

**Final EVALUATION REPORT:**

**Building Capacity for Reform of HIV Related Law and Policy in Jamaica Project**

**Volume I**

**Prepared for: The United Nations Development Programme (UNDP)**

**April 18, 2016**

Table of Contents

[Abbreviations and Acronyms iii](#_Toc455498274)

[Executive Summary iv](#_Toc455498275)

[1 Introduction and Background 1](#_Toc455498276)

[1.1 Introduction 1](#_Toc455498277)

[1.2 Background 1](#_Toc455498278)

[1.2.1 Context 1](#_Toc455498279)

[1.2.2 Human Rights, Laws and Policies in Jamaica 2](#_Toc455498280)

[2 Evaluation Background 3](#_Toc455498281)

[2.1 Evaluation Purpose, Objectives, and Scope 3](#_Toc455498282)

[2.2 Evaluation Methodology 4](#_Toc455498283)

[2.2.1 Methodology 4](#_Toc455498284)

[2.3 Limitations of the Evaluation 5](#_Toc455498285)

[3 Description of Project 5](#_Toc455498286)

[4 Evaluation Findings 6](#_Toc455498287)

[4.1 Findings and Analysis on Relevance 6](#_Toc455498288)

[4.2 Findings and Analysis on Effectiveness 10](#_Toc455498289)

[4.2.1 Achievement of Expected Outputs 11](#_Toc455498290)

[4.2.2 Progress Towards Outcome 25](#_Toc455498291)

[4.2.3 Factors Affecting Project Performance 28](#_Toc455498292)

[4.2.4 Effects of the Project on Direct Beneficiaries 33](#_Toc455498293)

[4.2.5 Gender Responsiveness 33](#_Toc455498294)

[4.3 Findings and Analysis on Efficiency 34](#_Toc455498295)

[4.3.1 Timeliness of Implementation 34](#_Toc455498296)

[4.3.2 Appropriateness of the Budget 34](#_Toc455498297)

[4.3.3 Project Management & DIM 35](#_Toc455498298)

[4.4 Findings and Analysis on Sustainability 37](#_Toc455498299)

[5 Lessons Learned, Recommendations and Conclusion 38](#_Toc455498300)

[5.1 Lessons Learned 38](#_Toc455498301)

[5.2 Recommendations 39](#_Toc455498302)

[5.3 Conclusion 42](#_Toc455498303)

[Annex 1: Terms of Reference 1](#_Toc455498304)

[Annex 2: Evaluation Matrix 9](#_Toc455498305)

[Annex 3: Documents Reviewed 16](#_Toc455498306)

[Annex 4: List of Persons Consulted 18](#_Toc455498307)

[Annex 5: Interview Guide for Project Stakeholders 19](#_Toc455498308)

[Annex 6: Survey Tool 22](#_Toc455498309)

[Annex 7: DIM Guidelines and Checklist 6](#_Toc455498310)

[Annex 8: Timeliness of Progress Reporting 13](#_Toc455498311)

# Abbreviations and Acronyms

AIDS Acquired Immune Deficiency Syndrome

ARV Antiretroviral

BCC Behaviour Change Communication

CBO Community-based organization

CO Country Office

CPAP Country Programme Action Plan

CSO Civil Society organization

DIM Directly Implemented Modality

ERTU-CHART Epidemiological Research and Training Unit -Caribbean HIV and AIDS Regional Training

 Network

FBO Faith-Based Organization

FGD Focus Group Discussions

GOJ Government of Jamaica

HIV Human Immunodeficiency Virus

IMF International Monetary Fund

IGG Income Generating Grants

JASL Jamaica AIDS Support for Life

JN+ Jamaica Network of Seropositive

LAC Latin America and the Caribbean

LEA Legislative environment assessment

MARPs Most at-risk populations

MDG Millennium Development Goals

MLSS Ministry of Labour and Social Security

MSM Men who have sex with men

MoE Ministry of Education

MoF Ministry of Finance

MoH Ministry of Health

NGO Nongovernmental Organization

NHP National HIV/STI Programme

OPC Office of the Parliamentary Counsel

PATH Programme of Advancement Through Health and Education

PIOJ Planning Institute of Jamaica

PLHIV People Living with HIV

PMTCT Prevention of mother to child transmission

PWD People with Disabilities

STI Sexually Transmitted Infections

SOA Sexual Offenses Act

UBRAF Unified Budget Results Action Framework

UNAIDS United Nations Joint Programme on AIDS

UNDAF United Nations Development Assistance Framework

UNDP United Nations Development Programme

PAHO Pan-American Health Organization

PANCAP Pan Caribbean Partnership Against HIV-AIDS

UNESCO United Nations Educational, Scientific and Cultural Organization

UNICEF United Nations Children’s Fund

UNCT United Nations Country Team

VERJ Voices for Equal Rights and Justice

# Executive Summary

The “Building Capacity for Reform of HIV Related Law and Policy in Jamaica” (HIV and the Law Project hereafter) was implemented by the United Nations Development Programme (UNDP) in two phases for 30 months between July 2012 and December 2014.

The primary purpose of this evaluation was to assess both phases of the project in order to determine its contribution towards strengthening national capacity to ensure citizen’s security and human rights.

The project responded to various international and national reports as well as plans which highlighted that stigma and discrimination, failure to protect privacy and confidentiality across service sectors and workplaces, widespread gender role and sexuality stereotypes, inadequate and inappropriate education, persistent poverty and the criminalisation of certain sexual behaviours exacerbate the HIV epidemic in Jamaica. Widespread discrimination is posited to hinder prevention strategies and contributes to the maintenance of an environment where key populations, women and girls remain vulnerable to contracting HIV.

 The Jamaica National HIV/STI Strategic Plan 2012 – 2017 puts it quite succinctly that “an enabling environment is one in which all Jamaicans including persons living with HIV, can be facilitated by policies, programmes and supportive legislation to reduce their risk of infection or re-infection and to access needed treatment and care.”

The Global Commission on HIV also noted that: “*the legal environment can play a powerful role in the well-being of people living with HIV and those vulnerable to HIV. Good laws, fully resourced and rigorously enforced, can widen access to prevention and health care services, improve the quality of treatment, enhance social support for people affected by the epidemic, protect human rights that are vital to survival and save the public money*.”

Following up on various regional consultations around issues affecting legal reform including the Global Commission on HIV and the Law Regional Dialogue in 2011, recommendations were made “to move, expedite and facilitate initiatives for law reform and the use of law to assist those most affected by HIV”. These included:

* There must be continued dialogue between government and civil society on issues of legal reform;
* Law reform must include the removal of prohibitive laws that make reaching vulnerable populations more difficult;
* Legislative reform should include a harmonization of government policies and practices;
* Legal reform has to include education of the population on human rights issues; and
* There is a need to identify legislative champions to take up the case of reform.

**Summary of Findings**

The evaluation has produced a number of findings which are presented explicitly in chapter 4. They are presented here summarily under the following OECD evaluation criteria of relevance, effectiveness, efficiency and sustainability.

**Relevance**

The evaluation found that the project was highly relevant to the local context and the countries development challenges. There was, however, significant shortcomings in relation to the project design which was found to be internally incoherent.

Among the key findings of the evaluation as it relates to relevance are the following:

1. The project was highly relevant in addressing the needs and widely shared concerns of policy makers, state/non-state actors about stigma and discrimination, access to prevention, treatment and care services and access to justice and human rights for persons living with and affected by HIV-AIDS.
2. The project was well aligned to the national development priorities and expected results.
3. The project is relevant to specified UN stakeholders and responds to their main objectives, mandates and priorities.

**Effectiveness**

Project outputs were only partially achieved. The extent to which the project has effected any sustained legal reform is too early to determine. Nonetheless, the project has successfully created a springboard from which advocacy for policy and legislative changes can be increased. Key outputs such as the ground-breaking LEA created an opportunity for resource mobilization by CSOs and is a key reference document for important national policy and strategic documents.

The following are the main findings for effectiveness:

1. Two high quality knowledge products that are useful as a common platform for advocacy for the reform of laws that hinder effective access to prevention and treatment services as well as for resource mobilization were developed as part of Phase I of the project.
2. Whilst the HIV/AIDS Legal Assessment for Jamaica: Plan of Action document attempted to prioritise key actions by lead actors, it was not costed as planned.
3. The project facilitated some dialogue with Parliamentarians around HIV and Human Rights issues, but only minimally.
4. The project has helped to raise awareness and has contributed to standardizing practice within the courts especially as it relates children, people living with disabilities, PLHIV, and other vulnerable populations.
5. The UNDP’s role in the project was considered to be important and reflects its area of comparative advantage as an honest broker.
6. The three-month extended time frame for achieving the outputs under Phase I was over-ambitious and did not yield any significant change beyond the previous period.
7. The project failed to produce an advocacy or communication strategy that would guide activism towards specific legislative reform identified by the legal assessment.
8. The project resulted in increased knowledge and understanding of social protection mechanisms among social workers and adherence counsellors.
9. The project contributed to influencing the strategic direction of the EEHR Unit of the NFPB and the content of the new HIV policy and the National Integrated Strategic Plan.
10. The project created opportunities for dialogue among CSOs around legal reform and HIV, but only one resulted in any institutionalized space for dialogue.
11. The Legal Environment Assessment (LEA) significantly influenced Jamaica’s proposal to the Global Fund and indirectly to resource allocations to support policy and human rights actions with key populations.
12. The omission of the strong and vocal religious lobby as key beneficiaries and stakeholders in the project negatively affected the project in the public sphere.

**Efficiency**

Efficiency was assessed in terms of the timeliness and appropriateness of the budget, and the quality of management arrangements of the project with specific focus on the Direct Implementation Modality utilized.

The following are the main findings with respect to efficiency:

1. The project was not implemented within the specified timeframe and was characterised by delays.
2. The data showed that the project budget was 96% expended although several activities were not completed and others were either partially or minimally completed.
3. A thorough assessment was not done by RBLAC using the guidelines and checklists to determine the UNDP CO’s capacity to effectively implement the DIM modality.
4. Although the DIM modality was suitable given the nature of the intervention, project governance and management arrangements did not allow its advantages to be maximised.

**Sustainability**

With respect to sustaining the results of the project, the main concerns include:

* The project design did not adequately address the issues of sustainability and ownership by the Government.
* The issue of scalability and institutionalization were not factored into the project; there was no mutually agreed sustainability plan with specified roles and responsibilities and exit strategies
* The limited number of parliamentarians that were reached by the project
* The role of the church in addressing human rights and HIV issues
* Limited uptake and ownership of main results by key stakeholders

**Lessons Learned**

Lessons learned from the implementation of the project include:

1. The LEA has provided the evidence needed for increased and quality actions to further the human rights of PLHIV and other key populations. It is also evidence for scaling up activities to improve access to discrimination free treatment and prevention services;
2. The process of law reform takes a very long time, strategic planning and a significant amount of time and resources. The project was a very good initiative but needed more time, planning and resources for transformational changes to take place;
3. Strong leadership and effective project management/administration are important for the success of any project;
4. Length of time for project implementation was too short: A project of this nature which aimed at legal reform and changing attitudes and practices within less than three years was overly ambitious given its original one-year timeline. Even when granted three months and a further 9 months for Phase II, the time allotted proved insufficient to cement the project’s real achievements;
5. The involvement of the Planning Institute of Jamaica at all stages of the project cycle is critical for government ownership and sustainability of benefits;
6. Success of a project such as this is dependent on a number of technical factors related to the planning, design and implementation of the intervention. Success or failure may also depend on factors such as political and institutional commitment to effect changes in mind-set (philosophy) and practices to allow for the vulnerable to access their rights;
7. Effective Project management is important for the success of any project;
8. Effective and timely communication of results is critical to sustain interest and continued support/ownership.

**Recommendations**

The following recommendations are for UNDP and the UNCT to consider as it designs future programming on HIV and legal reforms.

1. **Recommendation 1:** Extend project timeline to reflect the nature of the project and the requirements for engaging high level stakeholders
2. **Recommendation 2:** Strengthen project oversight, management, administration, monitoring and reporting inclusive of a project steering committee to provide guidance and direction towards greater effectiveness and efficiency
3. **Recommendation 3:** Provide support for a broad-based education and sensitisation campaign around key priorities from the LEA and other knowledge products resulting from the project. The UNDP CO needs to adequately transfer the project outputs and the knowledge that was created by developing and implementing a dissemination plan for the LEA. In addition, it should establish a mechanism for ongoing update of project achievement. Ownership of the outputs and results especially by government is important.
4. **Recommendation 4:** Support the capacity strengthening of CSOs in policy monitoring and advocacy around human rights, legislative reform and HIV. In particular, provide ongoing support for Voices for Equal Rights and Justice (VERJ) to strengthen its capabilities in policy advocacy and monitoring and towards increasing the capacity of CSOs in legal literacy, that is on rights and how to access them
5. **Recommendation 5:** The UNDP should identify opportunities to improve the relationship between government and CSOs.
6. **Recommendation 6:** Engaging human right champions in the public, private and third sectors.
7. **Recommendation 7:** Review and strengthen the Plan of Action to make it more results based and easy to monitor. There is need to prioritize recommended actions from the Action Plan, assign responsibilities to different actors; cost the prioritised actions and develop a monitoring and evaluation framework to track progress.
8. **Recommendation 8:** Develop a 3-5 years’ program concerned with advancing human rights literacy among vulnerable populations and promoting increased access to justice through legal reform based on 1) a comprehensive review of the actions in the evaluated project that were successfully completed and those that were not, and 2) recommendations emanating from stakeholders engaged during the project.
9. **Recommendation 9:** Target fundamental faith-based organisations from the outset. Due to the power of religious leaders in Jamaica and their significant influence on people, faith-based groups should have been targeted at the same level as parliamentarians and the Judiciary.
10. **Recommendation 10:** Undertake a national assessment of religious beliefs and practices that might support or impede HIV-related legal reform.
11. Ensure a broader representation of stakeholders.

# Introduction and Background

## Introduction

This is the Evaluation Report for the *“Building Capacity for Reform of HIV Related Law and Policy in Jamaica”* project which was implemented in two phases over two and half years between July 2012 and December 2014. UNDP Jamaica, supported by UNAIDS, and in collaboration with UNFPA, UNESCO, PAHO UNICEF and Ministry of Health implemented the project at a total cost of US$175,000[[1]](#footnote-1).

This document, is organized as follows:

Section 1 – Introduction and Background

Section 2 – Description of Project

Section 3 – Evaluation Methodology

Section 4 – Evaluation Findings

Section 5 – Conclusions

Section 6 – Lessons Learned

Section 7 – Recommendations

Annexes 1-8

Annexes include Terms of Reference (TOR), Evaluation Matrix, List of Persons/Organisations consulted, List of Documents Consulted and Data Collection Tools.

## Background

### Context

HIV and AIDS continue to be a major development and public health issue in Jamaica. The number of HIV and AIDS cases increased steadily from the first documented case in 1982 to 29,364 reported cases of people living with HIV (PLHIV) in 2015[[2]](#footnote-2). The estimated HIV prevalence based on 2014 data indicates a rate of 1.8% of the adult population.

Higher HIV prevalence is recorded among key populations such as men who have sex with men (MSM) at 31.4%, female sex workers (FSW) at 2.9%, homeless/drug users at 4% and 3% among inmates.

An amalgamation of issues contributes to the high prevalence among key populations. Among MSM, who have the highest prevalence rate, it includes the criminalization of same-sex male intercourse which makes the promotion and facilitation of safer sexual practices among MSM an act which goes against the law. Further, gender norms relating to sexuality and masculinity tend to make MSM reluctant to get tested due to stigma and discrimination, which is often caused by attitudes against homosexuality and/or bisexuality. Many MSM become homeless due to, inter alia, family, social and community rejection; and victimization through violence, threats and abuse. This situation leads to high risk survival sex, sex work and situational sex.

The Knowledge Attitude Practice and Behaviour Survey (KAPB) 2012 indicated that 66.2% of Jamaicans 15-49 years of age expressed negative attitudes towards people with HIV and AIDS. Similarly accepting attitudes towards persons engaged in same sex relationships tended to be low. Data from a survey commissioned by the Jamaica Forum for Lesbians All Sexuals and Gays (JFLAG) highlighted that most respondents (88% males/84% females) felt that homosexuality was immoral.

Most persons (76%) also disagreed with amending both the ‘buggery law’ and the Charter of Fundamental Rights and Freedoms to protect the rights of LGBT persons.[[3]](#footnote-3)

It is widely recognised that the protection of human rights, both of those vulnerable to HIV infection and those already infected, is fundamental to halting and reversing the HIV epidemic. Particularly, it is posited that:

* Supportive policy and legal frameworks are essential to an effective HIV response
* National responses to HIV will not produce the intended results without the full engagement and participation of those affected by HIV, particularly people living with HIV;
* The human rights of key populations (sex workers, people who use drugs, men who have sex with men, prisoners) must be fulfilled for the response to HIV to be effective;
* The human rights of women, youth, and children must be protected if they are to withstand the impact of HIV

### Human Rights, Laws and Policies in Jamaica

The National Strategic Plan on HIV 2012 – 2017 in its ‘Lessons Learnt’ section noted that “Laws and policies that counter stigma and discrimination against people living with HIV and vulnerable populations reduce the negative impact of the disease and enhance prevention, health-promotion, treatment and care efforts.”

It further notes that “an enabling environment is one in which all Jamaicans including persons living with HIV, can be facilitated by policies, programmes and supportive legislation to reduce their risk of infection or re-infection and to access needed treatment and care.”

Currently, (and also in 2012) there are no HIV-specific protective laws in Jamaica or laws that specifically address the human rights aspects of HIV. There are no laws that specifically:

* Protect people living with HIV from discrimination in employment, health care, education or other areas of life;
* Protect people living with HIV from breach of confidentiality or non-consensual HIV testing;
* Define the rights of people living with HIV to treatment and care including antiretroviral therapy (ART) and treatments for opportunistic infections (OIs); or
* Define the rights of people living with HIV and key populations to prevention including condoms, lubricants or HIV-related information and education.[[4]](#footnote-4)

The National HIV/STI Strategic Plan 2012 – 2017 highlighted a number of challenges to the creation of an enabling environment. These included assertions that policy makers were reluctant to take steps to promote an enabling environment that would reduce the vulnerability of those most at risk and better facilitate the provision of services and practice of safer sex due to political and or religious reasons. Others were stigma and discrimination and slow progress with social policy and legislation.

Following up on various regional consultations around issues affecting legal reform including the Global Commission on HIV and the Law Regional Dialogue in 2011, recommendations were made “to move, expedite and facilitate initiatives for law reform and the use of law to assist those most affected by HIV” in the Caribbean. These included:

1. There must be continued dialogue between government and civil society on issues of legal reform;
2. Law reform must include the removal of prohibitive laws that make reaching vulnerable populations more difficult;
3. Legislative reform should include a harmonization of government policies and practices;
4. Legal reform has to include education of the population on human rights issues; and
5. There is a need to identify legislative champions to take up the case of reform;

The need for reform of legislation relating to PLHIV has been recognized in Jamaica for more than a decade and was the impetus for the development and implementation of the “HIV and the Law” Project. The United Nations commitment to the protection and promotion of human rights as central to development assistance led to the conceptualization of this project. The project sought to contribute to changing the legal environment to ensure that it is truly inclusive and supportive in providing for the care, treatment and prevention needs of persons most at risk of contracting HIV.

Specifically, the project sought to address the issue of legal reform by addressing:

* **Punitive Laws** that criminalizes people living with HIV including Public Health Act in which HIV is classified as a communicable disease, Quarantine Act, Leprosy Act, Venereal Diseases Act, National Insurance and Mortgage Act (within this Act there is a section which speaks to the ability of HIV positive persons to access their full insurance benefits), the Offenses Against the Persons Act (which criminalises sexual intercourse between adults of the same sex) and the Corrections Act (which has no provisions for the education of prisoners about HIV, or regarding interaction between and among prisoners who are HIV positive).
* **Criminal Law** that prohibit sexual acts between consenting adults in private, but no legislation protecting the occupational health safety of sex workers and their clients. In terms of drug users, there is no legislation to support reduced risk in transmission, and a lack of regulation that protects criminal offenders in correctional facilities from sexual violence and coercion.
* **Anti-discrimination Legislation Gaps**: There is need for wide scale laws and policies to cover health care, social security, social benefits, employment, education, sports, housing, clubs, trade unions, access to transport and other services for persons living with HIV or AIDS.
* **Structural Weaknesses**: These include the limited state supported legal aid systems for HIV related discrimination as well as social protection for persons living with HIV.

# Evaluation Background

## Evaluation Purpose, Objectives, and Scope

The key purpose of the evaluation was to address both phases of the project “*Building Capacity for Reform of HIV-related Law and Policy in Jamaica”* (hereafter HIV and the Law Project) to determine its contribution towards strengthening national capacity to ensure citizen’s security and human rights [[5]](#footnote-5). The evaluation also sought to determine:

* The extent to which the project has improved policy, technical frameworks and technical capacity of state human rights institutions;
* The extent to which the project has progressed towards its intended impact;
* The quality of implementation and management arrangements of the project and make recommendations/suggestions for future implementation of Directly Implemented Projects (DIM) based on lessons learned and/or best practices.

According to the TOR, the objectives of the evaluation were to:

* Identify outputs produced by the project;
* Elaborate on how outputs have or have not contributed to outcome;
* Identify results and transformational changes, if any, that have been produced by the project;
* Give recommendations regarding changes to be made, if any, in sustaining the Project.

Specifically, the evaluation was to assess:

* *Relevance*: The degree to which the project takes into account the local context and development problems
* *Effectiveness*: The extent to which the Project's objectives have been achieved, compared to the overall project purpose
* *Efficiency*: The evaluation will assess the extent to which results have been delivered with the least costly resources possible.
* *Impact:* The evaluation will assess any evidence and early indication of the intended impact of the project
* *Sustainability:* The project’s capacity to produce and to reproduce benefits over time.

## Evaluation Methodology

The evaluation was conducted between December 2015 and March 2016. The evaluation was based on the Terms of Reference (see Volume II, Annex I) and guided by an evaluation matrix that outlined the key evaluation questions, sub-questions, indicators, methods of data collection, and sources of data (see Annex II). Primary questions were disaggregated or refined into sub-questions that guided the data collection process.

The evaluation fully adhered to the United Nations Evaluation Group (UNEG) guidelines stating that: “...evaluations should be carried out in a participatory and ethical manner[[6]](#footnote-6)...” The process was iterative and participatory, requiring the engagement of stakeholders throughout. Other key guiding principles included drawing on international best practices used in conducting similar evaluations and assessing complementarities of other projects implemented in the sector.

### Methodology

To fully address the objectives of the consultancy, a mixed methods approach was used and both primary and secondary data were collected. Data collection methods included document review, interviews and online survey, as described below. Data analysis involved triangulation between different data sources.

**Data Collection**

***Document Review:*** As part of this phase, a comprehensive document review of project files, project progress reports, baseline studies, project outputs, and relevant documentation available from, and identified by the UNDP in the TOR was undertaken. The consultant also reviewed other relevant documents identified in the course of the evaluation, including those highlighted by key stakeholders. Document review and analysis provided the consultants with background information, baseline information, performance measurement and reporting, documented outputs and outcomes, lessons learned and management of risk, which supported or challenged the findings from the field work phase. See Annex 5 for list of document that were received from the UNDP and were reviewed.

***Interviews:*** Utilizing the data collection instruments prepared, information was collected from 26 key stakeholders who were interviewed. The aim of the interviews was to gather feedback on the effectiveness of the project model and its sustainability, lessons learned and recommendations for future programming and to document stories of most significant changes resulting from the project. See Volume II Annex List of Stakeholders Consulted.

***E-Survey:*** A survey instrument comprising both open-ended and close ended questions was administered to a convenient sample of 42 individuals whose names were found in the documents reviewed. Persons were selected on the basis that they participated in one or more project activities and an email address could be found for them. Over an extended three weeks’ period with reminders, only 6 persons or 14% responded.

**Data Analysis and Reporting**

Data analysis involved triangulation between different data sources. Similar questions were asked of different stakeholders and the responses were assessed against information gleaned from the documents reviewed. This allowed for the assessment of performance against the overarching evaluation criteria. Qualitative responses were reviewed and compared to answer the overarching evaluation questions. Content and narrative analysis, in addition to comparative analysis were the main forms of analysis. Content analysis provided the framework for classifying qualitative information, particularly from document review and interviews, into relevant issues and themes. Comparative analysis made it possible to highlight best practices and/or lessons learned in relation to the different methods and program approaches. The results of the analyses were synthesized in the development of evaluation findings.

## Limitations of the Evaluation

The evaluation met with the following challenges including: -

* Timing for the evaluation was not optimal for the following reasons:
* The conduct of this final evaluation is one year after project completion. As such, the recall (memory) of the project stakeholders was not as sharp as it could have been had the evaluation taken place earlier. In some instances, persons who had participated in the design and initial implementation of the project were no longer available.
* Christmas season: slowdown of activities in mid-December as the country prepares for the Christmas holiday.
* Campaigning for the General Elections was at a peak and Parliamentarians who were important project stakeholders, indicated that they should be consulted after the event. After the elections, the Parliamentarians were still not available. Absence of these voices has resulted in a major gap in the evaluation.
* Receipt of project documents from the UNDP was *ad hoc* and not always timely.
* Limited availability of adequate data to assess specific evaluation questions.
* Unavailability of UNDP Panama to provide perspectives on specific evaluation questions related to project administration and management.

# Description of Project

The HIV and the Law project was implemented over two and half years between July 2012 and December 2014 in two phases. The first phase of the project began implementation in July 2012 with an intended end date of December 31, 2013. However, the phase ended March 31, 2014 to facilitate the completion of activities related to sensitization of the Parliamentarian and to widen the scope to cover members of the judiciary. Phase II was implemented over a nine-month period from April to December 2014.

Phase I focused on gathering evidence for advocacy in support of legal change, whilst building awareness of the laws and policies that hinder effective access to prevention and treatment services. The evidence provided in the legal assessment and the assessment of legal aid services for PLHIV’s indicated the need for increased efforts at leveraging broader UNDP work on national human rights institutions. Similarly, broader development issues related to gender equality, access to justice, and inclusion of marginalized populations dealt with by existing UNDP programmes would be important for the creation of more effective national human rights framework.

In Phase II of the project, UNDP worked with the National HIV Programme to support legal reform initiatives by providing support to advocacy on legislative and policy changes. Continuing the sensitization of the Judiciary was also a priority action area with the development of a course on HIV Human Rights and the law in partnership with the Norman Manley Law School.

The following were the main project outputs to be achieved according to the Results and Resources Framework in the various project documents.

**Phase 1**

* Output 1: Plan of Action for amendment of HIV-related legislation and policy development
* Output 2: Jamaican Parliamentarians sensitised to the direct and indirect effects of outdated, inconsistent, and discriminatory HIV-related laws on the incidence of HIV and AIDS in Jamaica
* Output 3: Access to legal services for groups vulnerable to HIV related human rights abuses
* Output 4: Jamaican Judiciary sensitised to the impact of outdated and discriminatory laws on HIV and other key issues raised within the scope of work of the Global Commission on HIV and the Law
* Output 5: Management of HIV and the Law project, including fulfilment of all DIM project reporting requirements.

**Phase 1 Extension**

* Output 1: Sensitization of Parliamentarians and members of the Judiciary to the direct and indirect effects of outdated, inconsistent, and discriminatory HIV-related laws on the incidence of HIV and AIDS in Jamaica
* Output 2: Development of UNDP HIV Programme incorporating priorities from the Draft Plan of Action

**Phase 2**

* Output 1: Sensitization of Parliamentarians and members of the judiciary to the direct and indirect effects of outdated, inconsistent, and discriminatory HIV-related laws on the incidence of HIV and AIDS in Jamaica
* Output 2: Advocacy support for HIV related legal reform
* Output 3: Plan developed to support increased access to Social Protection by PLHIV's

**Project Implementation and Management**

Implementation of the project was undertaken by the United Nations Development Programme (UNDP), using the Direct Implementation (DIM) Modality. DIM is the modality whereby UNDP takes on the role of Implementing Partner. In utilizing this modality, UNDP has the technical and administrative capacity to assume the responsibility for mobilizing and applying effectively the required inputs in order to achieve the expected outputs. The agency assumes overall management responsibility and accountability for project implementation.

The Project also benefitted from technical support from other members (UNAIDS, UNFPA, UNESCO, PAHO, UNICEF) of the United Nations Country Team (UNCT) in Jamaica. Given the sensitivity and complexity of the issues, it was crucial that dialogue and action on HIV-related law reform be supported by multiple UN agencies, demonstrating a united front on such a critical issue.

**Project Stakeholders**

Building partnership was a critical component of this project and the project’s design, implementation and management were a shared responsibility across many stakeholders. In addition to the UNCT highlighted earlier; representatives from government agencies in particular the National HIV/STI Programme (main project partner) and civil society organizations (CSO) were the main project stakeholders.

# Evaluation Findings

The findings discussed in this chapter are based on a synthesis of data from document reviews, face-to-face interviews, telephone conversations, Skype interviews with key informants and responses from the e-survey. Sections 4.1 to 4.4 below present findings on the performance of the project, in line with standard evaluation criteria: relevance, effectiveness, efficiency, and sustainability. Findings on the factors affecting performance are addressed in Section 4.5 and include an assessment of programme design, programme management, and the approach to the implementation of the project.

## Findings and Analysis on Relevance

Relevance is defined as “the extent to which the objectives of a development intervention are consistent with beneficiaries’ requirements, country needs, global priorities, and partners’ and donors’ policies[[7]](#footnote-7).

This section presents some key findings and analysis of the relevance of the project in relation to the country context and stakeholder needs and priorities.

**Finding 1:** **The project was highly relevant in addressing the needs and widely shared concerns of policy makers, state/non-state actors about stigma and discrimination, access to prevention, treatment and care services and access to justice and human rights for persons living with and affected by HIV-AIDS.**

Stigma, discrimination and other human rights violations against people living with HIV (PLHIV) work to limit their access to HIV and related services. In Jamaica, PLHIV continue to face stigma and discrimination and has been associated with low social, mental and psychological well-being of many affected persons. The People Living with HIV Stigma Index Jamaica Report indicates that stigma and discrimination remain major obstacles to increasing levels of testing and treatment as well as improving the quality of life for PLHIV. The report showed that 54% of study participants reported being gossiped about, 30% had experienced verbal harassment, 12% had suffered physical harassment and 8% experienced physical assault. Although data is unavailable in Jamaica, research shows that globally, PLHIV experience unemployment rates that are three times higher than national unemployment rates - 37.7% among people living with HIV compared to average national unemployment rates of 11.7%. The main reasons reported for unemployment include stigma, discrimination, restrictive policies and practices and ill health[[8]](#footnote-8).

Health-care providers in Jamaica have also been cited as the source of stigma affecting people living with HIV especially at treatment sites. This includes breaches in confidentiality, provision of below par treatment due to HIV status and denying care to PLHIV and persons identified as key population.

Legal provisions related to sexual behaviour, gender, age and orientation limit access to HIV services. The criminalization of sex work and same-sex relationships among consenting adults hinders reaching persons at higher risk of HIV infection in many countries including Jamaica. Globally, same-sex practices are criminalized in 78 countries; sex work is illegal and criminalized in 116 countries and 61 countries have legislation that specifically allows for criminalization. Prosecutions for HIV nondisclosure, exposure and transmission were also identified in 49 countries.[[9]](#footnote-9) The lack of recognition by political, law enforcement and religious leaders about the relationships between criminalization, discrimination, and HIV vulnerability is a major challenge globally and hinders HIV-related legal and policy reforms.

Data from the various country reports to UNGASS highlighted that populations such as women, children, MSM and sex workers are disproportionately vulnerable to the impact of HIV. The national responses to HIV are not necessarily targeted at addressing the particular needs of women or children affected by HIV and AIDS. Social stigma and the illegality of same-sex, sex acts also create barriers to adequately addressing the epidemic among MSM.

Other major human rights issues facing PLHIV in Jamaica included the lack of legal services specifically targeting the population. Since many PLHIV do not have the resources to mount legal actions against institutions or individuals who discriminate against them, it means such breaches never get resolved. Another involves treatment and care of children under the age of consent. Many health professionals are reluctant to provide treatment to minors due to fear of prosecution for “aiding and abetting” a criminal act - sex with minor - prohibited by the Sexual Offences Act.

The background note to “HIV and the Law” project succinctly corroborated the foregoing assessments:

*“Examples of the direct negative impact of laws and law enforcement practices on HIV prevention include the influence of anti-buggery laws (Section 76 of the Sexual Offences Act) in preventing MSM from seeking HIV services or revealing their sexual contact to service providers, and the legal disparity in the age of consent for sex vis-à-vis the age of consent for autonomous access to medical services, including HIV testing and contraception. The indirect impact includes the influence of the legal environment on prevention programme spending and discriminatory attitudes and practices, by the police, health workers, other agents of the state and the general public. The weak response of the formal legal system, the courts and the police to gender based violence, also reinforces an environment of impunity and even acceptance of such behaviour. Even though the Charter of Rights was amended in 2011, the Constitution provides no specific protection against discrimination because of health status. In addition, there are no specific statutes or regulations protecting people living with HIV from discrimination. Also, while women are recognized in the National Strategic Plan on HIV-AIDS as a priority group, the enforcement of measures to address violence against women is limited.”*

The stakeholders interviewed during this evaluation confirmed that their work with people living with HIV and key populations has been hampered significantly by legislative and policy barriers as well as limited access to social protection programmes as indicated in the background note.

Jamaica’s 2012-2017 National HIV Strategic Plan also indicated the need to address barriers in the enabling environment including, “advocating for social policy change and legislation… and raising awareness and changing attitudes towards stigma and discrimination against persons living with HIV and most at risk populations.”

The project is therefore highly relevant in that it addresses the need for an enabling legal, social and policy environment conducive to the elimination of stigma and discrimination, the promotion of equitable access to prevention, treatment and care services, access to justice for vulnerable groups whilst focusing attention on the human rights and legislative gaps impacting the HIV and AIDS response in Jamaica. At a broader level, the project is relevant in raising awareness around the country’s progress (or lack of compliance) with respect to international and regional human rights agreements/treaties particularly those related to public health and HIV.

**Finding 2: The project was well aligned to the national development priorities and expected results.**

Within the context of the Jamaica National HIV Strategic Plan 2012 -2017, the project was of relevance and supported priority area Enabling Environment and Human Rights. The project was specifically consistent with the following three strategic outcomes under this priority area:

* Strategic outcome 1: Increased advocacy for legislative, policy and systems changes
* Strategic Outcome 2: Reduced Stigma and Discrimination within the Health Sector
* Strategic Outcome 3: Improved accountability to Human Rights Standard in relation to HIV

It is expected that execution of the NSP over the next five years will play an important role in the achievement of Vision 2030 Jamaica – National Development Plan. National Outcome 6 states that the “Plan recognizes the following as fundamental to the development of our society: strong and accountable institutions; political commitment to effective management of the State; transparency in government; a justice system that is accessible and accountable; equity in all spheres of society; and tolerance and respect for human rights and freedoms.” Vision 2030 Jamaica further gives a commitment to the justice sector and constitutional reform as well as creating an environment for a vibrant civil society that will balance the power of Government “and hold it accountable for delivering better services and improving the well-being of all.”

**Finding 3: The project is relevant to specified UN stakeholders and responds to their main objectives, mandates and priorities.**

**UNDP’s Country Programme Action Plan:** The HIV and the Law project was coherent with the main objectives, mandates and priorities of the UNDP’s Country Programme Action Plan Jamaica 2012 – 2016. The main aim of the CPAP is to promote the coordination, efficiency and effectiveness of development assistance and outlined the following as the main focus:

1. Poverty Reduction and Achievement of MDGs
2. Democratic Governance
3. Environmental Sustainability and Energy Security

Crosscutting issues include gender, capacity development and human rights based approach.

The project falls into the Democratic Governance pillar, Subsection A. National capacity strengthened to ensure citizens’ security and human rights. The CPAP notes that it will “support capacity development of key national human rights institutions, and support the establishment of a national oversight mechanism. The mechanism will contribute to facilitation of gender equality and monitoring of Jamaica’s CEDAW implementation.” Further, the HIV and Law project

demonstrates the UNDP’s commitment to protecting the human rights of the most vulnerable and was specifically aligned to Output 3.1: Improved policy, technical frameworks and technical capacity of state human rights institutions which focused on ‘strengthening national capacity to protect human rights; increased national & local institutions capacity for citizen security community safety & equitable services; effective & accessible justice system focusing on rights of the vulnerable.’

The final project report highlighted that the project has ensured that the foundations were laid for the improvement of policy, technical frameworks and technical capacity of the state to address human rights issues specific to PLHIV as well as the strengthening of state institutions to deal with these issues.

**UN Development Assistance Framework (UNDAF):** The UN in Jamaica is committed to a rights-based response to HIV and AIDS and through the UN Development Assistance Framework (UNDAF), it has stipulated human rights as central to its assistance to the country. The project under evaluation responds to the UNDAF 2012 - 2016 Pillar 3 “ensuring human rights for all, particularly for children, poor women and men, including people living with HIV and AIDS”. UNDAF Outcome 3 states: ‘Government and civil society organizations improve access to comprehensive protection, prevention, and justice systems and services for individuals and groups vulnerable to multiple safety and violence risks.’ Under this outcome the UN notes that “promoting and protecting the rights of children and women, ensuring national and personal security and safety, ensuring equal access to timely justice for all and reducing injustices and discrimination will forge a strong, peaceful, unified and respectful society in which participation and partnership thrives.”

**UN Political Declaration on HIV and AIDS 2011:** The 2011 Political Declaration has many areas directly relevant to the project being evaluated. The following is directly relevant to the goals and objectives of the project.

**Para 76**: “Advancing human rights to reduce stigma, discrimination and violence related to HIV. Commit to intensify national efforts to create enabling legal, social and policy frameworks in each national context in order to eliminate stigma, discrimination and violence related to HIV and promote access to HIV prevention, treatment, care and support and non-discriminatory access to education, health care, employment and social services, provide legal protections for people affected by HIV, including inheritance rights and respect for privacy and confidentiality, and promote and protect all human rights and fundamental freedoms, with particular attention to all people vulnerable to and affected by HIV”.

**Finding 4: In terms of design, the project did not encompass the right elements in terms of clearly defined outputs/activities and indicators linked to outcomes.**

There were some key gaps in the design of the project that became evident in the review of the documents and with stakeholders who were integrally involved in the process. The project did not propose an explicit theory of change and this was evident in the haphazard nature of the outputs and the activities associated with them. Coherence between activities, outputs and outcomes was generally lacking. Thus, the intended links between capacity development and progress towards policy change was not clearly articulated or monitored.

A major issue detected with respect to the project design were the moving outputs with no clear picture of how they related with each other, why they were added or how they would contribute to the expected result. There was little coherence between the outputs in the project narrative and the Result Framework developed for the project. From a monitoring and evaluation perspective, it was very difficult to follow what the project sought to achieve and how. Outputs were moving targets and added without a clear picture of how they related.

The Results Framework for **Phase 1** did not include *Output 2*: Development of a costed Plan of Action for amendment of HIV-related legislation and policy and *Output 3*: Jamaican Parliamentarians sensitised to the direct and indirect effects of outdated, inconsistent and discriminatory HIV-related laws on the incidence of HIV and AIDS in Jamaica is listed as Output 2. Output 3 in the Framework was “Access to legal services by groups vulnerable to HIV related Human rights abuses” and Output 4 was: Jamaican Judiciary sensitised to the impact of outdated and discriminatory laws on HIV and other key issues raised within the scope of work of the Global Commission on HIV and the law.

In **Phase II**, the Results Framework Output 1 remained the same as indicated in the project document. Output 2 as indicated in the project document is not reflected in the Results Framework and a new *Output 2*: Development of UNDP HIV Programme incorporating priorities from the Draft Plan of Action was added.

The Results Framework does not capture Output 2 in the **Phase I** extension, neither does it include Outputs 2 and 3 in Phase II.

Interestingly, the quarterly and annual reports for **Phase 1** followed the Results Framework, but the end of phase narrative report reported on the original outputs in the Project document.

From an evaluation perspective, the indicators used to track progress towards achieving programme goals are crucial. The finding of the evaluation was that whilst numbers of participation in the various activities is important, it does not fully validate the appropriateness of the strategies used to achieve the expected results, nor does it effectively highlight the overall impact of the intervention. The indicators set by UNDP were mainly process indicators to be measured numerically. There are no indicators for transformational change required in a project of this nature.

It was good practice that assessments of the ‘current situation’ were done under outputs 1 and 3 in Phase 1. This allowed the UNDP to create a baseline for future actions.

**Conclusion:** The evaluation found that the project was *highly relevant* to the local context and the countries development challenges. There was, however, significant shortcomings in relation to the project design which was found to be internally incoherent. There were limited logical linkages between the expected results of the project and the project design.

## Findings and Analysis on Effectiveness

Effectiveness in this context is defined as “the extent to which the development intervention’s outputs were achieved, or are expected to be achieved, taking into account their relative importance.”[[10]](#footnote-10)[[11]](#footnote-11)

The main thrust of the project was to influence behaviour and attitudinal changes regarding ‘outdated, inconsistent and discriminatory HIV-related laws” as well as to influence policy and legislative changes in a range of areas including social protection, legal aid services and human rights instruments.

It is widely accepted that policy change takes time and is a complex process. Jones (2011) indicated that policy change is “a highly complex process shaped by a multitude of interacting forces and actors. ‘Outright success’, in terms of achieving specific, hoped-for changes is rare, and the work that does influence policy is often unique and rarely repeated or replicated, with many incentives working against the sharing of ‘good practice’.” [[12]](#footnote-12)

Since it is well established that it may take a long time for policy change to be effected, the effectiveness of the project was considered at the level or extent to which the project made progress towards achieving its stated outputs. Progress was assessed in terms of how project activities contributed toward the stated targets and outputs as shown in the project’s results and resources framework.

### Achievement of Expected Outputs

This section attempts to answer the evaluation question: To what extent have the project outputs been achieved?

Assessments were made for each output using the following scale:

* Not achieved: No activities were accomplished under the specific output
* Minimally achieved: Between 25% and 50% of activities and indicator targets for the output were accomplished with major shortcomings
* Partially achieved: Between 50% and 75% of activities and indicator targets for the output were accomplished with a few shortcomings
* Substantially achieved: Between 75% and 100% of activities and indicator targets for the output were accomplished with minor shortcomings
* Fully achieved: 100% of activities and indicator targets for the output were accomplished without any shortcomings

#### Progress towards Output 1 - Phase I

**Output 1: Plan of Action for Amendment of HIV-related legislation and policy development**[[13]](#footnote-13)**.**  The two main activities under this output were *substantially achieved*. These activities were:

1. Review of Jamaica’s compliance with international Human Rights Treaties related to HIV and with CARICOM Model Law on HIV and identification of HIV-related law and policies limiting access to treatment, care and counselling.
2. Monitoring of legal reform activities being undertaken as part of the UN Joint Team and incorporation into legal reform process.

Two indicators were selected to measure progress under this output were as follows:

**Table 1: Indicator Results for Output 1**

|  |  |  |  |
| --- | --- | --- | --- |
| **Indicators** | **Targets** | **Level of Achievement** | **Comments** |
| **Output 1:** Plan of Action for Amendment of HIV-related legislation and policy development | *Substantially achieved* | Two important knowledge products developed. Plan of Action was not costed as planned. |
| Number of international treaties signed by Jamaica, reviewed for compliance of domestic law with HIV-AIDS obligations | All international human rights instruments signed by Jamaica as of December 2012 reviewed  | *Fully achieved.*  | Indicator was a measure of the activity 1 above rather than the output. The legal assessment document included the analysis of international treaties as part of its literature review.  |
| Percentage participation in policy and legal review by representative agencies of at risk populations as defined by National Strategic Plan  | 100% of at risk populations’ representative agencies participating in review | *Substantially achieved.*  | Indicator was a measure of activity 2 above rather than the output.It was clear that representatives of MSM, SW, homeless drug users, youth, adolescent girls participated. It was not clear that representative of women, young girls and prison inmates participated.  |

**Finding 5: Two high quality knowledge products that are useful as a common platform for advocacy for the reform of laws that hinder effective access to prevention and treatment services as well as for resource mobilization were developed as part of Phase I of the project.**

The first knowledge product was the HIV and AIDS Legal Assessment Report for Jamaica entitled Legal Reforms, Social Change: HIV/AIDS, Human Rights and National Development in Jamaica. The legal assessment according to the final Phase I report could be seen as a “starting point for examining how anti-discrimination legislation can be developed within the local legislative structure.” The assessment identified critical issues including inter alia:

* Lack of a human rights approach to HIV
* The absence of a framework to address HIV related discrimination
* The need for stronger redress systems to address HIV related discrimination and discrimination faced by key populations
* Lack of Social Protection programmes specifically targeting PLHIV and other key population.

It puts forward several recommendations to address the major gaps identified. These recommendations were further detailed in a companion document - the *HIV/AIDS Legal Assessment for Jamaica: Plan* of Action - which was the second product that was developed under this output. This document aligns the recommended Legal Reforms and Accompanying Actions with Ministries.

**Finding 6: Whilst the HIV/AIDS Legal Assessment for Jamaica: Plan of Action document attempted to prioritise key actions by lead actors, it was not costed as planned**.

Stakeholders interviewed acknowledged the importance of these documents in their work.

“*In terms of what it was at the time it was enough. There is enough information to move. The legal assessment whilst it was not an end itself, gave the lay of the land. There however needs to be a build-up. Some things are left hanging. More dialogue is needed and engagement of the populace on some of the issues raised.”* – **NGO stakeholder respondent**.

*“The legal assessment was useful and underscored what we knew and was being said anecdotally. It has been useful in advocacy work at the policy level”* – **respondent Key Population stakeholder**

“*What was missing for the EEHR was that we had conversations about the legal ramifications and the issues around legal and policy barriers to prevention treatment and care, but we never had a written document to support what we knew. So this was good for us. We know that since the assessment, stakeholders have used it to write proposals and the National HIV/STI/TB Programme has also utilised it as evidence for activities and interventions. What was excellent about the document was that it lay out the laws and policies that need revising and so all stakeholders are clear and on the same level. It really gave us a standard for us to work from and it also made us (Ministry of Health and CSOs) talk the same language. So for the EEHR, it was extremely useful”* – **respondent MoH stakeholder**.

Importantly, the EEHR, as part of its mandate to lead the legal assessment component of the project had initiated a Technical Working Group (TWG) to guide the process. The TWG was composed of a wide cross-section of government agencies and CSOs. This TWG continues to be in operation.

Another key point highlighted by stakeholders was that the legal assessment covered all vulnerable groups – women and girls, adolescents, persons with disabilities and key population (MSM, sex workers, prison inmates and drug users). It looked at the issues faced by each group and how existing structures and institutions create barriers for them to access HIV-related services. In so doing, each CSO and government agency is able to see the role it needs to play in the response.

The end of **Phase I** final report indicated that the legal assessment has:

* provided key stakeholders with detailed information on the status of human rights of PLHIV’s and key populations;
* provided information to feed into the PANCAP roadmap for addressing HIV-related discrimination;
* facilitated a prioritisation of relevant legislative reforms;
* empower local civil society organizations (CSOs) to advance human rights in the context of HIV/AIDS through community-driven initiatives;
* enhanced multi-sectoral and international cooperation; and
* Guaranteed a more adequate coverage of the HIV and AIDS epidemic and related discrimination in the media.

#### Progress towards Output 2 – Phase 1

**Output 2:** **Jamaican Parliamentarians sensitised to the direct and indirect effects of outdated, inconsistent and discriminatory HIV-related laws on the incidence of HIV and AIDS in Jamaica.** The main activities under this output were *minimally achieved*. These activities were 1) Sensitisation of Parliamentarians on the cost inadequate legal infrastructure as well as interaction between HIV-related laws and policies and the status of the epidemic in Jamaica, and (2) National Dialogue on HIV, Human Rights and Law among key stakeholders.

**Table 2: Indicator Results for Output 2**

|  |  |  |  |
| --- | --- | --- | --- |
| **Indicators** | **Targets** | **Level of Achievement** | **Comments** |
| **Output 2:** Jamaican Parliamentarians sensitised to the direct and indirect effects of outdated, inconsistent and discriminatory HIV-related laws on the incidence of HIV and AIDS in Jamaica | Overall assessment: ***Minimally Achieved.*** |
| Number of Parliamentarians receiving sensitisation materials | 100% of Parliamentarians receive sensitisation materials | *Fully achieved.*  | The legal assessment document included the analysis of international treaties as part of its literature review.  |
| Number of Parliamentarians attending sensitisation events | At least 20% of Parliamentarians attend sensitisation sessions | *Minimally achieved.* | Data gleaned from progress reports indicated that 11 (or 13%) of Parliamentarians attended sensitisation sessions. |
| Design and conduct public communication campaign on HIV and Law reform | Communication campaign on HIV and law reform issues designed and conducted | *Not achieved.*  | There was no communication campaign on HIV and law reform issues. There was however, a press release on HIV/AIDS, Human Rights and legal reform issued on World AIDS Day, December 1, 2012. |

**Finding 7**: **The project facilitated some dialogue with Parliamentarians around HIV and Human Rights issues, but only minimally.**

*Activity 1 - Sensitisation of Parliamentarians on the cost inadequate legal infrastructure as well as interaction between HIV-related laws and policies and the status of the epidemic in Jamaica:* None of the three sub-activities[[14]](#footnote-14) in the work plan was done. Nonetheless, Parliamentarians attended two events organized under the project. The first sensitisation session held in September 2013 had four MPs in attendance. Based on the report of the meeting, points were raised about the absence of data relating to the disabled and about male sex workers. Concerns were also raised about teenage pregnancy.

As it related to the criminalisation of homosexuality, the MPs were unanimous in their insistence that the issues of decriminalisation should be country-led and supported by their constituents.

The following recommendations came out of the meeting:

* Breakdown data to reflect and link to key issues on which there is already high public interest e.g. transactional sex and teen pregnancies
* Disconnect HIV related legal reform from the issue of decriminalizing same-sex relationships
* Ensure that international development funding is not tied to decriminalization of same-sex relations since this is likely to meet strong resistance
* Present the Legal Reform Action Plan in an abbreviated format to Parliament through the Speaker of the House
* Examine the possibility of a presentation to the Human Resource and Social Development Committee of the Parliament

The second session was held in December 2013 and a review of the event report which did not contain the list of participants revealed that at least seven MPs were in attendance. The meeting was convened by Dr. Edward Greene, UN Special Envoy on HIV to CARICOM under the Justice for All Programme: Taking Action to eliminate stigma and discrimination in the HIV response in Jamaica. The MPs were addressed by Dr. Peter Figueroa former Director of the NHP, Mr. Vivian Gray, lawyer, Senator Mark Golding, Minister of Justice and Dr. Fenton Ferguson, former Minister of Health.

A number of recommendations were placed on the table by the Parliamentarians. These include inter alia:

* Public discourse on HIV
	+ Two imperatives must be considered: the public health imperative and the moral argument (Sen. A. Williams)
	+ The discussion must go to the public. Once persons believe they were part of the discussion, they will accept the result, even if they did not agree with it. Biggest obstacle – Getting laws that will help the public to accept PLHIV and get them to be part of the discussion. (Ms. K. Allen)
	+ A communications strategic plan should be used to guide the process (Hon. F. Ferguson)
* Begin to address “low hanging fruit” in relation to legal reform such as:
	+ Passing an Anti-Discrimination law. Most MPs felt that in the absence of consensus on the removal of the ‘Buggery law’ and the sensitivity within the society around its removal, part of the strategy must involve “making a case” for an Anti-Discrimination Law to be passed. This law would make provisions for all forms of discrimination, including sexual orientation, thereby satisfying persons who hold opposing views on the Buggery law.
	+ Amendment of the Charter of Rights to include health
	+ Passing of the Occupational Health and Safety Act
	+ Address advancing women’s rights, particularly regarding amending the abortion law
	+ Address laws that deal with SRH and youth
	+ Address making provisions for persons who have contracted HIV through a blood transfusion through a compensation fund
* Create a Law Reform Unit to address the revision of laws and, in the interim, collaborate with the Norman Manley Law School to determine how law students can become involved in the work.

Stakeholders interviewed indicated that MPs that participated in the sessions were open to continued dialogue around HIV and legal reform. Outside of the Minister of Justice, Senator Mark Golding and opposition Senator Kamina Johnson Smith, they noted that none of the other MPs discussed the issues openly or has had engagements with CSOs around the issues raised. Senator Golding has had various interactions with JFLAG and Senator Johnson Smith has had discussions around the sexual offences act and issues affecting adolescents.

*Activity 2 - National Dialogue on HIV, Human Rights and Law among key stakeholders:* There is no evidence of a communication campaign on HIV and law reform issues being designed and implemented. Apart from the World AIDS Day press release, the main piece of communication material found during the desk review was a one-page advertisement on Justice for All in local newspapers. Project reports indicated that a consultant was hired to prepare a Communication Strategy that would culminate into the campaign. However, based on the alleged underperformance of the incumbent, the activity had to be abandoned.

#### Progress towards Output 3 – Phase 1

**Output 3: Access to legal services for groups vulnerable to HIV related Human Rights abuses.**

The one activity associated with this output was Assessment of the capacity of legal aid services and human rights desks in CSOs that are building programmes for legal aid services. This activity was *substantially achieved.*

**Table 3: Indicator Results for Output 3**

|  |  |  |  |
| --- | --- | --- | --- |
| **Indicator** | **Target** | **Level of Achievement** | **Comments** |
| **Output 3:** Access to legal services for groups vulnerable to HIV related Human Rights abuses | Overall Assessments: *Cannot be assessed as an output.* Like many of the output statements in the results and resources framework, this requires revision to make it technically sound. Moreover, based on the narrative of the project document the intent is for *increased access of vulnerable groups to competent legal support*.  |
| Number of legal aid services operating within civil society organisations (CSOs) | No target was defined for this indicator | *Cannot be assessed.* | Indicator is not a measure of the output/outcome.  |

Under output 3, the *Capacity Assessment of Legal Aid Service Providers, Focusing on Ability to serve Persons Affected by HIV/AIDS* was produced. The document identified entities that currently provide legal aid and legal assistance to persons, in particular PLHIV and also assessed the existing legal aid system. The review also examined the quality and quantity of services provided, by both government-supported entities and CSOs and made recommendations for improvement of the legal aid system, to enable it to meet the legal needs of those who require it.

The assessment indicated that:

* Eight CSOs have legal aid services in operation
* Two tertiary institutions have legal aid clinics
* There are seven government-supported legal aid services
* There are lawyers listed by the National AIDS Committee that provide pro bono services for PLHIV. Data on services offered was not available.

Among the main recommendations evolving from the assessment were *inter alia*:

1. Urgent need to prioritise Human Rights: Develop a coordinated, concerted and sustained national advocacy and education program, “owned’ by the Government, to promote Human rights of all its citizens, and the provision of adequate funding to ensure the success of the program. This programme requires coordination with efforts by Civil Society Organizations to ensure uniformity and avoid conflicting messages.
2. The establishment of the Human Rights Commission to address and be the all-encompassing body that filters human rights matters.
3. The Ministry of Education should ensure that Human Rights is offered as a course of study at all levels of the educational structure starting from Primary education through to tertiary level.
4. A review of the existing NHDRRS, to ensure that it is more than a reporting mechanism, and can become one which offers meaningful contribution to advancing the enforcement of Human Rights of PLWHA, and driving the engine for change and transformation.
5. Special clinics, such as Women’s Legal Clinics, or advise centres should be established and maintained, to ensure that the vulnerable are afforded optimum opportunities to receive the benefit and protection of their human and civil rights, by an organization in tune with their special needs and interest.
6. The promulgation of an all-encompassing Human Rights Act, capable of enforcement by having recourse to the judicial system, at different levels including the Resident Magistrate, Supreme Court and Appellate courts, dependent on the severity of the breach in closed Court or ‘in camera’ hearings and the remedies sought, which should include criminal sanctions and civil remedies.
7. Introduce an AIDS-specific legislation, as well as a General Anti-Discrimination law, with appropriate sanctions for breaches of the provision. Legislation such as the Insurance Act, Housing Act, The Offences Against the Person Act, Immigration laws, The Pension and Education Act which curtail the rights of PLWHA, and provide the basis for discrimination should be amended or repealed.

Resulting from the assessment of legal aid services, a review of the National HIV-Related Discrimination Reporting and Redress System was carried out and a proposal was developed for the drafting of an Antidiscrimination policy. A costed capacity building plan for human rights desks within CSOs and the legal aid office of Norman Manley Law School was also included among the planned actions but this did not materialize.

#### Progress towards Output 4 – Phase 1

**Output 4: Jamaican Judiciary sensitised to the impact of outdated and discriminatory laws on HIV and other key issues raised within the scope of the Global Commission on HIV and the law.**

The main activity under this output was *sensitisation of key stakeholders in the Judicial System on issues of HIV and Law*.

This activity was *substantially achieved*.

**Table 4: Indicator Results for Output 4**

|  |  |  |  |
| --- | --- | --- | --- |
| **Indicator** | **Target** | **Level of Achievement** | **Comments** |
| **Output 4**: Jamaican Judiciary sensitised to the impact of outdated and discriminatory laws on HIV and other key issues raised within the scope of the Global Commission on HIV and the law | Overall assessment: ***Partially Achieved.*** |
| Level of participation of judges and magistrates in the sensitisation process | 90% of invited judges and magistrates attend Judicial sensitisation event | *Substantially achieved.* Result: A total of 28 members of the Judiciary – nine Justices and 19 Resident Magistrates (RMs) were sensitized in 2012 (Judicial Sensitisation, HIV and the Law Report). | There is lack of consistency with units of measure and analysis in the indicator and target. The information regarding the exact number of persons targeted is unknown. There is no evidence of this. The progress report nonetheless stated that it “over-achieved its intended target of 90% attendance of invited judges and magistrates”. |

The sensitisation session was jointly facilitated by UNDP and the Chief Justice of Jamaica, Zaila McCalla. Keynote presenter was Mr. Justice Michael Kirby, Commissioner from the Global Commission on HIV and the Law.

The activity report from the session highlighted the following as some of the main issues raised:

* Condom distribution in prisons: The consensus was that the introduction of condoms in prisons would be beneficial to the HIV response. The refusal to distribute condoms in prison was described as ‘not pragmatic’ as sexual intercourse is occurring in the prisons and the lack of access to condoms and lubricants puts prisoners at risk of contracting HIV.
* Reproductive rights and socially irresponsible behaviour: The issue of repeat pregnancies among indigent HIV positive women was raised as problematic as they are oftentimes unable to care for their children and end up before the family court. Some participants suggested sterilization; and criminalization of such cases was offered up by some of the participating judges as a possible recourse.
* The relationship between children and the health care system and the laws governing that interaction was highlighted. Questions were raised about mandatory reporting where children were concerned. They were also supportive of ensuring access to reproductive services to minors.

Stakeholders indicated that the session with the judiciary was highly important. One key stakeholder noted that the sensitisation session would not have happened without the UNDP and the overseas lawyers and Justice Kirby. The stakeholder stated:

*“We started the conversation but they were not very responsive. The UNDP was able to convince them about the importance of the session and they worked with Chief Justice McCalla to get them to attend. The lesson learnt is that for certain professionals, the UNDP is better placed to lead as they respect the agency more. Without the UNDP and the involvement of respected international members of the judiciary, this session would not have happened.”*

**Finding 8:** **The project has helped to raise awareness and has contributed to standardizing practice within the courts especially as it relates children, people living with disabilities, PLHIV, and other vulnerable populations.**

Chief Justice Zaila McCalla noted the importance of the project in raising awareness about key population groups and how the court system should treat them.

*“It has helped to demystify the myths surrounding HIV and to focus the minds of judicial officers to address issues that they usually would not have to contend with for example where would you put a cross dresser if sentenced. Training flagged a number of new issues that come up or could come up before the courts for example discrimination at the work place.”*

She also noted that judicial officers were exposed to the various international instruments, including a manual which is has in place the various guidelines, duties and responsibilities of the Judiciary as it relates to Human Rights, HIV and the Law and is a good reference point.

She indicated that the intervention is worthwhile and should be continued as the knowledge gained will help the Judiciary to be better adjudicators. During the sensitization session, the judge reviewed case law from other countries which will help them in their application, if required, and when such time come for them to hear similar cases. It has built competency even if the knowledge is not used now, it is latent and can be applied as required.

#### Progress towards Output 5 – Phase 1

**Output 5: Management of HIV and Law Project, including fulfilment of all DIM project reporting requirements.**

The main activity under this output was *HIV and the law project work plan developed, project activities implemented and project monitored and evaluated*. This activity was *partially achieved*.

Whilst there is evidence that annual work plans were developed, project activities implemented and most reports done, there were some shortcomings. Not all the work plans and progress reports (quarterly and annual) could be accounted for. Approximately half of the progress reports reviewed were prepared more than two weeks after the quarter and some did not have a preparation date. See Volume II Annex 3 for Documents Reviewed and Annex 8 for Timeliness of Progress Reports.

**Table 5: Indicator Results for Output 5**

|  |  |  |  |
| --- | --- | --- | --- |
| **Indicator** | **Target** | **Level of Achievement** | **Comments** |
| **Output 5:** Management of HIV and Law Project, including fulfilment of all DIM project reporting requirements | Overall assessment: ***Partially Achieved.***  |
| Time taken for the production of quarterly report from end of quarter | Quarterly reports produced within two weeks of end of quarter | *Partially achieved.*  | This indicator is not a sufficient measure for the output. It is a process indicator for one of the sub-activities.  |

**Finding 9**: **There was no provision made under the project for administrative support as such the project manager had to balance both technical and administrative work over the period.**

The Project Management Unit started with a Project Manager (PM) approximately three (3) months after the proposed start date. Due to restructuring exercises taking place within UNDP globally, this adversely affected the operations capacity of the Country Office. With limited capacity the country office administrative support to the project was weak and this forced the Project Manager, who was not familiar with the UNDP’s rules and procedures, to take on administrative and financial tasks.

There was tremendous strain on the operations department during the facilitation of payments for project related activities. Timelines had to be shifted due to delays. This resulted in a reduction in procurement capacity of the unit and so it was forced to hand over some aspects of procurement to the NHP.

#### Progress Towards Outputs 1 and 2 – Phase I Extension

The following two outputs were to be delivered during the three months’ extension. These were:

* Output 1: Sensitisation of Parliamentarians and members of the Judiciary to the direct and indirect effects of outdated, inconsistent, and discriminatory HIV-related laws on the incidence of HIV and AIDS in Jamaica.
* Output 2: Development of UNDP HIV Programme incorporating priorities from the Draft Plan of Action

Both outputs were rated as ***Minimally Achieved*.**

With respect to output 1, the project documents indicated that the extended timeframe was to accelerate efforts at reform of key pieces of legislation thus increased sensitisation efforts would be targeted at parliamentarians. Emphasis would be on Parliamentarians sitting on the legislative committee; Ministers who lead Ministries registered as key to the HIV response (Line Ministries); policy makers in the Ministry of Health and junior opposition MPs.

In terms of the judiciary, the extension should also have fast-tracked sensitisation of members of the legal fraternity thus strengthening support for reform within the judiciary. A communication strategy was also to be prepared to support national dialogues around human rights and justice.

Over the three-month period, there were various changes in schedules which affected the continuing education sessions with the judiciary. However, an HIV, Human Rights and Social Justice course was drafted by UNDP for members of the legal fraternity and submitted for accreditation. The course covered five main areas:

1. Overview of the Global/local AIDS Epidemic including transmission and myths and misconceptions
2. Human Rights in the context of HIV
3. HIV-related stigma and discrimination with a focus on vulnerable populations such as sex workers, MSM, Youth, Prisoners and Drug Users
4. The Current legal framework and legislative gaps (Antidiscrimination Legislation, National HIV Workplace Policy / OHSA Bill, Sexual Offenses Act / Offenses against the Persons Act
5. Analysis of Existing Legal framework to Cover Gaps (Office of the Public Defender, Declaratory Judgements, National HIV Reporting and Redress System)

Accreditation for the course was not received within the three months’ extension and implementation was therefore pushed back to Phase II.

The planned implementation of the Communication Strategy did not materialise as the strategy was abandoned in Phase I. Nonetheless, all 84 MPs received a parliamentary advocacy booklet and a copy of the legal assessment. Sector consultations on HIV and legal reform were said to have been held with select ministers, but there is no evidence of the ministers met or the issues discussed in the quarterly and annual reports.

The evaluator rated progress under output 1 as *minimally achieved* as the majority of the planned activities were not executed and the targets were not met. A critical issue and one which was raised in the report was the timeframe within which the activities were to be completed. This highlights gaps in strategic planning and it appears lessons learnt from the first Phase were not applied to the planning of actions for the extension or indeed for Phase II.

With respect to Output 2, the evaluation questions the decision to introduce a completely new output during the three months extension. While progress reports indicated that areas were identified for continued work and partnerships established, the evaluator cannot corroborate that any results were achieved for this output. There is no supporting evidence of this; neither was the implementation of activities pursued in Phase II of the project.

This output proposes that the UNDP would increase its advocacy and support for the continued agitation around legislative and policy reform that would improve the Jamaica HIV response. The key activities were:

1. Project document for HIV Programme activities
2. Identification of new funding opportunities for UNDP’s HIV Programme
3. Development of funding proposals and project concepts

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**Table 6: Indicator Results for Outputs 1 and 2 (Phase 1 Extension)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Indicators** | **Targets** | **Level of Achievement** | **Comments** |
| **Output 1:** Sensitisation of Parliamentarians and members of the Judiciary to the direct and indirect effects of outdated, inconsistent, and discriminatory HIV-related laws on the incidence of HIV and AIDS in Jamaica. | Overall assessment: ***Minimally Achieved.*** |
| Number of Parliamentarians receiving Parliamentary Advocacy booklet | 100% of Parliamentarians who serve on the legislative committee sensitised to key HIV related legal reform issues | *Fully achieved.* Results: 84 Parliamentarians received advocacy booklets | Indicator should not have more than one target. There is a misalignment of the indicator and target. The indicator context is different from that of the targets. Indicator speaks to receipt of advocacy booklet whilst targets speak to something else.  |
| 100% of Ministers in Line Ministries linked to HIV reform legislation sensitised to key HIV-related issues | *Not achieved* | No supporting evidence.  |
| Number of members of the Judiciary receiving certification from continuing education seminar. | 30 members of the judiciary receiving sensitisation material | *Not achieved* | No seminar took place. |
| **Output 2:** Development of UNDP HIV Programme incorporating priorities from the Draft Plan of Action | Overall assessment: ***Minimally Achieved.*** |
| Status of completion of the Project document | Project document for 2014 – 2016 | *Not achieved* |  |
| Percentage of funding secured for HIV Programme Activities within 3 months of sensitisation campaign | Total funding requirement secured (pledged) | *Not achieved* |  |
| Number of HIV-related activities linked into UNDP project activities. | At least 3 HIV-related activities from the Plan of Action linked into UNDP project activity | *Not achieved* |  |

**Finding 10**: **The three-month extended time frame for achieving the outputs under Phase I was over-ambitious and did not yield any significant change beyond the previous period**

#### Progress towards Output 1 - Phase II

Output 1, Phase II is the same as Output 1 in the Phase I Extension. The strategy proposed for output 1, Phase II was to partner with the Norman Manley Law School and the Jamaica Bar Association to engage members of the judiciary in various sensitisation sessions and courses based on the findings of the legal assessment. The aim was to build the capacity of members of the legal fraternity and law students to address issues around HIV related legal reform and the impact on key populations. The other strategy was to continue targeted sensitisation among parliamentarians, particularly those in the Senate.

The output is rated as *Partially Achieved.*

**Table 7: Achievement of Planned Activities for Output 1 Phase 2**

|  |  |  |
| --- | --- | --- |
| **Planned Activities** | **Level of Achievement** | **Comments** |
| **Output 1:** Sensitisation of Parliamentarians and members of the Judiciary to the direct and indirect effects of outdated, inconsistent, and discriminatory HIV-related laws on the incidence of HIV and AIDS in Jamaica. | Overall assessment: ***Partially Achieved.***Note that output and activity are similarly worded. |
| **Activity:** Sensitisation of Parliamentarians on the cost of inadequate legal infrastructure as well as the interaction between HIV-related laws and policies and status of the epidemic in Jamaica. | *Partially Achieved* | Over the entire Phase II, these senators were only reached in the last quarter, an indication of the difficulty experienced by project implementers in engaging parliamentarians around HIV and human rights issues. |
| * 1. Meetings with members of the Senate
 | Partially achieved | It is only assumed that these meetings took place since there is no record of meeting notes, etc. Not sure how many meetings/discussions.  |
| * 1. Meetings with opposition shadow cabinet
 | Not achieved | No meeting took place  |
| * 1. Implementation of Communications Strategy Developed under Phase I of the project
 | Not achieved | Communications Strategy was abandoned in Phase I. |
| **Activity:** Sensitisation of members of the Judiciary on the cost of inadequate legal infrastructure as well as the interaction between HIV-related laws and policies and status of the epidemic in Jamaica. | *Partially Achieved* |  |
| 1. Development of continuing legal education seminar content to sensitize select members of the Judiciary
 | Fully achieved |  |
| 1. Conduct Continuing legal education Seminar to sensitize members Judiciary
 | Fully achieved |  |
| 1. Meeting with executive of the Jamaica Bar Association
 | Not achieved | There were no recorded meetings with the executive of the Jamaica Bar Association |
| 1. Conduct legal aid clinic course on HIV social Justice and legal reform
 | Not achieved | The planned ‘Legal aid clinic course on HIV, Social Justice and legal reform did not take place. However, the progress report (October – December 2014) indicated that 18 (90%) of the 20 targeted law students were sensitised on the Sexual Offence Act. The course should have been delivered in partnership with the Norman Manley Law School, but this did not materialise as the Legal Aid Clinic was unable to facilitate it. |
| 1. Dissemination of Sensitization Material to members of the Judiciary
 |  |  |

There were no evaluations of the course and sessions done with the Judiciary. However, a pre and post-test was administered for the HIV, Human Rights and the Law seminar. A total of 14 persons participated in the exercise. However, the evaluator found that the test was flawed as both the pre and post forms were printed on the same sheet. There was nothing to indicate that participants completed same at two different times. A significant number did not complete the post-test.

*“Good and solid inroads were made with the Judiciary and the parliamentarians. The project allowed for those conversations that were uncomfortable and difficult to be had and which needed to be done. There was ground breaking support from Chief Justice which was critical to the process. We started important discussions, but I am not sure if we have really taken it to the limit”* – **Stakeholder from the UN**

There was one activity reported on that was not part of the annual work plan. It was a joint initiative with other UN agencies that was held on International Day for the Elimination of Violence Against Women, November 25, 2014 to raise awareness among parliamentarians, policy makers and influential members of the private sector about the connection between HIV related legal reform, the Sexual Offences Act and the reforms being supported by the UNCT and the civil society collective. The UNCT partnered with the NGO Eve for Life to support sensitization on the ‘Nuh Guh Deh’ campaign. The objective of the campaign was to raise awareness about child sexual abuse and its impact on young girls and legislative gaps that need to be addressed. A total of 65 persons attended the meeting.

**Table 8: Indicator Results for Output 1**

|  |  |  |  |
| --- | --- | --- | --- |
| **Indicators** | **Targets** | **Level of Achievement** | **Comments** |
| **Output 1:** Sensitisation of Parliamentarians and members of the Judiciary to the direct and indirect effects of outdated, inconsistent, and discriminatory HIV-related laws on the incidence of HIV and AIDS in Jamaica. | Overall assessment: ***Partially Achieved.*** |
| Number of members of Senate completing sensitization session on HIV related challenges with the Sexual Offensive Act | 50% of the members of the senate, in particular females, sensitised to HIV-related challenges to the Sexual Offences Act. | *Minimally achieved*Result: Five senators (4 females) were reached. This represents 45% of target.  | Unit of measure misaligned (number vs %). A total of 11 Senators, representing half (or 50%) of the 22 Senators in Parliament were targeted to be reached.  |
| Number of members of the judiciary receiving certification from continuing education seminar | 60 members of the Judiciary, in particular females, receive certification from continuing education seminar |  |  |
| Number of students completing Legal aid clinic course on HIV, Social Justice and the Law | 20 students, in particular females, completing Legal aid clinic course on HIV, Social Justice and the Law |  |  |

#### Progress towards Output 2 - Phase 2

**Output 2: Advocacy support for HIV related legal reform**

The strategy proposed for output 2 was to accelerate advocacy for specific legislative reform. Focus would be on ‘redefinition’ of rape in the Sexual Offenses Act, the development of a proposal for an anti-discrimination legislation and agitation to prioritize the passage of the Occupational Health and Safety Act (OHSA).

The main activities under this output were:

1. Proposal for the amendment of the Sexual Offences Act(SOA)
	1. Review of the impact of the definition of rape in the SOA act from the health perspective of implications for HIV transmission
	2. Implementation of Communications Strategy Developed under Phase I of the project
2. Drafting of a proposal to develop an Anti-discrimination policy
	1. Support to the development of an anti-discrimination policy
3. OHSHA tabled in Parliament
	1. Meetings with parliamentarians on importance of OHSA

**Table 9: Indicator Results for Output 2 (Phase 2)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Indicators** | **Targets** | **Level of Achievement** | **Comments** |
| **Output 2:** Advocacy Support for HIV related legal reform | Overall Assessment: ***Partially Achieved.***Although the tools were produced, no advocacy plan was developed and implemented. |
| Extent to which Sexual Offenses Act reviewed in 2014 and recommended amendments adopted linked to recommendations in Plan of action on legal reform | Sexual offenses act reviewed in 2014 and recommendedAmendments adopted | Fully achieved | Awkwardly written indicator which is inconsistent with how target is worded. |
| Extent to which proposal developed for the drafting of an antidiscrimination policy | Draft proposal developed for the drafting of an Antidiscrimination policy | Fully achieved | As above. |
| Status of completion of placement and prioritization of OHSA on 2014 legislative agenda | OHSA placed and prioritized in the 2014-2015 legislativeagenda | Not Achieved |  |
| Extent to which barriers hindering women's and/or targeted key population's access to HIV services have been removed | No target was established | Cannot be assessed.  | QPR 4 2014 reported that “legislative reforms are being developed to remove barriers hindering women's and/or targeted key population's access to HIV services.” |

There was one unplanned activity undertaken in this output and entailed the provision of sponsorship of a Member of Parliament to attend the Seminar on Equality and Non-Discrimination for Latin American and Caribbean Parliamentarians. The meeting was held in November 2014 in El Salvador. Documents reviewed indicated that support was given as “in light of growing sentiments and expressions in the public media on non-tolerance for the lesbian gay bisexual and transgender (LGBT) community in Jamaica, it was felt that the seminar would provide a good opportunity for continued learning for parliamentarians on how to effectively communicate and engage with this population to reduce discrimination based on strategies and approaches undertaken by other countries in the region.”

**Finding 11: The project failed to produce an advocacy or communication strategy that would guide activism towards specific legislative reform identified by the legal assessment.**

The documents reviewed – quarterly progress reports, final report and the annual work plan – did not explicitly or implicitly outline how the advocacy support would be carried out. It was unclear how the policy influencing activities would result in the desired changes in policy or in the lives of PLHIV and key populations.

Nevertheless, the following were highlighted as achievements under the output:

* A number of meetings were initiated to discuss advocacy support for the OHSA act, revisions to the SOA and the drafting of a proposal for antidiscrimination legislation.
* UNDP supported a collective of CSOs (Voices for Equal Rights and Justice - VERJ) in its submission to the Joint Select Committee reviewing the Sexual Offences Act
* The American Bar Association Rule of Law Initiative ABA ROLI provided valuable comments on the draft anti-discrimination proposal.
* The draft anti-discrimination proposal was handed over to the Enabling Environment and Human Rights Technical Working group of the National Family Planning Board.

A major shortcoming of this output is the lack of direction for the advocacy activities. At the end of the process, some stakeholders involved in the process are not very clear as to the next steps as it was not clearly articulated what the UNDP’s role would be going forward or a consensus of what role other stakeholders would play.

“*Although we were part of the NGO group that made the submission (to the Joint Select Committee reviewing the SOA), we really have not met as a group. I know a meeting was planned for December (2015), but that was put off because of the election. We haven’t heard anything since then.”* – **Stakeholder in VERJ**.

Another key issue raised by stakeholders was that the UNDP did not effectively engage with stakeholders around advocacy as many already had planned advocacy actions which if combined could have been more effective.

#### Progress towards Output 3 – Phase II

**Output 3: Plan developed to support increased access to social protection for PLHIV** *(Partially Achieved)*

This output was intended to increase the awareness of PLHIV below the poverty line on existing social protection programmes. This was in response to the assessment that was completed in Phase I of the social protection mechanisms currently in use by the government to support PLHIV who are categorized as 'poor'. The assessment found that in general, PLHIV were not accessing support mainly as a result of limited knowledge of what exists or fear of stigmatisation.

Two main activities were proposed under this output[[15]](#footnote-15). Both activities were only *partially achieved*.

**Table 10: Indicator Results for Output 3 (Phase 2)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Indicators** | **Targets** | **Level of Achievement** | **Comments** |
| **Output 3:** Plan developed to increase access to Social Protection by PLHIV's | Overall Assessment: ***Partially Achieved.*** |
| Extent to which plan forpolicy and institutionalreforms to increaseaccess to socialprotection for PLHIV'sdeveloped | Plan developed to support actions thatmake a case forpolicy andinstitutional reform | *Partially achieved* | Qualitative indicator with a quantitative target. Indicator also awkwardly written. |
| Knowledge increasedamongst adherence counsellorsand or social workers on socialprotection mechanisms | 20 Adherencecounsellors or socialworkers, in particularfemales, trained onsocial protectionmechanisms | *Fully achieved*Result: Total 55 persons trained (18 adherence counsellors, 21 Contact investigators and 16 Social Workers) | Indicator is written like an output statement. Unit of measure misalignment.  |

**Finding 12**: **The project resulted in increased knowledge and understanding of social protection mechanisms among social workers and adherence counsellors**

The results under this output include the training of 55 persons on the existing Social Support Mechanism in Jamaica. The persons trained include 18 adherence counsellors, 21 Contact investigators and 16 Social Workers. There was also the intent for closer collaboration with the MLSS around social protection issues.

In general, participants in the training workshops indicated that they “have a better understanding of the role of Ministry of Labour and Social Security and Local Government in Social Protection”; “…knowledge on social protection was enhanced and they “can effectively discuss social protection options with PLHIV.”

Data from the evaluation showed that 30% of respondents from the Southern Regional Health Authority, 67% from South East Regional Health Authority and 96% from the North East Regional Health Authority were most impressed with the wealth of information received and the useful links for clients to access social protection agencies such as PATH and Poor Relief.

Generally, participants from all the regions complained about ‘poor time management’, ‘the limited scope to influence how these services are offered to clients’ and the ‘absence of handouts’.

At least one stakeholder interviewed noted:

“*I cannot recall the outcome of this output, so in that respect I don’t think it was very successful. They were not able to sufficiently or adequately delve into the whole matter of social protection. There are still gaps in the system that needs to be addressed. Clients have challenges around disclosure and face many road blocks… there is need to focus more on this*”. – **NGO Stakeholder**.

#### Progress towards Output 4 – Phase II

**Output 4: Development of UNDP HIV Programme incorporating priorities from the Draft Plan of Action**

There was no reported progress on this output and none of the indicator targets were met. The output is rated as *Not Achieved*.

**Table 11: Summary Achievement of Project Outputs**

|  |  |
| --- | --- |
| **Project Outputs** | **Level of Achievement** |
| **Phase 1** |  |
| Output 1: Plan of Action for Amendment of HIV-related legislation and policy development | Substantially achieved |
| Output 2: Jamaican Parliamentarians sensitised to the direct and indirect effects of outdated, inconsistent and discriminatory HIV-related laws on the incidence of HIV and AIDS in Jamaica | Minimally Achieved |
| Output 3: Access to legal services for groups vulnerable to HIV related Human Rights abuses | Cannot be assessed as an output  |
| Output 4: Jamaican Judiciary sensitised to the impact of outdated and discriminatory laws on HIV and other key issues raised within the scope of the Global Commission on HIV and the law | Partially Achieved |
| Output 5: Management of HIV and Law Project, including fulfilment of all DIM project reporting requirements | Partially Achieved  |
| **Phase 1 Extension** |  |
| Output 1: Sensitisation of Parliamentarians and members of the Judiciary to the direct and indirect effects of outdated, inconsistent, and discriminatory HIV-related laws on the incidence of HIV and AIDS in Jamaica | Minimally Achieved |
| Output 2: Development of UNDP HIV Programme incorporating priorities from the Draft Plan of Action | Minimally Achieved |
| **Phase 2** |  |
| Output 1: Sensitisation of Parliamentarians and members of the Judiciary to the direct and indirect effects of outdated, inconsistent, and discriminatory HIV-related laws on the incidence of HIV and AIDS in Jamaica | Partially Achieved |
| Output 2: Advocacy Support for HIV related legal reform  | Partially Achieved |
| Output 3: Plan developed to increase access to Social Protection by PLHIV's | Partially Achieved |
| Output 4: Development of UNDP HIV Programme incorporating priorities from the Draft Plan of Action  | Not Achieved |
| *Overall Assessment:* Mixed results. Project’s outputs were partially achieved.  |

**Conclusion:** Project outputs were only partially achieved. Nonetheless, the project has successfully created a springboard from which advocacy for policy and legislative changes can be increased. Key outputs such as the ground-breaking LEA created an opportunity for resource mobilization by CSOs and is a key reference document for important national policy and strategic documents.

**Most important project achievements based on key stakeholder interviews and document review**

* Legal Assessment: The publication - Legal Reforms, Social Change: HIV/AIDS, Human Rights and National Development in Jamaica was rated highly by stakeholders who received copies of it. The ground breaking publication was described as well researched and the recommendations were said to be well thought through and achievable. Stakeholders noted that the publication provided a platform for advocacy around various issues and population group from women to children to persons with disability and other key population. *“The LEA was not only an environmental assessment. In going through the process there was recognition that it was more than just a deliverable, there were significant action opportunities that existed as result of the process, actions that would continue beyond the LEA, hence the plan of action”* – **NGO stakeholder**
* Other research: The Capacity Assessment of Legal Aid Service Providers, focusing on ability to serve persons affected by HIV/AIDS.
* Assessment of organisations that offer legal aid and Assessing a Social Protection Framework for Vulnerable People Living with HIV in Jamaica. These assessments based on stakeholder feedback provide evidence for the reform of the legal aid service and social protection in Jamaica.
* Civil Society participation in advocacy around the Sexual Offence Act: Stakeholders highlighted the support received from UNDP and UN Women was instrumental in bringing together different types of stakeholders with similar interest to work together to present a well-researched submission to the Committee considering the SOA in 2014.
* The course on HIV, Human Rights and the Law was accredited by the General Legal Counsel (GLC). The GLC is the accreditation body for legal education in Jamaica. Law students who opt to take the course will receive 3 credits.
* Engagement of the Judiciary around HIV and law. Key stakeholders indicated this was an important step in the right direction to begin the process of raising awareness on issues related to HIV, human rights and legal reform with members of the judiciary.
* Although not as successful as projected, the dialogue with parliamentarians on HIV, human rights and the law was seen as very important. As parliamentarians are responsible for policy making, stakeholders pointed out that it was an opportunity for frank discussions around sensitive issues such as LGBT
* Draft Proposal for Anti-Discrimination Legislation in Jamaica which was reviewed by the American Bar Association.
* Support to NGO Eve for Life’s ‘Nuh Guh Deh Campaign to End Sex with the Girl Child. This information campaign to support ending violence against young girls is highlighted in the final project report as “the best example of UN agencies delivering as one”. Further, the report noted that the “campaign provides the opportunity for the human element of the need for legal reform to be promoted and the linkages between the changes in the law and the resulting protection that can be provided to young girls.”

### Progress Towards Outcome

The project aimed at promoting the reform of laws that create barriers to HIV prevention, treatment and care and that a human rights approach becomes integrated into key policies, programmes, and actions to address HIV and AIDS.

In order to assess the project’s contributions to and effects on policy, the evaluator drew from the Overseas Development Institute’s (ODI) research work and literature review on policy influence[[16]](#footnote-16), which identified five dimensions of possible policy impact. The approaches most commonly used to bring about policy change were described as advising, lobbying, activism, and advocacy. Although the project did not have an explicit theory of change, the evaluator concludes based on activities done, that the project sought to contribute to policy change through advocacy.

This section presents the assessment of the project’s effectiveness in contributing to policy-level changes. It attempts to identify any changes to which the project activities contributed (e.g. development of strategies) and the effects, if any, these changes had on policy.

**Finding 13:** **The project contributed to influencing the strategic direction of the EEHR Unit of the NFPB and the content of the new HIV policy and the National Integrated Strategic Plan**

Document reviews indicate that the project significantly contributed to the strategic direction of the EEHR and the findings and recommendations of the LEA is reflected in the content of the Draft HIV Policy 2014 - 2019. In its preamble, the draft document notes that it “provides guidance on human rights and legal issues and supports an enabling environment for the national response. The policy therefore prohibits discrimination against persons infected or affected by HIV and safeguards the right to privacy and confidentiality subject to certain exceptions.”

A key guiding principle of the Draft Policy is the *Promotion and Protection of Human Rights*. The principle noted that the “protection and promotion of human rights are essential to ending the AIDS epidemic in Jamaica. Therefore, a rights-based response will demand that government promotes a supportive and open environment for those infected with HIV or those most vulnerable to HIV infection. It is important that the rights to equality before the law and freedom from discrimination are respected, protected, promoted and fulfilled. The protection, non-discrimination, non-stigmatisation of PLHIV, key populations and all other vulnerable groups will be applied across all HIV programme areas. Discriminatory practices (including unequal gender relations) create and sustain conditions leading to vulnerability to HIV infection and to inadequate treatment, care and support as well as access to prevention services.”

Policy Outcome 4 and 5 are reflective of the LEA:

* Outome 4: The human rights of everyone (including SRHR) are respected, protected and upheld.
* Outcome 5: An enabling environment created that promotes health and wellness to alleviate the social, psychological and economic impacts of HIV and AIDS at individual, household and community levels.

The main policy statements under Enabling Environment and Human Rights Component also drew from the recommendations in the LEA:

1. The Government of Jamaica is obligated to respect, protect and the fulfil the rights of all persons with regard to SRH and HIV, including the right to information, treatment, privacy and confidentially.
2. Laws, policies and guidelines to protect the rights of PLHIV, children and key population groups, including protection against any form of stigma and or discrimination should be revised in keeping with international best practices
3. Government must amend laws, policies and practices that increase stigma and discrimination on the grounds of sex, sexual orientation and gender identity.
4. Government must set high standards in health care services to ensure that health care workers are properly trained and that the rights of clients – including youth and those from the most vulnerable communities – are respected.
5. PLHIV must be protected from arbitrary or unlawful interference with their privacy. Therefore, medical and personal information is subject to strict rules of data protection and confidentiality.

The LEA is also reflected in the National Integrated Strategic Plan (NISP) on SRH and HIV 2014 – 2019. The two documents utilised as evidence the legal assessment and activities and programmes reflect the main recommendations of the assessment.

The NISP noted that “the promotion and protection of human rights is fundamental to a comprehensive integrated SRH and HIV strategy. It will be critical that an environment for all Jamaicans to access non-discriminatory SRH/HIV information, goods and services is created. This will require applying an increased focus on human rights and advocacy to support social change.”

Further, all six outputs under NISP Strategic Outcome 4: Strengthened policy and legal framework for sexual and reproductive health and HIV prevention, treatment and care services were based on recommendations from the LEA.

* Output 1: Policy and legislative barriers to sexual and reproductive health information, goods and services addressed proposes the implementation of evidence-based advocacy and policy dialogues around policy and legislative changes that impede access to integrated SRH and HIV services.
* Output 2: Human Rights and Policy Monitoring by CSOs undertaken concerns building the capacity of civil society organisations in legislative, policy and service monitoring.
* Output 3: Non-discriminatory health services provided to all, particularly youth, women and key populations would involve continued policy dialogue to engage health care workers, programme implementers, and policymakers to ensure all Jamaicans have access to health care that is free from discrimination.
* Output 4: A comprehensive framework for promoting redress established and upheld by duty bearers concerns the establishment of a redress system to ensure sustained service delivery is guided by human rights and gender equality standards.
* Output 5: Legal and policy environment for effective implementation of adolescent and youth reproductive health programmes addressed and
* Output 6: Framework for mainstreaming gender and reproductive rights established

**Finding 14:** **The project created opportunities for dialogue among CSOs around legal reform and HIV, but only one resulted in any institutionalized space for dialogue**

Indications are that civil society was integrally engaged in the sensitization sessions as well as the validation of key projects outputs such as the legal assessment. Jamaica has a strong history of civil society involvement in HIV and sexual reproductive health and rights between civil society and the relevant ministries. However, there are only a few who take on advocacy around the same issues and especially legal reforms. The project created the opportunity for advocacy at the highest level and Voices for Equal Rights and Justice (VERJ), a consortium of 10 NGOs and three individuals was created as a result of the project.[[17]](#footnote-17).

VERJ made a submission to the Joint Select Committee Reviewing the Sexual Offences Act and Related Acts in September 2014. The CSO collective proposed a list of 21 recommended amendments to the Sexual Offences Act including inter alia:

1. The definition of sexual intercourse be extended to include penetration of the mouth or anus by a penis and penetration of the vagina and anus by an object except where the penetration is carried out for proper medical purposes;
2. The language used throughout the Sexual Offences Act be gender neutral;
3. Sexual activity be defined in similar terms as currently exist in the Child Pornography (Prevention) Act 2009;
4. The offence of rape be extended to include forced penetration of the anus or mouth by the penis and also forced penetration of the vagina or anus with an object manipulated by an offender;
5. All marital rape exemptions be removed;
6. The offences in sections 8, 9, and 11 should be applicable not only to adults but to all persons who are above the age of sixteen years;
7. The section 10(3) defence should not apply where the complainant is under the age of twelve years;
8. Decriminalization of activities surrounding ‘prostitution’ so as to better protect the safety, health and security rights of persons choosing to engage in sex work
9. The law on compellability be revised to allow for a spouse to be a compellable witness where the matter concerns a sexual offence committed against a child;
10. Support submissions made which call for an amendment to respective laws to: (a) allow for the provision of medical services, information and advice to minors under the age of sixteen without parental consent; and (b) expressly provide immunity from prosecution to health care professionals in select circumstances against aiding, abetting and facilitating offences concerning children under the age of sixteen.

VERJ has, since the Submission in 2014, carried out a public education campaign via media, seminars, conferences and workshops on the proposed 21 recommended changes and this has been ongoing. This latter activity was one of the recommendations in the legal assessment. More recently, VERJ has also taken on Human Rights and other governance issues relating to women and representational politics.

**Finding 15:** **The Legal Environment Assessment (LEA) significantly influenced Jamaica’s proposal to the Global Fund and indirectly to resource allocations to support policy and human rights actions with key populations**

Jamaica’s proposal to the Global Fund in 2015 was influenced by the legal assessment. The section on Human Rights Barriers and Gender Inequalities mirrored the findings of the legal assessment. It noted “…There is no comprehensive HIV and AIDS law, a general anti-discrimination law, or a human rights commission, or any legally enforceable laws or policies protecting against HIV-related discrimination. This makes it difficult to address high levels of discrimination against key populations.”

It also noted that the dissonance between the age of consent (16 years), sexual initiation (33% of persons between 15 and 24 reported having sex before 15) and the age one can access health care without parental consent (18 years) makes it difficult to treat infected at-risk youth such as young MSM/FSW.

Under the ‘Strengthening Community Systems and Removing Legal Barriers’ component, a key strategy outlined is “increasing advocacy and build awareness around the issues affecting PLHIV, MSM, and SWs’ ability to live productive lives and have access to health and other services without the fear of stigma and discrimination.” Specifically, it will fund actions geared at “…strengthening of policies and frameworks which can improve the human rights, socio-cultural, organizational and community issues which affect KP’s access to health and social services”. It also will fund actions that increase interactions between key government service providers such as the police and health care workers and PLHIV and key populations. The interventions goal should be to facilitate understanding of the need for application of the principles of human rights-based approaches to service delivery.

### Factors Affecting Project Performance

#### Project Context

The project sought to address the legal framework within which the HIV response sits and the challenges to prevention treatment care and support as a result of discriminatory laws and policies. This issue is one that the National HIV Programme and Civil Society Organisations have been grappling with for decades and therefore support for the project was high according to stakeholders interviewed. The high level of stigma and discrimination against PLHIV and key populations, especially at the hands of duty bearers (police and health care workers) was challenging. Issues relating to adolescents’ treatment were also highlighted as challenging. All persons interviewed noted that legislative reform has been one of the elusive components of the response and were therefore highly motivated to participate.

All stakeholders consulted indicated that the governance approach with emphasis on influencing policy and legislative reform was highly valued. They further highlighted the project’s significance to national development and specifically the perceived impact it could have on the HIV response if continued with a more strategic focus.

“*I think the project was of extreme importance and relevance to the country and more specifically to the work of the National Family Planning Board (NFPB) given the critical role of the NFPB at this junction. A project such as that which was implemented by UNDP on HIV and the Law while it was specifically related to HIV, certainly does have important implications for our work around programing in sexual and reproductive health so it was a very useful project*.” – **Respondent, NFPB**

In contextualising the project, it was implemented over a period when there was significant civil society and individual level discourses around justice and human rights especially as it relates to the HIV response and key populations. The project’s rights-based approach and focus on policy reform responded to: evidence of high levels of stigma and discrimination of PLHIV and key population, the needs of PLHIV as it relates to social protection, the prevalence of HIV among key population groups and concerns regarding access to treatment for adolescents and key population inter alia. In addition, stakeholder interviews highlighted that the project responded to the need for solid evidence rather than “anecdotal evidence” about the impact of legislative and policy barriers to HIV prevention, treatment and care.

#### Global restructuring of UNDP and insufficient understanding and support of the project within the UNDP CO

Due to restructuring exercises taking place within UNDP globally, this adversely affected the capacity /operations of the Country Office. With limited capacity the country office administrative support to the project was weak and this forced the Project Manager, who was not familiar with the UNDP’s rules and procedures, to take on administrative and financial tasks.

There was a lack of understanding of the project within UNDP itself. That is, there was limited buy-in and ownership of the project within the country office itself. “It was a project that just happened” and was not mainstreamed into the overall country programme. There was therefore little or no support for the project internally. “It was as if the project manager was running the project without support. We were not certain what the project was trying to achieve. The design was also a challenge.”

#### Lack of engagement with faith-based groups and religious lobby

**Finding 16**: **The omission of the strong and vocal religious lobby as key beneficiaries and stakeholders in the project negatively affected the project in the public sphere**

The church and other faith-based institutions have very strong influence in Jamaica especially as it regards agenda setting around key issues seen as taboo, immoral or unchristian. Societal views on sex and issues having to do with the LGBT population in Jamaica are strongly influenced by religion. Religious groups also hold very strong influence in the political sphere and as such are critical stakeholders for work related to HIV and legal reform. Despite their strong influence, faith-based organisations were not included as key beneficiaries for capacity-building.

The project document did mention the risk of religious groups hijacking the legal reform agenda, however, it appears very little plan went into how to manage the situation should it occur. In 2014, the risk highlighted was realised pushed in part by the removal of Professor Brendan Bain as Director of the Caribbean HIV/AIDS Regional Training (CHART) Network following his appearance on behalf of a church group in a high profile case involving a gay man in Belize. In the wake of the removal, Jamaica CAUSE, a coalition of churches and church groups was formed and began to immediately lobby against what they termed a ‘homosexuality agenda’ that was a growing threat to the fundamental rights and freedoms of Jamaicans. Support from Jamaicans was significant and huge rally in Kingston was attended by leader of the Opposition Andrew Holness. The rally was broadcast live on religious stations and received significant coverage in the news media.

During the period Jamaicans weighed in through social media and the comments in general were highly supportive of the view of a ‘homosexual agenda’ being foisted on the country and threatening the fundamental rights and freedoms of Jamaicans. A story entitled ‘Thousands gather for rally against "homosexual agenda"’ on RJR online - <http://www.rjrnewsonline.com/local/thousands-gather-for-rally-against-homosexual-agenda> garnered over 20 comments from the public. Among them, the following highlights that in the public sphere Christian ‘values’ trump human rights:

*“Sexual perversion/homosexuality is not a human rights issue, has no element of human dignity whatsoever attached to it and has no equality in nature with natural man/woman relationships.*

*“I am amazed that these folk need all the rights, what about us as Christians, why is it they have the rights to dictate to the world what they want, and not even our Pastors can preach about these abominable acts. GO FOR IT JA'S”*

Some stakeholders interviewed noted it was a major mistake not to have included faith based organisations in the design and implementation of the project. They noted that due to the power of the religious community, faith-based groups should have been targeted at the same level as parliamentarians and the Judiciary.

*“There was an attempt to engage the faith based groups but this was limited to the traditional players. More effort should have been made to engage the more hard core evangelic groups and get them to a point of understanding so that they do not reject legislations that have some sort of sexual mention and proposals do not get objections” –* **NGO Stakeholder.**

#### Limited timeframe for implementation and delays

**Finding 17**: **The project allocated limited time to implementation in general**

Given the scope of the project, the majority of stakeholders agreed that the time frame for achieving the transformative changes required was too short.

One stakeholder noted too little time was spent on each output and thus limiting the impact the project could have had. This was an area that the UNDP itself recognised as outlined in one of its progress reports:

*“The process of engagement required to fully reach parliamentarians and a wide section of the judiciary cannot be limited by a three month time frame. Most of the key parliamentary entry points are marked by processes that are not to be bypassed. A key example is the official request sent to the speaker of the house to have the legal assessment finding presented at the Human and Social Development Committee. The speaker has not responded as yet however this is a procedure that has to be followed until a positive response is received”* - **Quarterly Report (Jan – Mar 2014)**

Another stakeholder noted that given the sensitive nature of the project, it would have required a longer time.

*“These are issues that required a lot of consultation, a lot of lobbying to get on the agenda. These are issues that required a lot of careful thinking and navigations. There were a couple of extensions but the initial timelines where unrealistic. If they had done this over a longer period of time then there would be enough time for some of the processes and structures put in place to mature and ensure sustainability”* – **Key Stakeholder**.

Still another highlighted that one cannot put a timeline on legal reforms.

*“I think especially in our context and based on the sensitive issues we did well. I agree the time was not adequate, but I also believe even if we had five years it would still not be adequate. For what we gained, I believe the project was worth it.”*

#### Project design

**Finding 18**: **The project design affected its ability to achieve more tangible results**

The project did not follow an explicit theory of change and the project document itself lacked coherence. The narrative of the three Project Documents outlined outputs that were not consistently reflected in the Results and Resource Framework. It was not very clear how the various activities and outputs were linked to the desired transformational change sought as it relates to legal reforms and HIV. Indicators were not well developed or SMART and in some instances it was difficult to determine what was being measured.

“… *Not sure it was a well-designed project. UNDP has to assure that any project designed is sustainable. I did not think that there was any area or any opportunity included to ensure sustainability. I did not see anything ensuring that it was institutionalized in the government and that someone would take over after closure*”- **Respondent, UNDP.**

She indicated that no provisions were made for sustaining the project beyond 2014 and in that sense it was not well-designed. *“The overall design of the project was linked to available funding. We had one year of funding and so we tried to get things done very quickly”* – **Project Officer, UNDP**.

Some stakeholders and partners noted that they got the sense that activities were just put into the project document without much thought as to what the next steps would be. Some are still unsure what the next steps should be.

*“It was like a standalone project that was not included in the broader picture of things. There was no PIOJ involvement - PIOJ was not informed of the Project. There was no approval for DIM from headquarters which was a requirement. It was not integrated in the overall scheme of things in UNDP’s country programme document or even at the Government level* – **Respondent, UNDP**

#### Lack of Project Steering Committee/Board to guide project direction

Overall project oversight was non-existent, UNDP RBLAC provided no project assurance as was indicated in the governance structure. The Country Office was left to implement the project without any support. There was no Project Steering Committee/Board to guide the decisions taken by the CO. There was no one to questions why project activities were delayed, added, not completed or not done. The presence of steering committee would have provided guidance and scrutiny and would have resulted in better project results.

**Finding 19: The UNDP’s role in the project was considered to be important and reflects its area of comparative advantage as an honest broker**

The HIV and Law project was implemented during a period which could best be described as hostile to discussions around human rights and HIV and legal reform and HIV. The mention of both concepts inevitably resulted in discourses around the legalisation of homosexuality and gay marriage being foisted on the country[[18]](#footnote-18). For decades, the Ministry of Health through the National HIV Programme tried to explain the links between laws and the increasing high levels of HIV among the MSM population, but this was not accepted by a very vocal religious group.

Stakeholders interviewed noted that as an ‘honest broker’, UNDP was able to get the buy-in of key influentials within the Judiciary as well as decision makers at the highest level in both political parties and both arms of Parliament. Further they indicated that UNDP has comparative advantages in key areas of importance to the HIV response in Jamaica:

* It’s focus on governance. The UNDP is the coordinating agency for joint action of the UN in Jamaica around human rights and development. This they noted is critical moving forward to securing the political commitment required to effect legal and policy reforms
* Its work in advancing gender equality and women’s and girl’s equality
* Its funding and support of the Global Commission on HIV and the Law.

Stakeholders posited that based on the sensitive and controversial issue of policy reform, had another local entity implemented the project, it would not have achieved the results it did. The UNDP, according to stakeholders, was not only trusted as an honest broker, but it was also more respected by the judiciary and parliamentarians than local NGOs working in the area of advocacy and HIV.

In its Project document, UNDP noted that its “neutral position” allows it to “work in support of advocacy efforts both with the government, donor agencies and civil society groups without being seen as having any political agenda.” It further noted and a point put forward by stakeholders as well was that based on the sensitive nature of some areas related to legal reform, the support and partnership from a body, such as UNDP was essential. It highlighted its comparative advantage in terms of being able to interact with varying groups from the grassroots to government and its vast technical expertise on a range of cross cutting HIV related development issues.

#### Strong partnership between the UNDP and the National HIV/STI Programme

**Finding 20**: **The project resulted in a strong partnership between the UNDP and the National HIV/STI Programme**

The partnership between UNDP and the NHP allowed for the achievement of key outputs especially in phase 1. The main role of the NHP based on the project document was to provide technical support and guidance in the conducting sensitization activities with parliamentarians and other stakeholders. However, in reality, the NHP, through the Enabling Environment and Human Rights (EEHR) Unit implemented Outputs 1 -3 in Phase I and provided support for the other outputs in Phase II. Following their signed agreement, the EEHR set up a Steering Committee tasked with oversight of the outputs.

*“It was really a joint or collaborative effort. We implemented and the UNDP provided the funding. For example the meetings were planned from the EEHR desk. There are some meetings that the UNDP would take the lead in making first contact for example. We worked very closely with the UNDP and the relationship was highly participatory*” – **respondent, MoH**.

The former director of the EEHR also indicated that without the support of the Unit, much of the activities would not have been completed as there was only the Project Officer at UNDP was integrally involved in the implementation. She noted it would have been impossible for her to implement the project on her own.

#### Coordination among UN Agencies

**Finding 21:** **The coordinated approach of the UN agencies was evident and its impact on the project is considered a good practice going forward**

The project provided a platform for the realisation of the concept of the UN “Delivering as One”. Stakeholders interviewed noted that the concept note for the project was reviewed by the UN Joint team and were updated on progress. At the time of the project, some of the agencies were already involved in similar work and the Joint team was able to consolidate and support the work being done by UNDP.

#### Insufficient and timely communication with project stakeholders

Some stakeholders said they were kept in the dark about the project and its results. The Planning Institute of Jamaica and the Ministry of Labour and Social Security (MLSS) stated that they were not informed about the project in a timely manner. The PIOJ said they came to know about the project during a sitting with the UNDP to discuss its overarching project portfolio. In the case of MLSS, one representative acknowledged that she had attended a project related event but this was on the invitation of the International Labour Organization (ILO). Both organizations stated that the documents produced by the project were not shared with them.

The National Family Planning Board also indicated that although the current Executive Director joined the entity in September 2014, she has never received any correspondence about the project although aspects of it were being managed by the EEHR Unit. There were no copies of the LEA at the Agency and the Executive Director only received a copy of the executive summary in February 2016.

*“I would have loved to see some of the documentation for the meetings held. In terms of the knowledge management, institutional memory and the longevity, an important issue as this cannot be treated like a project. The project should have been designed as a comprehensive programme. A project is limited, time bound, but it adds value and there are lessons learnt from a project that we can either avoid or replicate the good practices coming out of the project and to be able to avoid any pit falls. If the project was properly implemented, the institutionalization and sustainable measures would have already been in place here.”*

**Opportunities Offered by the Project**

* As a part of the UN system, and the agency with responsibility for coordinating the UN in Jamaica, UNDP is well positioned to engage and get buy-in from religious groups, parliamentarians and the Judiciary around policy and legislative reform.
* The Legal Assessment and the accompanying Plan of Action provide the opportunity for ongoing work around legal reform by Civil Society organisations. The UN Country team could also utilise the document for further engagement with the government around governance, justice and security and human rights.
* The General Legal Counsel’s approval of a course on Human Rights, HIV and the Law opens the door for increased access to information and training around human rights for law students. Students exposed to the course would have been introduced to issues affecting key populations and more inclined to be able to address these in the courts.
* Religious leaders are an important influential that needs to be engaged. The massive backlash by religious groups around policy and legal reform related to HIV is an opportunity to seriously and effectively engage religious groups

### Effects of the Project on Direct Beneficiaries

**Finding 22:** **The National Family Planning Board’s capacity to address gaps in legal reform advocacy was improved**

During the implementation process, the capacity of staff within the EEHR unit was improved to carry out advocacy around policy reform. An Enabling Environment and Human Rights Technical Working Group was also established to address gaps in legal reform advocacy and ensuring diverse stakeholder participation. The working group is still in existence.

**Finding 23: The project supported civil society participation in high level advocacy around issues of national interest**

Engagement of CSOs with national processes is not always easily achieved. There is evidence that this project created opportunities for dialogue between civil society organizations and government officials at the national level. Civil Society Groups have benefited from the support of the project in strengthening their ability to coordinate and collaborate in advocacy efforts with parliamentarians. The advocacy support provided in relation to the Sexual Offenses Act assisted 10 civil society groups and 2 individuals operating under the umbrella group VERJ in putting together a submission to the Joint Select Committee reviewing the Sexual Offences Act. The Quality of Citizenship Jamaica, one of the NGOs that participated noted that the group allowed the LGBT lobby group to participate fully without fear of being labelled.

### Gender Responsiveness

Issues relating to gender were overtly addressed in Phase II design and implementation of the project. The Sexual Offences Act was identified as a key area impacting women and girls and was placed as a key legal reform issue in the project document.

In sensitization sessions with parliamentarians and the judiciary, the project document highlighted that special effort will be made to target the female members of parliament and the senate and female law students. It was believed that women in Parliament could provide political support for the advocacy efforts being undertaken by the project. There was also commitment to continue to highlight challenges faced by vulnerable groups of women, such as female sex workers, women who are HIV positive and lesbian and transgender women.

The project engaged with parliamentarians and the business community under the Unite campaign to end violence against women and supported a joint UN initiative to support the “Nuh Guh Deh” Campaign. The campaign provided the Joint UN Programme on HIV with a platform to sensitize the public as to the impact of the gaps in the current legislation and the devastating impact it has had on young female victims of sexual assault.

In terms of project implementation, it would appear that there was an overemphasis on MSM population, thus a significant portion of the discussions centred around this group of vulnerable men. Moving forward, to make the project more gender sensitive, the term LGBT should be used instead of MSM for a more inclusive discussion on human rights, vulnerability and HIV.

## Findings and Analysis on Efficiency

The OECD DAC/UNDP defines efficiency as a measure of how economically resources/inputs such as funds, expertise, time, etc. are converted into results.[[19]](#footnote-19)[[20]](#footnote-20) In accordance with the TORs, efficiency will be assessed in terms of the timeliness and appropriateness of the budget, and the quality of management arrangements of the project with specific focus on the Direct Implementation Modality utilized.

### Timeliness of Implementation

**Finding 24:** **The project was not implemented within the specified timeframe and was characterised by delays.**

The project’s efficiency was affected by the short timeframe within which it was expected to be implemented. The project was to be implemented over a period of 18 months starting July 2012 with an expected completion date of December 2013. Not all project activities were completed, hence the project was extended for a further three months’ period up to March 2014. The additional three months did not yield the results anticipated. The report for the extended period assessed that the “time frame assigned for the project extension did not allow for the full achievement of the outputs.[[21]](#footnote-21)” and a second phase, which resembled a further extension, was added. This phase lasted up to December 2014. The Final Project Report 2014 remarked that “all the activities that could be completed in the allocated time frame were completed.”

**Table 12: Project Timeline**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Project Document Signed** | **Original Start Date** | **Revised Start Date** | **Original End Date** | **Revised End Date** |
| Phase 1 | 25-March 2013 | July -2012 | Nov 2012 | Dec - 2013 | March- 2014 |
| Phase 1 (Extension) | Not dated | Jan-2014 |  | 31 Mar. 2014 |  |
| Phase 2 | 22 May 2014 | April 2014 |  | Dec. 2014 |  |

Some of the delays in project implementation resulted from the difficulties recruiting suitable candidates for the post of project manager, preparation of the LEA and the communication strategy. The diminished capacity of the UNDP CO due to the restructuring exercise also caused disruptions in the administrative processes which translated to delays in payments for project related activities.

### Appropriateness of the Budget

**Finding 25:** **The data showed that the project budget was 96% expended although several activities were not completed and others were either partially or minimally completed.**

Information gleaned from project documents indicated that the budget was almost fully expended (96%). Actual expenditure over the two and a half years amounted to US$189,951.04 compared to received funds of US$198,568.83. The table below summarizes funds received and expended according to source of funds.

**Table 13: Expenditure (US$) by Funding Source[[22]](#footnote-22)**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Source of Funds** | **Committed PRODOC** | **Funds Received** | **Expenditure****Jul 2012 -  Dec. 2013 Phase 1** | **Expenditure Jan-March 2014****Phase 1** | **Expenditure** **Apr-Dec 2014 -Phase 2** | **Total expenditure** | **Balance** |
| UNDP UBRAF/UNAIDS | 175,000.00 | 162,161.84 | -139,271.10 |   |   | -139,271.10 | 22,890.74 |
|
| UNDP TRAC (Kingston | 24,900.00-22,890.74 | 2,009.26 |   | -14,272.00 |   | -14,272.00 |  -12,262.74 |
| UNDP TRAC (Kingston) Phase II | 44,000.00 |  34,397.72 |   |   | -36,407.00 | -36,407.00 | 8,618.72 |
| **Total** | **219,000.00** | **198,568.83** | **-139,271.10** | **-14,272.00** | **-36,407.00** | **189,951.04** | **8,618.72** |

Many discrepancies were noticed during the review of the project budget and expenditure reports and it was difficult to extrapolate with any coherence, the level of expenditure by outputs. There were anomalies in most and there was no evidence to indicate that these were addressed in subsequent reports.

### Project Management & DIM

**Finding 26:** **There is no evidence to suggest that a thorough assessment was not done by RBLAC to determine the UNDP CO’s capacity to effectively utilise the DIM modality.**

The UNDP Programme and Operations Policies and Procedures (POPP)[[23]](#footnote-23) stipulates that DIM should be carried out under the following circumstances:

* The host government requests UNDP to directly implement project activities;
* Project implementation requires speedy delivery and decision-making, such as in crisis situations;
* National authorities are unable to function or their capacity has been severely reduced, such as in cases of natural disasters or conflict;
* Project implementation would add an administrative burden to government and other implementation options would be inefficient in such cases as projects with small delivery, one-output projects, projects in support of the resident coordinator system;
* The relevant regional bureau has determined that the concerned country office has adequate capacity to carry out the project;
* Project is part of a UNDP global or regional programme.

The Direct Implementation (DIM) Modality guidelines clearly states the necessary inputs needed in order to implement a DIM Project, these include inter alia:

* A designated Project Manager
* A proper structure to carry out project activities within the UNDP Country Office, that is the technical and administrative capacity to assume the responsibility for mobilizing and applying effectively the required inputs in order to reach the expected outputs.

The guidelines also stipulate that approval should be granted for direct implementation prior to initiation of project activities and that among the documents to be presented for this approval, there should be evidence of government awareness of the DIM modality being used in a project.

Other than the employment of a designated Project Manager, there is no evidence to indicate that the Country Office had followed the guidelines. In response to questions raised regarding the DIM guidelines and checklist, the respondents admitted that they only became aware of these during an audit of the Country office. It should however be noted that the respondents arrived at the Country Office after the design and in one case during the implementation of the project. Suffice it to say, a review of the project documentation should have pointed these out rather than an audit.

In response to questions raised regarding the advantages of utilising DIM it was noted that it was “a highly flexible modality and allows for less paper work” less consultation “it gives the organisation more independence and autonomy with activities”. It was noted that “had it been another modality, it would have been more difficult to add activities.” Reporting through the DIM modality was deemed “lighter and the expenditure process and contracting were also less cumbersome”.

The Project Manager at UNDP indicated that an audit report of the project acknowledged that “internal approval for the project was granted because it was part of a regional project which had been approved.” The audit also “did not raise any financial objections to the management of funds under the project.”

*Project oversight and management:* Strong oversight and effective project management/administration are important for the success of any project. According to the governance arrangement “the project will fall within the scope of UNDP’s existing management framework with the project being under the supervision of the Deputy Resident Representative under the overall guidance of the Resident Representative.”

The evaluator has found no evidence of formal meetings convened by the project management team to discuss project implementation issues or to take decisions on the direction in which the project must proceed. The evaluator questions how the decisions were reached to extend the project by three (3) months and then move to a Phase II for a period of 9 months. What is evident is that decisions taken by this project were arbitrary and that oversight was little or non-existent.

Other findings from a review of the documents indicated:

* Diminished operational capacity due to realignment of the UNDP Country Office (June 2013);
* Disruptions in administrative processes
* The capacity to support implementation of the DIM project was restricted slightly by the number of other project activities and initiatives being engaged in by the country office over the period
* Tremendous strain on operations department during the facilitation of payments for project related activities

*Project Monitoring and Reporting:*By all indications, project quality assurance was sub-optimal. The main weakness identified in monitoring was that progress reports were activity and output-focused and very little in terms of measuring progress towards the outcomes level. The report narratives were often only loosely associated with the expected targets and indicators. For instance, there was reference to the accreditation of the Human Rights, HIV and law course, but little analysis of how the accreditation of the course contributed to the achievement of the outputs and outcome. In addition, the project’s influence in different areas was reported, but there was very little explanation of the extent to which the project’s influence affected change. While these limitations did not necessarily affect the project’s results, they did affect its ability to provide systematic evidence of its contributions to influencing change.

**Conclusion:** Overall, the timeframe was too short to produce the projects outputs and this was exacerbated by delays. Moreover, the results resources were not fully expended towards the achievement of project outputs and the quality of the project oversight and management was by and large sub-optimal.

## Findings and Analysis on Sustainability

Sustainability is defined as “the continuation of benefits from a development intervention after major development assistance has been completed. The probability of continued long-term benefits”.[[24]](#footnote-24)[[25]](#footnote-25)

In assessing the sustainability of the project results, the consultant looked for indications that project stakeholders were institutionalizing practices; building on synergies with other programmes; seeking external resources or allocating their own resources for the continuation of some activities; or otherwise taking ownership of some components of the programme.

**Finding 27**: **The project has generated a body of evidence, information and materials that are relevant to human rights, HIV and the law.**

The LEA, sensitisation sessions with the Judiciary and Parliamentarians and advocacy efforts especially as relates to the SOA were highlighted by stakeholders and partners as the major achievements of the project. As indicated in stakeholder interviews the uptake of project results especially by the NHP and NFP indicates a commitment at the highest level to continue to build on the successes of the project. Other CSO indicated they have been utilising the LEA for resource mobilisation efforts.

On the other hand, most stakeholders noted that there was lacking a clear roadmap on the way forward. This means that gains made are at risk of being lost if strategies are not put in place quickly to continue engaging government and other key stakeholders in the legal reform process.

*“I think things got a little disjointed at the end. There wasn’t much communications, but in civil society we know that is the normal state of affairs. There is a huge flash then everything peaks off and there is no follow up. I think UNDP needs to call everybody back and let us know what the next steps are. I figure if we have a few of these flashes each year, things will be sustained.”* – **NGO stakeholder**.

Although the LEA was highlighted as one of the major achievements of the project, the Action Plan did not properly define or identify how and who would take the actions forward. It is unclear who will be responsible for what. “*The Plan of Action identified potential interventions for various pieces but there was no follow up as to who would move the Plan of Action forward. There has to be concrete plans on how the plan of action will move forward*” – **member of the EEHR Technical Working Group on Human Rights**.

Some stakeholders also indicated that whilst they are committed to continue advocacy towards legal reforms, they do not have the resources and technical capacity to do so.

The evaluation identified that whilst the country has benefitted from the LEA, a strong advocacy programme is required to continue to engage in policy influencing activities. Capacity development for legal reform requires committed resources for many years to be really successful.

**Conclusions:** With respect to sustaining the results of the project, the main concerns include:

* The project design did not adequately address the issues of sustainability and ownership by the Government.
* The issue of scalability and institutionalization were not factored into the project; there is no sustainability plan associated with the project
* The limited number of parliamentarians that were reached by the project
* The role of the church in addressing human rights and HIV issues
* Limited uptake and ownership of main results by key stakeholders

# Lessons Learned, Recommendations and Conclusion

## Lessons Learned

Some of the lessons learned from the implementation of the project include:

1. In order to successfully implement the a politically sensitive project, the UNDP and project team combined advocacy and lobbying with networking and mobilising of key actors. This modality created the impetus for CSO’s to address Parliamentarian’s, for stakeholders to reach consensus on the inputs to be included in the draft Anti-Discrimination Law, and on other issues that occurred during implementation of the project.
2. The LEA has provided the evidence needed for increased and quality actions to further the human rights of PLHIV and other key population. It is also evidence for scaling up activities to improve access to discrimination free treatment and prevention services
3. The process of law reform takes a very long time, strategic planning and a significant amount of time and resources. The project was a very good initiative but needed more time, planning and resources for transformational changes to take place. A project of this nature which aims al legal reform and changing attitudes and practices within less than three years was overly ambitious given its original one-year timeline. Even when granted three months and a further 9 months for Phase II, the time allotted has proven insufficient to cement the project’s real achievements.
4. The involvement of the Planning Institute of Jamaica at all stages of the project cycle is critical for government ownership and sustainability of benefits.
5. Engagement of CSOs within the national processes is critical but difficult to achieve.
6. Success of a project such as this is dependent on a number of technical factors related to the planning, design and implementation of the intervention. Success or failure may also depend on factors such as political and institutional commitment to effect changes in mindset (philosophy) and practices to allow for the vulnerable to access their rights.
7. Strong oversight and project administration and management are important for the success of any project
8. Effective and timely communication of results is critical to sustain interest and continued support/ownership.

## Recommendations

In view of the evaluation’s findings and assessment of the project’s performance the following recommendations are hereby put forward for consideration:

***Recommendation 1: Extend project timeline to reflect the nature of the project and the requirements for engaging high level stakeholders***

A project of this nature requiring engagement with the likes of parliamentarians, judges and other legal professionals cannot be undertaken within a short time frame. In fact, some of the project activities are yet to be implemented. The timeframe should be long enough to give project activities and related organisation structures enough time to develop a life and a momentum of their own. The evaluation recommends a 3-5 year timeframe as sufficient.

***Recommendation 2: Project Oversight, Management, Administration, Monitoring and Reporting must be strengthened***

A project board or steering committee, which is a requirement of UNDP for all projects, has the responsibility of ensuring the successful delivery of a projects outputs and the attainment of a projects outcomes. Any continuation of a project like this will require identifying and putting in place a project steering committee to provide quality assurance within the DIM modality and implementation team comprising at minimum a project manager and an administrative assistant. Putting in place a project steering committee is non-negotiable.

Project administration and reporting must also be strengthened. Monitoring of progress for the project should benefit from consistency in the articulation of and reference to outcomes, outputs and activities in all reporting documentation throughout the life of the project.  It is recommended that the quality of progress reports be improved through more in‐depth analysis of expected results, contextual changes, risks, challenges and bottlenecks, lessons and unintended results.

Future project or programme should ensure a more robust result and resource framework. A poorly designed project intervention logic creates significant challenges during monitoring, reporting and evaluation. Project indicators should be SMART in their design and should measure the expected outcome or output. Outcomes, outputs and activities, if included, in the framework should be numbered. Any new outputs or activities added during the course of project implementation should be assigned a different number and monitored as such. Timeliness of reports should be improved so that management or corrective actions can be taken in time.

***Recommendation 3: Provide support for a broad-based education and sensitisation campaign around key priorities from the LEA and other knowledge products resulting from the project.***

Sharing and exchanging of knowledge and experience can enhance legal reform programs. As a first step, the UNDP should officially launch and present the LEA to government and key stakeholders and thereafter implement a dissemination plan for the LEA.

Another recommended short-term action is to prepare a synthesis of the evaluation report for communication and outreach purposes. One of the very serious concerns that stakeholders expressed during the course of the evaluation was the limited communication that was received about project progress. It is therefore proposed that the UNDP CO prepares a summary version of the evaluation report especially the key findings and recommendations to be shared with external audiences for communication and outreach purposes. Consideration should be given to preparing different types of communication products, especially bearing in mind, the parliamentarians and legal professionals who have very little time to read an extensive evaluation report.

The UNDP in collaboration with the UNCT should define the most appropriate combination of communication/outreach products to be produced and disseminated to showcase the knowledge products developed under the project. Some of these would include fact sheets, case studies, electronic newsletters, briefs, strategic audiences, and dissemination events. These products will be incorporated into a communications and marketing strategy to be implemented jointly by the UNDP and UNCT over the medium to long term.

***Recommendation 4: Support the capacity strengthening of CSOs in policy monitoring and advocacy******around human rights, legislative reform and HIV.***

Legal reform does not happen overnight, it takes time. Much of the work with vulnerable populations is done by and through CSOs. CSOs usually struggle in terms of their financial, human resource and technical capacities to get the work done. The UNDP should leverage its comparative advantage to leverage grant resources that can be accessed by CSOs to carry out its policy monitoring and advocacy roles.

Specifically, the UNDP should provide ongoing support to VERJ to strengthen its capabilities in policy advocacy and monitoring and towards increasing the capacity of participating CSOs in legal literacy, that is on rights and how to access them.

***Recommendation 5: The UNDP should identify opportunities to improve the relationship between government and CSOs.*** Elements with the public sector sometimes argue that some human rights and HIV related CSOs are pursuing an overseas or donor driven change agenda which goes against the Christian culture and morals of the country. At the same time, CSOs feel constrained and think that the government is not understanding of their positions on human rights for all, stigma and discrimination and lack of access to justice. As an honest broker, the UNDP should facilitate dialogue and create platforms that bring government and CSOs together around these issues in an open and transparent way. Legal reform requires a lot of dialogue and engagement and this will help to build trust and greater understanding and tolerance for each other’s stance. Vision 2030 Jamaica acknowledges that all sectors of the society have important roles and responsibilities in driving policy change towards sustainable development.

**Recommendation 6: Engaging human right champions in the public, private and third sectors.**

The project resulted in the unearthing of key influential decision makers in the public sector who could be designated as champions. The two most vocal have been Chief Justice Zaila McCalla and Justice Minister Mark Golding. The UNDP and wider UNCT should engage both individuals formally to fulfil this role and to offer support. Attempts should also be made to identify, engage and support concerned private sector, CSO and FBO leaders as advocates who can focus the discourse on human rights and the ability for all vulnerable groups to access their rights in a respectful and timely manner.

**Recommendation 7: Review and strengthen the Plan of Action to make it more results based and easy to monitor.**

The Legal Assessment and the accompanying Plan of Action are recognised two of the most important outputs of the project. The documents are important beyond just being used as reference documents. They provide opportunities for further engagement with both government and CSOs around governance, justice and security, human rights and legal reform. This evaluation therefore recommends that the Plan of Action be reviewed and strengthened to include:

* a more comprehensive and coherent matrix of recommended actions by themes to include expected outputs and possibly outcomes to be achieved; targeted timeframes; better delineation of ongoing versus new actions; phasing and sequencing of actions; and identification of quick impact or quick win activities.
* a resource requirement and mobilisation strategy[[26]](#footnote-26)
* proposed coordinating framework for implementation of the strategic actions
* monitoring and reporting framework/plan.

A revised Plan of Action will provide the MOH and NFPB, and indeed other actors, with a strengthened platform to lobby for legal reform.

***Recommendation 8: Develop a 3-5 years’ program concerned with advancing human rights literacy among vulnerable populations and promoting increased access to justice through legal reform based on 1) a comprehensive review of the actions in the evaluated project that were successfully completed and those that were not, and 2) recommendations emanating from stakeholders engaged during the project.***

A number of important activities were not done or were only partially achieved during the project. Of importance were the development of a project document for UNDP HIV Programme activities, the identification of new funding opportunities for UNDP’s HIV Programme and the development of funding proposals and project concepts.

In addition, several recommendations emanated from the activities pursued, including those with the parliamentarians, members of the judiciary and other stakeholders during the project. Recall also that an important sustainability element was for the UNDP to use the project results to form the foundation for further work in HIV within the context of good governance and access to justice for vulnerable populations. The proposal therefore is for the UNDP CO to review and consolidate these incomplete activities and recommendations for discussion among members of the UNCT and to see the extent to which they can be developed into 3-5 year human rights literacy and advocacy project/program. This program should also include support (technical and financial) to responsible agencies identified in the revised Plan of Action who are implementing human rights awareness and advocacy as well as capacity strengthening to allow for vulnerable persons to better access their rights. An explicit sustainability plan with exit strategies should be incorporated into the design. The PIOJ, MOH and NFPB should be at the forefront of this planning and design.

It is also important to articulate a realistic budget as indications are that the evaluated project was not properly costed.

***Recommendation 9: Target fundamental faith-based organisations from the outset.***

Legal reform projects should be conducted through a participatory approach. It is well known that Jamaicans have a strong religious culture which influences views on issues relating to for example HIV and other sexually transmitted diseases and LGBT lifestyle. It is important that in projects of this nature, the faith-based community is brought on board in a very deliberate way at the design stage in a spirit of openness and transparency. This will augur well for ownership and somewhat help to negate the view that international agencies are attempting to promote a “homosexual agenda” under the pretext of a human rights project.

***Recommendation 10: Undertake a national assessment of religious beliefs and practices that might support or impede HIV-related legal reform***

This evaluation further recommends that UNDP and the wider UNCT undertakes a national assessment of religious beliefs and practices that might support or impede legal reform related HIV and AIDS as well as for vulnerable population to access their human rights. It is also important to get to understand the thinking behind the religious culture that appears to sometime sanction intolerance against groups that the National HIV Strategic Plan identify as most at risk including such as MSM and sex workers.

***Other Recommendations***

1. Ensure a broader representation of stakeholders. Too often, only a few stakeholders involved in work with MSM, sex workers and transgender persons are invited to the table on issues to do with legal reform. More organisations that work with persons with disabilities, faith based organisations, organisations working in rural Jamaica and organisations that support women and girls need to be included.
2. Greater involvement of entities such as the Office of the Parliamentary Counsel, which is the Law Office of the Government charged with responsibility for the preparation of draft legislation. As a number of the interventions recommended have law-drafting implications, it is recommended that UNDP gives strong consideration to improving those capabilities of the OPC.
3. The UNDP should follow up with the General Legal Counsel and the Norman Manley Law School to review and update the course on Human Rights, HIV and the Law and reposition it as a core course with a practicum element.
4. Internal and external communication about the project, in terms of its results/achievements, challenges, opportunities, lessons learned is critical and ensures that stakeholders remain committed. Future project should ensure that regular project information sharing takes place.
5. Given the mixed results under this project, the UNDP should conduct further research and analysis on all aspects of the intervention that were not successful as well as to review best practices for similar projects that are implemented globally. Collaborating with the PIOJ to review existing projects being implemented as well as past projects that were implemented under similar themes will also be critical. These research and analyses will provide a strong background and justification for the 3-5 year program recommended earlier.

## Conclusion

Despite increased public discourses, human rights and HIV awareness have not been fully translated into legal or policy actions. Persistent social attitudes including gender roles and stigma and discrimination towards PLHIV and various key populations present great challenges in HIV prevention in Jamaica. There is also the lack of a broad, enforceable legal framework to prevent and punish HIV-related discrimination. These are among the several challenges identified by the 2013 Jamaica HIV and AIDS Legal Assessment. The Jamaica landscape therefore remains ripe and highly relevant for interventions like the evaluated project. The extent to which the project has effected any sustained legal reform is too early to determine. However, from all indications the HIV and the Law project has provided some important and necessary tools for continued advocacy towards legislative and policy reforms and for PLHIV and other key populations to be able to access their basic human rights.

# Annex 1: Terms of Reference

|  |
| --- |
| **Background and Context** |

The United Nations Development Programme (UNDP) Jamaica Country Office (CO) is working towards achieving its goal under the National Development Plan ‘Vision 2030’, which is directly linked to MDG 6- to halt and reverse the spread of HIV/AIDS. The HIV/AIDS epidemic is closely tied to development and poverty issues, including high levels of unemployment, slow rates of economic growth, high levels of inequality, low educational attainments, absence of social welfare, and crime and violence. Thus the epidemic not only poses a health challenge, but also threatens national productivity as the majority of cases occur in the reproductive and working age groups. The need for reform of legislation relating to PLHIV has been recognized in Jamaica for almost a decade. Representatives from government agencies and civil society organizations (CSOs) have been in dialogue with global institutions and other international agencies that deal with issues related to stigma and discrimination and/or agencies that are committed to halt the spread of HIV/AIDS. The United Nations commitment to the protection and promotion of human rights as central to development assistance led to the conceptualization of this project. The project sought to contribute to changing the legal environment to ensure that it is truly inclusive and supportive in providing for the care, treatment, and counselling and prevention needs of the most at risk groups.

UNDP Jamaica, supported by UNAIDS, and in collaboration with UNFPA, UNESCO, PAHO UNICEF and Ministry of Health developed a project, ‘*Building Capacity for reform for HIV related Law and Policy in Jamaica*’ aimed at conducting a comprehensive legal assessment and developing a corresponding action plan for the reform of laws and policies for HIV- positive and other HIV- affected persons in Jamaica. The second phase of the project aimed to provide support to the sensitization of parliamentarians and members of the judiciary to effects of HIV-related laws on the incidence of HIV and AIDS in Jamaica, to create opportunities for national dialogue on HIV laws, and support the advocacy efforts of CSO’s.

**Evaluation Purpose**

This evaluation will assess both phases of the ‘*Building Capacity for reform for HIV related Law and Policy in Jamaica*’ project in order to determine its contribution towards strengthening national capacity to ensure citizen’s security and human rights[[27]](#footnote-27). This evaluation will also determine:

* The extent to which the project has improved policy, technical frameworks and technical capacity of state human rights institutions[[28]](#footnote-28)
* The extent to which the project has progressed towards its intended impact
* The quality of implementation and management arrangements of the project and make recommendations/suggestions for future implementation of Directly Implemented Projects (DIM) based on lessons learned and/or best practices
1. **Evaluation Scope and Objectives**

The evaluation will address both phases of the project (July 2012- December 2013) and (January 2014 – December 2014) and should embody a strong results-based orientation. The scope of the evaluation includes the following main areas:

1. *Relevance:*The Consultant will assess the degree to which the project takes into account the local context and development problems. The evaluation will review the extent to which the objectives of the project are consistent with beneficiary requirements and needs, and assess whether the approach was coherent. The evaluation will also review the extent to which the project design was logical and coherent, and it will assess the link between activities and expected results, and between results and objectives to be achieved.
2. *Effectiveness:* The evaluation will assess the extent to which the Project's objectives have been achieved, compared to the overall project purpose. In evaluating effectiveness, it is useful to consider: I) if the planning activities were coherent with the overall objectives and project purpose; 2) the analysis of principal factors influencing the achievement or non-achievement of the objectives.
3. *Impact:* The evaluation will assess any evidence and early indication of the intended impact of the project
4. *Sustainability:* The evaluation will assess the project capacity to produce and to reproduce benefits over time. In evaluating the project sustainability, it is useful to consider to what extent intervention benefits will continue even after the project is concluded and the principal factors influencing the achievement or non-achievement of the project sustainability.
5. **Key questions to be answered by the evaluation**

***Relevance:***

* Are the project outputs relevant to the purpose/objectives of the project intervention?
* How does the project relate to the main objectives, mandates and priorities of the Country Programme Action Plan (CPAP)?
* Does the project address needs of policy makers, state and/or non-state practitioners active in the field of HIV/AIDS and human rights issues?
* Does the project respond to key needs of primary/secondary beneficiaries?
* Were the project indicators relevant to the designed outputs?
* Were the intended results (outputs and outcomes) adequately defined, appropriate and stated in measurable terms, and are the results verifiable?

***Effectiveness***

* To what extent have the expected project objectives/outputs been achieved?
* What were the success factors for the achievement or reasons for non-achievement of project outputs?
* What were the major challenges, opportunities and obstacles encountered by the project generally?
* What are the potential intended and unintended, positive and negative, long term effects of the project on direct beneficiaries?
* Has the UNDP partnership approach been appropriate and effective?
* What, if any, progress toward the outcomes has been made?

***Directly Implemented Project (DIM) Management***

* What were the advantages and/or disadvantages of having DIM management arrangement?
* As a DIM project, what were the challenges/advantages to implementation?
* What are the lessons learned regarding best practices on the management of DIM projects in the context of this project?
* Did the project have a steering committee (as per DIM guidelines)? If no, why not? How would have the project benefitted?

***Efficiency***

* Was project funding spent as planned? Were all activities been addressed with the respective budget?
* Did the project M&E systems and practices allow for in-time corrective actions and tracking of the progress towards the expected results (outputs)? (As stated in the document, periodic reviews shall be conducted every quarter to assess the performance of the project and appraise the Quarterly Work Plan (QWP) for the following period. Of importance is also the fact that the management of the project, including all reporting, is in itself an output of the project. The time for the production of quarterly reports is the respective indicator).
* Has the project been cost-effective; i.e., could the results have been achieved at a lower cost through adopting a different approach and/or using alternative delivery mechanisms?

***Sustainability***

* Were any benefits from the project sustained after the end of the project?
* Are the beneficiaries committed to continuing working towards project objectives after the project ended?
* Do stakeholders/institutions have motivation and capacity to efficiently use the tools that were developed by the project?
* What are recommendations for improving the sustainability of the results that were planned/achieved under this project?

***Gender Responsiveness***

* Did the project identify gender issues in the design or implementation phase of the project? How did it deal with these issues?
* Could the project have been more gender- sensitive? Has the project been gender-biased?
* Were the results/benefits of the project different from one gender category to another?
* Has there been any change in the legal or policy environment relating to HIV and women and girls or LGBTI populations as a result of the project?
	+ Were these issues people/agencies were working on before the project?
	+ Did the project help to legitimize work in these areas?
	+ Did it make more possible work on what they were already seeing as problems?
	+ Did it raise new issues?

***Partnerships***

* Were coordination mechanisms among the relevant partners successfully established?
* Were partnerships with CSOs established? Were these partnerships sustained after the end of the project?
* What were the opportunities, achievements and/or challenges of the partnerships?
* Did the partnerships achieve their intended objectives? Were there any main partners that should have been involved but weren’t?
1. **Methodology**

The project evaluation will be undertaken following the UN evaluation norms and guidelines including the UNDP Handbook on Planning, Monitoring and Evaluation for Development Results and in particular the UNDP project-level evaluation, and the UN Standards and Norms for Evaluations. The overall evaluation approach and the selected methodology should be suitable to the evaluation questions and the feasibility of data collection, given the constraints of time and resources. The evaluation should include an analysis of source of information including desk analysis as well as interviews with project partners and beneficiaries.

**Evaluation Ethics**

The evaluation should be conducted in accordance with the principles laid out in the UNDP Evaluation Policy (http: //www. undp.org/evaluation, http://www.undp.org/evaluation/handbook) as well as in accordance with the principles outlined in the UNEG ‘Ethical Guidelines for Evaluation’[[29]](#footnote-29). Evaluators must address evaluation ethics and enact safeguards to protect the rights and confidentiality of information providers, provisions to store and maintain security of collected information and protocols to ensure anonymity and confidentiality. The evaluator will remain impartial and will not act as representative of any party throughout the evaluation process. The evaluation process will be managed by UNDP’s Monitoring and Evaluation Team and the evaluation reports will undergo the standard evaluation review process.

**Duties and Responsibilities**

**Planning and Implementation Arrangements**

The evaluation should be planned and conducted in close consultation with UNDP Jamaica CO. The evaluation tools and methodology must also be agreed with the CO. Although the evaluator should be free to discuss all matters relevant to this assignment with the authorities concerned, the evaluator is not authorized to make any commitment on behalf of UNDP. The evaluator reports directly to UNDP Jamaica CO. To the extent possible, the draft report will also be circulated to the relevant stakeholders for review. While considering the comments provided on the draft, the evaluators would use their independent judgment in preparing the final report. The final draft will be an independent and impartial evaluation of the project.

**Indicative timeframe for the evaluation process**

The evaluation is expected to start in November 2015 and have an expected duration of 30 working days. The final work plan will be confirmed by the UNDP M&E and Programme Team.

**Evaluation Products (Expected Deliverables)**

Expected deliverables:

1. Evaluation inception report – This report allows the programme unit and the evaluator to have a shared understanding about the evaluation. This report should detail the evaluators’ understanding of what is being evaluated and why, showing how each evaluation question will be answered by way of proposed methods, proposed sources of data, and data collection procedures. The inception report should include a proposed schedule of tasks, activities and deliverables.
2. Draft evaluation report that include preliminary findings – the purpose of this report id to demonstrate progress on the assignment and adherence to the TOR and will identify any issues that may need further clarification before completion of the assignment.
3. Organize validation workshop and present Power point presentation with main evaluation findings and recommendations - The purpose of this session is to provide opportunity for initial validation and support fur­ther elaboration of the evaluators’ findings and recommendations. (UNDP will provide the venue)
4. Final evaluation report - within a week of receiving the consolidated comments from projects’ stakeholders, the Consultant will submit a final document that addresses relevant comments and provides comprehensive reporting on all elements of the assignment.

The Evaluation report should not be longer than 35 pages, excluding the annexes and the executive summary. The report should be developed with respect to the following chapters:

1. List of acronyms and abbreviations
2. Table of Contents, including list of annexes
3. Executive summary (maximum 4 pages)
4. Introduction (including evaluation purpose, objectives and scope)
5. Description of the Intervention
6. Evaluation approach and methodology
7. Evaluation findings (including limitations)
8. Summary and explanation of findings and interpretations
9. Conclusions
10. Recommendations, lessons learned and best practices (Recommendations should be related to the specific actions that might be used to improve the efficiency, effectiveness, and impact and management arrangements of similar projects in the future).

In addition, the final report should contain the following annexes:

* Terms of reference for evaluation
* List of persons interviewed
* List of key reference documents
* Any other relevant material

**Competencies**

The consultant should be familiar with and use of the results based monitoring approach of UNDP.

* Strong evaluation skills and use of evaluation methodology
* Familiarity with issues related to HIV, human rights, and governance/public policy
* Excellent analytical skills
* Excellent communication and report writing skills
* Understanding of UNDP policies and procedures

**Required Skills and Experience**

**Academic Qualifications/Education**

* University degree in Public Health, Social Sciences, or other related field
* Diploma or certification in Participatory Learning Appraisal Methods, Facilitation methodology, Monitoring and Evaluation or Results Based Management is an asset
* Substantial knowledge in the field of project evaluation, with at least 3 assignments in evaluation.
* Minimum of 5 years of experience with project evaluation in development cooperation contexts (e.g., projects that support national development priorities)
* Minimum of 2 years of experience with working with most at risk populations (MARPS)
* Demonstrated skills and knowledge in participatory monitoring and evaluation methodologies
* Experience in monitoring and evaluation of development projects related to HIV and human rights in Jamaica

**Language skills**

* Excellent working knowledge of English

**Application procedure**

Qualified and interested candidates are requested to apply no later than 13 November 2015.

Please submit the following to demonstrate your interest and qualifications by explaining why you are the most suitable for the work:

* **Cover letter** explaining why you are the most suitable candidate for the advertised position.
* **Completed P11 form** (Personal History Form) (available on UNDP website) including past experience in similar projects and contact details of referees. Please also include a detailed CV.
* **Technical Proposal –** should include (a) detailed proposed strategy/methodology, work plan timeline; risks/limitations; consideration of a gender approach for assignment; (b) detailed profile of the expertise of the consultant, especially as it relates to experience in the evaluation;
* **Financial Proposal**- specifying a total lump sum amount for the tasks specified in this announcement. The financial proposal shall include a breakdown of this lump sum amount (number of anticipated working days and any other costs). This financial proposal should include costs to deliver the work plan.

Incomplete applications will not be considered. Please make sure you have provided all requested documents.

UNDP applies a fair and transparent selection process that would take into account both the technical qualification of Individual Consultants as well as their financial proposals. The contract will be awarded to the candidate obtaining the highest combined technical and financial scores. UNDP retains the right to contact references directly.  Due to large number of applications we receive, we are able to inform only the successful candidates about the outcome or status of the selection process.

**Evaluation of Applicants**

Individual consultant will be evaluated based on a cumulative analysis taking into consideration the combination of the applicant’s qualifications and financial proposal.

The award of the contract will be made to the individual consultant whose offer has been evaluated and determined as:

* Responsive/acceptable
* Having received the highest score out of a predetermined set of weighted technical and final criteria specific to the solicitation
* Only the highest ranked candidates who would be found qualified for the job for the job will be considered for the Financial Evaluation.
1. *Technical Criteria* - 70% of total evaluation – max points: 70
2. *Financial Criteria* - 30% of total evaluation – max points: 30

**UNDP is committed to achieving workforce diversity in terms of gender, nationality and culture. Individuals from minority groups, indigenous groups and persons with disabilities are equally encouraged to apply. All applications will be treated with the strictest confidence.**

# Annex 2: Evaluation Matrix

| **Evaluation Criteria** | **Questions** | **Indicators** | **Data Sources** | **Data Collection Methods** |
| --- | --- | --- | --- | --- |
| ***Relevance*** | * To what degree does the project take into account the local context and development problems
 | Degree to which the project takes into account the local context and development problems | * Project Documents
* National policies and strategies on HIV
 | * Document Review
* Interviews
 |
| * *Are the project outputs relevant to the expected project outcome?*
 | Level of relevance of outputs with outcome | * Project Documents
 | * Document Review
 |
| * *How does the project relate to the main objectives, mandates and priorities of the Country Programme Action Plan (CPAP)?*
 | Level of alignment with CPAP priorities | * Project Documents
 | * Document Review
 |
| * To what extent are the objectives of the project consistent with beneficiary requirements and needs?
 | Level of consistency of project objectives with beneficiary requirements and needs | * Project Documents
 | * Document Review
 |
| * *Does the project address needs of policy makers, state and/or non-state practitioners active in the field of HIV/AIDS and human rights issues?*
 | Extent to which project addresses the needs of key stakeholders by type | * Project Progress Reports
* UNDP
* Relevant Stakeholders
 | * Document Review
* Interviews
 |
| * *Does the project respond to key needs of primary/secondary beneficiaries?*
 | Extent to which project responds to vulnerable groups by type | * Project Progress Reports
* UNDP
* Relevant Stakeholders
 | * Document Review
* Interviews
 |
| * To what extent was the project design logical and coherent (linkage between activities and expected results, and between results and objectives to be achieved)
 | Degree to which project was logical and coherent | * Project Documents
 | * Document Review
 |
| * *Were the project indicators relevant to the designed outputs?*
 | Extent to which project design was logical and coherentIndicators relevant to outputs | * Project Documents
 | * Document Review
 |
| * *Were the intended results (outputs and outcomes) adequately defined, appropriate and stated in measurable terms, and are the results verifiable?*
 | Quality of RBM system | * Project Documents
 | * Document Review
 |
| ***Effectiveness*** | * To what extent have the expected project outputs been achieved?
 | See indicators in project document results framework and log frame | * Progress Reports
* UNDP
* Relevant Stakeholders
 | * Document Review
* Interviews
* E-Survey
 |
| * What were the success factors for the achievement or reasons for non-achievement of project outputs?
 |  | * Project Progress Reports
* UNDP
* Relevant Stakeholders
 | * Document Review
* Interviews
* E-Survey
 |
| * What were the major challenges, opportunities and obstacles encountered by the project generally?
 |  | * Project Progress Reports
* UNDP
* Relevant Stakeholders
 | * Document Review
* Interviews
* E-Survey
 |
| * What are the potential intended and unintended, positive and negative, long term effects of the project on direct beneficiaries?
 |  | * Project Progress Reports
* UNDP
* Relevant Stakeholders
 | * Document Review
* Interviews
* E-Survey
 |
| * Has the UNDP partnership approach been appropriate and effective?
 |  | * Project Reports
* UNDP
* Project Partners
 | * Document Review

Interviews |
| * What, if any, progress toward the outcomes has been made?
 |  | * Project Reports
* UNDP
* Project Partners
 | * Document Review
* Interviews
 |
| ***Directly Implemented Project (DIM) Management*** | * What are your perspectives on UN agencies and other donor agencies directly implementing projects in country?
 |  | * ECMD, PIOJ
* UN Agencies
 | * Interviews
 |
| * What were the advantages and/or disadvantages of having DIM management arrangement?
 |  | * DIM Guidelines & Checklist
* Project Document
* UNDP
* UN Agencies
* Project Partner
 | * Document Review
* Interviews
 |
| * As a DIM project, what were the challenges/advantages to implementation?
 |  | * Project Reports
* UNDP
* UN Agencies
* Project Partner
 | * Document Review
* Interviews
 |
| * What are the lessons learned regarding best practices on the management of DIM projects in the context of this project?
 |  | * Project Reports
* UNDP
* UN Agencies
* Project Partner
 | * Document Review
* Interviews
 |
| ***Efficiency*** | * Was project funding spent as planned?
 | Level of discrepancy between planned and utilized financialExpendituresPlanned vs. actual fundsleveraged | * Progress Reports
* UNDP
 | * Document Review
* Interviews
 |
| * Were all activities addressed within the respective budget?
 | Extent to which all activities addressed within the respective budget | * Progress Reports
* UNDP
 | * Document Review

Interviews |
| * Did the project M&E systems and practices allow for in-time corrective actions and tracking of the progress towards the expected results (outputs)?
 | Extent to which project M&E systems and practices allow for in-time corrective actions and tracking of the progressQuarterly reports produced Timeliness of progress reports | * Progress Reports
* UNDP
 | * Document Review

Interviews |
| * Has the project been cost-effective; i.e., could the results have been achieved at a lower cost through adopting a different approach and/or using alternative delivery mechanisms?
 | Cost associated with delivery mechanism and management structure compare to alternatives | * Progress Reports
* UNDP
 | * Document Review
* Interviews
 |
| ***Sustainability*** | * What is the likelihood that the benefits will continue now that the project has come to an end?
 | Evidence of continuity of project benefits | * Progress Reports
* UNDP
* Relevant Stakeholders
 | * Document Review
* Interviews
 |
| * Has there been any tangible change in the legal and policy environment that can be linked to the project?
 | Change in the legal and policy environment that can be linked to the project | * Progress Reports
* UNDP
* Relevant Stakeholders
 | * Document Review
* Interviews
 |
| * Were any benefits from the project sustained after the end of the project?
 | Evidence of continuity of project benefits | * Progress Reports
* UNDP
* Relevant Stakeholders
 | * Document Review
* Interviews
 |
| * Are the beneficiaries committed to continuing working towards project objectives after the project ended?
 | Level of commitment of beneficiaries to continuing working towards project objectives after the project ended | * Progress Reports
* UNDP
* Relevant Stakeholders
 | * Document Review
* Interviews
 |
| * Do stakeholders/institutions have motivation and capacity to efficiently use the tools that were developed by the project?
 | Evidence of use of developed by the project | * Progress Reports
* UNDP
* Relevant Stakeholders
 | * Document Review
* Interviews
* E-Survey
 |
| * What are recommendations for improving the sustainability of the results that were planned/achieved under this project?
 |  | * Progress Reports
* UNDP
* Relevant Stakeholders
 | * Document Review

Interviews |
| ***Gender Responsiveness*** | * Did the project identify gender issues in the design or implementation phase of the project? How did it deal with these issues?
 | Extent to whichproject identifies/addresses gender issues in the design or implementation phase | * Progress Reports
* UNDP
* Relevant Stakeholders
 | * Document Review

Interviews |
| * Could the project have been more gender- sensitive? Has the project been gender-biased?
 | Level of gender-sensitivity/gender-bias | * Progress Reports
* UNDP
* Relevant Stakeholders
 | * Document Review

Interviews |
| * Did the project sufficiently address issues that affect women and girls including transgender women?
 | Extent to whichproject addressed issues that affect women and girls including transgender women | * Progress Reports
* UNDP
* Relevant Stakeholders
 | * Document Review

Interviews |
| * Were the results/benefits of the project different from one gender category to another
 |  | * Progress Reports
* UNDP
* Relevant Stakeholders
 | * Document Review

Interviews |
| ***Partnerships*** | * Were coordination mechanisms among the relevant partners successfully established?
 | Evidence of established coordination mechanisms among the relevant partners  | * Progress Reports
* UNDP
* Relevant Stakeholders
 | * Document Review
* Interviews
 |
| * Were partnerships with CSOs established? Were these partnerships sustained after the end of the project?
 | Number of partnerships with CSOs during the projectNumber of partnerships with CSOs maintained after the project | * Progress Reports
* UNDP
* Relevant Stakeholders
 | * Document Review
* Interviews
 |
| * What were the opportunities, achievements and/or challenges of the partnerships?
 |  | * Project Reports
* Project Partners
* UNDP
* UN Agencies
 | * Document Review
* Interviews
 |
| * Did the partnerships achieve their intended objectives? Were there any main partners that should have been involved but weren’t?
 | Quality of the partnerships | * Project Reports
* Project Partners
* UNDP
* UN Agencies
 | * Document Review
* Interviews
 |

# Annex 3: Documents Reviewed

| **Documents** |
| --- |
| **Project Documents** |
| 1. Project Document – July 2012 to December 2013
 |
| 1. Project Document for Extension – January to March 2014
 |
| 1. Project Document Phase II April to December 2014
 |
| 1. UBRAF Agreement
 |
| **Work Plans** |
| 1. Quarterly Work Plan October to December 2012
 |
| 1. Quarterly Work Plan Jan – March 2013
 |
| 1. Quarterly Work Plan April to June 2013
 |
| 1. Quarterly Work Plan July to September 2013
 |
| 1. Quarterly Work Plan October to December 2013
 |
| 1. Quarterly Work Plan (April– June 2014)
 |
| 1. Annual Work Plan 2013
 |
| **Progress Reports** |
| 1. Final Project Review Report 2015 April to December 2014 (Phase II)
 |
| 1. Final Project Report (March 2014)
 |
| ***Annual***  |
| 1. Annual Progress Report for period July 2012-December 2012
 |
| 1. Annual Progress Report for period January 2013- December 2013
 |
| 1. Annual Progress Report for period January to March 2014 (extension period Jan-March 2014)
 |
| ***Quarterly***  |
| 1. Quarterly Progress Report (October 1 - December 31, 2012)
 |
| 1. Quarterly Progress Report (January 1- March 31, 2013)
 |
| 1. Quarterly Progress Report (April 1 – June 30, 2013)
 |
| 1. Quarterly Progress Report (July 1 – September 30, 2013)
 |
| 1. Quarterly Progress Report (January 1- March 31, 2014)
 |
| 1. Quarterly Progress Report (April 1 – June 30, 2014)
 |
| 1. Quarterly Progress Report (July 1 – September 30, 2014)
 |
| **About DIM** |
| 1. DIM Guidelines
 |
| 1. DIM Checklist
 |
| 1. Tool to assess capacity for DIM
 |
| **UNDP Programme Documents** |
| 1. UNDP Jamaica Country Programme Action Plan 2012-2016
 |
| 1. Country Programme Document for Jamaica 2012-2016
 |
| 1. United Nations Development Assistance Framework 2012-2016
 |
| 1. Combined Delivery Report by Activity – July – December 2012 (unglcdrb\_46853600- Panama)
 |
| 1. Combined Delivery Report by Activity – January – December 2013 (unglcdrb\_4685603 - Panama)
 |
| 1. Combined Delivery Report by Activity – January – December 2013 (unglcdrb\_46948488-UNAIDS Funds)
 |
| 1. Combined Delivery Report by Activity – January – December 2014 (unglcdrb\_46863275 - Jamaica)
 |
| 1. Combined Delivery Report by Activity – January – December 2014 (unglcdrb\_46863296 – Panama)
 |
| **Project Outputs** |
| 1. HIV and AIDS Legal Assessment Report – November 2013
 |
| 1. HIV/AIDS Legal Assessment – Plan of Action
 |
| 1. Capacity Assessment of Legal Aid Service Providers, Focussing on Ability to Serve Persons Affected by HIV/AIDS Review
 |
| 1. Communication Strategy to Sensitize Parliamentarians HIV and the Law Project
 |
| 1. Judicial Sensitization, HIV and the Law July 2012
 |
| 1. Final Report 1st Stakeholders Meeting – February 19, 2013 (1st Enabling Environment & Human Rights Stakeholder Meeting)
 |
| 1. ABA-UNDP International Legal Resource Center’s Review of Draft Proposal for Anti-Discrimination Legislation in Jamaica, November 2014
 |
| 1. A Collective Civil Society Submission to the Joint Select Committee reviewing the Sexual Offences Act and Related Acts
 |
| 1. Norman Manley Law School Paper – Presenter Rachel Morrison
 |
| 1. HIV Law Booklet
 |
| 1. Jamaica JPMS2014
 |
| 1. 2012-2013 Jamaica Full Report (UN Joint Team?)
 |
| **Other** |
| 1. 2015 Revised NISP
 |

# Annex 4: List of Persons Consulted

| **Name of Organization** | **Representative/Position** |
| --- | --- |
| Ministry of Health (MOH)**Joint meeting** | 1. Dr. Nicola Skyers/Senior Medical Officer, HIV/STI/Tb Unit, Health Promotion and Protection Branch
 |
| 1. Karlene Temple Anderson
 |
| Ministry of Justice (MOJ) | 1. Justice Zaila McCalla, Chief Justice
2. Desrine Pearson
 |
| Ministry of Labour and Social Security | 1. Marlon Mahon, Director of Occupational Safety and Health
2. Khadrea Folkes, Legal Officer
3. Conrad Saunders, HIV Officer
 |
| Bureau of Gender Affairs | 1. Sharon Robinson/ Director, Policy & Research
 |
| National Family Planning Board  | 1. Dr. Denise Chevannes
2. Dave Gabourel
3. Nicola Cousins
4. Janice Wright
 |
| Planning Institute of Jamaica (PIOJ) | 1. Saskia Frater-Smith
2. Delores Wade
 |
| Jamaica AIDS Support for Life (JASL) | 1. Kandasi Levermore
 |
| Jamaica Forum for Lesbians, All-Sexuals and Gays (JFLAG) | 1. Dane Lewis, Executive Director
 |
| Jamaica Youth Advocacy Network  | 1. Monique Long/Programme Officer and International Youth Speak Out Council Member
 |
| Quality of Citizenship Jamaica | 1. Angeline Jackson Convenor
2. Jalna Broderick Co-Convenor (Joint meeting)
 |
| United Nations Development Programme (UNDP) | 1. Rachel Morrison, HIV Officer
 |
| 1. Elsie Laurence Chounoune , DDR
 |
|  | 1. UNAIDS, Country Director and Human Rights Advisor
 |
| UNAIDS | 1. Erva Jean Stevens
2. Lord Dartey
 |

# Annex 5: Interview Guide for Project Stakeholders

The United Nations Development Programme (UNDP) Jamaica Country Office (CO), supported by UNAIDS, and in collaboration with UNFPA, UNESCO, PAHO UNICEF and Ministry of Health developed a project, ‘*Building Capacity for reform for HIV related Law and Policy in Jamaica*’ aimed at conducting a comprehensive legal assessment and developing a corresponding action plan for the reform of laws and policies for HIV- positive and other HIV- affected persons in Jamaica. The project also aimed to provide support to the sensitization of parliamentarians and members of the judiciary to effects of HIV-related laws on the incidence of HIV and AIDS in Jamaica, to create opportunities for national dialogue on HIV laws, and support the advocacy efforts of CSOs.

In order to determine its contribution towards strengthening national capacity to ensure citizen’s security and human rights[[30]](#footnote-30), the UNDP has commissioned a final evaluation of the project. This evaluation will *inter alia* determine:

* The extent to which the project has improved policy, technical frameworks and technical capacity of state human rights institutions[[31]](#footnote-31)
* The extent to which the project has progressed towards its intended impact
* The quality of implementation and management arrangements of the project and make recommendations/suggestions for future implementation of Directly Implemented Projects (DIM) based on lessons learned and/or best practices

As part of the evaluation exercise, you are being asked to participate in this interview to get your perspectives on the project in order to assess its relevance, effectiveness, efficiency, and sustainability.

*Name/Position: ......................................*

*Organization: .........................................*

*Interviewer’s Name:.................................*

**Interview Questions**

1. What is your understanding of the project “*Building Capacity for Reform of HIV Related Law and Policy in Jamaica*?
2. How relevant do you think the project is in the national/sector context? Does it fulfil the needs of the beneficiaries?
3. Do you think that the timeframe for implementation of the project was adequate? If not, what would be an adequate timeframe for implementation of such a project?
4. Describe your involvement in the project? What specific activities were you directly involved in? *Probe if involved at the design stage, participated in any capacity building/strengthening activities, or implementation stage. if yes how many and how did you find it/them.*
5. Given the nature of the project, were you particularly motivated or particularly reluctant to participate? Why?
6. What impact, if any, did your participation in the project have on you personally as well as on your work (as a parliamentarian/minister of Government/lawyer/judge, CSO advocate, etc.)?
7. Can you speak to any specific outputs/tools developed by this project that you or your organisation are using?
8. Based on your participation and understanding, do you think the project achieved its expected results?
9. What do you think were the main achievements? What were the main challenges?
10. What could have been done differently to make the project more effective?
11. Has there been any change in the legal environment relating to HIV and vulnerable populations as a result of the project?
12. What were some of the lessons learned during your involvement in the project?
13. What would be your recommendations for sustaining the gains/benefits achieved under this project?
14. Was an action plan developed?
15. Are you currently implementing activities from this action plan ? If so which ones?
16. Describe your interactions with the UNDP as project implementer?
17. Given the implementation of this project, would you say that the UNDP is building capacity for HIV related Law reform?
* If the answer is no, in your view which organization would be?
1. Is there anything else you would like to tell me about this project or your involvement in it?

*Specific to MOH/NHP/NFPB*

1. How well aligned is the Plan of Action with your Ministry’s Strategic Plans, the NHP, the NISP, etc.? Are there any noticeable gaps?
2. To what extent have there been any policy changes as it relates to HIV?
3. To what extent do you think the right stakeholders were engaged?
4. Were the relevant country representatives from government and civil society involved in project implementation, including as part of the project steering committee?
5. How would you characterise the 1) management and 2) implementation of the project by the UNDP? Did you sign a partnership agreement with the UNDP? What were the coordination mechanisms?
6. Were there any challenges faced in meeting your obligations under the Project? If so, what were they; to what extent were you able to overcome them?
7. What was your understanding of the sustainability strategy, if any, for this project and how effectively is it now being carried out?
8. Has your organization been sustaining activities now that the project has ended? If so, how?

*Specific to UN Agencies*

1. Was the UNDP best placed to implement this project?
2. How would you characterize their performance in terms of project implementation and management?
3. What areas, if any, could improvements be made in order to make the partnership more effective?
4. Were there any challenges faced in meeting your obligations under the Project? If so, what were they; to what extent were you able to overcome them?
5. What are your perspectives on UN agencies and other donor agencies directly implement projects in country? What are the advantages and disadvantages of using this modality?
6. What are the lessons learned from using this modality for implementing this project?
7. Should this modality be continued based on the experience so far?

*Specific to CSOs*

1. How has your advocacy capacity been built as a result of this project?
2. How has the project made the environment more enabling to work with the vulnerable populations including women and children, LGBT, sex workers
3. Is your constituent more comfortable around accessing treatment, prevention and other services (including redress system services) now that this project has been implemented?
4. Are Social Protection services being accessed by more PLHIVs?
5. What are the remaining gaps and challenges for accessing Social Protection by the vulnerable groups?

**N.B:** For consistency, the evaluation questions will be used to the extent possible during the interviews but will be tailored to the participants’ role in the project. For example, the interview guide will have different probes and emphases for an interview with a government official as opposed to UN agency or a CSO representative.

# Annex 6: Survey Tool

The United Nations Development Programme (UNDP) Jamaica Country Office (CO), supported by UNAIDS, and in collaboration with UNFPA, UNESCO, PAHO UNICEF and Ministry of Health developed a project, ***‘Building Capacity for reform for HIV related Law and Policy in Jamaica’*** aimed at conducting a comprehensive legal assessment and developing a corresponding action plan for the reform of laws and policies for HIV- positive and other HIV- affected persons in Jamaica. The project also aimed to provide support to the sensitization of parliamentarians and members of the judiciary to effects of HIV-related laws on the incidence of HIV and AIDS in Jamaica, to create opportunities for national dialogue on HIV laws, and support the advocacy efforts of CSOs.

In order to determine its contribution towards strengthening national capacity to ensure citizen’s security and human rights, the UNDP has commissioned a final evaluation of the project. This evaluation will inter alia assess the project's relevance, effectiveness, efficiency, and sustainability.

As part of the evaluation exercise, project stakeholders are being asked to participate in the following online survey to get their perspectives on how the project was implemented. The conclusions of the evaluation report will inform any plans for possible continuation of the project.

The evaluator appreciates the time and effort that you will take to complete this brief survey and ask that you submit your responses by latest Monday, February 29, 2016. Your participation in this exercise is voluntary and the information gathered is confidential.

**Thank you and regards.**

**General Information**

|  |  |
| --- | --- |
| Name: |  |
| Organization: |  |
| Position:  |  |

**About the Project**

1. As you understood it, what was this project all about?
	1. Raise awareness of the connections between HIV and legal issues
	2. Build support for critical areas of legal reform that can hinder access to HIV and related services
	3. It is a call for action and progressive governance that includes taking action about archaic laws that prevent persons from having full access to their rights.
	4. Address stigma and discrimination against persons living with HIV and key population groups such as sex workers, men who have sex with men, transgender persons and women.
	5. To improve access to legal services for groups vulnerable to HIV related human rights abuses
	6. Other

 ……………………………………………………………………………………………………………………………………………

…………………………………………………………………………………………………………………………………………….

1. Given the nature of the project, were you particularly motivated or particularly reluctant to participate?

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| Particularly motivated to participate |  |  |
| Particularly reluctant to participate |  |  |
| Neutral |  |  |

1. For which of the following reason(s) did you participate in the project? (Check all that are applicable)

|  |  |
| --- | --- |
|  | **Tick Applicable** |
| To improve my knowledge about HIV and AIDS |  |
| To better understand the potential effect of legal reform as part of the HIV response |  |
| To better understand the link between human rights and the HIV response |  |
| To ensure that the discourse around legal reform and HIV include all Jamaicans (public is engaged) |  |
| To ensure that International development funding is not tied to decriminalization of same-sex relations |  |
| Other (Specify) ………………….………………….………………….………………….………………….………………….……………………………….………………….………………….………………….………………….………………….………………… |  |

1. Prior to your participation in the project what was your perception of the following groups?

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Groups** | **Exceptionally unfavourable** | **Unfavourable** | **Somewhat unfavourable** | **Neutral** | **Somewhat favourable** | **Favourable** | **Exceptionally favourable** |
| 1. People living with HIV and AIDS
 |  |  |  |  |  |  |  |
| 1. Women living with HIV and AIDS
 |  |  |  |  |  |  |  |
| 1. Men who have sex with men
 |  |  |  |  |  |  |  |
| 1. Sex Workers
 |  |  |  |  |  |  |  |
| 1. Transgender Persons
 |  |  |  |  |  |  |  |

**Participation**

1. Below are activities that were undertaken by the project, indicate which of the activity/activities you participated in.

| **Activities** | **Tick Applicable** |
| --- | --- |
| Legal Assessment development/revision |  |
| Preparation of Action Plan  |  |
| Focus Group Discussion with Parliamentarians |  |
| Parliamentarian Consultation on the Justice for All Programme: ***Taking Action to Eliminate Stigma and Discrimination in the HIV Response in Jamaica*** |  |
| Judicial Sensitisation on HIV and the Law |  |
| Draft proposal for the development of an anti-discrimination policy |  |
| One-on-one meetings with the UN Secretary General’s Special Envoy for HIV/AIDS in the Caribbean, Dr. Edward Greene |  |
| Training of adherence counsellors and contact investigators in social protection mechanisms in Jamaica |  |
| Legal aid clinic course on HIV, Social Justice and the Law |  |
| Other (Specify) |  |

1. How satisfied were you with the activity/activities you participated in?

[ ] Very satisfied

[ ] Satisfied

[ ] Neutral

[ ] Dissatisfied

[ ] Very dissatisfied

1. To what extent has your participation in this project helped to reinforce expert opinion and evidence that an enabling legal environment will help to limit the spread of HIV?

[ ] To a great extent

[ ] To some extent

[ ] To a limited extent

[ ] Not at all

1. Explain which activity/activities was/were most beneficial and why.
2. Prior to this project, did you participate in any HIV and Law meeting or sensitization programme?

[ ] Yes

[ ] No

1. If yes to the above, did you receive any new and useful information from participation in this project?

[ ] Yes

[ ] No

1. If yes, what are the new and useful information (topics) gained and have you now applied these to your work.
2. What impact, if any, did your participation in the project have on you personally as well as on your work?
3. Do you think that more of your colleagues could benefit from exposure to these human rights-based events?
4. Prior to the project, would you have had open discussions about the “buggery law” or the sexual offences act with your constituents/colleagues?
5. Since exposure to the project and its related topics, have you had a chance within the last year to openly discuss with your constituents/colleagues, laws or policies that can create unnecessary barriers to ending the HIV epidemic? Or that can create an enabling environment to end the HIV epidemic?

[ ] Yes

[ ] No

1. If yes, which Act/Law/Policy did you discuss?

|  | **Tick Applicable** |
| --- | --- |
| Offences Against the Persons Act (Specifically Sections 76, 77 and 79 which deal with buggery) |  |
| Sexual Offences Act  |  |
| Charter of Fundamental Rights and Freedoms (Constitutional Amendment) Act, 2011 |  |
| National Workplace Policy on HIV and AIDS |  |
| Occupational Safety and Health Act |  |
| Proposed Anti-Discrimination Law |  |
| CEDAW Optional Protocol |  |
| Other (Specify) |  |

1. Having participated in the project, indicate all that are now applicable to you.

|  |  |
| --- | --- |
|  | **Tick Applicable** |
| I now have improved knowledge about HIV and AIDS |  |
| I better understand the link between law and HIV and the potential effect of legal reform as part of the HIV response |  |
| To end the AIDS epidemic in Jamaica by 2020, an approach that emphasizes justice and “health for all” coupled with public health considerations should be emphasised |  |
| I am committed to helping to transform any archaic laws that have an impact on barring PLHIV and sexual minorities from accessing HIV prevention, treatment and care that they need |  |
| I would support an Anti-Discrimination Law that make provisions for all forms of discrimination, including gender, HIV status and sexual orientation |  |
| I understand that PLHIV continue to face significant challenges in terms of their income and social security |  |

1. Now that you participated in the project, has your perception of the following changed? Tick all that are applicable.

| **Groups** | **Exceptionally unfavourable** | **Unfavourable** | **Somewhat unfavourable** | **Neutral** | **Somewhat favourable** | **Favourable** | **Exceptionally favourable** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| * 1. People living with HIV and AIDS
 |  |  |  |  |  |  |  |
| * 1. Women living with HIV and AIDS
 |  |  |  |  |  |  |  |
| * 1. Men who have sex with men
 |  |  |  |  |  |  |  |
| * 1. Sex Workers
 |  |  |  |  |  |  |  |
| * 1. Transgender Persons
 |  |  |  |  |  |  |  |

1. Overall what recommendations do you have to make a project like this more effective?
2. Would you like to see a continuation of this project?

[ ] Yes

[ ] No

1. Would you say that the UNDP is better positioned, given the results achieved under this project to partner, in implementing human rights based interventions?

[ ] Yes

[ ] No

22. Are there any other general comments that you would like to make about the project?

# Annex 7: DIM Guidelines and Checklist

**Direct Implementation (DIM) Modality**

**(taken from UNDPs Programmes and Operations Policies and Procedures)**

**Spanish**

**|**

**French**

**|**

**English**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | |  |  | [Relevant Policies](https://info.undp.org/global/popp/frm/pages/direct-implementation-dim-modality.aspx#RelevantPolicies) | |  |  | [Roles and Responsibilities](https://info.undp.org/global/popp/frm/pages/direct-implementation-dim-modality.aspx#RolesResponsibilities) |
|  | |  |  | [Flowchart](https://info.undp.org/global/popp/frm/pages/direct-implementation-dim-modality.aspx#FlowChart) | |  |  | [Templates and Forms](https://info.undp.org/global/popp/frm/pages/direct-implementation-dim-modality.aspx#TemplatesForms) |
|  | |  |  | [Procedures](https://info.undp.org/global/popp/frm/pages/direct-implementation-dim-modality.aspx#Procedures) | |  |  | [Additional Info. and Tools](https://info.undp.org/global/popp/frm/pages/direct-implementation-dim-modality.aspx#AdditionalInfo) |
|  | |  |  | [Inputs](https://info.undp.org/global/popp/frm/pages/direct-implementation-dim-modality.aspx#Inputs) | |  |  | [Lessons](https://info.undp.org/global/popp/frm/pages/direct-implementation-dim-modality.aspx#Lessons) |
|  | |  |  | [Deliverables](https://info.undp.org/global/popp/frm/pages/direct-implementation-dim-modality.aspx#Deliverables) | |  |  | [On the Drawing Board](https://info.undp.org/global/popp/frm/pages/direct-implementation-dim-modality.aspx#DrawingBoard) |

Page Content

**1.0 Description**

Structure Element - Description

​

Direct Implementation (DIM) is the modality whereby UNDP takes on the role of Implementing Partner.

In this case, UNDP has the technical and administrative capacity to assume the responsibility for mobilizing and applying effectively the required inputs in order to reach the expected outputs. UNDP assumes overall management responsibility and accountability for project implementation.

Accordingly, UNDP must follow all policies and procedures established for its own operations.

**2.0 Relevant Policies**

Structure Element - Relevant Policies

​  All [UNDP Financial Rules and Regulations](https://info.undp.org/global/documents/frm/Financial-Rules-and-Regulations_E.pdf) apply.

* [Internal Control Framework](https://info.undp.org/global/documents/frm/Internal%20Control%20Framework%202013.docx)
* All [Policies and Procedures](http://content.undp.org/go/userguide) applicable to UNDP operations apply (i.e. procurement of goods and services, recruitment of project personnel - SSAs and Service Contracts, training activities, etc).
* [UNDP Cost Recovery Policy](https://info.undp.org/global/documents/frm/Policy-on-Cost-Recovery-from-RR-OR.doc)**.** Cost recovery is the charge levied on Other Resources programme expenses for the estimated incremental costs to UNDP associated with managing the implementation of programmes funded through Other Resources. GMS should be charged if funds other than core funds are budgeted in a DIM project.  Direct Project Charging is followed to charge for all direct services provided irrespective of the funding mechanism (both Core and Non-Core resources).
* In accordance with the UNDP revenue policy, all funds will be recorded in Atlas according to the established rules for Receivables irrespective of the origin of the funds to implement the project.  Funds may be corporate (i.e. TRAC), Agencies’ funds, Trust funds, Cost Sharing from the Government, International Financial Institutions, Bilateral Donors, etc.
* Refer to the section of the Policies and Procedures on [Revenue](http://content.undp.org/go/userguide/finance/rcv-expndtrs/rcv-rcpts-income/?lang=en) management for detailed information on how to record revenue for the projects.
* In accordance with the UNDP expense policy, expenses will be recognized when the goods (non-capital) or services have been received by UNDP.
	+ Property, Plant and Equipment that meet the capitalization threshold will be capitalized and depreciation charged as an expense within the reporting period
	+ Unliquidated Obligations are no longer recognized as an expense.
	+ Payments made in advance of receipt of goods and services will be recognized as prepayments which are offset on the first vouchered payment.
	+ Refer to the section of the Policies and Procedures on Management of Expenses for detailed information on how to record expenses for the projects.

 **3.0 Flowchart**

Structure Element - Flow Chart

​ N/A

**4.0 Procedures**

Structure Element - Procedures

​ N/A

**5.0 Inputs**

Structure Element - Inputs

​Inputs are the personnel, goods and services, and micro-capital grants that are necessary and sufficient to produce the planned outputs. Inputs are obtained on the basis of the project work plan and the corresponding budget.

The following inputs are needed to implement a DIM project and proceed with expenses:

* Signed Project Document/AWP (Agreed plan of expenses.)
* Project Manager designated in the UNDP Office
* Proper structure to carry out project activities installed in the UNDP CO
* Available Funds.

Regional Bureaux and Country Offices must make sure that approval is granted for direct execution before the initiation of project/programme activities. Refer to the [Results Management Policies and Procedures](http://content.undp.org/go/userguide/results/programme/) - Selection of Implementing Partners for more details.

As per UNDP’s Financial Regulations and Rules (Reg. 21.02), the following general principles must be given due consideration; Best value for money; Fairness, integrity, transparency; Effective international competition and the interest of UNDP.

**6.0 Deliverables**

Structure Element - Deliverables

​

The following are the key deliverables:

* Expenses authorized and  recorded in Atlas
* Results achieved as detailed in the AWP

**7.0 Roles and Responsibilities**

Structure Element - Roles & Responsibilities

​The responsibility for the execution of the DIM projects is with UNDP. This role in some projects is reflected in the Standard Basic Assistance Agreement (SBAA) signed by UNDP with the Government (or other document of agreement with the host Government).

UNDP may identify a Responsible Party to carry out activities within a DIM project. A Responsible Party is defined as an entity that has been selected to act on behalf of the UNDP on the basis of a written agreement or contract to purchase goods or provide services using the project budget.  In addition, the Responsible Party may manage the use of these goods and services to carry out project activities and produce outputs.  All Responsible Parties are directly accountable to UNDP in accordance with the terms of their agreement or contract with UNDP.

Under the UNDP Financial Regulations and Rules 16.05, the Responsible Party may follow its own procedures only to the extent that they do not contravene the principles of the Financial Regulations and Rules of UNDP. Where the financial governance of the responsible party, does not provide the required guidance to ensure best value for money, fairness, integrity, transparency, and effective international competition,that of UNDP shall apply.

Irrespective of whether a responsible party is selected, the project manager is responsible for:

* Managing the overall conduct of the project;
* Implementing activities by mobilizing goods and services
* Checking on progress and watch for plan deviations;
* Ensuring that changes are controlled and problems addressed;
* Monitoring progress and risks;
* Reporting on progress including measures to address challenges and opportunities.

FINANCIAL MANAGEMENT:

In the context of DIM, ATLAS provides the management information system to ensure accuracy and transparency of financial information. The country office should use ATLAS to keep track of the financial status of the project at all times, to control expenses, to handle outstanding commitments, to make payments and to monitor the performance of contractors. Atlas shall be used for both financial management and substantive monitoring. This will enable the production of reports that are part of UNDP country office central oversight and monitoring while serving as the building blocks for periodic reviews and communications with stakeholders, such as the web-based reports (Project Progress Report and Project Budget Balance) in the Executive Snapshot.

Any adjustments to the initial approved budget shall be reflected as budgetary revisions in Atlas to be finalized for the year(s) affected by the adjustment.

RECORDING A DIM PROJECT IN ATLAS

The following aspects must be taken into account when recording a project in Atlas:

* CPAP - Signed with the Government - outside Atlas
* AWPs - Recorded in Atlas including different Activities and Inputs.

It is important to remember that the term “Project” in UNDP policy represents an “Award” in Atlas.  And the term “Output” is represented by a “Project” in Atlas (the budget is at the level of the Output).  Therefore, there may exist one Project ("Award" in Atlas) with different Outputs ("Projects" in Atlas).   This must be taken into account when deciding how to reflect the Project’s structure in Atlas, since **the financial control on budgets in Atlas is at the project level and NOT at the Award level.  Therefore, income, expenses, advances, etc. will be controlled at the "Project" level in Atlas.**

* “Executing Agent” – For harmonized programmes, this is the institution which signs the CPAP.  This is not entered into Atlas.
* Implementing Partner – It is UNDP for DIM projects and is reflected in Atlas when creating the Proposal, Award, and Project, in the “Institution ID” (Institution ID - Atlas code: 03315). UNDP should also be reflected in the Implementing Agent field (Impl. Agent - Atlas code: 001981)
* Responsible Parties must be reflected in Atlas in the Chartfields at the budget level, in the field “Implementing Agent” (for non-harmonized programmes, here should be reflected the Implementing Agency).  The Implementing Partner (Institution ID) may be the same as reflected in “Implementing Agent” at the Chartfield level in most cases.  However, for some activities or for the management of some inputs, another party (“Responsible Party”) may be designated.  This party may be the government, an NGO, or an Agency of the UN System.

Refer to [Atlas On Demand](http://ondemandweb.undp.org/OnDemandProduction/OnDemandWebPortal/) for further guidance on recording a project in Atlas.

FINANCIAL REPORTING

 The financial reporting and control mechanisms used to monitor DIM are;

* Combined Delivery Report (CDR).
* Project Budget Balance
* Project Transactions detail report

**The Combined Delivery Report (CDR)**

Based on expense reports received from the project executing entities / implementing partners and recorded in Atlas (the UNDP corporate management system), UNDP prepares a [**Combined Delivery Report**](http://content.undp.org/go/userguide/finance/fin-mgmt-exec-mod/natl-excut-nex-fin-ngo-execut-fin/cmbd-dliver-rprt/?lang=en#top) **(CDR)** at the end of each quarter and at the end of the year. The Combined Delivery Report is a mandatory official report which reflects the expenses and funds utilized on a project.

The report presents two pages, expense and funds utilization. The expense page reflects the total expenses (recorded in Atlas) of a project during a period.  The Funds Utilization page reflects outstanding NEX advances with the IP, undepreciated assets, prepayments, inventory, and outstanding commitments made by UNDP as direct support to the project. Both pages (expense and funds utilization) should be part of the package sent to the IP for certification.   The final Combined Delivery Report at the end of each quarter or the year must be signed by UNDP and certified by the designated authorized official of the executing entity / implementing partner to confirm the validity of the expenses incurred on behalf of the project for the reporting period.

As part of UNDP’s adoption of accrual accounting for expenses, the Combined Delivery Report no longer shows a column for encumbrances.  However, a funds utilization page was introduced to disclose some financial information that will be useful for monitoring and control of the project activities.  This second page includes outstanding NEX advances un-depreciated assets, inventory, prepayments and commitments made by UNDP as direct support to the project. (Note: This second page of financial information does not include any information pertaining to the assets, inventories or commitments of executing entities / implementing partners (government or non-governmental organization).

An executive CDR is also introduced to serve as management report. This version summarizes the general ledger expense codes into the categories consistent with the UNDP financial statements. A query under Atlas report (UN\_CDR\_IPSAS) has been developed to provide users with an excel version of the CDR that gives the option of categorizing expenses by donor for a particular project. This report is only a management report and should not be signed or form part of the CDR package sent to IPs for certification.

The final Combined Delivery Report at the end of the year must be signed by the designated authorized official of the implementing partner.

Refer to [Combined Delivery Report](http://content.undp.org/go/userguide/finance/fin-mgmt-exec-mod/natl-excut-nex-fin-ngo-execut-fin/cmbd-dliver-rprt/?lang=en) for further guidance on CDRs. If the project uses the cash advance modality, the **Financial Report (FR)** or **Funding Authorization and Certificate of Expenses (FACE)** form reporting expenses and requesting advances must also be submitted to the UNDP country office at least quarterly, and signed by the authorized official in the implementing partner. In the country office, the project officer or finance associate must control the outstanding advances balances in order to monitor the correct implementation of the funds.

It should be noted that the above section on CDR makes reference to NEX advances, FACE and Implementing Partners (other than UNDP). These concepts are not expected to form part of the DIM modality; and thus reference to these items under this modality is not applicabl

**The Project Budget Balance**

 The **Project Budget Balance** is a report used to monitor and manage budgetary availability for a particular project (and its associated outputs) for a single year. The report shows approved budgets, commitments, and expense plus the full asset cost for a particular project.  It shows outstanding NEX advances for current and prior years.  It shows budget balances and budget utilization rate of the project. Any user can use this report when monitoring the financial movements of all projects. It is important to note that:

* The report is available in summary level (project, output, activity, responsible party) and detail level (project, output, activity, responsible party, budgetary department, fund, donor, account).
* It includes a Project summary on the first page of the report showing project department;   project number and title; project start and end date; total approved project budget, total project expenses for all prior years; full cost of receipted assets acquired in the year selected; and the name of the project manager.
* The main Atlas source for the report is Commitment Control (KK)

**The Project Transaction Detail**

The **Project Transaction Detail** report is used to provide the lowest level of transactional details supporting commitments, expense, and full cost of asset amounts shown on the project budget balance report.  The report shows transactions at the project/output/activity/Chart of Accounts level, including voucher/purchase order IDs, vendor ID and name, and line descriptions. Any user who needs to have more detailed information about project transactions can run this report for monitoring the financial movements of all projects. It is important to note that:

* The data in the report will be downloadable in Excel, allowing users to perform further formatting and analysis
* The main Atlas source for the report is Commitment Control (KK).

 RESULTS MANAGEMENT POLICIES AND PROCEDURES

The project manager should coordinate the preparation of financial reports with the finance section of the country office. In DIM projects the Resident Representative is responsible for certifying the CDRs or in the case of regional projects, the designated Project Manager is responsible.

Upon finalization of a project, the remaining balance of funds (not if UNDP regular funds ) deposited in the UNDP accounts for the project activities must be reimbursed to the same Donor that initially provided the funds, or may be re-programmed if so agreed with the Donor (refer to closing a project guidance).

The project manager should coordinate with the administrative units of the country office on the follow up of disbursements against obligations. Country office administrative units or sections that are managing recruitment, contracting and procurement for DIM projects may follow-up and update records of outstanding obligations.

**Audit**

 The audit of DIM projects is made through the UNDP’s Office of Audit and Investigation - (OAI). Resident Representatives may request OAI to undertake audits of DIM projects as an exception. Refer to the [OAI site](https://info.undp.org/unit/office/oai/default.aspx) for further information

**COUNTRY:**

**CLEARANCE SLIP - AUTHORIZATION FOR DIRECT IMPLEMENTATION TO COUNTRY OFFICES**

**Project Name:**

**Award:**

**Project:**

**Period of request:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Review of DIM Justification** | **Received** | **Name & Signature** | **Date** | **Comments** |
| 1. | a) Elements supporting DIM modality:* Country in crisis or post conflict
* Politcally sensitive project
* Neutral policy advice (e.g. NHDR)

b) CO capacity* DIM portfolio is currently in line w/ regulations
* Reporting on time

c) Alignment with Strategic Plan: Output No. \_\_ of the Strategic Plan | [ ] [ ] [ ] [ ] [ ]  |   |  |  |
| 2. | **Country Office Documentation** |  |  |  |  |
|  | a) Letter from Resident Coordinator b) PAC minutes signed by DRR c) Project Document d) Budget e) Evidence of government awareness of DIM modality  | [ ] [ ] [ ] [ ] [ ]  |  |  |  |
| 3. | **Finance Clearance** |  |  |  |  |
|  | a) ATLAS project number verified b) Financial information verified in ATLAS | [ ] [ ]  |  |  |  |
| 4. |  **Extensions:**  |  |  |  |  |
|  | a) Letter from Resident Coordinator b)Previous DIM authorization attached c)Narrative reports receivedd)Financial reports receivede)Extension still warranted under original authorization | [ ] [ ] [ ] [ ] [ ]  |   |  |  |
| 5. | **Cleared by:** Country Advisor**Approved by**: Chief, CORE  Support Team |  |  |  |  |
| 6. | **Project document on file** |  |  |  |  |

# Annex 8: Timeliness of Progress Reporting

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **QPRs/APR/Final Report** | **Preparation Date** | **Signed by/Date of Signature** | **Comments if Any** |
|  | QPR 1 2012 (July- Sept 2012) |  |   |  No evidence that this was prepared  |
|  | QPR 2 2012 (Oct - Dec 2012) |  February 28, 2013 |  No signed copy of report |   |
|  | Annual Progress Report (July- Dec 2012 |  February 28, 2013 | Resident Representative- March 20, 2013 |  |
|  | Final Report July 2012 to March 2014 |   |  No signature page |  Submitted March 2014 ( 4 pages) |
|  | QPR 1 2013 (Jan- March 2013) |  April 8, 2013 |  No signed copy of report |   |
|  | QPR 2 2013 (April – June 2013) |  July 18, 2013 |  Deputy Resident Representative/July 24, 2013 |   |
|  | QPR 3 2013 (July- Sept 2012) |  October 8, 2013 |  Resident Representative/October 9, 2013 |   |
|  | QPR 3 2013 (Oct - Dec 2013) |   |   | Report Not Found |
|  | Final Report 2013 |  March 31, 2014? |  No signature |   |
|  | Annual Progress Report (Jan – December 2013 | January 20,2014 | Resident Rep. /January 31, 2014 |  |
|  | Annual Progress Report Jan.- March 2014 |  March 31, 2014 |  Resident Representative - April 14, 2014 |   |
|  | QPR 2 2014 (April – June 2014) |  July 1, 2014? |  No signature |  June 1, 2014 seen on signature page |
|  | QPR 3 2014 (July- Sept 2014) |  |  | No recorded date of completion |
|  | QPR 3 2014 (Oct - Dec 2014 |  January 11, 2015 |  No signature |   |
|  | Final Report 2014 |  May 1,2015 | No signature |   |

1. Because of significant anomalies in the budget/expenditure data, the amount represented here is the amount quoted in the 2012 project document. [↑](#footnote-ref-1)
2. Ministry of Health (2015). Jamaica National HIV/STI/TB Programme 25th Annual Review and Planning Retreat Report (unpublished). [↑](#footnote-ref-2)
3. Boxill, I. E. Galbraith, R. Mitchell, R. Russell (2012). National Survey of Attitudes and Perceptions of Jamaicans Towards Same Sex Relationships: A Follow up Study. Department of Sociology, Psychology and Social Work, UWI, Mona. [↑](#footnote-ref-3)
4. UNDP (2014). Legal Reforms, Social Change: HIV/AIDS, Human Rights and National Development in Jamaica: HIV and AIDS Legal Assessment Report for Jamaica. [↑](#footnote-ref-4)
5. 2012-2016 Country Programme Document, Outcome 3 [↑](#footnote-ref-5)
6. UNEG. April 2005. Standards for Evaluation in the UN System. P. 17. [↑](#footnote-ref-6)
7. OECD-DAC (2002). Glossary of Key Terms in Evaluation and Results Based Management, Paris, OECD, p.32. [↑](#footnote-ref-7)
8. UNAIDS (2014). The Gap Report, Geneva, Switzerland, p. [↑](#footnote-ref-8)
9. UNAIDS 2014. The Gap Report, Geneva, Switzerland, p. 22 [↑](#footnote-ref-9)
10. OECD-DAC (2002). Glossary of Key Terms in Evaluation and Results Based Management, Paris, OECD, pg 20. [↑](#footnote-ref-10)
11. UNDP (2012. Guidance for conducting Terminal Evaluations of UNDP-Supported GEF-financed Projects, pg. 26. [↑](#footnote-ref-11)
12. Jones, H. (2011). A Guide to Monitoring and Evaluating Policy Influence, The Overseas Development Institute Background Note, UK pg. 1. [↑](#footnote-ref-12)
13. This includes legislation that criminalizes people living with HIV, criminalises sexual behaviour between consenting adults, laws that unwittingly increase HIV transmission, hurt already at-risk populations, disproportionately target women and youth and hinder access to HIV treatment. [↑](#footnote-ref-13)
14. A strategy and an action plan to gain access to Parliamentarians were supposed to be developed and implemented. [↑](#footnote-ref-14)
15. The logic is flawed as the one of the activities under the output is exactly worded as the output. [↑](#footnote-ref-15)
16. Jones, H. (2011). A Guide to Monitoring and Evaluating Policy Influence, The Overseas Development Institute Background Note, UK [↑](#footnote-ref-16)
17. VERJ includes the following entities: Caribbean Development Activists & Women’s Movement, Caribbean Vulnerable Communities Coalition (CVCC), HelpAge International, Institute for Gender & Development Studies (IGDS) Mona Unit, University of the West Indies, Institute of Caribbean Children & Families (ICCF), J-FLAG, Jamaica AIDs Support for Life (JASL), Quality of Citizenship Jamaica (QCJ), WMW Jamaica and Woman Inc. The individuals included Vivian Gray, Rose Robinson Hall and Tenesha Myrie. [↑](#footnote-ref-17)
18. Various articles and letters to the editor in local newspapers point to an agenda promoting legalisation of homosexuality and gay marriages. See examples such as ‘Same Sex Marriage End game’ at <http://jamaica-gleaner.com/gleaner/20140604/letters/letters2.html> and ‘Pro-gay Rights’ at <http://jamaicagleaner.com/gleaner/20140606/cleisure/cleisure3.html> [↑](#footnote-ref-18)
19. OECD-DAC (2002). Glossary of Key Terms in Evaluation and Results Based Management, Paris, OECD, pg 20. [↑](#footnote-ref-19)
20. UNDP (2012. Guidance for conducting Terminal Evaluations of UNDP-Supported GEF-financed Projects, pg. 26. [↑](#footnote-ref-20)
21. Annual Progress Report for Reporting Period January 1, 2014 to March 31, 2014, pg.3. [↑](#footnote-ref-21)
22. The data presented relied on budget information from project progress reports that were rife with anomalies. These will have to be verified in an official audit. [↑](#footnote-ref-22)
23. UNDP (2011). National Implementation by the Government of UNDP Supported Projects: Guidelines and Procedures. [↑](#footnote-ref-23)
24. OECD-DAC (2002). Glossary of Key Terms in Evaluation and Results Based Management, Paris, OECD, pg 20. [↑](#footnote-ref-24)
25. UNDP (2012. Guidance for conducting Terminal Evaluations of UNDP-Supported GEF-financed Projects, pg. 26. [↑](#footnote-ref-25)
26. Recall that the Plan of Action was originally slated to be costed. [↑](#footnote-ref-26)
27. 2012-2016 Country Programme Document, Outcome 3 [↑](#footnote-ref-27)
28. 2012-2016 Country Program Action Plan, Output 3.1 [↑](#footnote-ref-28)
29. UNEG, “Ethical Guidelines for Evaluation’, June 2008. Available at http://www.uneval.org/search/index.jsp?q=ethical+guidelines [↑](#footnote-ref-29)
30. 2012-2016 Country Programme Document, Outcome 3 [↑](#footnote-ref-30)
31. 2012-2016 Country Program Action Plan, Output 3.1 [↑](#footnote-ref-31)