ministries of finance.* Once identified, a programme of team building and mentoring and coaching needs to take place to support a critical mass of capacity in country over time. This will demand the availability of good quality and flexible expertise.

5. *Develop the capacity of non-HIV CSOs to mainstream HIV.* Many non-HIV related NGOs involved in human rights, law and justice, gender and governance could play a larger role in mainstreaming HIV as a development issue, both in terms of advocacy and technical

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

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

2. Introduction and Background

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

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

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

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

- 1) *Identification of the challenges and issues in HIV mainstreaming, and development of Issues Papers.*

Preliminary assessments were undertaken in each of the participating countries to identify the main challenges and issues confronting the mainstreaming of HIV into national

¹ The overall responsibility for the Programme lies with UNDP. In particular, UNDP has the lead at the country level. The World Bank (through the World Bank Institute) was allocated the responsibility of organizing regional workshops.

development and Poverty Reduction Strategy processes. This resulted in the development of an Issues Paper, which identified issues facilitating and or obstructing successful HIV mainstreaming.

2) *Formation of a multi-sectoral country team to attend the capacity building and knowledge sharing workshop and support HIV mainstreaming throughout the implementation of the initiative.*

Each country formed a 'country team' that included members from national AIDS coordinating authorities, ministries and agencies responsible for finance and planning, other key sectors and civil society organizations. Country teams also included a representative from UNDP and/or UNAIDS and in some cases the World Bank country office.

3) *Planning country follow-up activities to support HIV mainstreaming.*

Country teams participated in a Regional Mainstreaming Programme capacity-building workshop. During the workshops, and based on the evidence in the Issues Papers, the country teams prepared action plans known as 'Country Follow-up Activities' (CFA) that laid out draft actions to be implemented to support HIV mainstreaming over the following year.

The CFAs are designed around the '4 keys'

- *Participatory Process*: increasing participation and representation of all key stakeholders.
- *Diagnostic studies and analysis*: providing and gathering evidence for integrating HIV in to development processes.
- *Policies, strategies and resources*: taking account of HIV in macroeconomic structural and sectoral policies and ensuring there are budgets for these.
- *Monitoring and evaluation*: strengthening monitoring and evaluation of progress in the AIDS response across sectors.

4) *Validation of action plans and allocation of seed funding.*

Once the CFAs had agreement by national authorities, seed funding of between \$60,000-\$100,000 per country was provided by UNDP to support implementation. Countries were also encouraged to mobilize additional funds and partnerships to support activities.

5) *Implementation and monitoring of Country Follow up Activities.*

Various mechanisms were employed to co-ordinate and support implementation of the CFAs and the UNDP country office submitted quarterly reports to headquarters detailing

progress. At the end of one year of implementation, countries were invited to a regional workshop to share experiences and lessons learned and finalise action plans for the next year.

In 2009 the Joint UNDP/World Bank/UNAIDS Programme commissioned this external and independent review of the programme (see TORS Annex 1) to assess its progress in strengthening national capacity for integrating AIDS into Poverty Reduction, and the efficacy of the strategies employed. The evaluation focuses on two Round 1 countries (Rwanda and Tanzania Mainland), and one Round 2 country (Burkina Faso).

The evaluation focuses on the overall effectiveness and efficiency of the Mainstreaming Programme with particular reference to the three countries visited and makes recommendations for the future. For a detailed description of activities undertaken in Round 1 and 2 countries we strongly recommend consulting the Review of Experiences² 2009 as this provides a comprehensive and detailed account of countries' activities, experience and lessons learned from the programme.

² *UNDP Joint Programme on integrating AIDS into PRSPs. Round 1. A review of experiences. 2007*
UNDP/World Bank/UNAIDS Programme on mainstreaming AIDS into national development plans and processes. 2009

3. Methodology

The methodology for this assessment was as follows:

- Desk review of available literature pertaining to the 14 participating countries;
- Country consultations in Rwanda and Tanzania (Round 1 countries 2006-8) and Burkina Faso (Round 2 country 2007-8) using a semi-structured interview approach guided by a series of questions (Annex 2) with respondents (collectively and individually);
- Telephone interviews with those who were leading the Mainstreaming Programme at headquarters within the three participating agencies, and where this was not possible, email consultation based on the question guide.

For a complete list of interviewees in countries and at global level see Annex 3.

It should be noted that in all three countries visited, some respondents had difficulty remembering the specific details of the programme because it had finished two years earlier. In addition, several respondents were unavailable at the time of the country case studies (e.g. they were out of the country, could not be contacted because they had moved, or were unavailable at the time). Overall, 61 people were interviewed between the 12th and 29th January 2010.

The report is organized as follows:

- An overview of the countries visited and the activities undertaken within the CFAs;
- An assessment of the overall programme's goals focusing on design, the four keys, progress towards intended outcomes, factors influencing success, programme impact, and internal monitoring within the three UN agencies;
- Future directions and recommendations.

4. Overview of Countries Visited

To provide the reader with some context to the report a summary overview of each of the focal countries is provided below and includes details on HIV prevalence, status of PRSP, duration of involvement with the Mainstreaming Programme, key activities and budget allocation³.

Burkina Faso (Round 2)

HIV prevalence 1.6%

Joined Mainstreaming Programme in 2006 and implemented CFAs over 9 months in 2007: Mid PRSP cycle

PRSP (2005-2010: Cadre Stratégique de Lutte Contre la Pauvreté – CSLP II). There are also regional PRSPs (CSRLPs) in the 13 regions of Burkina Faso.

NSP: National Strategic Framework for HIV and AIDS 2006–2010 (Cadre Stratégique de Lutte Contre le SIDA – CSLS).

Management and co-ordination arrangements: A multidisciplinary team comprising members from the NAC (Conseil Nationale de Lutte Contre le SIDA – CNLS), Ministry of Economy and Finance, Ministerial Committees for STIs and AIDS Control (CMLS), the national HIV network²⁵ (PAMAC), UNDP and UNAIDS was formed to manage and implement the CFAs. The team held five working sessions in the course of the year. The CFA team was still in place when the country visit was undertaken in January 2010.

Summary of activities.

The CFAs in Burkina Faso focused on activities aimed at guiding and supporting implementation of a mainstreamed HIV response. These initiatives included:

³ UNDP/World Bank/UNAIDS Programme on mainstreaming AIDS into national development plans and processes. 2009

- 1) Engaging stakeholders of 13 regions in the Poverty Reduction Strategic Framework (CSLP) by doing a situation analysis of the roles of stakeholders and holding stakeholder workshops in all the regions
- 2) Supporting the integration of HIV in sector programmes through a study on strategies to mainstream HIV in five key sectors
- 3) Supporting efforts to monitor the implementation of the HIV response within the framework of the CSLP
- 4) Building capacity of the NAC in the preparation of the Medium Term Expenditure Framework (MTEF).

Budget allocation for CFA: \$80,000

Rwanda (Round 1)

HIV prevalence in 2006 3% (DHS 2005)

Joined Mainstreaming Programme in 2005. Design of new PRSP

Implementation 2006-8. Programme coincided with the drafting of the new PRSP (EDPRS 2008-2012)

-NSP 2005-9

Management and co-ordination arrangements

A technical Task Team composed of representatives from the CNLS (National AIDS Control Commission), UNAIDS and UNDP was established to lead the overall process of integrating HIV into the EDPRS. A Steering Committee composed of CNLS, Ministry of Economics and Finance (MINECOFIN) UNAIDS, UNDP, USAID and Tulane University provided guidance to the Task Team. A full time EDPRS Focal Point at the CNLS and a full-time UNDP Project Manager at UNDP managed the project, liaised with partners and provided the technical support to sectors throughout the EDPRS process.

Summary of activities¹:

- 1) Guided the overall process of mainstreaming HIV in the EDPRS
- 2) Developed a checklist for sectors to self-evaluate their performance in relation to HIV
- 3) Developed sector-specific concept notes on the impact of HIV and a checklist to guide sectors on integrating HIV in their plans
- 4) Held a stakeholder meeting to explain the EDPRS process and validate the HIV-integration process and tools
- 5) Supported sectors in integrating appropriate HIV outputs, activities and indicators in their EDPRS logical frameworks.

In 2007 and 2008 the CFA country team in Rwanda continued to actively support sector working groups in mainstreaming HIV into their sector plans within the EDPRS. As the EDPRS neared completion, the CFA extended support to sectors and districts to begin planning for the implementation of the HIV-related aspects of the EDPRS. At the sector

level, capacity assessments were conducted to determine the challenges and support needed by sectors to implement their HIV related commitments. At the district level, district planners were sensitized to the HIV contents of the EDPRS and were supported in incorporating HIV into their district development plans in line with the EDPRS. Finally, a publication was produced describing the whole experience and is entitled “Integrating HIV into the Economic Development and Poverty Reduction Strategy 2008–2012 – Rwanda’s Experience”.

Budget allocated for CFA \$102,200

Tanzania (mainland) Round 1

HIV prevalence: 5.8%

Joined in 2005. Finalising and starting to implement PRSP

Implementation 2006-8 (The delay in CFA funding caused the start of activities to be delayed until the end of 2007 and activities had to be carried forward into 2008).

PRSP (Mkukuta) 2006-2010.

National Multisectoral Framework for HIV and AIDS 2008-2012

Management and co-ordination arrangements: The Tanzania Commission for AIDS (TACAIDS) under the Prime minister’s office and the UNDP Focal Person managed and coordinated the CFAs, which are integrated into TACAIDS’ annual workplan. The CFA country team/steering committee included representatives from TACAIDS, the Ministry of Planning, Economy and Empowerment, Concern Worldwide and UNDP.

Summary of activities. The Mkukuta had already been finalized by the time the CFAs were developed and so they focused on supporting the implementation of the HIV aspects of the NSGRP/MKUKUTA through the following activities:

- 1) Holding consultative and skills building workshops for a wide range of stakeholders on the HIV response in the framework of the NSGRP/MKUKUTA
- 2) Synthesizing existing data and studies on the impact of HIV on various sectors

3) Strengthening the capacity of Ministries, Departments and Agencies (MDAs) in planning, budgeting and monitoring HIV activities in line with the SGRP/MKUKUTA, and 4) Supporting the development of an M&E strategy and guidelines for HIV.

In 2007 and 2008 the CFA focused on developing capacities for HIV mainstreaming at the decentralized level. An Implementation Guide for the Minimum Essential Package for AIDS Interventions was developed for local government authorities (LGAs) and implementing partners at the local level. In addition new Planning and Budgeting Guidelines were developed incorporating HIV, and training on the use of the guidelines was provided to Regional Secretariats, LGAs and civil society organizations (CSOs).

Budget allocated for CFA \$62,000 (Plus \$120,000 from the World Bank MAP)

5. Assessment of the Mainstreaming Programme's Goals

The Mainstreaming Programme's main goal is "to strengthen capacity for mainstreaming AIDS into development planning instruments and processes". This assessment seeks to determine the degree to which capacity has been strengthened based on questions articulated in the Terms of Reference and clustered around a number of key themes:

- Programme design and monitoring and evaluation (M&E);
- Progress towards intended outcomes including factors which have influenced success;
- Internal monitoring.

5.1 Design & Monitoring and & Evaluation

The programme design was developed jointly by UNDP, UNAIDS and the World Bank in a short space of time in response to recommendations from the Global Task Team. Because this was one of the first occasions to develop a joint programme for mainstreaming AIDS in PRSPs there was no blueprint approach to follow and agency staff developed the design with a "learn-as-we-go" approach. The programme has a clear structure to follow based on the "four key" template and the design is flexible enough to accommodate different emphases as the programme has evolved, for example, recent rounds are focusing more on a gendered and human rights-based approach to HIV mainstreaming.

The *joint* nature of the programme has also been successful, has endured the test of time and has helped to progress the issue of HIV mainstreaming. The commitment and personalities of senior staff in the three agencies has facilitated joined up working at headquarters level and has helped raise the profile of the programme at country level, attracting interest and buy in from national authorities. In addition, one UN representative in Tanzania noted that *joint working on HIV is already well established and is leading the way in the move towards the One UN programme.*'

However, the absence of a monitoring and evaluation framework against which progress can be systematically measured is a major weakness in the design of the programme. Documentation of the different rounds' activities and lessons learned provides useful monitoring data but the lack of a systematic approach to analyzing and using this data and knowing when the programme has achieved its objectives is problematic.⁴

The absence of an overall monitoring and evaluation framework has to some extent influenced the nature of the CFAs which are largely activity and not result-based. For some, this focus on activities was seen to be at odds with a general move in development towards more results-based programming and planning. In the future, greater attention to the logic of the mainstreaming approach may help shift the focus more towards results-based work.

The Mainstreaming Programme is not alone in this issue, indeed the GTT recommendations, from which the programme was born, also do not have a monitoring and evaluation framework, thus making it problematic to know when the GTT recommendations have been implemented and completed, and to what effect.

Although programme monitoring was undertaken primarily at country level, informants have reported that the standard of monitoring and reporting from country offices to headquarters was patchy and of inconsistent quality, with some countries performing the task well, and others delivering late or completely missing reports. In addition, the reporting format used appears not to have been particularly user-friendly with a number of informants at headquarters stating that '*although the reports were completed, it was still difficult to get a handle on what was actually happening at country level*'. Weak understanding of programme responsibilities and accountability between UNDP country offices and appears to have weakened monitoring at country level in some instances.

The design follows the sequence of events described previously in Section 1 of the report: country consultations; the development of issues papers; regional workshops to build capacity and to design action plans; technical and administrative support for the implementation of action plans; and regional review workshops. The "four keys" were used

⁴ Joint Programme Programme workshop reports Jo'burg 2005, Maputo 2006, Nairobi 2007. Joint Programme reviews Round 1 (2007) Rounds 1& 2 2009.

to provide a framework for discussion and action, and their relevance is described in detail in Section 4.3.

At country level, *multi-sectoral country teams* were successfully established and the flexibility of the programme design enabled countries to develop and organize teams and activities that suited their context. For example, in Burkina Faso, the team consisted of 8 high level individuals from CNLS, the Ministry of Economy and Finance, Ministerial committee for STIs and AIDS control (CMLS) the national HIV network UNDP and UNAIDS. Rwanda established a task team guided by a steering committee headed by the Ministry for Economics and Finance (MINECOFIN) and the HIV cluster group whose responsibility was to ensure HIV was properly addressed in the EDPRS. Two full time staff were appointed to co-ordinate with the task team and to provide or facilitate technical support where necessary. In Tanzania, the team comprised representatives from TACAIDS, the Ministry of Planning Economy and Empowerment, Concern Worldwide and UNDP.

It is not possible to determine whether one approach was more effective than another; the full time engagement of focal persons in Rwanda was considered essential in mobilizing the project, yet in Burkina Faso, where no-one was appointed full time, the team still remains in place today.

The programme design and the “four keys” helped provided guidance on who should participate in the country teams. In practice this meant that stakeholders who had previously not crossed paths, came together to prepare for workshops and discuss how AIDS was affecting their business. All respondents valued this approach and agreed that the inclusion of the Ministry of Finance and Planning in the multi-sectoral team was critical for longer term sustainability since this ministry is more able to hold sectors to account for actually implementing the activities in their AIDS plans: *‘The Mainstreaming Programme played a catalytic role – gave moral support to a difficult process and enabled multi-sectoral teams to sit for the first time and work together’* (global respondent) *‘Technical support on HIV mainstreaming needs to go to MINECOFIN to promote ownership and implementation, (Rwanda), ‘We need to build the capacity of budgeting and planning offices at every level’* (Tanzania), *‘the focal points in planning and finance departments need to be continuously courted to see the importance of their involvement in the process’* (global respondent). Without buy in from Ministries of Finance, it would not have been possible to achieve budget

allocation for identified mainstreaming activities. While NACs and their equivalents can advocate for mainstreamed approaches and can co-ordinate them, they do not always have the authority to hold sectors accountable for actually implementing activities.

Although most respondents found the *Issues Paper* difficult to recall or to locate available documentation (Reviews 2007& 2009) suggest the papers were useful in highlighting a wide range of factors thought to influence the success of HIV mainstreaming. Although many of these issues were beyond the capacity of the CFAs to address, the Papers helped provide the context within which activities were identified.

Country follow up activities were planned during the regional workshops and then presented at national level for further consultation. In general, the regional capacity building and planning workshops were appreciated by all those interviewed who had attended them and there was consensus that one of their greatest achievements was getting successful participation from stakeholders who rarely worked together. There were inevitably some mixed views on the nature and level of consultation: for Burkina Faso, the level of consultation that the programme design permitted was considered sufficient whereas in Tanzania, it was felt that national level consultation could have been broader. Organizing the planning around regional workshops inevitably meant that only a few people from each country could participate. Some respondents suggested that this aspect of the design enabled only a select few to determine activities on behalf of many. The design anticipated this by including national consultations and presentations of the CFA, but respondents in the study suggested they appeared at times to be presenting a *fait accompli* rather than issues and activities for discussion. In Rwanda some respondents noted that the process had been about “*us doing the integration and not the sectors; we went there and told them what they could do*”.

Elsewhere, another respondent remarked “*the key challenge is the sustainability of the groups [who attend the regional workshops], as some members take a back seat after returning, whilst others return to their regular schedules and leave government representatives to take over*”.

Of the three countries visited, only Tanzania included a representative from civil society as part of the task team, although he was not included in the ongoing monitoring of the project.

In Rwanda and Burkina Faso consultations with civil society were held to discuss the CFA. Tanzania was the only country visited which included the private sector very specifically in the design.

Lack of broad based ownership of the issue was noted in Rwanda and in Tanzania and to some extent in Burkina Faso. Although the programme design made every effort to involve stakeholders and gain national buy in, it was felt that limitations of funding and time challenged this outcome.

National validation of action plans ensured that there was a consensus on which activities should be undertaken but respondents in all three countries noted that the programme design did not provide for sufficient levels of funding. In some cases, there was a sense that the profile of the programme and detailed discussions about what should happen encouraged high expectations which were dashed when the small budgets were revealed. This was compounded in some Round 1 countries when disbursement of funds was delayed as a result of staffing shortages at headquarters. In Tanzania there was a year's delay in release of funds but fortunately the existence of the World Bank Multi-country AIDS Programme (MAP) meant that some activities could proceed (although the mix of funds made it difficult for informants to recall and distinguish between MAP and Mainstreaming Programme-funded activities). In Rwanda, the funding situation was alleviated when stewardship of funds was transferred from UNDP HQ to UNDP country offices. Elsewhere it is clear that the CFA, although nationally validated, were not well matched with resources. The CFA for Madagascar for example (p102 2009 report) identifies 18 planned activities of which 8 were not implemented, while Senegal managed one activity out of a planned 12.

All countries in Round 1 were allocated \$ 80k except for Tanzania, where Tanzania Mainland was allocated \$ 50k and Zanzibar \$ 30k. Among the Round 2 countries, Madagascar, Malawi and Mozambique were allocated \$100k and the remaining countries \$80k. Some countries benefitted from additional funding where requests were made during review workshops and after careful consideration by the headquarters team.

Summary of findings: programme design

- Joint nature of programme and the fact that it was headquarters-driven raised profile of mainstreaming
- Lack of overall programme monitoring and evaluation framework challenges effective evaluation of design
- Design fails sufficiently to consider country capacity to coordinate and support an HQ-driven initiative
- Design is flexible enough to address different county contexts
- Issues papers prove helpful in providing broader context of mainstreaming
- CFA activity-based rather than results-based
- CFAs not always tailored appropriately to human and financial resources
- 4 Key framework useful in translating the concept of mainstreaming into concrete activities
- Multi-sectoral teams functioned well and Ministry of Finance and Planning involvement critical for longer term sustainability of the mainstreaming approach within government systems
- In some countries the small budget and delayed budgetary disbursements hindered project implementation and lowered expectations
- Catalytic purpose of seed funding not universally understood or activated leading to perception of inadequate funding

5.2 Implementation and Monitoring of Country Follow Up Activities

A range of activities were identified and implementation rates differed between countries. The countries in this study managed to implement the majority of activities identified and Rwanda stands out for its high achievement level. All respondents in Rwanda agreed that the timing of the Mainstreaming Programme to support the elaboration of the EDPRS was key to its success.

Most respondents interviewed in Rwanda who had been involved in the programme mentioned that the time line for implementation was too short - both the time between workshops to implementation, and the short duration of the project overall, *'the timing was too tight; there was always too much to do and too little time for reflection and absorption'*.

This was not always the case as some projects initially agreed for 12 months were extended over 2 years and, in the case of Burkina Faso, the programme lasted for 7 months only as the funds were exhausted in this time.

In all cases the programme activities and monitoring approach were well aligned to existing country processes: in Rwanda, the project supported the CCI team, mobilized by the MINECOFIN for drafting of EDPRS; in Burkina Faso activities were integrated in to the UCPSE (Unité Centrale de Planification et de Suivi Evaluation); in Tanzania they were embedded in TACAIDS own annual plan.

Wherever possible indicators developed for the project have followed national indicators but their measurement is more difficult to ascertain. Burkina Faso developed over 40 indicators linking poverty with HIV but it is uncertain how they are actually being used.

Respondents in Rwanda and Tanzania noted that the macro level nature of the PRSP means that only a few high level indicators are taken to measure progress of cross cutting issues in implementation. In Rwanda the high level HIV indicator measures reduced incidence, and in Tanzania three indicators (prevalence, access to ARV and infection rates among the 20-25 year old age group) were selected. *'The m&e of the Tanzania Mkukuta does not oblige sectors to do anything on mainstreaming. We encouraged MDAs to develop workplace policies but this wasn't a high level indicator'*

Although the Rwanda EDPRS states that cross cutting issues are a priority only high level indicators of the health sector (developed in conjunction with the Mainstreaming Programme) are actually monitored under the EDPRS system.

Monitoring of the CFAs was largely undertaken by the multi-sectoral teams in each country, led by the UNDP country office. Quarterly reports were produced by the UNDP focal point in collaboration with the national technical team and sent to headquarters. Some respondents at headquarters noted that monitoring was dependent on the capacity of UNDP country offices and this was not always adequate or consistent.

Summary of findings from implementation and monitoring

- Timeline of the programme considered too tight between planning and implementation
- Approach worked well in Rwanda when aligned with the EDPRS elaboration
- Different capacities of UNDP Country offices meant that reporting was not always adequate or consistent

5.3 The relevance and usefulness of the 4 keys

The four keys relate to

- Participatory Process
- Diagnostic studies and analysis
- Policies, strategies and resources
- Monitoring and evaluation⁵

All respondents agreed that the 4 keys was a useful template because they provided a clear structure to the abstract concept of mainstreaming. In Rwanda they were seen as a helpful framework for addressing *all* cross cutting issues identified as essential for inclusion in the EDPRS. *'the 4 keys approach was useful and used to address other cross cutting issues in the elaboration of the Rwanda EDPRS'* *'applying the four keys helped us be more systematic in how we addressed HIV and enabled us to reflect on whether we were doing the right thing'* (Tanzania informant).

- Participation

Commitment to expanding the participation of a broad range of stakeholders in the PRSP process was an essential part of the Mainstreaming Programme. Consultations were held with multiple sectors and at different levels of government. For example, in Burkina Faso the project funded a study to ascertain the level of involvement of key decision makers and civil society in the PRSP process, and on finding engagement to be weak, ran a series of workshops (covering over 1000 people) to raise awareness of the purpose of mainstreaming and to encourage participation in the process. The engagement of different sectors also lent a visibility to HIV mainstreaming. In Rwanda, for example, the process stimulated the infrastructure sector to take action by including a clause on addressing HIV in sub-contracts. In Tanzania, fostering participation of the private sector enabled a greater number of companies to take HIV on board as a corporate issue. Tanzania Mainland included involvement of CSOs through the CSO policy forum and made a deliberate effort to involve the Business sector. In Burkina Faso and Rwanda involvement of civil society representatives was less evident.

⁵ For Key 4 'monitoring and evaluation' see 4.1

- Diagnostic studies.

From the Review of experiences (2009) document, seven countries identified the need for further work on poverty diagnostics. Of these seven countries, three (Madagascar, Mali and Rwanda) were in the process of elaborating a new PRSP. Both Madagascar and Rwanda achieved the task but of the remaining four countries (Malawi, Burundi, Senegal and Zambia) only Burundi achieved the task fully, Senegal not at all and the others partially.

In both Rwanda and Tanzania respondents mentioned the difficulty in identifying suitably qualified consultants with the gravitas to produce a study on the impact of AIDS on development, particularly economic development.

- Policies, strategies and resources

In Tanzania, the Mainstreaming Programme worked closely with the Tanzania MAP which provided two thirds of the overall budget. Resources for the national HIV response has been included in the national budgetary process, called Objective A, under the Medium Term Expenditure Framework (MTEF).

In Rwanda, while no obvious additional funds had been leveraged as a result of the Mainstreaming Programme it was suggested that Rwanda's recent successful National Strategy Application to the Global Fund for AIDS, TB and Malaria was due in part to its excellent PRSP and the new NSP (which was developed in line with the HIV content of the EDPRS).

No additional resources have been leveraged as a result of the programme in Burkina Faso, however, the programme stimulated discussion about the links between Strategic Frameworks for Poverty and HIV which had been hitherto completely distinct.

Beyond the elaboration of the PRSP, the country interviews suggest that the working links between PRSPs and HIV work are still weak; *'the Mkukuta is a very high level document and we don't have much to do with it', 'the Mkukuta is not perceived to be everyone's business, but rather economists' business'* (TACAIDS informants). One suggestion was the

need to make the document itself more accessible and another was to refocus activities as a next step to support sectoral plans and strategies' *'We need to get sectors to own the issue and to develop activities on their own'* (Rwanda); *'the next step is to work with sectors'*, *'We haven't seen an active engagement of MDAs in the Mkukuta activities since 2008'* (TACAIDS).

Summary of relevance of 4 keys

- Useful framework for action
- Greater participation of sectors has increased understanding of mainstreaming in government
- More focus on sectoral plans and strategies needed
- More emphasis on diagnostic studies where countries are developing PRSPs
- Limited evidence of additional leveraging of funds as a result of the programme

6. Progress Towards Intended Outcomes

Has the Mainstreaming Programme achieved its intended outcomes in part or full?

The intended outcome of the Mainstreaming Programme is to strengthen country capacity to integrate AIDS into national planning efforts, and it has made clear contributions to this process although sole attribution is difficult to determine.

Evidence of progress can be found in all countries visited. Burkina Faso planned to integrate HIV activities into 5 sectors but they managed to reach 8, and as a result of the Programme has forged links between the CNLS (NACs) and the CSLP (poverty unit) which had worked in isolation from each other previously. Rwanda succeeded in developing a PRSP which covers HIV at all levels and in all of its pillars/flagship programmes.

Those countries which hosted the programme at the same time as they were developing new PRSPs show contributions from the Mainstreaming Programme in the documents themselves; EDPRS, Zambia NDP

Has the Mainstreaming Programme contributed to the integration of HIV activities into PRSPs/NDPs and National Budgets?

In Tanzania the programme contributed to the achievement of a budget line in the MTEF (Objective A funding) for HIV mainstreaming. A similar provision has been made in Ghana, where, based on involvement in the Mainstreaming Programme, the Planning Commission made it a prerequisite of budget approval and fund allocation that all sectors should plan and budget for HIV and AIDS.

Did the Programme have any unexpected outcomes?

Respondents from Rwanda noted that the project approach had helped the mainstreaming of other cross cutting issues into the EDPRS and that the implementation of gender equality action under the EDPRS was now more advanced than HIV. This may have to do with the fact that a technical expert on gender budgeting was provided through UNIFEM to the

budget department at MINECOFIN and this has resulted in budgeting for gender equality now being included in the MTEF. This also means that there are now good opportunities to maximize the potential of synergies between gender inequality and HIV. It is understood, too, that the Rwanda Environment Management Authority is also seeking to support sectors to mainstream environmental issues through the secondment of graduates in key sectors. UNDP continues to fund a post at CNLS to backstop the mainstreaming process, but it may be more effective to locate this position in a department and ministry with an implementation role i.e. MINECOFIN/key sectors.

6.1 Sustainability

A common refrain from countries was the difficulty in sustaining the response after the programme funding had ended. This suggests that the idea of using the seed funding to mobilize additional funds was not fully understood or properly supported. The focal point approach at sectoral level is not successful when additional tasks are loaded onto a member of staff without consideration of how this extra workload may be managed within the context of a full time job.

As discussed above, the fact that only a few people were involved in the multi-sectoral team renders sustainability dependent on those individuals remaining in post. Several respondents noted that while capacity of some individuals had been strengthened through the programme this did not necessarily have lasting benefits and it would have been more beneficial to focus on fewer countries and on strengthening of institutions or working groups.

The development of a 'community of practice' for integrating HIV (and other cross cutting issues) into the PRSP was also proposed as a more sustainable approach in Tanzania where the new Mkukuta is being developed. This would build on gains already achieved by the programme in broadening the participation of multisectoral stakeholders. Possible members of this community of practice' were identified as representatives of those groups which came together to guide the PRSP process in its last iteration, for example the Tanzania Gender Networking Programme (TGNP) or Research on Poverty Alleviation (REPOA) and the National Bureau of statistics.

For Rwanda, where support went into the elaboration of the EDPRS, the project made a critical contribution to the mainstreaming of HIV. However, all respondents noted that while enormous efforts went into the product itself the subsequent implementation or *process* of mainstreaming and the momentum is still challenging: *'we [the cross cutting issues team]used to meet regularly for the elaboration process but we don't meet much for implementation'. 'We have failed when it comes to implementation'.*

This was a result of several reported factors: poor ownership of mainstreaming within sectors and at high level; weak capacity; high staff turnover; lack of budget line in the MTEF for HIV related issues: the Rwanda Annual Report on the implementation of EDPRS 2008 states the main challenge [to mainstreaming HIV] lies in the ownership by different sectors of their role in fighting HIV and that *'they are reluctant to use their own budget to fund HIV activities'.*

All that remains of the cross cutting issues team which worked so well during the elaboration of the EDPRS is one individual within the planning department at MINECOFIN. He is responsible for monitoring and supporting all 4 cross cutting issues: environment, gender equality, HIV and AIDS and social inclusion. Although UNDP funds a position in CNLS specifically to support the mainstreaming effort the task is overwhelming and the structure linking MINECOFIN and CCI no longer exists (since the drafting of the EDPRS).

In Tanzania, concern was voiced over the cessation of the MAP and how this would impact sectors' commitment to HIV mainstreaming in spite of the Objective A budget line in the MTEF.

Respondents from Burkina Faso, however, the shortest programme in the study, were still committed to advocating for mainstreaming wherever possible, but noted the need for high level technical support as they prepare for a new poverty reduction strategy.

Summary of findings outcomes

- The Mainstreaming Programme contributed to HIV mainstreaming in the countries where it was implemented
- Capacity has been built in individuals rather than institutions
- Evidence shows that HIV is included in some budgetary frameworks
- Need for sustained technical support beyond the Programme time frame and awareness about how to access it

6.2 Factors within and beyond the three partnering agencies' control that influenced performance and success of the Programme?

Informants identified the following factors which influenced or hindered success *within* the three agencies control:

- a) Positive factor: High level of commitment between the three agencies at global level, available and combined technical expertise and mutual accountability. As problems were encountered so they were addressed (i.e. funding bottlenecks and bureaucratic difficulties).
- b) Positive factor: The active engagement of Ministries of Finance in the programme played an important role in driving forward the issue of HIV as a development issue.
- c) Positive factor: Respondents noted that there was a greater appetite for the programme in countries with higher HIV prevalence and where PRSPs are perceived to be influential documents.
- d) Less positive factor: UNDP assessments to determine the capacity of their country offices to engage in the programme and monitor activities would have been helpful at the outset.
- e) Positive/negative: Regional working: on the one hand this was perceived as a great strength and informants valued the opportunity to share experiences and lessons

learned, on the other it reduced the possibility of building a community of practice for mainstreaming at country level.

- f) Positive: Regional workshops are less costly than multiple country workshops.
- g) Less positive factor: The small amount of seed funding affected some countries ability and commitment to move forward in implementation.

Beyond the agencies' control:

a) AIDS fatigue: Respondents from Tanzania noted that all levels of society and government were suffering from AIDS fatigue: *"Aids has definitely moved to second place in the mind of the private sector" and "as messages are not changing sufficiently, this affected sectoral commitments to mainstreaming"*.

b) Skepticism: limited evidence of the difference that mainstreaming HIV makes which raises reasonable questions about its relevance in poverty reduction. In Burkina Faso, a very poor country with a relatively low HIV prevalence, some informants doubted the value of focusing on HIV as a poverty issue.

c) Perceptions of resource flow: in both Tanzania and Rwanda informants noted a common resistance to mainstreaming lay in the perception that there is plenty of money for AIDS so why should sectors use their own budgets to address it.

d) The challenge to AIDS exceptionalism: shifts to General Budget Support are perceived to offer a rationale for the mainstreaming approach.

7. Internal monitoring (between the three agencies)

What was the adequacy of the internal monitoring structure of Joint Programme implementation and were the roles of the country offices, Regional Service Centers and headquarters well harmonized?;

Broad institutional arrangements for programme management at headquarters were set out in the Memorandum of Understanding which established the Joint Programme and were signed by the respective Heads in UNDP, UNAIDS, WB. Each partner agency role was assigned on the basis of its comparative advantage (as defined in the UN Division of Labour) and experiences in implementing AIDS Programmes at country level. UNDP was responsible for overall management and fund disbursement of the seed money to participating countries. The World Bank was represented by the World Bank Institute with responsibility for organizing the annual capacity building workshops. UNAIDS Secretariat acted as the key link to technical resources and information on the global AIDS epidemic and became an increasingly vital partner on country operations over the course of programme's implementation.

The UNDP and UNAIDS regional agencies were not involved in the management of the programme at its inception. However, a corporate-wide restructuring offered an opportunity for the UNDP regional centres to assume a stronger role in co-managing the country implementation, with a view to streamlining funds disbursement and oversight of country programmes. Phase II of the Mainstreaming Programme workplan included activities and funding to broaden this role of the regional service centres (RSCs)

All respondents at global level noted that the relationships between the three agencies at headquarters worked well. Some concern was voiced at country level however, that the programme was too firmly located at global level and that there was a lack of clarity at times about who owned the programme.

While the role of UNDP as co-ordinating agency was clear, informants from all countries visited noted that the World Bank was more of a silent partner (reflecting the location of HIV expertise at headquarters rather than country level). UNAIDS role as technical support was

acknowledged although in Tanzania two respondents noted that UNDP and UNAIDS are *'tripping over each other'* in relation to HIV mainstreaming and that *'greater clarity of roles and responsibilities is still needed'*.

Because the Mainstreaming Programme has no strategic outcome framework, the monitoring has been somewhat informal and at times inconsistent, taking place during the regional workshops and from reading quarterly and progress reports. Some respondents felt that a lack of capacity at country level within UNDP coupled with lack of clarity about ownership affected the quality of country level monitoring.

Summary of internal monitoring

- At country level some tension due to lack of clarity about who owned the programme - HQ or country?
- At global level all agencies clear about roles and responsibilities
- Initial difficulties in disbursement reduced by devolving budgets
- Country partner perceptions of duplicative roles and responsibilities between UNAIDS and UNDP
- Inconsistent quality of monitoring due to weak capacity at country office level

8. Future directions and recommendations⁶.

The Mainstreaming Programme has made an important contribution to the understanding and realization of mainstreaming AIDS into development plans and processes at country level. Some core elements of the programme should be retained i.e. promoting partnerships and broad based participation, the 4 keys and cross country exchange of experiences. There is a recognized need at country level for continued technical support in mainstreaming but in order to support sustainability of the Mainstreaming Programme's successes, some changes in elements of the programme are suggested.

The following recommendations are made to guide future engagement:

Recommendation 1: Develop a logic model with a clear monitoring and evaluation framework.

Any future programme would benefit greatly from a logic model and a monitoring and evaluation plan. Linking the mainstreaming process with a more structured theory, will encourage an outcome-oriented approach and is more likely to produce the evidence required to demonstrate if and how mainstreaming makes a difference. While it is generally considered good practice to mainstream, in a context where resources are diminishing, AIDS exceptionalism is challenged and general budget support is increasing, evidence of its efficacy will soon be essential.

Recommendation 2: Focus on follow up activities for fewer countries according to clear selection criteria

Any further support should be more focused both to particular countries and in discussion with country offices. Rather than aiming for breadth of coverage it is felt that depth is now required to embed new practice. In order to avoid losing the gains made by the Mainstreaming Programme, only countries which have already benefitted from the programme should be considered; criteria for selection should include a) influence of

PRSPs/NDPs in that specific country b) earlier involvement in the PRSP formulation or revision process c) evidence of government commitment to mainstreaming d) country office capacity to manage the programme e) HIV prevalence rate and level of involvement of key sectors. This would address concerns that the programme was 'too short', 'there was not enough time for reflection' and possibly too the 'budget was too small'. This more focused approach would also provide support to a complete planning and implementation cycle thus increasing chances of becoming institutionalized practice.

Recommendation 3: Revise technical support roles and responsibilities of key UN agencies and refocus the programme to include sectoral strategies and plans

Informants for this exercise suggested that any future support needs to be considered in light of other UN initiatives in order to identify ways in which mainstreaming could dovetail or integrate with other ongoing programmes of UN technical support such the World Bank's AIDS Strategy and Action Plan Service which strengthens national AIDS frameworks/strategic plans (NSPs). To date, the focus of the Mainstreaming Programme has largely been on mainstreaming AIDS into PRSPs, but respondents noted that more support is needed to guide sectoral strategies and plans as this is the entry point for implementation.

Recommendation 4: Develop communities of practice for mainstreaming at country and regional level with a particular focus on ministries of finance.

In order to sustain the mainstreaming approach, teams of change agents (a community of practice) should be identified and developed, who can work together to follow and support the PRSP through an entire cycle. The approach should be flexible enough to fit in with individual country approaches. For example, in Tanzania it was suggested that the programme could develop the capacity of a group of players that supported the Mkukuta 1 process and will be involved with its revision: this includes civil society organizations representing gender equality, good governance and finance (TGRF and REPOA), and as such the team will suffer less from staff turnover. In Rwanda, there are opportunities emerging in the Ministry of Finance where gender and environment advisors are being located to support the implementation of cross cutting issues in the EDPRS. Adding HIV expertise to this team would effectively re-establish the Cross Cutting Issues team which

was in place for the elaboration of the EDPRS and provide an excellent entry point for sustainable capacity building.

Once the team is identified, a programme of team building and intensive mentoring and coaching would take place to help support a critical mass of capacity in country over time. This will demand the availability of good quality and flexible expertise.

Recommendation 5; UNDP should build the capacity of non-HIV CSOs to mainstream.

A more strategic approach is needed with regard to the role of NGOs in HIV mainstreaming. HIV-related CSOs have a large role to play in supporting the practicalities of training and HIV service provision and, given this is a UN initiative, more emphasis should be placed on the GIPA principle and ensuring meaningful involvement of positive organizations. However, there is a tendency when discussing CSOs and HIV mainstreaming to include only those CSOs which work in HIV. There are, however, many solid organizations which cover human rights, law and justice, gender equality, and good governance which could play a large role in mainstreaming HIV as a development issue both in terms of advocacy but also technical backstopping.

Recommendation 6: Improve Knowledge Management

All respondents who had been to the regional workshops greatly appreciated the opportunities to share experiences. Indeed, the quality of documentation of the Mainstreaming Programme is also excellent. What is needed now is a knowledge management system that can distil the key lessons learned from countries and repackage it in a more accessible way, for a broader audience; such a system could also support an e-sharing or mentoring group for mainstreaming practitioners.

Annex 1. TORS.

External Evaluation of the Joint UNDP/World Bank/UNAIDS Programme on Strengthening Capacity for Integrating AIDS into Poverty Reduction Strategy Papers and National Development Plans

1. Background

Promising developments have been seen in global efforts to address the AIDS epidemic, including increased access to effective treatment and prevention programmes. However, the number of people living with HIV continues to grow. A total of 33.2 million [30.6–36.1 million], people were living with HIV in 2007, including the estimated 2.5 million [1.8 million–4.1 million] adults and children who were newly infected with HIV in 2007. In many regions of the world, new HIV infections are heavily concentrated among young people (15–24 years of age).

The impact of AIDS is different from most other diseases because it affects people in the most productive age groups. The effects vary according to the severity of the AIDS epidemic in the country and the structure of national economy.. The social and economic effects of AIDS are first felt by individuals and their families, then by communities, firms and businesses and ultimately the macro-economy. What sets AIDS apart as a growing global concern is its unprecedented impact on development. The economic and social impact of AIDS is not uniform across countries, nor within societies, yet wherever it strikes, AIDS affects individuals, communities and sectors, relentlessly eroding human capacity, productivity and prospects. As the AIDS epidemic unfolds, it increasingly poses complex development challenges for countries.

In its efforts to support countries in evaluating and mitigating the impact of HIV on human development, UNDP focuses on multi-sector responses that mainstream AIDS in national development plans – including poverty reduction strategies, sector programmes and decentralized plans. It supports capacity development for countries to develop

macroeconomic frameworks that promote sustained financing of AIDS responses and for ensuring increased access to low-cost, quality AIDS medicines for those in need.

UNDP's 2008-2011 Strategic Plan is centered on helping developing countries achieve the Internationally Agreed Development Goals including the Millennium Development Goals (MDGs). In mitigating the impact of AIDS on Human Development, UNDP believes that mainstreaming AIDS into national development planning processes, poverty reduction strategies and macroeconomic processes is critical to ensuring an effective multi-sector and multi-stakeholder response. To address the multiple dimensions of the AIDS epidemic the 2001 UNGASS Declaration of Commitment enjoins countries to integrate AIDS responses into their development frameworks at national, sectoral and local levels. To achieve this, key stakeholders are to engage in a process of mainstreaming AIDS for multisectoral action in order to scale up AIDS responses. Mainstreaming involves forging strong, interactive links between national development instruments, National Action Frameworks for AIDS and sector plans, To facilitate this, UNDP works in developing the capacity of national partners to ensure AIDS responses are fully costed and integrated into national development plans.

The UNDP/World Bank/UNAIDS Mainstreaming Programme

Since 1999, the Poverty Strategy Reduction Paper (PRSP) process has become the formal statement of development strategy, formulated in terms of poverty reduction objectives. The PSRP process represents an area of strategic importance to UNDP and a core priority for one of its key global practices, poverty reduction for human development.

Under Strategic Outcome 9 of the UNDP Strategic Plan, UNDP is partnering with the World Bank and the UNAIDS Secretariat in a global programme to strengthen the capacity of countries to better integrate AIDS priorities into national planning efforts, particularly into Poverty Reduction Strategy Papers. The Joint Programme on Strengthening Capacity for Integrating AIDS into Poverty Reduction Strategy Papers and National Development Plans

(The 'Joint Programme') was set up in the latter part of 2005 to implement the Global Task Team Improving AIDS Coordination among Multilateral Donors and International Donors (GTT) recommendation 1.2 on capacity support to countries to 'ensure that their macroeconomic and public expenditure frameworks support and appropriately prioritise the implementation of national AIDS action frameworks and annual priorities'. Specifically, the GTT called on 'the World Bank, UNDP and UNAIDS Secretariat [to] ensure that resources and technical support are available so that countries can integrate AIDS more fully into Poverty Reduction Strategy Papers (PRSPs)'.⁷

Since 2005 the Joint Programme has been assisting countries with generalized and concentrated epidemics to address the underlying developmental causes and consequences of AIDS and to translate effective planning and policy making into practical implementation beyond the AIDS sector⁸. As lead agency, the overall responsibility for the Programme lies with UNDP, which is responsible for planning and implementing activities at the country level, in collaboration with UNAIDS and the World Bank. The UNAIDS Secretariat maintains data accuracy and technical guidance on AIDS, while the World Bank [through the World Bank Institute (WBI)] manages capacity building workshops for country teams at the regional level. The three agencies work together on Programme design, implementation, monitoring and evaluation at each stage during the year. The Programme collaborates with the UN country teams and regional offices in delivering a coordinated response to countries' needs.

The design of the Programme was influenced by the findings of two UN reports: the first is the joint UNDP, UNAIDS and World Bank review of experiences in mainstreaming HIV and AIDS in development instruments and processes at national level [2005]⁹ and the other is

⁷ GTT Reports (various)

⁸ Under the UNAIDS division of labour, UNDP leads in addressing dimensions of AIDS relating to development, governance, mainstreaming, including instruments such as PRSPs, human rights and gender (with ILO, UNAIDS Secretariat, UNESCO, UNICEF, WHO, World Bank and UNFPA as main partners).

⁹ UNDP, UNAIDS and the World Bank: Building Capacity for Integrating HIV/AIDS in PRSPs in Africa: Terms of Reference for Economist and Sector Specialist, October 3, 2005.

the joint UNICEF and the World Bank review of the relevance of PRSPs for addressing HIV/AIDS vulnerability of children and young people [2004].¹⁰ Both reports noted the limited treatment of AIDS concerns in national planning and budgeting instruments including the PRSPs; the lack of analysis on the link between AIDS and vulnerability in policy and planning contexts; and the need for technical support for capacity-building at country level to mainstream HIV and AIDS in PRSPs and other planning frameworks.

After an initial assessment in mid-2005, 14 countries were identified for participation in the Joint Programme based on their PRSP performance and cycle (i.e. a PRSP revision process was expected to take place during the years 2005 to 2007) The countries were then invited to express their interest to participate in two successive cycles of the programme in 2005 and 2006. The first "Round" of the Joint Programme began in August 2005 with 7 participating countries (Ethiopia, Ghana, Mali, Rwanda, Senegal, Tanzania (Mainland and Zanzibar) and Zambia) and expanded to 7 new countries in 2006 (Round 2: Burkina Faso, Burundi, Kenya, Madagascar, Malawi, Mozambique, Uganda). A further 11 countries (Round 3: Armenia, Benin, Cameroon, Gambia, Grenada, Guinea, Haiti, Liberia, Nepal, Nigeria, Tajikistan) joined in 2007. For Round 3 countries, activities were initiated in 2007, with implementation of action plans beginning in the first quarter of 2008. Six round 4 countries will join the programme in 2009.

Each implementation round developed along the following lines:

- Preliminary analysis of the status of PRSPs/NDPs and the AIDS epidemic by region, and identification of countries to participate.
- Joint preparatory missions to self-selecting countries to brief national partners and stakeholders and assist in carrying out an initial assessment of the main challenges.
- Development of an Issues Paper by a multi-sectoral national team to identify the main challenges and issues faced in integrating AIDS in the PRSP/NDP.

¹⁰ *Poverty Reduction Strategy Papers: Do They matter for Children and Young People made Vulnerable by HIV/AIDS? Results of a Joint UNICEF and World Bank Review, Africa Region Working Paper Series No.78 December 2004.*

- UN country team members join national teams in a week-long capacity building workshop and develop budgeted action plans with priority actions to be implemented in the following year.
- Validation of the Action Plans by national authorities precedes allocation of seed funding of \$US 50-100,000 for CFA implementation, managed by the UNDP/UNAIDS country office and monitored by UNDP Regional Service Centers and headquarters.

The Joint Programme's Capacity Building and Knowledge Sharing Workshops provide a forum for participants to share country experiences, best practices and tools and receive training to strengthen capacity for mainstreaming AIDS into the PRSP and related processes. At the end of the workshops countries joining the initiative develop action plans [Country Follow-up Activities (CFA)], which are built around four key entry points to the PRSP/NDP process (referred to as "Four Keys): participatory process; diagnostics studies and analysis; policy, strategies and resources; monitoring and evaluation.

The Joint Programme organized its first regional capacity-building workshop in Johannesburg in November 2005 for the first round of countries, successively in Maputo in October 2006 for Round 2 countries and finally in Tunis in December 2007 for Round 3 countries. In 2007, the Joint Programme invited Round 1 Countries for a three-day Review session in Nairobi to evaluate the implementation progress and address bottlenecks impeding smoother progress. A Second Review Workshop was organized in July 2008 in Johannesburg, where Round 1 and Round 2 countries met to exchange their experiences and address challenges. The Nairobi and the Johannesburg Review Workshop also presented an opportunity for the three sponsoring agencies to review the implementation of the Programme and for countries to prioritize activities to be implemented.

Additionally, following the completion of missions to the 11 Round 3 participating countries between July and October 2007, the Programme organized a capacity building workshop, held in Tunis on 10-14 December 2008, where approximately 80 delegates attended. The workshop provided training on the methodology for mainstreaming AIDS in the PRSP and related processes and promoted sharing of knowledge and experiences across this group of countries with diverse epidemics. During the workshop, the Four Keys discussed through formal presentations and interactive country panel discussions. The workshop programme for Round 3 was customised to address the specific issues for these 11 countries from four regions of Asia, Latin America and the Caribbean, sub-Saharan Africa, and Eastern Europe.

Since the start of the programme, four workshops have been organized and approximately 300 participants from 25 countries were trained on issues related to AIDS mainstreaming and development.

2. The Joint Programme Evaluation – Request for Proposals

In order to assess progress of the Joint UNDP/World Bank/UNAIDS Programme's interventions towards strengthening of national capacity for integrating AIDS into Poverty Reduction Strategies and to evaluate the efficacy of the strategies employed in contributing to the achievement of the Programme's goals, the HIV Practice of UNDP is now seeking proposals for an external evaluation of the Joint Programme.

Interested parties are invited to present proposals that demonstrate background and experience in conducting evaluations of collaborative multi-sectoral HIV Programmes.

Proposals should include detailed methodology, workplan with timeline and budget for implementing and finalizing the evaluation.

3. Scope of the Evaluation

The evaluation will focus on the three agencies' roles in the achievement of the following four principal areas of support (Four Keys) of the Poverty Reduction Strategies AIDS mainstreaming Programme around which the Joint Programme's CFA are designed and which offer possibilities for delivering a well-targeted, costed and budgeted response:

Participatory Process: increasing the participation and representation of all segments of the population in designing and implementing AIDS responses within the PRSP/NDP;

Diagnostics Studies and Analysis: providing evidence for PRSP/NDP formulation and implementation through poverty and AIDS diagnostics;

Policy, Strategy and Resources: taking account of AIDS in macroeconomic, structural and sectoral policies; and ensuring these are costed and budgeted for;

Monitoring and Evaluation (M&E): strengthening monitoring and evaluation of progress in the AIDS response across sectors.

The evaluation is expected to generate lessons learned, findings, conclusions and recommendations for Round 1 and Round 2 countries in the following areas:

An assessment of the adequacy of the project design and indicators for achievement of outputs and results of goals in the Joint Programme;

An assessment of the internal monitoring structure of programme implementation, exploring the harmonization of the roles of the country offices, regional service centers and headquarters;

An assessment and analysis of the Joint Programme: whether it has been achieved in part or full as was intended, the reason for any shortfall in its achievement and whether any unexpected results or outcomes have occurred. The evaluation should appraise their relevance to the intended outcome;

An analysis of factors within and beyond the three partnering agencies' control that influenced performance and success of the project (including the strengths, weaknesses, opportunities and threats) in contributing to the realization of the goals of the programme;

An analysis of whether the Joint Programme's interventions can be credibly linked to the integration of HIV prevention activities into PRSPs/NDPs and National Budgets;

An analysis of whether or not activities that were incorporated as a result of mainstreaming were actually implemented and if so, whether those activities were an appropriate response to the AIDS epidemics in the countries in which they were implemented;

An analysis of whether or not activities proposed or undertaken under the 4 Keys addressed gender and human rights issues relevant to the country's cultural and AIDS epidemic context.

4. Expected Outputs of the Evaluation

- An evaluation report that provides findings, recommendations and lessons learned from the following:
- An assessment of progress made towards the intended outcomes of the Joint Programme;
- An assessment of relevant outputs and results of the Programme's goals;
- An assessment of whether or not mainstreaming has impacted the national AIDS response;
- A rating on the relevance of the outcomes.
- (Two: documentation that includes but is not limited to the following:)
- Lessons Learned and recommendations on mainstreaming AIDS into PRSPs/NDPs;
- A comparative analysis of experiences between focal countries with respect to their specific context and capacity for undertaking mainstreaming work;
- Lessons and experiences that could provide inputs or feed into the implementation of future Joint Programme workplans and activities;
- A comparative analysis of activities that resulted from mainstreaming in each country with respect to their appropriateness in addressing the epidemic in those countries.
- An analysis of whether or not mainstreaming resulted in national budgeting and policy changes and the implementation of new strategies to enhance the AIDS response.

In Sum: The comprehensive evaluation report in English, should outline the findings related to the Programme's achievements and impacts and produce a clear set of lessons learned

that can benefit the next Programme cycle in terms of project orientation and implementation and future joint initiatives more generally. It should also give recommendations that respond to the concerns of performance, impact and sustainability. The focused report will include: (i) suggestions for the future strategic direction of the Joint Programme and (ii) recommendations for changes in the process and type of support provided.

5. Methodology or Evaluation Approach

The evaluation will take place through field visits to 3 countries (Tanzania, Rwanda and Burkina Faso) participating in the first two Rounds of the Joint Programme. The evaluation team may employ relevant and appropriate methods to conduct evaluations including review of documents, individual and group interviews/discussions with stakeholders and partners, use of questionnaires, etc.

The proposal should include a detailed workplan with a timeline outlining activities and deliverables.

Relevant documentation will be provided to the team members prior to the mission. The evaluation team will undertake a thorough review of relevant project documentation (including sectoral plans) and reports available, with a focus on country-level document reviews

UNDP will send letters of introduction to relevant global and country contacts to facilitate contact between team and country and global actors.

6. Composition of the Evaluation Team

The composition of the evaluation team shall be explained and justified in the proposal. The team members must be knowledgeable on AIDS issues, programmes and strategies with a demonstrated background in translating findings into actionable/working documents. A project execution expert and a national development consultant with understanding of the countries' strategies for poverty reduction and AIDS mainstreaming and economics are also recommended. The team composition should also reflect the ability to gather high quality information from the diverse linguistic and cultural contexts represented by the 3 countries,

and to translate these into English for the project deliverables. The evaluation will be undertaken between 1 November 2009 and 31 March 2010. A draft report will be submitted by 1 February 2010.

The following criteria are suggested for team members: i) knowledge of results based management and ii) in-depth knowledge of the outcome being evaluated. Additional requirements include:

- Each of the consultants should have not less than 5 years of professional experience in international AIDS programmes and evaluation of AIDS programmes and projects, including project design, monitoring and management;
- Professional Advanced Degrees in Development, Social Sciences, Economics, Public Health or related fields;
- Experience with organizational capacity building Programming and delivery mechanisms;
- Knowledge and competencies/experience in organizational development, policy analysis, capacity building and mainstreaming AIDS into national development plans and processes;
- Sound knowledge of AIDS issues as development challenges and knowledge of the relevant countries' AIDS epidemic situation;
- Experience of working with multilateral development organizations;
- Excellent oral communication and writing skills in English.

7. Duration of the Mission

The evaluation, including report writing, will take place between 1 November 2009 and 31 March 2010.

8. Reporting

The consultants will conduct the mission in coordination with UNDP and the Joint Programme Focal Point in the country and appropriate Regional Service Centres. UNDP will assist in facilitating the arrangements for the mission, including identification of relevant government stakeholders at various levels, related information sources, technical inputs and clarifications, logistics etc.

Annex 2. Final questions to guide semi structured interviews

1. Programme Design & M&E

- Was the programme design, including the preparatory workshop, process easy to follow and appropriate to your country needs?
- Did the programme material initially provided and the technical assistance provided throughout the process help identify priorities and clear intended outcomes? How are these described?
- How have these outcomes been monitored?
- Do you have any comments in retrospect for how the design might be better organized?

Cross cutting questions:

- Who participated in the process and who decided on participants?
- How was existing evidence used to inform the goals and objectives of the programme?
- What kinds of mainstreaming strategies were explored and promoted – in what sectors, and with what populations? To what degree do you believe those strategies were *appropriate* for the epidemic/response context?
- How was diagnosis conducted?
- How was the programme linked with international/national policies, strategies and resources? Were new cross cutting linkages made as a result of the process?
- Did mainstreaming improve the participation in the AIDS response of all key stakeholders in your country? Why/why not?
- How did the M&E arrangements take Three Ones into account?

2. Internal monitoring

- What were the programme management arrangements at HQ, regional and country levels during the implementation of the initiative? In your opinion, were the roles and responsibilities clear enough?
- To what extent are programme management arrangements harmonized and how effective and efficient is this harmonization?
- Does this approach have any specific challenges (institutional, administrative, cultural)?
- What has been the quality of technical support?

3. Successes, challenges and unintended consequences

- How were the Issues Papers reflected in the action plans?
- How have the action plans reflected/been reflected in PRSPs/NDPs where the programme was initiated during the drafting stages of the document?
- How did the national development planning process change as a result of this programme? Has this change been sustained since the programme ended?
- How would you rate the effectiveness of this approach for mainstreaming HIV into PRSPs/NDPs?
- How important was the seed funding for initiating mainstreaming? Did it catalyze other funds?
- Did any unexpected consequences arise as a result of the programme? if so describe.

4. Factors influencing success

Within control of 3 agencies

- Could you identify at least two things which influenced or obstructed the success of the programme which were dependent on the 3 agencies? (Focus on participation/use of gender and poverty analysis, resources)

Beyond control of 3 agencies

- Were there any factors which promoted or obstructed the programme's success which were beyond the 3 agencies' control? Please describe

5. Attribution

- Which specific AIDS responses included in the PRSP/NDP can be directly attributed to the implementation of this Programme?
- How do you determine this? Are these AIDS responses included in the PRSP/NDP costed and budgeted for?
- Have these activities been conducted and budget acquitted?
- Are these or other related activities reflected in PRSPs/NDPs that have been undertaken since the programme ended?
- Has the overall understanding of mainstreaming HIV in development plans and processes changed among development planners and relevant stakeholders in your country? If so, how?

6. Implementation of Programme activities

- How were the roles of the various agencies defined? How were these transmitted to the relevant stakeholders implementing the initiative in the participating countries? What kinds of roles did country counterparts from the three agencies play in implementing this Programme?
- How would you rate the usefulness of the capacity building workshops in explaining mainstreaming concepts and starting the process of mainstreaming at country level?
- In your opinion, was the content of the workshops appropriate?
- In your opinion, were the important issues for integrating HIV in the PRSP/NDP addressed during the workshop? Were any key issues not addressed?
- In your opinion, was the facilitating team prepared for the training workshop?
- In your opinion, were the members of the national technical teams appropriately selected for the participation in the workshop and for the continuation of the mainstreaming work (CFA development and implementation)?

- Were the Issues Papers able to clearly identify challenges and gaps in mainstreaming and were they the basis for action plans (CFAs) development?
- Do you have any recommendations or suggestions for how the programme might be improved at its different stages (preparatory missions/preparation to and capacity building workshops/CFA development and implementation)?
- Although gender equality and human rights were not explicit goals of the Mainstreaming Programme and have only recently been emphasized through the programme, can you see any opportunities for incorporating and strengthening these issues? When they have been linked to the programme, what was your experience of this and can you think of any lessons learned?

7. Sustainability of Mainstreaming Responses

- What steps have been taken to ensure that mainstreaming is sustained in development processes?
- Is further technical assistance required to sustain mainstreaming efforts (advocacy for mainstreaming, as well as capacity development for relevant actors to mainstream in development plans and processes / sectors and capacity development for implementation of mainstreaming strategies)? If so, what sort?
- As you know, the Mainstreaming Programme has provided initial support to mainstreaming: what could be the next stage? How were the programme's successes sustained or were/ are planned to be sustained in the future?
 - in terms of key players and their positions
 - in terms of key institutions and their relationships with each other
 - in terms of budgets and finance
- In your opinion, should the Mainstreaming Programme be continued and if so with what modifications?

Annex 3: list of interviewees

Rwanda

Names	Institutions and position	Date and time of meeting	Phone number	Email
Ms Amina Rwakunda	Director CNLS Planning Coordination, M&E	Monday 18 th Jan 8:00 pm	0788500525	arwakunda@yahoo.fr
Mr Maximilien Usengumuremyi	In charge of cross-cutting issues at the Ministry of Finance & Economic Planning Planning	Monday 18 th Jan 11:00 am	0750268784	
Ms. Sidonie Uwimphuwhe	Focal point for HIV Mainstreaming at NACC	Monday 18 th at 2:30 pm	0788644187	sidonia79@gmail.com
Dr Pierre Dongier:	UNDP Technical Advisor at NACC:	Tuesday 19 th 8:00 am	0783203563	pierredongier@gmail.com
Mr. Alex Kamurase,	Social development officer, World Bank:	Tuesday 19 th Jan 10:00 am	591319	akamurase@worldbank.org
Ms. Elizabetta Pegurri & Amadou Moctar MBAYE A	M&E advisor & UCC UNAIDS	Tuesday 19 th Jan 3:00 pm	0788301998	pegurrie@unaid.org
Dr Anita Asimwe	Executuve Secretary of CNLS	Wednesday 20 th Jan 11:00	0788304829	anita.asimwe@gmail.com
Ms. Marie Françoise	UNDP, Programme Officer,	Wednesday 20 th Jan	0788306200	mf.umulinga@undp.org

Umulinga	HIV/AIDS and Gender	3:00 pm		
David Muganwa	Consultant on the EDPRS	Thursday 21 st Jan 10:00	0788683541	
Mr Stephen Hitimana	Consultant, former focal point for HIV mainstreaming at NACC	Friday 22 nd Jan 9:00 pm	0788430954	stevehits@yahoo.com
Ms Christine Umutoni	Former Head of Unit, Democratic Governance UNDP	No longer in the Country (UNDP Zimbabwe emailed/awaiting answers	Emailed successfully	christine.umutoni@undp.org
Ms Elizabeth Starmann	Former Mainstreaming Programme Focal Point	No longer in the Country : emailed but no response	Emailed awaiting response	elizabeth.starmann@undp.org

Burkina Faso

Name	Structure	Job description
Tiendrebeogo Joseph André	SP/CNLS-IST	Secrétaire permanent
Traore Irène	SP/CNLS-IST	Chef de l'unité centrale de planification et de suivi évaluation (UC-PSE)
Ki Abdoulaye	SP/CNLS-IST	Membre de l'UC-PSE
Kambou Ollo Emile	SP/CNLS-IST	Chef du Département chargé des institutions, des ministères autres que le ministère de la santé, et des entreprises (DME)
Kabre Seydou	SP/CNLS-IST	Chef de l'unité de gestion financière
Panga Kadidiatou	PNUD	Directrice du Programme VIH/SIDA

Millogo Brice	PNUD	Chef de l'équipe VIH/SIDA
Keita Tahirou	PNUD	Membre de l'équipe VIH/SIDA
Sedegho Jeanne Marie	PNUD	Membre de l'équipe VIH/SIDA
Tania	PNUD	Membre de l'équipe VIH/SIDA
Faye Mame Awa	ONUSIDA	Country Coordinator
Nikiema/Salambere Ida Laure	Ambassade des Pays Bas	Conseiller Adjoint Santé/VIH/Sida
Sanou Marie Joseph	CMLS/santé	Point focal du comité ministériel de lutte contre le sida du ministère de la santé
Kambire Sami Max	CMLS/défense	Secrétaire du comité ministériel de lutte contre le sida du ministère de la défense
Traore Fulibert	CMLS/Affaires étrangères	Coordonnateur adjoint du comité ministériel de lutte contre le sida du ministère des affaires étrangères
Yaro Yacouba	CERFODIS	Consultant chargé de l'analyse de situation réalisée en 2006
Ganemtore Karime	Consultant	Consultant chargé de l'étude sur la réalisation d'un état des lieux sur l'implication des acteurs de lutte contre le VIH/SIDA dans le processus de révision du CSLP ET des CSRLP
Simaga Fodé	PAMAC	Coordonnateur du Programme d'appui au monde associatif et communautaire
Kologo Boureima	PAMAC	Chargés des opérations au Programme d'appui au monde associatif et communautaire
Bado Coka	CRLS	Point focal sida du comité régional de lutte contre le sida de la région du centre
Sare Inoussa	RENAIDS	Coordonnateur du réseau national des associations intervenant dans le domaine de la santé
Koudougou Lamoussa	DGCOOP	Direction générale de la coopération
Sawadogo Seydou	MEF	Ministère de l'économie et des finances
Zougmore Mahamadi	MEF	Direction générale de la coordination de la politique de réduction de la pauvreté

Tanzania

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Dr Joseph Temba	Consultant	0715 325305
Rustika Tembele Director National Response	TACAIDS	0754 296216 tembele@tacaids.go.tz; rtembele@yahoo.com
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Beng'i Issa Director of Finance and Administration	TACAIDS (out of the country and unavailable)	0754 679352 bissa@tac aids.go.tz
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List of global interviewees

Patrick Osewe	Senior HIV/AIDS Specialist, World Bank Institute	World Bank	posewe@worldbank.org
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Bob Verbruggen	Programme Management Advisor, Mainstreaming AIDS in Development	UNAIDS Secretariat	verbruggenb@unaids.org
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