Annex 2   Methodology

1   Introduction

1.1   This report sets out the methodology of the second independent evaluation of UNAIDS, based on the terms of reference and the approach presented by the evaluation team (ET) in their inception report. The report summarises the purpose and scope of the evaluation, describes the evaluation design and provides details about the work undertaken.

2   Scope of the evaluation

Evaluation purpose

2.1   The purpose of the evaluation is to assess the efficacy, effectiveness and outcomes of UNAIDS (including UNAIDS Secretariat, the PCB and cosponsors) at global, regional and country levels.

ECOSOC objectives

2.2   Although the evaluation terms of reference (TOR) do not include measuring impact, the evaluation is expected to assess how UNAIDS has met its ECOSOC mandate and objectives[1] as well as the continuing relevance of its mandate and objectives in the current global environment. The six original ECOSOC objectives are reproduced here. The notation E1, E2 is used in Table 1 to number the objectives for ease of cross-reference.

Table 1   ECOSOC objectives for UNAIDS
E1. To provide global leadership in response to the epidemic
E2. To achieve and promote global consensus on policy and programme approaches
E3. To strengthen the capacity to monitor trends and ensure that appropriate and effective policies and strategies are implemented at the country level
E4. To strengthen the capacity of national governments to develop comprehensive national strategies and implement effective HIV/AIDS activities
E5. To promote broad-based political and social mobilization to prevent and respond to HIV/AIDS
E6. To advocate greater political commitment at the global and country levels including the mobilization and allocation of adequate resources

Evaluation questions

2.3   The TOR set out the focus of the evaluation through a series of questions. These questions address issues of process in examining how UNAIDS is organised and functions. They are listed in Table 2 and developed into a more detailed framework in section 4.

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[1] The phrase 'mandate and objectives' is used as shorthand to summarise the higher level concepts of UNAIDS providing an *internationally coordinated and multisectoral response*, together with the six specific objectives. There is no formal statement of a mandate other than the ECOSOC resolution that established the joint programme (1994/24).

Table 2 Questions for the evaluation from the TOR
a) The evolving role of UNAIDS within a changing environment Given the changing global, regional and country environments, the evolving role and priorities of the Joint Programme needs to be clearly defined, especially concerning working relationships with institutions like the Global Fund, PEPFAR, UNITAID, bilateral donors, private sector, civil society, regional organizations and others, all of which have grown in importance since the Five Year Evaluation. To what extent does UNAIDS generate and take advantage of synergies with its partners including HIV vaccine and other appropriate technologies, advocacy, and development partners and organizations of vulnerable populations and people living with HIV? A special focus will be placed upon the role of UNAIDS in monitoring and evaluation of different interventions, policies and strategies implemented across many partners.
b) Governance of UNAIDS This evaluation should involve a review of the governance and accountability structures of UNAIDS (Program Coordinating Board (PCB), Committee of Cosponsoring Organizations (CCO) and the Unified Budget and Workplan (UBW)), and its relationships with the Cosponsors and other UN bodies on a wide range of issues, especially given the organization's expansion, the entry of new partners into the field, and the growing range of activities being undertaken. The evaluation should consider the progress on recommendations of the Global Task Team (GTT), review and the Review of NGO/Civil Society Participation in the Programme Coordinating Board.
c) The response to the Five Year Evaluation of UNAIDS Assessing the extent to which UNAIDS has been able to respond to the recommendations and proposed activities that emerged from the Five Year Evaluation based on the PCB decisions is important. It is also necessary to identify any factors, which may have facilitated or limited UNAIDS' implementation of these recommendations such as national capacities, availability of resources and resource gaps. Implementation will also have to be evaluated at headquarters, regional and country levels to determine the overall effectiveness, efficiency, equity and acceptability of the Programme.
d) The Division of Labour between the Secretariat, Cosponsors, Agencies and Countries The components of UNAIDS, and the operational relationships between Secretariat, Cosponsors and other institutions, like the Global Fund, at headquarters, regional and country levels need to be reviewed. This should also involve evaluating the efficiency of UNAIDS in terms of coordination, consistency and compatibility of activities and programmatic strategies and, how the 'Division of Labour' has affected working relationships in country, taking into account the perspective of national governments. Does UNAIDS fulfil its global coordination role on AIDS?
e) Strengthening Health systems The Evaluation should include an assessment of UNAIDS' role in strengthening health systems and determine what improvements could be made to strengthen health systems in ways that support UNAIDS objectives.
f) The administration of the Joint Programme This involves evaluating how the administration and business practice of the UNAIDS Secretariat has evolved since its creation, including its institutional relationships with WHO and UNDP, and whether it has been flexible and creative enough to keep up with the changing pace and types of demands that have emerged over time, including transfer of resources to countries. Patterns and processes of staff deployment and management will need to be examined.
g) Delivering as One UN Reform, Global Task Team (GTT) and the Paris Declaration on Aid Effectiveness all influence the context in which UNAIDS operates. The impact of these changes on how UNAIDS is viewed (by countries, co-sponsors donors and staff) and on how it works to meet

Table 2 Questions for the evaluation from the TOR
its mandate (particularly in countries), should be assessed. Implications and choices for the future should be identified.
h) Involving and working with civil society The extent to which UNAIDS has been able to support, include, engage and incorporate in a meaningful and measurable way the concerns and capacities of civil society, and what types of functional relationships and partnerships have evolved at different operational levels should be reviewed and should be an integral part of all questions to be addressed by this Independent Evaluation.
i)   Gender dimensions of the epidemic The extent to which gender equality has been incorporated as an integral part of the work of UNAIDS at the global and national levels and the extent to which these issues have been incorporated in national strategies and actions. This must include the degree to which UNAIDS has supported countries in their efforts to address the gender dimensions of the epidemic. The measurement of impact on the gender equality must include: ▪   analysis of the development of policy guidance; ▪   monitoring of gender-differentiated impact of programmes; ▪   systematic disaggregation of data by sex and integration of gender and equality indicators in monitoring and evaluation frameworks; ▪   internal capacity for gender analysis and policy guidance. Work on gender norms, work with sexual minorities, including men who have sex with men and transgender communities, should also be examined.
j)   Technical support to national AIDS responses The outcome of the technical support rendered by UNAIDS through an examination of activities in, and the needs and priorities of affected countries, and the quantity and quality of support rendered, including transaction costs, accessibility of funding, coordination mechanisms such as Joint UN Teams and others designed to enhance service delivery. To what extent does UNAIDS allow for flexible procedures that are adaptable to different national or regional situations?
k) Human rights How UNAIDS programmes and policies have contributed to strengthening the rights of vulnerable populations, have addressed issues of gender inequality, stigma and discrimination, the empowerment of vulnerable populations among its priorities, and ensures that programme objectives reflect the priorities expressed by vulnerable populations themselves. This should include mechanisms to enable meaningful participation of vulnerable populations in policy and programme development.
l)   The greater and meaningful involvement of People living with HIV The extent to which UNAIDS has enabled the active and meaningful engagement of people living with HIV through the: ▪   transparent and democratic selection processes and choices of representatives; ▪   involvement in the design of policy making; ▪   involvement in the implementation of programmes; ▪   involvement on the monitoring and evaluation of UNAIDS programmes.

Evaluation criteria

2.4   In addition to these specific topics, the evaluation has followed the established OECD DAC evaluation criteria in the way that the design is structured and questions are organised. Table 3 summarises those criteria. The TORs for the evaluation refer to efficacy, effectiveness

and outcomes, which differ slightly from the widely-used DAC criteria.[2] The criteria have therefore been used to guide the formulation of questions rather than as a structure for explicit assessments.

Table 3 Summary of Definitions of DAC Criteria for Evaluating Development Assistance
Relevance: The extent to which UNAIDS reflects stakeholder priorities and policy objectives, is consistent with beneficiaries' requirements, country needs, global priorities, partners and donors, policies.
Effectiveness: The extent to which the programme has achieved its objectives or are expected to be achieved, taking into their account their relative importance.
Efficiency: Have the objectives been achieved through use of the least costly resources possible? How economically resources/inputs (funds, expertise, time etc.) are converted to results?
Impact: The positive and negative changes produced by the programme, directly or indirectly intended or unintended.
Sustainability: The continuation of benefits from a development intervention after major development assistance has been completed. The probability of long-term benefits. The resilience of the risk of the net benefit flows over time.

3 Evaluation design

Evaluation framework

3.1   To translate the questions for the evaluation and the contextual issues identified in the preceding section into a programme of work, the ET developed a framework that structures the issues and questions as indicators that can be measured or assessed. The questions deal with the processes of UNAIDS, the indicators in the framework are structured to help identify relevance, efficiency and effectiveness, wherever possible. The evaluation framework also identifies the range of documents to be reviewed and key informants to interview for each question. The detailed questions and indicators overleaf are reproduced from the evaluation Inception Report. Some wording and structure were further elaborated and revised following the first country visit and the visits to cosponsor headquarters. The tables overleaf set out the framework structured around questions a) to l).

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[2] Defined by the DAC as follows. Efficacy – a term related to effectiveness which examines the capacity of a programme to produce a desired effect. Outcomes – the likely or achieved short-term and medium-term effects of an intervention's outputs.

Evaluation Framework

Question: a) The evolving role of UNAIDS within a changing environment Hypothesis: UNAIDS has evolved in response to the changing global environment and has remained relevant and effective			
Issues & detailed questions	**Indicators**	**Sources of data**	**Methods[3]**
The evolving role and priorities of the Joint Programme	◆ Clear and unambiguous policy statements in PCB documents and public information ◆ Extent to which UNAIDS develops guidelines, models, methods, indicators and tools for surveillance and M&E, harmonized across the partners	Review of governing body and operational documents	Document review against structured checklist Policy timeline
Working relationships with institutions like the Global Fund, PEPFAR, UNITAID, bilateral donors, private sector, civil society, regional organizations and others	◆ Existence of a written statement about working relationships; minutes of meetings; evidence of follow-up action and monitoring of this ◆ Perceptions of UNAIDS Secretariat and Cosponsors and other institutions about the working relationship	Review of governing body and operational documents Interviews with policy advisors, officials and representatives	Document review against structured checklist Topic-list semi-structured interviews
To what extent does UNAIDS generate and take advantage of synergies with its partners including HIV vaccine and other appropriate technologies, advocacy, and development partners and organizations of vulnerable populations and people living with HIV?	◆ Examples of synergies	Interviews with key informants	Appreciative enquiry
A special focus will be placed upon the role of UNAIDS in monitoring and evaluation of different interventions, policies and strategies implemented across many partners.	◆ Extent to which UNAIDS M&E programmes cover these issues	Review of planning documents and M&E reports for Secretariat and Cosponsors	Document review against structured checklist

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[3] An explanation of specific techniques that we plan to use follows later

Question: b) Governance of UNAIDS Hypothesis: Governance of UNAIDS has responded to the recommendations of analytical reports, and has enabled the development of improved accountability and performance in line with the objectives of UN Reform			
Issues & detailed questions	**Indicators**	**Sources of data**	**Methods**
A review of the governance and accountability structures of UNAIDS (Program Coordinating Board, Committee of Cosponsoring Organizations and the Unified Budget and Workplan), and its relationships with the Cosponsors and other UN bodies	◆ Clear and transparent arrangements known to staff and governing body, including arrangements governing relations between UNAIDS country, regional offices and HQ ◆ Accountability meets emerging UN standards: • following proper processes, • delivering planned and modified outputs with approved resources, • measuring the planned outcomes of interest, • demonstrating the contribution being made by the Cosponsor to the accomplishment of the planned outcomes, and • demonstrating what was learned in delivering the outputs, and what changes were made as a result.	Analysis of governing body documents Interviews with Executive Director, senior management and governing body members Interviews with CCO members and Cosponsor focal points Interviews with representative of 'client' groups, PLHIV and networks	Document review against structured checklist Topic-list semi-structured interviews RACI matrix analysis
Progress on recommendations of the Global Task Team (GTT) review and the Review of NGO/Civil Society Participation in the Programme Coordinating Board	◆ Number of recommendations adopted ◆ Progress towards full implementation of adopted recommendations ◆ Evidence of changes in practice and performance	Analysis of governing body documents Interviews with senior management and governing body members Interviews with CCO members and Cosponsor focal points Interviews with representative of 'client' groups, PLHIV and networks	Document review against structured checklist Topic-list semi-structured interviews

Question: c) The response to the Five Year Evaluation of UNAIDS Hypothesis: UNAIDS responded satisfactorily to recommendations from the Five Year Evaluation and has improved performance within the framework of its ECOSOC objectives			
Issues & detailed questions	**Indicators**	**Sources of data**	**Methods**
Assessing the extent to which UNAIDS has been able to respond to the recommendations and proposed activities that emerged from the Five Year Evaluation based on the PCB decisions	◆ Number of recommendations adopted ◆ Development of a responsive workplan ◆ Reports of progress against the workplan ◆ Evidence of performance implementing recommendations	UBW and planning documents of the Secretariat and Cosponsors Interviews with past and present senior managers in the Secretariat and Cosponsors	Document review against structured checklist Topic-list semi-structured interviews
Review of factors which may have facilitated or limited UNAIDS' implementation of these recommendations such as national capacities, availability of resources and resource gaps	◆ Reports of progress against the workplan ◆ Perceptions of officials about constraints to implementation	Progress reports to the PCB Interviews with key informants	Document review against structured checklist Topic-list semi-structured interviews

Question: d) The Division of Labour between the Secretariat, Cosponsors, Agencies and Countries Hypothesis: Division of labour has led to a more focused relationship by the Secretariat and Cosponsors and reduced duplication and overlap of activities and functions			
Issues & detailed questions	**Indicators**	**Sources of data**	**Methods**
Evaluating the efficiency of the Joint Programme in terms of coordination, consistency and compatibility of activities and programmatic strategies and, how the 'Division of Labour' (DOL) has affected working relationships in country, taking into account the perspective of national governments.	◆ Follow-up on GTT review recommendations ◆ Establishment and effective functioning of Joint UN Teams on AIDS, work plans and progress monitoring mechanisms ◆ Number of funded joint programmes aligned with national priorities in operation ◆ Nature of funding mechanisms; use of Spanish Millennium Challenge Fund ◆ Evidence of parties changing programmes to respond to DOL ◆ Extent of overlap or contested areas of programmes ◆ Cosponsor commitment and resources allocated to joint working; accountability mechanisms in place	UNAIDS Secretariat and Cosponsor biennial work plans at country level RC, UCC, CD/RR at country level Directors of NACs or equivalent bodies Donor representatives in country including GFATM and PEPFAR etc. NGO and HIV organisations in country	Topic-list semi-structured interviews Focus group meetings of donors, and other organisations Follow up on GTT recommendations Partnership assessment Analysis of joint programmes and programming against recommendations set out in: • UNDG (May 2006) Proposed Working Mechanisms for Joint UN Teams on AIDS at Country Level - Guidance Paper • UNAIDS (2008) Second Guidance Paper: Joint UN programmes and teams on AIDS Practical guidelines on implementing effective and sustainable joint teams and programmes of support
Does UNAIDS fulfil its global coordination role on AIDS?	◆ Extent of agreement among Cosponsors and other key stakeholders about UNAIDS role ◆ Existence of a clear statement on UNAIDS coordination role ◆ Effective functioning of IATTs ◆ Allocation of staff & resources ◆ Implementation of Three Ones and Paris Declaration commitments ◆ UNAIDS engagement in Joint Assistance Strategies and Joint Annual Reviews	Documents of the Secretariat and PCB Interviews with senior managers in Cosponsors and other parties Interviews with bilateral and multilateral donor representatives Interviews with national government representatives	Document review against structured checklist Topic-list semi-structured interviews

Question: d) The Division of Labour between the Secretariat, Cosponsors, Agencies and Countries		
Hypothesis: Division of labour has led to a more focused relationship by the Secretariat and Cosponsors and reduced duplication and overlap of activities and functions			
Issues & detailed questions	**Indicators**	**Sources of data**	**Methods**
	◆ CHAT roll-out and implementation ◆ Stakeholder perceptions of UNAIDS performance		

Question: e) Strengthening Health systems			
Hypothesis: UNAIDS has taken a constructive approach to incorporating health system issues in overall strategy and in the support it provides at country level			
Issues & detailed questions	**Indicators**	**Sources of data**	**Methods**
To what extent have the Secretariat and Cosponsors strengthened health systems through their work; and to what extent has others' work on health system strengthening supported the achievement of UNAIDS' objectives?	◆ UNAIDS approach to health system issues clearly articulated ◆ Agreements with WHO and other relevant Cosponsors ◆ Clearly articulated UNAIDS role vis-à-vis international health initiatives and key actors; and plan of action ◆ Health system issues addressed in national HIV strategies ◆ Major donors fund programmes and activities for health systems strengthening ◆ Existence of cross linkages between health sector and HIV strategies and PRSPs ◆ Mechanisms in place to track use of HIV funding for health systems strengthening ◆ Evidence of strengthened health systems e.g. resource flows, HR for health, service coverage	Documents of the Secretariat and PCB Documents from NAC or equivalent and health sector strategy/PRSP Senior officials in health sector agencies	Document review against structured checklist Policy timeline Topic-list semi-structured interviews

Question: f) The administration of the Joint Programme Hypothesis: The Joint Programme has evolved to take account of the changing environment and developed improved ways of managing its institutional relationship with the Cosponsors			
Issues & detailed questions	**Indicators**	**Sources of data**	**Methods**
How the administration and business practice of the UNAIDS Secretariat has evolved since its creation, including its institutional relationships with WHO and UNDP, and whether it has been flexible and creative enough to keep up with the changing pace and types of demands that have emerged over time, including transfer of resources to countries.	◆ Changes in organisation and management ◆ Business practices in the Secretariat simplified and harmonised ◆ Arrangements for the relationship with WHO and UNDP (committee; designated focal point etc) ◆ Performance and evaluation framework in place ◆ Perceptions of key informants on the relationship ◆ Efficient mechanisms for transfer of resources (financial and staffing) to countries (UBW and PAF)	Snapshots of organisational structure and management arrangements from before and during the evaluation period Present and past policy advisers and managers	Review of organisation charts and flow diagrams Document review against structured checklist Topic-list semi-structured interviews The revised Working Arrangement between UNDP and UNAIDS (2008, superseding WA of 1996) for provision of administrative services by UNDP
Patterns and processes of staff deployment and management will be examined	◆ Staffing complement; grade and technical composition and deployment ◆ Effective recruitment, development, deployment and performance systems in place	UNAIDS Secretariat HR records before and during the evaluation period	Quantitative and qualitative analysis of staffing Results of the 2007 evaluation of UNAIDS' recruitment process Increase in positions at country level from 2003 to 2005 reflect breakdown shown in Directions for the Future: Unifying and Intensifying Country Support (p. 65) and the 2006/07 and 2008/2009 biennial rollout plans.

Question: g) Delivering as One			
Hypothesis: The broader UN reform process and implementation of the Paris Declaration on Aid Effectiveness has fostered greater acceptance of UNAIDS' approach both within the UN and by the wider range of stakeholders at country level.			
Issues & detailed questions	**Indicators**	**Sources of data**	**Methods**
Assess the impact of UN Reform, Global Task Team (GTT) and the Paris Declaration on Aid Effectiveness on how UNAIDS is viewed (by countries, co-sponsors donors and staff) and on how it works to meet its mandate (particularly in countries). Implications and choices for the future should be identified.	◆ Extent of specific provisions in UNAIDS programmes and policy statements ◆ Joint programme integrated into the One UN pilot ◆ Actions taken in response by Secretariat and Cosponsors ◆ Perceptions of stakeholders on progress with Three Ones and impact of this on wider harmonisation and alignment	Secondary data: UNAIDS Evaluation of Progress in Implementing GTT Recommendations; Reports from the evaluation of the Paris Declaration; working documents on UN Reform Documents of the Secretariat and PCB Documents from NAC or equivalent and PRSP Interviews with senior managers in Cosponsors and other parties	Document review against structured checklist Topic-list semi-structured interviews

Question: h) Involving and working with civil society			
Hypothesis: Inclusion of civil society has improved the orientation and effectiveness of the national response and helped guide regional and global policy-making			
Issues & detailed questions	**Indicators**	**Sources of data**	**Methods**
The extent to which UNAIDS has been able to support, include, engage and incorporate in a meaningful and measurable way the concerns and capacities of civil society, and what types of functional relationships and partnerships have evolved at different operational levels	◆ A plan for working with civil society ◆ Progress against that plan globally, regionally and at country level ◆ Funding allocated by donors and governments for CSOs to implement programmes and services ◆ Wide range of CS representation on global and national policy-making bodies including GFATM ◆ Learning and information sharing process in place ◆ CSO perceptions about benefits of UNAIDS	Documents of the Secretariat and PCB Documents of the Cosponsors Interviews with representatives of civil society and umbrella bodies globally, regionally and at country level e.g. GNP+, ICW, UK NGO AIDS and Development Consortium, International HIV/AIDS Alliance DHS, AMREF	Document review against structured checklist Focus group discussions with representatives of civil society at country level Web-based survey of representatives of civil society at regional and global level

Question: i) Gender dimensions of the epidemic Hypothesis: UNAIDS has identified gender issues and worked to respond to gender dimensions in programming and relations with countries			
Issues & detailed questions	**Indicators**	**Sources of data**	**Methods**
The degree to which UNAIDS has supported countries in their efforts to address the gender dimensions of the epidemic	◆ Analysis of the development, dissemination and uptake of policy guidance ◆ Monitoring of gender-differentiated impact of programmes ◆ Systematic disaggregation of data by sex and integration of gender and equality indicators in monitoring and evaluation frameworks ◆ Internal capacity for gender analysis and policy guidance ◆ Global and country partnerships with gender-focused organisations	Documents of the Secretariat and PCB Documents of the Cosponsors Documents from NAC or equivalent and PRSP HR records of staffing complement of Secretariat and Cosponsors for gender analysis and policy guidance Secondary data: recent evaluations of Gender at UNDP (2006) and UNICEF (2007) Managers and policy advisers; NAC; representatives of civil society and gender-based groups DHS	Document review against structured checklist Topic-list semi-structured interviews Focus group discussion with stakeholders and gender action groups at country level
Work on gender norms, work with sexual minorities, including men who have sex with men and transgender communities, should also be examined	◆ Existence of policies and programmes for working on gender norms and sexual minorities at Secretariat and Cosponsors ◆ Implementation of policies and programmes including global and country partnerships	Documents of the Secretariat and PCB and Cosponsors Documents from NAC or equivalent and PRSP Managers and policy advisers; NAC; representatives of civil society and gender-based groups	Document review against structured checklist Topic-list semi-structured interviews Focus group discussion with sexual minorities and gender action groups at country level

Question: j) Technical support to national AIDS responses Hypothesis: UNAIDS has provided appropriate and timely technical support and enhanced service delivery by all Cosponsors in the Joint Programme			
Issues & detailed questions	**Indicators**	**Sources of data**	**Methods**
The outcome of the technical support rendered by UNAIDS through an examination of activities in, and the needs and priorities of affected countries, and the quantity and quality of support rendered, including transaction costs, accessibility of funding, coordination mechanisms such as Joint UN Teams and others designed to enhance service delivery.	◆ Volume and nature of requested technical support in national plans ◆ Volume and scope of planned technical support in the UBW and internal Secretariat and Cosponsor documents ◆ Progress against plans; technical support actually provided ◆ Reported outcomes from internal or independent evaluations ◆ Stakeholder perceptions of coordination and provision (relevance, efficiency and effectiveness) of technical support	Documents of the Secretariat Documents of the Cosponsors Documents from NAC or equivalent and PRSP Monitoring and evaluation reports at country level NAC or equivalent staff at country level Representatives of UNAIDS Secretariat and Cosponsors at country level Recipients of technical support	Document review against structured checklist Topic-list semi-structured interviews
To what extent does UNAIDS allow for flexible procedures that are adaptable to different national or regional situations?	◆ Processes and mechanisms for procuring technical support ◆ Specification of procedures by the Secretariat and Cosponsors ◆ Perceptions of efficiency by stakeholders	Documents of the Secretariat Documents of the Cosponsors Representatives of UNAIDS Secretariat and Cosponsors at country level Recipients of technical support	Document review against structured checklist Topic-list semi-structured interviews
To what extent does UNAIDS provide effective and efficient support to countries working to develop national HIV and AIDS Monitoring and Evaluation systems	◆ Volume and nature of technical support for M&E ◆ Nature of capacity building and evidence of performance change ◆ Use of data to inform programming and policy	Documents of the Secretariat and Cosponsors Representatives of UNAIDS Secretariat and Cosponsors at country level NAC or equivalent Recipients of technical support	Document review against structured checklist Topic-list semi-structured interviews

Question: k) Human rights Hypothesis: UNAIDS has incorporated a rights-based perspective in policies and programmes and has acted in response to rights issues			
Issues & detailed questions	**Indicators**	**Sources of data**	**Methods**
Have UNAIDS programmes and policies contributed to strengthening the rights of vulnerable populations, addressed issues of gender inequality, stigma and discrimination, the empowerment of vulnerable populations among its priorities, and ensures that programme objectives reflect the priorities expressed by vulnerable populations themselves. This should include mechanisms to enable meaningful participation of vulnerable populations in policy and programme development.	◆ Extent of specific rights-based orientation in UNAIDS programmes and policy statements ◆ Actions taken in support of a rights-based approach by Secretariat and Cosponsors, globally, regionally and at country level ◆ Networks and organisations of vulnerable populations involved in policy-making and implementation and M&E of programmes ◆ Allocation of donor and government funds to programmes and services for vulnerable groups ◆ Perceptions of stakeholders on how UNAIDS has responded to the priorities of vulnerable groups ◆ Reported outcomes related to vulnerable populations ◆ Number of countries with legal frameworks to protect the rights of vulnerable groups; and extent of enforcement of laws	Documents of the Secretariat Documents of the Cosponsors Documented dialogue with national governments and stakeholders at country level including CSOs, FBOs, CBOs, and vulnerable populations Representatives of UNAIDS Secretariat and Cosponsors at country level Representatives of vulnerable populations at global, regional and country level	Document review against structured checklist Topic-list semi-structured interviews Focus group discussion with vulnerable groups at country level

| Question: I) The greater and meaningful involvement of People living with HIV Hypothesis: UNAIDS has created an efficient process by which people living with HIV have become engaged in efforts to combat the disease			
Issues & detailed questions	**Indicators**	**Sources of data**	**Methods**
The extent to which UNAIDS has enabled the active and meaningful engagement of people living with HIV through the: • transparent and democratic selection processes and choices of representatives; • involvement in the design of policy making; • involvement in the implementation of programmes; • involvement on the monitoring and evaluation of UNAIDS programmes.	◆ Existence of rules and procedures to engage with PLHIV – transparent and democratic processes ◆ Range of policy and programme stages and levels at which engagement is planned ◆ Effective implementation of those rules and procedures ◆ Evidence of engagement at country level in policy making, programme implementation and M&E ◆ Evidence of PLHIV leadership ◆ Perceptions of PLHIV about the scope and scale of engagement ◆ Evidence of identifiable elements in policy and programming that has resulted from such engagement	Documents of the Secretariat Documents of the Cosponsors Documented dialogue with national governments and stakeholders at country level NAC or equivalent staff at country level Representatives of UNAIDS Secretariat and Cosponsors at country level Representatives of PLHIV populations at global, regional and country level	Document review against structured checklist Topic-list semi-structured interviews Focus group discussion with PLHIV groups at country level

3.2 In order to organise these question areas and other guidance in the TOR into a coherent presentation of findings the team used a conceptual framework to organise the questions that has informed the structure of the stakeholder consultation document and the final report. Figure 2 presents that structure.

3.3 The questions provide a logical and natural flow of analysis linking the follow-up to the Five-Year Evaluation through three major themes to a forward-looking perspective (listed as an assessment topic on page 8, section IX f of the TOR, but conceptually part of the framework of questions). The three main themes are:

- How UNAIDS is responding to the changing context (dealing mainly with effectiveness)
- How UNAIDS is fulfilling its mandate (dealing mainly with relevance and effectiveness)
- How UNAIDS works (dealing mainly with efficiency)

Figure 2

Conceptual organisation of the evaluation questions
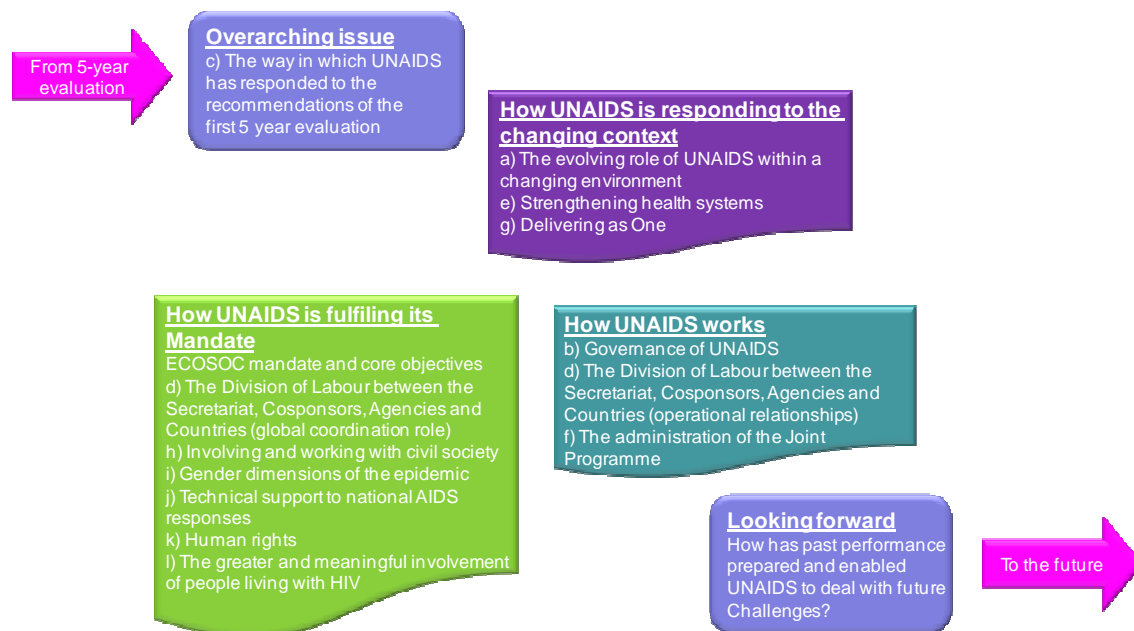
Methodology and tools

3.4 The evaluation framework provides an organising structure for the questions posed in the TOR. It is important to realise that the evaluation as a whole is not based around a programme logic such as would be expressed in a logical framework with a causal pathway leading to outcomes and impact. Instead, the questions identify selected institutional processes for the evaluation to examine, with some limited attention to outcomes. Nor is the evaluation a 'meta analysis' of evaluation data collected by the secretariat or cosponsors although use is made of such evaluations as are available.

3.5   The evaluation approach consists of a mix of site visits and observation, telephone and face-to-face interviews, discussion groups, web surveys, desk-based research and review of existing reports and secondary data as data collection tools. The approach proposed in the evaluation framework applies proven tools using standardised formats. These are described below.

Summary of methods

- **Policy timeline** – A visual means of recording and presenting key events in the evolution and implementation of a policy. Timelines are a particularly powerful entry-level discussion tool, which can provide a springboard for further areas of analysis, including identifying challenges to implementation.

- **Document review** – Analysis of the content of key documents such as policies, strategies and evaluation reports. Checklists ensure comprehensive coverage against the evaluation questions and a consistent approach to document review.

- **Topic-list semi-structured interviews** – Topic guides developed prior to interviews to help ensure systematic coverage of questions and issues by team members working individually. The topics were developed around the evaluation questions, but grouped and targeted according to the organisation or individual being interviewed. Being semi-structured allows interviewers to explore unforeseen avenues of enquiry as issues arise.

- **Appreciative enquiry** – An approach that seeks to explore successes and positive experiences in dialogue with individuals and groups of people in order to strengthen understanding of why something worked well, and how success might be replicated. It is sometimes linked in with **Force Field Analysis**, a useful and quick visual tool to gain an overview of the different forces acting on a particular policy issue. Force Field Analysis is used to analyse the forces working for and against a policy and its realisation. Often this type of analysis provides a set of topics for **Focus Group Discussions** (FGD).

- **Web-based survey** – This enables the evaluation to involve a wider range of respondents and those who are geographically diverse via the internet and gather views that otherwise may not have been possible to incorporate. Two surveys were conducted, described in section 4.

3.6   The description of tools in the Inception Report included a RACI matrix – a simple analytical tool that helps identify the extent to which roles and responsibilities are understood and agreed; and a partnership assessment questionnaire. Both were dropped after the initial country visits. Issues about partnerships were felt to be adequately covered through the questions in the framework and the organisational structures and diversity of membership around joint teams were too complex for the RACI tool to be practical.

3.7   Benchmarking was introduced as a means of structuring the document reviews and topic lists. The main examples of benchmarks were the *modus operandi* of the PCB and CCO; the guidelines developed for joint teams at country level; and the expectation of benefits set out by the GTT for the division of labour. These provided frameworks against which actual performance could be described by interviewees, questioned in the web surveys and assessed from records of meetings, evaluation reports and so on.

3.8   A pre-visit questionnaire was also sent to the UCC in all the countries visited, to document characteristics of the UN Theme Group, joint team and national response in advance of the visit.

4 Data collection

Country visits

4.1   The single most extensive data collection effort during the evaluation was through visits to 12 countries. These visits were central to the evaluation, since it is at country level that an effective response to HIV must materialise and UNAIDS must demonstrate its added value. Country case studies addressed the evaluation questions from a national perspective, enabling country stakeholders to make their views known and providing an understanding of progress and constraints in a range of settings, as well as identifying examples of success.

Sample size

4.2   Following guidance in the TOR and after discussion with the OC a sample of 12 countries was chosen, allowing for longer, more in-depth visits than would be feasible if a larger number of countries were covered. This number of countries provided adequate regional coverage and was manageable in the time available for the evaluation.

Country selection

4.3   The selection of countries for the evaluation was critical to the quality and representativeness of the findings. The TOR proposed that country selection be determined by the following criteria:

- Balanced regional representation
- Representative of generalised and concentrated epidemics
- High and low prevalence countries
- Humanitarian and emergency settings
- Differing economic status

4.4   The ET conducted an in-depth analysis based on these criteria and on additional criteria, to identify countries to visit. Additional criteria included:

- IHP pilot country
- UN reform pilot country
- PEPFAR recipient country
- Global Fund grant recipient country
- Global Fund evaluation country
- Five-Year Evaluation of UNAIDS country
- GTT evaluation country

4.5   The team also took into account the total volume of funds[4] for HIV in 2005 to ensure that the evaluation included countries with a range of resource flows.

4.6   Table 4 lists the 12 countries that were approved by the OC following consultation with the UNAIDS Secretariat, cosponsors and other stakeholders. The 12 countries reflect the regional distribution as shown in the table: four countries in sub-Saharan Africa, two in Eastern Europe and Central Asia, one in the Middle East and North Africa, three in Asia and two in Latin

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[4] Financial data for 2005 from OECD (2007) Aid Activities in Support of HIV/AIDS Control 2000-2007. Paris

America and the Caribbean. In addition, the team undertook a specific consultation through a mixture of face-to-face meetings and telephone and email enquiry in the Asia/Pacific region.

Table 4 Proposed regional distribution and candidate countries

Region	No. of countries	Countries
Sub-Saharan Africa	4	Côte d'Ivoire, Democratic Republic of Congo, Ethiopia, Swaziland
Eastern Europe & Central Asia	2	Kazakhstan, Ukraine
Middle East & North Africa	1	Iran
Asia	3	India, Indonesia, Vietnam
Latin America & the Caribbean	2	Peru,[5] Haiti

4.7   In addition to a balanced regional representation, this selection ensured that the criteria in the TOR and the additional criteria are addressed as follows:

Table 5a Country match with criteria

Country	Epidemic	Prevalence (adults 15-49 years)	Humanitarian/ emergency setting	Economic status	Total aid for HIV/AIDS in 2005 $'000
Côte d'Ivoire	Generalised	7.1	Core LICUS	Low	24,807
DRC	Generalised	3.2	Core LICUS	Low	13,017
Ethiopia	Generalised	3.5		Low	114,448
Swaziland	Hyperendemic	33.4		Lower-middle	19,869
Kazakhstan	Concentrated	0.1		Upper-middle	2,287
Ukraine	Concentrated	1.4		Lower-middle	12,524
Iran	Concentrated	0.2		Lower-middle	5,956
India	Concentrated	0.36		Low	229,556
Indonesia	Concentrated	0.1		Lower-middle	99,974
Vietnam	Concentrated	1.4		Low	61,030
Peru	Concentrated	0.6		Lower-middle	1,749
Haiti	Generalised	3.8	Core LICUS	Low	40,412

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[5] At the time of the Inception Report the original choice was for Chile, but Peru was substituted after a period of social unrest that affected the work of UNAIDS in Chile.

Table 5b Country match with criteria (continued)

Country	IHP/UN reform pilot	PEPFAR/ Global Fund recipient	GTT evaluation	Global Fund evaluation	Five year UNAIDS evaluation
Côte d'Ivoire		*PEPFAR Global Fund*			
DRC		*Global Fund*		*X*	
Ethiopia	*IHP pilot*	*PEPFAR Global Fund*		*X*	
Swaziland		*Global Fund*			
Kazakhstan		*Global Fund*			
Ukraine		*Global Fund*	*X*		*X*
Iran		*Global Fund*			
India		*PEPFAR Global Fund*	*X*	*X*	*X*
Indonesia		*Global Fund*			
Vietnam	*UN Delivery as One pilot*	*PEPFAR Global Fund*		*X*	
Peru		*Global Fund*		*X*	
Haiti		*PEPFAR Global Fund*		*X*	

4.8   In summary, the 12 candidate countries include:

- 1 hyperendemic, 4 generalised and 7 concentrated epidemic countries, with prevalence ranging from 0.1 per cent to 33.4 per cent
- 5 high and 7 low prevalence countries
- 3 core LICUS countries
- 1 upper-middle income, 5 lower-middle income and 6 low-income countries
- 1 small island economy
- 1 UN reform pilot country and 1 IHP pilot country
- 12 countries receiving Global Fund and 4 receiving PEPFAR funding.
- 6 counties included in the Global Fund evaluation, 2 in the GTT evaluation, and 2 in the Five-year Evaluation of UNAIDS

4.9   It is important to stress that the 12 countries are not a randomised sample from which statistically-generalisable results could be generated. Selection was purposive, as described above, to ensure the evaluation investigated the work of UNAIDS in a wide range of settings.

Schedule of country visits

4.10 The country visits were phased to suit availability of national and international stakeholders in each country. The first visit, to Ethiopia, took place in October 2008 and the last visit, to Kazakhstan, in March 2009.

Team composition

4.11 With the exception of Iran, all country visits were conducted by a three person team: one international consultant from the ITAD/HLSP consortium; one regional consultant; and one national consultant. Gender balance of the teams is summarised in Table 6.

Table 6   Gender mix of evaluation teams in sample countries

Country	Male	Female
Côte d'Ivoire	2	1
DRC	3	0
Ethiopia	2	1
Swaziland	1	2
Kazakhstan	2	1
Ukraine	0	3
Iran	1	1
India	1	2
Indonesia	2	1
Vietnam	2	1
Peru	1	2
Haiti	1	2
Totals	18	17

Country visit methodology

4.12   As described in section 3 of this annex, the issues and questions to be addressed were structured in an evaluation framework. The framework was used to develop standard checklists to guide interviews and group discussions, in order to structure answers in a way that allowed for unbiased analysis and inter-country comparison.

4.13   Interviews were conducted using a variety of methods, primarily semi-structured interviews with individual stakeholders and focused discussions with small groups of stakeholders, the latter employing participatory methods as appropriate. A list of people the teams met is annexed to each country summary report. Typically the range of people included:

- UN – UNAIDS including the UCC and other key staff; all cosponsors with a country presence including heads of agency and staff represented in the Joint Team on AIDS; UN resident coordinator; chair of the UN Theme Group on AIDS (or Expanded Theme Group).
- Government – National AIDS Council or Commission (NAC) or equivalent national AIDS programme; chairs of other government-led coordination mechanisms and partnership forums; line ministries (e.g. those responsible for health, education, social development, gender, women's affairs, youth, finance, justice, defence, labour and local government as available); provincial, regional and district AIDS coordination structures as appropriate.
- Donors – multilateral and bilateral donors; chairs of donor HIV, health and other relevant coordination mechanisms; private foundations.
- Global Fund – CCM chair and other representatives; Local Fund Management Agent; Principal Recipients.
- National non-government organisations – national networks and organisations of NGOs, FBOs, PLHIV, women, youth and key populations; HIV and other NGO networks and umbrella organisations; advocacy, legal and human rights organisations; trades unions.
- International NGOs, technical and implementing agencies – PEPFAR implementing partners (e.g. CDC, FHI); technical support organisations; NGOs such as MSF, Save the

Children, Action Aid, Care International.

- Private sector – business representatives including national business coalitions on AIDS; media representatives.

4.14   The evaluation framework was used as a question design and data recording tool for all the country visits. Table 7 illustrates this in two parts. Table 7a shows for TOR Question h) Involving and working with civil society firstly, how the indicators evolved (compare the indicators with those for question h) in the framework on page 12) and secondly, the development of a set of interview questions. Table 7b shows for one indicator (highlighted yellow) how notes were recorded in that part of the framework during the initial country visit to Ethiopia. A summary statement of findings is supported by notes from a mixture of documents and interviews.

4.15   This layout provided a standardised approach and enabled the ET to assess how well results are triangulated from a variety of sources. All the country visit frameworks have been submitted in confidence to the OC for review alongside the country summary reports. The frameworks were the main data collection tools for the country visits and for the visits to cosponsor headquarters. Interviews with other stakeholders such as donors and civil society organisations were undertaken using topic lists developed from the questions in the frameworks.

Table 7a Framework with revised indicators and interview question list

Question: h) Involving and working with civil society Hypothesis: Inclusion of civil society has improved the orientation and effectiveness of the national response and helped guide regional and global policy-making		
TOR: Issues & detailed questions	**Indicators**	**Questions to ask:**
The extent to which UNAIDS has been able to support, include, engage and incorporate in a meaningful and measurable way the concerns and capacities of civil society, and what types of functional relationships and partnerships have evolved at different operational levels Note: civil society defined for this purpose to include NGOs, CBOs, FBOs, business coalition, professional and media associations	◆ A plan for working with civil society; resources allocated to working with civil society ◆ Progress against that plan globally, regionally and at country level and outcomes	• Does UNAIDS (Secretariat and Cosponsors) have a common vision and understanding of the role of civil society? • Is there a common UNAIDS (Secretariat and Cosponsor; Joint Team/Joint Programme of Support) strategy or plan for working with civil society? Or are the Secretariat and cosponsors e.g. UNICEF using different models to work with civil society? • If so, which CSOs do these plans include (NGOs, CBOs, FBOs, private sector, media)? • What resources (staff and financial) are allocated to working with civil society? Is there a UNAIDS Secretariat Partnership Adviser/team? Do Cosponsors have the capacity to engage with civil society? • What are the key strategies/activities that are planned or have been undertaken by UNAIDS to support civil society? Is UNAIDS using the civil society toolkit at country level? • What progress has been made? What outcomes have resulted from UNAIDS support for civil society?
	◆ Funding allocated by donors and governments for CSOs to implement programmes and services	• What mechanisms exist to provide CSOs with funding? • What has UNAIDS done to ensure CSOs have access to funding through these mechanisms? • How is funding for civil society tracked? Is this included in the NASA (refer also to UNGASS reporting on budgets)? To what extent are UNAIDS, donors and government funding civil society? Has this increased, decreased or remained stable?
	◆ Wide range of CS representation on global and national policy-making bodies including GF	• How is UNAIDS helping to create positive working links between governments and civil society? Is there political space for vulnerable groups to participate in policy making? What action is UNAIDS taking to influence the institutional context for civil society? • What has UNAIDS done to ensure civil society is represented on national policy-making bodies? • Is civil society represented on national policy-making bodies? Which bodies? Which CSOs? • How representative are these CSOs, of wider civil society and of their constituencies or membership? Are vulnerable/marginalised groups represented?

Question: h) Involving and working with civil society Hypothesis: Inclusion of civil society has improved the orientation and effectiveness of the national response and helped guide regional and global policy-making		
TOR: Issues & detailed questions	**Indicators**	**Questions to ask:**
		• Are CSOs aware of the role of the PCB NGO Delegation? Do they have links with this?
	◆ Outcomes of CSO representation and participation (for civil society, for the effectiveness of the national response)	• To what extent do civil society representatives actively participate? • What difference has their participation made e.g. to national laws, policies, programmes and services? • What difference has participation made for civil society organisations e.g. capacity, funding, role? • Have civil society organisations participated in e.g. the UNGASS reporting process? • How do CSOs assess civil society participation and outcomes (refer also to civil society rating comparing 2005 and 2007 in NPCI report)? • What are the challenges to meaningful civil society involvement? What has UNAIDS done to address these challenges?
	◆ CSO perceptions about benefits of UNAIDS	• What support is UNAIDS (Secretariat and cosponsors) providing to civil society (e.g. advocacy, funding, technical support, capacity building)? What difference has this made (examples)?

Table 7b   Example of notes entered in the framework for one specific indicator

Question: h) Involving and working with civil society Hypothesis: Inclusion of civil society has improved the orientation and effectiveness of the national response and helped guide regional and global policy-making	
Indicator	**Narrative**
<mark>Outcomes of civil society representation and participation (for civil society, for the effectiveness of the national response)</mark>	<u>Findings</u> Funding for NEP+ and EIFDDA through GF Round 7 is attributed to civil society representation on the CCM. Dialogue between civil society networks, in particular CRDA, and HAPCO has resulted in the development of a government-civil society framework for engagement and is believed to have contributed to increased allocation of funding for CSOs by Federal and Regional HAPCOs. However, key informants interviewed, including civil society networks, were unable to provide examples of specific policy or programming outcomes resulting from civil society representation and participation and noted that civil society influence remains limited. <u>Evidence</u> The main reported outcome of increased civil society representation and participation cited by all informants is the successful application of EIFDDA and NEP+ as Principal Recipients for GF Round 7. As noted above, civil society representation on the CCM together with UNAIDS support for proposal development played an important role in securing this funding. Other less tangible benefits were reported by civil society informants. For example, CRDA report that the benefits of participating in NFP include information exchange, opportunity to engage with government, systematising civil society voice. At regional level, participation in regional forums have helped to establish links to Regional HAPCOs and in some cases, to secure funding, e.g. for establishing a child parliament in SSNP region. One positive example cited in the CRDA NGO capacity assessment (see below) is the partnership between Dire Dawa City Council and the Dire Dawa PLHIV Association, as a result of which the Association has successfully lobbied for resources and services for PLHIV. The Ethiopian Youth Network perceived the benefits of participating in NPF to include information exchange, training opportunities, participation in development of Federal and Regional HAPCO plans, participation in conferences and access to technical support. However, the Network could not cite any examples of specific outcomes, highlighting the fact that there is no mention of or budget for youth in the PASDEP and that they are not involved in the process of designing the next SPIMR. As part of preparation for the 2008 UNGASS Report, eight CSOs were asked to rate the degree of civil society

Question: h) Involving and working with civil society	
Hypothesis: Inclusion of civil society has improved the orientation and effectiveness of the national response and helped guide regional and global policy-making	
Indicator	**Narrative**
	involvement in HIV/AIDS prevention and control. Their responses indicated that there was good participation in strengthening political commitment and the development of the national strategic plan and reports and improvements in the extent to which civil society was able to access financial and technical support, although HIV services provided by civil society were not adequately reflected in the SPIMR. However, UNAIDS Secretariat efforts to involve civil society, e.g. NEP+ and CRDA, in the UNGASS reporting process had limited impact, and staff report that there was little active participation or attendance at meetings by these organisations. The Secretariat is also trying to involve NEP+, EIFDDA and CRDA in HAPCO M&E processes. Although UNAIDS, donor and civil society key informants report that GOE attitudes towards CSOs working in HIV/AIDS have improved – this has been facilitated by stronger networks and by the influence of UNAIDS Secretariat staff within HAPCO – the context for civil society remains challenging in Ethiopia, not least due to traditional mistrust between government and civil society and pending legislation that aims to restrict the activities of organisations working on human rights and governance issues and that will give GOE significantly greater control over CSOs. The extent to which GOE is willing to allow CSOs to influence policy is debatable. For example, although civil society networks are represented in the steering committee overseeing the evaluation of the SPIMR, HAPCO states that GOE will lead the development of the next SPIMR and will 'consult' with civil society, and civil society is reportedly not involved in current revision of the 1998 National AIDS Policy. Most informants noted that civil society representation and participation remain inadequate and capacity weak and that civil society is less influential than in other countries in the region. Challenges include lack of capacity for meaningful participation, inadequate coordination among civil society organisations at sub-national level, limited appreciation of the potential benefits for the national response of civil society involvement, and weak civil society governance structures. This is confirmed by HAPCO's perception that CSOs require stronger capacity in order to be able to influence policy and planning, and the findings of the CRDA assessment of NGO capacity, which surveyed 63 NGOs in six regions and sought the views of external stakeholders including PLHIV. The assessment found that: • CSOs had weak capacity for networking, advocacy and meaningful participation in national and regional processes and that factors limiting opportunities for dialogue with government included historical distrust between government and CSOs, ambiguous legal status of advocacy NGOs and lack of civil society understanding of government policies. It highlighted the need to develop civil

Question: h)	Involving and working with civil society
Hypothesis: Inclusion of civil society has improved the orientation and effectiveness of the national response and helped guide regional and global policy-making	
Indicator	**Narrative**
	society capacity at woreda level to engage with government since this is where the impact of national development strategies is greatest. • Major capacity gaps identified included: lack of skilled human resources; lack of financial resources and dependence on external funding; poor accountability to boards and beneficiaries; weak and inactive boards; personalised management; limited participation of beneficiaries; weak M&E; uneven coverage and duplication of effort. • The survey also highlighted limited allocation of funds by government and difficulties for NGOs in accessing funds allocated for civil society through EMSAP and GF because of lack of capacity to develop competent proposals. Lack of civil society network capacity for engagement in the national response at policy level, as a result of lack of capacity for effective management and coordination of coalitions, was also highlighted by an evaluation of Norwegian support for HIV/AIDS in Ethiopia conducted earlier this year (ITAD). Concerns were raised by a range of informants (including e.g. Italian Cooperation, UNAIDS Secretariat staff) about the extent to which the civil society networks and umbrella groups that participate in national policy-making bodies are truly representative of, and speak for, their constituencies and membership. Specific concerns were raised, for example, about poor CRDA networking and information sharing. The effectiveness of the NPF as a forum for meaningful civil society participation is also debatable. UN and donor informants described the NPF as an ineffective 'talking shop' that lacks a clear purpose and does not provide a mechanism for civil society to influence GOE policy making. For example, Italian Cooperation suggested that the NPF has no real decision-making powers, given its position 'under HAPCO' and UNDP that it has not been effective for the past 2-3 years and has become involved in activities that are not appropriate to its remit such as training. These views confirm the findings of an assessment of the NPF conducted in 2007, which found that it had made little progress due to constraints that included: overlapping of responsibilities with HAPCO; unclear role and mandate; omission of important roles in the TOR (e.g. facilitating policy dialogue); lack of defined organisational structure (e.g. in relation to HAPCO, sub-forums and individual associations); and absence of basic operating modalities such as reporting formats, follow-up checklists, M&E. Following the assessment and a review meeting in May 2007, the NPF has revised its TOR to clarify mission,

Question: h) Involving and working with civil society	
Hypothesis: Inclusion of civil society has improved the orientation and effectiveness of the national response and helped guide regional and global policy-making	
Indicator	**Narrative**
	functions, structure and membership and developed an operational strategy designed to ensure the meaningful participation and coordinated contribution of all major stakeholders for an effective and scaled up national response. Guidelines set out core principles and functions, with the latter including information sharing, coordination of advocacy and lobbying, building solidarity, opportunities to develop skills and capacity, reflection and joint learning. Specific objectives are: • To ensure and promote broad participation and mutual accountability and transparency • To maximise potential for synergy, harmonisation, learning and peer support and minimise duplication of efforts • To pool efforts for scaling up the response • To enhance and sustain advocacy for appropriate HIV/AIDS policies, programmes and resources The UCC's view is that there is meaningful civil society involvement in implementation although links with government programmes and services are limited and civil society activities are not fully integrated into the response. Likewise, although the National M&E Framework includes civil society (NGOs, FBOs, CBOs) as data sources in its reporting structure at all levels, the system is not currently capturing the contribution of civil society. In addition, the Framework does not include indicators to measure civil society representation and participation in policy making.

Country visit reports

4.16   Draft country summary reports were produced soon after the country visit. All the reports follow a standard structure shown in Box 3. Annexes to the reports reproduce any specific tools used in the country visit such as a force-field analysis or timeline. A feedback presentation workshop was held at the end of each visit and the slides from those presentations accompany the reports.

4.17   All 12 full country visit reports and their completed frameworks were submitted to the OC and the summaries have been made available online.[6] The summary reports are published as an annex to the overall evaluation report in a separate volume. Lists of people consulted for each country visit appear in the annexes to those reports.

Box 3 Table of contents of a country visit report

1   INTRODUCTION
2   COUNTRY CONTEXT
3   FINDINGS
        HOW UNAIDS HAS RESPONDED TO THE FIVE YEAR EVALUATION
        HOW UNAIDS IS RESPONDING TO THE CHANGING CONTEXT
                The evolving role of UNAIDS within a changing environment
                Strengthening health systems
                Delivering as One
        HOW UNAIDS WORKS
                The division of labour between the Secretariat and Cosponsors
                The administration of the joint programme
        HOW UNAIDS IS FULFILLING ITS MANDATE
                Involving and working with civil society
                Gender dimensions of the epidemic
                Technical support to national AIDS responses
                Human rights
                Greater and meaningful involvement of people living with HIV
4   DISCUSSION POINTS

ANNEX 1:   LIST OF PEOPLE MET
ANNEX 2:   LIST OF DOCUMENTS CONSULTED
ANNEX 3:   ASSESSMENT OF PROGRESS TOWARDS FIVE-YEAR EVALUATION
             RECOMMENDATIONS
ANNEX 4:   TIMELINE OF EVENTS 2002-2008
ANNEX 5:   MATERIAL FROM CONSULTATION AND FEEDBACK WORKSHOPS

Regional meetings and stakeholders

4.18   Regional visits were planned and scheduled to fit with the travel associated with visits to countries and a meeting of the OC held in Asia. A list of all the organisations contacted by location appears in Table 8.

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[6] See http://www.unaids.org/en/AboutUNAIDS/IndependantEvaluation/default.asp

Table 8 List of regional offices visited during the evaluation

Location	Organisation
Almaty	- UNESCO Regional Office - UNIFEM Regional Programme Director
Bangkok	- ILO Regional Office - RST - UNODC Regional Centre for East Asia and the Pacific - UNHCR Regional HIV Coordinator Asia - UNFPA Asia Pacific Regional Office - UNDP Regional Centre in Bangkok - Asian Harm Reduction Network - WAPN+ - Coordinator 7 sisters and PCB member
Dakar & Ouagadougou	- UNAIDS RST WCA - UNICEF West and Central Africa Reg Office - UNDP Africa Sub-Regional Office - UNFPA Sub-Regional Office - UNESCO Regional Bureau for Education in Africa and Cluster Office - UNHCR Regional HIV Coordinator West Africa - ILO sub-regional office West Africa (also sub-regional office Central Africa in Cameroon) - TSF West and Central Africa - WHO Inter-Country Support Team (IST) West Africa
Johannesburg	- UNHCR Regional Office (and HIV Regional Coordinator Southern Africa) - TSF Southern Africa - RST EST - WFP Regional Office
Kuala Lumpur	TSF Asia and Pacific
Moscow	- UNAIDS Regional Support Team - UNESCO Regional HIV and AIDS Advisor in Moscow
Nairobi	- UNAIDS Office - UNICEF Regional Advisor - TSF Eastern Africa - UNESCO Regional Office - World Bank, Kenya Office
New Delhi	WHO SEARO

Location	Organisation
	• ILO Sub-Regional Office • UNESCO Regional Office • UNIFEM Sub-Regional Office • UNODC Sub-Regional Office
New York	• UNAIDS (UN Relations)
Pacific	• UNAIDS Sub-Regional Coordinator • UNAIDS Pacific Coordinator • UCC Papua New Guinea • UNDP • UNICEF • ILO Sub-Regional Office Fiji • UNFPA Sub-Regional Office Fiji • WHO • Secretariat of the Pacific Community • Regional organisations of PLHIV • Regional FBOs
Vietnam	• ILO Sub-Regional Office
Washington DC	• PAHO • UNAIDS (US Government Relations)

Global meetings and stakeholders

4.19   Stakeholders for this aspect of the evaluation included people and organisations from the following lists (a list of all people interviewed at global and regional levels appears in Annex 3 to the main report):

- UNAIDS Secretariat – Past and present Executive Directors and key staff; Staff Association
- Cosponsors – ILO, UNDP, UNESCO, UNFPA, UNHCR, UNICEF, UNODC, WFP, WHO and World Bank headquarters staff, including heads of agency, HIV/AIDS global coordinators and focal points
- UNDG
- PCB – 22 Member States, 5 NGO representatives and the 10 cosponsors
- Global Joint Problem Solving and Implementation Support Team (GIST)
- Donors – bilateral agencies (e.g. USAID, PEPFAR, DFID, RNE, SIDA, Irish Aid); private foundations (e.g. Bill and Melinda Gates, Clinton); funding mechanisms (e.g. Global Fund)
- Civil society umbrella organisations and networks – PCB NGO Delegation; Global Fund and UNITAID NGO representatives; PLHIV networks (ICW, GNP+, UN+); international HIV/AIDS networks (e.g. ICASO); NGO consortia (e.g. UK NGO Consortium on AIDS and International Development); FBO umbrella organisations (e.g. Ecumenical Advocacy Alliance, Caritas International); international NGOs (e.g. International HIV/AIDS Alliance); advocacy organisations (e.g. International Women's Health Coalition, Global Coalition on Women and AIDS, International Harm Reduction Network, International Treatment Preparedness Coalition, Global Campaign for Microbicides, Naz Foundation);

private sector and labour networks (e.g. Global Business Coalition on AIDS, Global Unions AIDS Programme)

4.20   Consultations with staff at the headquarters of the secretariat and cosponsors took the form of direct face to face meetings, some individually, others in small groups, and follow-up interaction by telephone and e-mail to review material and interpretations by the ET. A number of visits were made to the UNAIDS Secretariat spread over the period of the evaluation study. Feedback sessions to present interim findings by the ET were held with a group of the global coordinators and focal points of the cosponsors; for senior staff in the secretariat and for the UNAIDS Executive Director.

Web-based questionnaire survey

4.21   Two web-based questionnaire surveys were used during the evaluation, both hosted by the proprietary internet survey tool, 'Survey Monkey'. The purpose of the surveys was to broaden enquiry to a larger group than the ET were able to meet or interview in person and to obtain a set of responses against consistent structured questions that would permit simple statistical analysis of central tendency and distribution.

PCB Survey

4.22   The first survey was directed towards present and former delegates to the PCB and close working associates in the UNAIDS Secretariat and cosponsors. The team were aware at the outset that the material to be covered was complex and detailed. For that reason the questionnaire was tested in a paper version with two different constituencies at the December 2008 23rd PCB and again after preparation of the electronic version before being distributed. The distribution list was carefully assembled to include only people who might reasonably be expected to have a close professional familiarity with the PCB and/or CCO. A copy of the questionnaire and a file of all the results is available on the UNAIDS SIE website.

4.23   Table 9 lists the number of analysable responses by category of respondent. A total of 117 people responded out of a contacted population of 199. Of these 46 per cent were from PCB Member State delegations or other government positions; 21 per cent were from the cosponsors or other UN agencies; 20 per cent were from the NGO delegation to the PCB or other civil society observers; and 14 per cent were from the UNAIDS Secretariat.

Table 9   Summary of respondents to the PCB survey

Category of respondent	n	%
Member Government Head of Delegation	14	12%
Member Government Geneva-based Mission Staff	30	26%
Member Government Other	9	8%
Cosponsor GC/FP	17	15%
Cosponsor Other	4	3%
Other UN Agency	3	3%
PCB NGO Delegate	11	9%
Civil Society Observer	13	11%
Secretariat	16	14%
OVERALL	**117**	**100%**

4.24   With a voluntary-response survey such as this, response distribution among categories of stakeholders is unlikely to reflect actual distribution in the population so results are quoted by category of respondent rather than overall, unless there is universal agreement in response. Respondents were free not to answer any questions so the total response varies a little among the questions. Results are quoted in the main text of the report and in Annex 8.

General survey

4.25   The second survey was a general enquiry among a wide population of stakeholders to enquire about the performance of UNAIDS. The distribution list included all staff at the UNAIDS Secretariat; all global coordinator and focal point staff at the cosponsors; all the people interviewed during the country visits and at global and regional levels as listed in the respective reports; and civil society organisations known to the NGO Delegation and to the UNAIDS Secretariat. The total list was in excess of 2,000 people but the exact number is not known as there was a significant amount of duplication across the lists.

4.26   A copy of the questionnaire and a file of all the results is available on the UNAIDS SIE website. A list of the respondents is in Table 10.

Table 10   Summary of respondents to the general UNAIDS survey

Category of respondent	n	%
UNAIDS Secretariat staff	201	31%
UNAIDS Cosponsor staff	93	14%
Other UN staff (e.g. RC)	66	10%
National Government staff (non-donor)	34	5%
NGO or CBO /network/umbrella	125	19%
FBO/ network/umbrella organisation	21	3%
PLHIV organisation/network/umbrella organisation	31	5%
Private sector organisation/network/umbrella organisation	17	3%
Bilateral donor staff	17	3%
Other international fund or programme, or Foundation (e.g. Global Fund, IAVI, CHAI, FORD etc.)	23	4%
Researcher/academic institution	29	4%
OVERALL	**657**	**100%**

4.27   Again, with a voluntary-response survey such as this, response distribution among categories of stakeholders is unlikely to reflect actual distribution in the population so results are quoted by category of respondent rather than overall, unless there is universal agreement in response. Respondents were free not to answer any questions so the total response varies a little among the questions. Results are quoted in the main text of the report.

Influence of consultations during the study

4.28   The ET used a number of consultations with stakeholders to improve the design of the evaluation and the presentation of the findings:

- A stakeholder workshop was held in September 2008 at which a draft of the Inception Report was presented. Discussions at that workshop and written submissions were used by the evaluation team to develop more detailed questions in the framework; to structure

- regional visits including the consultations in the Asia/Pacific Region; and to modify proposals for the country visits.
- A progress report to the OC in January 2009 was used to test the reporting structure and highlight early findings and the presentation of evidence.
- All the draft country summary reports were commented on by the OC and their comments given to the ET before the reports were finalised and published.
- In April 2009, the ET hosted a workshop for all the evaluation team leaders from the country visits. The meeting was used to review the consistency and variability of findings and provided guidance for the drafting of the consultation document on findings.
- A second stakeholder workshop in June 2009 had two purposes. Firstly, the consultation document on preliminary findings was circulated widely to stakeholders and their responses were provided to the ET. Secondly, the document formed the basis for a series of workshop discussion groups. The feedback from this process helped the ET to identify where findings resonated closely with the experience of different stakeholders and where they did not. Attention was drawn to evidence not seen by the ET and to the views and perspectives of participants. In addition, comments about the methodology and the importance of supporting findings with evidence were taken into account when drafting the final report. Details of how the ET responded to the feedback has been retained and deposited with the OC.
- A review of the draft final report was held during a substantive 3-day meeting with the OC in September 2009. This review was preceded by written comments on the report. As a result of that review, sections of the report were re-written and the recommendations recast into a more effective structure.

Evaluation analysis

4.29   Analysis of a complex evaluation such as this is challenging, not least because the information gathered is very diverse, of varying quality and robustness. The role of the evaluator is to ensure a systematic approach that presents a logical sequence of findings, conclusions and recommendations. The way this was handled is summarised here.

4.30   *Process*. The use of an evaluation framework was designed specifically to ensure systematic coverage of the questions. The strength of finding against each question was interpreted according to the nature of the evidence (described in some more detail below) and the triangulation of the finding. Triangulation refers to gathering information from a variety of different sources, and ideally, with a range of methods (e.g. interview opinion, questionnaire survey, documented evidence). The report writers worked from the frameworks for all 12 countries to assess the distribution of findings – was there consistency or diversity across the countries and if so, how might that be explained? Completed frameworks from the cosponsors were examined in the same way, but with the addition of comparative analysis of trends such as in staffing for HIV and allocation of funds.

4.31   *Country data*. Because the countries were selected purposively and therefore findings are not generalisable, no attempt has been made to summarise country findings statistically. Instead, evidence from the countries is quoted extensively in text boxes in support of the report narrative.

4.32   *Weighting of evidence*. As a general guide, evidence has been taken into consideration in the following way. Data such as staff numbers and financial expenditure are assumed to be factual. Secondary data from independent reviews and evaluations carried out in a professional way by organisations that subscribe to internationally accepted quality standards, such as the evaluation departments of the cosponsors and of donor agencies, and reports in peer-reviewed

journals have been assumed to be of high probity. Next is information from routine administrative processes such as surveys of UCCs, general staff surveys etc, with more credibility given where methodology is explained and is robust.

4.33 The second tier of evidence is the findings from the country visits and interviews with stakeholders, especially where supported by good documentary evidence. The country frameworks are a window to illustrate the diversity of issues. However, although countries are case studies, if all 12 find the same thing or all are widely diverse then this finding is treated as significant.

4.34 The third tier of evidence is the findings from the web-based surveys, which provide statistical support to the findings from interviews. Relatively more weight is given to the PCB survey because the survey was directed to a known and named group of potential respondents and the response rate was high. The general evaluation survey gives a broader perspective by comparison.

4.35 *Strength of conclusions*. Where there is stronger evidence, so the conclusion drawn can be stronger. A simple example is that the evaluation is able to draw strong conclusions about a topic such as joint teams at country level or the division of labour because there were clear objectives and benchmarks set for these initiatives and the evidence is comprehensive from all the countries and widely triangulated with reference to interviews and independent reviews. In contrast, conclusions about the operation of theme groups are much less firm because the objectives and guidelines are weak, there is very little documentation and actual practice has been so diverse.

4.36 *Issues outside the TOR*. The evaluation has attempted to be inclusive and cover issues that are important even if not specifically addressed in the TOR. Four specific examples are: the balance of effort between treatment and prevention; the continuing role of inter-agency task teams; contributions by UNAIDS, particularly the secretariat, to research and knowledge management (dealt with under synergies); and the development of strategy and objectives of the programme (dealt with under governance).

4.37 *Recommendations*. The ET adopted a structured approach in the first draft to ensure a logical flow between findings, conclusions and recommendations. All major conclusions were reflected in the recommendations. In the final version, the recommendations were reorganised into a more operational and forward-looking structure.

Quality assurance

4.38 In addition to the reviews by the OC, the ET organised an internal quality assurance (QA) process for all the country reports, the report on the consultation in the Asia/Pacific Region and the draft final report. The QA took the form of peer review by a senior professional in HLSP. The reviews led to editing of the various reports and some changes to structure and organisation. Documents from the review process have been retained on file.