End-of-Programme Evaluation of EC-UN Women's "Supporting Gender Equality in the Context of HIV/AIDS"

Final Report
Volume I

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UNIVERSALIA

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Executive Summary

The Universalia Management Group Limited (Universalia) is pleased to submit this revised report on the end-of-programme evaluation of "Supporting Gender Equality in the Context of HIV/AIDS."

The programme, jointly funded by the European Commission (EC) and UN Women, was a three-year, EUR 2,450, 353 million programme implemented in five countries (Cambodia, Jamaica, Kenya, Papua New Guinea, and Rwanda) between 2009 and 2013. The programme's overall intent was to make the HIV response work for women by improving the policy and planning framework. Given the emphasis on policy influence, two key strategies were implemented: one focused on gender mainstreaming in NACAs (National AIDS Coordinating Authorities) and creating advocates from within, and another focused on strengthening the capacity of rights holders (women living with HIV) to influence policy. More specifically, the programme aimed at (i) ensuring that organizations of women living with HIV and women affected by HIV/AIDS provide leadership for and influence the shaping of policies, programmes, and resources allocation that address the HIV/AIDS epidemic in the five selected countries; and (ii) enhancing national commitment to and action for addressing gender equality in the national AIDS response in the five selected countries. The programme worked with NACAs and civil society organizations, including organizations and networks of women living with HIV.

The purpose of the end-of-programme evaluation, which is required by the EC and reflects UN Women's evaluation policy, was to assess the programme's progress toward intended outputs and outcomes. The evaluation examined the programme's relevance, effectiveness, efficiency, sustainability, and factors that affected performance. It covered the period from 1 January 2009 to 31 March 2013, which included the initial 36-month implementation period and an additional 15 months approved under two no-cost extensions.

The intended users of the evaluation findings and recommendations are UN Women, the European Commission, national partners, and other stakeholders, such as UN system partners and donors.

Methodology

An evaluation matrix that outlined the evaluation questions, indicators, methods of data collection, and sources of data guided the evaluation. The main sources of data were: interviews with 161 stakeholders; UN Women corporate-level and country-level documents and financial data; national and sectoral reports, policies, and data; literature on HIV and gender; and evaluation team observations during the country site visits. Programme stakeholders to interview were identified primarily on the basis of a purposeful sampling strategy. Data analysis involved triangulation between data sources.

Limitations - The evaluation was constrained to some extent by the short time frame and the lack of some data required to assess specific evaluation questions (e.g. reports on cumulative progress toward intended results, baseline assessments, cost of outputs, etc.). The time frame, data, and resources available did not allow the evaluation team to consult with all of the programme beneficiaries within each country; it was, therefore, unable to construct representative samples.

Findings

Context and relevance – The context for the programme offered both opportunities and challenges. It was implemented at a time when governments were recognizing that the needs of women and girls must be prioritized and were willing to make political commitments, but had

limited means or political will to translate commitments into concrete action. At the global level, an emphasis on better targeting of investments and favoring biomedical approaches to end HIV and AIDS made it challenging to put gender equality and women's human rights front and center in the HIV response. In this context, the programme was highly relevant. The programme's rights-based approach and focus on one of the most vulnerable groups, women living with HIV, responded to: evidence on the prevalence of HIV among women and the differential effects of HIV/AIDS on women and men; the concerns and needs of women with regard to prevention, treatment, and care/support; and gaps in gender mainstreaming in the HIV and AIDS response. In addition, the programme responded to recognized capacity gaps in the HIV response, both for NACAs and for networks of women living with HIV. Its "governance" approach, which emphasized policy and planning frameworks and the participation and leadership of women living with HIV, was valued both locally (in-country) and globally.

Effectiveness – In strengthening the foundations for a gender-transformative HIV response, the programme's strategy and approaches were effective, but the nature and extent of the results depended on the context and existing capacities of each country.

At the policy level, programme participants helped to influence both the content of key policy documents and the commitments of policy makers. For example, gender mainstreaming in national strategies and action plans improved in the five programme countries over the period under review, and these improvements could be traced, at least in part, to the contributions of the programme. Government officials also made visible commitments to the importance of integrating gender equality into the national HIV response, particularly in Jamaica and Papua New Guinea.

The programme created opportunities for dialogue among women living with HIV, civil society organizations, and government officials at national and local levels but, with the exception of Cambodia, these did not result in many institutionalized spaces for dialogue. The NACAs in each country reported changes in the knowledge and skills of their staff, new internal coordinating mechanisms, and more political will towards and commitment to mainstreaming gender.

Another key programme result was to amplify the voices of women living with HIV and their organizations. Women participants consistently reported the positive effects of the training they received on women's human rights and advocacy. The programme contributed to the emergence or further development of a few women leaders who became advocates for the rights of women living with HIV at the community level (for example, advocating to end discriminatory practices at health care centers and police stations). New organizations were formed in some cases (for example, in Rwanda, a gender think tank of women living with HIV was created in order to provide inputs and guidance to HIV programming) or strengthened (as in the case of the Cambodian Community of Women Living with HIV/AIDS).

Activities at the global level were successful in supporting the two specific objectives of the programme and in convening the programme's key stakeholders for sharing, learning, and reflecting on challenges and promising practices. Dissemination of promising practices and knowledge to external audiences also occurred at regional and global levels, but was more limited.

Sustainability – There are indications of the initial uptake and ownership of programme results by stakeholders in the five countries, including the allocation of resources and expressions of commitment and political will. As with most short-term programmes, however, such momentum and dynamics are at risk without the sustained engagement of governments and other stakeholders in the processes of capacity development and empowerment of women living with HIV and of NACAs.

Efficiency – The programme had a relatively small budget and a short time frame for achieving ambitious results. Overall, resources were used efficiently towards the achievement of programme objectives. The no-cost extensions enabled the programme to complete planned activities in all countries despite delays in the early stages of the programme.

Factors affecting performance – All consulted stakeholders valued the programme's flexibility with respect to the implementation of activities in each country. UN Women's role in the programme was considered to reflect its areas of comparative advantage in the UNAIDS coordinated response to HIV, which includes the 11 co-sponsors. The partnership between EC and UN Women supported the achievement of programme results; it was strongest at the headquarters level and varied at the country level. A few shortcomings in programme design and management could be addressed in future programmes:

- The programme allocated limited resources to monitoring and evaluation, which limited the collection of evidence on the effectiveness and sustainability of programme results.

- The programme had an implicit theory of change but did not develop it fully at either the global or country levels. Thus, the intended links between individual capacity building (mostly in the form of training) and organizational capacity development were not clearly articulated or monitored.

Conclusions

The programme "Supporting Gender Equality in the context of HIV and AIDS" was relevant to the HIV response in both global and national contexts and to the institutional priorities of its key stakeholders. The programme is seen to have achieved considerable results with limited (but efficiently managed) resources. Results at individual, organizational, and policy levels were achieved to different degrees in the five programme countries.

Overall, the evaluation notes that the programme's approach proved to be relevant and effective, requiring a few adjustments if continued in the future.

Recommendations

The following recommendations are for UN Women to consider as it designs future programming on gender equality and HIV, with a view to enhancing its contributions to a gender transformative response to HIV.

Recommendation 1: UN Women should continue its work on improving the institutions that govern HIV response and on ensuring that women living with HIV are part of the decision-making process. This has been an appropriate and relevant emphasis for the organization that can be further strengthened.

Recommendation 2: In future programming, UN Women should continue to support activities at a sub-national level, but should identify the objectives of such work and consider strategies that involve joint programming with other UN agencies from the outset.

Recommendation 3: UN Women should continue to develop a long-term vision and cultivate the partnerships necessary to support the capacity development of organizations of women living with HIV.

Recommendation 4: UN Women should capitalize on its role as a UNAIDS co-sponsor by building on its comparative advantages, sharing lessons in key areas with other co-sponsors, and contributing to the evidence in favour of the continued funding of gender transformative responses under the UNAIDS Strategic Investment Framework.

Recommendation 5: In future global programmes, UN Women should pay greater attention to monitoring, evaluation, and learning, which could help identify worthwhile approaches that might be scaled up to other countries. This would likely require more investment of programme resources at the country and global levels.

Lessons learned

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

Lesson 1: Gender mainstreaming in a National AIDS Coordinating Agency (NACA) is facilitated when there is a respected gender advocate within the organization.

Lesson 2: At the policy level, creating institutionalized spaces for on-going involvement of and dialogue between rights holders (women living with HIV) and duty bearers is as important as changes in strategies and plans.

Lesson 3: The strengthening of individual competencies is more likely to succeed if multiple approaches to capacity building are used (e.g. mentoring, coaching, action learning, group discussions, and peer-to-peer contacts).

Lesson 4: Long-term vision and investment is key for promoting the leadership of women living with HIV and building strong networks of women living with HIV.

Lesson 5: Gender-responsive budgeting (GRB), a potentially key strategy for sustaining integration of gender equality in the national response to HIV, is more likely to succeed if there is already a whole-of-government commitment to GRB.

Acronyms

ARV	Antiretroviral drugs
CCW	Cambodian Community of Women Living with HIV/AIDS
CEDAW	Convention on the Elimination of All Forms of Discrimination Against Women
CO	Country office
CSO	Civil society organization
EC	European Commission
EMTCT	Elimination of mother to child transmission
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
GRB	Gender-responsive budgeting
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome
ILO	International Labour Organization
JASL	Jamaica AIDS Support for Life
JN+	Jamaican Network of Seropositives
KENERELA+	Kenya Network of Religious Leaders Living with or Personally Affected by HIV
MARPS	Most-at-risk populations
MoWA	Ministry of Women's Affairs
NAA	National AIDS Authority
NACA	National AIDS Coordinating Agency
NACS	National AIDS Council Secretariat
NEPHAK	Network of People Living with HIV in Kenya
NGO	Non-governmental organization
NSP	National Strategic Plan on HIV and AIDS
PLHIV	People living with HIV
PNG	Papua New Guinea
RBC/IHDPC	Rwanda Biomedical Centre/Institute of HIV Disease Prevention and Control
RNP+	Rwanda Network of People Living with HIV
ROM	Results-oriented monitoring
TOR	Terms of reference
ToT	Training of trainers
UMG	Universalia Management Group
UN	United Nations

Acronyms

UN Women	United Nations Entity for Gender Equality and the Empowerment of Women
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Populations Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNIFEM	United Nations Development Fund for Women
UNODC	United Nations Office on Drugs and Crime
WFP	World Food Programme
WHO	World Health Organization
WLHIV	Women living with HIV

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1 Introduction

The Universalia Management Group Limited (Universalia) is pleased to submit this revised report on the independent end-of-programme evaluation of "Supporting Gender Equality in the Context of HIV/AIDS." The programme was jointly funded by the European Commission (EC) and UN Women between 2009 and 2013. The budget envelope of EUR 2,450,353 million was used for programme implementation in Cambodia, Jamaica, Kenya, Papua New Guinea, and Rwanda as well as for conducting global-level activities including policy advocacy, knowledge sharing, and monitoring and evaluation.

The report is presented in three volumes. This document, Volume I, is organized as follows:

- Section 2 – Evaluation Background
- Section 3 – Programme Description
- Section 4 – Context for EC-UN Women Programme
- Section 5 – Evaluation Findings (relevance, effectiveness, sustainability, efficiency, and factors affecting performance)
- Section 6 – Conclusions
- Section 7 – Recommendations
- Section 8 – Lessons Learned

Volume II includes the following supporting documents: terms of reference for the evaluation, evaluation matrix, list of informants, list of documents consulted, and data collection tools. Volume III presents country profiles.

2 Evaluation Background

2.1 Evaluation Purpose, Objectives, and Scope

The key purpose of the evaluation was to assess programmatic progress and challenges at the outcome level, with measurement of output-level achievements and gaps, including the effects of these achievements (or lack thereof) on outcome-level progress.[1] The objectives of the evaluation as stated in the TOR were to:

a) Analyze the relevance and effectiveness of programmatic strategy and approaches;

b) Validate programme results in terms of achievements (or lack thereof) toward the outcomes and outputs at country level, with a critical examination of how and to what extent the programme contributed to enhancing the enabling environment for the integration of gender equality in national HIV responses;

c) Assess the potential for sustainable results and the feasibility of continued, on-going, nationally led efforts in each of the five countries;

d) Document lessons learned to inform and strengthen UN Women's governance approach vis-à-vis integrating gender equality and human rights into key policies, programmes, and actions to address HIV and AIDS as well as into the future work of global, regional, and

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[1] Terms of Reference for *Final Evaluation of Supporting Gender Equality in the Context of HIV and AIDS*, p. 24.

national stakeholders in this area. This includes documentation of good practices and any limitations in order to improve and refine programming approaches and interventions.[2]

The evaluation focused on the programme's implementation in the five programme countries – Cambodia, Jamaica, Kenya, Papua New Guinea and Rwanda – as well as on some global-level programme components, such as policy advocacy and the facilitation of knowledge dissemination. The evaluation covered the period from 1 January 2009 to 31 March 2013, which reflects the initial 36-month implementation period plus an additional 15 months approved under two no-cost extensions.

2.2   Intended Use and Users of the Evaluation

As per the TOR, the evaluation findings, conclusions, and recommendations will be used by UN Women, the European Commission, national partners, and other stakeholders to: contribute to the evidence base on effective approaches for addressing and integrating gender equality and women's rights into global and national efforts to fight HIV; support advocacy, programming, and resource allocation efforts to sustain outcomes, including those of UN Women regional and country offices; generate strategic reflection and lessons learned for UN Women, UN system partners, and donors with respect to the governance strategies and approaches that improve the lives of women living with HIV; and inform about how the programme affected the working relationship between UN Women and the EC at the country level.

2.3   Methodology

Evaluation Framework

The evaluation was based on the Terms of Reference (see Volume II, Appendix 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 Volume II, Appendix II).

Primary questions were disaggregated or refined into sub-questions that guided the data collection process. The illustrative indicators were used to make judgments on the main evaluation criteria of relevance, effectiveness, efficiency, and sustainability. The evaluation team also identified the key internal and external factors affecting performance.

Data Collection Methods and Sources

The five main sources of data for the evaluation were: stakeholders, UN Women corporate-level and country-level documents, UN Women's programme financial data, relevant literature on HIV and gender, and observations made during the country site missions. Data collection methods included a document and literature review, interviews and focus groups, and site visits to the five countries, as described below.

Country Site Visits

The evaluation team conducted short site visits in June and July 2013 to the five countries in which the programme was implemented to explore its relevance and progress in implementation. During the country visits, the team collected country and project-related documents and interviewed stakeholders. See Volume II, Appendix III for the dates of visits and team roles and responsibilities.

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[2] Terms of Reference for *Final Evaluation of Supporting Gender Equality in the Context of HIV and AIDS*, p. 22.

Interviews with Stakeholders

The evaluation team consulted a total of 161 stakeholders (see list of informants in Volume II, Appendix IV). Stakeholders, identified primarily through a purposeful sampling strategy, were consulted through semi-structured individual interviews (in person, Skype, or by phone). Interview protocols are presented in Volume II, Appendix VI.

The team interviewed 26 stakeholders at the global level, including UN Women staff, gender and HIV donors, civil society networks, and UN system partners.

During country site visits, the team conducted individual interviews and focus group discussions with 135 key informants from the following categories:

- UN Women staff
- Government/NACAs
- Donors (European Commission, Global Fund)
- UN system partners
- Women living with HIV organizations/networks
- Women living with HIV

Document and Literature Review

Guided by questions in the evaluation matrix, the evaluation team reviewed the following documentation:

- Corporate-level programme documents and data, including monitoring and evaluation reports, progress reports, financial reports, and background documents;
- Country-level programme documents, including progress reports, monitoring reports, implementation plans, implementing partners' reports, and programme outputs, such as gender audits and mapping exercises;
- Documents from the five countries visited, including national HIV policies and sector-related reports and data;
- Documents and literature on the HIV and gender sectors, including policy and vision documents from key sectoral agencies, output documents from sectoral consultative bodies and processes (such as the ongoing deliberations on the post-2015 development agenda), and state-of-the-sector documents.

A list of documents reviewed is presented in Volume II, Appendix V.

Analysis

Data analysis involved triangulation between different data sources. The evaluation tools asked similar questions of different stakeholders and complemented this with a review of documents, which allowed for the assessment of performance against the overarching evaluation criteria. Qualitative responses were reviewed and compared to answer the overarching evaluation questions. The main forms of analysis were content and narrative analysis, as well as comparative analysis.

Content and narrative analysis was used for data gathered through document review, interviews, and country visits involving interviews and focus group discussions with key informants. Content analysis provided the framework for classifying qualitative information, including documents and

interviews, according to particular themes and issues. Comparative analysis made it possible to highlight best practices and/or lessons learned in relation to the different methods and programme approaches.

Validity of the data was ensured through data triangulation (i.e. convergence of multiple data sources), the use of standardized instruments, and compliance with standard practices in evaluation. The results of the analyses were synthesized in the development of evaluation findings. These formed the basis for the draft evaluation report, which provided evidence and references to support the findings.

2.4   Limitations

The evaluation was constrained by two challenges: time and data.

The time frame for the evaluation was particularly compressed; data collection began at the end of May, the Global Convening in Jamaica happened at the end of July, and a draft report was submitted to UN Women in mid-August. Given the time frame, data, and resources available, the evaluation team was unable to consult with all programme beneficiaries within each country and was therefore unable to construct representative samples. In addition, it was not possible to validate all of the results outlined in the progress or final reports. Consequently, the results presented in this synthesis report and in the country profiles (Volume III) are not generalizable to all of the programme beneficiaries within or across participating countries. For clarification, "few" and "majority" are used throughout the synthesis report as modifiers describing the "quantity" of respondents generally adhering to stated viewpoints.

A second challenge was the limited availability of adequate data to assess specific evaluation questions:

- Although the programme receives annual progress reports based on a standard template from each country, these reports comment primarily on the completion of activities and their immediate effects rather than on the country's cumulative progress toward intended results. (At the time of the field missions, there were no end-of-programme reports.)

- Some countries conducted baseline assessments (e.g. Cambodia), but this varied by country. In addition, country reports did not always address the indicators outlined in the original logical framework.

- Progress reports and implementing partners' reports provided inconsistent figures on the numbers of individuals who had been trained and on the number/type of courses in which they had participated (e.g. original training, refresher courses).

- As for many programmes and projects, the analysis of efficiency was constrained by a lack of data on the costs of outputs. Indeed, while the expected cost of outputs was sometimes presented in the annual implementation plans, no financial report presenting the actual costs of outputs was available.

To mitigate these limitations, the evaluation team adopted a number of strategies: i) in order to assess progress, it relied on respondents' self-assessments of the changes in their competencies and in their organization's capabilities, ii) it engaged with UN Women staff and country-level programme stakeholders after the field missions to clarify and/or fill major gaps in the data collected, iii) it drew on the two EC external monitoring reports (2010, 2012) and the mid-term assessment finalized in early 2012, which provided a validation of cumulative progress and identified the on-going challenges of the programme, and iv) in the case of efficiency, it considered the overall budget in relation to the results achieved and the general management approach rather than to the actual inputs that were invested to achieve outputs.

3 Programme Description

The joint EC-UN Women programme "Supporting Gender Equality in the Context of HIV and AIDS" was a three-year, EUR 2,450,353 million programme designed to ensure that gender equality and human rights are effectively integrated into key policies, programmes, actions, and budgets to address the HIV epidemic at the national level.[3]

The team in the Leadership and Governance section of UN Women's Policy Division managed the programme. A programme manager (half time) was responsible for oversight, monitoring, providing technical advice, reporting, etc. From 2009-2010 the programme manager was also the HIV/AIDS Advisor; a Programme Manager, supervised by the HIV/AIDS Advisor in the Leadership and Governance Section, was hired for 2011, 2012, and 2013.

The "governance" approach adopted for this programme was focused at the level of public institutions and policies. In addition, the approach focused on the principle that women should be represented in decision-making in order for their priorities to be effectively taken into account and resourced in the development of policies and programmes. The programme was implemented in five countries selected on the basis of specific criteria[4] (Cambodia, Jamaica, Kenya, Papua New Guinea, and Rwanda) and was structured around two specific objectives, as described in its final logframe:

- That organizations comprised of women living with HIV and women affected by HIV and AIDS in the five selected countries provide leadership in and influence the shaping of policies, programmes, and resource allocations that address the HIV epidemic; and

- To enhance national commitment and action addressing gender equality in the national AIDS response in the five selected countries.

In order to achieve these objectives, the programme focused on building the leadership capacity of women living with HIV, as well as the capacity of networks linking women living with HIV and national AIDS coordinating authorities (NACAs). The programme was implemented at the country level through the following programme strategies: i) strengthening the capacity of groups/organizations of women living with HIV to provide leadership and to influence policy formation, programmes, and resource allocations that address the HIV epidemic; ii) institutionalizing gender expertise through the placement of a Gender Advisor in NACAs; iii) strengthening NACAs' capacity to promote human rights and gender equality in the HIV response;

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[3] The program was originally to be implemented between January 2009 and December 2011; the programme ended in March of 2013 after two no-cost extensions were granted.

[4] Increasing rates of HIV amongst women (including new infection trends, socio-economic and poverty variables); the existence of a national AIDS plan/framework; receptive national AIDS coordinating authorities (with a minimum level of knowledge and awareness that gender norms influence the path of the pandemic); existence of HIV+ women's groups or networks that desire support to increase their engagement in national processes to address the HIV/AIDS response; the existence of Country Coordinating Mechanism for the Global Fund; an enabling environment for civil society to engage with national processes; good partners, including training institutions, women's groups working on HIV/AIDS and gender equality, UN Country Team, UN Theme Group on HIV/AIDS, Joint AIDS Teams, etc., who would be committed to the programme and interested in follow up; consideration of the framework of the UN system-wide coherence reforms for delivering as "one," and implementation of the programme in one of the "One-UN" pilot exercise countries; and UNIFEM presence in the country.

and iv) facilitating (or strengthening) the relationship between NACAs and women living with HIV through high-level dialogues, convening events, and/or national consultations and review processes.

The programme's country-level implementing partners were the NACAs and organizations/networks of women living with HIV. Key stakeholders included: line ministries, such as ministries of gender or women's affairs; HIV/AIDS organizations; women living with HIV; UN Women country offices (and to a lesser extent) regional offices; and other UN system partners, especially UNAIDS.

At the global level, the programme strategy included the provision of technical support to countries as they implemented the programme, the development of monitoring strategies, the management of two evaluations, and the provision of overall programme management. In addition, the global team facilitated the sharing and exchange of promising practices (at three strategic meetings and through documentation), documented the programme's experiences, and captured cross-regional learning. The global team also channeled the programme's country level experiences into global forums for policy direction and guidance (e.g., through UNAIDS).

The programme began in early 2009 and was to run for 36 months; however, an additional 15 months were approved under two no-cost extensions to: i) ensure that there were 36 months in which to implement the planned activities despite some initial constraints and delays (in some countries) and time-consuming procurement and hiring processes; ii) allow for alignment of the programme with the UNAIDS Joint Programme of Support in each country; and iii) allow for the development and approval of country implementation plans. These were delayed in some countries by lags in receipt of funding, which led to the postponement of some activities.

Programme logic

Theory of change: According to UN Women programme staff, and in line with a "governance" approach to the HIV response, the programme's implicit theory of change consisted of making the HIV response work for women at national and global levels by: (a) promoting gender responsive national frameworks and strategies; (b) strengthening the accountability of public institutions to deliver on gender equality commitments with respect to HIV; (c) securing a greater voice for organizations/networks of women living with HIV in decision making processes and holding governments to account on their commitments; and (d) advocating for greater accountability standards and transparency in the implementation of global commitments and the financing for women and gender equality in the HIV response.

Logframe: Exhibit 3.1 below presents the programme's logframe illustrating the movement from activities to expected results, specific objectives, and overall objectives. In this report, these various levels of results are referred to in OECD-DAC terms[5] as outputs (EC-UN Women expected results), outcomes (EC-UN Women specific objectives), and impact (EC-UN Women overall objective).

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[5] Outputs refer to "the products, capital goods and services which result from a development intervention; may also include changes resulting from the intervention which are relevant to the achievement of outcomes." Outcome is "the likely or achieved short-term and medium-term effects of an intervention's outputs," whereas impacts are "positive and negative, primary and secondary long-term effects produced by a development intervention, directly or indirectly, intended or unintended." (OECD-DAC (2002). *Glossary of Key Terms in Evaluation and Results Based Management*, Paris, OECD, 37 p.*)*

Exhibit 3.1 Revised Programme Logframe
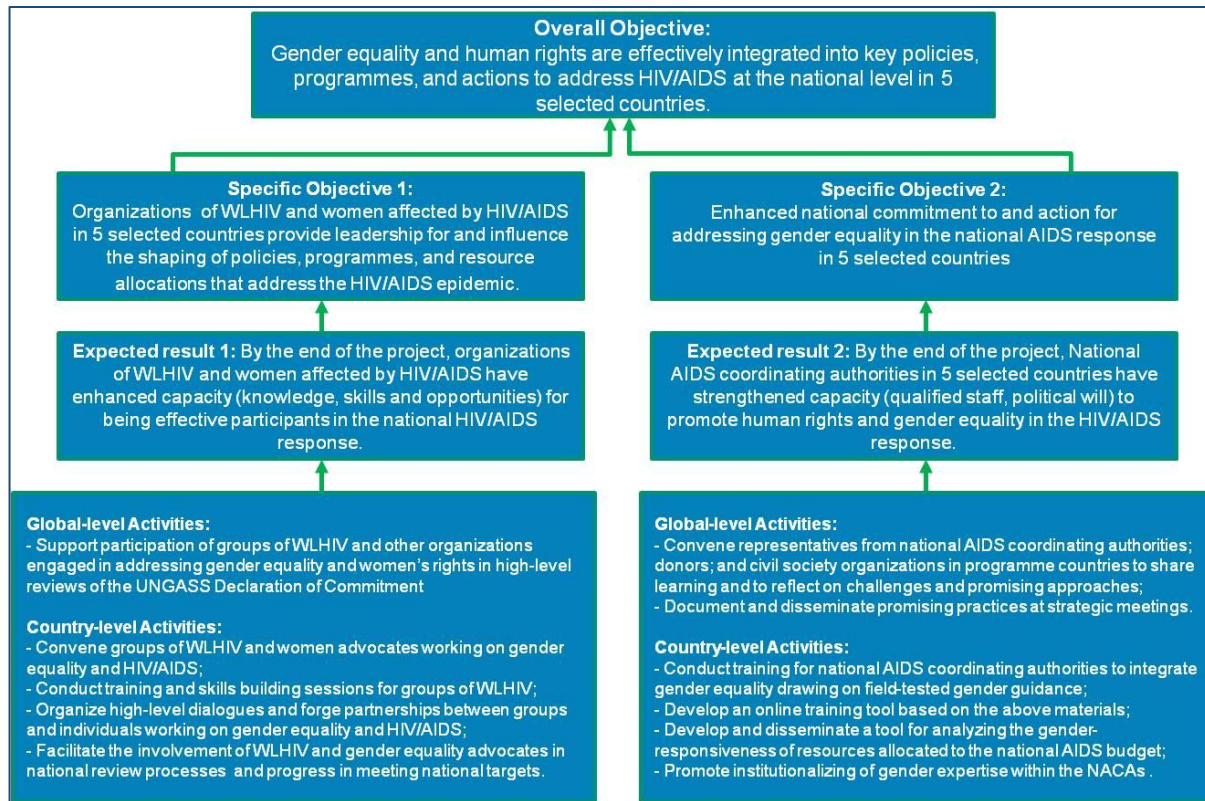
The programme's design anticipated that, by the end of the programme, the two outputs (expected results) would be achieved and that there would be some progress toward the achievement of outcomes (specific objectives). The design documents suggested that outcomes would be fully achieved approximately two to three years after the end of the programme and that impacts (the overall objective) would be achieved approximately five to ten years after the end of the programme. It is important to note that the programme's logframe specifies that the programme is intended to contribute to both outcomes and impacts, and never implies that the results could be solely attributable to this programme.[6]

Assumptions: Various assumptions underlying the programme's theory of change and design were identified in the programme design documents.[7] These include: that NACAs are effective mechanisms in determining and monitoring the national response to HIV; that groups/organizations/networks of women living with HIV exist in the five selected countries at the start of the programme; that, given the adoption of the Declaration of Commitment on HIV/AIDS in 2001, the Political Declaration in 2006, and the High-Level Meeting on HIV/AIDS at the UN General Assembly in 2011, there is a positive climate for revising and implementing current national policies and strategies that apply gender-responsive approaches to reversing the HIV epidemic; that there are simultaneous, complementary efforts at the national and international levels to integrate gender equality and HIV/AIDS into national development strategies for the purpose of promoting progress in achieving development goals; and that building on collaborations and partnerships amongst stakeholders and key decision-makers is required in order to achieve

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[6]UN Women and European Commission (2011). *Supporting gender Equality in the Context of HIV/AIDS: Final Revised Logframe*, 11 p.

[7] —. (2007). "Supporting Gender Equality in the Context of HIV/AIDS," *Project Proposal and Description*, p.21.

desired results. While these assumptions are theoretically reasonable, in practice, they were not all valid for each of the five selected countries, which affected the programme's performance (see section 5.6 for more details). In addition, as noted below, the international context evolved since 2007, maintaining elements of this favorable environment, but also introducing new challenges for gender advocates and programmes aiming to mainstream a gender-transformative approach to the HIV response.

4 Global Gender and HIV context

Globally, 52% of people living with HIV in low- and middle-income countries are women; the percentage is 57% in Sub-Saharan Africa, where the center of the epidemic is located.[8] The prevalence of HIV among young women and girls is at least twice that of young men of the same age. HIV prevalence among female sex workers is estimated at 12%.[9]

Women are more vulnerable than men to HIV as a result of biological factors, gender inequalities, and harmful gender norms. One explanation for women's higher vulnerability to HIV is their greater physiological susceptibility. As a result of gender inequalities, they also have a decreased ability to protect themselves from infection.[10] Women are less likely than men to know how HIV is transmitted and how they can prevent infection, and they are affected by unequal gender relations in decision-making power when refusing sexual relations and negotiating safe sex.[11] Increasing numbers of women are infected by their long-term sexual partners. Gender-based violence, in particular, increases the risk of HIV infection, and some studies have found that women who have experienced domestic violence were 50% more likely to have acquired HIV.[12]

People living with HIV face obstacles related to stigma and discrimination. These obstacles are often greater for women, against whom discriminatory practices may be used and from whom services may be withheld. Women living with HIV may experience discrimination when seeking employment; be denied family planning, dental and other health services; experience income loss; be isolated from their communities; and rendered unable to participate as productive members of society. Further, many of those who experience rights violations as a result of their HIV status are also faced with limitations in redressing these through legal means.[13] Women also carry an unequal burden in care-taking, which further reduces their economic and educational opportunities.

While advancing the health and rights of women is fundamental to the HIV response, working in this area is challenging and requires continuous advocacy efforts. Even though nearly all countries now focus on women in national HIV strategies, these strategies are not sufficiently rights-based and do not involve women living with HIV in decision-making processes or strategy design.[14]

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[8] UNAIDS (2013). Global Report: UNAIDS Report on the Global AIDS Epidemic 2013, Geneva, UNAIDS, p. 78.

[9] *Ibid.*, p, 79.

[10] *Ibid.*, p, 78.

[11] UNFPA. "Promoting Gender Equality: The Gender Dimensions of the AIDS Epidemic", *UNAIDS website*, available at: http://www.unfpa.org/gender/aids.htm

[12] UNAIDS (2013). *Global Report: UNAIDS Report on the Global AIDS Epidemic 2013, Geneva, UNAIDS, p, 80.*

[13] *Ibid., p, 86.*

[14] UNAIDS (2012). *Global Report: UNAIDS Report on the Global AIDS Epidemic 2012, Geneva, UNAIDS, p, 71*.

Globally, the approach to the HIV epidemic has been increasingly oriented towards biomedical solutions to prevent HIV, but prevention procedures (such as HIV testing) and bio-medical treatment need to take into account the complex social structures that increase women's vulnerability to HIV. For example, even if women have access to HIV testing, if they test positive, they are often told not to have children and some are forced into sterilization.[15] National prevention programmes often do not provide enough support to change the policies and social norms that can really make the HIV response work for women.

Over the past decade or so, there have been a number of positive shifts in the global environment, particularly in terms of political commitments, as noted below.

Global Commitments to HIV and AIDS

In recent years, increased attention has been given to the gendered dimensions of the HIV epidemic. The 2001 Declaration of Commitment, for example, adopted by 189 Member States at the UN General Assembly Special Session on HIV/AIDS (UNGASS), specifically outlines gender equality commitments. In 2006, States reaffirmed these commitments and agreed to set

> **General Assembly Resolutions/ Declarations on HIV and AIDS**
>
> The 2001 Political Declaration of Commitment on HIV and AIDS (A/RES/S-26-/2) sets out a series of national targets and global actions to reverse the epidemic. Member States are required to submit Country Progress Reports to the UNAIDS Secretariat every two years. The Declaration also specifically outlines gender equality commitments.
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> The 2006 Political Declaration of Commitment on HIV/AIDS (A/RES/60/262) reaffirms the commitments made in 2001 and agrees to set national targets for 2010 on the provision of prevention, care, and treatment. This Declaration also recognizes that gender inequalities and all forms of violence against women increase women's and girls' vulnerability to HIV/AIDS.
>
> The 2011 Political Declaration of Commitment on HIV/AIDS (A/RES/65/277) includes new commitments and bold new targets to create momentum in the HIV/AIDS response. It also recognizes the important role that UN Women can play in global efforts to combat HIV by promoting gender equality and the empowerment of women, which are fundamental to reducing the vulnerability of women to HIV and AIDS and limiting the further spread of the epidemic.

national targets for 2010. The General Assembly made further commitments in the 2011 Political Declaration on HIV and AIDS to "eliminate gender inequalities and gender-based abuse and violence, [and to] increase the capacity of women and adolescent girls to protect themselves from the risk of HIV infection."[16]

Agenda for Accelerated Country Action

In 2010, UNAIDS launched the *Agenda for Accelerated Country Action for Women, Girls, Gender Equality and HIV,* which aims to address persistent gender inequalities and human rights violations that put women and girls at greater risk for and make them more vulnerable to HIV infection. The Agenda serves as an operational plan for integrating gender equality into national HIV responses and supports the implementation of the UNAIDS Action Framework: Addressing Women, Girls, Gender Equality and HIV. Both UNAIDS and UNIFEM contributed to the development of the Agenda, which focuses on action in three areas:

- "Strengthening strategic guidance and support to national partners to 'know their epidemic and response ' in order to effectively meet the needs of women and girls.

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[15] UNAIDS (2013). Speech by Ms Jan Beagle, Deputy Executive Director of UNAIDS at the Keynote address to the convention on the Elimination of All Forms of Discrimination against Women (CEDAW), July 25, 2013.

[16] United Nations High Commissioner for Human Rights (2011). "The Protection of Human Rights in the Context of Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS)", *Human Rights Council Nineteenth Session*. A/HCR/19/37.

- Assisting countries to ensure that national HIV and development strategies, operational plans, monitoring and evaluation frameworks and associated budgets address the needs and rights of women and girls in the context of HIV.

- Advocacy, capacity strengthening and mobilization of resources to deliver a comprehensive set of measures to address the needs and rights of women and girls in the context of HIV."[17]

Since 2010, 90 countries have committed to implementing the Agenda nationally. A 2012 mid-term review of the UNAIDS Agenda indicated that 60% of these countries have made progress in implementing the Agenda while another 30% have regressed.[18] The most recent report from UNAIDS (2013) recognizes that national HIV responses are increasingly incorporating a focus on gender equality and that there is widespread recognition of the importance of addressing gender equality as part of an effective HIV response.[19] Yet it has been much harder to translate commitments into practice; policies, programmes, and resource allocations are lagging behind in key aspects of a comprehensive effort to overcome gender inequality.[20]

Funding and Strategic Investment Framework

The sixth Millennium Development Goal, which aims to reverse the spread of HIV and AIDS by 2015, requires more resources and strategies targeted at women.[21] Even though most countries have recognized that gender equality is key to an effective HIV response, investments and political leadership do not yet reflect its importance.[22] The 2013 *UNAIDS Report on the Global AIDS Epidemic*, however, notes positive trends in contributions toward the HIV response from both domestic sources and international donors. According to the report, the funding increases in 2011 and 2012 mean that the world has a chance to achieve the 2015 target of mobilizing annual funding of USD 22-24 billion for HIV activities in low- and middle-income countries. To meet that target, however, substantial additional funding will be needed.[23] Low-income and lower-middle-income countries are the most dependent on international resources for financing their HIV response, with domestic resources accounting for only 16% and 27%, respectively, of their HIV funding. [24]

One of the most important developments in recent years has been with regard to making investments in the HIV response more strategic and focused on what research has shown to be the most effective strategies in combating the disease. Since 2011, UNAIDS has urged countries to pursue a strategic investment approach to HIV financing in which they focus their limited resources on interventions, settings, and populations where impact is likely to be greatest.[25] The framework sets out basic programme activities, critical enablers for programme success, and the

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[17] UNAIDS (2010). *UNAIDS Agenda for Accelerated Country Action for Women, Girls, Gender Equality and HIV-Operational Plan for the UNAIDS action framework: addressing women, girls, gender equality and HIV, Geneva, UNAIDS p. 26.*

[18] *Ibid.*

[19] UNAIDS (2013). *Global Report: UNAIDS Report on the Global AIDS Epidemic 2013, Geneva, UNAIDS, p.78*.

[20] *Ibid.a*

[21] UN Women. "HIV & AIDS", *UN Women website*, available at: http://www.unifem.org/gender_issues/hiv_aids/

[22] UNAIDS (2013). *Global Report: UNAIDS Report on the Global AIDS Epidemic 2013, Geneva, UNAIDS, p. 78*.

[23] *Ibid.*, p. 68

[24] *Ibid.*, p. 73

[25] *Ibid.*, p. 75

required synergies between HIV-specific efforts and development. The UNAIDS investment framework and tool give countries the guidance to develop "investment cases" to mobilize sufficient resources for their responses. However, there have also been concerns, expressed by gender equality advocates in particular, that the strategic investment framework considers gender inequality and gender-based violence as "development sector synergies," rather than central to core programmes, and that this may influence the priority given to gender mainstreaming in national responses. [26]

Coordinating the HIV Response

In the global AIDS architecture, UNAIDS acts as the lead agency working on HIV and AIDS and is supported in carrying out its mandate by multilateral partners who bring a wealth of expertise to address the multiple dimensions of HIV and AIDS. [27] UNIFEM has played an active role in UNAIDS since it was launched in 1996 and has participated in numerous expert groups at political and operational levels. In 2012, UN Women became UNAIDS' eleventh co-sponsor and, through its comparative advantage on gender equality and human rights, supports the integration of the gender dimensions of HIV/AIDS into national strategies and policies to address issues, such as gender-based violence, feminized poverty, and women's limited participation in decision-making processes.[28]

Conclusion

The programme evolved in a context that presents challenges for promoting a gender transformative national response. While governments recognize that the needs of women and girls must be prioritized and are willing to make political commitments, they either have limited resources or political will to translate these commitments into concrete action. In addition, the introduction of the UNAIDS strategic investment framework raised concerns among gender equality advocates about how to ensure that gender equality and women's human rights are really front and center in the HIV response.

5 Evaluation Findings

5.1 Overview

The results discussed in this chapter are based on a synthesis of data from document reviews, evaluation team missions to five countries, interviews with key global and regional informants, and feedback following the Evaluation Team's presentation of preliminary evaluation findings and recommendations during the UN Women Global Convening on 30-31 July 2013.[29]

Sections 5.2 to 5.5 below present findings on the performance of the programme in line with the OECD-DAC evaluation criteria: relevance, effectiveness, efficiency, and sustainability. Findings on

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[26] See for example letter to Mr. Michel Sidibé, from the Sexual Violence Research Initiative (http://www.svri.org/UNAIDSNov2012.pdf), which echoes the concern expressed by several interviewees.

[27] UNAIDS' eleven co-sponsors are: UNFPA, UNICEF, UNHCR, UNDP, UN Women, WFP, UNODC, UNESCO, ILO, WHO, and the World Bank.

[28] UNAIDS. "UNAIDS' Cosponsors". *UNAIDS Website*, http://www.unaids.org/en/aboutunaids/unaidscosponsors/, accessed on 2 August 2013.

[29] The UN Women Global Convening brought together programme participants to discuss effective national responses to the HIV and AIDS pandemic. The Convening included representatives of governments, NGOs, networks of women living with HIV from the five programme countries and the United Nations.

the factors affecting performance are addressed in Section 5.6 and include an assessment of programme design, programme management, and the coordinated approach to the HIV response.

5.2 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."[30]

This section presents an analysis of the relevance of the EC-UN Women programme in relation to the context and stakeholder needs and priorities.

During the inception phase of the evaluation the UN Women Core Evaluation Group agreed that the evaluation would place less emphasis on relevance (a preliminary review of EC monitoring reports indicated a general agreement that the programme was highly relevant) so that it could focus more time and attention on other components of the evaluation.

Finding 1: **The programme's focus on the needs of women and girls is relevant, as they are more affected by the HIV epidemic than men and boys due to gender norms within society and for biological reasons.**

There are currently about 15 million adult women living with HIV. Although the overall proportion of women living with HIV has remained stable at about 50% of the global total number of persons living with HIV (PLHIV), in many regions of the world, there has been an increase in the proportion of women and girls living with HIV in the past decade.[31]

This is due, in part, to the fact that women are four times more likely than men to contract HIV from unprotected vaginal intercourse[32] and to significant socio-cultural and economic factors that increase women's vulnerability to HIV. In many countries, including those in which the programme was implemented (i.e. Jamaica, Kenya, Rwanda, Cambodia, and Papua New Guinea), deeply entrenched gender norms often lead to social and economic power imbalances between men and women. Women are often economically dependent on men and vulnerable to male abuse of power, including physical and sexual violence, which reduces their ability to protect themselves from HIV infection and compounds their vulnerability. Due to these power imbalances, many women and girls have little capacity to abstain from or negotiate sex, insist on condom use, take steps to protect themselves from HIV, or access treatment once infected.[33]

Women also experience greater stigma, blame, and negative consequences when infected. Among these consequences are domestic violence, abandonment by the husband and/or the family, and loss of possessions, livelihood, and sometimes the right to see their children. Even when they are not infected themselves, women are disproportionately affected by HIV and AIDS because they bear the greatest burden of care for sick family members.[34]

There is, however, a gap between the proportion of women affected by HIV/AIDS and the extent to which these women are included or participate in HIV responses. In 2012, a UNAIDS report noted

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[30] OECD-DAC (2002). *Glossary of Key Terms in Evaluation and Results Based Management*, Paris, OECD, p.32.

[31] WHO. "Gender inequalities and HIV", *WHO website*, available at: http://www.who.int/gender/hiv_aids/en/

[32] Lamptey P.R., J.L. Johnson, and M. Khan (2006). "The Global Challenge of HIV and AIDS." *Population Bulletin*, Vol. 61, No. 1, March, Washington D.C., Population Reference Bureau, p. 5.

[33] UNAIDS (2012). *Global report: UNAIDS report on the global AIDS epidemic 2012*, Geneva, UNAIDS, pp.70-71; The Global Fund (2008). *Global Fund Gender Equality Strategy*, Geneva, The Global Fund, p.5.

[34] *Ibid.*

that, while women are now more likely to be considered in national HIV strategies, the extent of their inclusion varies from country to country and is often inadequate:

> *Nearly all countries now include women-focused initiatives in their national AIDS strategies. However, country reports show varied understanding of what it means to "include women" in national AIDS responses, suggesting that current approaches may be only partial, inadequately rights-based and inadequately focused on the meaningful involvement of women and girls.*
> *Many fewer countries actually budget for specific HIV-related activities for women and girls than the number that target women in their national strategies.* [35]

The stakeholders interviewed confirmed this insufficient/inadequate gender mainstreaming in most HIV interventions. They noted that "gender" is too often strictly understood as preventing mother-to-child transmission and highlighted the gap between national HIV/AIDS strategies and the actual funding and implementation of these strategies in many countries. By focusing on women and girls and working with the national AIDS coordinating agencies to better mainstream gender in the national HIV response, the EC-UN Women programme has addressed this gap.

Finding 2:   The programme has responded to the capacity needs of women living with HIV and their organizations and of governments and national AIDS coordinating agencies (NACAs).

Women living with HIV and their organizations

Most interviews with global stakeholders confirm that there is a need for women to be consulted when HIV interventions are developed and that technical assistance is needed to promote the effective engagement of organizations of women living with HIV in policy making and implementation. Indeed, the capacity of organizations of women living with HIV and their members is often insufficient for them to effectively and successfully advocate and influence policy/decision making at the national level. This was the case in the five countries where the programme was implemented. The programme addressed this gap by building the capacities of women living with HIV and their organizations and networks to become effective participants/leaders in the national HIV response.

Given the context, the programme adopted an approach that focused explicitly on women's human rights by using a gender-equality lens in its work (training, advocacy, strategy development) with government agencies and civil society organizations involved in the HIV response. In addition, the programme worked directly with women living with HIV and their organizations. This overall approach was appropriate given the context and intent of the programme.

Governments/NACAs

All five countries involved in the programme had pre-existing national HIV and AIDS strategies with some reference to gender (which was a selection criterion for participating in the programme). Moreover, they are all signatories to various international instruments/commitments with which the programme was aligned. These include the 2011 Political Declaration on HIV/AIDS, the Declaration of Commitment of the 2001 UN Special Session on HIV/AIDS, the Convention on the Elimination of All Forms of Discrimination Against Women, the Beijing Declaration and Platform of Action, the UN Security Council Resolution 1325 (2000) on women and peace and security, and the Millennium Development Goals.

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[35] UNAIDS (2012). *Global report: UNAIDS report on the global AIDS epidemic 2012*, Geneva, UNAIDS, p.71.

The countries that participated in the program are all aware of, and to some extent, committed to, the importance of including gender equality in the national HIV response. Nonetheless, the inclusion of gender issues in national policies, programmes, and actions was often hindered by the inadequate capacity of key national actors to translate these commitments into specific programmes and actions. In Jamaica, for instance, consultations held in 2007 on the preparation of the National Strategic Plan for HIV and AIDS revealed "the absence of broad understanding of gender among stakeholders (including NAC staff) who have limited skills to conduct gender analysis."[36] The Gender Audit of the National Response to HIV and AIDS conducted in 2009 by the Kenya National AIDS Control Council also highlighted similar issues: "Most stakeholders and implementers working in HIV and AIDS do not have basic gender awareness and sensitization."[37]

The programme thus responded to the governments' and NACAs' priority of including gender equality considerations in the national HIV response. In addition, the programme responded to the need to strengthen governments' and NACAs' capacities to realize this priority through resourced policies, programmes, gender-responsive budgeting, etc.

Finding 3: **The programme is relevant to its main institutional stakeholders and responds to their strategic priorities.**

UN Women

The programme responded to UNIFEM's Strategic Plan 2008-2011 and its six inter-related desired impacts for increasing women's leadership and participation (Goal 1); increasing access to economic empowerment and opportunities (Goal 2); preventing violence against women and girls and expanding access to services (Goal 3); increasing women's leadership in peace, security, and humanitarian response (Goal 4); strengthening the responsiveness of plans and budgets to gender equality at all levels (Goal 5); and ensuring that a comprehensive set of global norms, policies, and standards on gender equality and women's empowerment is in place (Goal 6). The programme was positioned under Goal 5, which focused on strengthening institutional accountability to gender equality commitments. It continues to be relevant to the current UN Women strategic plan (2011-2013), which makes gender equality priorities central to national, sectoral, and local planning and budgeting the focus of one of its goals. One of the anticipated outcome-level results of this goal refers to the capacity of gender equality advocates and their organizations to effectively influence decision making to promote gender equality in national development strategies/plans, including those designed to combat HIV/AIDS (outcome 5.3). UN Women's approach to gender and HIV supports the broad concept of "governance" (by emphasizing gender transformative policy frameworks, the accountability of public institutions, and the voice of rights holders), which is aligned with strategic plan goal 5 and is relevant to other strategic plan goals, such as goal 1 on women's leadership and participation.

The programme also demonstrates UN Women's commitment to focusing on the most vulnerable and excluded women's groups, of which women living with HIV are a part due to the double discrimination against them as women and as persons living with HIV.

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[36] UNIFEM Caribbean Office. (July 2007). *Capacity Building for Mainstreaming Gender Analysis in HIV and AIDS Programming in the Caribbean*. Gender Checklist and Indicators for HIV and AIDS Policies and Programmes.

[37] National AIDS Control Council and UNFPA (2009). *Gender Audit of the National Response to HIV and AIDS – Kenya*, Republic of Kenya, p. 39

European Commission

Human rights are a central theme of the European Union's cooperation programmes. HIV and gender equality, more specifically, are among the areas identified for community action in the 2005 European Consensus on Development.[38] They are considered cross-cutting issues by the EC, which has already developed the following various guidelines/strategies to promote gender equality and mainstreaming: *Gender Action Plan* (2010), *EU Roadmap for Equality between Women and Men* (2006-2010), *Gender Equality and Women Empowerment in Development Cooperation* (2007), *Toolkit on mainstreaming gender equality* (2009), etc. In 2012, the EC developed a programme called "Investing in People," which aims to support actions in the area of human and social development, including gender equality.

In past years, the European Union has also made the following commitments linked to gender equality in the HIV context: *Council conclusions on Progress on the European Programme for Action to confront HIV/AIDS, Malaria and Tuberculosis through External Action (2007-2011)* (2009); *A European programme for action to confront HIV/AIDS, malaria and tuberculosis through external action – Council conclusion* (9278/05, 2005); and the *European Commission Statement – United Nations Commission on the Status of Women: Equal sharing of responsibilities between women and men, including care-giving in the context of HIV/AIDS* (March 2009). The joint EC-UN Women programme promotes an integrated approach to gender and HIV, which is clearly in line with the EC's goal.

In addition, EC representatives noted that, even though HIV is considered a cross-cutting theme in their cooperation programmes, the Commission does not have a direct way of influencing the HIV response. Funding a programme with a gender perspective thus provided the EC with an opportunity to contribute to this area.

5.3 Effectiveness

5.3.1 Introduction

Effectiveness is defined as "the extent to which the development intervention's objectives were achieved, or are expected to be achieved, taking into account their relative importance."[39] As noted in section 3, the programme's logical framework specified that the expected outcomes (specific objectives) and impact (overall objective) would only be fully achieved within several years after the programme's completion.[40]

Policy change, like capacity development, is a complex process that cannot be predicted and is not the direct consequence of a single intervention or actor's influence. Policy change is rather:

> *"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*

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[38] The European Consensus on Development is a policy statement that reflects the EU's willingness to eradicate poverty and build a more stable and equitable world. It identifies shared values, goals, principles and commitments which the European Commission and EU Member States will implement in their development policies.

[39] OECD-DAC (2002). *Glossary of Key Terms in Evaluation and Results Based Management*, Paris, OECD, p. 20.

[40] For the outcomes, a period of 2-3 years was expected and for the impact, at least 5-10 years would be required.

that does influence policy is often unique and rarely repeated or replicated, with many incentives working against the sharing of 'good practice'.[41]

The latter implies the challenge commonly faced by evaluators when assessing effectiveness: isolating the specific contributions of a programme from the contributions of other interventions that have taken place before and during the programme's implementation. Time is also a factor to be taken into account as it may take a long time for policy change to be reflected in documents, speeches, or behaviors. The programme's activities may lead to additional effects on policy change that, at the time of this evaluation, were not yet visible.

The findings in this section evaluate the extent to which the programme has made progress toward achieving its stated results. Progress is assessed in terms of how programme activities are contributing toward its two outcomes (i.e. specific objectives) and two outputs (i.e. expected results) as shown in the programme logframe (see exhibit 3.1).

The effectiveness section is organized around the following levels of change/intervention:

1) Women living with HIV and organizations of, or advocating for, women living with HIV;

2) National AIDS coordinating authorities and other governmental institutions;

3) Policy and institutional changes; and

4) Global activities.

5.3.2 Women living with HIV and organizations of, or advocating for, women living with HIV

Finding 4:   In all five countries, the programme contributed to strengthening the capacities of individual women living with HIV and contributed to their empowerment.

Capacity-building and empowerment activities

The programme's capacity development strategy consisted mainly of training and sensitization/awareness-raising activities.[42] These activities covered topics such as gender, gender roles, gender equality, and women's human rights. These topics were also addressed as cross-cutting themes in the advocacy and leadership training workshops organized through the programme. As the mid-term evaluation notes, one of the reasons that training workshops were considered effective was the quality and experiences of trainers, who "were able to create a safe, confidential space, foster facilitative, group methods to discuss power and privilege, and who had knowledge about existing policies and were able to make the link between personal experiences and policy changes."[43] During the final evaluation, a few interviewees who participated in the trainings also referred to the facilitators' experience, which allowed them to tailor the content of

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[41] Jones, Harry (2011). *A Guide to Monitoring and Evaluating Policy Influence*. Overseas Development Institute Background Note. February, London, ODI, 11 p. Available at:
http://www.odi.org.uk/sites/odi.org.uk/files/odi-assets/publications-opinion-files/6453.pdf

[42] While the main strategy consisted of training and sensitization activities, women living with HIV and their organizations also received technical support, notably in the form of consultancy and coaching (e.g. help to write abstracts, proposals and presentations).

[43] Srivastava, K. (2012). *Mid-term Programme Assessment: Supporting Gender Equality in the Context of HIV/AIDS*, p. 31

the training to the interests of participants and to direct participants to interesting sources of information.

In Jamaica and PNG, UN Women organized a consultation meeting with women living with HIV at the beginning of the programme in order to introduce it and identify needs and priorities, including training needs. Training workshops were developed based on these consultations and were thus aligned with participants' needs and interests.

The number of women living with HIV trained in each country and the main training themes are shown in Exhibit 5.1. Participants were generally members of organizations comprised of women living with HIV or other people living with HIV. Their capacities before the training varied. For a number of respondents, the topics were quite new; they had never participated in similar training activities and a few of them had never disclosed their HIV-positive status to anyone. A minority of the respondents was already leaders in organizations or groups of women living with HIV and had participated in the country coordinating mechanism of the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM). The different capacity levels of women living with HIV is due, in part, to the fact that, in some countries, the programme built on work done previously by UNIFEM (e.g. in Cambodia) and others, such as the UNDP Leadership Development Programme and the Baptist Union in PNG, which have been supporting and training women living with HIV.

Exhibit 5.1 Indicative number of trained individuals and main training topics by countries[44]

Country	Approximate number of individuals trained	Main themes covered by the training
Jamaica	79	• Entrepreneurial skills • Advocacy, leadership • Gender equality and women's human rights
Kenya	460	• Evidence-based advocacy • Leadership and participation
Rwanda	15	• Leadership • Management
Cambodia	63	• Advocacy, leadership • Self-confidence
Papua New Guinea	40	• Advocacy, lobbying • Radio media advocacy • Transformational leadership

Direct results of capacity-building and empowerment activities

Participants in the programme's training workshops often acquired or increased their knowledge of the impacts that gender roles have in everyday life, about international instruments that recognize fundamental women's human rights, and about advocacy and leadership for the respect of these rights (see finding 5). In a gender transformative intervention, this knowledge is essential to the ability to challenge existing power relations as determined by, among other factors, socially-constructed gender roles and/or to change behaviors: "Changes in human cognition and

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[44] Sources consulted are: country progress reports, country profiles, implementing partners' reports.

understanding play a key role in capacity development. Country participants who became more aware of an issue or idea would, in some instances, begin to reflect on and alter their behavior."[45]

Moreover, many of the stakeholders interviewed (including women living with HIV who participated in trainings, representatives from organizations of women living with HIV, and UN Women staff) considered these activities as a fundamental step in the empowerment of women living with HIV and noted that trained participants increased their sense of self-esteem and self-confidence, which are "core to the empowerment process" because they give "a sense of agency and of 'self' in a wider context, and a sense of *dignidad* (being worthy of having a right to respect from others)."[46]

According to the stakeholders interviewed (including women living with HIV who participated in trainings, women living with HIV who participate in or facilitate self-help groups, representatives from organizations of women living with HIV, and UN Women staff), another important result of the training workshops was that they allowed women living with HIV to realize that they were not alone and that other women were experiencing the same problems and discrimination. They also realized that their feelings of abandonment and being left to themselves were not well founded, since people were caring about them and advocating for them. By giving them the opportunity to meet and connect with women in similar conditions, the training events fostered their sense of solidarity and belonging to a group or "sisterhood." In the five programme countries, these capacity development activities also encouraged women living with HIV to join or participate more actively in self-help groups or other (formal or informal) groups comprised of or working for women living with HIV (e.g. the Kigali Hope Association of

> *"After the training, something happened to my spirit, I felt strong, I learnt that being HIV positive does not mean the end of my life. Previously, I was sad with no hope. After the training I was able to confront stigma and as you can see I talk confidently about my status. The training enabled me to learn that I have rights like everyone else - I could access treatment and I was also able to secure a small loan to repair my roof, I have already repaid the loan. I am currently pursuing my neighbor who has been encroaching on my land as I have reported to the local administration. I see that he is also surprised and wary of my growing confidence. Empowerment and knowledge of rights is so important."*
> Woman living with HIV trained in Kenya

> *"Women living with HIV have good collaboration with each other, they understand more about their health, they understand their rights to get services, gender roles, and they can discuss gender issues in the groups [self help groups]. [...] Women participate more in the [self help groups] meetings and they found the meetings were very useful to them."*
> Woman living with HIV trained in Cambodia

> *"Before the training, I was approached to be president of the network [of PLHIV] but I doubted, but after the workshop I accepted to take the seat. I want to see my organization with voice, holding everybody accountable. I want to help other people to speak out. At the end of the day, I don't accept a no for answer."*
> Woman living with HIV trained in Jamaica

> *"I was so surprised and motivated to learn that there are other women who are living with HIV and that there is a platform where we could share at a national level. My struggles in confronting stigma were not mine alone. I learnt that I had other colleagues with whom we could share. I had little hope to live long, but after the meeting, I was energized, I learnt about women organizing and support groups are a sure way to sustain oneself – I now belong to a women's group."*
> Woman living with HIV trained in Kenya

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[45] Baser, Heather, and Peter Morgan (2008), *Capacity, Change and Performance: Study Report*, European Centre for Development Policy Management, Discussion Paper no 59B, Maastricht, ECDPM, p. 56.

[46] Luttrell, Cecilia *et al.* (2009). *Understanding and operationalising empowerment*, Working Paper 308, November, Overseas Development Institute, 33p.

Positive Youth, the Rwanda Community of Women Living with HIV, and self-help groups in Cambodia and Kenya).

Finding 5: The programme contributed to the emergence or further development of some women leaders who became advocates for the rights of women living with HIV, both at the national and sub-national levels.

The programme aimed to build the capacities of women living with HIV to advocate, lobby, and mobilize so that they could participate more effectively in meetings and other events to influence policy making. All participants interviewed in the five programme countries reported that the training increased their knowledge in advocacy, leadership, and/or activism.

While it is not possible to determine the number of women who took initiative after the training activities (due to the absence of systematic monitoring during the programme), there are examples of advocacy activities undertaken by the trained participants from all five countries.

The programme supported the participation of women living with HIV in national, regional, and international HIV-related meetings (in terms of both attending and taking the floor) and their engagement with their communities. In 2012, for example, women living with HIV from each of the five programme countries were selected to present and/or represent civil society at the XIX International AIDS Conference in Washington, D.C.

At the regional level, women living with HIV participated in regional meetings (see sidebar).

A few of the women living with HIV also played leadership roles at the national level through their participation in policy consultations and dialogues (see finding 10 for more details), their appearance on TV and radio shows to talk about issues affecting women living with HIV (e.g. Cambodia and Jamaica), and their participation in the country coordinating mechanism.

> **Examples of women living with HIV trained by the programme who participated in regional meetings**
>
> Two women living with HIV from Kenya attended the 16th International Conference on AIDS and Sexually Transmitted Diseases in Africa (ICASA) held in Addis Ababa, Ethiopia in 2011.
>
> Rwandan women living with HIV also attended the 16th International Conference on AIDS and Sexually Transmitted Diseases in Africa (ICASA) held in Addis Ababa, Ethiopia in 2011.
>
> CCW's acting national coordinator (a young woman living with HIV) was part of the official Cambodian government delegation to the Asia and Pacific High Level Intergovernmental Meeting on the assessment of progress against commitments in the Political Declaration on HIV/AIDS and the Millennium Development Goals (MDGs), which was held in Thailand in 2012. Four members of CCW also participated twice in the Cambodia Women's Forum for the development and endorsement of the Joint Statement of the 2012 ASEAN Civil Society Conference/ASEAN's People's Forum.
>
> A woman living with HIV from PNG was sponsored to participate in a Positive Pacific Gathering in April 2011 in Fiji. She presented on prevention of parent-to-child transmission.
>
> Three women living with HIV who were trained in Jamaica participated in the 2013 Caribbean Conference on Domestic Violence and Gender Equality in Tobago.

Although work at the sub-national level was not explicit in the programme logframe, this proved to be an important space for women who had been trained by the programme to exercise their advocacy and leadership skills. At district and community levels, programme participants who emerged as community leaders mobilized other women and key actors interacting with and/or providing services to women living with HIV, such as health care centers and police stations. By advocating for the human rights of women living with HIV and by working to overcome discriminatory practices at the local level, these new leaders improved interactions between women living with HIV and other community actors. In Kenya, for example, one programme

participant became a community leader and now informs members of her community of their rights (see sidebar). In PNG, a number of the women trained are now employed as peer counselors in their communities. In Jamaica, women living with HIV who were trained as part of the programme reported that they formed an advocacy group to complain about healthcare workers in their clinic who wore t-shirts with an "HIV" logo or label to distinguish them as health workers trained to provide services to HIV positive people. However, this practice undermined client confidentiality and led to discriminatory practices on the part of other patients in the clinic. The advocacy group stated their grievance in a letter to the HIV STI Regional Coordinator of the Western Regional Health Authority and felt that their voice contributed to discontinuation of the practice.

> *"Through the training we have been able to know our rights to get medication, not to be discriminated against. As women living in slums, abuse is common and near normalized. Today, we have been able to mobilize other women to know they have rights and my "kiosk" is commonly referred to as the "rights advocate kiosk". Community members know that they can complain and they often seek advice from me, where I am able I advise or refer. Since the community mobilization processes, I have noticed an increase in the number of women who are complaining and seeking redress."*
>
> Woman living with HIV trained in Kenya
>
> *"We have learned that advocacy is a problem solving activity, including our rights. How to advocate: how to write a letter, how to follow up, how to get somebody to do that for us. The Ministry is the right person to go to. We also learned how to use internet to get information and research. We also learned how to write something catchy."*
>
> Woman living with HIV trained in Jamaica

Nevertheless, the stakeholders interviewed mentioned that women living with HIV face a number of obstacles in taking on leadership and advocacy roles. One is a fear of disclosing their HIV-positive status, which is still a source of stigma and a cause for discrimination. Another limitation is the cost of participating in advocacy activities that take place outside the programme (e.g. transportation costs to get to activities and the potential loss of income incurred while participating in activities). Other general constraints to women's leadership are health considerations and care-taking responsibilities, which impose a heavy burden on women.

Only a few of the women living with HIV who were trained by the programme took on leadership roles at the national and international level. These individuals were continuously called upon to participate in meetings and other events to influence policy. One issue emerging from global and country-level interviews is that women may face additional constraints to becoming advocates at the national and international level due to language barriers (since meetings are conducted in English), economic opportunity costs, and travel costs (if participation is not directly sponsored by a project).

Finding 6:   The programme provided opportunities for more formal organizations to be either formed or strengthened to better meet the needs of women living with HIV.

As noted in finding 4, the programme's capacity development activities were often an eye-opener for participants who found strength and understanding through their contact with other women living with HIV and facing similar challenges. These activities fostered the mobilization of women living with HIV around common issues, which can be seen as an indicator of the programme's contribution to their collective empowerment.

In most cases, trained participants established informal groups that would meet as required to plan for advocacy activities. In Jamaica and Rwanda, trained women living with HIV joined and/or took on leadership roles in existing organizations working on HIV-related issues. A few emerging leaders in PNG created new formal organizations of women living with HIV. By the end of the

programme, one of the participants in PNG was in the process of establishing an association of teachers living with HIV.

The programme also provided technical and/or financial support for women living with HIV to formally convene. In Rwanda, a gender think tank composed of women living with HIV was created with the programme's support; the group is composed of fifteen members who meet on a regular basis and provide inputs and guidance with respect to HIV programming and influence discussions on gender and HIV at the country level (see Exhibit 5.2 for more results).

Finally, in each of the five countries, the programme also provided support to existing organizations (e.g. organizations/networks of women living with HIV or advocating for women living with HIV, civil society organizations) to build their capacities, adopt new programming approaches or organizational practices for working with women living with HIV, and/or to mainstream HIV in their gender equality related work. Exhibit 5.2 below provides examples from each country that illustrate how the programme contributed to these organizations' capacity building. In most of these cases, stakeholder interviews and documents provide evidence of the evolution of organizational capacities over the course of the programme.

Exhibit 5.2 Examples of capacity building of organizations of women living with HIV and the strengthening of CSOs

Countries	Examples
Jamaica	• The implementing partner JASL (Jamaica AIDS Support for Life) created the position of project coordinator during the implementation of the programme. This position has been maintained since the programme ended. • The JASL project coordinator (previously an administrative staff member) is now a resource person on gender equality and HIV for the organization (as well as for the women living with HIV with whom JASL works) thanks to her participation in the programme's capacity development activities. • The concepts of gender, masculinity, femininity, and power relations introduced in the peer educator programme helped JASL gain a better understanding of the specificities of the different groups with which they work (women living with HIV, men who have sex with men, commercial sex workers, etc.). • Women's Media Watch is rolling out a project on women in leadership in which women living with HIV will be an important stakeholder group. This is an example of one of the programme's ripple effects; one of its trainers was from Women's Media Watch and her exposure to women living with HIV during the programme made her realize the importance of HIV mainstreaming and of women living with HIV as key stakeholders. • The Institute of Gender Development Studies of the University of West Indies has institutionalized the *Gender, Sexual and Reproductive Health and HIV/AIDS* course, which was offered for the first time through support from the programme. The University supports outreach in the whole Caribbean region.
Kenya	• CSOs that were trained through the programme now have a better understanding of the concept of gender equality, and women living with HIV can now better engage, advocate, and influence the national HIV response. • The programme supported a gender audit of religious organizations in Kenya, commissioned by the Kenya Network of Religious Leaders Living with or Personally Affected by HIV (KENERELA+). • The programme helped KENERELA+ generate an alternative HIV prevention and response campaign called SAVE (Safer practices, Access to treatment, Voluntary testing and counseling, Empowerment), through fact sheet production.

Countries	Examples
Rwanda	• Seven organizations of women living with HIV were trained in project proposal writing and submitted proposals to the Global Fund; two organizations were selected for funding. • As a result of advocacy from the programme and the gender think tank, the Rwanda Network of People Living with HIV (RNP+) agreed to change its legal framework and restructure the network to include women throughout its organizational structure (including in decision-making positions). In addition, RNP+ agreed to establish a Gender Unit. 31 women and 31 youths were elected to represent women at all levels of the Network.
Cambodia	• In 2010, the Cambodian Community of Women Living with HIV (CCW) selected the new CCW National Coordinator, developed a restructuring framework, finalized its 2010 Annual Workplan, and completed a capacity needs assessment and plan. • Trained members of the CCW report that they have a better understanding of the vision and mission of the organization and their roles within it. • Representatives of the CCW are consistently invited to participate in policy-making processes and public discussions, and have been a part of official government delegations. • CCW and the National AIDS Authority are co-chairs of the National Committee on Gender Mainstreaming into HIV and AIDS (NCGHA).
Papua New Guinea	• As a result of the programme's training and advocacy activities, Igat Hope (a national organization of people living with HIV) now has the capacity to run a media campaign on its own. • A new association of teachers living with HIV was also being established at the end of the programme.

5.3.3 National AIDS Coordinating Authorities and other governmental institutions

Finding 7:   **As a result of the programme, staff in the NACAs and other governmental institutions in the five countries gained a greater understanding of the concept of "gender" and of the differential effects of HIV on men and women due to social constructs of gender.**

Capacity development was also used as a key programme strategy to promote greater gender equality mainstreaming in the work of NACAs and other governmental agencies involved in the national HIV response. Capacity development consisted of training activities, partnership building/strengthening (e.g. with the Ministry of Women's Affairs in Cambodia, with gender experts in Jamaica, and with organizations of women living with HIV in Cambodia and Jamaica), and ongoing support/advisory services to NACAs through the placement of gender advisors within their structures.

Because some knowledge of the relationship between gender and HIV is conducive to the development of successful partnerships and coaching relationships, training activities exploring this relationship were often used as a starting point for capacity building. Understandably, an important proportion of the programme's capacity building strategy thus focused on training activities. Exhibit 5.3 shows the number and type of staff trained as well as the main themes covered in training.

Exhibit 5.3 Indicative number of staff trained and main training topics by countries

Country	Approximate number of individuals trained	Profile of staff trained	Main themes covered in the training
Cambodia	352 (including NAA staff, MoWA staff, and key line ministries at national and provincial level)[47]	• National AIDS Authority (NAA) staff • Ministry of Women's Affairs (MoWA) at national, provincial, and departmental levels	• Gender and HIV • Gender mainstreaming in the HIV response • HIV mainstreaming in gender equality programmes
Jamaica	200 (including NHP partners)	• National AIDS Committee (NAC), sub-recipient agency staff, volunteers • National HIV/STI Programme (NHP) staff	• Gender equality and HIV
Kenya	150	• NACA staff	• Gender mainstreaming in the national response • GIPA
Papua New Guinea	80	• Staff of both national and provincial AIDS Councils	• Gender equality
Rwanda	55	• NACA staff • RBC/IHDPC staff • Coordinators of the District AIDS Control Committees (CDLS)	• Gender-sensitive programming, monitoring and evaluation

The training workshops in the five countries focused on the concepts of gender, gender equality, gender roles and their impacts on power relations, gender analysis, gender mainstreaming in the national HIV response, HIV and human rights, and the greater involvement of people living with HIV (GIPA).

In three countries (Jamaica, Cambodia, and PNG), training of trainers (ToT) workshops were also organized. In PNG and Jamaica, the training content and format was also adapted to senior managers' needs.

Overall, interviews conducted in the five programme countries, the review of reports on training activities, and the review of the mid-term programme assessment indicate that the programme increased the awareness and knowledge of NACA and governmental institution staff with respect to gender mainstreaming. In Cambodia, increased knowledge and awareness on the part of MoWA and National AIDS Authority (NAA) staff were confirmed by comparing pre- and post-tests designed to determine gains in learning. Interviews conducted with trained NACA staff members revealed that, in many instances, the capacity development activities were instrumental in raising their awareness of the importance that gender roles play in everyday life and how they affect power relations, even within the household. Staff members also learned about the discriminatory practices women living with HIV are often subject to and about the difficulties they confront negotiating sex with their partners.

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[47] Different sources (e.g. training reports, UN Women progress reports, interviews) provided different figures. The figure presented in this table corresponds to the figures presented in the Cambodia country profile (volume III, appendix I), which were confirmed by UN Women.

Interviews with trained staff provide examples of how this awareness and knowledge influenced how they work (see sidebar).

Capacity development activities were more effective for some individuals/countries than others. In both Cambodia and PNG, for example, interviews revealed that the extent to which staff members who participated in ToT were ready to become trainers themselves varied due to several factors, including differences in the way people learn, the duration of the programme (with short periods of effective implementation in some countries), and the availability of opportunities to practice new skills. In Jamaica, NHP staff members working on prevention and M&E are still facing challenges in adapting NHP programmes and M&E systems to mainstream gender equality considerations in an effective way. Training activities were not always sufficient to respond to these specific needs.

> *"Now you look at it (HIV) in a completely different way, it's a development issue. Now when I write a background about a project I think about all those things."*
> NHP partner trained in Jamaica
>
> *"It was enlightening. Before we did not know why gender equality was part of the ILO standards in the workplace, so we could only tell our beneficiaries that they had to ensure gender equality. Now we can have more detailed discussions with them and we are able to explain to them why it is important that they integrate gender equality in their organization."*
> NHP staff in Jamaica
>
> *"Our programming has become more comprehensive integrating gender for instance. We realised some risk factors were not only "women" based but that with a gendered approach needed to address men who have sex with men, commercial sex workers and bi-sexual – hence we are programming accordingly. [...] Our prevention and response mechanisms have been reoriented as we note that women's empowerment is needed to enable a sound understanding of roles and rights within steady relationships."*
> NACC staff in Kenya
>
> *"Gender audit and use of gender audit tool give NACS opportunity to conduct gender audit of implementing partners."*
> NACS staff in Papua New Guinea

Finding 8: **As a result of the programme, the staff of NACAs and other governmental institutions in all five countries have taken steps to mainstream gender in their work. Gender advisors have played a key role in this area.**

In order to enhance the analysis of progress with regard to gender mainstreaming in the NACAs, the evaluation team looked to existing definitions and frameworks. According to the UN Office of the Special Advisor on Gender Issues and Advancement of Women (March 2001),[48] key strategies for mainstreaming gender include:

- Supporting organizational human resources management practices that promote gender mainstreaming;

- Nominating gender mainstreaming champions within an organization;

- Making consistent specialist support available for all staff (e.g. reference material, core resource-base of gender mainstreaming specialists, opportunities for learning)

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[48] Office of the Special Advisor on Gender Issues and Advancement of Women (March 2001). *Supporting gender mainstreaming: The work of the Office of the Special Advisor on Gender Issues and Advancement of Women*. United Nations, Available at: http://www.un.org/womenwatch/osagi/pdf/report.pdf; Office of the Special Advisor on Gender Issues and Advancement of Women (August 2001). *Gender Mainstreaming: Strategy for Promoting Gender Equality*. United Nations, Available at: http://www.un.org/womenwatch/osagi/pdf/factsheet1.pdf; ECOSOC (2006). *Mainstreaming a gender perspective into all policies and programmes in the United Nations system*, ECOSOC Resolution 2006/36, 3 p., Available at: http://www.un.org/en/ecosoc/docs/2006/resolution%202006-36.pdf

- Identifying/establishing gender focal points/units within the organizational structure and ensuring the appropriate level of resources;

- Assisting those specifically assigned to advocate for gender equality (e.g. gender unit and focal points) with developing skills in advocacy, negotiation and other necessary 'change agent' skills;

- Developing an accountability framework;[49] and

- Undertaking organizational gender audits to identify areas of good practice and obstacles to equality initiatives.

Country-level data collection showed that, with support from the program, NACAs and government agencies have applied several of these strategies in their work.[50]

Use of audits as entry points:

Early in the programme's implementation, Cambodia and PNG conducted gender audits of the NACAs (Cambodia also conducted a gender audit of the MoWA) to assess institutional and staff capacity and level of engagement with gender issues for the purpose of potentially guiding future organizational development. As a result of the gender audit, the NACS in PNG created a Gender Equality Core Group, developed a Gender Equality Action Plan, and substantively engaged with a programme consultant in the design and delivery of staff training.

Using a gender advisor as an internal advocate and resource person:

One of the main strategies the programme used in all countries was to position a gender advisor in NACAs (or to work with advisors already in place, as in the case of PNG and Kenya), thus establishing a gender focal point and a gender mainstreaming champion within the organization.

In all five countries, gender advisors were recognized as having facilitated the integration of gender into the national HIV response. Stakeholders interviewed acknowledged that having a dedicated, long-term gender advisor within NACAs was fundamental to the success and sustainability of the programme.

Overall, gender advisors were considered knowledgeable and good points of contact and coordination. They also organized training sessions and developed training materials (in Cambodia, Jamaica, Rwanda), supported the development and dissemination of information to provincial and district offices (e.g. the National Action Plan for Gender Mainstreaming in the HIV Response in Kenya), and provided inputs on the topic of gender sensitive programming (e.g. Kenya's gender advisor in the development of the national Most-at-Risk Populations (MARPS) policy; and Cambodia's gender advisor in the development of the NSP II, the National AIDS Spending Assessment, and NAA plans).

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[49] During the programme, the NACS in Rwanda, Kenya, and PNG began to develop different aspects of accountability frameworks. However, given the time constraints and the nature of the products (reporting formats, provincial level action plans, staff performance appraisal guidelines), the evaluation team was not able to independently validate their content.

[50] In order to assess progress in the mainstreaming of gender in NACAs, the evaluation team drew on the framework provided by the UN Office of the Special Advisor on Gender Issues and Advancement of Women. The framework helped to complement the programme's logical framework, which provided a more limited reference for judging progress towards mainstreaming gender.

In countries where gender advisors were experienced and had good networks (e.g. Jamaica, Kenya, and Rwanda), they were able to build connections between government and NGOs, access senior political officials, dialogue with NGOs, and create

> *About the Rwanda gender advisor presence at last global sessions: "It was helpful to have information from someone on the ground, voice speaking from reality, also helpful to have country case studies. Speaking from experience really helps convey messages much more clearly (helps highlight why our work is important)."*
> Respondent at Global Level

an enabling environment for including gender equality in the HIV response at the national level. In a few instances, this networking also extended to development partners. In December 2012, UNAIDS invited the gender advisor from Rwanda to speak about best practices in the integration of gender into HIV programming at its board meeting. Although the gender advisor position has been institutionalized in Rwanda and partially institutionalized in Jamaica (through another staff member who was given the gender advisor's role and responsibilities), there are concerns about how to sustain funding for the position in other NACAs.

Identifying/establishing gender groups/committees:

In two of the programme countries, committees or core groups were established or strengthened to support the gender mainstreaming process and to work closely with the gender advisor.

- In Kenya, NACC's commitment to gender mainstreaming was visible prior to the programme; it had a Gender Technical Committee that meets on a quarterly basis. However, in 2012, following NACC's dissemination of the National Gender Action Plan to various counties (with UN Women support), county-level gender technical committees were created to develop county-level action plans and monitor their implementation.

- In PNG, a Gender Equality Core Group was created within the NACS as a result of the programme's gender audit of the NACS. The programme also trained four core gender champions (members of the gender equality core working group) in the delivery of a gender equality and rights-based training programme.

Development of tools and resources to support future programming and planning:

With the programme's support, NACAs developed gender equality tools and resources to support their staff and the staff of other agencies. In Jamaica, NHP developed a *Jamaica 2012 Registry of Gender Equality and HIV Resources Persons and Agencies* from which other agencies can draw to locate people who have been trained as part of the programme. In Cambodia, the NAA developed a *Mainstreaming gender into HIV and AIDS response: Stakeholders Directory 2011-2012*. In Kenya, the NACC created an online tool that integrates a module on gender. In Cambodia, Jamaica, and PNG, NACAs developed training manuals that are available for reference and continuous/future training.

Ongoing challenges

Despite the many promising examples of commitment to gender mainstreaming by NACAs and government institutions in most programme countries, there remain some challenges in changing organizational cultures. Such change takes time. Our experience assessing gender mainstreaming indicates that there is often some resistance to change among both staff and senior leaders due to lack of knowledge and understanding of how gender considerations can add value to their work. In addition, staff members and senior leaders sometimes perceive that gender units are simply a bureaucratic requirement rather than a valuable resource to improve practices and programmes. This perspective was confirmed by interviews conducted in the five countries. The interviews also noted the tendency of NACAs to work in silos (i.e. HIV prevention, treatment, care), which can make it challenging to mainstream gender into all aspects of an organization's work on HIV.

5.3.4 Policy and institutional changes

The programme ultimately aims to ensure that gender equality and human rights are integrated into key policies, programmes, and actions to address HIV/AIDS at the national level.

In order to enhance the analysis, the evaluation team identified definitions and frameworks for assessing policy change. Public policy is understood to be "a series of documents and decisions that are best described as a set of processes, activities or actions"[52] rather than as one single, discrete decision. In order to assess the programme's contributions to and effects on policy, the evaluation team drew from the Overseas Development Institute's (ODI) research work and literature review on policy influence, which identifies five dimensions of possible policy impact (see sidebar).[53] The approaches most commonly used to bring about policy change are advising, lobbying, activism, and advocacy. The programme sought to contribute to policy change by developing the advocacy capacities of women living with HIV and their organizations and the capacities of NACAs and their gender advisors.

> **Five key dimensions of possible policy impact[51]**
>
> • **Framing debates and getting issues onto the political agenda**: this is about attitudinal change, drawing attention to new issues and affecting the awareness, attitudes, or perceptions of key stakeholders.
>
> • **Encouraging discursive commitments from states and other policy actors**: affecting language and rhetoric is important, for example, to promote recognition of specific groups or endorsements of international declarations.
>
> • **Securing procedural change at the domestic or international level**: adopting changes in the process whereby policy decisions are made, such as opening new spaces for policy dialogue.
>
> • **Affecting policy content**: while legislative change is not the sum total of policy change, it is an important element.
>
> • **Influencing behavior change in key actors**: policy change requires changes in behavior and implementation at various levels in order to be meaningful and sustainable.

This section presents the assessment of the programme's effectiveness in contributing to policy-level changes in the five programme countries. It identifies changes to which programme activities contributed (e.g. legislation, implementation of strategies and plans, and procedural changes) and the effects these changes had on policy.

Finding 9: Across all five countries, the programme contributed to influencing the content of key policy documents and the commitments of key policy makers. The nature or extent of the programme's specific contributions or influence is more difficult to pin down.

Country-level data collection, document review, and data collected at the 2013 UN Women Global Convening indicate that the programme, through its external and internal advocacy efforts, contributed to the content of some policy documents and encouraged discursive commitments from government officials in the five programme countries. These two dimensions of the programme's policy impact are presented below.

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[51] Jones, Harry (2011). *A Guide to Monitoring and Evaluating Policy Influence*, Overseas Development Institute Background Note, February, London, ODI, 11 p., Available at: http://www.odi.org.uk/sites/odi.org.uk/files/odi-assets/publications-opinion-files/6453.pdf

[52] Nielson, Stephanie. (2001). *IDRC-Supported Research and its Influence on Public Policy. Knowledge Utilization and Public Policy Processes: A Literature Review*. Available at: http://www.idrc.ca/evaluation/

[53] The evaluation team draws on the ODI's work because it provides a helpful analytical framework for understanding policy change and influence, particularly in the absence of a theory of change for the programme.

The programme's effects on policy content

Over the period of programme implementation, the five programme countries approved national strategies for the HIV and AIDS response, action plans, and/or M&E guidelines. The evaluation team's analysis of the content of policy documents shows, overall, a reasonable level of gender sensitivity (e.g. the strategy incorporates gender as a guiding principle or a cross-cutting issue, includes gender-sensitive results, uses gender disaggregated data and indicators, was developed with the participation of gender equality advocates, etc.). In Cambodia and Jamaica, for example, a comparison of national strategies developed prior to the start of the programme and those developed during the programme shows clear improvement in the level of gender sensitivity (e.g. activities and outcomes of interventions are more gender-focused, better explanation of the link between gender roles and the HIV epidemic) although this cannot all be attributed to the programme.

Examples of the programme's contributions to gender-sensitive strategies are shown in the sidebar.

In interviews, government stakeholders commented that the increased awareness and understanding of gender and human rights concepts among NACA staff (and MoWA staff in Cambodia) enabled them to bring a gender perspective to the updated national strategies on HIV and AIDS in Cambodia and Jamaica and to the development of new policy documents related to gender equality in PNG. [54]

In Jamaica, almost all of the stakeholders interviewed agreed that the gender advisor and the women living with HIV who had been trained by the programme played important roles in the inclusion of a reference to gender inequality in the Declaration of Commitment to Eliminate Stigma, Discrimination and Gender Inequality affecting Jamaica's HIV/AIDS Response (2011).

Aside from these examples, however, the data available did not allow the evaluation team to establish a direct causal relationship between programme activities and policy changes.

> **Examples of the programme's contributions to gender-sensitive policies and strategies**
>
> **Cambodia**: The programme contributed to the inclusion of spousal transmission as a priority within NSP III.
>
> **Jamaica:** Because of increased knowledge and understanding of gender and gender mainstreaming, the NHP developed a gender-sensitive National Strategic Plan on HIV and AIDS 2012-2017. The plan includes a section on how gender roles are an underlying determinant of HIV risk and vulnerability and explains how gender-based violence is linked to the HIV epidemic.
>
> 3-4 trained women living with HIV were able to advocate during the consultation process for the inclusion of their rights in the National Strategic Plan on HIV and AIDS 2012-2017.
>
> **Kenya**: In 2011, NACC developed a National Action Plan for Gender Mainstreaming in the HIV Response. Following the dissemination of this plan by the gender advisor, some county-level action plans integrated gender action points in line with the national plan.
>
> **PNG**: NACS created an internal Gender Equality Action Plan (2011) as a result of the gender audit conducted as part of the programme.
>
> **Rwanda**: The programme contributed to the inclusion of gender equality priorities and the recommendations made by women living with HIV in the national EMTCT strategic plan and in the NSP 2009-2012 mid-term review.

The programme's effects on commitments

The evaluation found evidence of the programme's effects on the commitments of government officials in Jamaica and Papua New Guinea.

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[54] Stakeholders interviewed in Jamaica were not able to specify whether/how the inputs provided by the women living with HIV during the consultations for the development of the national strategic plan on HIV and AIDS 2012-2017 have been taken into consideration, since the plan is still under revision.

In Jamaica, the majority of stakeholders interviewed agreed that the gender advisor and women living with HIV trained by the programme played important roles in obtaining signatures from the Prime Minister and the Leader of the Opposition Party on the Declaration of Commitment to Eliminate Stigma, Discrimination and Gender Inequality affecting Jamaica's HIV/AIDS Response (2011). The declaration was recognized by country-level stakeholders as an important sign of high-level political commitment to the elimination of gender inequality in the national HIV response. The draft national strategic plan for HIV and AIDS 2012-2017 also makes reference to the declaration, which "will also provide leverage for the passage of necessary policy and legislation to action to address HIV-related stigma and discrimination and gender inequality."[55] However, in evaluation interviews, country-level stakeholders (e.g. CSOs, UN representatives, line ministries) indicated that, so far, they had made limited use of the declaration as an advocacy tool for pushing the government to address the HIV epidemic in a more effective and gender-responsive way.

In PNG, the Minister for Health and HIV/AIDS made an explicit commitment under the COMMIT initiative, associated with the UN Secretary General's "Say NO – UNiTE to End Violence against Women" campaign coordinated by UN Women. The Minister signed a statement, available on the internet, in which he recognized the links between gender-based violence, human rights abuse, and HIV transmission and pledged support to NACS and its partners and stakeholders to ensure gender equality and its mainstreaming in all aspects of their work.[56] A few stakeholders suggested that the programme contributed to the Minister's decision to make a public commitment.

As noted in section 5.3.1, the programme may lead to other changes that were not yet evident at the time of the evaluation.

Finding 10: The programme created opportunities for dialogue among women living with HIV, CSOs, and government officials at national and local levels, but these did not result in many *institutionalized* spaces for dialogue.

The creation of new spaces for policy dialogue (one of the five dimensions of possible policy impact noted above) is an indication that changes have taken place in the process by which policy decisions are made and that women living with HIV and their organizations have gained visibility and recognition from NACAs and/or policy makers.

In the five programme countries, the programme created partnerships and *ad hoc* spaces for dialogue between leaders/organizations of women living with HIV and NACAs/governmental officials:

- In **Jamaica**, two or three women living with HIV trained by the programme were invited to attend national consultations and provide their input on the national strategic plan on HIV and AIDS 2012-2017. In addition, three consultative dialogues were held in which these women participated. A partnership between the NHP and JASL developed over the course of the programme and the two organizations will continue to collaborate under a three-year grant from the United Nations Trust Fund to End Violence against Women (UNTF).

- In **Cambodia**, the CCW was invited to lead a session on the experiences of women living with HIV at a training workshop on gender and HIV. MoWA organized a workshop for its staff in January 2013. Women living with HIV have been invited to participate in NAA and MoWA training sessions since the last quarter of 2012. MoWA's Department of Women's

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[55] National HIV/STI Programme. (2012). *Jamaica National HIV Strategic Plan 2012-2017,* p. 47.

[56] UN Women, "The Government of Papua New Guinea commitment", *Say NO UNiTE to End Violence against Women website*, available at: http://saynotoviolence.org/commitment-papua-new-guinea

Health organized a debate forum on gender and HIV/AIDS attended by 230 participants, including local authorities, MoWA staff, CSOs, UN Women, and people living with HIV. CCW participated in the formulation of the NSP III led by the NAA, as well as in the NAPVAW II consultations at national and sub-national levels. A woman living with HIV participated in a TV debate forum organized by MoWA.

- In **Kenya**, the NACC, in partnership with the Network of People Living with HIV in Kenya (NEPHAK), organized its first national leadership conference for women living with HIV ("Championing women's leadership to end AIDS") with technical and financial support from the programme. The conference convened in September 2011. More than 200 women living with HIV from different regions of the country participated in this event, which gave them the opportunity to develop a strong collective voice, create a space within which to articulate their desires, and have their input included in the national response to HIV. The symposium resulted in the development of a common national agenda and funds (earmarked for groups of women living with HIV in the World Bank's next HIV/AIDS programming cycle) were successfully advocated for.

- In **Rwanda**, a consultation workshop, involving 50 representatives of organizations of women living with HIV, was held to ensure the involvement of women living with HIV in the development and implementation of the national EMTCT strategic plan. The workshop was held in February 2012. In addition, UNAIDS organized a teleconference between women living with HIV from Washington, D.C. and Rwandan women living with HIV as a means to share and gather experiences. The teleconference followed the XIX International AIDS Conference in Washington D.C., in which women living with HIV trained by the program participated.

- In **PNG**, the staff members at Igat Hope and organizations of women living with HIV were consulted on the development of the first National AIDS Spending Analysis. NACS also convened stakeholders (including Igat Hope staff members and representatives of women's organizations) to share feedback during the validation workshop on the National Composite Policy Index.

At the time of the evaluation, however, very few *ad hoc* spaces had evolved into institutionalized spaces for dialogue between leaders/organizations of women living with HIV and NACAs/ governmental officials, and not much evidence was found that the programme had made progress in helping to secure such spaces. The most significant exception is the inter-agency gender working group in Cambodia (National Committee on Gender Mainstreaming into HIV and AIDS Response) that evolved from the programme management team and is now a forum for discussing how to better integrate gender at the policy/institutional level of the HIV response. In a few exceptional cases, the program influenced existing institutional spaces, such as Country Coordinating Mechanisms (CCM) of the Global Fund to Fight AIDS, Tuberculosis and Malaria, (e.g. advocacy on the part of the gender advisor to include women living with HIV in CCM was successful in Rwanda).

Finding 11: **The programme influenced government resource allocations that support gender equality and human rights in several of the NACAs in the programme countries. Broader effects on national budgets were not yet evident, except in the case of Rwanda where the context allowed for implementation of gender-responsive budgeting.**

One of the indicators in the programme's logical framework relates to resource allocation as an important reflection of the extent to which gender equality and human rights are effectively integrated into national HIV responses' key policies, programmes, and actions.

Changes in national budget allocations represent the highest level of change and are often the result of efforts in gender responsive budgeting (GRB). In Cambodia, Jamaica, and Rwanda, the programme supported gender-responsive budgeting initiatives (e.g. training on GRB for NACA, gender analysis of the NACA budget, development of a GRB tool).[57] The initiatives in Cambodia and Jamaica have just begun and it is too early to assess if or how they will affect resource allocation. One of the challenges is that GRB is more likely to work in the case of HIV if there is a whole-of-government effort to adopt GRB. An additional challenge, according to a few interviewees, is that the programme had limited outreach to senior individuals within the government, to parliamentarians, and to the Ministries of Finance in the programme countries.[58] Rwanda is an exception in this regard because the programme there has worked with high level officials in the Ministry of Finance and Economic Planning to train RBC staff on GRB. The programme built on a previous UN Women programme on integrating GRB in Rwanda, which was piloted in five ministries. As a result of this programme, HIV was one of the components covered in the health budget statements submitted along with the budget to parliament in 2011, 2012, and 2013.

> **Progress in gender-responsive budgeting in the national HIV response: Example from Rwanda**
>
> In Rwanda, UN Women and RBC/IHDPC commissioned a study to analyze the HIV and AIDS resource allocations for 2006-2009 to use as a baseline and a lesson to improve the gender-equitable resource distribution during the National Strategic Plan (NSP) 2009-2012 on HIV and AIDS.
>
> The study produced a six-step gender-responsive budgeting (GRB) tool for HIV and RBC/IHDPC is planning to introduce a mandatory gender budget statement to all partners in the national HIV response. This will force them to systematically conduct a gender gap analysis in their programmes/interventions and to address those gaps in their budgets.
>
> These steps in implementing GRB in Rwanda were possible because the country had experience in this area from which it could draw.

The NAA in Cambodia has started advocating for more funding from the Ministry of Finance and the Parliament for gender and HIV, and "has expressed its commitment to allocating 10% of its national budget to gender and HIV activities."[59]

During in-country data collection, the evaluation team found that the programme has had positive effects on how NACAs in Rwanda, Cambodia, and PNG are allocating their own resources. In PNG and Cambodia, NACAs are using their own resources to continue the training activities started by the programme. In Rwanda, resources have been allocated by RBC/IHDPC to keep the gender advisor position.

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[57] For more details about Rwanda's integration of GRB, see textbox under finding 7.

[58] Other public institutions, such as Ministries of Finance, should be a part of the NACAs as coordinating bodies in the sector. However, influencing officials in these ministries often requires special efforts.

[59] UN Women (2013). *Implementation Progress Report: January 2012-December 2012* (Cambodia), p. 6.

5.3.5 Global activities

Finding 12: **The programme's global activities were successful in supporting its specific objective and results and in convening the programme's key stakeholders for sharing, learning, and reflecting on challenges and promising practices. Dissemination of promising practices and other knowledge to external audiences occurred at regional and global levels, but was more limited than at the national level.**

Most of the results achieved by the programme were concentrated at the national level. The Programme's logical framework indicates that the aim of the global activities was to support the achievement of specific objectives and expected results. It also indicates that the aim of activities was to contribute to South-South exchange and the creation of learning that is relevant beyond the specific programme.[60]

The programme used global activities in a number of ways:

- **Sharing promising practices internationally**: As noted above in Finding 5, the programme supported the attendance of women living with HIV at regional and international conferences for the purpose of sharing their experiences. These contributions to regional and international meetings were complemented by UN Women's work in gender equality and HIV policy advocacy, including its participation in the UNAIDS family. UN Women took an active role in the development of a new suite of guidance materials and tools for HIV programming, which includes a compendium of indicators on gender mainstreaming.

- **Facilitating learning and sharing among countries participating in the programme**: The global convenings brought together stakeholders from the five countries (UN Women, gender advisors, senior and programme staff of NACAs, and women living with HIV) and key multilateral partners. At the first meeting, which took place at the start of the programme, the global programme was presented and country implementation plans were developed. At the second meeting, which was held after the mid-term assessment, the main findings of the assessment were presented and validated and programme implementation was adjusted accordingly. At the last meeting, held at the end of the programme, participants were informed of the final evaluation's preliminary findings and a debrief on lessons learned from the programme was provided. Although there were only three meetings over a four-year period (and they were usually of short duration) they were valued by all participants consulted. The knowledge and information sharing between meetings was limited despite efforts to establish a community of practice at the start of the programme.[61]

At the time the evaluation report was drafted, the programme was publishing country factsheets highlighting its main achievements in each of the five countries. At the country level, each team produced a wide range of materials (which were presented and shared with the evaluation team at the Global Convening in Jamaica) that could be used as resources for advocacy and training with

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[60] UN Women & European Commission. (2011). *Supporting Gender Equality in the Context of HIV/AIDS: Final Revised Logframe.*

[61] The community of practice did not evolve as planned, due to limited engagement, technological constraints, and other factors that always make it difficult to begin on-line-communities. However the web-based platform created for the community does serve as a repository of documents for all programme participants.

regard to mainstreaming gender equality in the HIV response. To date, however, the dissemination of knowledge and promising practices internationally has been more limited.

5.4   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."[62]

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

Finding 13:   In all five countries, there is evidence of the initial uptake and ownership of programme results. The adoption of policy documents that include gender equality considerations and the formation of groups/coalitions of women living with HIV reflect political will and the commitment of national stakeholders. As with most short-term programmes, however, such momentum and dynamics are at risk without the sustained engagement of governments and other stakeholders in the process of capacity development and without the empowerment of women living with HIV and NACAs after programme completion.

Through data collection from global, regional, and country level stakeholders, evidence indicating the initial uptake of some program results on the part of stakeholders was gathered. Such evidence includes:

- The **institutionalization** of the gender advisor position in NACAs (in Rwanda and partial institutionalization in Jamaica), of gender mainstreaming in programming (in Cambodia), of spaces for dialogue (National Committee on Gender Mainstreaming into HIV and AIDS in Cambodia), and of gender equality and rights-based training (PNG);

- The **allocation of resources** on the part of NACAs for gender mainstreaming in HIV and its implementation (Cambodia), for maintaining the gender advisor position in programmes (Rwanda), and for gender equality and rights-based training (PNG);

- The **political commitment to and leadership** for mainstreaming gender equality in the HIV response through the signature of high-level declarations and statements (in Jamaica and PNG, respectively), the endorsement of gender-sensitive policies, and the establishment of new partnerships and (*ad hoc* and sometimes institutionalized) spaces for policy dialogue between leaders/organizations of women living with HIV and NACAs/ governmental officials in the five countries.

- The **use of the knowledge and skills** acquired/strengthened through the programme by the trained NACAs staff in their work;

- The **integration of gender equality and gender equality mainstreaming concepts by other CSOs/NGO**s in their HIV programming (Jamaica, PNG, and Rwanda). For example, RNP+ in Rwanda created a gender unit and elected women and youth to represent women at all levels of its structure;

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[62] OECD-DAC (2002). *Glossary of Key Terms in Evaluation and Results Based Management*, Paris, OECD, p. 36

- The **resource mobilization activities** undertaken by programme stakeholders in Cambodia, Jamaica, Rwanda, and PNG to continue working on the issue of gender equality mainstreaming into the national HIV response. For example, JASL in Jamaica received a USD 505, 115 grant over three years from the United Nations Trust Fund to End Violence Against Women; and

- The **advocacy activities** undertaken by some of the programme-trained women living with HIV in their communities to change discriminatory practices against people living with HIV (e.g. Jamaica, Kenya, and PNG).

These are early indications of the initial uptake of program results by stakeholders in all countries. However, although all countries described approaches to sustainability in the bi-annual progress reports, it appears that Rwanda was the only country that developed a formal plan to sustain activities after the programme ended.[63]

Countries will continue to reap the benefits of this programme if they continue to engage in capacity development/strengthening and continue to empower key actors involved in the national HIV response and women living with HIV and their organizations. Capacity development and empowerment are not "one time" events, but rather are processes that can stop or even regress without appropriate ongoing support.

The evaluation identified the following obstacles to sustainability, many of which are beyond the control of a single programme.

Gender mainstreaming in NACAs in the five programme countries is hindered, to varying degrees, by the following factors: i) the reliance on a few individuals for the mainstreaming of gender equality considerations within NACAs' structures and programming; ii) the absence or inadequacy of M&E systems capturing the gender dimensions of HIV programming impacts; iii) the absence of accountability mechanisms for gender mainstreaming at different levels of NACAs and in other government ministries; and iv) staff turnover.

With respect to sustaining the benefits for women living with HIV and their organizations, the greatest concerns are: i) the persistence of widespread stigma and discrimination against women living with HIV; ii) the limited number of women living with HIV who were reached by the programme; iii) the ability of a small number of women to carry the additional task of leadership; iv) the limited cohesiveness among women living with HIV and their organizations (because they are not an homogenous group); and v) the staff turnover in women living with HIV organizations. With regard to the first factor (stigma and discrimination), in particular, it is worth highlighting that, because of the difficult environment in their communities and, more broadly, in the societies in which they live, the women living with HIV consulted in the course of the evaluation continue to face daily challenges that threaten their empowerment process.

5.5 Efficiency

Efficiency refers to how well a programme uses its resources to meet its objectives. The OECD DAC defines efficiency as a measure of how economically resources/inputs such as funds, expertise, time, etc. are converted into results.[64] For many programmes and projects, the type of data required to conduct an analysis of efficiency is unavailable. Such data would include information on the costs of inputs (such as staff/consultant time, travel and logistics, materials) required to produce the products or services that comprise the first level in a results chain. Some examples

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[63] RBC/IHDPC and UN Women. *Project Sustainability Plan and Exit Strategy*, 4 p.

[64] OECD-DAC (2002). *Glossary of Key Terms in Evaluation and Results Based Management*, Paris, OECD, p. 21

include the costs of producing gender audit findings or the costs associated with training a certain number of leaders. Like other programmes, the EC-UN Women programme lacked data in this area.

The assessment of efficiency in this report is based on the evaluation team's experience with similar programmes and its judgment about (i) whether the funds allocated were commensurate with the type of results achieved; and (ii) the programme's use of reasonable management approaches and practices.

The following findings are based on respondent views, data presented in the Interim Financial Report (30 June 2012), and a review of annual implementation plans from each country and other documents.

Finding 14: **The programme had a relatively small budget and a short time frame for achieving ambitious results. Overall, resources were used efficiently towards the achievement of programme objectives.**

The programme had a total of EUR 2,450,353 (or USD 3.23 million) for the period of 2010-2013. The EC provided almost 90% of the funding and UN Women's core funds provided the rest.

Most of the overall allocation went to countries, which is in line with a programme that is primarily seeking to influence policy change at a country level. At the same time, however, the level of funding was modest (between USD 100,000 and USD 150,000 per year) considering the outcomes and impacts that the programme sought to contribute to. The programme had a relatively small budget and a short time frame for achieving what were considered ambitious results. As one respondent at the global level put it, "the programme is a small drop in the ocean."

Almost one-quarter of the funds were allocated to global activities. These included activities related to HQ programme management, two mandatory evaluations (mid-term and final), and initiatives to support learning and knowledge sharing. The Global Convenings represented an important investment in this area. They provided the primary means of facilitating the exchange of knowledge and experience across stakeholder groups (e.g. UN Women country and regional offices, NACAs, organizations of women living with HIV); provided country teams involved in the programme's two components with opportunities to prepare joint presentations and messages about progress in mainstreaming gender equality in the national HIV response; and, based on observation, also helped to bolster commitment to gender equality among senior members of NACS involved in the HIV response.

Exhibit 5.4 EC-UN WOMEN Programme: Allocation of Funds, by Country

	Budget (2009-2013) in USD		
	UN WOMEN Core	**EC Funds**	**TOTAL**
Global		900,356	**900,356[65]**
Cambodia	65,000	398,126	**463,126**
Jamaica	65,000	433,692	**498,692**
Kenya	65,000	368,127	**433,127**
Papua New Guinea	65,000	403,692	**468,692**
Rwanda	65,000	403,692	**468,692**
Total	**325,000**	**2,907,684**	**3,232,684**

Source: UN Women, *End-of-Programme Expenditures Status Report (15), working document (20)*

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[65] This amount covered three global convenings of programme countries, an advocacy kit, and evaluation costs.

Given that the programme's strategies relied on training and technical advisory services, it is not surprising that the largest category of expenditure was human resources (covering the costs of gender advisors, trainers/facilitators, short-term experts). Administrative costs were low in comparison to other projects.

Exhibit 5.5 EC-UN WOMEN Programme: Budget allocations, by expenditure category

Type of Expense	Budget in EUR	Percentage of total
Human Resources	1,260,500	51%
Travel	215,000	9%
Equipment & Supplies	9,500	0,4%
Local office	36,000	1%
Other costs, services (evaluations, convenings, publications)	769,050	31%
Administrative costs	160,303	7%
Total budget	2,450,353	100%[66]

Source: UN Women, *Third Interim Financial Report*, 30 June 2012, Submitted to the EC in August 2012.

Finding 15: **The programme's decentralized approach allowed country offices to respond to the context in the field and was considered positive by most stakeholders. However, there were no budget allocations to cover programme management in-country and this had implications for staffing, backstopping, and programme monitoring and reporting.**

UN Women adopted a decentralized approach in order to have management closer to the field and to be able to adapt the programme as required to multiple and culturally diverse country contexts. This was considered a positive approach by most stakeholders and external monitoring missions and in the mid-term assessment of the programme.

However, the decentralization of responsibilities to UN Women country offices did not come with budget allocations to cover management or administration of the programme in-country. As noted by respondents in the mid-term review,[67] this lack of sufficient resources dedicated to administrative and management functions is the reality of many programmes.

The programme management model relied on UN Women (former UNIFEM) focal points in-country. These positions were not funded or supported by the programme and decisions on how to staff the focal points were made at the country level with support from the headquarters team as needed. One staff member in each of the five UN Women country offices was identified as focal point and given the responsibility of managing the programme in addition to their existing workloads (i.e. in some cases this meant managing multiple programmes at the same time). The focal points provided overall guidance, developed partnerships, and provided support for administration, monitoring, and reporting.

The intent of this approach was to maximize the funding available for the implementation of programme activities; this included funding the position of gender advisor within NACAs. Individuals occupying this position played a crucial technical role in programme management and backstopping. Part of the rationale was that, if the gender advisor played a supporting role to the

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[66] Due to rounding, the total may not add to 100%.

[67] Srivastava, Khushbu (2012), *Mid-Term Assessment: Supporting Gender Equality in the Context of HIV and AIDS Programme: Operational Performance*, p. 19

implementing partners, there would be less need for frequent interaction from UN Women on certain aspects of the programme.

The programme management arrangements for each country are noted below.

Exhibit 5.6 Programme management approach in the five countries

Country	Description
Cambodia	UN Women focal point and regional advisor
Jamaica	UN Women focal point based in UN Women Multi-Country Office, Barbados
Kenya	The gender advisor to the NACA also served as the focal point
Papua New Guinea	Initially, UN Women programme management was done at a distance, from the Pacific office in Fiji. The UN Women country programme manager arrived in 2011, then identified a focal point and negotiated additional resources (from other UN partners and UN Women) to support the position.
Rwanda	Gender advisor (based in NACA) and then UN Women focal point

The mid-term assessment pointed out that the management and backstopping varied across the countries and depended on a number of factors including:

- "the level and qualifications of the person fulfilling the focal point position,

- the continuity of the focal point,

- the focal point's ability to garner additional technical and political support from other staff members and partner agencies,

- the existing workload of the focal point and other key staff members [focal points reported managing between 2 to 40 other programmes],

- whether UN Women had a country office in the [countries selected for the implementation of the] programme, and

- the overall capacity of the country office."[68]

While maximizing the use of funds for the implementation of activities by limiting management costs is an efficient strategy, it had some implications for monitoring and reporting, as discussed in Finding 19. Targeted funding for management at the country level would have allowed for more consistent backstopping, including the monitoring and reporting functions required by the programme.

Finding 16:   The programme recovered from early delays due to staffing, aligning to UN programming in country, and changes in UN Women financial reporting. The two no-cost extensions allowed most countries to complete their planned activities.

According to external EC programme monitoring reports, the programme experienced delays in the early stages of implementation and had disbursed only 50% of its budget as of August 2012.[69]

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[68] Srivastava, Khushbu (2012), *Mid-Term Assessment: Supporting Gender Equality in the Context of HIV and AIDS Programme: Operational Performance*, p. 18

Some of the countries experienced delays in commencing activities for some programme components (e.g. a 6-month delay in Jamaica and an 18-month delay in beginning work with the NACS in PNG due, in part, to the re-structuring of the NACS). Implementation was also affected in some cases as a result of delays in disbursement of programme funds (Jamaica and Rwanda) and other challenges, including:

- Staffing issues: difficulties recruiting suitable candidates for the gender advisor positions and staff turnover (at UN Women and among national partners);

- Alignment: allowing time for relevant processes to unfold in order to ensure alignment of the programme with UNAIDS Joint Programmes of Support and other UN work planning processes;

- Changes in financial reporting: UN Women's adoption of the International Public Sector Accounting Standards (IPSAS) led to changes in financial reporting (e.g. expenditures are only recognized when partners report on actual funds spent).

In addition, in order for UN Women HQ to request subsequent tranches of the grant from the EC, it had to demonstrate that 70% of the previous tranche had been spent. This requirement affected certain countries like Jamaica (in going from year 2 to year 3), for example, where programme activities had to be temporarily halted while waiting for other countries to catch up with their expenditures. UN Women was pro-active in seeking solutions to the situation by, for example, shifting allocated resources from one country to another and providing bridge funds until the EC disbursement was received.

Despite the initial delays, the programme stakeholders implemented at a strong pace and were able to complete activities and achieve almost complete disbursement of project funds over the last year of implementation.[70]

5.6 Factors Affecting Performance

This section reports on factors that affected the implementation of the programme in both positive and negative ways with regard to programme design, programme management, and the coordinated approach to the HIV response. The findings draw on common themes emerging from the interviews conducted in-country and at the global and regional level, as well as the review of documents.

Programme Design

Finding 17:   The programme's flexibility with regard to the implementation of activities in each country was a positive feature of programme design and was valued by key partners involved in implementation.

The consultations generally indicate that the programme design allowed for considerable flexibility in the choice of approaches used and specific activities implemented at country level. The latter could, as a result, more appropriately reflect the country context and the results of mapping exercises or baseline assessments conducted in the first stage of implementation. This feature of the programme was also highlighted in the mid-term programme assessment as one of

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[69] Gordon, V. (2010). *All-country Monitoring Report Summary - Supporting gender equality in the context of HIV/AIDS*, 4 p.; Gordon, V. (2012). *All-country Monitoring Report Summary - Supporting gender equality in the context of HIV/AIDS*, 4 p.

[70] The final financial report was being completed at the time this report was drafted..

the programme's greatest enabling factors.[71] The flexibility played out in different ways. In PNG, for example, due to the restructuring of the NACS and the fact that placing a UN Women-funded position in the NACS did not meet certain UN Minimum Operating Security standards, the programme in provided technical assistance to the existing gender resource person in the agency as required (rather than placing a gender advisor inside the organization). Similarly, in Cambodia, the programme worked with both the NAA and the Ministry of Women's Affairs, which was not the case in other countries. In some countries, such as Jamaica and Cambodia, the programme also included transgender persons in some activities. As noted in finding 18, certain countries also included some sort of economic empowerment activity for the women living with HIV who participated in the programme training.

Finding 18:   The programme's country-level planning tools did not always make explicit the assumptions, risks, and necessary adaptations of the results chain in each country.

For a programme that is implemented in multiple countries, the global logical framework and assumptions provide the fundamental framework and directions with regard to achievable results and parameters for judging the programme's success. The programme developed a logframe that provided enough flexibility (as noted in the finding above) and orientation about the overall intentions of the programme. Countries also developed annual implementation plans that sometimes reframed the global results and included activities to be implemented each year. Although the programme had an implicit theory of change (see section 3 programme description), one of the gaps in its design, from our perspective, was that the programme's results framework was not adapted at the country level to include country-specific baselines, targets, assumptions, and risks. The inclusion of these elements in a country-level results framework would have allowed for a better appreciation of the results achieved in each country, given their specific contexts. Some of the implications of this gap and some examples of how the programme overcame them are discussed below.

Assumptions and country contexts are key, but the global logframe was not able to take all of these into account. As noted in interviews and in the mid-term assessment, some of the assumptions important for achieving programme results did not hold true in all countries and each country context offered a different set of capacities, both organizational and individual, as a starting point. The expected results, as stated in the logframe, proved to be more reasonable for some countries than others. This was the case in Cambodia, where UN Women (and UNIFEM before it) had been working with organizations of women living with HIV for many years prior to the programme and where the CCW had the most solid foundation of all the networks associated with the programme. The programme's support for CCW, therefore, encompassed activities aimed at strengthening broader organizational capacity (e.g. a workshop to identify an organizational mission, vision and key activities; organizational capacity (self) assessment; and meetings of the steering committee at which by-laws and financial policies were also discussed).

In comparison, PNG was a country new to UN Women programming. A low level of organizational capacity, political instability, and a different pace of change characterized PNG. Thus, more work (which implies more time and resources) would have been needed in PNG to achieve the expected outcomes. It took time, for example, for UN Women to identify and support the organization of small groups or individual women living with HIV so that they could really take advantage of and benefit from the programme.

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[71] Srivastava, Khushbu (2012). *Mid-term Programme Assessment: Supporting Gender Equality in the Context of HIV/AIDS Programme,* p. 6.

Working at a sub-national level – The global programme logical framework included results and indicators that focused mostly on national processes or policy frameworks. Yet, in practice, the programme had some interesting effects at the local level once programme participants (trainees) returned to their communities as advocates and/or once the NACAS began to expand training sessions on gender to their district or provincial units. However, this work and its results were difficult to capture and report on in the context of the global results framework. As noted above, country-planning documents did not include results frameworks linking district level with national level change processes.

Complexity of moving from individual to broader transformation – The programme did not develop theories of change at the country level and one of the gaps observed in this evaluation (and in the mid-term assessment[72]) relates to the types and focuses of some of the activities implemented. The emphasis on training, for example, contributed to building the individual capacities of women living with HIV and NACA staff members. This was a necessary first step and also the first time training was emphasized on such a scale. But training was not always sufficient for individuals and organizations to change and for them to engage in a transformative national response to the HIV epidemic. (Here, the programme's short time frame and the national and organizational contexts clearly played a role.) The programme employed additional strategies to build on training efforts. These included coaching, facilitation, and technical advising by gender advisors in NACAs as well as additional support provided to women living with HIV as they assumed leadership roles (help in preparing presentations, etc.). In some cases, the facilitation and coaching went beyond human rights and gender equality core capacities and touched on other issues, such as capacities for strategic and operational planning.

These follow-up activities became crucial to the programme's ability to achieve results, but were not clearly articulated in original planning documents, such as the logical framework.[73]

Addressing livelihood and education needs – There were some particular challenges in promoting the leadership of women living with HIV. As noted above, some of these were related to the capacities of their organizations. But it also became clear that there was a need to integrate livelihood and education strategies into the programme's approach in order to address women's practical needs**.** All of the programme countries provided transportation and daily service allowances for participants in leadership and advocacy training and other activities at the grassroots level (such as efforts to develop community plans, etc.). In Jamaica and Rwanda, the programme also provided/coordinated access to activities that would meet women's socio-economic needs, as this emerged from the initial mapping and assessments as an important programme component. As noted in the mid-term assessment, however, there may be a need for this component to be more deliberately articulated, planned for, and resourced in future programme design and monitoring systems.[74]

Complexity of creating an enabling environment for the participation of women living with HIV – The programme's intention to increase the leadership and influence of women living with HIV and enhance national commitment to addressing gender equality in the national HIV response implies that important changes in institutional, social, and cultural norms and practices must take

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[72] The Mid-term Programme Assessment referred specifically to unclear theory of change employed across countries for fostering new leadership of women living with HIV. See Srivastava, Khushbu (2012). *Mid-term Programme Assessment: Supporting Gender Equality in the Context of HIV/AIDS Programme*, p. 24

[73] The Mid-term Programme Assessment also pointed this out. See Srivastava, Khushbu (2012). *Mid-term Programme Assessment: Supporting Gender Equality in the Context of HIV/AIDS Programme*, p. 42

[74] Srivastava, Khushbu (2012). *Mid-term Programme Assessment: Supporting Gender Equality in the Context of HIV/AIDS Programme*, p. 29.

place. For example, as noted below, core issues of stigma and discrimination may need to be addressed before women living with HIV are able to become more active at the policy level. Such broader changes may only be possible if a wider spectrum of key actors is involved in the activities, such as the Ministry of Women's Affairs (in Cambodia) and Parliamentarians (whose involvement is necessary for achieving normative and legal changes).[75]

Collaboration and synergy among local actors; what is required versus what is feasible – One of the implicit assumptions in the results framework is that the two main groups of stakeholders involved in the programme (i.e. NACAs and groups of women living with HIV) would work together to achieve results. There are examples of this assumption holding true; in Cambodia, the programme helped build a close partnership between NAA and MoWA to ensure a coherent approach to mainstreaming gender and HIV in existing policies and programmes. NAA and MoWA also worked closely with CCW, helping CCW obtain an MOU with the Provincial Health Department in Battambang. In Rwanda, the NACA established a strong partnership with youth living with HIV in the city of Kigali (Kigali Hope Association) and the Rwanda Women Parliamentary Forum, for the advocacy, development and adoption of the national accelerated plan for women, girls and gender equality and HIV 2010 – 2014. The gender advisor often played a key role in facilitating such partnerships. There were also challenges, however, because effective collaboration requires that both governmental and civil society organizations maintain certain levels of capacity and stability. In the absence of such characteristics, it is very hard to achieve the desired synergies between the two components of the programme, one focused more on NACAs and the other focused more on organizations of women living with HIV. This is illustrated by some of the challenges faced in PNG due to the limited capacity of the groups and organizations involved and the internal dynamics they faced during implementation.

Programme Management

Finding 19: **Insufficient resources for programme management functions, such as monitoring and reporting, affected the programme's ability to achieve results and generate lessons.**

As noted above, UN Women Country Offices provided programme management at the country level with no additional financial resources from the EC-UN Women Programme. Programme management functions included monitoring and evaluation as well as reporting. The main limitations of these functions are discussed below.

Baseline: Most countries took steps to understand the situation at the beginning or in the early stages of the programme. For example, some country offices conducted mappings, capacity assessments (focused on gender equality and women's human rights), gender audits, and other baseline assessments. It is not clear in the documents reviewed if, at the end of the programme, there had been reflection on progress with regard to these initial situational analyses. Furthermore, as noted in the mid-term assessment, baseline assessments and gender audits played an important role in programme strategies, but because they did not follow a common methodology, they were rendered less useful for monitoring and evaluation.[76] In addition, there were no systematic efforts to establish a baseline in relation to the logical framework indicators, which then made it difficult to judge cumulative progress.

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[75] In Rwanda, however, the programme did establish linkages with the Rwanda Women Parliamentary Forum.

[76] Srivastava, Khushbu (2012), *Mid-Term Assessment: Supporting Gender Equality in the Context of HIV and AIDS Programme*, p. 23

Monitoring: Both the results-oriented monitoring reports (ROM) and the mid-term assessment noted weaknesses in monitoring and evaluation and in reporting based on this data. The mid-term assessment, in particular, noted that country progress reports were activity and output-focused and that the programme lacked a monitoring system for measuring progress towards the outcomes/objective level.[77] The mid-term assessment suggests a general consensus amongst UN Women staff that monitoring and evaluation could be improved at both the country and global levels. The 2010 EC monitoring report also recommended that reporting be "less activity focused and more results based especially in the overall progress reports."[78] Moreover, the challenge of doing appropriate M&E was noted by respondents in UN Women's partner agencies at the global level. As one respondent noted, "Part of the struggle, in addition to all the sensitivities around gender and HIV, is that we have trouble seeing and measuring concrete results." Evaluating the effects of training is one of the challenging areas. In Cambodia, for example, the programme administered pre- and post- tests to MoWA and NAA training participants designed to assess learning and was able to provide reports on this activity. While this is one way of assessing the quality of the programme's outputs, such tests provide only a partial view of the effectiveness of training.[79]

Reporting: UN Women country offices provided progress reports to HQ twice a year using a template prepared by the team at HQ. These reports provided material for the programme's overall progress reports submitted to the EC. The purpose of the reports was to provide key information and evidence of results achieved. However, given the annual time frame, the tendency was to report on activities completed during the year, rather than on cumulative progress towards expected results. The report narratives were often only loosely associated with the expected result and indicators. (For example, there may be a reference to the development of a new and valuable partnership, but little analysis of how that partnership helped make a contribution towards the expected result). In addition, the programme's influence in different areas was reported, but there was very little explanation of the extent to which the programme's influence, in particular, affected change. (For example, if a Minister signed a declaration, to what extent was the programme responsible for his or her action and to what extent were other organizations and gender advocates involved?)

The number of trainees was reported, but there was often insufficient information on the number of training sessions (one-off or several sessions). In addition, it was difficult to tell if the figures were for the year or cumulative. The quality of reports varied by country.

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[77] Srivastava, Khushbu (2012). *Mid-term Assessment: Supporting Gender Equality in the Context of HIV/AIDS Programme – Operational Performance*, p. 5

[78] Gordon, V. (2010). *All-country Monitoring Report Summary - Supporting gender equality in the context of HIV/AIDS*, p. 4

[79] There is a four-level training evaluation model that is often applied. Level 1: Reaction – Degree to which participants react favorably to the training, are actively involved in and contributing to the learning experience, and have the opportunity to use or apply what they learned in training; Level 2: Learning - Degree to which participants acquire the intended knowledge, skills, attitudes, confidence and commitment based on their participation in a training event; Level 3: Behavior - Degree to which participants apply what they learned during training, as well as the processes and systems that reinforce, encourage and reward performance of critical behaviors; and Level 4: Results - Degree to which targeted outcomes occur as a result of the training event and subsequent reinforcement. These could be short-term observations and measurements suggesting that critical behaviors are on track to achieve the desired results. Kirkpatrick Partners, "The New World Kirkpatrick Model", *Kirkpatrick Partners Website*, available at: http://www.kirkpatrickpartners.com/OurPhilosophy/TheNewWorldKirkpatrickModel/tabid/303/Default.aspx

While these limitations did not necessarily affect the programme's results, they did affect its ability to provide systematic evidence of its contributions to increasing the influence of women living with HIV on the national HIV response and to enhancing national commitment and action to address gender equality in the national HIV response.

Finding 20:   The partnership between the EC and UN Women supported the achievement of programme results. It was strongest at the headquarters level and varied at the country level.

Overall, the relationship between the European Commission (donor) and UN Women (implementer) allowed for programme implementation and the achievement of the kinds of results noted in Section 5.3.

At the global level, both the EC and UN Women acknowledged that the relationship was good and characterized by open and easy communication, which helped in the resolution of challenges along the way.[80] Interviews with various stakeholders and information gathered from relevant documents also indicated that the relationship between the partners was stronger at the global level, given that the programme was prepared and negotiated at headquarters.

EC respondents at the country level considered the programme relevant to EU policy and to key issues in national-level HIV responses. However, some respondents had only recently taken up their posts in-country and were not fully informed about the programme and its achievements. The relationship between the partners varied by country; in some countries, there was little or no interaction between partners during the programme's implementation and in others, there were periodic briefings and invitations to key activities. Across the five countries, there was some inconsistency/variance in how proactive UN Women was in communicating with EC delegates and inviting them to participate in programme-related key activities, openings, and/or closures. EC respondents in two countries expressed a desire for more consistent programme involvement (either through a steering committee or another mechanism) and the need for programme activities to be more visible.[81]

For the most part, the UN Women staff members interviewed did not raise issues about their relationships with the EC in the programme countries. One of those who commented on the relationship noted that, in the early stages, UN Women did not understand the kind of engagement or visibility the EC desired.

Another respondent expressed the desire for greater flexibility on the part of the EC, particularly with regard to the timeframe for such a programme, suggesting one year for conception and five years for implementation.

The 2010 and 2012 external monitoring mission reports (known as ROM) noted the need to better link the programme with EU delegations in each country. As the 2012 report noted, "this represents a lost opportunity for EC visibility, for possibly leveraging high level (EC) advocacy to push official country level action and for further networking and linking with related country activities and sources of future support."[82] UN Women stakeholders reported that, subsequent to

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[80] For example, the no-cost extensions were granted by the EC and proved to be essential for the completion of activities in the five countries.

[81] The Monitoring Report MR-137621.04 also suggested that the European Union Delegate gender focal points be considered for inclusion in project steering committees as observers.

[82] Gordon, V. (2012). *All-country Monitoring Report Summary - Supporting gender equality in the context of HIV/AIDS*, p. 3.

these monitoring missions, efforts were made to further involve EC delegates in programme activities, events, etc.

With regard to EU visibility, most stakeholders interviewed in-country were aware that the EC had funded the programme; all advocacy and training materials produced during the programme's implementation (e.g. leaflets and manuals) identified the European Union on the cover page.

Coordinated approach to the HIV response

Finding 21: The coordinated approach of UN agencies in the response to HIV, and UN Women's niche within this approach, positively affected the programme.

More and more UN agencies are trying to adopt joint programming at the country level. The UN "Delivering as One" is a good example. The coordinated approach is exemplified in the area of the HIV response, with UNAIDS bringing 11 co-sponsors together to coordinate the response to the HIV epidemic. UN Women's niche in gender equality strategically positions the organization within this coordinated approach.

Global and regional stakeholders interviewed noted that UN Women has comparative advantages in the following areas of relevance to the HIV response: a focus on women's human rights and especially the rights of women living with HIV; work on assessing gender dimensions of HIV and national responses; an emphasis on national plans and resource allocations, including gender-responsive budgeting; and linking gender-based violence and HIV. External stakeholders notedUN Women's leadership role in working with gender mainstreaming in NACAs and in strengthening the advocacy role of organizations of women living with HIV, the two main strategies adopted by the programme..

In all countries, UN Women aimed to ensure that the programme aligned with the UNAIDS Joint Programme.[83] Similar efforts were made to purposefully align and integrate the programme in the UN Delivering as One initiative in Rwanda and PNG.

The programme engaged in partnerships and joint activities between UN Women and other UN agencies in programme countries and globally.

- In PNG, the programme built on the UNDP's Leadership Development Programme (LDP) by including some women living with HIV trained in the LDP in their own training, thus capitalizing on the knowledge and skills they had already acquired. Furthermore, UNAIDS provided some financial support to help staff the programme.

- In PNG, as a chair of the UNAIDS gender task team, UN Women "has integrated the EC-UN Women programming into annual priorities, including garnering multi-year funding for the component related to HIV positive women's leadership."[84]

- In Kenya, the UNFPA-funded NACC gender specialist worked closely with the gender advisor funded by this programme. Both organizations coordinated their actions to help strengthen the overall NACC gender response.

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[83] In fact, in Kenya, the efforts to ensure synergies with the UNAIDS Joint Programme led to delays in the early stages of programme implementation.

[84] Srivastava, Khushbu (2012). *Mid-term Assessment: Supporting Gender Equality in the Context of HIV/AIDS Programme – Operational Performance*, p. 51

- In Rwanda, the programme was integrated within the annual priorities of the UNAIDS Gender Task Team, which include the development of the National Accelerated Plan for Women, Girls, Gender Equality and HIV 2010-2014.

- At the global level, UN Women and UNAIDS worked together to prepare for the UN General Assembly High

> *"UN Women and UNAIDS are the only actors dealing with HIV-positive women's network in some countries. Without this involvement, we can't expect countries to build capacity of CSOs/networks/WLHIV … just so many gaps (funding, staff, etc.)"*
> Respondent at Global Level
>
> *"UN Women is really taking the lead on gender-based violence. Having that recognition across HIV and violence highlights the link between them, to demonstrate how they all contribute to issues in finding solutions."*
> Respondent at Global Level
>
> *"UN Women have been active in some areas such as women as care-givers in HIV (they lead this in UN system); work on assessing gender dimensions of HIV and national responses; looking at national plans, resource allocations, and GRB."*
> Respondent at Global level

Level Meeting on AIDS and supported virtual consultations with 800 women living with HIV from more than 95 countries so that their voices were taken into consideration.

6 Conclusions

Relevance- The programme "Supporting Gender Equality in the context of HIV and AIDS," implemented in Cambodia, Jamaica, Kenya, Papua New Guinea, and Rwanda, was relevant to the HIV response in both global and national contexts and to the institutional priorities of its key stakeholders: UN Women (formerly UNIFEM) and the European Commission. The programme responded to evidence on the prevalence of HIV among women; differential effects of HIV and AIDS on women and men; differences in concerns and needs with regard to prevention, treatment, and care/support; and gaps in gender mainstreaming in the HIV and AIDS response. The programme's "governance" approach, which emphasized policy and planning frameworks and the participation and leadership of women living with HIV, was valued both locally (in country) and globally given the global context and others' roles in the UN system with respect to supporting the HIV response. The UN Women's colleagues in the UNAIDS family consulted for this study noted that UN Women programming in HIV is filling a gap where considerable work needs to be done.

Effectiveness - The programme strategy was effective in strengthening the foundations for a gender transformative HIV response. At the policy level, programme participants helped to shape new policy documents, such as national strategies or action plans, that incorporate gender equality into HIV response objectives, actions, and measures of success. Political leaders have made important commitments and new coordination mechanisms have been established that facilitate dialogue among the different stakeholders involved. The NACAs in each country reported increased staff knowledge and skills, new internal coordinating mechanisms, and more political will and commitment to mainstreaming gender. The programme also helped to amplify the voices of women living with HIV and their organizations. Individual women participants consistently reported the positive effects of the training they received on women's human rights and advocacy. In each country, there are indications of women taking on leadership positions in groups/networks or institutional mechanisms (committees) and engaging with service providers at the local level as advocates for their rights.

Sustainability - Positive indications of the uptake and ownership of programme results by stakeholders in the five countries bode well for sustainability. These include the allocation of resources and expressions of commitment and political will. However, the current momentum will

require the ongoing commitment of governments and other stakeholders to the processes of capacity development and women's empowerment.

Efficiency - Overall, the programme's resources were used efficiently towards the achievement of programme objectives. The levels of funding in each country were modest given its ambitious proposed results. The no-cost extensions provided by the European Commission allowed countries to overcome some early delays in disbursement and complete their planned activities.

Factors that influenced performance - The programme was designed to allow for flexibility in implementation at the country level. The flexibility given to country offices was a positive feature of programme design; at the same time, however, the programme allocated few resources to monitoring and evaluation, which limited the ability to systematically collect evidence on the effectiveness and sustainability of programme results. While the programme had an implicit theory of change, it was not developed fully at either global or country levels. Thus, the intended links between individual capacity building (mostly in the form of training) and organizational capacity development or policy influence were not clearly articulated or monitored. UN Women appropriately supported the coordinated approach in the response to HIV, building on its role in the UNAIDS family and ensuring that the programme's design in each country was aligned with the UNAIDS Joint Programme and integrated in the UN Delivering as One initiative in Rwanda and PNG.

7   Recommendations

The evaluation team offers the following recommendations for UN Women to consider as it designs future programming on gender equality and HIV with a view to enhancing its contributions to a gender transformative response to HIV. The recommendations are based on an analysis of the programme "Supporting Gender Equality in the context of HIV/AIDS" and the findings outlining the programme's effectiveness, relevance, sustainability, efficiency, and the factors affecting performance. The recommendations are provided in three main areas: UN Women's continued work on a gender transformative response to HIV, capitalizing on UN Women's role as a co-sponsor of UNAIDS, and strengthening M&E and learning as key components of programme management.

UN Women's continued work on a gender transformative response to HIV

Recommendation 1:   UN Women should continue its work on improving the institutions that govern the HIV response and on ensuring that women living with HIV are part of the decision-making process. This has been an appropriate and relevant emphasis for the organization that can be further strengthened.

The evaluation validated the relevance, need, and overall effectiveness of the "governance" approach to strengthening the HIV response established by the programme (especially Findings

> By institutions we refer primarily to the "rules of the game in a society" or, more formally, the "humanly devised constraints that shape human interaction."[85] Institutions include formal rules, such as laws, constitutions, and policies and informal constraints, such as conventions and norms.

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[85] This is the most commonly cited definition of "institutions," advanced by North, Douglass (1990). *Institutions, Institutional Change and Economic Performance*, Cambridge University Press, p.3-4.

1, 2, 3, 9, and 10). UN Women's focus on institutions (see definition in the sidebar) was effective in this programme and was validated by stakeholders.

The focus on institutions fits well within the coordinated approach to working on HIV and with the perceived comparative advantages of UN Women. UN Women is seen by other actors in the sector as a leading organization working to strengthen networks and groups of women living with HIV and ensuring that they are included in policy discussions; focusing on national plans and resource allocations; and linking its work on HIV to other thematic areas that are also part of its strategy (such as EVAW).

As part of strengthening its work in this area, UN Women should define and test a theory of change (TOC) for a gender transformative HIV response at the global, regional, and country levels (see definition in sidebar).

> A "theory of change" is essentially an explanation of how activities are understood to contribute to a series of outcomes and impacts. It might be called a programme theory, an intervention logic, or an outcomes hierarchy. A theory of change identifies the changes hoped for. It also unpacks how those changes will happen and assumptions at different stages of programme implementation.[86]

UN Women could benefit from having an overall TOC for its understanding of a transformative HIV response, that could guide its design and monitoring of future programming. A TOC would provide an explanation of the pathways that could help shift the response from exploitative to transformative (see the graphic below in Exhibit 7.1). While UN Women staff members may have an implicit understanding of these pathways, the TOC helps make these explicit and provides a common language and basis for monitoring and evaluating work on HIV and AIDS across the organization.

Exhibit 7.1 Graphic illustrating the transformation of the HIV response
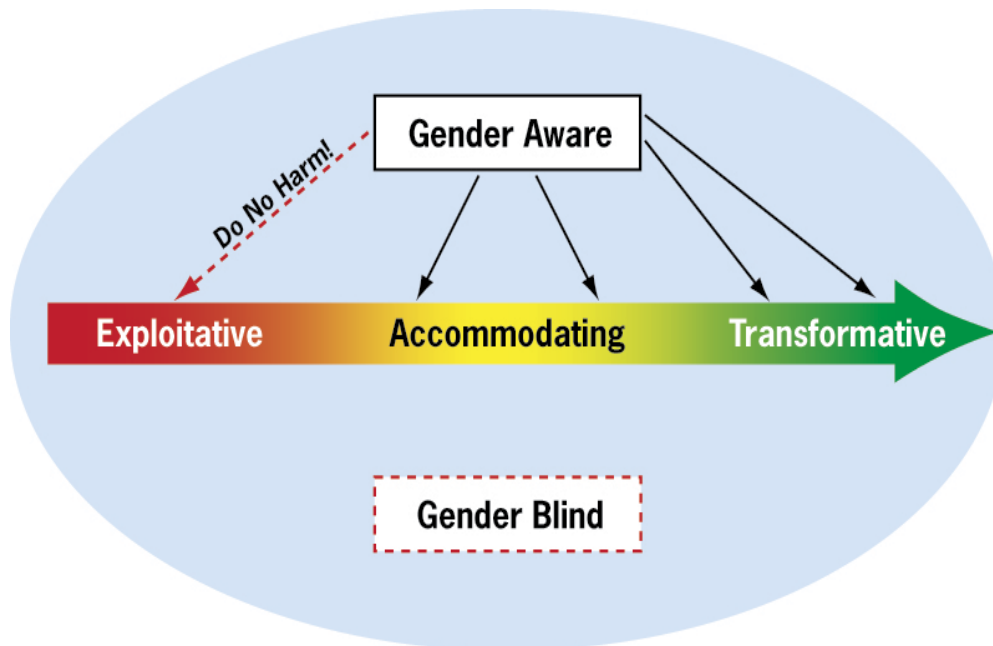
Source: UN Women, presentation by Nazneen Damji, Policy Advisor, "Gender Equality and HIV/AIDS", no date

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[86] According to Carol Weiss, theories of change have two components: 'implementation theory,' which forecasts in a descriptive way the steps to be taken in the implementation of the programme; and 'programmatic theory,' based on the mechanisms that make things happen.

The TOC should look at the different levels of UN Women's work, including the global (encompassing global norms, standards, and policies), regional, and country levels. At the country level, the theory of change will need to be adapted to the institutional configuration, context, and capacities of each country, including how the sub-national level fits into the broader change process.

Capacity development (related to the TOC) was a key strategy of this programme that should be continued in the future. Capacity building or capacity development is a multidimensional concept. The programme began with a focus on training individuals and applied additional strategies to link the individual to the organizational level. As noted above, a TOC would help make these links more explicit. It would also be useful in clarifying the different types or capacity levels that are required at national and sub-national levels in order to implement a transformative response. In other words, what is required from government actors, other services providers, rights holders and advocate groups for women living with HIV, communities, etc.? Once this is mapped out in a theory of change, it will be possible to identify the gaps that other actors may need to fill in order to harness the momentum towards a more transformative response to HIV.

Recommendation 2: **In future programming, UN Women should continue to support activities at a sub-national level, but should identify the objectives of such work and consider strategies that involve joint programming with other UN agencies from the outset.**

Although it was not planned in the programme design, the EC-UN Women programme implemented activities at the sub-national level in order to the context. An analysis of the programming at this level and implications for the design of such a programme are provided in findings 5, 8 and 18. Work at the sub-national level makes sense given that the space for dialogue that is opened up at this level provides opportunities for rights holders (women living with HIV) to directly engage with service providers who are duty bearers (government agencies). This would allow for effects on women's lives to occur more rapidly and be more tangible than would a focus exclusively on the national level. In addition, given the trend in decentralization, it appears that the implementation of a national HIV response is going to be much more reliant on local governments. Working at this level would likely have positive effects on sustainability and accountability with respect to integrating gender equality in the national response.

However, UN Women and other organizations face a number of challenges when doing work at the sub-national level. First, capacity challenges for both government agencies/service providers and networks vary significantly between the national and sub-national levels. Second, achieving sufficient coverage to make a difference at district and provincial levels may require significant project resources. The objectives of work at the sub-national level must, therefore, be carefully thought through (i.e. is the work intended to serve as a demonstration or pilot initiative to be scaled up by governments or other actors?). Finally, working sub-nationally requires the capacity to provide the necessary technical support to partners working at the district and provincial levels, often requiring more frequent visits and greater presence in the field. It would, therefore, be important for UN Women to leverage the operational capacities in the UN system to expand this area of work where relevant.

Recommendation 3: **UN Women should continue to develop a long-term vision and cultivate the partnerships necessary to support the capacity development of organizations of women living with HIV.**

UN Women has a special niche supporting the evolving capacities of coalitions and organizations of women living with HIV to claim spaces for advocacy and dialogue. Long-term support in this area is needed for the development of organizations and networks of women living with HIV and for the representation of women in existing organizations or networks working on HIV-related issues. As noted in the report (Findings 13 and 18), such organizations are still in incipient phases of development. This is due to a number of factors, including the fact that women living with HIV are not a homogenous group. As in any coalition, on-going efforts are required to recognize and address the special needs and priorities of different coalition members and to build spaces in which they can come together for a common purpose.

The stakeholders consulted also recognized the additional challenges that women living with HIV must face in order to actively participate in national response activities. The programme experimented with a few strategies to facilitate women's participation in such activities (for example, providing economic empowerment grants) but, as noted in the evaluation findings, these strategies were not explicitly built into the programme design and were not necessarily applied across countries. UN Women can often draw on the work of NGO and CBO partners to help address these needs.

In order to support organizational capacity, UN Women should continue to support:

- Leadership training and regular refreshers as well as national annual or bi-annual conferences or symposiums;

- Participatory development of advocacy strategies, the production and distribution of public information materials, radio ads, etc.;

- Appropriate technical assistance for organizational development (planning, resource mobilization) once a group or organization is formed;

- Decentralization of networks of women living with HIV. This would, for example, allow women who are trained to provide peer support in EMTCT and other initiatives that are being implemented at local level. This is an alternative way for women who have been trained to exercise their leadership and advocate for the rights of women.

As UN Women cannot be expected to fund all such activities, it should continue to leverage support from other partners who can provide the necessary core funding support for "coordinator" positions and initiatives to help consolidate organizations and networks, and who can provide complementary services to these organizations and networks (e.g. legal assistance, livelihood skills development, and microfinance).

Capitalizing on UN Women's role as a Co-Sponsor of UNAIDS

Recommendation 4: **UN Women should capitalize on its role as a UNAIDS co-sponsor by building on its comparative advantages, sharing lessons in key areas with other co-sponsors, and contributing to the evidence in favour of the continued funding of gender transformative responses under the UNAIDS Strategic Investment Framework.**

As noted in the context analysis (Section 4) and reflected in Finding 21, the programme evolved in a context of coordinated approaches to the HIV response and at the time UN Women became a co-sponsor of UNAIDS. UN Women's work in promoting women's human rights in the context of HIV is

well recognized. In particular, stakeholders consulted at the global level noted the advantages that it has with regard to working with National Women's Machineries at the country level and its history working with women living with HIV. UN Women also has other niche areas, which it should build on as co-sponsor of UNAIDS.

Continue to draw on thematic linkages to ending violence against women (EVAW): If HIV-prevention activities are to succeed, they need to occur alongside other efforts that address and reduce violence against women and girls. UN Women has made efforts, through political statements (such as at CSW 57) and in operational work (such as through the UN Trust Fund to End Violence against Women), to continuously stress the linkage between HIV and EVAW. It should continue to emphasize this linkage.

Share and document good practices in promoting participation of women living with HIV: UN Women could document and share experiences in promoting women's participation (for example, the most successful strategies for strengthening new leaders, factors that support the sustainability of women's participation, etc.) As a co-sponsor of UNAIDS, UN Women is in a unique position to share experiences in this area and ensure that others engaging in this type of work adopt "good" practices.

Influence application of strategic investment framework: The new UNAIDS Investment Framework may limit the funding available for gender equality programming if gender equality is not adequately positioned in the investment dialogue. The Investment Framework is clear that HIV funding should be used only for basic programme activities having direct effects on HIV risk, transmission, morbidity and mortality, and that these activities need to be delivered at scale. However, gender equality considerations are crucial in order for any of the six programme activities to be effective. A new Information Note on "Gender Equality and Strategic Investments for HIV Responses" is being drafted by the UNDP on behalf of the UNAIDS family. The Note illustrates the numerous ways in which gender equality is crucial for maximizing the effectiveness of UNAIDS designated "basic programmes" and identifyng areas where further evidence is needed. Thus, UN Women should collaborate with other partners and design future programming in such a way that it can generate evidence to support these arguments.

Within the investment framework, EMTCT is a possible area of focus in which involvement of women living with HIV can make a big difference: Elimination of HIV transmission from mother to child (EMTCT) is now a main platform of the UNAIDS programme for women and "Getting to Zero." Activities that could contribute to the effectiveness of these initiatives are, therefore, likely to be well received. EMTCT has some value (even though only one in three babies born to mothers living with HIV becomes infected) but often, the way in which interventions are made may be harmful to women because semi-coercive methods may be used to HIV-test pregnant women in antenatal care and during labour. This exposes those with a positive test result to possible negative consequences as a result of status disclosure, whether deliberate or accidental. Pregnant women need to be informed of all the pros and cons of having an HIV test and of enrolling in EMTCT programmes (not just the pros as presented by health personnel). Ongoing emotional support has been found to help women adhere to EMTCT, to safely disclose their status to their partner, and to access assistance in cases of partner violence or abandonment. In these ways, women living with HIV can help mitigate some of the potential negative effects of HIV testing and EMTCT programmes, improve adherence, and protect the rights of women to make informed choices about their health.

Strengthening M&E and learning as a key part of Programme Management

Recommendation 5: **In future global programmes, UN Women should pay greater attention to monitoring, evaluation, and learning, which could help identify worthwhile approaches that might be scaled up to other countries. This would likely require more investment in programme management at the country and global levels.**

Global programmes offer UN Women an opportunity to learn about what works, and why, in different country contexts. They also provide a potential platform for testing programming approaches at the national level that could be adapted and implemented in other countries (i.e. scaled up).

In order to take advantages of these opportunities, however, it is important that sufficient attention is paid and resources allocated to monitoring, evaluation and learning. As noted in the report (Finding 19), the programme's investment in programme management at the country level limited the possibilities for stronger monitoring, evaluation, and learning functions. Similarly, at the global level, efforts to promote sharing and learning focused primarily on global convening events. At the time of programme design and early implementation, UN Women (and UNIFEM before it) had not yet developed a regional architecture from which to draw technical support and for intra-regional sharing of the lessons learned. In the future, UN Women will need to have more robust evidence of how investments in capacity development, policy influence, and, more generally, a focus on gender equality can make a difference in the effectiveness of HIV programming.

For future global programmes, UN Women should consider:

- Allocating more resources to programme management in -country. This could facilitate programme implementation and programme monitoring and evaluation in a number of ways;

- Extending the period for M&E beyond the programme end date so as to increase the likelihood of capturing expected (behavioral and policy) changes;

- Drawing on evaluation and reporting specialists at the regional level and UN Women's regional architecture[87] to support work in countries and encouraging the use (by UN Women regional offices) of the results and lessons learned from country-specific interventions. The latter can be used in the development of regional strategies and approaches and the sharing of learning within and across regions

- Strengthening monitoring and evaluation frameworks for programmes that focus on capacity development/policy influence. This includes efforts to construct a baseline. In the case of organizations, gender audits at the beginning of an initiative provide a diagnostic that can be used as a baseline. However, monitoring and reporting must subsequently comment on changes occurring during programme implementation;

- Identifying the roles and responsibilities of implementing partners and UN Women programme managers, in country and at the global level, in the monitoring and evaluation of the programme;

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[87] As a result of the new regional architecture, oversight functions and operational support at the country level will be moved from HQ to the regional offices, thus strengthening field presence.

- Providing technical guidance and support to implementing partners for monitoring and reporting. For example, if an implementing partner is going to conduct training, that partner should include an evaluation of the training program as part of the package;

- If training is a key strategy of the programme, bumping up the efforts to understand how training is not only contributing to learning, but also to other results. It seems that approaches to evaluating training were inconsistent across programme countries. A widely applied model for evaluating training has been developed by Kirkpatrick,[88] in which four levels of effectiveness can be assessed over a period of time, ranging from reaction and learning (to be assessed at the end of training) to behavior and results (to be assessed several months after training is completed). This model is fairly easy to adapt and, in principle, should not require a large investment.

- Adapting the M&E tools according to implementing partners' capacity to monitor and evaluate and to reflect the potential pace for change that its partners (networks, organizations, individuals, WLHIV) may have.

8 Lessons Learned

In the practice of evaluation, lessons learned are "[g]eneralizations based on evaluation experiences with projects, programs, or policies that abstract from the specific circumstances to broader situations. Frequently, lessons highlight strengths or weaknesses in preparation, design, and implementation that affect performance, outcome, and impact."[89] Some of the lessons learned from the implementation of the programme include:

Lesson 1: Gender mainstreaming in a National AIDS Coordinating Agency (NACA) is facilitated when there is a respected gender advocate within the organization. Gender mainstreaming is a long-term process that needs to be adequately resourced. The gender advisors in the programme served as both resource persons and as advocates for greater gender mainstreaming. All NACAs involved in the programme valued the gender advisors and are trying to find ways to sustain the position after the programme. To date, the Rwanda NACA is the only one that has succeeded in maintaining and resourcing the position.

Lesson 2: At the policy level, creating institutionalized spaces for on-going involvement of and dialogue between rights holders (women living with HIV) and duty bearers is as important as changes in strategies and plans. Policy change is often seen to focus on a revised "document;" a plan, policy, or law that will improve gender equality in the prevention, treatment, care, and support services provided in the context of HIV and AIDS. However, the programme, and others before it, also highlighted the importance of creating spaces for dialogue between women living with HIV and other stakeholders and duty bearers involved in the HIV response. Ideally these will become "institutionalized spaces" in which women living with HIV are able to convene duty bearers as well as be convened by them. While NACAs in the five programme countries developed *ad hoc* spaces, only Cambodia created an institutionalized space for dialogue.

Lesson 3: The strengthening of individual competencies is more likely to succeed if multiple approaches to capacity building are used (e.g. mentoring, coaching, action learning, group discussions, and peer-to-peer contacts). The programme focused on strengthening the abilities of individuals to understand the concepts of gender equality and how gender equality can be integrated into their work in organizations or in advocacy efforts. The evidence from this

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[88] Kirkpatrick, Donald L. (1998). *Evaluating Training Programs: The Four Levels.*

[89] OECD-DAC (2002). *Glossary of Key Terms in Evaluation and Results Based Management*, Paris, OECD, 37 p.

programme evaluation, as well as from other evaluations of capacity development[90] and from the literature,[91] suggests that a model that includes training as well as mentoring, coaching, action learning, group discussions, and peer-to-peer contacts has a greater chance of success than an approach focused solely on training. In several programme countries, for example, NACA staff trained, then had the opportunity to work with, a resource person (gender advisor) on applying gender equality in their work. This appears to have provided continuity in the individual learning process.

Lesson 4: Long-term vision and investment is key for promoting the leadership of women living with HIV and building strong networks of women living with HIV. Programmes (or projects) are by nature time-bound initiatives. However, strengthening the leadership capabilities of women living with HIV and their organizations and networks requires a longer-term commitment and investment because of important gaps in capacity. In Cambodia, for example, UN Women (and UNIFEM before it) has supported the evolution of the CCW for almost a decade.

Lesson 5: Gender-responsive budgeting (GRB), a potentially key strategy for sustaining integration of gender equality in the national response to HIV, is more likely to succeed if there is already a whole-of-government commitment to GRB. Gender-responsive budgeting is a complex undertaking and requires the involvement of powerful stakeholders, such as the Ministry of Finance. In the programme, Rwanda was the only country that was able to get some traction out of efforts to promote GRB in the context of HIV during the project timeframe. Evidence suggests that a GRB component, while important, should probably be implemented only in those countries in which there are broader GRB initiatives involving other multilateral and bilateral partners.

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[90] See, for instance, Universalia (2011). *Evaluation of UN Women Capacity Development Activities in Southern Africa (2009-2010)*.

[91] See, for instance, Baser, Heather and Peter Morgan. (2008). *Capacity, Change and Performance Study Report*, European Centre for Development Policy Management, Discussion Paper no 59B, Maastricht, ECDPM, 157 p.

Appendix I List of Findings

Finding 1:   The programme's focus on the needs of women and girls is relevant, as they are more affected by the HIV epidemic than men and boys due to gender norms within society and for biological reasons.

Finding 2:   The programme has responded to the capacity needs of women living with HIV and their organizations and of governments and national AIDS coordinating agencies (NACAs).

Finding 3:   The programme is relevant to its main institutional stakeholders and responds to their strategic priorities.

Finding 4:   In all five countries, the programme contributed to strengthening the capacities of individual women living with HIV and contributed to their empowerment.

Finding 5:   The programme contributed to the emergence or further development of some women leaders who became advocates for the rights of women living with HIV, both at the national and sub-national levels.

Finding 6:   The programme provided opportunities for more formal organizations to be either formed or strengthened to better meet the needs of women living with HIV.

Finding 7:   As a result of the programme, staff in the NACAs and other governmental institutions in the five countries gained a greater understanding of the concept of "gender" and of the differential effects of HIV on men and women due to social constructs of gender.

Finding 8:   As a result of the programme, the staff of NACAs and other governmental institutions in all five countries have taken steps to mainstream gender in their work. Gender advisors have played a key role in this area.

Finding 9:   Across all five countries, the programme contributed to influencing the content of key policy documents and the commitments of key policy makers. The nature or extent of the programme's specific contributions or influence is more difficult to pin down.

Finding 10: The programme created opportunities for dialogue among women living with HIV, CSOs, and government officials at national and local levels, but these did not result in many *institutionalized* spaces for dialogue.

Finding 11: The programme influenced government resource allocations that support gender equality and human rights in several of the NACAs in the programme countries. Broader effects on national budgets were not yet evident, except in the case of Rwanda where the context allowed for implementation of gender-responsive budgeting.

Finding 12: The programme's global activities were successful in supporting its specific objective and results and in convening the programme's key stakeholders for sharing, learning, and reflecting on challenges and promising practices. Dissemination of promising practices and other knowledge to external audiences occurred at regional and global levels, but was more limited than at the national level.

Finding 13: In all five countries, there is evidence of the initial uptake and ownership of programme results. The adoption of policy documents that include gender equality considerations and the formation of groups/coalitions of women living with HIV reflect political will and the commitment of national stakeholders. As with most short-term programmes, however, such momentum and dynamics are at risk without the sustained engagement of governments and other stakeholders in the process of capacity development and without the empowerment of women living with HIV and NACAs after programme completion.

Finding 14: The programme had a relatively small budget and a short time frame for achieving ambitious results. Overall, resources were used efficiently towards the achievement of programme objectives.

Finding 15: The programme's decentralized approach allowed country offices to respond to the context in the field and was considered positive by most stakeholders. However, there were no budget allocations to cover programme management in-country and this had implications for staffing, backstopping, and programme monitoring and reporting.

Finding 16: The programme recovered from early delays due to staffing, aligning to UN programming in country, and changes in UN Women financial reporting. The two no-cost extensions allowed most countries to complete their planned activities.

Finding 17: The programme's flexibility with regard to the implementation of activities in each country was a positive feature of programme design and was valued by key partners involved in implementation.

Finding 18: The programme's country-level planning tools did not always make explicit the assumptions, risks, and necessary adaptations of the results chain in each country.

Finding 19: Insufficient resources for programme management functions, such as monitoring and reporting, affected the programme's ability to achieve results and generate lessons.

Finding 20: The partnership between the EC and UN Women supported the achievement of programme results. It was strongest at the headquarters level and varied at the country level.

Finding 21: The coordinated approach of UN agencies in the response to HIV, and UN Women's niche within this approach, positively affected the programme.

Appendix II List of Recommendations

Recommendation 1: UN Women should continue its work on improving the institutions that govern the HIV response and on ensuring that women living with HIV are part of the decision-making process. This has been an appropriate and relevant emphasis for the organization that can be further strengthened.

Recommendation 2: In future programming, UN Women should continue to support activities at a sub-national level, but should identify the objectives of such work and consider strategies that involve joint programming with other UN agencies from the outset.

Recommendation 3: UN Women should continue to develop a long-term vision and cultivate the partnerships necessary to support the capacity development of organizations of women living with HIV.

Recommendation 4: UN Women should capitalize on its role as a UNAIDS co-sponsor by building on its comparative advantages, sharing lessons in key areas with other co-sponsors, and contributing to the evidence in favour of the continued funding of gender transformative responses under the UNAIDS Strategic Investment Framework.

Recommendation 5: In future global programmes, UN Women should pay greater attention to monitoring, evaluation, and learning, which could help identify worthwhile approaches that might be scaled up to other countries. This would likely require more investment in programme management at the country and global levels.