

**One UN Pilot Programme: Tanzania**

**Joint Programme on HIV and AIDS (JP3)**

**September 2007 – December 2008**

**CLUSTER I: By 2010, increased access to sustainable income opportunities, productive employment and food security in the rural and urban areas**

**UNDAF CP Outcome 1: Increased adoption of equitable pro-poor and gender sensitive economic policies and programmes**

**Expected Output 1.3:** Gender sensitive strategies and programmes to combat HIV & AIDS at the workplace based upon ILO Code of Conduct effectively implemented in public, private and informal sector

**UNDAF CP Outcome 3: Increased food availability and access for the most vulnerable population, including those infected and affected by HIV/AIDS and their caregivers.**

**Expected Output 3.9:** Livelihood options for vulnerable groups, including those infected and affected by HIV/AIDS, are enhanced through access to roads, water, appropriate technologies and markets.

**CLUSTER II: By 2010, increased access to quality basic social services for all by focusing on the poor and most vulnerable**

**UNDAF CP Outcome 1: Effective mechanisms, including social protection in place, that address institutional barriers and socio-cultural dimensions to promote and protect the rights of the poor and most vulnerable including those affected by HIV & AIDS**

**Expected Output 1.3:** Care, support and protection mechanism for vulnerable children, including child laborers and children affected by HIV and AIDS<sup>1</sup>, mainstreamed in national and district development plans, policies and programmes.

**Expected Output 1.4:** Partnership to address gender-based violence, sexual harassment, HIV & AIDS Stigma, and discrimination and other related socio-cultural issues to protection are strengthened

**UNDAF CP Outcome 2: Increased and equitable access to quality formal and non-formal education, including for those affected by HIV/AIDS**

**Expected Output 2.4:** Enhanced capacity of relevant stakeholders to be able to deliver quality HIV/AIDS information and education programme, particularly to the youth and most vulnerable groups, a variety and sufficient gender sensitive HIV/AIDS instructional material available in formal and non formal settings, care and support mechanisms in place for supporting the education system's response to HIV/AIDS.

**Expected Output 2.9:** Most vulnerable young men and women are provided with life and livelihood skills for personal development, transition to adulthood, better integration in to productive communities, and protection from HIV and other significant risk

**UNDAF CP Outcome 4: Increased and equitable access to comprehensive reproductive and child health facilities**

**Expected Output 4.3:** Comprehensive client orientated and gender sensitive RCH services that provide a continuum of care and includes commodity security for RCH, condom programming and nutrition provided.

**UNDAF CP Outcome 5: Increased access to comprehensive prevention, care and treatment and impact mitigation of HIV & AIDS and other major diseases**

**Expected Output 5.1:** Increased awareness, knowledge, skills and services of HIV & AIDS prevention among most vulnerable communities achieved through district and community-owned HIV & AIDS interventions

**Expected Output 5.2:** Advocacy and Communication Strategies developed and implemented to address stigma & discrimination; and gender relations that render women and girls vulnerable to HIV infection

**Expected Output 5.4:** The Essential Package for universal access to HIV and AIDS prevention, care, treatment and support, incl. home-based care and nutrition made available to the poor and most vulnerable

**CLUSTER III: By 2010, democratic structures and systems of good governance as well as the rule of law and the application of human rights, with a particular focus on the poor and vulnerable groups, are strengthened**

**UNDAF CP Outcome 2: Strengthened national and local structures and systems of governance that foster the rule-of-law, promote gender equality, combat corruption and promote accountability and transparency**

**Expected Output 2.8:** Increased capacity and opportunities for women, the most vulnerable children and adolescents as well as PLHAs to participate in governance at all levels, including the Three Ones, and have their views heeded.

**Expected Output 2.12:** Capacity of TACAIDS, ZAC, local government authorities, district councils, shehias and stakeholders at all levels to coordinate, support and implement the multi-sector responses to HIV/AIDS is improved.

**Expected Output 2.13:** Legal institution bodies, judges, lawyers, CSOs, association of PLHAs trained on HIV & AIDS law enforcement issues

**UNDAF CP Outcome 3: Enhanced and accessible systems of justice, law-and-order, public information and education that promote and protect human rights and freedoms**

**Expected Output 3.23:** Journalists and media experts knowledge and competencies on HIV & AIDS issues reinforced

**UNDAF CP Outcome 4: Strengthened budget planning & MKUKUTA/MKUZA Monitoring Systems that foster participation and gender equality**

**Expected Output 4.30:** Enhanced access to, management and effective utilization of domestic (through MTEF budgetary processes) and external HIV & AIDS resources (GFATM, TMAP grants and other donor funds).

**Expected Output 4.31:** Enhanced capacities at all levels to support the implementation of the 'Three Ones'

**UNDAF CP Outcome 5: Increased protection and promotion of the rights of the poor and most vulnerable groups, including those infected with and affected by HIV/AIDS and their caregivers**

**Expected Output 5.32:** Gender sensitive and anti-discrimination legislation, policies and strategies enhanced to protect and care for the infected and affected and to prevent further spread of HIV/AIDS.

**Expected Output 5.33:** Enhanced capacity of women and young people to articulate and claim their legal rights, including on sexual and reproductive health.

### **Executive Summary**

This United Nations Joint Programme of Support to Tanzania on HIV and AIDS 2007-2008 has been prepared by the UN Joint Team on HIV and AIDS, established in June 2006. The Team comprises officers from UN agencies working on HIV and AIDS in Tanzania and officially designated by their Heads of Agencies, to support Joint Programming. This team is facilitated by UNAIDS under the guidance of the UN Theme Group on HIV and AIDS (UNTG).

The Joint Programme is fully consistent with the UNDAF and Government priorities as expressed through MKUKUTA and MKUZA, as well as with the mainland's National Multi-Sectoral Strategic Framework on HIV and AIDS (2003-2007) and Zanzibar's National HIV and AIDS Strategic Plan (2004/5-2008/9). It reflects joint UN support to the national AIDS response in four main areas reflecting the broad priorities of the national strategic plans of both the Mainland and Zanzibar: Prevention; Care, treatment and support; Impact mitigation; and Enabling environment.

Ongoing programme activities of individual UN agencies and their partners in Government, civil society and the private sector fall outside the Joint Programme, however, it is intended that the bulk of these will eventually be phased into the One UN Programme in succeeding phases.

The **vision** of the Joint Programme is to *"build partnerships to provide an effective and sustained national response to HIV and AIDS as ONE UN in line with MKUKUTA and MKUZA to support universal access to prevention, care, treatment and support in Tanzania"*.

As a UN Joint Team on HIV and AIDS, we hereby pledge to work fully as ONE team, under ONE framework, with ONE work plan and ONE budget.

**Main national partner(s):**

- Tanzania Commission on HIV and AIDS (TACAIDS)
- Zanzibar AIDS Commission (ZAC)
- Ministry of Health and Social Welfare

<p>Programme Title: <b>One UN Joint Programme on HIV and AIDS in Tanzania 2007-2008</b></p> <p>Programme Duration (start/end dates): <b>June 2007-December 2008</b></p> <p>Fund Management: Combination of pooled and parallel with a gradual move towards increased pooling and use of national systems</p> <p>Managing Agent: UNDP</p>	<p>Estimated budget: <b>USD 13,710,183</b></p> <p>Allocated resources:</p> <ul style="list-style-type: none"> <li>• Government</li> <li>• Regular/Other Resources</li> <li>• UN Org.... 12,300,183</li> <li>• UN Org... _____</li> <li>• Donor ... _____</li> <li>• Donor ... _____</li> </ul> <p>Unfunded budget: 1,410,000</p>
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# 1 BACKGROUND AND ANALYSIS

The One UN Joint Programme of Support on HIV and AIDS in Tanzania 2007-2008 represents the results of a collective exercise carried out by the UN System in Tanzania, building on priorities of the Government of Tanzania and the UN's comparative advantages as well as discussions carried out with Government and its partners concerning areas of UN support.

It ensures that support described is in line with changes resulting from events in the national response: on the Mainland, the National Multi-Sectoral Strategic Framework (NMSF) 2003-2007 was reviewed and revised resulting in the development of the second-generation NMSF 2008-2012, which is expected to be launched in September 2007; in Zanzibar, a mid-term technical review of the Zanzibar National HIV and AIDS Strategic Plan (ZNSP) 2004/5-2008/9 was held in June 2007 with a stakeholders' review scheduled for September 2007.

The One UN Joint Programme of Support on HIV and AIDS 2007-2008 focuses joint UN support to the national AIDS response in four strategic areas: prevention; care, treatment and support; impact mitigation; and enabling environment.

The programme will contribute to achieving the goals in Cluster 1 (Growth and Income Poverty), Cluster 2 (Quality of Life and Social Well Being) and Cluster 3 (Governance and Accountability) of the MKUKUTA and the following UNDAF outcomes.

**UNDAF Outcome 1:** *By 2010, increased access to sustainable income opportunities, productive employment and food security in the rural and urban areas.*

**UNDAF Outcome 2:** *By 2010, increased access to quality basic social services for all by focusing on the poor and most vulnerable..*

**UNDAF Outcome 3:** *By 2010, democratic structures and systems of good governance as well as the rule of law and the application of human rights, with a particular focus on the poor and vulnerable groups, are strengthened.*

## 1.1 STATUS AND TRENDS IN DEVELOPMENT CONDITIONS/NATIONAL POLICIES

### 1.1.1 Introduction

The United Republic of Tanzania comprises the mainland and the islands of Zanzibar. As a union, there are two governments for the purposes of national development while specific "union" matters are handled under the Union government. With respect to AIDS, this raises certain complexities as the issue is dealt with by two different governments and coordinated through two different commissions, each with their own strengths and weaknesses. However, it also means that the two entities can respond to the two very different epidemics more effectively.

### 1.1.2 Background to HIV and AIDS in Tanzania

The first cases of AIDS in Tanzania occurred in the north western Kagera Region in 1983, while the first case on Zanzibar occurred in 1986. In 2006, more than 2.5 million Tanzanians were estimated to be living with HIV<sup>2</sup>. To date, over one million Tanzanians have died of AIDS-related illnesses. AIDS is the leading cause of death of young adults in Tanzania. A nationwide household survey found a sero-prevalence rate for HIV of 7% (7.7% for females and 6.3% for

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<sup>2</sup> UNAIDS, *2006 Report on the Global AIDS Epidemic*.

males)<sup>3</sup>. On Zanzibar, HIV infection remains quite low compared with the mainland, at under 1% of those aged 15-49. Some two million Tanzanian children have been orphaned or otherwise made vulnerable due to the epidemic<sup>4</sup>.

National trends in HIV infection and deaths from AIDS-related illnesses mask considerable variation across the country. The risk of being infected with HIV among the urban population is double that for the rural population, for both men and women, with an overall urban infection rate of 12.0 percent compared to 5.8 per cent in rural areas<sup>5</sup>. The epidemic also shows variations across gender and age dimensions. Women and girls have higher infection rates than men, and are more often affected at younger ages than men. Sixty percent of all new infections are among young people aged 15-24 years old<sup>6</sup>. In Zanzibar the 2002 survey shows infection rate of less than 1%, but surveys among specific populations show much higher rates, for example, as high as 13% among injecting drug-users<sup>7</sup>.

The issue of stigma and discrimination remains a formidable challenge that must be addressed in the prevention and control of the epidemic. Stigma against HIV/AIDS remains very strong and plays a major role in fueling the epidemic. Only 22 percent of women and 27 percent of men on mainland Tanzania and Zanzibar have an accepting attitude towards all people living with HIV/AIDS<sup>8</sup>.

The epidemic is also a serious threat to the country's social and economic development. Enterprises in Africa report falling productivity and rising costs due to AIDS. By 2020, the work force in 29 African countries will be over 12% smaller than it would be without HIV & AIDS. The impact on enterprises includes: loss of skills and experience; reduced supply of labour; rising labour costs; falling productivity; and reduced profit and investment

The impact of HIV and AIDS also places significant pressure on families, which includes the heavy burden on supporting orphans. Many of these orphans are vulnerable to sexual exploitation, commercial and other abuses. Children are also involved in taking care of sick family members and younger siblings and there are an increasing number of child-headed households.

## **1.2 THE NATIONAL RESPONSE AND ASSESSMENT OF NATIONAL CAPACITIES**

The national response to the epidemic has strengthened significantly over the past five years. While in the 1990s the response was characterized by insufficient national political commitment and leadership, today there is strong political commitment and leadership at the highest levels. Importantly, HIV and AIDS is now recognized as a developmental challenge as well as a health matter. The issue is now a top priority on the development agenda for both the mainland and Zanzibar and both national governments have mainstreamed HIV and AIDS into their national poverty reduction strategies MKUKUTA and MKUZA.

On the Mainland, the AIDS response to HIV and is coordinated by the Tanzanian Commission on AIDS (TACAIDS), while on Zanzibar the response is coordinated by the Zanzibar AIDS Commission (ZAC). On the mainland, the National Multi-Sectoral Strategic Framework (NMSF)

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<sup>3</sup> *Tanzania HIV/AIDS Indicator Survey, 2003-2004.*

<sup>4</sup> *UNAIDS, 2006 Report on the Global AIDS Epidemic.*

<sup>5</sup> *Tanzania HIV/AIDS Indicator Survey, 2003-2004.*

<sup>6</sup> *Tanzania HIV/AIDS Indicator Survey, 2003-2004.*

<sup>7</sup> *Zanzibar Substance Abuse HIV and AIDS Strategic Plan 2007-2011.*

<sup>8</sup> *Tanzania Demographic and Health Survey, 2004.*

2003-2007 was recently reviewed and revised resulting in the development of the second-generation NMSF 2008-2012, which is expected to be launched in September 2007. In Zanzibar, the response is outlined in the Zanzibar National HIV and AIDS Strategic Plan (ZNSP) 2004/5-2008/9, which underwent a technical mid-term review in June 2007 with a stakeholders' review scheduled for September 2007. The two strategic frameworks spell out the basic approaches and principles that guide the national response and identify goals, objectives, and strategies for the specified five-year periods.

The 'Three Ones' are in place on both the mainland and on Zanzibar, as noted in the following table:

**Table 1: Commitment to the 'Three Ones'**

<b>Three Ones</b>	<b>Mainland</b>	<b>Zanzibar</b>
One national coordinating authority	Tanzanian Commission on AIDS (TACAIDS)	Zanzibar AIDS Commission (ZAC)
One national HIV and AIDS strategic plan	National Multi-Sectoral Strategic Framework (NMSF) 2003-7	Zanzibar National HIV and AIDS Strategic Plan (ZNSP) 2004-2009
One national M&E framework	Mainland M&E System	Zanzibar M&E System

The One UN Joint Programme of Support on HIV and AIDS in Tanzania 2007-2008 provides comprehensive technical support to assist the Government and partners to further strengthen the 'Three Ones' and their implementation so as to improve coordination and harmonization of efforts leading to a more effective national response.

## **2 PAST COOPERATION AND LESSONS LEARNED**

### **2.1 STATUS AND TRENDS IN DEVELOPMENT CONDITIONS/NATIONAL POLICIES**

The 2007-2008 Joint Programme builds on previous experience with joint programme activities involving the UN and the Government of Tanzania from 2002.

For the period 2002-2006, the UN Country Team (UNCT) developed a Joint UN Response Plan to HIV and AIDS covering the UNDAF for that period. While this involved joint planning, there were both limited joint programmes and limited joint programme funding mechanisms in place. In 2004 a review of the Plan was conducted, and a UN Implementation Support Plan was prepared covering the period 2005-2006. This signaled further movement towards joint programming, where programmes involving the support of more than one UN agency were identified.

In late 2005, the process of developing a Joint Programme was initiated by the UNDAF HIV Technical Working Group at the request of the UN Theme Group. Following the establishment of a UN Joint Team in June 2006, four working groups were established covering prevention, care, treatment and support, impact mitigation, and enabling environment. Through this process, two Joint Programmes were finalized, one for the mainland and one for Zanzibar, following the Guidelines for Joint Programming developed by the UN Development Group (UNDG). However, as considerable time had elapsed, it was only possible to develop activity plans and corresponding budgets for the final three months of 2006 (October-December).

Since 2002, the UN has jointly achieved a number of important key results, among them:

- Participation in national joint reviews related to HIV and AIDS, including provision of technical and financial support
- Support to strengthening national M&E system for HIV and AIDS
- Support to the development of sector strategies on HIV and AIDS
- UN is one of the three leads in the Development Partners' Group working on supporting the HIV and AIDS sector

With regard to the Joint Programme implemented from October to December 2006, the following main results were achieved:

#### Mainland

- Second Generation NMSF II (2008-2012) developed with UN support to thematic areas of Impact Mitigation and Enabling Environment
- Development of the National Action Plan to Accelerate Prevention facilitated
- First Lady of Tanzania's Campaign against HIV and AIDS targeting both adults and young people supported
- 3rd Multisectoral AIDS Conference in Arusha supported
- District capacity strengthening supported in four regions, i.e. placement of a UNV in each district of the regions of Lindi, Mtwara, Kigoma and Kagera (20 UNVs recruited).

#### Zanzibar

- Situational and Impact Analysis of HIV and AIDS on the tourism and education sectors developed and disseminated by end of 2006
- Advocacy and Communications Strategy and Road Map (2006–2009) developed and implementation supported
- World AIDS Campaign/World AIDS Day activities supported
- Joint Mid-term Review of the Zanzibar National HIV/AIDS Strategic Plan (ZNSP 2004–2009) supported.
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## **2.2 MAJOR LESSONS LEARNED, AND HOW THE LESSONS WILL BE APPLIED**

Key benefits of the 2006 Joint Programme included:

- The Division of Labour as articulated by the Global Task Team (GTT) provided the necessary guidance on which UN agency should take the lead on different activities, resulting in lead agencies being identified for all activities.
- The positive relationship that the UN enjoys with TACAIDS and ZAC as well as other partners in Government helped to facilitate the smooth implementation of all activities contained in the Joint Programme.
- The technical assistance availed to TACAIDS and ZAC by a National Programme Officer and national UNVs with UN support helped to strengthen and ensure timely programme delivery.
- The presence of a strong and committed Joint Team on HIV and AIDS ensured that solutions were found to challenges encountered when developing and implementing the Joint Programme
- The UN Joint Programme facilitated and helped TACAIDS and ZAC increase spending of TMAP funds, the expenditure of which were behind schedule.

On the other hand, constraints identified include:

- Due to delays in the receipt of funds from sister agencies as well as delays in the disbursement of funds, particularly to Local Councils through the banking system, implementation of some of the planned activities was delayed until the first quarter of 2007.

- Due to different UN agencies rules and procedures, it was not always possible for UN agencies in Tanzania to transfer funds into the bank account of the Managing Agent in New York. An agreement was therefore reached to allow agencies that had difficulties in sending funds to UNDP in New York, to transfer these locally in country to UNDP's bank account. Addressing this challenge however resulted in several delays in the disbursement of funds to the Managing Agent.

### **2.3 RISKS WHICH MAY CONSTRAIN ACHIEVEMENT OF RESULTS AND MEASURES TO MINIMIZE RISKS**

There are a number of important challenges to the national responses both on the Mainland and in Zanzibar. Some of the most critical of which are the same as those facing the implementation of the UN Joint Programme, namely, the slow absorption and poor oversight of funds; the lack of capacity at district level and below to implement comprehensive and effective interventions; and weak mid-level political commitment

While Tanzania has been the recipient of considerable external funding for HIV and AIDS, primarily through the Global Fund, the World Bank and PEPFAR, these financial resources have not been spent at anticipated levels. Underexpenditure is partly due to low levels of capacity throughout the Government system. Combined with poor oversight, of Global Fund-supported activities in particular, Tanzania is at risk of losing large sums of Global Fund money, as well as of causing damage to its international reputation as an effective development partner. Comprehensive support to Government financial institutions to strengthen processes and monitoring and evaluation and reporting procedures is included in the UN Joint Programme.

Capacity at district and community levels to coordinate and implement interventions is also low in most parts of the country. As district authorities are central to the Government's commitment to decentralization, this capacity constraint is of particular concern. Implementation of activities within the Joint Programme has also been slow as a result of low capacity of partners. Again, the UN Joint Programme provides comprehensive support to principal stakeholders in the response, including Government, civil society and private sector actors, to strengthen capacity to implement activities on the ground in an effective and sustainable manner.

While the AIDS response in Tanzania has benefited greatly from strong political will as the highest levels of Government, weak political commitment at middle levels of Government continue to create a bottleneck to the effective coordination and implementation of activities. The inability of a number of key sectoral ministries to own both internal and external HIV and AIDS interventions have blocked the implementation of these in a sustainable manner. Again, many activities within the UN Joint Programme target these ministries and aim to strengthen in-house skills and knowledge to enable them to take effective action.

With regard to UN capacity to implement the joint programmes of the One UN Programme in Tanzania, all six share the same risks associated with the challenge of Delivering as One, as articulated in the UN Joint Programme on Capacity Strengthening for Development Management:

“In view of the steep change required for the UN to deliver as one, there are additional risks related to the process of integrating the joint programming process and ongoing agency specific initiatives while maintaining a focus on results. This implies a higher work burden in the short term including additional coordination roles that may strain existing capacity in participating institutions.”

To mitigate this risk, the agencies participating in the UN Joint Programme of Support on HIV and AIDS have introduced comprehensive implementation and coordination arrangements and

have integrated support costs in the programme to ensure its effective coordination and management within the UN and among key partners.

## **3 UN SUPPORT**

### **3.1 OVERVIEW OF THE UNDAF**

The United Nations Development Assistance Framework (UNDAF) for the United Republic of Tanzania represents the Business Plan of seventeen UN Agencies (including one non-resident Agency, UNIFEM). It is a strategic, results-based and upstream policy influencing tool, which seeks to support Tanzania's development aspirations and priorities as outlined in the Vision 2025 (Tanzania mainland), the Vision 2020 (Zanzibar), the MKUKUTA and MKUZA and the JAS. The UN response aims at promoting a rights-based approach to poverty reduction by giving particular attention to the most vulnerable groups to ensure that they participate in and benefit from the growth and development process.

The UNDAF 2007-10 is aligned to the three outcome-oriented pillars of Tanzania's second generation MKUKUTA and MKUZA, that is (1) growth and reduction of income poverty; (2) quality of life and social well being/social services and social well being; and (3) good governance and accountability/ good governance and national unity. The UN response focuses on six crosscutting themes: gender, youth, children, HIV/AIDS, employment, and the environment. It addresses both the humanitarian and development concerns of the country, including the transition from humanitarian to development concerns in the refugee hosting areas of Northwestern Tanzania. The UNDAF defines UN common outcomes, specifies areas of direct support, identifies cross-sectoral strategies, and opens up avenues for joint programming inside and outside the UN system.

The **One UN Programme** takes as its building blocks (1) the UNDAF II, (2) the Country Programme Action Plans of Executive Committee Agencies, the country strategic priorities of specialized agencies; and (3) the joint programmes being developed along specific themes. It includes achievable results for the period 2007-2008, realized as far as possible through the implementation of joint programmes (spanning a period longer than the pilot phase), and complemented by agency-specific work, and by working through new modalities such as a pooled facility managed by Government. As a pilot, the 'One Programme' is a subset of the larger UN focus on delivering UNDAF results for 2007-2008; and will continued to be evaluated with Government.

### **3.2 UN JOINT PROGRAMME GUIDING PRINCIPLES**

In the context of increased general budget support and sector programming, the UN is committed to support national ownership and leadership of the reform agenda and contribute to greater development effectiveness and impact by maximizing the organization's comparative advantages as a trusted and honest broker, an impartial partner, a facilitator of dialogue as well as an experienced partner in capacity development. The UN will do so by building strategic partnerships, by extending the UN knowledge networks to partners, by sharing international good practices, by supporting innovations, and by promoting inclusion and accountability.

The guiding principles for UN's joint support are:

- National ownership and leadership: support to national ownership and leadership of the development agenda including national processes for dialogue, planning and monitoring

- Delivering as one: the joint programme will cover areas where the UN has a comparative advantage in terms of technical expertise, dialogue and advocacy. Agencies will work jointly to increase synergies and upstream policy advice
- Jointness: the JP identifies a set of shared results that are achievable for the UN to jointly contribute to and be held accountable for
- Division of Labour: based on nationally defined priorities, the JAST guidelines, filling a clear national gap and speaking to UN comparative advantage
- Coherence and minimising transaction cost: especially for government at all levels, implementing partners and other development partners
- Increased use of National systems: increasingly using national systems by working through sector wide programs, pooling of resources, and participating in basket funds
- Ensure sustainability of long term prevention of spread of HIV and AIDS

### **3.3 STRATEGIES TO ACHIEVE RESULTS**

The UN in Tanzania is committed to supporting the Government of Tanzania in tackling the many challenges of achieving Universal Access to prevention of new infection, accessing care, treatment and support and mitigate the impact of the pandemic to those affected and infected as well as the objectives as outlined in the national poverty reduction strategies of both Tanzania Mainland and Zanzibar islands i.e. MKUKUTA and MKUZA, and the UNDAF.

As outlined earlier, the UN Joint Programme of Support on HIV and AIDS 2007-2008 has also been careful to ensure that it is fully consistent with the mainland National Strategic Framework on HIV and AIDS (2003-2007) and Zanzibar's National HIV and AIDS Strategic Plan (2004/5-2008/9). Strategic areas of intervention outlined in the abovementioned national HIV and AIDS frameworks have been prioritized in close collaboration with the national AIDS commissions and other key stakeholders and in line with the UN Agencies comparative advantages to provide support to a wide variety of partners in the national AIDS response.

### **3.4 JOINT PROGRAMME EXPECTED RESULTS: UNDAF OUTCOMES, OUTPUTS AND ACTIVITIES**

As AIDS is one of the cross-cutting issues that has been mainstreamed throughout the MKUKUTA and by extension the UNDAF, the One UN Joint Programme of Support on HIV and AIDS in Tanzania 2007-2008 will contribute to achieving the goals in all three clusters of the MKUKUTA (Cluster 1: Growth and Income Poverty; Cluster II: Quality of Life and Social Well Being; and Cluster 3: Governance and Accountability) as well as number of UNDAF outcomes within these:

UNDAF CP Outcome 1.1: Increased adoption of equitable pro-poor and gender sensitive economic policies and programmes

UNDAF CP Outcome 1.3: Increased food availability and access for the most vulnerable population, including those infected and affected by HIV/AIDS and their caregivers.

UNDAF CP Outcome 2.1: Effective mechanisms, including social protection in place, that address institutional barriers and socio-cultural dimensions to promote and protect the rights of the poor and most vulnerable including those affected by HIV & AIDS

UNDAF CP Outcome 2.2: Increased and equitable access to quality formal and non-formal education, including for those affected by HIV/AIDS

UNDAF CP Outcome 2.4: Increased and equitable access to comprehensive reproductive and child health facilities

UNDAF CP Outcome 2.5: Increased access to comprehensive prevention, care and treatment and impact mitigation of HIV & AIDS and other major diseases

UNDAF CP Outcome 3.2: Strengthened national and local structures and systems of governance that foster the rule-of-law, promote gender equality, combat corruption and promote accountability and transparency

UNDAF CP Outcome 3.3: Enhanced and accessible systems of justice, law-and-order, public information and education that promote and protect human rights and freedoms

UNDAF CP Outcome 3.4: Strengthened budget planning & MKUKUTA/MKUZA Monitoring Systems that foster participation and gender equality

UNDAF CP Outcome 3.5: Increased protection and promotion of the rights of the poor and most vulnerable groups, including those infected with and affected by HIV/AIDS and their caregivers

Activities within the One UN Joint Programme of Support on HIV and AIDS in Tanzania 2007-2008 are focused in four key strategic areas: Prevention, Care, Treatment and Support, Impact Mitigation and Enabling Environment.

### **3.4.1 Prevention**

Preventing and decreasing the number of new infections remains to be the most feasible approach to reversing the epidemic. There is an urgent need to ensure universal access to comprehensive and effective HIV prevention services. Prevention of HIV/AIDS is a priority for the government as articulated in MKUKUTA, MKUZA and the mainland and Zanzibar HIV/AIDS strategies. In support of the national prevention efforts, the joint programme has prioritized prevention for 2007.

The areas identified by the UN as crucial for successful prevention include: evidence-based approach; advocacy and policy dialogue; communication for behavior change; capacity development for HIV prevention; reproductive health and commodity security; and life skills development and livelihood security.

### **3.4.2 Care, Treatment and Support**

Care, treatment and support of those living with HIV and AIDS (PLHA) is a key component of effective comprehensive programmes to address the HIV/AIDS epidemic. It is a priority for the government of Tanzania as outlined in the National Care and Treatment Plan for HIV/AIDS (2003-2008). With the estimated 2 million PLHA living in Tanzania, the country needs to provide antiretroviral treatment (ART) to 400,000 eligible people. By the end of September 2006, however, only 50,434 (including 47,096 adults and 4,663 children) had been started on ART. In addition to ARVs, PLHA need to be reached with treatment for opportunistic infections (OIs) and community based services including: home-based care, nutrition, psychosocial and spiritual support. A strong patient monitoring system is also needed to inform the programme on patient adherence to treatment to prevent emergence of resistance to antiretrovirals.

The joint team will therefore work in support of government efforts to provide quality care, treatment and support for PLHA by addressing some of the challenges identified. In partnership with the government, the joint team will support efforts to ensure scaled up and sustainable access to ARVs. This will involve among others: building national level capacity; strengthening services for treatment and care of patients; and community-based care and support

### **3.4.3 Impact Mitigation**

The HIV pandemic in Tanzania has caused severe socioeconomic difficulties for the nation as a whole, as well as for communities, families and individuals. Affected households have seen their incomes dropping, increased challenges in survival and reduction in the quality of life. Single and child headed households resulting from the death of a parent from HIV/AIDS fail to sustain their families leading to limited ability to access social services such as food, health and education. As a result, the government and other partners are developing different initiatives to mitigate the negative consequences of the pandemic.

In support of these efforts and acknowledging the importance of impact mitigation, the Joint Programme will support Government efforts aimed at mitigating the effects of HIV and AIDS by strengthening coping mechanisms of communities and families. It will support increased access to livelihood options so that PLHA have the chance to engage in productive activities. At the community level, structures and mechanisms to ensure attainment of nutritional requirements for those infected and affected by HIV/AIDS will be supported. For children infected and/or affected by HIV, support will be provided to ensure that they have access to both formal and informal education

### **3.4.4 Enabling Environment**

Enabling environment comprises all issues related to the entire national response including: advocacy; political and legal issues; resource mobilization; gender mainstreaming; and support to global initiatives.

#### *Advocacy*

Advocacy for HIV and AIDS will be achieved through mobilizing for political will and policy change in support of the national response at all levels. This aims at promoting issues and concerns around HIV/AIDS to the general public as well as decision makers. Activities to support alliance building and partnership with and between government and civil society will be supported. Consensus building with different stakeholders to overcome resistance to change relevant religious or cultural attitudes or barriers and community mobilization and empowerment to support HIV/AIDS interventions, using a rights-based approach will be supported.

#### *Policy and legal issues*

This Joint Programme addresses policy and legal issues in order to enhance a more enabling environment. This includes action-oriented advocacy for policy and legal reviews and reforms towards an equal and democratic society, an environment that in turn fosters individual and group rights to protection from all kinds of insecurities and discrimination.

#### *Resource mobilization*

Sufficient resources are fundamental to an effective AIDS response. Understanding the flow of financial resources — from funding source to actual expenditure — is an essential part of monitoring and evaluating the AIDS response. On one hand, knowledge about resources needed, based on the costs of comprehensive packages of programmes for prevention, treatment and mitigation, enhances decision makers' and planners' understanding of additional funding needs. On the other hand development partners including the UN need to mobilize the required

amounts from various sources in order to support putting plans into action. In this context the Joint Programme will advocate for resource mobilization to ensure that Tanzania attains mid and longer term commitments towards supporting the national response to HIV and AIDS. However, it is also important to build the capacity of coordination bodies to be able to attract funding and ensure optimal utilization of available funding i.e. “making the money work”

*Gender mainstreaming*

Support will be provided at national and sub-national level to enhance capacities of institutions and others stakeholders to ensure that gender is mainstreamed into respective HIV/AIDS strategies and activities.

*Support to global initiatives*

The Joint Programme takes into account the role of the UN in supporting implementation of global initiatives in the efforts to combat HIV and AIDS including Universal Access, the Three Ones and the Unite for Children – Unite against AIDS campaign.

## **4 IMPLEMENTATION AND COORDINATION ARRANGEMENTS**

### **4.1 INTRODUCTION**

Implementation and coordination arrangements are noted below. They include an overview of the Joint Programme itself, the roles and responsibilities of actors involved in the Joint Programme, and financial arrangements.

### **4.2 JOINT PROGRAMME TITLE**

The programme title is the United Nations Joint Programme of Support on HIV and AIDS 2007-2008.

### **4.3 JOINT PROGRAMME DURATION**

The duration of the Joint Programme is from June 2007 to December 2008, coinciding with the implementation period for One UN Joint Programme 2007-2008.

### **4.4 JOINT PROGRAMME IMPLEMENTATION FRAMEWORK**

The Joint Programme implementation framework comprises a single Joint Programme document for Tanzania, as well as costed work plans for both the Mainland and Zanzibar.

The Joint Programme will be implemented as an integral part of the One UN Programme and will be managed through established mechanisms including the One UN Joint Government/UN Steering committee (JSC).

JSC:

- The JSC is composed of representatives of the Government (both mainland and Zanzibar) and selected representatives of UN agencies.
- The JSC is co-chaired by the Permanent Secretary of the Ministry of Finance and the UN Resident coordinator.
- The JSC is responsible for providing strategic leadership of the One UN Programme, and for monitoring the overall Programme implementation (including annual reviews). The JSC is responsible for providing strategic leadership on the One UN Fund and making decisions on fund allocation in accordance with the agreed criteria and procedures.

- The JSC provides for regular dialogue between the Government, development partners and the UN in matters relating to the One UN reform process.

For further details of the JSC please refer to specific TOR which can be downloaded from [www.tanzania.org](http://www.tanzania.org).

#### **4.4.1 Joint Programme UN Partners**

The UN body responsible for providing leadership and guidance is the United Nations Theme Group on HIV and AIDS, with the UN Joint Team on HIV and AIDS overseeing implementation and UNAIDS facilitating and providing secretarial support.

The following agencies within the UN system in Tanzania will participate in the Joint Programme: FAO, ILO, UNAIDS, UNICEF, UNDP, UNESCO, UNFPA, UNHCR, UNIDO, UNIFEM, World Bank, WFP and WHO.

The participating UN agencies in this Joint Programme have agreed to a division of labour among themselves as per the UN Theme Group Agreement in Tanzania (14 March 2006). This is based on the Global Task Team recommendations on the same to the UNAIDS Programme Coordinating Board (June 2005). The latter has been adapted to the local context based on a common analysis of implementation bottlenecks and comparative advantages of each agency.

A responsible UN agency for each strategic area has been identified. The Responsible Agency will serve as a single entry point for government and other stakeholders in relation to UN support.

For each UNDAF output, 'main UN partners' are also specified. It should be highlighted that the lead agency is not necessarily the sole organization that is engaged in all programme activities. This depends on the particular programme area.

#### **4.4.2 Joint Programme Management Arrangements**

Management of the Joint Programme will fall within the mandate of the UN Joint Team on HIV and AIDS, which is led by the UN Resident Coordinator, guided by the UN Theme Group on HIV/AIDS comprising Heads of UN Agencies, and facilitated by the UNAIDS Country Coordinator.

#### **4.4.3 UN Joint Team on HIV and AIDS Management**

The UN Joint Team on HIV and AIDS includes all UN staff working full-time or part-time on HIV and AIDS in Tanzania (both on the Mainland and in Zanzibar). In Tanzania, the UN Joint Team on HIV and AIDS currently comprises 23 members.

Under the Team structure, there are four Working Groups covering Prevention, Care, Treatment and Support, Impact Mitigation, and Enabling Environment. The conveners for each of these Working Groups were designated according to the domesticated division of labour and, in most cases, are also the lead agencies in implementation areas. They are as follows:

**Table: UN Joint Team Working Groups**

<b>Working Group</b>	<b>Convening Agency</b>
Prevention	UNFPA
Care Treatment and Support	WHO
Impact Mitigation	UNICEF

Enabling environment	UNAIDS/UNDP
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The UN Joint Team on HIV and AIDS may agree to reconfigure its work groups during the course the Joint Programme, provided the focus of the annual work plans decided by the UN Theme Group on HIV/AIDS is taken into account so as to ensure the most effective and efficient working arrangements of the Joint Team.

The Joint Team will meet on a monthly basis to review progress made on implementation of Programmes noted under the annual work plans, and on progress made towards the broader Joint Programme. Although Zanzibar will have its own “core” Joint Team comprising of officers based in Zanzibar. However, support from the Joint Team on the Mainland will still be crucial, particularly from UNAIDS Secretariat and those agencies without representation on the island. The Joint Team will track progress made in preparation of annual work plans and budgets, in the mid-term evaluation of the Joint Programme, and in the development of the next Joint Programme. Its role in the latter two activities is especially important, as the UN’s move towards 100% joint programming.

#### **4.4.4 Human Resources**

The resources assessment report carried out in November 2006 indicated that the UN has about 40 technical officers working on HIV and AIDS - 17 on full-time basis (80-100% of their time) and 23 on part-time basis (5-79% of their time). However, only 23 comprise the Joint Team on HIV and AIDS, as agreed by the UN Theme Group.

In order to strengthen implementation follow up in Zanzibar, a request is put forward to heads of Agencies with offices in Zanzibar to nominate Officers to formulate the UN Joint Team on HIV and AIDS in Zanzibar just like that on the Mainland.

At this juncture it is worthy noting that though the Joint Team members are fully responsible for implementing the Joint Programme, officers who are not part of the team will indirectly or directly significantly contribute to the implementation of various components of the programme in collaboration with implementing agents. An attempt was made to map agency operational areas and officers’ skills as indicated in the table. Efforts will continue to identify a comprehensive package of skills required in relation to implementation of the Joint programme; based on available skills establish gaps and develop a plan to cover identified gaps.

#### **4.4.5 The Joint UN Programme of Support on HIV and AIDS 2007-2008: What’s different?**

One UN reform is changing the way the UN works: the way UN agencies interact with each other, the way UN agencies programme around common priorities, and the way the UN engages with its partners in the public and private sectors as well as civil society.

The Joint UN Programme of Support on HIV and AIDS 2007-2008 is both a process and a product.

The Joint Programme has been developed and is being implemented by the UN Joint Team on HIV and AIDS. From this Team, a designated core management group consisting of five agencies leading on the four broad areas of intervention mentioned before, meets more frequently to monitor implementation. The following are the main changes this arrangement allowed:

- (i) It brings the collective expertise and resources available for HIV and AIDS from across the entire UN System to assist the Government to address the key challenges to an effective national response.

- (ii) It provides the Government and other stakeholders with a single UN partner and programme instead of the multiple partners and programmes of the UN that existed previously: the Joint Team provides a common entry point for all stakeholders at country level to more easily access the full range of AIDS-related UN services.
- (iii) Through a single framework and action plan, developed in collaboration with partners, streamlining planning, resource mobilization and reporting and monitoring tasks, this management arrangement brings more coordination and synergy amongst UN interventions.
- (iv) The domesticated division of labor brought greater clarity to responsibilities with the UN System; it enhances accountability of the UN agencies with regard to a number of issues related to HIV and AIDS determined by the comparative advantage of each UN agency.
- (v) Joint programming and pooling financial resources leverage more resources as it attracts donor funding; it is therefore expected that further resource mobilization activities to be more effective.

#### **4.4.6 Joint Programme Management, Implementation and Support**

The UN Joint Team recommends supporting two National Programme Officers positions, one based at TACAIDS, the other with ZAC, to provide technical support and to oversee and ensure the timely implementation of all agreed activities as outlined in agreed annual work plans. As mentioned earlier, the officer based in ZAC will also facilitate the work of the UN Team in Zanzibar.

The salaries for the two National Programme Officers positions are built into the costs of the Joint Programme.

#### **4.4.7 Joint Programme National Partners**

The executing agencies for the Joint Programme will be the Tanzania Commission for HIV and AIDS (TACAIDS) in the Office of the Prime Minister on the mainland, and the Zanzibar AIDS Commission (ZAC) in the Office of the Chief Minister on Zanzibar.

TACAIDS and ZAC will be the counterpart coordinating agencies for the Joint Programme. Both organizations are mandated by their governments to coordinate and facilitate the national response to HIV and AIDS, including ensuring the development of strategies and policies for a multi-sectoral response to HIV and AIDS, coordinating the implementation of the strategic plans, monitoring and evaluating the effectiveness of the responses, advocacy, and resource mobilization.

### **4.5 FINANCIAL MANAGEMENT**

Fund management arrangements will be through a combination of parallel and pooled financial resources, with UNDP assigned the role of the Managing Agent, responsible for fund management. The management of the programme funds will be carried out using a combination of the 'pooled fund management arrangements' and the 'parallel fund management option' as per the United Nations Director General's Office Guidance Note on Joint Programming of United Nations Agencies (2004), and the 2006 Toolkit on joint programming prepared by the UNAIDS Regional Support Team for Eastern and Southern Africa.

Under the Joint Programme, pooled funding is preferred. Under the pooled fund arrangement, UN agencies pool funds together to one UN organization called the Managing Agent, chosen jointly by the participating UN organizations in consultation with the national partner. The

United Nations Development Programme (UNDP) has been chosen jointly by the participating organizations to be the Managing Agent for this Joint Programme, following the arrangements that were agreed to for the 2006 three-month Joint Programme. In some instances, the Managing Agent may also be the Lead UN Agent assigned primary responsibility for activities associated with various outputs.

Each UN organization participating in the pooled fund management option will sign a Memorandum of Understanding with the Managing Agent.

The Managing Agent will be accountable for supporting TACAIDS and ZAC in managing the Joint Programme. Programme and financial accountability for the UN support to the Joint Programme will rest with the Managing Agent.

#### **4.5.1 Budget Preparation**

The Managing Agent will prepare a budget, consistent with its procedures, and covering the mutually agreed components of the Joint Programme managed under the pooled fund arrangement, for endorsement by the participating UN organizations.

#### **4.5.2 Accounting**

The Managing Agent will account for the income received to fund the Joint Programme in accordance with its financial regulations and rules.

#### **4.5.3 Indirect Costs**

The Managing Agent will recover indirect costs in accordance with its financial regulations and rules. This will be documented in the Memorandum of Understanding signed with the participating UN organizations, and in any funding agreement signed with the donor(s).

#### **4.5.4 Disbursements**

The Managing Agent will be accountable for the timely disbursement of funds and supplies, and for coordinating technical inputs by the participating UN organizations.

#### **4.5.5 Financial Reporting**

The Managing Agent will prepare and share quarterly narrative and financial reports in accordance with its policies and procedures and operational policy guidance for further considerations.

The Managing Agent will be responsible for the preparation of a consolidated annual narrative and financial report. The consolidated report will be submitted to the programme coordination mechanism, including the TACAIDS and ZAC chaired and managed coordination fora, and will be clearly identified as a compilation of the United Nations organization's narrative and financial reporting and be presented 'for information purposes' only.

#### **4.5.6 Budget**

As at 31 July 2007, the estimated budget is US\$13,710,183 with allocated resources at US\$12,300,183 and the unfunded budget at US\$1,410,000 for the two-year period of Joint Programme implementation.

For 2007, the estimated budget is US\$4,327,183, with allocated resources covering the entire budget. For 2008, the estimated budget is US\$9,383,000 with allocated resources at US\$7,973,000 and the unfunded budget at US\$1,410,000.

The pooled programme budget amounts to US\$2,688,058 for the two-year period of Joint Programme implementation. The parallel fund management option will contribute US\$9,612,215 to the Joint Programme.

## **5 MONITORING AND EVALUATION ARRANGEMENTS**

### **5.1 INTRODUCTION**

In this Section monitoring and evaluation arrangements are detailed for the Joint Programme. It is key that the indicators identified are fully consistent with the information needs as specified in the two monitoring and evaluation frameworks for the mainland and Zanzibar, and that any information collected as part of the Joint Programme feeds into the national system.

While the UN Joint work programme on HIV and AIDS is an annual summary of tasks, time-frames and responsibilities for implementation, it also forms a monitoring and evaluation tool that ensures coordinated production of expected outputs and progress towards outcomes.

In the process to implement the Joint UN programme on HIV and AIDS, the UN System and partners would like to be made aware on a regular basis on 'what is going well' and 'what is not progressing' in terms of progress towards intended results. Monitoring and evaluation plan implementation will focus on results and regular follow-ups to verify and validate progress and arrange for regular meetings to assess progress and analyse problem areas, ensure continuous documentation of achievements and challenges as they occur, allow for regular analysis of reports and use participatory M&E mechanisms (eg stakeholders meetings and focused group interviews) to ensure commitment, ownership, follow-up and feedback on performance.

It is therefore envisaged that, the UN Agencies and partners participating in the joint programmes together agree on one M&E plan that would build on existing systems, and add on dimensions that are seen necessary and capable of ensuring quality and complete, data availability during the implementation phase.

Available field assessment data and information on HIV and AIDS has assisted in making the necessary and sound judgment on the possible consequences of the planned interventions and supported the final decision on the alternatives including how the activities will be carried out. Other aspects that have been looked upon include promoting better coordination with partners, and ensure effective use of the resources and the administrative arrangements.

### **5.2 MONITORING AND EVALUATION FRAMEWORK**

The monitoring and evaluation plan for the various interventions in the joint programme will serve three overall purposes: i.e. improve and inform planning and decision making, ensure joint accountability by partners and stakeholders and measure and assess the effectiveness of the various interventions..

To guide monitoring and evaluation of the joint plan, the following specific M&E objective will form the basis for guiding performance measurement. These include:-

- a) A defined list of core indicators to enable tracking of progress in the most critical areas of the fight against HIV and AIDS in Tanzania Mainland and Zanzibar.
- b) Developed data collection strategy to enable the measurement of the core indicators.

- c) Standardized tool for monitoring and evaluation of all Joint Programme interventions in the fight against HIV/AIDS on quarterly and annually.
- d) Established clear data flow channels among the different stakeholders
- e) Developed strategy and mechanisms to ensure correct dissemination of all critical information amongst all stakeholders, implementing agencies, beneficiaries and the general public.
- f) Clearly described roles of each of the stakeholders in monitoring and evaluation of the Joint Programme on HIV and AIDS.
- g) A developed plan for strengthening the capacities of partners involved in the monitoring and evaluation of HIV and AIDS programme activities under the Joint Programme.

### **5.2.1 Managing the Joint M&E responsibilities**

Managing M&E involve the tasks for data collection and analysis, backstopping and feedback, reporting, follow-up and documenting the lessons learned. While working as a joint-team, UN-AIDS with partners will work and ensure liaising with partners on backstopping and provide feedback. The findings, conclusions, recommendations and lessons learned would have to be internalized and acted upon.

### **5.2.2 M&E levels and stakeholder roles**

The UN Agencies and partners, main responsibilities will include:-

- a) Promoting collaboration with national counterparts both in Tanzania Mainland and Zanzibar to determine the focus and intended results of partner's assistance (i.e. in terms of cooperation modalities, harmonization, alignment and dialogue
- b) Promoting identification and management of the partnership
- c) Conducting assessment of the overall performance of the UN Joint programme assistance to Tanzania Mainland and Zanzibar towards achieving intended results
- d) Ensuring strategic and cost-effective use of resources through strategic planning and joint implementation.
- e) Promoting better coordination mechanism with partners using the existing structures
- f) Monitoring and evaluating the effectiveness of the implementation of the strategies in tackling the constraints to the achievements of results and take related actions

### **5.3 M&E PROCESS, ROLES AND MODE OF OPERATIONALIZATION BY LEVEL**

To operationalize the M&E plan, it is recommended that the different M&E levels would form an M&E result chain. This 'chain' illustrates that there is a logical pathway from one level to the next, as illustrated hereunder:

**Inputs → Outputs → Outcomes → Impact**

Typically, *inputs* (e.g. money, equipment, resources) will be needed to implement the activities. Activities that will be implemented, will therefore lead to activity *outputs* (e.g. persons trained, workshops conducted). In turn, a series of activity outputs, if implemented correctly, should lead to some results or *outcomes* (e.g. reduced sexual risk behaviors). In the long term, changes in outcomes should lead to *impact* being achieved (e.g. reduced HIV prevalence).

Linkage to roles, data sources, and time would be field visits that would provide the data and information for monitoring and evaluation. It is therefore recommended that;-

During field visit, consideration should be given to the timing of the visit, its purpose in terms of M&E, and what to look for in order to measure performance/progress. Field visit would be a joint effort of several partners involved in the programme or within an outcome. Such efforts

would therefore serve as an efficient way to obtain a comprehensive overview of progress being made. During field visit, it is agreed that main focus will be on observing the progress being made towards attaining the results (outcome & outputs) that are contributing to the goals.

**Table: Suggested M&E levels, data sources, partners roles and time frames**

Level	Data source	Partner role	Time Frame
Inputs	Programme financial and progress monitoring reports	All implementing partners submit data periodically Specialised external agency may routinely analyse and verifies data	Progress within 6 months
Outputs	Programme financial and progress monitoring reports	All implementing partners submit data periodically Specialised external agency routinely analyses and verifies data	Progress within 1 year
Process (quality)	Quality checklists	All implementing partners will carry out internal quality assurance Specialised external agency routinely does external quality assurance	Progress within 1 to 2 years
Process (cost-effectiveness)	Programme financial and progress monitoring reports	Specialised external agency complete cost-effectiveness analysis	
Process (coverage)	Population-based and health facility-based surveys	Access to prevention, care and mitigation services will be included as a subset of population census and health facility surveys, and coverage will be measured	
Outcomes	Behavioural surveillance and epidemiological research	Behavioural surveys to assess outcomes are encouraged in 5-10 sites every 1–2 years. Behavioural surveys can be contracted out to specialised agencies/institutions. Behavioural surveys may also be conducted in selected large-scale public sector or civil society programmes.	Progress within 2 to 3 years
Impact	Biological surveillance and epidemiological research	The MoHSW is responsible for coordinating national STI and HIV surveillance Selected epidemiological studies may also be conducted to illustrate impact in specific areas	Progress within 3 to 5 years
Overall system	Flowchart and database	National AIDS Council	Should be designed before grant-provision is

			operational
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**Source:** UNAIDS Monitoring and Evaluation Modules, 2000

## ANNEX

### Monitoring and Evaluation: Definitions and Concepts

'Monitoring' and 'evaluation' are discreet, symbiotic and complementary processes. For the purpose of uniformity and common understanding, the following definitions and concepts will form part to the monitoring and evaluation plan of the UN Joint programme.

- a) **Monitoring:** Monitoring is the continuous, routine, daily, and regular assessment of ongoing activities and/or processes. It aims to provide the management and main stakeholders of an ongoing intervention with early indications of progress (or lack thereof) towards the achievement of outputs.
- b) **Evaluation:** Evaluation is the episodic assessment, as systematic and impartial as possible, of the overall achievements of activities and/or processes. It aims to understand the progress that has been made towards the achievement of an outcome at a specific point in time. All evaluations are linked to outcomes (impact) as opposed to only immediate results (outputs).
- c) **Indicator:** An indicator is a statement that describes the level of performance achieved in relation to a set of aims and/or objectives. An indicator provides evidence that a certain condition exists or certain results have or have not been achieved.
- d) **Data Sources:** Data sources are tangible sets of information, usually in the form of reports, survey results, monitoring forms from the field, or official government data sets. Data sources provide the values of the indicators at a specific point in time.
- e) **M&E results chain:** There are four levels of indicators (inputs, outputs, outcomes and impacts), as described hereunder.
  - **Inputs:** Inputs are the resources that are needed to implement the ISP programme/project and its activities. Inputs can be expressed in terms of the people, equipment, supplies, infrastructure, means of transport, and other resources needed. Inputs can also be expressed in terms of the budget that is needed for a specific intervention.
  - **Outputs:** Outputs are the immediate results of the activities conducted. They are usually expressed in quantities, either in absolute numbers or as a proportion of a population. Outputs are generally expressed separately for each activity.
  - **Outcomes:** Outcomes are the medium term results of one or several activities. Outcomes are what the immediate outputs of the activities are expected to lead to. Outcomes are therefore mostly expressed for a set of activities. They often require separate surveys to be measured.
  - **Impact:** Impact refers to the highest level of results, to the long-term results expected of the programme or project. Impact therefore generally refers to the overall goal or goals of a programme/project.