

**REPORT**

**OF**

**MID-TERM/OUTCOME EVALUATION  
UNDP NIGERIA  
COUNTRY PROGRAMME ACTION PLAN (CPAP)  
2009 – 2012  
GOVERNANCE OF HIV AND AIDS**

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The generation of this mid-term evaluation report involved the collaborative efforts of the evaluation team following a systematic consultation with various stakeholders at National, States and Local Government levels. The evaluation team wishes to express its appreciation to the UNDP Nigeria Management, Planning and Partnership and HIV and AIDS units for their support to the conduct of the evaluation. We also appreciate the cooperation enjoyed during consultation with all the UN agencies, NACA, SACAs and LACAs in Sokoto, Ondo and Niger States; CISHAN, NEPHWAN, ASHWAN and individuals who have contributed meaningfully to the evaluation exercise.

The cooperation of everyone has contributed immensely to the success of the mid-term evaluation.

## Acronyms

AIDS	Acquired Immune Deficiency Syndrome
ANC	Antenatal Clinic
ASHWAN	Association of Women Living with HIV and AIDS
CCM	Country Coordinating Mechanism
CGP	Capacity for Governance Programme
CISHAN	Civil Society HIV and AIDS Network
CPAP	Country Programme Action Plan
CSO	Civil Society Organisation
FGD	Focus Group Discussion
GTT	Global Task Team
HIV	Human Immuno Deficiency Virus
LACA	Local Authority Committee on HIV and AIDS
LDP	Leadership Development Programme
LG	Local Government
LGA/C	Local Government Area/ Council
M & E	Monitoring and Evaluation
MAP	Multi—AIDS programme (World Bank Facility)
MCF	Mid-term Cooperation Framework
MDA	Ministries, Departments and Agencies
NACA	National Agency for Control of HIV and AIDS
NASCP	National AIDS and STD Control Programme
NEEDS	National Economic Empowerment Development Strategy
NEPHWAN	Network of People Living with HIV and AIDS in Nigeria
NSF	National Strategic Framework
ODSACA	Ondo State Agency for Control of HIV and AIDS
PLWHA	Persons Living with HIV and AIDS
SACA	State Agency for Control of HIV and AIDS
SEEDS	State Economic Empowerment Development Strategy
SRMP	Sustainability and Risk Management Programme
TRAC	Target Resource Allocation at Core
UN	United Nations
UNAIDS	Joint UN Programme on HIV and AIDS
UNDAF	United nations Development Assistance Framework
UNDP	United Nations Development Programme
UNESCO	United Nations Educational Scientific and Cultural Organisations
UNIFEM	United Nations Funds for Women
WHO	World Health Organisation

## **Executive Summary**

### **1.0 Introduction**

This report presents the findings of a mid-term evaluation of the HIV/AIDS programme of UNDP Nigeria within the 7<sup>th</sup> Country Programme Action Plan (CPAP) 2009 - 2012 conducted in October 2010. It assesses the progress attained in the implementation of the programme components and captures the achievements of the outcomes on HIV/AIDS during the period under review. The report is expected to, among others, enable UNDP and its partners, National and States' Agencies for Control of HIV and AIDS (NACA and SACA) draw lessons and make necessary mid-course adjustments. The evaluation covers financial year, 2009 – 2010.

The focus of the evaluation is to assess progress towards achieving outcome 37 of CPAP – Federal/State bodies utilise evidence based approaches to formulate, implement and coordinate gender sensitive policies and plans to prevent/mitigate AIDS. The evaluation addressed the following overarching questions and issues:

- i) To what extent has UNDP support added value and contributed to the achievement of the key outcome?
- ii) To what extent has the UNDP capacity building programme developed Nigerian institutions at national level and in the states in formulating, planning, implementing, and evaluating gender sensitive and human rights mainstreamed HIV/AIDS programmes?
- iii) How effective is UNDP's HIV/AIDS programme partnership with government bodies, UN agencies, CSOs, private sector and other development partners?
- iv) To what extent is the UNDP's HIV/AIDS programme coherent and connected with other UNDP programmes and other UN agencies?
- v) Do the institutional arrangements foster national ownership and sustainability of the response?
- vi) Were the project's management systems adequate in facilitating the achievement of the expected outcomes and goal?
- vii) What are the programme major challenges and lessons learned?
- viii) Recommendations for the enhancement of the programme planning, management and monitoring.

At the end, the report of this assessment is expected to serve as useful inputs into the operations of the UNDP and its partners at the national and states levels ( NACA, SACAs and LACAs) as well as other UN Agencies and the Government particularly in the on-going Midterm Review of the United Nations Development Assistance Framework (UNDAF).

### **2.0 Evaluation Methodology**

Qualitative methods were mainly adopted for the mid-term evaluation. Evaluation methods used include document reviews, in-depth interviews, FGDs, and field visits conducted to the states and LACAs to enable cross referencing or 'triangulation' of findings across different sources. Stakeholders were consulted at national, state and local government levels. These include the UN Agencies, government bodies and Civil Society Organisations. Even though the UNDP operates in 13 states (UNDP plus UNDAF states) emphasises for this evaluation was placed more on the UNDP focal states. Evaluation framework was used as the core planning tool

to enable the team state step by step how each of the evaluation questions and objectives would be addressed in order not to leave out any issue or area that was critical to the evaluation

### **3.0 Evaluation Findings**

The total UNDP core financial allocation to HIV and AIDS programme during the CPAP period 2009 – 2012 amounts to \$US 4,371,827 with non-core (counterpart) funds expected from national and state governments being \$US1,400,000. This amounts to a total of \$US 5,771, 827. UNDP proposed allocation constitutes only 7% of the entire budget of UNDP programme for the 4 year period. Financial analysis of budget and expenditure in 2009 revealed the budget allocation of \$US 870,000 to NACA and \$US 376, 038 for the six states of Anambra, Delta, Ondo, Niger, Sokoto, and Rivers with utilisation rate of 92% and 87% respectively. For year 2010, budget allocation to NACA was \$US 870,000 and \$US 777,000 to the six UNDP states with utilisation rate to date being 73% and 56% respectively.

It was observed that the extent of utilisation rate was not maximised especially in the states; this was attributed to late signing of the annual workplan in 2009 as a result of delay in CPAP finalisation and Mid-term Cooperation Framework, and challenges in putting in place governance structures and signing of MOUs for delivering as one in UNDAF states. For 2010, the evaluation noted that disbursement of funds happened mostly in the 4<sup>th</sup> quarter – 2 months to the end of the financial year. This is a major issue with regards to the quality of programme delivered as a result of inconsistency in delivery. Further analysis also revealed that allocation to NACA is three times the total allocation to the states. This, the evaluation found challenging since implementation of plans are expected to happen at the state level.

UNDP also provided support to the UNDAF states with \$US 227,084 allocated in 2009 and \$US 171,000 in 2010 with 86% and 31% utilisation rates respectively.

The UNDP programme components implemented during the period under review covers: Advocacy for the transformation of SACAs into agencies, Support to the review of the implementation of the National HIV/AIDS Policy and the subsequent review of the National Policy, 2009; development of the National Strategic Framework II, 2009-2015; and State Strategic Plans in the states and the undertaking of Capacity Assessments and followed by Capacity Development Plans. UNDP also continued its support for the Leadership Development Programme, HIV/AIDS Mainstreaming in state and local development plans (SEEDS and LEEDS), budgets and processes as well as facilitated the holding and participation of partners to conferences on Project Management, information exchange and sharing at national and international levels. Other supports were for the Epidemiological Response Review and Synthesis, Institutional Strengthening of the Global Fund through technical and financial support to the CCM Board and Secretariat.

The advocacy efforts of UNDP jointly conducted with NACA and UNAIDS have resulted in transformation of SACAs into agencies in the six states of Niger, Sokoto, Ondo, Delta, Rivers and Anambra. Today, all of the UNDP supported states have transformed their SACAs into agencies backed by law. In addition, with UNDP support, the states have mainstreamed HIV into State Plans (SEEDS) and incorporated HIV and AIDS into State and sectoral budget lines, while Ondo State has developed and published its HIV/AIDS

State Strategic Plan (SSP) II 2010 - 2015. Sokoto and Niger have also developed their individual SSPs but are yet to publish the documents.

The programme components were found to be relevant to UNDP focal area of Governance of HIV/AIDS, and advocacy and management (thematic area one) of the UN Joint Programme Support on HIV and AIDS in Nigeria which UNDP happened to be the convening agency, and in achieving the expected outcome on HIV and AIDS.

The relevance of UNDP HIV/AIDS programme in the national response was found to be enormous as they are recognised as the major partner that principally and consistently focus on governance of HIV and AIDS and HIV/AIDS mainstreaming for a true multi-sectoral response, with comparative advantage of utilising other UNDP programmes to work at upstream level to promote and aid ownership of the response – areas which most partners do not consistently focus on. In addition, there is the financial and technical capacity of UNDP to fight the epidemic in the focal areas; especially that World Bank MAP II is yet to be made available.

Areas of coverage of UNDP support is geographically balanced and operates at the federal level with NACA being the main implementing partner with support extended to umbrella organisations like NEPHWAN and CISHAN. A similar institutional arrangement also happens in the UNDP six partner states and the four local government councils recommended by the host state governments.

The UNDP was found to be working well with other UN agencies and developmental partners such as DFID. The UN agencies consulted recognised UNDP as a key partner whose lack of active involvement would create a gap especially in the area of UNDP's comparative advantage of governance, advocacy, management and institutional strengthening. Despite this, UNDP was noted to be weak in linking its own programmes internally or mainstreaming HIV and AIDS into their various programmes that could promote ownership even though UNDP is identified as HIV/AIDS mainstreaming champion.

The UNDP has remained a prominent contributor to institutional and capacity building in the core states especially with the non-availability of the World Bank facility. It has played positive role in strengthening key coordinating structures and their managements through upstream interventions and remained focus in strengthening the governance process and building institutional and managerial capacity to develop and implement gender sensitive and human rights friendly plans and policies, including support to the CCM secretariat. The advocacy efforts of UNDP conducted in collaboration with other agencies resulted in transformation of SACAs into agencies. More than 2000 individuals have also benefitted from the Leadership Development and HIV mainstreaming training, but these efforts were not found to be translated into the expected actions. This may be due to the group of people targeted. Although, the HIV and AIDS unit noted that the targets for this year's LDP programme (July to Oct) are still implementing their breakthrough initiatives and will take a while to show results.

The indicators and targets set for NACA and SACAs were found to be broad and not specific enough. This needs to be reviewed with partners so that they know what they are accountable for. Furthermore, activities need to be comprehensive enough to enable

UNDP and its partners conclude logically to be able to translate interventions into results. For example, the outcomes expected of capacity building on HIV mainstreaming should be stated specifically with clear indicators to measure progress in achieving outcomes. This should be accompanied with joint monitoring plans, provision of technical support and necessary advocacy required to achieve the outcome.

#### **4.0 Challenges and factors Affecting utilisation of UNDP support**

One major question for this evaluation is *“to what extent is UNDP adding value to the HIV and AIDS response in the country?”* The relevance of UNDP in the HIV and AIDS response as well as the value being added has been explored, but there are some factors that have prevented the effective utilisation of UNDP supports and translating various efforts into actions that would impact on the epidemic. These factors and challenges include:

- Allocation of minimal resources for HIV and AIDS interventions thus contributing to non-logical conclusion of UNDP support and inability of the HIV and AIDS unit to conduct essential advocacy and monitoring to ensure that partners build on their catalyst activities;
- Non- or weak linkage of the UNDP programmes to catalyse continuity of interventions, varied commitment at different levels and across states;
- Lack of, or weak understanding of UNDP mandate by stakeholders;
- Non-timeliness of delivery of outputs and inconsistency in delivery which therefore raises the issue of quality;
- Ineffective use of available documents as advocacy tools for resource mobilisation at the national and state levels by the coordinating agencies.
- Absence of succession plans to address staff the state and local government levels ;
- Lack of consistent monitoring of the management structures and working methods; and
- Low visibility of UNDP and its supported activities which is actually required for effective advocacy.

#### **5.0 Conclusions and Recommendations**

This evaluation had revealed the relevance of the UNDP Programme and the fact that they focus on areas other partners are not addressing. These focal areas are vital to ensuring ownership & sustainability of the response. But the weak political commitment resulting in low connection of political leadership with the response must be addressed in order to translate UNDP supports into actions. Hence, the need to refocus on advocacy at upstream level, and work with government and other development partners to follow through the capacity building process required for the implementing partners to function.

Based on the above, it is recommended that UNDP:

- Refocuses on advocacy that would result in the functionality of CCM, SACAs & LACAs, & translation of supports into tangible action.
- Direct targeting of networks for advocacy work on country ownership of the response.
- Support and advocate for the implementation of the capacity development plans already commenced.
- Refocusing of the Leadership Development Programme to target high level stakeholders (policy & decision makers).



- Ensure intra and inter-agency programme connectivity to achieve holistic results through HIV mainstreaming to other UNDP programmes and linkages of support from other UN agencies to the focal states based on their comparative advantages.
- Develop appropriate specific and attainable indicators that would match activities that would result in achieving the expected outcomes of the UNDP programme. .

## Chapter One: Introduction & Methodology

### 1.0 Introduction

HIV and AIDS epidemic is of great concern to the world community. It has the potential of negating the socio-economic gains made in most developing countries including Nigeria. AIDS was first reported in the country in 1986. The prevalence of HIV amongst ANC clients was 1.8% in 1991, 4.5% in 1996, 5.8% in 2001, 5.0% in 2003, 4.4 % in 2005, and 4.6% in 2008. The epidemic in Nigeria has since extended beyond the high-risk groups to the general population with some parts of the country more affected than others, but no state or community is unaffected. By 2008, the estimated population of PLWHA has reached 2.7 Million. Correspondingly, the death toll is increasing, too, as a result of AIDS and shortage of skills has been reported across sectors with loss of breadwinners and means of livelihood. Equally, HIV/AIDS impoverishes affected families thus deepening the poverty situation in the country and poses threat to attainment of the MDGs.

The UNDP Country Programme Action Plan (CPAP) 2009 – 2010 appreciates the proposition that the wealth of a nation does not rest solely in its financial wealth but heavily on the smart development and protection of its people. This is considered essential in order to prevent diminishing returns on investments made in various sectors of development. Hence, the fourth programme component of Sustainability and Risk Management and Protection (SRMP) in the CPAP which includes the strategy to be adopted by UNDP in the prevention and management of HIV and AIDS pandemic in the country.

For the period, the UNDP has been supporting the country in fighting the epidemic, major lessons have been learnt with previous supports. These include the following:

- Poor understanding of the key concepts and processes for mainstreaming HIV and AIDS in policies, institutions and programmes within and outside government; thus informing the need for more work to be done to improve cross-sectoral planning, coordination and management of the response at national, state and local levels.
- Weak capacity which hampers the ability of state level partners to design and operationally link planned activities across sectors, with a view to achieving outputs and longer term outcomes.
- Challenge with the issue of quality assurance of methodologies and approaches in ensuring result based management of implementation of interventions.

Based on the above, the expected outcome of the UNDP HIV/AIDS programme as designed in the CPAP focuses on *“Federal and State bodies utilizing evidence-based approaches to formulate, implement and coordinate gender sensitive policies and plans to strengthen the national HIV response and prevent/mitigate the impact of AIDS”*. To achieve the outcome, the programme components focus on the governance dimensions required for the management of HIV/AIDS prevention, treatment and care, and invest in a targeted manner, in overcoming key analytical and institutional blockages that might hinder the delivery of performance of key stakeholders in the public and civil society sectors, that are largely responsible for coordination of multi-sectoral responses to HIV/AIDS.

The sub-component on “the Governance of the Country Response to HIV/AIDS” is guided by the Global Task Team (GTT) recommendations for the division of labour on AIDS based on UNDP expertise and comparative advantage in the areas of governance of the AIDS response, HIV and AIDS and Human Development, Gender and Human Rights and “Making the Money work” as it relates to the Country Coordinating Mechanism (CCM) – the body which provides oversight to

Global Fund in the country. The sub-component also built on prior work from the 6<sup>th</sup> Country Plan, which includes:

- Reviews and development of costed National Strategic Framework
- Reviews and development of State Strategic Plans
- Monitoring and Evaluation Plans
- HIV/AIDS mainstreaming into National, States and Local Government development plans, Sectoral plans of MDAs at both federal and state levels,
- Capacity development for effective leadership at all levels
- Re-engineering and institutional strengthening of CCM; and
- Support to selected civil society organisations.

In order to achieve the outcome, there are five planned outputs under this sub-component relying upon joint programming with UN agencies and closer cross-unit collaboration within UNDP:

- i. Advocacy campaign and proposals in place for all SACAs to assume legal status.
- ii. New or updated/ revised multisectoral plans on HIV and AIDS that are rights based and gender responsive prepared at Federal level, selected States and LGAs.
- iii. Targeted improvements achieved in coordination arrangements, implementation guidelines, mechanisms and tools for Monitoring and Evaluation at Federal level, selected States and LGAs.
- iv. Capacity of CCM developed in critical areas of systems, processes and skills.
- v. Community level modalities developed for sharing information and experience on the response to HIV and AIDS (linking with community information centres proposed under the sub-component in CGP on Public and Business Integrity).

Two annual work plans (2009 and 2010) with activities aimed at achieving the outputs and expected outcomes have been implemented. The activities within the work plans focussed on:

- Advocacy & communication strategies
- Development planning for HIV/AIDS
  - Linking states and local communities to national policies (local and national development plans)
  - HIV/AIDS mainstreaming in the states
- Enhance coordination, planning, Monitoring and Evaluation at states and local levels
- Address gender inequalities & other root causes
- Support transformative leadership and capacity development to enhance breakthrough initiatives, & lasting response at state and local levels.

The UNDP has commissioned a mid-term evaluation to assess progress and see if they are doing things right or right things are being done to achieve the outcome.

## **1.1 Evaluation Purpose and Objectives**

The purpose of the evaluation is to assess the progress attained in the implementation of programme components and achievements of the outcomes on HIV/AIDS in order to draw lessons that will enable UNDP and its partners, National and States Agencies for Control of HIV and AIDS (NACA and SACA) make necessary mid-course adjustments.

The main objective of the evaluation is to conduct a mid-term/outcome evaluation to assess implementation of HIV and AIDS programme in the first half of the programme and chart the way forward for the remaining lifespan of the Country Programme Action Plan. The evaluation addressed the following key issues: coverage and relevance of the UNDP HIV/AIDS programme; the extent of UNDP support to Capacity Building in formulation, planning, implementation, monitoring and evaluation of evidence based response at all levels; programme partnerships,

linkages with other UNDP programmes and activities of other UN agencies; relevance of tools and mechanisms applied; and recommendations for the enhancement of HIV/AIDS programme planning, management and monitoring.

## **1.2 Evaluation Methods**

Qualitative methods were mainly adopted for the mid-term evaluation. The methodologies and the tools were selected to ensure that the specific evaluation questions are addressed and to enable cross referencing or 'triangulation' of findings across different sources. Methods used for the review are:

- a. Document Reviews – Various documents were collected from UNDP, NACA, SACAs in selected states, UN agencies and other stakeholders in the country. Secondary data were synthesised from these documents for analysis to review inputs, output level results, progress made in the 2009 and 2010 workplans and contributions to the outcomes.
- b. Key Informant Interviews – Short interview topic guides were extracted from the evaluation framework developed by the team focusing on the issues appropriate to the various stakeholders. This enabled the team to elicit information consistently and to clarify issues or areas of concerns as required. The questions were developed based on the objectives of the evaluation and progress made in the implementation of the UNDP CPAP HIV/AIDS programme for 2009 – 2012.
- c. Focus Group Discussions (FGD) – These were used mostly for the implementing institutions and beneficiaries. Group discussions produced a mix of views which enabled the team to ensure consistency and cross-referencing with the contents of documents reviewed and information gathered from other sources.
- d. Field Visits – Field visits were conducted to selected LACAs in selected states, (Sokoto, Ondo and Niger States) implementing organisations and beneficiaries at the National level. The purpose of the field visits was to validate information elicited from documents and explore perceptions and experiences not recorded in formal reports. The field visits also afforded us an opportunity to meet with primary beneficiaries of UNDP Human Development Capacity Building Programme.

The key stakeholders consulted include:

- UNDP & other UN agencies – WHO, UNAIDS, UNESCO and UNIFEM.
- National Agency for Control of AIDS (NACA), Country Coordinating Mechanism (CCM)
- SACAs, Line Ministries and CSOs in Sokoto, Ondo & Niger states
- 1 – 2 Local Action Committee on HIV and AIDS (LACAs) in each state
- Civil Society Organisations – CISHAN, NEPHWAN, ASHWAN

The evaluation framework was the core planning tool that enabled the team to state, step by step, how each of the evaluation questions and objectives would be addressed in order not to leave out any issue or area that was critical to the evaluation. The evaluation methods utilised enabled various stakeholders to identify forces holding back effective planning, implementation, reporting, and factors that might enhance efficient delivery to achieve key outcomes.

The evaluation drew heavily on available research, data and documentation from existing progress reports and studies conducted by NACA with support from UNDP and other development partners.

This report is set out in four chapters. Chapter one covers the introduction, evaluation objectives and methodology. Chapter two presents analysis and findings per thematic area

proposed to be covered in scope of the evaluation. Chapter three presents the challenges and factors affecting, and Chapter four concludes the report and presents recommendations.

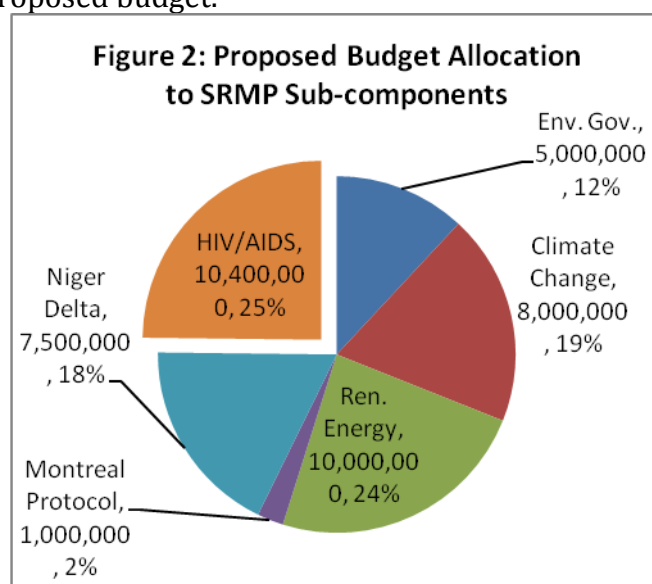
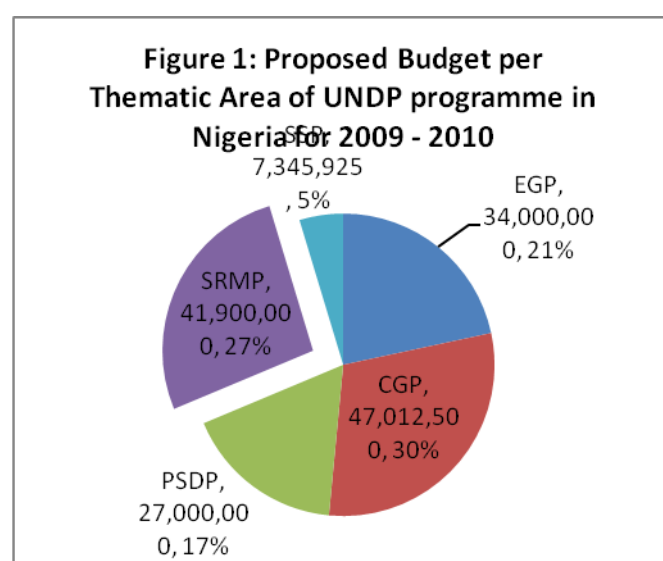
## Chapter Two: Evaluation Findings

### 2.0. Evaluation Findings

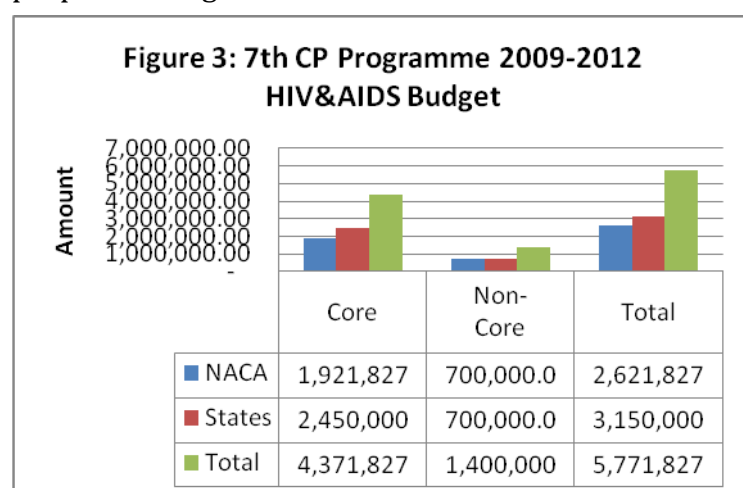
The findings of the mid-term evaluation presented in this report were analysed based on the synthesis of information elicited from stakeholders and review of available documents to respond to the objectives of the mid-term evaluation and various evaluation questions stated in the terms of reference. This chapter presents the analysis of the UNDP financial support and contribution to the HIV/AIDS response during the period 2009 to October 2010, programme components, relevance of UNDP HIV/AIDS programme, areas of coverage of UNDP support and institutional arrangement. Other aspects are: linkages with other development programmes and partners, support for institutional capacity building, integrated human development, HIV/AIDS and Gender mainstreaming, as well as implications of the various support to the HIV and AIDS response in the country.

### 2.1 Input and Financial Analysis

The proposed budget for the entire UNDP programme as documented in CPAP 2009 – 2010 is \$US 157, 258, 425, out of which the Sustainability and Risk Management Programme (SRMP) – the programme component that subsumes the HIV and AIDS programme is expected to take 27% of the total proposed budget.



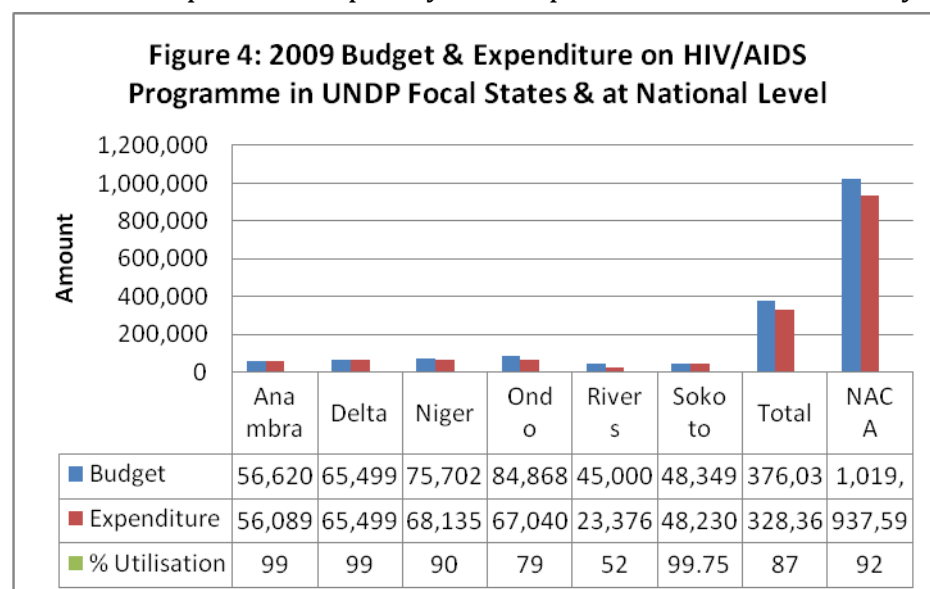
Within the SRMP's budget of \$US 41,900.000, the HIV and AIDS subcomponent had a proposed budget allocation of 25%.



From the allocation, and premised on TRAC, the actual funds made available for UNDP programmes at national level and in the states is \$US 68,636,704, out of which \$US 4,371,827.71 was made available as the core funding for the HIV and AIDS programme with the non-core (counterpart)

expected from the government (national and states) at \$1,400,000.00 amounting to a total of \$US5,771,827.71 (see figure 3).

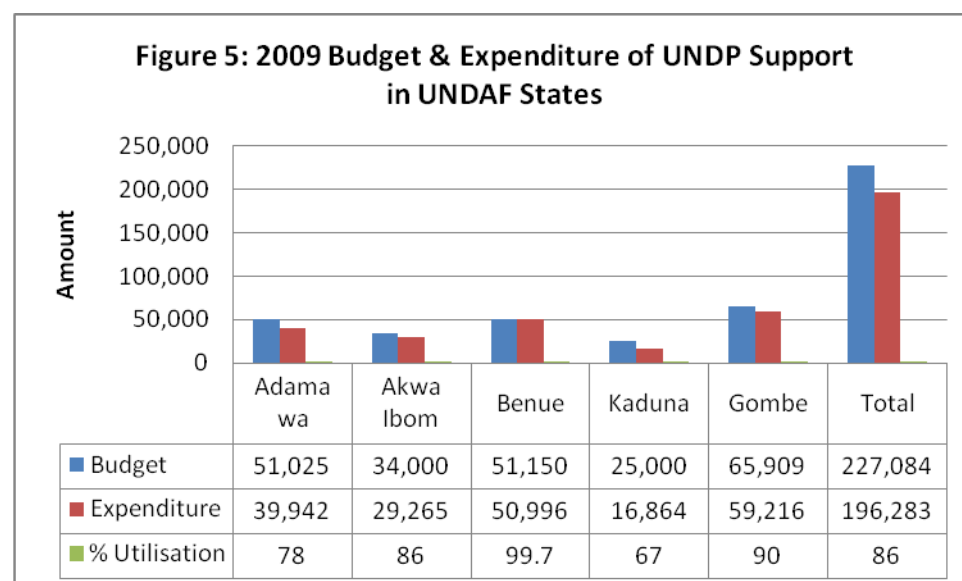
Figure 4 shows budget and expenditure analysis for year 2009 by NACA and the six states supported by UNDP. Further analysis in figure 4 shows that budget utilisation rate ranges from 52% to almost 100% with Rivers State recording lowest utilisation rate. Despite the variation, the analysis revealed that 87% of total budget utilisation was attained. The incomplete budget utilisation was attributed to late signing off of the annual workplan developed by the respective states which lately happened in August



2009 due to finalisation of CPAP development as well as the development of Mid-term Cooperation Framework (MCF), both of which are required for the development of annual workplan at the national level and in the

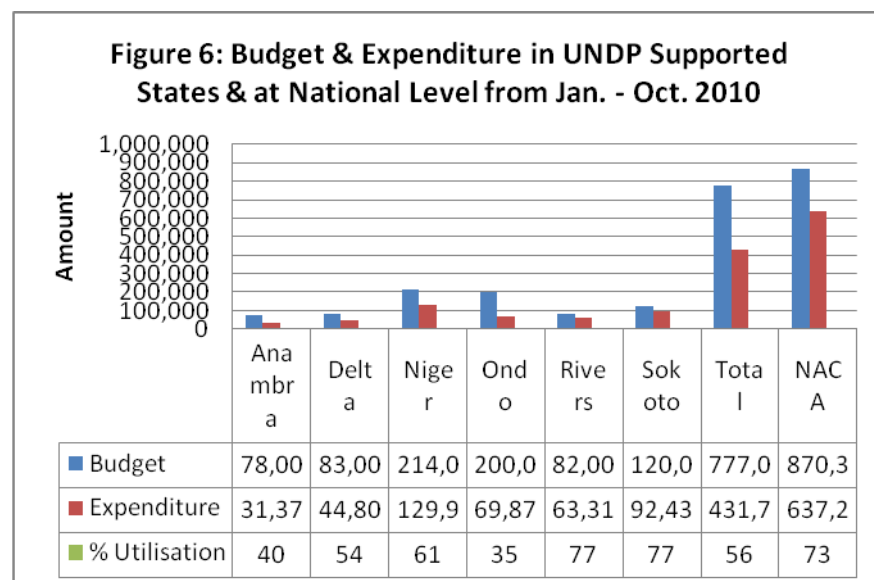
states.

Further analysis revealed that the support to NACA is three times the total financial support to the UNDP six focal states. This posed a challenge taking into consideration that implementation of policies, strategies and guidelines takes place at the level of the states, and effective implementation may be inhibited by inadequate resources.



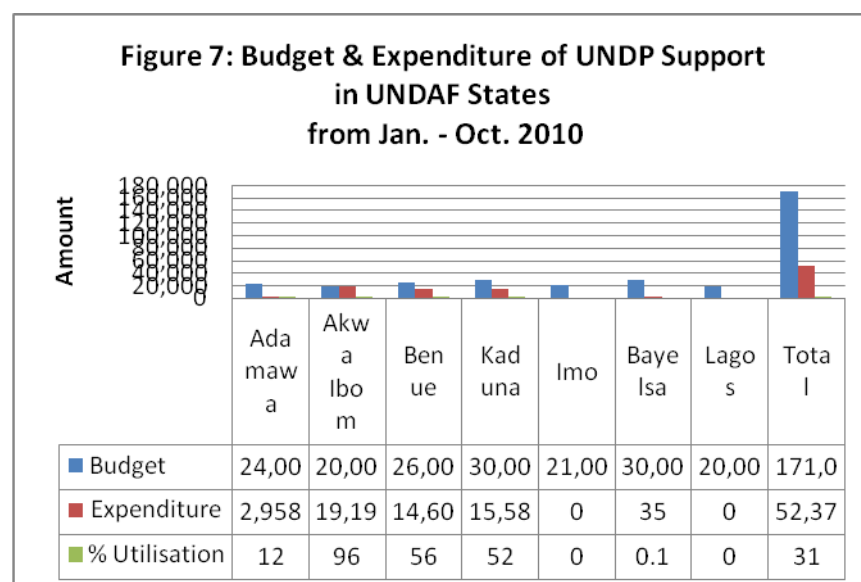
The 2009 UNDP financial support to the UNDAF states revealed a total budget utilisation of 86% with highest budget utilisation in Benue State and lowest utilization recorded in Kaduna State.

For the year 2010, figure 6 revealed that only four states, namely, Delta, Niger, Rivers and Sokoto states have accessed more than 50% of their budget allocation. Anambra and Ondo states have spent 40% and 35% respectively, with total utilisation rate of 56%. This is a major issue considering the period of the year which is just two months to the end of the financial year.



Although the programme staff of UNDP mentioned that more submissions have been made by the states that would aid the draw down of the resources, but there are clear indications of inconsistency in the delivery of the programme with many activities being planned or on-going towards the end of

the financial year with nothing or much being implemented up till the third quarter of the year. This further raises the question of quality in programme delivery and the implications on the expected outputs and outcome. The delay was principally attributed to the late signing of workplan and belated completion of capacity assessment conducted for 10 UNDP and UNDAF states



The UNDP support to UNDAF states also confirmed a total budget utilisation of 31% in the six states with Akwa-Ibom spending 96%, Kaduna - 52%, Adamawa - 12%, Benue - 56%, Bayelsa - 0.1% while Lagos and Imo are yet to draw on their allotted resources.

Major activities supported in year 2009 to October 2010 in the states are the capacity assessment conducted which subsequently informed the capacity development report for each of the states. In addition, support was provided for the reviews of the State Strategic Plans (SSPs) on HIV and AIDS which expired in 2009 and the development of the SSPs 2010 - 2015.



The National Agency for Control of AIDS (NACA) recorded a budget utilisation rate of 92% in 2009 and so far has expended 73% of its total budget for year 2010. In 2009 alone, UNDP has delivered contributions worth \$937, 590.57 to NACA, supporting conduct of socio-economic impact studies, epidemiological response review, the review of the implementation of the National Strategic Framework (NSF) 2005 – 2009; and the development of the NSF II, 2010 – 2015 which was published and launched. Furthermore, it supported advocacy visits to the states to promote the quick transformation of SACAs into agencies and institutional strengthening of CCM and ASHWAN at the national level.

Other activities supported through NACA in 2009 also included: mainstreaming training for State Programme Managers and Directors of State Planning Commission; project management training for FACA and Sokoto SACA; development of CCM strategic plan and retreat; and support to global fund proposal development

The above financial analysis has revealed the need for more resources to be allocated to the states for the implementation and coordination of programmes; and to attend to issues that delay the accessing of funds by the states to ensure timely and consistent delivery of programmes which are key to quality and subsequent impacts that are expected from the activities or interventions implemented.

## 2.2 Programme Components

The CPAP document and various workplans that were developed for programme delivery at the national level and in the states revealed that UNDP HIV/AIDS programme components covers:

- Advocacy for the transformation of SACAs into agencies
- Support to development of Strategic Plans at National level and in the states
- Capacity Assessment and Development
- Leadership Development Programme
- HIV/AIDS Mainstreaming
- Institutional Strengthening
- Support to global fund implementation and coordination

The above programme components were found to be relevant to the UNDP focal area of Governance of HIV/AIDS, and advocacy and management (thematic area one) of the UN Joint Programme Support on HIV and AIDS in Nigeria which UNDP happened to be the convening agency, and in achieving the expected outcome on HIV and AIDS.

*“UNDP Nigeria is flexible in supporting the national response. UNDP funds are easily available for implementation of interventions especially now that the World Bank MAP II is yet to be made available”.  
UNDP Focal Person in NACA*

## 2.3 Relevance of UNDP HIV and AIDS Programme

UNDP has been recognised as the major partner with incomparable advantage on the governance of HIV and AIDS; and the additional comparative advantage of utilising its other programmes to work at upstream level to promote, advocate and work towards

achieving ownership & sustainability of HIV/AIDS response at all levels in the country. This evaluation has summarily revealed that the UNDP, Nigeria, is the most prominent agency that has principally and consistently supported issues of governance of HIV/AIDS and working with partners to ensure the implementation of a multi-sectoral response through the HIV/AIDS mainstreaming interventions – areas which most partners are not currently focussing on.

Equally, , UNDP Nigeria has been recognised as one of the few UN agencies that has both the financial and technical expertise to fight the epidemic. This evaluation has noted that UNDP had consistently been providing financial support to the UNAIDS for the implementation of technical support activities to the national response.

The relevance of the UNDP contribution at the national level in the 7<sup>th</sup> Country Programme is clearly manifested in its support to NACA to undertake the country wide studies on Epidemiological Response and Policy Synthesis and Socio-economic Impact of HIV/AIDS on Households. Furthermore, in 2009, UNDP supported the review of the implementation of the National Policy on HIV/AIDS. The findings of the studies and reviews provided evidences for the formulation and costing of the National Strategic Framework (NSF) II, 2009-2015. Consultations are currently on-going for UNDP in collaboration with UNAIDS to jointly support the development of the National as well as the States Operational Plans 2011-2012.

*“The fact that ODSACA is a functional agency today is as a result of advocacy efforts and other supports from UNDP”.*  
ODSACA PM

The advocacy efforts of UNDP jointly conducted with NACA and UNAIDS have resulted in the transformation of SACAs into agencies in the six states of Niger, Sokoto, Ondo, Delta, Rivers and Anambra. Today, all of the UNDP supported states have transformed their SACAs into agencies backed by law. In addition, with UNDP support, the states have mainstreamed HIV into State Plans (SEEDS) and incorporated HIV and AIDS into State and sectoral budget lines, while Ondo State has developed and published its HIV/AIDS State Strategic Plan (SSP) II 2010 - 2015. Sokoto and Niger have also developed their individual SSPs but are yet to publish the documents.

*“UNDP is better positioned to implement, make the money work by being strategic in their support to CCM & NACA. They are best positioned to do this only if they could extend their romance with NPC to NACA & CCM”.*  
Focal persons in WHO

Despite the above, this evaluation noted that UNDP’s potential and relevance is yet to be fully explored to ensure inter-linkages of their various programmes which could help to promote the ownership and continuity of HIV and AIDS interventions beyond the support of UNDP or other developmental partners.

## 2.4 Areas of Coverage of UNDP Support, Institutional Partners and Arrangement

The coverage of the UNDP support to HIV and AIDS response is fairly balanced; it reflects the geopolitical diversity of the country. Each of the six geopolitical zones is

captured with the exception of the North East which is represented by Adamawa among the UNDAF states, for which the state has received technical assistance from the UNDP for some of its activities. From the distribution of the interventions, it has emerged that UNDP has reflected geographical spread and needs in critical areas like institutional strengthening, capacity building and leadership development that other partners did not seem to demonstrate active involvement.

UNDP operates at the national, state and local levels through the coordinating entities. At the federal level, NACA is its implementing partner with the support extended to umbrella organizations like NEPHWAN, CISHWAN and ASHWAN through the Agency. A similar relationship exists between UNDP and its core states of Anambra, Rivers, Sokoto, Niger, Ondo and Delta. In addition, it contributes technical and financial support to the seven UNDAF states. In each of its core states, it has, on the basis of the recommendation of the SACA and the host government selected four focal local government councils for institutional strengthening and capacity building support. Equally, civil society organizations at the state and local government levels are being supported through the SACA and LACAs. In all the core states, government officials from MDAs and civil society members have participated in the HIV mainstreaming and Leadership Development (LDP) trainings.

## **2.5 Collaboration with other Development Partners & Linkages with other Development Programmes**

There is no doubt that UNDP has worked well to contribute towards the implementation of the Joint UN HIV and AIDS programme. The UN agencies consulted for this evaluation recognised UNDP as a key partner whose lack of active involvement would create a gap especially in the area of UNDP's comparative advantage of governance, advocacy, management and institutional strengthening which it does better than any other agency in the UN system. The UN agencies are of the opinion that UNDP has the comparative advantage and could provide the support and the required leadership to resolve the obstacles of managing the Global funds as they could build capacity and support funds management to enhance better assurance of accountability and transparency for the country. In addition, UNDP has the strategic advantage to provide support and strengthen the institutional capacities of central coordinating bodies such as NACA, NASCP, Ministry of Women Affairs to coordinate the national response and CCM secretariat to enhance the oversight as provided by the CCM board. The evaluation also noted that UNDP had collaborated with DFID during the review period to support CCM in developing a strategic plan, conduct capacity assessment and support salaries of staff to ensure functionality of the secretariat.

*"A major challenge for us is ability to engage the private sector in the state. And since UNDP is also working on private sector development, we feel it is an area that they could help us add value to the response. In addition, UNDP should help us facilitate linkage with other agencies such as WHO to assist us with our treatment programme".*  
ODSACA Programme Manager.

But while it is observed that UNDP collaborates well with other UN agencies and development partners, the evaluation, however noted weak or non-linkage of UNDP HIV/AIDS programme with other UNDP development programmes. This is seen as a major

shortcoming as the linkage would have contributed towards promoting sustainability and ownership of initiatives with national and partner state governments putting in resources for continuity of interventions. Perhaps, the major exceptions are the collaborations with the Economic Governance Programme under the KOICA project where the EGP unit recruited the lead consultant that led the mainstreaming process for HIV/AIDS in 4 LEEDS in Sokoto state. The Unit is also currently taking the lead (using their own resources) in mainstreaming HIV/AIDS in 3 UNDAF states in Adamawa State (Development plan currently being developed) Benue (Development plan) and Akwa Ibom (SEED and LEEDs). Millenium villages in Pampaida (Kaduna) and Ikaram (Ondo) have also got HIV component even though they are not under the supervision of the HIV/AIDS unit. These collaborations, notwithstanding however, much more still needs to be done to engage with the environment and governance units.

UNDP has been a key advocate championing HIV mainstreaming into development plans. It has supported the building of capacity to implement same in its interventions. But clearly, it has not demonstrated much evidence of mainstreaming HIV/AIDS into the Agency's intra developmental programmes, for which most of their partners especially at the state level would have capitalised on. In addition, partners at the state level are of the opinion that the UNDP is not utilising its position as the lead agency in Ondo state to link them with other UN agencies that they could benefit from. Aside the above, tools such as the Community Capacity Enhancement Programme (CCE) used by the UNDP HIV/AIDS unit, and implemented during the 6<sup>th</sup> cycle was found to be appropriate for some programmes in the UNDP which, unfortunately, other programmes only learnt of after their workplans have been developed

*“Lack of support has left the coordinating structure weak and mainstreaming into Line Ministries and LACAs absent until the intervention of the UNDP from 2009 in the state. Now, with the support of UNDP, the SACA has transformed into an agency in 2009 and series of trainings have been conducted in addition to the inclusion of HIV/AIDS into the State Development Plan. Equally, the government has appropriated money for the response process in the 2010 budget, even though; much of it is yet to be released”. – Niger SACA Director General*

## **2.6 Support for Institutional Capacity Building**

Over the years, UNDP has played very positive role in strengthening the key coordinating structures and their managements through upstream interventions that involved formulation, planning, capacity building, implementation and coordination of gender sensitive policies; including HIV/AIDS mainstreaming. UNDP is unique in its assistance to the response process in the country in these areas. It has remained focused in strengthening the governance process and building institutional and managerial capacity of the coordinating structures for HIV/AIDS in the country. Through the implementing partners and in collaboration with other UN Agencies like UNAIDS and UNIFEM, it has supported the development of gender sensitive and human rights friendly plans and policies at the national, state and organizational levels. While most other development partners are focusing on implementation of programmatic interventions like prevention, treatment, prevention of mother to child transmission, OVC, etc, UNDP is more concerned with interventions that would ensure effective and sustainable management of multi-sectoral response to ensure ownership and the sustenance of the whole process up to lowest level of government.

These are critical areas vital for creation of enabling and appropriate environment for the success of the response process. In fact, it has emerged that since 2009, UNDP has remained the most prominent contributor to institutional strengthening and capacity building in the core states because the World Bank facility that five of the states with the exception of Niger enjoyed had been exhausted and new line of credit is yet to be extended to the country. For example, Niger state did not have the MAP 1 facility which adversely affected the institutional and technical capacity of the coordinating structure in the state.

In the years under review, UNDP supported CCM and SACAs in the UNDP focal states and UNDAF states to conduct capacity assessment. The report of the assessments subsequently informed the capacity development report required for further guidance in their support to institutional strengthening for effective response and enabled CCM to provide the oversight required for effective utilisation of the Global Fund – Making the Money work. To this effect, CCM was also supported to develop a strategic plan<sup>1</sup> which is expected to guide its implementation of activities. Equally, ASWHAN, too, was supported to develop its 4 year strategic plan.

## **2.7 HIV/AIDS and Gender Mainstreaming**

UNDP was also observed to be the main partner in the states selected, working to ensure a multi-sectoral response to HIV and AIDS and providing technical capacity at national level for Ministries, Departments and Agencies to mainstream HIV and AIDS. The UNDP approach which focuses on mainstreaming into multiple sectors has enabled the states to involve several players including planners from the states to facilitate budget allocation for sectoral interventions. Furthermore, UNDP has supported trainings on HIV mainstreaming and gender sensitive responses in the States and at Local Government levels. The exposure of the state planners at the December 2009 Mainstreaming training programme and the National HIV and AIDS conference in Abuja is already achieving result as SACAs in the three states visited for this evaluation now have annual budgets appropriated for their activities, while LACAs in Ondo State also accessed some money from the government for interventions and coordination at LGA level.

Already Niger and Sokoto States, two among the UNDP states visited have mainstreamed HIV and AIDS into their development plans while Ondo state had developed an issue paper<sup>2</sup> to guide mainstreaming of HIV and AIDS into the SEEDS document. Generally, even though gender has been mainstreamed into the NSF and State Strategic plans, it is not clear if there are

*“The CCM secretariat is now stronger than it used to be as a result of joint support of UNDP & DFID. Also, the capacity assessment report has been utilised by most SRs to improve on their capacity to be considered worthy of PRs”.*  
CCM Secretariat

capacities in place to really implement interventions that would address the issue of gender inequality and other related gender issues fuelling the epidemic and impacts.

<sup>1</sup> Second draft of Country Coordinating Mechanism (CCM) Nigeria Draft Strategic Plan 2010 – 2012.

<sup>2</sup> Mainstreaming of HIV and AIDS into SEEDS and LEEDS of Ondo State: Issues Paper, Jan. 2010.



## **2.8 Integrated Human Development**

Apart from institutional strengthening, UNDP had also invested in human development by building capacity of individuals to enhance HIV and AIDS response at all levels. The Leadership Development Programme supported by the UNDP through NACA is a unique programme that has so far trained about 2000 leaders from multiple backgrounds in government, civil society, academia and the private sector. As a consequence of the trainings, a pool of leaders has been developed in the country with many of the alumni undertaking a number of Breakthrough Initiatives (BIs) projects all over the country especially in the areas of HIV/AIDS, gender and governance. An LDP Alumni Forum has been established and registered with the Corporate Affairs Commission. This forum has a lot of potential of becoming a catalyst in the development of critical mass of leaders that this country requires for it to transform from a dependent economy to a developed economy.

The LDP trainings have been extended to include five pilot universities across the country (Universities of Nigeria, Nsukka, Jos, Maiduguri, Ibadan and Calabar). They were supported with equipment such as laptops, multimedia projectors, printers, UPS, etc, by UNDP/NACA to facilitate the pilot implementation of the LDP Curriculum in the five pilot universities. Furthermore, one hundred university lecturers were trained. This evaluation noted the need for the involvement of policy makers and decision makers in the LDP programme to have an increased number of facilitative agents of change that could contribute to ownership of the response at all levels.

Finally, the analysis of findings presented in this chapter had revealed the strategic importance of UNDP support to the HIV and AIDS response in the country. The next chapter would explore the factors and challenges that have limited the translation of UNDP support into action that would impact meaningfully in the national response especially with focus on the issue of ownership and continuity of interventions beyond UNDP support and that of other developmental partners.

## **2.9 Appropriateness of Indicators in measuring performance or progress**

Review of the MCF document revealed that the indicators allotted to measure performance are not specific enough and not well targeted or related to activities funded. This needs to be reviewed in terms of translation of activities into actions both at state and at national level. In addition, the indicators and targets should be included in the workplan so that stakeholders at each level would have clear understanding of what they are working towards, and activities should be designed to be comprehensive enough in such a way that they are taken to logical conclusion to achieve results.

## **Chapter Three: Challenges & Factors Affecting Effective Utilisation**

### **3.0 Challenges and Factors Affecting Effective Utilisation of UNDP Support**

One major question for this evaluation is *“to what extent is UNDP adding value to the HIV and AIDS response in the country?”* The relevance of UNDP in the response as well as the value being added has been explored in the previous chapter. But there are some factors that have prevented the effective utilisation of UNDP support and translating various efforts into actions that would impact on the epidemic. This chapter discusses these factors and challenges that inhibited maximal and effective utilisation of the available UNDP support during the period under review.

#### **3.1 Minimal Resources allocated to HIV and AIDS Interventions**

This evaluation reveals that the UNDP resources for HIV and AIDS are minimal. Hence the activities supported are to serve as catalyst which stakeholders at national and state levels are expected to build on to facilitate effective implementation of their strategic plans. But the evaluation team observed that the activities supported by UNDP in most cases are implemented as one-off with low commitment on the side of government or CSOs to build on the catalyst activities of UNDP HIV and AIDS programme. Severally, this has resulted in non-logical conclusion of UNDP support by partners to be translated into effective results & sustenance beyond UNDP interventions. The minimal resources have also prevented the UNDP HIV/AIDS units to carry out essential advocacy activities required to ensure translation of the catalyst activities into action that would enhance the national response and ownership. In addition, the support provided to the implementing states is also minimal compared to their needs, thus, hardly being able to make significant impact as may be required.

#### **3.2 Linkage with other UNDP Programmes**

The weak linkage and non-coherence of the UNDP programmes might have possibly resulted in limited ability of UNDP to influence implementation of plans. The weak connectivity of UNDP support in the country at various levels to catalyse continuity of interventions is a major challenge which has prevented the full utilisation of the comparative and strategic advantage of UNDP. In addition, the ability of UNDP as an agency to mainstream HIV/AIDS into their programmes is a major issue that needs to be improved to reflect their efforts as true advocates of HIV mainstreaming and multi-sectoral response.

#### **3.3. Varied Commitment at different levels and across states**

The extent of commitment in the states visited seems to depend on the extent of the interest of the State Governors in HIV and AIDS response and ability of SACAs to manoeuvre their ways to overcome bureaucracy that could limit their access to resources. Even though UNDP has supported the states to transform their SACAs into agencies, and develop HIV/AIDS State Strategic Plans, there is minimal commitment on

the side of policy and decision makers to allocate resources for the implementation of the plans to actually prevent and mitigate the impact of HIV and AIDS. The low commitment has resulted in weak enabling environment to really translate UNDP efforts into actions, including translation of capacity building into response and sustainable human development. The fact is that there is weak connection between political leadership and the response process in the country.

### ***3.4 Weak Understanding of UNDP Mandate***

UNDP programme serves as catalyst for policy and institutional strengthening especially in sensitive areas that are challenging or off-limits to other partners. The evaluation noted that there is weak understanding of the UNDP mandate regarding upstream vis-à-vis downstream work. Stakeholders at state level are of the opinion that UNDP should support tangible things that people would see such as drugs, etc. The need to make the mandate clearer is essential for stakeholders to help channel their energy towards achieving programme outcome.

### ***3.5 Challenges with timeliness of outputs and quality issue***

This evaluation and previous ones as reported by UNDP staff revealed late delivery of activities. Although, UNDP HIV/AIDS unit and their partners at national level and in the states seem to have completed activities in some areas in the workplans, the quality of the programming remains an issue. Most of the activities were implemented in a rush in the last quarter of the year. The late approval of workplans and delayed funding both in 2009 and 2010 explained this. When funds were eventually released, partners need to rush to ensure usage of funds made available by the UNDP to achieve targets with little premium placed on quality. The late delivery and inconsistency in implementation of activities have effect in creating space for advocacy and continuity of interventions to achieve the desired results.

In addition, the slow implementation of activities on the workplans in some states has contributed in slowing down other states in their implementation process, thereby, limiting progress with UNDP outputs. It has emerged that, in some cases, for whatever reason, the inability of some states to implement their activities as scheduled has led to UNDP asking them to hold on for slower partner states to be at par. For instance, Ondo state had experienced this challenge in 2009 when its workplan implementation was held down to await other states to catch up. This should be reconsidered as states that are committed and quick at implementing their plans should be encouraged, to serve as model for others to emulate.

### ***3.6 Ineffective use of available documents and best practices for advocacy & resource mobilisation***

The evaluation noted that UNDP has supported various interventions such as transformation of SACA into agencies, development of strategic plans, capacity assessment and capacity development, etc. but the products are yet to be utilised for advocacy to seek the commitment of those in authorities - who could make things happen both at national level and in the states. For these to be successful, there is need



for UNDP to engage at a higher level of upstream work. For instance, if a SACA has been transformed into an agency, UNDP should endeavour to provide support and advocate for the functionality of the agency. Effort should not only be limited to transformation into agency, but also ensure that the agency is functional and owned by the stakeholders.

### ***3.7 Lack of succession plan with staff turnover***

In many of the states and local governments, trained personnel whose capacities have been built with the support of the UNDP are frequently redeployed to areas of less relevance to the response process or in some cases they retire, unfortunately, without any credible succession plan. This has negative impact on institutional capacity and integrity as well as the efficiency of the governance process. For example, in Niger state, the entire LACA secretariat officials in Bida LG who had benefitted in UNDP sponsored trainings left the place through retirement and transfers to non focal LGAs at the beginning of 2010. The new officials that replaced them were all new and had not been exposed to any capacity building programme. Thus, to sustain whatever gains recorded in such an LGA, the new set of officers deployed to the LACA office must be exposed to fresh trainings at enormous cost. It is therefore essential for the UNDP to advocate for utilisation of staff for the purpose of which they are trained.

### ***3.8 Lack of consistent monitoring of the management structures & working methods***

Over time, UNDP in conjunction with other partners have supported the building of a large pool of human resource base and institutional capacity in its focal states and LGAs and even at the federal level. However, this has not been effectively translated into efficient and creative utilization of available resources, partly, because of the absence of consistent monitoring of the performance of such structures in service delivery. Also, in one of the LGAs visited, the computer equipment provided by UNDP has not been utilised since it was supplied in 2008. Consistent monitoring of UNDP support would also facilitate usage and resolve bottlenecks as applicable.

### ***3.9 Low visibility of UNDP in some of its supported activities***

Perhaps, because UNDP channels all its assistance through the national and states' coordinating structures, some beneficiaries like the CSOs, severally, cannot link the UNDP with whatever institutional or individual contributions extended to them. This has led to the notion that UNDP is doing little in supporting the civil society especially network bodies such as the NEPHWAN and CISHAN. This calls for the UNDP to ensure that implementing partners reflect, in very strategic terms, the unique contribution of the Agency to whatever activity being extended to the stakeholders. To advocate for ownership of HIV and AIDS response, these networks are vital partners for the UNDP to work with to achieve results.

### **3.10 Lessons Learned**

The major lesson learnt is the power of advocacy in translating supports and efforts into actions as well as the need to engage with the positions of authority in order to achieve results. Despite the fact that UNDP has done much in building both individual and institutional capacities, with success stories coming from breakthrough initiatives, the ability of individuals to work as real change agents especially at policy and decision making level is minimal. The UNDP support and interventions is short of advocacy to target the people in authority so as to make things happen.

Awareness of UNDP mandate in the country is also essential for good understanding of the partners and the need to collaborate with the national network of CSOs for implementation of “Make the money work”, ownership and continuity of interventions, especially in leveraging resources from government at national and state levels for HIV and AIDS response in the country. The current indirect engagement through NACA hinders visibility of UNDP and also paves way for conflict of interest and hinder achievement of desired results.

The evaluation team learnt in the course of the explorative interview with key stakeholders that quite a number of remarkable achievements seem to be made but they have not actually been properly showcased and utilised for advocacy. This act seems to have masked the good works that the UNDP has supported especially in the area of planning, institutional strengthening and capacity building for HIV mainstreaming.

## **Chapter Four: Conclusions and Recommendations**

This chapter draws together the conclusions from this evaluation and puts forward some recommendations. The structure of this section of the report follows the five substantive overarching questions synthesised from the Terms of Reference (see annex 1) and emphasised by the management at the commencement of the evaluation.

### **4.1 Conclusions**

#### **4.1.1 Are the states & the country as a whole owning up and being able to pick responsibility and sustain the response rate?**

This evaluation reveals that the country as a whole is committed to fighting HIV and AIDS but ownership of the response process has been very slow, with low connection between the political leadership and the HIV and AIDS response. Undoubtedly, the UNDP has comparative advantage in various programmes that could promote and aid ownership of the HIV and AIDS response at both national and the state levels, but for that to be concretely realized in the present circumstance, increased and sustained efforts have to be channelled to ensure the continuity of the interventions beyond that of UNDP and those of other donors.

#### **4.1.2 Is UNDP doing so many things and is UNDP doing the right things?**

This evaluation has revealed that UNDP's focus consist of the right interventions that are being implemented with focus on institutional strengthening and governance of HIV and AIDS response process. The various areas of interventions seek to empower and strengthen institutions towards ownership and ensure that implementing partners are able to make the available resources work with efforts sustained in the country. Most importantly, too, the identified areas of interventions by the UNDP remained exclusive to it where other partners are not really involved or fully engaged.

#### **4.1.3 Is UNDP positioned for it to be consequential?**

With regards to HIV and AIDS response in the country, UNDP is strategically positioned to make a difference in ensuring ownership of the response, since it is the only UN agency with a portfolio focusing on governance. The Agency has the comparative advantage to effectively engage in upstream work, HIV and AIDS mainstreaming and promote and aid ownership and sustainability programmes. The fact is that the credibility of UNDP with national and state governments places it in advantage position to attract high level commitment to HIV and AIDS response in the country.

#### **4.1.4 To what extent has UNDP been able to fulfil the mandate?**

The mid-term evaluation reveals that the UNDP has so far supported interventions to enable the agency fulfil its mandate with regards to HIV and AIDS in the country as stated both in the Joint UN Programme on HIV/AIDS and within the 7<sup>th</sup> country programme. The interventions clearly identified HIV governance structure and work such as development of policies and strategic plans, bills to transform SACAs to agencies, institutional development to aid coordination of the response, capacity of individuals to come up with breakthrough initiatives and mainstreaming to ensure true multi-sectoral response. But the challenge lies with the implementation & linkage of programmes, targeting the right people in position of authority that could take action for meaningful translation of the supports.

#### **4.1.5 Is UNDP adding any value?**

The value of UNDP in the HIV and AIDS response process has been emphasised in this report. The fact that it is more focussed and specific in the focal area more than any other actors and the comparative advantage it has in relating with government which other partners may find difficult to do is the value it adds. But this value must be well targeted to turn things around and make a difference in the country to ensure ownership of the response.

Overall, however, despite the challenges and factors affecting the implementation of the response process, it is evident that the UNDP HIV/AIDS Programme is relevant and focus on areas that other partners are not addressing. The focal areas are vital to ensuring ownership & sustainability of the response, if only the right people in the position of authority are well targeted. More efforts must be made to overcome the weak political support to ensure creation of enabling environment that would result in the translation of UNDP support into actions. This has been demonstrated in Ondo State where some level of political commitment exists.

## **4.2 Recommendations**

- 4.2.1 Need for UNDP to refocus on high level Advocacy that would result in the effective functionality and translation of supports to NACA, CCM, SACAs & LACAs into result oriented actions:** High level advocacy is required to facilitate a positive understanding of the critical need for the coordinating and implementing partners to be supported by their governments to translate their abundant capacity, partly built by the UNDP and other donors into action. With the credibility of UNDP, its engagement with high level political leaders can strengthen their commitment and political will to support the coordinating agencies for delivery. For example, constant engagement with governors, chairmen of local governments and other high level national and state officials can promote ownership and sustainability at the national, state and community levels. To this end, UNDP will have to increase its staff resources to engage in more policy and advocacy activities. Advocacy is also required with stakeholders at national and state levels towards reducing the turnover of trained staff. Trained staff should be allowed enough time in their respective organizations to put into practice the knowledge they have acquired on projects.
- 4.2.2 Targeting of networks for advocacy work on country ownership of the response:** Effective relationship with the Networks (NEPHWAN and CISHAN) through increased engagement will strengthen the advocacy focus of the UNDP. It is essential to increase the technical support to the networks and allow them greater participation in the planning and delivery of activities to engender greater sense of involvement, ownership and sustainability. With the strong support of the UNDP, the networks can act as very strong advocacy agents in resource mobilization and efficient delivery by stakeholders.
- 4.2.3 Support and advocate for the implementation of the capacity development plans:** The UNDP need to advocate for, and support the implementation of the

development of capacity development report. It is important for the UNDP through a more coordinated working relationship with other UN agencies like UNAIDS, UNIFEM and others to sustain and increase its technical support for the coordinating agencies to implement their capacity development plans, and additionally, support high level advocacies to mobilize resources from governments, development partners and the private sector at federal, state and local levels for the purpose of implementing the recommendations in the report. As it is, many of the SACAs and LACAs have been unable to secure the required financial and political support from their governments and other external sources in the response process.

- 4.2.4 **Leadership Development Programme to refocus on high level stakeholders (policy & decision makers):** The LDP is a unique UNDP initiative that is widely popular and relevant. UNDP should be more proactive in approach by involving high level political and bureaucratic stakeholders in the LDP trainings. Knowledgeable officials, who are alumni of the LDP, as was demonstrated in Niger and Ondo States, can act as positive change agents who are likely, based on their informed position, to facilitate the implementation of the various workplans and ensure ownership of the process. Equally, there is a need for further advocacy/enrolment exercises in the other universities that are yet to approve the LDP curriculum (especially Universities of Nigeria and Ibadan) to get them to approve the curriculum. More lecturers in LDP should be trained even in the five pilot universities for a successful implementation of the LDP curriculum, and again this requires funding support by UNDP/NACA before it can be self-sustaining. .
- 4.2.5 **Ensure intra and inter-agency programme connectivity to achieve holistic results:** There is a need for a more defined and clearly acknowledged linkage areas in intra and inter agency relationships through joint planning and more coordinated working relationship for each unit to know how and where it can have common understanding in programme implementation. HIV/AIDS needs to be treated as a cross cutting issue and be mainstreamed to other programmes within the agency.
- 4.2.6 **Ensure visibility of UNDP contributions to indirect beneficiaries like the Networks and other CSOs:** UNDP should insist on more strategic visibility in all its interventions so that the implementing partners make it known to the stakeholders and beneficiaries the quantum of resources and technical assistance it is contributing in their capacity development and the general response in their domains. As it is, the financial and technical contributions of UNDP appear to be overshadowed by the implementing or collaborating agencies. It is necessary for UNDP to speak through its resources.
- 4.2.7 **Development of Appropriate Interventions and Indicators with the implementing partners:** Appropriate indicators to monitor performance

towards achievement of expected outcomes should be developed and clearly indicated in the workplan of implementing partners. The indicators should be specific, measurable and attainable. The indicators for stakeholders at National level should be developed to focus on coordination, ownership and resource mobilisation for the response. While indicators for partners in the states should focus on coordination and implementation of the state strategic plans. For example, NACA should be engaged to carry out high level advocacy work and interventions that would ensure functionality of the SACA as agencies at state level and implementation of the State Strategic plans and National Strategic Framework by the line ministries and the various constituencies as required. Lessons should be drawn from the break experienced in the implementation of HIV activities as a result of delay in signing MAP 2. The support to NACA should tend towards working with the government at all levels to allocate certain percentage of recurrent budget for the implementation of workplace programmes and external mainstreaming.

# **Annexes**

## **Annex 1: TERMS OF REFERENCE**

### **MID-TERM/OUTCOME EVALUATION Country Programme Action Plan 2009-2012**

#### **Governance of HIV/AIDS**

**NGA\_OUTCOME37: Federal/State bodies utilize evidence-based approaches to formulate, implement and coordinate gender sensitive policies and plans to prevent/mitigate AIDS.**

#### **1. BACKGROUND AND CONTEXT:**

Nigeria's HIV/AIDS prevalence rates have grown steadily from 1.4% in 1991, 3.8% in 1993, 5.4% in 1999 to 5.8% in 2001. In 2005 Nigeria recorded a decline of 4.4% prevalence rate however this rate rose again to 4.6% in 2008. Age specific prevalence rates are estimated at 58.3% amongst females. The results of sero-prevalence surveys carried out in 2005 and 2008 show that the infection is present in all the states, with evidence of rapid spread in the rural areas. Some states are experiencing prevalence rates as high as 10.6%. The estimated population of people living with HIV/AIDS (PLWHA) in 2008 was 2.72million.

The loss of lives through AIDS deaths is reducing life expectancy at birth and will ultimately alter the demographic pyramid if not quickly checked. As the death toll increases, skills shortage within all sectors especially, those of service delivery, become apparent wearing down the gains of economic growth and human development. Furthermore, the loss of livelihoods and breadwinners through HIV/AIDS has led to loss of personal and family income, impoverishing many families. This together with the increasing health care cost of caring for people living with HIV/AIDS (PLWHA) at all levels has worsened the poverty situation in the country as a whole. HIV/AIDS in Nigerian communities poses a real threat to achievement of the UN Millennium Development Goals (MDG) relating to poverty and hunger (MDG1), education (MDG2), gender equality (MDG3), child mortality (MDG4), maternal health (MDG5) and global development partnerships (MDG8) by 2015.

The increasing spread of HIV/AIDS has forced the government to institute urgent national priority on how to develop a serious multi-sectoral strategy to combat the diseases. The relevant outcome in the country programme is institutional capacity built to plan and implement multi-sectoral strategies at both national and sub-national levels to limit the spread of HIV/AIDS and mitigate its social and economic impact on poor people and women. However, Nigeria's size and diversity and its wide spread poverty make it all the more difficult to implement this strategy effectively and the response is still weak relative to needs. The National Policy on HIV/AIDS was adopted in 2003 and a revised version produced in 2010. A revised version of the national Strategic Framework has also been produced to reflect new the new changes, challenges and opportunities in the AIDS response at International and national level.

#### **UNDP Nigeria Country Office's Responses**

UNDP response in the fight against HIV/AIDS focuses on enhancing capacity of national institutions to implement HIV/AIDS programmes; promoting deeper understanding of the epidemic through focused advocacy and communication strategies. It also involved development planning for HIV/AIDS towards (i) linking States and local communities to national policies and frameworks, mainstreaming HIV/AIDS in state, local and national development plans (ii) enhancing coordination, planning and monitoring and evaluation at state and local level (iii) addressing gender inequalities and other root causes, and (iv) creating cross-sectoral synergies to reduce maternal and child mortalities, and help build global partnerships for development, support transformative leadership and capacity development to enhance breakthrough initiatives and lasting response at state and local level.



## **2. PURPOSE, USE AND USERS OF THE EVALUATION:**

The purpose of the evaluation is to assess progress with implementation of programme components and achievement of the outcomes on HIV/AIDS in-order to draw lessons that will enable the UNDP and its partners (National and States Agencies for the Control of HIV/AIDS, NACA and SACA) to make necessary mid-course adjustments.

## **3. OBJECTIVES OF THE EVALUATION:**

The main objective of the evaluation is to conduct a mid-term/outcome evaluation to assess programme of implementation in the first half of the programme and chart a way forward for the remaining period of the Country Programme Action Plan. The evaluation will specifically address the following key issues:

- Geographic coverage of the programme to ascertain its spread and relevance at the state and federal level;
- Whether, with the little money we have, UNDP and partners in Nigeria were able to leverage funding at the highest strategic upstream levels;
- Whether the institutional arrangements foster national ownership and sustainability? In other words has the project created conditions for sustainability beyond UNDP interventions?
- To what extent has UNDP Response to HIV/AIDS programs build capacities of Nigerian institutions (NACA, SACAs (LACAs), MDAs, and CSOs), especially their ability to develop, plan, implement and evaluate integrated human rights and gender responsive HIV and AIDS policies and programmes and to effectively coordinate HIV and AIDS interventions in support of the national response.
- Review and assess the Programme's partnership with the government bodies, civil society and private sector, international organizations in Programme implementation and comment on its sustainability;
- Review links/joint activities with other UNDP Programmes and UN Agencies and how these have contributed to the achievement of the outcome;
- assess relevance of the tools and mechanisms applied by the HIV/AIDS programs in attaining strategic goals;
- provide recommendations for the enhancement of the programme planning, management and monitoring;
- Identify gaps/weaknesses in the current Programme design and provide recommendations for the refocusing of the current programme.

## **4. SCOPE OF THE EVALUATION:**

The evaluation team will have to review and assess the progress of the HIV/AIDS outcome during 2009-2010 taking into consideration UNDP's contribution to:

- Policy analysis, formulation and implementation;
- Capacity building for sustainable human development;
- Resource mobilization and coordination;
- Planning, monitoring and evaluation practices.

## **5. EVALUATION QUESTIONS:**

The Evaluation should answer the following:

### Outcome analysis

- Are the stated outcome, indicators and targets appropriate for the National and State bodies institutional capacities in Nigeria?
- What is the current status and prospects for achieving the outcome with the indicated inputs and within the indicated timeframe and resources?
- Whether the outcome indicators chosen are relevant and sufficient to measure the outcomes?
- What are the main factors (positive and negative) within and beyond UNDP's interventions that are affecting or that will affect the achievement of the outcome? How have or will these factors limit or facilitate progress towards the outcome?
- Are UNDP's proposed contributions to the achievement of the outcome appropriate, sufficient, effective and sustainable?
- How have the other partners contributed to the achievement of the outcome and how instrumental has UNDP been in rallying this contribution?
- How has UNDP influenced policy, institutions and cultural factors in addressing institutional capacity development?
- Are gender and human rights issues integrated in programme implementation?

#### Output analysis

- What are the key outputs that have been or that will most likely be produced by UNDP to contribute to the outcome?
- What is the quantity, quality and timeliness of outputs? What factors impeded or facilitated the production of such outputs?
- Are the monitoring and evaluation indicators appropriate to link these outputs to the outcome, or is there a need to improve these indicators?
- Has sufficient progress been made with regard to UNDP outputs?
- Assess UNDP's ability to advocate best practices, and influence integration of international standards into national policies and plans.

#### Output-outcome link

- Whether UNDP's outputs or other interventions can be credibly linked to the achievement of the outcome (including the key outputs, projects, and soft assistance);
- What are the key contributions that UNDP has made/is making to the outcome?
- With the current planned interventions in partnership with other actors and stakeholders, will UNDP be able to achieve the outcome within the set timeframe and inputs – or whether additional resources are required and new or changed interventions are needed?
- Assess UNDP's ability to develop national capacity in a sustainable manner (through exposure to best practices in other countries, holistic and participatory approach).
- Has UNDP been able to respond to changing circumstances and requirements in capacity development?
- What is the prospect of the sustainability of UNDP interventions related to the outcome?

#### Resources, partnerships, and management analysis

- Were partners, stakeholders and/or beneficiaries of UNDP assistance involved in the design of UNDP interventions in the outcomes area? If yes, what were the nature and extent of their participation? If not, why not?
- Are UNDP's management structures and working methods appropriate and likely to be effective in achieving this outcome?
- Does the project and institutional arrangements foster ownership and sustainability? In other words has the project created conditions for sustainability beyond UNDP interventions?

## **6. METHODOLOGY**

The evaluators are expected to apply the following approaches for data collection and analysis:

- Desk Review
- Structured interviews with principal partners and stakeholders
- Field Visits to States:
- Where appropriate a Stakeholders workshop

## **7. EXPECTED OUTPUTS AND DELIVERABLES**

The consultant is expected to produce interim and final reports of the evaluation which highlights the findings, recommendations and lessons learnt, and give a rating of performance. This report should follow the Outcome Evaluation Report Template and include all sections recommended therein (see attached template).

## **8. DURATION AND TIMEFRAME**

Duration: 4 Week (including initial desk review of UNDP project documents and related materials, in-country mission, and report finalization)

Timeframe: October 2010

Location: Abuja (other internal travel as required)

## **9 COMPOSITION OF THE EVALUATION TEAM:**

In line with UNDP programme requirements, a team comprised of two-experienced International and National Experts with indepth knowledge on global and national response against HIV/AIDS. UNDP may also consider funding an independent consultant representing the Government on the mission. Donors active in the sector will be welcomed to join the mission by consultants/staff selected by them. The composition of the team should be gender sensitive. The selected consultants are also expected to be independent and should have no prior involvement in any of the programmes.

Responsibilities:

International Expert (Team Leader)

The international consultant should have an advanced university degree and at least 10 years of work experience in global response against HIV/AIDS. Extensive knowledge about results-based management (especially results-oriented monitoring and evaluation) will be an additional advantage. S/he must be fluent in speaking and writing English.

The team leader will perform the following tasks:

- Lead and manage the evaluation mission;
- Design the detailed evaluation scope and methodology (including the methods for data collection and analysis) for the report;
- Decide the division of labor within the evaluation team;
- Draft related parts of the evaluation reports; and
- Finalize the whole evaluation report.

National Consultant - Response against HIV/AIDS

The Consultant for the National response against HIV/AIDS should be an experienced consultant with at least ten years experience and sound knowledge of the global and national response against HIV/AIDS and a strong knowledge and experience in monitoring and evaluation of development

projects/programmes. He/she should have a university degree preferably at PhD. He/she should have demonstrated abilities to work in a multi-disciplinary team of specialists from diverse technical backgrounds.

Fluency in speaking and writing English is essential.

## Annex 2: List of Institutions and Persons Consulted

Name	Organisation	Position
Hassana Dahwa	UNDP	Acting Head, HIV/AIDS Unit
David Owolabi	UNDP	Programme Officer
Safiyat Zakama	UNDP	Programme Analyst
Eugene Igbudu	UNAIDS	Focal Persons UN Workplace Learning Programme
Janthomas Hiemstra	UNDP	Country Director
Modupe Oduwole	UNAIDS	National Coordinator
Klint Nyamuryekunge	WHO	HIV/AIDS Focal
Niyi Ogundiran	WHO	HIV/AIDS Focal Person
Kemi Ndieli	UNIFEM	HIV/AIDS Focal Persons
Dr Nasidi	UNDP	Head of Partnerships, M & E.
Prof Idoko	NACA	Director General
Lazare Joe	UNAIDS	Secretary, Development Partners Group
Dr Bello F. W.	CCM Secretariat	Executive Secretary
Emma Abi Couson	CCM secretariat	Media & Communication
Edward Ogenyi	NEPHWAN	National Coordinator
Doris Emmanuel	NEPHWAN	National Secretary
Dr. John Jinung	CISHAN	National Coordinator
Dr Osu	UNESCO	HIV/AIDS Focal Person
Robert Asogwa	EGPSD, UNDP	Programme Analyst
Folake Oluokun	Governance unit, UNDP	Programme Analyst
Muyiwa Odiele	Environment unit, UNDP	Programme Analyst
Dr Anenih	Research Unit, NACA	Head of Research
Usman Abdullahi	SACA Sokoto	M & E Officer
Abubakar Aliyu	SACA Sokoto	CMO
Aliyu Mohamamed	SACA Sokoto	Communication Officer
Abubakar Mohammed	SACA Sokoto	Procurement Officer
Aliyu Shehu	SACA Sokoto	Accountant
Nasiru Yahaya	SACA Sokoto	Project Manager
Mohammed Usman	Wamako LGA Sokoto	Deputy Director, PHC
Idris Y. Idris	Wamako LGA Sokoto	Focal Officer HIV/AIDS, LACA
Atahiru	Sokoto South LGA	Focal Officer HIV/AIDS, LACA
Dr Adedayo Adegbulu	SACA, Ondo State	Programme Manager
Mr Kolawole Oloye	SACA, Ondo State	UNDP Focal Person & M & E Officer
Mrs M. I Olipede	Akure South LGA	Focal Officer HIV/AIDS, LACA
Baba Nchuku Yahaya	UNDP, Minna	State UNDP Focal Person
Baba Umaru	SACA, Niger State	Director General
Dr Adamu Baba	SACA, Niger State	Programme Manager
Abubakar Usman	Bida LGA	
Charity Inechi	Child to Child Support, Minna	Coordinator
Mohammaed Ibrahim	Bida LGA	M & E, LACA
Nma Habibu		
Mohammed Adamu	Ministry of LG, Minna	Deputy Director
Dona Yakubu	ASHWAN	Deputy Coordinator
Esther James	ASHWAN	National Secretary
Maimuna Mohammed	NACA	Director Partnership & Coordination & UNDP Focal Person.
Dr Pius Osunyikanmi	Intergovernmental Affairs & Multilateral Relations Unit, Ondo State	Coordinator
Mr Adeyemo		Programme Officer
Alhaji Umaru Dongodaji	Sokoto State	UNDP Focal Person

### **Annex 3: Overview of references and documents**

2009 and 2010 NACA Workplans

2009 and 2010 Workplans for UNDP Partner States

Country Coordinating Mechanisms (CCM) Nigeria Draft Strategic Plan 2010 – 2012

Country programme Action Plan between the Federal Republic of Nigeria and the UNDP Nigeria, Dec. 2008

Issues Paper on HIV and AIDS Mainstreaming into SEEDS and LEEDS of Ondo State.

NACA/UNAIDS Modes of HIV Transmission in Nigeria: Analysis of the Distribution of New HIV Infections in Nigeria and Recommendations for Prevention

Niger State Development Action Plan

Nigeria National AIDS Spending Assessment (NASA) 2007 – 2008, March 2010

Report of Capacity Assessment for Niger, Benue and Ondo States

Sokoto State Gazette: A lwa to establish the Sokoto State Agency for the Control of AIDS (SOSACA).

The Nigerian UN Joint Team on AIDs 2009 retreat Report & 2010 UN Plan of Support, Nov. 2009

The United Nations Joint Programme of Support on HIV and AIDS in Nigeria 2009 – 2012.

UNDP Nigeria/KOICA Project Document

UNDP/ KOICA Project Sokoto State Quarterly Report.