Evaluation Report

Expanded Accelerated AIDS Response Towards HLM Targets And Elimination Commitments In ESA Region 2013-2017

End of Programme Evaluation

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Acronyms

AfriYAN	African Youth and Adolescents Network
AIDS	Acquired immunodeficiency syndrome
ART	Antiretroviral therapy
ARV	Antiretrovirals
ATF	AIDS Trust Fund
AU	African Union
COP	Country Operational Plan (PEPFAR)
CSE	Comprehensive sexuality education
CSOs	Civil society organizations
CSW60	UN 60th Session of the Commission for the Status of Women
DAC	Development Assistance Committee
DHIS	District Health Information System
EAC	East African Community
EANNASO	East African National Networks of AIDS Service Organizations
EMTCT	Elimination of Mother-to-child transmission
ESA	Eastern and southern Africa
FP	Family planning
GAM	Global AIDS Monitoring
GAT	Gender assessment tool
GBV	Gender based violence
GF	Global Fund to Fight AIDS, Tuberculosis and Malaria
HIV	Human immunodeficiency virus
HLM	High level meeting
HLTF	UN High Level Taskforce on Gender
HMIS	Health management information system
IAC	International AIDS Conference
IC	Investment case
ICASA	International Conference on AIDS and STIs in Africa
ITP	Investment through Partnership
LGBTI	Lesbian, gay, bisexual, trans and/or intersex
M&E	Monitoring and evaluation
MANASO	Malawi Network of AIDS Service Organisations
MDGs	Millennium Development Goals
MOH	Ministry of Health
MSM	Men who have sex with men
MTR	Mid term review
NAC	National AIDS Commission/Council
NASA	National AIDS spending assessments
NSP	National strategic plan
OAFLA	Organization of African First Ladies Against HIV & AIDS
OHCHR	Office of the Commission on Human Rights
PAPWC	Pan African Positive Women Coalition
PEPFAR	United States Presidents' Emergency Plan for AIDS Relief
PLHIV	People living with HIV and AIDS
PWID	People who inject drugs
RATESA	Regional AIDS Team for Eastern and Southern Africa
RBF	Results Based Framework
RD	Regional Director
RECs	Regional economic communities
RPA	Regional Programme Adviser
RST	UNAIDS Regional Support Team for Eastern and Southern Africa
SADC	Southern African Development Community

SafAIDS	Southern Africa HIV and AIDS Information Dissemination Service
SDGs	Sustainable Development Goals
SI	Strategic information
Sida	Swedish Agency for International Development
SGJ	Sonke Gender Justice
SR	Sub Recipient (Global Fund)
SRHR	Sexual and reproductive health rights
SSR	Sub Sub Recipient (Global Fund)
TA	Technical assistance
TB	Tuberculosis
TSF	Technical Support Facility (UNAIDS)
TWG	Technical Working Group
UBRAF	Unified Budget, Results and Accountability Framework
UCD	UNAIDS Country Director
UCOs	UNAIDS Country Office
UN	United Nations
UNAIDS	UN Joint Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UHC	Universal health cover
WHO	World Health Organization

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Executive Summary

The Eastern and Southern Africa (ESA) region faces significant challenges despite the good progress witnessed in responding to the epidemic from most countries over the past decade. This progress has seen the number of people living with HIV on treatment more than double between 2010 and 2016 and a decline of 56% between 2010 and 2016 in new infections among children. Challenges remain though including harmful gender norms, stigma and discrimination limiting access to health services for some key populations and data limitations on effective approaches and most at risk populations.

The Swedish Agency for International Development (Sida) grant to the Regional Support Team for Eastern and Southern Africa (RST) has enabled the RST to drive the agenda on the HIV response in the region. RST advocacy has contributed to the alignment of country and development partners with the Fast Track targets. It has succeeded in getting regional strategies and initiatives aligned to the Fast Track agenda to reach critical prevention and treatment targets and zero discrimination by 2021. It has enabled the RST to keep the AIDS response a priority in an environment of diminishing resources and health systems reform transition towards service integration.

The RST has shown strong capability in developing and leading an effective advocacy agenda for key groups including women, young girls and adolescents. The RST has leveraged its strengths in convening and partnership building to bring high visibility to women's HIV prevention and treatment needs at the regional level. The RST has built the architecture of an advocacy agenda across sexual and reproductive health rights, human rights and gender to improve access to services to those populations the data suggests are missing. Notable successes of the RST advocacy and political leadership role has included the coordination role in moving forward the implementation of the ESA Commitment and support for the United Nations Educational, Scientific and Cultural Organization (UNESCO) to launch the Comprehensive Sexuality Education programme as a region-wide movement.

The challenges for the RST moving forward are in sustaining and institutionalizing the advocacy mechanisms it has created. Transitioning these mechanisms to new, sustainable settings within existing institutional structures is needed to ensure that they will not be contingent on political decisions or budget constraints of the RST and can continue to pursue a constructive advocacy program on important issues impacting the region's population.

The RST has also played a strong role in the generation and dissemination of strategic information profiling the epidemic and mapping its response. This is recognized as a key strength and value add of the RST and the broader UNAIDS body. The availability of reliable and timely data on the HIV epidemic has been the critical pillar of the global and country response. UNAIDS is recognized for the quality of strategic information it generates and packages. The RST has made significant progress in supporting country efforts to generate national and sub-national HIV estimates, using standardized key indicators. The RST is prioritizing one of the Fast Track Strategy themes – information – to help countries collect local, disaggregated data to better address the micro-level disparities that are often masked by national epidemiological data. The RST has also led on the establishment of the Regional Data Hub and country situation rooms to bring harmonized real time data access to inform strategic and resourcing decisions.

There are formidable challenges to the generation and utilization of good quality strategic information in the region. Bureaucratic barriers, system capability and maintenance, key data gaps particularly around size estimates and programmatic mapping and human resource capacity all hinder the effective collection, analysis and dissemination of key strategic information guiding national responses. The lack of a harmonized working relationship between government agencies that leads to data duplication, lack of capacity, high staff turnover, and ineffective data quality assurance processes are further threats to sustainability. There is a recognized need to invest in local level capability for data management and to assist country partners to make more effective use of the high quality data being captured.

The RST has invested heavily in improving access to services for people left behind. This investment has been a strategic recognition by the RST that new models are needed to reach and service those remaining populations currently missing from testing and treatment services. The RST has utilized the Sida grant to

support new, innovative approaches to health service integration and reactivated and revitalized programs. This work has included service integration under sexual reproductive health rights/HIV linkages, revitalizing a diminished agenda on prevention, supporting the World Health Organization (WHO) in expanded access to treatment and driving new agendas and approaches around youth, gender and male engagement.

The RST has applied the Sida grant to supporting a number of community-based models in the region. Whilst a number of initiatives have been activated there is a paucity of evidence validating their effectiveness and efficiency. This is a recognized knowledge gap and remains a key constraint to achieving the Fast Track targets and access to Global Fund eligibility. Filling the data and knowledge gap on locations, populations and responses that deliver the greatest impact could have a transformational impact on the Fast Track agenda.

Civil society organizations (CSOs) play a crucial role in the region in advocacy, service delivery and holding governments accountable for the HIV response. CSOs face a number of challenges in the region including diminishing donor resources and a hostile legal and political environment in a number of countries. The Sida grant has enabled the RST to lead in building capacity and empowering CSOs in the region and has provided impetus to the formation and growth of regional organizations representing key populations. The approach of the RST has been to mobilize and build the capacity of CSOs to actively and meaningfully engage in regional and country dialogue processes on the HIV response whilst at the same building legitimacy and space for CSO engagement with regional and national development dialogues.

The RST has been similarly innovative and progressive in driving gender equality in the region to deliver strong results through high-level advocacy campaigns and the gender assessment tool which has improved national responsiveness to structural challenges to improving access to services for women and men. Important gains have been made by the RST positioning itself at the forefront of challenging and recasting established practice and approaches to shaping the issue of gender. Removing structural barriers and spearheading new initiatives around male engagement have been notable achievements of the RST in the gender space.

The HIV epidemic is being addressed with ambitious programmatic responses requiring huge capital investments. The HIV response in the region is heavily dependent on donor funding which makes the HIV sub sector more vulnerable to variations of external contribution than any other in the health sector. The RST has been at the forefront of driving a focus on helping countries deconstruct and articulate the cost of responding to the epidemic and quantify the magnitude to front load investments to meet the Fast Track targets. The investment case approach implemented by the RST has great value towards directing the thinking on opportunities for reducing commodity costs, implementing alternative service delivery models and eliminating parallel structures. This work, the first step in the process of initiating the discussion around sustainable financing of the response, has been important and potentially transformational but is yet to realize its full impact as challenges remain in translating the investment case approach work to the national budgeting process. This area remains a work in progress and critical decisions will need to be made regarding future directions and the level of engagement of the RST to continue to drive the sustainable financing agenda.

The RST has performed well under the Sida grant but performance can be further improved by better optimizing the RST business model by incorporating joint planning and implementation with UNAIDS country offices. This will also assist with better reporting and capturing of results, demonstrating the RST's leadership contribution to the HIV response. Consideration for greater prioritization of country focus may also engender more impactful results. Utilizing UNAIDS strengths in strategic information to help inform saturation targeting of issues could produce more effective results and efficiencies from programme activities and provide a more efficient and effective division of labour for UNAIDS.

Introduction

The epicentre of the HIV epidemic is in Eastern and Southern Africa (ESA). With a little over 6% of the world's population it is home to 19.4 million people living with HIV, over 50% of the world's total[1]. In 2016, there were 790,000 new HIV infections, 43% of the global total and there were 420,000 deaths from AIDS-related illness[2]. The region has an adult prevalence rate of 7.1%. Only a little over half of the people with HIV in the region know their status and 11.7 million are on antiviral treatment, about 60% of all people living with HIV in the region[3]. Six out of 10 people on antiretroviral therapy live in the ESA region[4].

The region faces a number of challenges of which one is demographics. The ESA region is home to 158 million young people aged 15-24, a number that is expected to rise to 281 million by 2050. Almost two in five new infections among adults in ESA in 2015 were among young people 15-24 years. The HIV epidemic disproportionately affects young women and girls in the region. Young women (aged 15–24 years) accounted for 26% of new HIV infections in 2016 despite making up just 10% of the population[5]. Women and girls account for 60% of all people living with HIV in the region[6]. Girls and young women in the region are more than twice as likely to contract HIV compared to boys and young men of the same age. The majority of new infections (57%) in ESA occur among girls and women 15 years and older. With only 34% of women using contraceptives, unintended pregnancy remains high among young women[7]. Heightened risk among women and girls is closely linked to threats to their sexual and reproductive health and rights (SRHR), including the inability to access effective, integrated health services[8].

The issue of vulnerable and marginalized populations and access to health and other services is also a challenging issue in the ESA region. Although the HIV epidemic in the ESA region is generalized, certain groups such as sex workers and men who have sex with men (MSM) have significantly higher HIV prevalence rates. Serious challenges remain for key affected populations, including the criminalization of same-sex sexual relations, drug use and sex work, insufficient implementation of harm-reduction programmes, restrictive or punitive laws and law enforcement and insufficient protection of people from discrimination, harassment, violence and abuse arising from sexual orientation or gender identity. In many countries the prioritization of key populations within national plans and strategies has not resulted in sufficient financial allocation and programme implementation to address their needs[9].

Despite the myriad of challenges the region is a hotbed of innovation in responding to the epidemic. The serious nature of epidemic in ESA means governments and development partners are open to innovative approaches. The progressive nature of many National Strategic Plans (NSPs) provides impetus for new models. Communities are similarly open to trying new approaches and have been at the forefront of the HIV response in the region since the commencement of the epidemic. There is a culture of scaling up successes although documenting and validating effective community based models is lacking.

The Swedish Agency for International Development (Sida) grant of approximately US$15 million over 2013-2017 for the Expanded Accelerated AIDS Response towards High Level Meeting (HLM) Targets and Elimination Commitments in ESA Region has enabled the UNAIDS Regional Support Team for Eastern and Southern Africa (RST) to strengthen the AIDS response to achieve the HLM targets and elimination commitment. The grant has been aligned to the renewed strategic focus of UNAIDS articulated in the UNAIDS strategy for Ending AIDS by 2030 and the Fast Track approach and has been

[1] UNAIDS Data 2017.
[2] Ibid.
[3] Ibid.
[4] Ibid
[5] Ibid
[6] UNAIDS. Regional Support Team for Eastern and Southern Africa. July 2017. HIV Epidemic Overview in the Eastern and Southern Africa Region.
[7] UNAIDS in Focus 2016. Eastern and Southern Africa. Sexual and Reproductive Health and HIV Strengthening Systems to Reach Adolescent Girls and Women and Promote Right, Dignity and Autonomy for All.
[8] Ibid.
[9] UNAIDS Prevention Gap Report 2016.

provided to support and activate the RST's work in advocacy for maintaining HIV on the political agenda, generating and disseminating high quality strategic information, expanding access to services for people left behind and sustainable financing of the response.

The RST has implemented the grant during a period of significant change in the HIV response landscape. The shift from the Millennium Development Goals (MDGs) to the Sustainable Development Goals (SDGs) over the life of the grant with the resultant policy shift taking AIDS out of isolation and integrating the response within the wider health and development frameworks has presented challenges for the RST programme. The RST has responded by seeking opportunities to pilot service integration models (SRHR/HIV Linkages), renew the prevention focus of HIV programming and advocate to maintain the focus on HIV and other important cross cutting issues such as gender and human rights.

UNAIDS policy has also changed over the period of the grant. In 2014, UNAIDS launched the Fast Track strategy to accelerate implementation towards ending AIDS as a public health threat by 2030. The UNAIDS 2016–2021 Fast Track Strategy seeks to expand service reach to people being left behind. It is an urgent call to front-load investments. It is a call to reach the 90–90–90 treatment targets, to close the testing gap and to protect the health of the 22 million people living with HIV who are still not accessing treatment. It also aims to redress the deplorably low treatment coverage for children living with HIV.

Sida similarly have shifted their policy focus over the life of the grant with the Strategy for sexual and reproductive health and rights (SRHR) in Sub-Saharan Africa 2015-2019. The strategy places strong emphasis on increasing access to integrated health services for women and children, promoting a rights-based approach to access to health care. The strategy has a focus on strengthening health systems for greater access to SRHR including evidence-based information in health management, participation and accountability in health systems and strengthened gender equality and respect for human rights.

The RST plays a critical convening and coordination function amongst cosponsors and development partners. It plays a thought leadership role in empowering and driving informed decision making by generating and disseminating evidence and key data on the profile of the epidemic at regional and country levels. It has a core role building and leveraging partnerships and coalitions, using its unique position as an independent broker between development partners and country recipients. This gives the RST an exceptional capacity to foster collaborations and build partnerships to shape the direction of national responses.

The RST works with a wide range of partners including UN cosponsors, Regional Economic Communities (RECs), development partners, civil society organizations (CSOs), media, research institutions, people living with HIV and AIDS (PLHIV), vulnerable groups and UNAIDS country offices (UCOs). Leveraging the strength of UNAIDS high level engagement with countries and regional partners and strong knowledge and partnerships with the United States Presidents' Emergency Plan for AIDS Relief (PEPFAR) and the Global Fund to Fight AIDS, Tuberculosis and Malaria (GF), the RST has been at the forefront of responding to the epidemic playing a critical role in generating knowledge and data to inform decision making and activating effective responses by mobilizing, convening and galvanizing partners.

The RST programme under the Sida grant has been subject to rigorous review and performance assessment since its inception in mid-2013. There are regular mid-year and annual performance reviews with Sida to assess the programme's direction. A Mid Term Review (MTR) was conduced in 2015 that found the RST programme was making important progress and contributions across the four key results areas and had achieved notable successes.

Methodology

The focus of the evaluation was to examine and document the results of the range of activities of the RST towards the execution of its core mandates supported by Sida funding from June 2013 to December 2016. These results fall within four outcome areas defined in the RST's Results Based Approach, namely:

- Leadership in political advocacy to maintain HIV on regional and national agendas;
- Promoting the systematic collection, analysis and application of high quality strategic information;
- Supporting the expansion of services for people left behind, particularly women and girls, adolescents, migrants, sex workers, MSM and people who inject drugs (PWID); and,
- Assisting country partner to mobilize resources and plan and develop sustainable financing in response to the epidemic.

A fifth outcome area - Management and Accountability - was added to underline the importance of operational and management processes in carrying out the four outcome areas.

The Terms of Reference for the evaluation is provided at Annex 1.

The evaluation applied the Development Assistance Committee (DAC) criteria for Evaluating Development Assistance across the outcome areas[10]. Specific aspects of these criteria were applied for each outcome area. Guiding interview questions have been framed around these five criteria to draw out perspectives of key informants on:

Relevance: This criterion was used to indicate the value added of the RST in positioning the HIV response as a priority national and regional agenda.

Effectiveness: It was used to identify factors influencing achievement or non-achievement of the expected results and what models of success and lessons learnt can be collated from the RST's performance.

Efficiency: This was used to examine the strategic allocation of resources, and the extent to which the cost of the interventions implemented by the RST can be justified by its results.

Impact: The evaluation was concerned with both intended and unintended results of RST activities.

Sustainability: The evaluation considered the extent to which activities of the RST have been planned and implemented to achieve sustainable outcomes.

The evaluation aimed to provide the RST with assessments of its performance that will inform future strategic and programmatic directions, based on perspectives from a range of stakeholders. It has generated evidence on achievements, challenges and lessons learned and provided insights on what could be altered, what could be improved and what could be discontinued.

This evaluation followed a logical, sequential flow that established a baseline understanding of performance and results of the RST's work from a review of programme literature which was elaborated upon in more detail through qualitative interviews with UNAIDS Regional Programme Advisers (RPAs) across the four key evaluation outcome areas and the single governance area. The key components of the methodology were:

- *Literature review* of key documents including the UNAIDS funding proposal to Sida and grant agreement, annual work plans and budgets, annual and semi-annual performance reporting, the RST results based framework, the MTR report and key policy documents.

[10] OECD. Principles for Evaluation of Development Assistance. Development Assistance Committee. Paris, 1991.

- *Key informant interviews* were conducted with 120 key informants from regional, global and ESA country settings to test and assess the baseline established through the literature review and RPA interviews. Semi-structured interview templates and topic lists were used for key informant interviews. The interview templates, in combination with an evaluation logical framework and the use of a data mapping summary grid tool, provided an important means to verify that evaluation questions and themes were adequately covered in the data collection process and ensured a consistency in approach during interviews. A list of interviewees is provided at Annex 2.

- *Field visits* were conducted to six countries in the region. The field visits provided an important means of verification for data collated during the literature review and remote key informant interview phases and for exploring the issues across the four outcome areas and the management and accountability of the RST performance in more depth. The six countries were selected by the RST representing unique case studies in a particular outcome area: Mozambique – advocacy and leadership; Kenya – strategic information; Malawi and Zimbabwe - people left behind and Tanzania and Uganda - investment and efficiency.

- *Data aggregation, management and analysis and interpretation* was conducted using a data mapping summary grid which provided an important means of verifying the alignment of the data collection process to the key evaluation outcome areas. Data analysis was undertaken at conclusion of the field visits with interpretation of the data conducted through a work face-to-face meeting of the evaluation team in which the data mapping summary grid was analyzed. Interpretation of data was undertaken through a deductive approach with the data categories analyzed for similarities and differences and recurrent themes. Data was triangulated through methodological means (multiple sources of literature and key informant interviews) and checked for accuracy and inconsistencies through aggregation of the data mapping summary grid.

Key data collection tools including the Evaluation Logical Framework that was used to guide the evaluation process are provided at Annex 3.

There were a number of limitations to the evaluation. The evaluation was conducted during UNAIDS realignment and repositioning. This exercise, which lasted longer than expected, overlapped with the evaluation and created a number of challenges including availability of and access to key staff and preparation of key informants. In addition, the RST's management of the evaluation process created further challenges. Arbitrary changes to the scope of the evaluation after contract award, attempts to prescribe key informants, insistence on a compartmentalized approach to the evaluation process steps and limited preparation of key informants hindered the conduct and timing of the evaluation.

The evaluation team took several measures to successfully manage and mitigate these challenges. The team worked closely with the RST and UCOs to co-develop field visit programs which were inclusive of key informants. Exhaustive attempts were made, sometimes with the assistance of the RST and UNAIDS Geneva, to interview all key informants which numbered over 120. A number of critical key informants were interviewed or consulted with further to clarify and confirm data collected to ensure validation and accuracy. Additional literature was also unearthed during the course of data collection and reviewed supplementing the program documentation provided by the RST. Consequently the evaluation was conducted with confidence in the validity of the conclusions and findings.

Several initiatives proposed by the RST also assisted effective data collection. The recommendation to interview the RPAs face to face proved to be very effective. The Technical Committee meetings between the Team Leader and the RST management team also assisted with resolving bottlenecks in access to data, scheduling of key informants and clarifying technical issues that arose during the evaluation.

Issues of attribution are a challenge when dealing with outcomes and impact of technical support in an environment where multiple factors contribute to the result. The Terms of Reference acknowledged this challenge. The paucity of documented good practices was evident from a preliminary reading of the literature. This was a constraint to identifying what was achieved in some areas of the program.

Main Findings

Outcome Area 1 – Advocacy

The advocacy and leadership outcome area is a recognition of and response to the changing environment of the AIDS response globally and within the ESA region that is characterized by achievement and continued challenges. On one hand, remarkable progress in treatment regimes, access to antiretroviral therapy (ART) treatment, decline in new HIV infections, increases in domestic financing of the national response and increased engagement of cosponsors has caused great optimism that the AIDS response is on track to bring the HIV epidemic under control. The commitment to Fast Track targets by countries, the UNAIDS cosponsors, and financing mechanisms has provided the foundation for an impactful response in the region. On the other hand, the region is seeing gender inequalities driving higher infection rates among women, HIV prevention and treatment services not reaching marginalized populations, and stigma and discrimination still experienced in access to health services. Combined with flat-lining international financing, the uneven quality of health systems in the region and the lack of visibility of HIV now integrated within the broader SDG framework and the risk of the HIV response losing prominence in the national development agenda is very real.

Thus, the goal of keeping the AIDS response a priority has become an essential component of the RST program of action. The aim of this outcome area was to ensure that regional strategies and initiatives were aligned to reach critical Fast Track prevention and treatment targets and zero discrimination by 2021. Additionally, this area reflected the collaborative action by the UN, RECs, and CSOs to advance sexuality education and reproductive health services for adolescents and young people and gender equality and empowerment of women[11].

Assessment of the RST Advocacy Agenda on Women and Girls

Relevance

The RST has clearly drawn on its strategic strength as a convening and partnership building mechanism to bring high visibility to women's HIV prevention and treatment needs at the regional level. The advocacy model that the RST has pursued has been three-pronged - framing the issues, developing alliances to securing high-level political engagement, and organizing these alliances into formal structures or mechanisms - and is a classic model to influence policy or social change.

Among the majority of key informants and UCOs of the six countries involved in the field visit, there is a common perception that RST-led advocacy is disconnected from country realities, despite the shared concern for women, girls, and young people. This is evident in the RST work plans where only 25% of the 2015 work plan and 20% of the 2016 work plan are directed towards engaging with or supporting country level advocacy. The majority of the UCO key informants perceive resource allocation decisions to be inclined to support RST advocacy centered at the regional level, with UCOs having limited access to financial and technical resources for undertaking their own advocacy.

Moreover, the lack of a clear country follow-up plan for major region-wide activities, such as the UN 60th session Commission on the Status of Women in 2016 (CSW60), Prevention Commission, Champions, and the Think Tank on Human Rights and Social Justice aggravated the perception that UCOs are marginalized in advocacy activities. In several instances, UCOs reported becoming aware of developments only through their own links with other UNAIDS cosponsors and partners. This communication and information gap has also prevented them from identifying timely opportunities to align and harmonize country advocacy with regional priorities. In addition, there are no organizational channels that facilitate a two-way process neither for for developing country-adapted advocacy messages nor for RST to highlight country successes. This disconnection leaves regional advocacy without links to local needs, where more impactful work could be realized.

UNAIDS at the global level signaled that it is timely for the RST to pivot its advocacy priority to country realities. The remarkable advance of the region in antiretroviral (ARV) treatment coverage masks

[11] UNAIDS RST ESA 2014 Annual Report.

diversities within the region, within the countries, and among different populations segments. These diversities require more targeted advocacy that is based on refined strategic information, seen by UNAIDS at the global level as "data-driven advocacy". Furthermore, current impediments to reaching Fast Track targets are at lower operational levels where policies and practices need to be reformed.

Recommendation 1 *- Prioritize Fast Track countries to carry out local advocacy for women, girls, and adolescents. Use country issues as building blocks for regional advocacy, and for synchronizing regional and country advocacy messages. For further coherence, the RST should provide oversight, technical support, and guidance to UCOs for documentation of effective advocacy case studies.*

Effectiveness

Significant progress in solidifying political will and galvanizing concrete actions is evident with two specific mechanisms:

1. The ESA Ministerial Commitment to Comprehensive Sexuality Education (CSE)

The RST has performed a significant coordination role in moving forward the implementation of the ESA Commitment, a multi-sectoral collaborative initiative to address the HIV and SRHR needs of women, girls, and adolescents. Fourteen of the 21 countries in the region have reported having coordination mechanisms, and approximately half have gone further with operational plans and resources in place[12]. In countries such as Mozambique, Tanzania and Kenya country working groups comprised of a wide range of government and multilateral stakeholders are operational, with active coordination provided by UCOs. In Mozambique, the UCO has served as an effective convener of partners, and the UN Joint Team on HIV/AIDS has drawn up a work plan that will focus on strengthening the quality of CSE.

The RST has done well in collaborating with the relevant stakeholders in the implementation of the ESA Commitment, as it requires coordinated and concerted actions among the government sectors involved in the development of young people. At country level, interviews with the Ministry of Education indicated the need to have clear delineation of roles and authority between UNESCO and the UCOs, which the Ministry viewed as not consistently sufficient and adequately understood. In addition, key informants from government partners and UNESCO expect that the UCOs and RST at regional and country levels should play a central role in mobilizing partnerships with civil society actors to act as links of in-school adolescents to community health facilities.

At the regional level, oversight of this distinctly African initiative rests in a Technical Working Group (TWG) and High-Level Group, where the RST Regional Director (RD) actively acts as the Patron. UNESCO, which serves as the Secretariat, attests to the critically needed role of the RST in advocating with high-level policy makers for sexuality education of young girls and adolescents to reduce their risks to HIV, unplanned pregnancies and violence. This advocacy has helped create a positive environment for UNESCO to launch the CSE programme as a region-wide movement. Since its initiation in 2014, at least 18 countries have set in place critical policies, including CSE, prevention of gender-based violence and child marriage prevention to provide programming opportunities within the framework of the ESA Commitment[13]. A threat to advancing the UNAIDS-UNESCO collaboration is the funding cuts from the Unified Budget, Results and Accountability Framework (UBRAF), jeopardizing continued support for the Program Manager's and Focal Points positions.

The RST has performed a strategic role in mobilizing regional CSOs to act as an accountability mechanism of the ESA Commitment. Capitalizing on this niche area, the RST has been instrumental in forming a Civil Society Platform composed of regional organizations specializing in adolescent issues and in guiding them to develop an accountability framework to monitor country implementation. The participation of civil society in a major regional initiative is extraordinary and innovative and opens a new advocacy pathway for the RST towards policy change. Managing the expectations of the civil society

[12] UNESCO. ESA Ministerial Commitment: Changing the game for young people in Eastern and Southern Africa, 2 year review of progress. 2016.
[13] Ibid.

platform to move beyond catalytic support from the RST will compel forward planning. The RST has strongly indicated its intention to intensify its engagement with civil society and to position them more strategically in its advocacy initiatives. In the pipeline are country case studies and end-of-year progress report ("Shadow Report"). Capacity building of the Platform has been envisioned by the RST to help them to effectively deliver on these outputs. The Southern African Development Community (SADC) has noted that it does not have a formal mechanism for engaging with civil society. As such, there is a need for the RST to resolve civil society's formal participation within the official SADC organizational landscape, and to give them the legitimacy to function as formal and competent partners.

2. The SADC Framework for Implementing the CSW Resolution 60 on women and girls

The RST has made considerable progress in cultivating a productive working relationship particularly with the Gender unit of SADC. This is significant, as SADC is a strategic regional mechanism and an important partner in mobilizing unified action among countries in the region.

The RST's collaboration with the SADC Gender Unit has yielded positive results in terms of defining the underlying gender-related issues of the HIV epidemic and proposing actions for country implementation. The SADC and RST, through technical support from the Gender Advisers, jointly and successfully partnered in obtaining regional support for the resolution on women's empowerment at the CSW60. The positive outcome of this joint effort was significant, given previous regional opposition to particular language on sexual and reproductive health rights of women and girls. Passed by consensus by the region, the CSW Resolution 60/2 is now the platform for regional action embodied in a draft SADC Program of Action and Framework, which will be shortly endorsed at ministerial level.

The SADC Gender Unit has emphasized the importance of continuing its collaboration with the RST, as it moves forward in the implementation of the Program of Action. It noted that the SADC Program of Action is closely aligned with RST thematic priorities, including male engagement and HIV prevention, underscoring their value added to the RST's Program of Action. A key factor in the SADC's alignment with the RST program has been the direct and ongoing working relationship at the operational level between the SADC Gender unit and the RST gender staff. A specific area requiring the RST's technical support relates to the monitoring and evaluation framework that will guide country reporting starting 2019. The SADC Gender Unit indicated its need for the RST to provide vigorous advocacy and technical guidance both to the Unit and countries on the effective use of the framework to ensure robust country accountability.

It must be noted that the fundamental pillar in the advocacy model of the RST to influence the policy environment is the mobilization of high-level political and traditional leadership. The Organization of African First Ladies against HIV/AIDS (OAFLA) and the Champions (former Heads of State) have been primary platforms for engaging political leadership to exercise "peer influence". The UNAIDS partnership with OAFLA has demonstrated to be effective in marshaling high-profile community leaders such as First Ladies as advocates. The OAFLA members have recognized the unique power they possess, and over the years, have championed for changes in their countries to reduce various HIV and health vulnerabilities of women, young girls, and adolescents. Examples of concrete results of their fruitful engagement have included: lowering of the age of marriage of young girls in Malawi and improvement of maternal and reproductive health facilities for women in Kenya, Namibia, and Malawi. Now in its 15th year, OAFLA has established a solid governance structure, expanded its partnerships beyond its founding organization – UNAIDS - and built a capacity to mobilize funding on its own.

Key factors to OAFLA's effectiveness are twofold: a) the country grounding of the First Ladies, where they can translate their guiding principles into concrete actions, and b) a focused mandate on women, girls, and adolescents. Unfortunately, the review did not have the benefit of any direct interview with an OAFLA representative that would provide in-depth information on the direction of their partnership for the future.

There was consensus among key informants that the RST should build on the momentum and progress it has achieved with the SADC Gender unit and the CSE Technical Working Group. The RST organizational re-alignment and leadership handover will create a context where prioritization and

adaptation will be called for. The RD change over will organically present changes in advocacy priorities and style. With the handover of leadership at the RST, strategic policy and organizational decisions related to the continuity of the follow-up process to these initiatives will be required.

On the other hand, the review has found less evident progress in the work of the Champions and the Think Tank on Human Rights and Social Justice as advocacy mechanisms for the women's agenda. Both have broad scopes of work, and their strategic role to influence women's issues has not been clearly articulated and realized.

1. Champions

The effectiveness of thirteen (13) former Heads of State as regional Champions and advocates for women and young girls has been limited. Established in 2008 and supported by UNAIDS, PEPFAR, and SADC it has operated under a broad framework, using "their individual and collective influence and moral authority to ensure that HIV remains high on the political agenda of the continent". Defining its role as "opening doors" to access top levels of leadership, results emerging from the loose alliance model of the Champions are basically one-dimensional (i.e. meetings, events). Country visits have been generally selected by the Champions Secretariat have been the main approach to influence leadership attitudes or to generally enhance policy environments. Various country missions including Zimbabwe, Kenya, Sierra Leone, Nigeria, and South Africa, have involved highly publicized events to add their voices on a range of issues. The Champions Secretariat reported examples of country actions undertaken in 2012 by the Champions[14]. As the team had not been provided with the full 2012 "impact assessment" report nor the recently concluded evaluation cited by the RST, this review has no sufficient basis for assessing the effectiveness of the Champions as advocates for HIV prevention among women and young girls. Although the Champions Secretariat 2012 has listed the different country visits and international conferences involving the Champions, attributing specific changes to policy and program due to a Champion's efforts is difficult. Organizations that have used champions as an advocacy strategy have pointed out the need for in-depth data on how much and which type of support champions require, how long they should be engaged to effect change, and the most effective ways to monitor their outcomes[15].

Key informants from the Champions Secretariat and the RST recognize that the country grounding of the Champions' model needs to be strengthened. The RST and country level key informants believe that having a local network of relevant stakeholders, who are involved from planning to implementation and evaluation, would build critical buy-in and initial support for the issues and will facilitate follow-up. In addition, other key strategic and operational issues lack clarity. These include: a) more strategic use of the resource investment in the Champions' programme of action; b) ownership of other "investors" (PEPFAR) and their use of the Champions' services; and c) the working relationship between the RST and the High Level Coordinating Committee to strengthen harmonization of concerns and operational modalities. While the engagement model for the forthcoming year represents shifts in its implementation modality, how exactly the Champions mechanism can contribute towards the RST priority for women, girls, and adolescents has yet to be explicitly defined by the Secretariat and the RST.

2. Think Tank on Human Rights and Social Justice

The Think Tank on Human Rights and Social Justice faces similar issues as the Champions. Key informants of the Think Tank leadership strongly believe that the Think Tank's legal and social justice expertise has not been tapped to act on the underlying structural drivers of women's vulnerabilities. In addition they believe that its current functions are "limited to addressing stigmatized behavior" (e.g. homosexuality, drug use), rather than addressing the full range of vulnerabilities unique in the African region that impede access to HIV services. The narrow focus has been viewed as a deviation from its original terms of reference. While lauding the RST's initiative of the Think Tank as an excellent opportunity to provide balance and depth to the biomedical orientation of HIV prevention, they voiced disagreement with the single track focus so far, which they find strongly steered by the RST, and not adequately representing the true picture of the epidemic. There was consensus that the Think Tank's interventions with governments in Uganda (homosexuality law), Malawi (dialogue on culture and

[14] Champions Executive Secretariat. Champions for an HIV-Free Generation, 2012 Annual Report.
[15] FHI. Engaging Innovative Advocates as Public Health Champions. 2010.

customs), and Mauritius (changes in harm reduction approach) have raised awareness and interest following country visits, indicating the potential of this mechanism to include women's issues within its portfolio.

In terms of broader governance issues, the key informants stated that the Think Tank's association and operational modality with the RST have been the determinants in the selection of issues the Think Tank has addressed and in the selection of its membership. In addition, the United Nations Development Programme (UNDP) has been minimally involved in the Think Tank, despite being accountable for human rights under the UN division of labor framework. Its institutional comparative advantage has not been harnessed to fill significant gaps in the Think Tank's operation, including policy research on key populations, positioning HIV more directly with the SDGs, and documentation of policy case studies. There has been a strong perception within UNDP that the RST work in the area of human rights "has been their [the RST] own thing". Moreover, both UNDP and Think Tank key informants believe that other significant stakeholders in the human rights network have not been brought into the Think Tank, such as the Office of the Commission on Human Rights (OHCHR) and academic and research organizations, which could bring in new dimensions in the work on human rights. They also perceive the close identify with UNAIDS as a disadvantage, as this association diminishes its standing as an independent pressure group on all the stakeholders of the HIV response, including the UN. Furthermore, key informants believe embedding these mechanisms within existing institutional structures, other than the RST, will contribute towards long-term sustainability as they will not be contingent on political decisions or budget constraints of the RST.

Recommendation 2 *- The RST and the Champions Secretariat should set in place a more deliberate and systematic plan for the Champions mechanism to promote HIV and health issues of women, girls, and adolescents. In addition, all partners engaged with the Champions should review the strategic model and operational modalities of the Champions that will: i) clearly articulate the expected outcomes/results from this mechanism; ii) define the scope of their engagement with a well-defined roadmap; and iii) define the coordination between the RST and the Champions Secretariat to increase harmonization of efforts.*

Recommendation 3 *- Strengthen the Think Tank as a mechanism for advancing the women's agenda: i) Position commitment to issues of women and young girls as a central mandate of the Think Tank; ii) Consider various scenarios for the Think Tank's governance and operational structures that will engage a wider range of relevant UN, civil society, academic and research and will strengthen its watchdog and advocacy function; iii) Consult with UNDP Regional Team and Think Tank leadership to solicit a wide a range of organizational and governance options and to define a deliberate exit strategy for the RST.*

Efficiency

The lack of a detailed financial breakdown of costs of each advocacy activity constrains assessing if the return on these investments is justifiable. Of the US$ 16,277,054 spent from 2013-2016, total reported expenditure for Outcome Area 1 is US$1,553,730 representing approximately 9.5%. As the large proportion of the activities had been carried out at the regional level, it can be concluded that these resources were concentrated at RST level. The review did not receive in-depth information that would shed insight on the level of effort into the range of advocacy activities.

As planning of the second phase of the programme unfolds, a question that should be considered is whether investing a similar level of resources into the UCOs would yield more durable and felt results. UCOs are convinced they are best positioned to take advocacy leadership, as they are able to directly and efficiently act on policy barriers or programmatic bottlenecks. The review is not aware of a country-implemented advocacy effort supported by the RST. The evaluation team supports the view that targeted RST advocacy should be driven by country contexts on the principle that the UCOs are closer to the ground and can rapidly shape relevant advocacy messages. In addition, country level outcomes can be measured in a more straightforward manner.

Impact

The majority of key informants agree that the countries in the region still consider the HIV epidemic as a priority, despite the challenges arising from transitions in the broader funding and programmatic landscape. Government, civil society, and UN partners interviewed by the review team still perceive the epidemic as a development priority and are willing to work with the RST to keep the HIV response a priority.

A number of key informants offered important considerations to strengthen the impact of RST advocacy:

- A fundamental issue in fully appreciating the reported results of Outcome Area 1 of the Results Framework is the lack of a theory of change framework, or roadmap, to underpin the RST's advocacy strategy for women, girls, and young people. Such a framework will help in clarifying the envisioned changes and the incremental pathways to materializing changes. Advocacy activities in the current Results Based Matrix are disparate and not coherently connected to one another. With grounding on a theory of change, the RST advocacy agenda in this area will have a clearer statement of what success will look like in the short and long term. It will further help in assessing whether the investments in community capital, public opinion, and political will or policy adoption to further this specific agenda have effectively met their objectives.
- Advocacy involves multiple stakeholders and is affected by other external events. Consequently, it is a challenge to attribute causality to the RST. A further complicating factor is the dynamic nature of policy and advocacy efforts, with contexts and key players often changing. In the distinctive case of the RST's advocacy initiatives, these are greatly influenced by actors and circumstances at both global and regional levels. Thus, it poses a challenge to name, predict, or explain all the factors that have contributed to the progress that has been made.

Sustainability

Several key informants pointed out that the current policy environment of the ESA region provides fertile ground for the RST to conduct a more impactful policy and advocacy programme, as the timeline to meet Fast Track targets approaches. The challenges of legal and cultural barriers to equitable access to HIV services, including discrimination in health facilities, stigma against same-sex sexual relations, and disempowering social norms, highlight targeted, data-driven policy advocacy as the emerging horizon for advocacy at country and regional levels – a view especially offered by global and regional level key informants.

Given this context, the RST is challenged to be highly strategic in tapping the appropriate advocacy mechanism that will achieve the greatest impact and under which circumstances. It must be noted that measures are not in place that will ensure continuity of the Champions model and the Think Tank on Human Rights and Social Justice, which are the RST's primary mechanisms focusing on political commitment and human rights. Improvements to increase their effectiveness must also include a perspective on their long-term sustainability. Currently within the UNAIDS umbrella, these two mechanisms face threats of reduced financial resources and changing institutional priorities.

As the timeline for achieving Fast Track targets is imminent, it is imperative for the RST to pivot its advocacy towards influencing persistent policy barriers. Targeted, data-based advocacy is viewed by several key informants as vital for addressing critical enablers, such as gender equality, social protection, and legal reform, and structural issues, such as user fees (e.g. West and Central Africa) or pooled ARV drug procurement, which will have significant impact on access and cost of HIV services. The goal of the policy change model is to reform the structural and normative contexts that govern programme priorities. This change will be more impactful, going beyond the traditional RST focus of expanding and engaging constituency/stakeholder involvement in the HIV response.

Recommendation 4 *- Use a theory of change framework i) to shape the advocacy plan for the forthcoming phase of the RST programme, and ii) to facilitate evaluation of the outcomes at identified times and explain why a specific initiative worked or did not work.*

Outcome Area 2 – Strategic Information

Relevance

The availability of reliable and timely data on the HIV epidemic has been the critical pillar of the global and country response. Knowing the current state of the epidemic has long been the hallmark function of the UNAIDS Secretariat. At all levels, UNAIDS has worked with all stakeholders – national AIDS programs, policy makers and programme implementers, health service providers, international financing mechanisms, and the donor community – to ensure that data on the epidemic and on the response are available to enable evidence-based decisions.

The RST has made significant progress in supporting country efforts to generate national and sub-national HIV estimates, using the standardized key indicators of UNAIDS. With the accelerated efforts to achieve Fast Track targets as the impetus, all ESA countries have produced HIV estimations that were inputs into the Global AIDS Monitoring reports (GAM), which disseminates consolidated global data to all stakeholders in the HIV response. Based on these outputs, the RST has produced epidemiological profiles of the different countries.

Although most countries have made tremendous strides in collecting relevant data, advances in the ability to translate that data into strategic information and evidence for action have not kept pace. Key informants in UCOs and in some national authorities cited lack of requisite skills and competencies, weak leadership and limited ownership of the process as factors behind this gap. In Kenya, for example, the Ministry of Health (MOH) and National AIDS Control Council have together provided the necessary human resource and coordination for the support of the situation room. The UCO Kenya with UNAIDS HQ support has availed the necessary technology. The HIV situation room has also received political good will with the support by the Kenyan President who was present during its launch and continues to support it.

The RST has been committed to further strengthen country capability to produce strategic information that will be useful both for targeted programmatic decisions and resource mobilization with the GF and PEPFAR. The SRH/HIV Linkage project with the United Nations Population Fund (UNFPA) is an example of the value of having HIV estimate tools and case reports in monitoring the access and uptake of integrated services. The tools have also been used for programmatic planning with financing mechanisms such as PEPFAR and the GF. Country partners confirm the important function of UCOs and the regional team in their efforts to maintain a functional data management system. In some Fast Track countries, such as Mozambique, Zimbabwe and Botswana, the UCOs are their primary source of technical support in producing up-to-date data on the HIV situation.

The RST is prioritizing one of the Fast Track Strategy themes – information – to help countries collect local, disaggregated data to better address the micro-level disparities that are often masked by national epidemiological data. So far in the ESA region seven countries have developed and finalized sub-national estimates, with the RST providing support in converting spectrum or geospatial data as the basis for political dialogue. RST key informants point out major challenges that many countries face in generating "granular" data. Some countries, such as Zimbabwe, continue to have challenges in generating relevant comprehensive and unified health data. The lack of integrated data sources and data sets, lack of sufficient capacity at national and sub national authorities for data management, and high turnover of trained staff are commonly shared factors that affect country capacities to maintain strategic information systems.

The bureaucratic and political barriers between the National AIDS Commissions (NACs) and the MOH, which is responsible for the Health Management Information Systems (HMIS), might affect use of data. The sub national strategic information (SI) is anchored on robust health systems and such SI is dependent on availability of quality data and the readiness of partners to collect granulated data. Kenya is a good example where with a devolved system of government, county governments have put resources into the collection of accurate and quality health data. A smoothly functioning collaboration is essential for disaggregated data collections that will help identify underserved populations and gaps in community health systems in overburdened locations. In the context of increasing HIV infections among key

populations, including sex workers and MSM, it is important to address this challenge. The evaluation team takes note that the region does not have reliable size estimates for key populations, a clearly significant gap in strategic information systems of countries and key impediment to framing targeted interventions and effective investment in community base service models and achieving Fast Track targets.

Based on key informant interviews, the RST is further concerned about specific challenges for countries that were visited by the evaluation team with consolidating data on effectiveness of interventions. Programmatic mapping is still weak in the region due to poor monitoring and documentation of interventions that is critical in identifying the relevant package of services for specific contexts, what works, what can be scaled up and what models may be replicated regionally. There is a limited focus on evaluating and validating of outcomes and results. A number of key informants noted the lack of provision within donor grants for validation and documentation of results so that lessons learned and important technical data (e.g. unit cost of service delivery, engagement strategies and impact assessments) can be captured and disseminated to inform scale up and replication.

Recommendation 5 *- For relevant HIV responses, the RST should work with partners, including WHO, to support countries in strengthening HIV data collection within the broader health management information system. Countries should be encouraged to invest in upgrading their technological and human capacities. The full engagement of the Ministry of Health is critical, and UCOs have a role in facilitating a functional working and coordinated relationship among the relevant MOH units and the NACs.*

Effectiveness

Reliable SI leads to evidence based decisions and interventions. Collection and dissemination of key indicators and country-specific metrics improves HIV response, better programming, improved service quality and ultimately better health outcomes. The ultimate goal of an effective SI system is increase in access to services.

The RST has sought to guide countries to have multi-component strategic information systems. These include: patient monitoring data in electronic or paper form, case reporting data from routine surveillance, based on newly diagnosed HIV cases reported at a health facility with information such as age, sex, transmission mode, CD4 and viral load diagnosis. In addition, outreach data is based on records maintained by other agencies involved in community health and outreach, peer education, HIV testing and linkage to specific groups such as key populations.

Generating such data has been possible through intensive capacity building of national technical staff by the RST and hands-on technical support provided by the UCOs. The regional trainings provided by the RST have generated a cadre of monitoring and evaluation (M&E) specialists within the NACs, who have worked collaboratively with UCOs to produce timely epidemiological data. UCOs have been working to facilitate standardization and strengthening of M&E practices and health and logistics management information. The RST key informants believe some countries, such as Zambia, Lesotho and Mozambique, are ready to upgrade their SI systems and capacities to the HIV Situation Room model of Kenya. This view is shared by UNAIDS global level which remains ready to facilitate access to the necessary and appropriate technology. As a technology-based tool, the Situation Room is envisioned to catalyze quick policy decisions on access barriers and accelerate achievement of health targets. A fully functional HMIS is a prerequisite element that can be integrated to the situation room. Only 6 of the 21 countries, including Zambia and South Africa, have the readiness to adopt the Situation Room model. This is due to a number of factors including lack of a well functioning District Health Information System (DHIS), lack of support from the highest levels of government and lack of necessary skills for implementation and management of the technology and processes. The RST expects this initiative to roll out over a longer timeframe.

Similarly, the strengthening of systems and practices is at an uneven pace. A well functioning DHIS for health management is necessary for M&E systems to be effective. Most of the countries will, therefore, need to follow this path to ensure their information systems landscape is capable of generating data that can be effective in decision-making and improving service quality and access. In addition, the RST has

adopted a laser-like focus on data collection for locations, populations and responses that deliver the greatest impact, catalyzing SI and innovation for people most in need and leveraging on regional leadership and political institutions to increase the catalytic impact of UCOs.

Diverse capacity levels of the various countries affect the establishment of the Regional Data Hub. There is consensus among the UCOs that the Hub will be a helpful tool to efficiently manage regional data. The RST intends to replicate the success of the regional data hub in the Asia-Pacific region to produce and disseminate knowledge products. The Hub is envisaged to be a platform for developing advocacy and programme policy, based on data synthesis and analysis. As a regional database for countries in ESA, the Data Hub will enhance the RST's leadership role in SI utilization and uptake[16]. With uniform data visualization and presentation standards, the Hub will achieve and ensure consistency in core HIV data for cause and effect analysis and to ensure the epidemic response is focused and targeted. Cooperation among ESA countries will be harnessed since core data sets are centrally compiled and consolidated. This information will be readily available to national and regional stakeholders and international agencies such as PEPFAR and GF based on their roles in HIV intervention.

Most country SI Advisers believe this system will ease the enormous pressure on them coming from different levels and partners to produce varying packages of HIV data. The Hub will process and share the data and information with ESA countries and also proactively seek partnerships and collaborations with relevant partners. This will create an ecosystem of countries and partners and will continually improve data quality and establish itself as the go-to platform for ESA HIV and AIDS data.

Monitoring and evaluation of the response had been a component that UNAIDS spearheaded at the start of the HIV response. An effective M&E system has been critical in having relevant and good information accessible to stakeholders at the right time, in the right place and format for use. Country level key informants reported the need for assessing how well their M&E systems are working, so as to guarantee robust data collection strategies are in place. As the M&E process and system – the building block of strategic information -- involve multiple components that have to function harmoniously, an assessment of the system is critical.

Utilization of annual HIV estimations is necessary as a tool to facilitate generation of HIV SI. In addition only one country has a fully functioning HIV situation room, which is linked to the need for good DHIS2, and other centralized monitoring tools that collect data from sub-national level. Six other countries are making efforts to implement the situation room to anchor regional decision-making. On the flip side however, PEPFAR and the GF have found great use of the HIV data for their national and regional programmes.

There has been good progress in the country use of the UNAIDS SI tools, which enable them to have updated data on the patterns of the epidemic at national and sub-national levels, including prevention services, number of diagnosed people, HIV care and treatment coverage, treatment retention, viral suppression, number of HIV deaths and new infections. These comprehensive data sets have helped the national response of countries to link epidemiological trends to programmatic efforts facilitates access to services[17].

Recommendation 6 *– The establishment of the Regional Data Hub should be accelerated. The RST needs to disseminate a clear framework of how the Hub will function and provide clarity on the roles, responsibilities and benefits to the UCOs and national authorities. Further clarity is necessary on the technical aspects of extraction of data from already available reports. It is to be expected that the development phase of the Hub will involve various iterations before an appropriate electronic platform can become operational.*

Recommendation 7 *- The RST should utilize the Assessment Tool for M&E Systems Strengthening which UNAIDS has developed to help countries strengthen the integrity of their data generation, aggregation and reporting.*

[16] SI Hub Strategic Development Framework. Sep 2016.
[17] The Global Fund. HIV Information Note. Dec 2016.

Efficiency
There are key operational issues that still pose a challenge to the functionality of SI systems at country level. End-to-end provision of services requires integrated information sharing among various MIS by national and sub-national authorities. At present, the countries are carrying out these functions in an ad-hoc and uncoordinated manner. Current SI structures are not adequately organized to manage the wealth of data generated by their systems and for their M&E Officers to package them into actionable measures. One challenge is that most national M&E Officers are technical specialists who often oversee SI systems and are untrained to transform health data into policy actions. This is a capacity gap that has not been addressed by capacity building initiatives of the RST. However the Kenyan UCO is facilitating technical assistance (TA) to provide these skills though a lot more needs to be done.

There has however been an increase data-driven understanding of the epidemic which has improved programmatic mapping of localized HIV prevalence and interventions and this has provided great impact and efficiency.

Recommendation 8 *- The RST should develop a more comprehensive approach for collection of SI and also facilitate capacity building for national M&E officers to adequately manage the interface between data collection/management and policy/programme development: implementation of an early alert and response system allowing for the timely collection, synthesis and use of information to respond quickly to emerging epidemics; carefully analyze data to develop policy scenarios and resource projections to guide decision-making; periodically evaluate the impact of the current response and make recommendations to improve it; and engage policy-makers in ways that proactively promotes improvements to current programmes based on evidence.*

Recommendation 9 *- The RST with UNAIDS HQ support should also adopt and facilitate access to electronic medical records (EMR) technology, to provide one source for patient information and for electronic workflow, which injects the necessary efficiencies in provision of SI.*

Impact
As the region carrying the heaviest burden of the AIDS epidemic, the need for robust SI systems is of the highest priority. The RST, in collaboration with its global partners, has achieved significant progress in setting these systems in place. These systems have significantly contributed to increasing country accountability and to improving the quality of delivery on their commitments. The SI these systems have generated has been the basis of the extraordinary level of investments made to country programmes by financing mechanisms, including the GF, and the bilateral donor community. The RST has effectively used this area to strengthen its regional convening and partnership mobilization functions.

The RST priority to build robust strategic information systems is needed and justified, as countries in the region still face challenges in routine surveillance and patient monitoring, which is a basic component in the SI system. Nonetheless, the RST support has been highly instrumental to the ability of countries to generate important information on epidemiological changes and prevention and treatment behaviors. Such information is vital to identify inequities to access to HIV services that have included stigma and discrimination and gender-related vulnerabilities.

In line with the Fast Track strategy, there is a need for the RST to ensure that SI systems of the 15 priority countries in the region continue to be finely nuanced according to the location-population thrust needed to generate granular data.

Sustainability
The RST has supported countries in training and capacity building on data management. Similarly, the RST has supported UCOs to build win-win relationships, partnerships and collaboration among national authorities and donor agencies through their catalytic role. Institutionalization of SI information collection and dissemination at country level is key to sustainable use, development and maintenance of necessary technology. RST key informants stressed the importance of keeping their expertise always ahead of the strategic information curve and anticipating SI needs along the trajectory of the epidemic in their local contexts. The RST has played a vital role in capacity building and troubleshooting.

The RST has continued to support and encourage countries to develop sustainability transition plans, which have included mobilizing domestic and international commitments to support of SI systems and national cost plans and country-owned targets. In addition, the RST has recognized the supportive role of civil society, networks of PLHIV, young people and key populations that provide leadership roles in data collection and collaboration with health facilities in HIV response and ensuring sustainability and accountability of its programmes.

Sustainable data collection requires constant review of the tools to make them relevant, effective and efficient. RST and UCOs have carried out this review annually for the duration of the programme. The involvement of and continuous engagement of national authorities in this evaluation is important for ownership and leadership and eventual allocation of domestic resources, which is necessary for development, and use of these tools to be sustainable.

Key threats to sustainability include lack of a well-established and demarcated working relationship between RST and UCOs and the resource challenges facing the wider UN which impinges on partnership approaches and key working partnership with development partner agencies and national authorities[18]. The lack of a harmonized working relationship between government agencies that leads to data duplication, lack of capacity, high staff turnover, and ineffective data quality assurance processes are further threats to sustainability. There is need for RST and UCOs to take a knowledge-driven approach to AIDS and invest in local level capability for data management, while also considering social, demographic, epidemiological, and political factors.

Recommendation 10 **-** *The RST should harness its relationship with UCOs by making regular planned country visits and facilitating knowledge management and transfer to national authorities. UCOs should facilitate regular donor working forums to build necessary relationships for collaboration with the aim of assisting national authorities to build local level capability for data management.*

[18] WHO/UNAIDS Workshop on Strategic Information for HIV Programmes.

Outcome Area 3 – People Left Behind

Community Based Models

Relevance

Investment in outcome area 3 is a strategic recognition by the RST that new models are needed to reach and service those remaining populations currently outside testing and treatment services. The RST has taken a leadership role in mobilizing cosponsors and partners and setting agendas for expanded access to services for people left behind and given strong impetus to new and revitalized initiatives to improve the effectiveness and efficiency of the HIV response in the region.

Important innovations and developments have come from the work of the RST under the Sida grant. This includes improved cost efficiencies and service integration under SRHR/HIV Linkages, revitalizing a diminished agenda with the Prevention Roadmaps, supporting WHO in expanded access to treatment and driving new agendas and approaches around youth, gender and male engagement.

The RST has responded to the repositioning of cosponsors brought by resource challenges driving internal UN changes and has shown flexibility and adaptability to fill policy and programmatic gaps. It has done this by leveraging partnerships and bringing cosponsors to the table on key agendas. This is the core value adding of the UNAIDS convening and coordinating mandate and it has been exercised well by the RST. There is a strong sense amongst informants to the evaluation that the political neutrality and technical competence of the RST in these functions is respected and effective. This has been particularly evident in RST advocacy for key populations.

Effectiveness

Community based models as the frontline of the response is not new. In many respects the RST has sought to utilize the Sida grant to revitalize models that have been active but not optimized. The RST has been particularly effective in the SRHR/HIV Linkages initiative supported in seven pilot countries in ESA with UNFPA. This has been driven by recognition of the efficiency and service access gains brought by mainstreaming HIV into SRHR and family planning (FP) programs. The initiative seeks to meet HLM Target 10 aimed at removing parallel systems.

The SRHR/HIV Linkages initiative has also been a response to the shifting landscape of HIV, demonstrating the RST's ability to maintain a leadership role and prioritization of HIV as it becomes mainstreamed in health services. It has also reflected a pragmatic approach recognizing that investment in sexual and reproductive health services provide key entry points for HIV prevention. The key value adding of the RST to the SRHR/HIV agenda has been in evidence based advocacy which underpinned the Maputo Plan of Action 2016-2030 on resource and expenditure tracking which has been an important element in demonstrating the cost efficiency and effectiveness of service integration[19]. The RST has also brought strong GF knowledge that has been important in shaping recent Concept Note development to incorporate SRHR/HIV Linkages initiatives.

The RST has also taken a leadership role in revitalizing the prevention agenda, leveraging off impetus provided by the 90-90-90 targets. The RST has been at the forefront in pushing for a renewed regional and national focus on prevention strategies in recognition that prevention had been subsumed by the focus on treatment and that UNAIDS was best placed to revitalize the agenda as a core HIV response strategy. In the absence of consensus amongst cosponsors on prevention the RST has taken up the mantle of bringing prevention back onto the HIV response agenda.

The RST has also been active in the treatment agenda advocating to country and development partners on take up of global targets and guidelines and HIV testing in support of WHO in the roll out of guidelines around treatment. The RST support has been particularly effective in partner mobilization,

[19] ICF International. July 2016. Evaluation of the United National Population Fund (UNFPA) and Joint United Nations Programme on HIV/AIDS (UNAIDS) Project on Sexual and Reproductive Health Rights and HIV Linkages in Seven Countries in Southern Africa: Regional Report. The report finds that integration has led to perceived increases in quality and efficiency for clients and in increasing uptake of services.

including PEPFAR funding, technical exchange and improved coordination. It has achieved notable successes with the GF agreeing to include dual testing for HIV and syphilis in funding.

The ESA region is a hotbed of innovation in community-based responses to the epidemic. The Sida grant has enabled the RST to provide seed funding, technical support and mobilize and leverage development partner resources to support a number of pilot community models. Important community based initiatives such as Rock90, All In and Protect the Goal have been supported[20]. These projects have variously sought to build local advocacy and leadership capacity of community, religious and youth leaders as advocates for increased testing and treatment.

Whilst a number of community-based initiatives have been activated by RST funding there is a paucity of evidence validating their effectiveness and efficiency. This is recognized by several stakeholders in the sector and remains a key constraint to achieving the Fast Track targets. There is limited identification of models for scale up and this absence of validation is constraining investment of donor funding, particularly from the GF. Whilst there have been some attempts to document and validate effective approaches for SRHR/HIV Linkages and the documenting of community models in Malawi, these lack the technical detail required to inform investment in scale up and replication[21].

Critical data gaps also exist on key populations. Size estimates and prevalence data remain unknown in a number of country settings, particularly for MSM and LGBTI populations. This is undermining the ability of government and CSOs to frame effective service delivery for these populations. Addressing these knowledge gaps would make a more effective and efficient contribution to the Fast Track targets and provide a highly relevant early project for the new innovation focus of the RST.

Efficiency

Outcome area 3 occupies the highest spend of the Sida/RST budget. In 2015 this outcome area occupied around 60% of the total annual budget, almost six times the next highest area of advocacy[22]. There are significant costs attached to this area of work that forms the mainstay of the RPA functions within the RST and arguably remains the most complex and demanding areas of the RST's work. However under the current approach it is questionable if the spend represents value for money.

Financial support for pilot funding of community based models presents a dilemma on both ethical and financial grounds. Preferential funding, or "picking winners" in a crowded market of community models, is a fraught and expensive strategy. More effective and transformational investments could be made in filling the data and knowledge gap on locations, populations and responses that deliver the greatest impact and documenting, disseminating and mobilizing funding for validated models. This would leverage a key RST strength in strategic knowledge and better expedite progress towards Fast Track targets than the current approach.

Impact

Results across this outcome area are difficult to measure given the lack of validation of results. Nonetheless there have been some successes. SRHR/HIV integration has demonstrably broadened the point of entry to engage people in HIV testing and treatment. Regionally the integrated model has fostered an enabling environment that has produced the SADC Minimum Standards on SRHR and the SADC Strategy of SRHR/HIV/TB/Malaria integration. These are promising steps towards a broader health systems impact. At a country level the impact of NSPs starting to speak to service integration,

[20] There have been some evaluations conducted of these programs, including the SafAIDS *Lifting Barriers to Universal Access Project*. However CSOs in the region complain that evaluations are mostly undertaken to meet donor needs without examining impact and the structural dynamics of models that underpins sustainability and scalability. Similarly CSOs complain of limited or sometimes no budget allocations within grants for detailed evaluation of programs.

[21] The type of technical detail useful to evaluate the effectiveness of the service delivery modality would include unit cost of service provision, service demand and cost benefit analysis.

[22] SIDA Budget Jan to Dec 2015.xlxs (document provided by RST).

support for health system reform and commitments to scale up represent clear commitments to embed the integrated model. Cost efficiency studies suggest important client time and cost saving benefits[23].

Prevention is a long run game and results are not immediately evident. However important policy progress has been made with the development of the Prevention Revitalization Roadmaps led by the RST. Kenya is seen as a success story of the revitalization of prevention agenda having vigorously expanded funding for prevention without displacing treatment. Elevating prevention as a standing item at the SADC Ministers Conference has been an important regional result from the RST's advocacy and mobilization efforts. At a country level Zimbabwe has included prevention programme funding allocations in their recent GF application. Zimbabwe has been funding more prevention programs from the AIDS Levy with the Zimbabwean Minister for Health a regional champion for revitalized prevention. As a core agenda of UNAIDS, the RST must stay engaged on prevention.

Scaling up treatment has been a major achievement in the ESA region[24]. The RST has made a strong contribution to these results with its strengths in advocacy and strategic information support to the WHO testing and treatment agenda. However as with other areas, weaknesses remain in the documentation of results, for validation of elimination of mother-to-child transmission (EMTCT) for example. More concentration on validation and documenting of results would enhance the RST contribution.

Sustainability

Outcome area 3 is a high spend area. Whilst there have been some achievements and demonstrated results the strategic approach needs to be reconsidered to improve the effectiveness and efficiency of this area of work. Sustainability represents a significant challenge in an outcome area where results are poorly documented. There is an opportunity to reposition the RST within this body of work to be more effective and efficient in driving progress towards Fast Track targets. The RST could work with CSOs and NACs, using the resources of the Technical Support Facility (TSF), to capacitate them to validate and document successful community models. There is strong demand from stakeholders for the RST to take on this role. The RST could also play a role in activating this data by mobilizing funding to scale up and regionalize successful models. A role as knowledge and funding broker - supporting validation, documentation, dissemination and mobilization of funding - would provide a more effective and cost efficient contribution by the RST to expanding access to services for people left behind and have a potentially transformational impact on achievement of Fast Track targets as better informed, targeted investments are made in successful models for scale up and regional replication.

Recommendation 11 *- The RST should seek to fill the data and knowledge gap that exists on locations, populations and community based responses that deliver the greatest impact by supporting CSOs and NACs to complete key population size estimates and document and validate results of innovative community based models. The RST should utilize the new innovation focus to support the documentation, dissemination and mobilization of funding for validated effective low cost/high impact community based models.*

Continuing support for the SRHR/HIV Linkages work is recommended as it moves to a second phase of the pilot with expansion and south-to-south knowledge exchange to be facilitated. Prevention similarly should remain core UNAIDS business. A remaining gap in the prevention area of work is developing targeted interventions for key populations. The RST can galvanize the UNFPA and UNICEF mandates in the development of a comprehensive package of prevention for youth. There have been important moves towards accountability with the move towards appointing Fast Track advisers in UCOs. This should provide continued impetus and focus to the prevention agenda in country environments.

[23] ICF International. July 2016. Evaluation of the United National Population Fund (UNFPA) and Joint United Nations Programme on HIV/AIDS (UNAIDS) Project on Sexual and Reproductive Health Rights and HIV Linkages in Seven Countries in Southern Africa: Regional Report. There are similarly country level reports from the seven pilots.

[24] People receiving ART more than doubled in the last 5 years to 10.3 million people and coverage for PLHIV rose from 24% to 54% of PLHIV. The percentage of pregnant women accessing ART to prevent mother-to-child transmission is around 90%.

Recommendation 12 *- Continue to scale up SRHR/HIV Linkages and maintain a leadership role in the prevention agenda with a focus on advocacy and campaign development for targeted key populations and adolescents.*

Civil Society Organizations

Relevance

CSOs in the ESA region play a critical role in advocacy for affected populations and in service provision. However CSOs face a number of organizational and environmental challenges. This includes diminishing donor resources that hinders sustainability and a hostile legal and political environment in a number of ESA countries[25]. There are furthermore organizational challenges for a number of CSOs and formative groups aspiring to organize in civil society and non-government spaces.

The Sida grant has enabled the RST to lead in building capacity and empowering CSOs in the region and has provided impetus to the formation and growth of regional CSOs representing key populations. The approach of the RST has been to mobilize and build the capacity of CSOs to actively and meaningfully engage in regional and country dialogue processes on the HIV response whilst at the same building legitimacy and space for CSO engagement with regional and national development dialogues[26]. The RST describes its role as ensuring that CSOs are engaged in regional processes and have their voice at the table to promote and showcase their work. This has been a sound and productive strategy.

There has been a deliberate focus on supporting regional CSOs recognizing the value of regional structures in pushing cross-country agendas and the risks associated with "picking winners" at a country level. This has also been a pragmatic decision based on allocative efficiency and alignment to the RST regional mandates. There has similarly been a deliberate strategy to enable CSOs to stand-alone and source there own funding rather than provide direct financial support to CSOs. This too is sound strategy and has resulted in capacitating CSOs to meet the threshold of organizational capability and eligibility to access development partner funding, including through the GF.

Effectiveness

The effectiveness of the RST approach is best demonstrated by a number of examples of support to CSOs in the region. The leadership of the Malawi Network of AIDS Service Organizations (MANASO), an umbrella organization of 900 members, view the support of the RST as transformational both organizationally and technically in assisting in the development of the innovative 'Community Charter' to drive community responses to the epidemic[27]. With RST support, MANASO has been trialing new methodologies of taking services to key populations and moving to enact the 'Community Charter' that seeks to mobilize communities to drive demand for health services. Inspired by participation in the PEPFAR Country Operational Plan (COP) 2016, which was facilitated by the RST, the 'Community Charter' links interventions to the 90-90-90 targets and is an attempt to link communities and health services.

Sonke Gender Justice (SGJ) attributes a large part of the success of the organization in driving the male engagement agenda to the leadership and technical support provided by the RST. The RST supported SGJ to operationalize the male engagement strategy and RST technical support has enabled SGJ to develop a regional strategy on male engagement and a Good Practice Guide on Men & Boys. SGJ has also been at the forefront of advocating for and developing M&E indicators for the GF and WHO which were not previously being recognized in service programs.

[25] USAID. 2016. 2015 CSO Sustainability Index for Sub-Saharan Africa.

[26] The RST strategy is articulated in Civil Society Engagement Strategy on Eastern and Southern Africa Ministerial Commitments on SRH, CSE and HIV 2015-2020. Regional Civil Society Organization in Eastern and Southern Africa.

[27] The Community Charter was launched in Malawi in May 2015 alongside the launch of the 2015–2020 National HIV and AIDS Strategic Plan (NSP) and National HIV Prevention Strategy as a mechanism to align CSOs to the 90-90-90 targets in the new NSP. It provides a model for demand creation, pairing CSOs with health facilities and seeking to increase testing and adherence to treatment. It remains formative after six months of implementation.

The RST has supported a number of the regional CSO Southern Africa HIV and AIDS Information Dissemination Service (SafAIDS) programs to engage communities in the HIV response. SafAIDS acknowledge the critical role of the RST in enabling and developing regional platforms for key populations advocacy targeting parliamentarians, traditional leaders, community and religious leaders. The leadership role of the RST in coordinating the November 2014 Key Populations Consultative Meeting facilitating regional high level dialogues and consequent communiqué and roadmap highlight the value of the RST convening and partnership building initiatives. The RST has also been a direct funder of SafAIDS community led interventions on gender using cultural dialogue[28].

The African Youth and Adolescents Network (AfriYAN), an umbrella network of youth organizations in the ESA region, attributes RST technical support as critical to reviving and regenerating the organization are a period of hiatus. In collaboration with UNESCO, the RST provided support for capacity development and revitalization of the network and in 2015/16 the RST helped with establishing governance structures, strengthened mobilization and coordination capacity to network with other youth organizations in the region and facilitated technical support for applications for funding from other UN agencies. The RST RD has also provided mentoring of the AfriYAN leadership.

RST technical support has been critical to launch the Pan African Positive Women's Coalition (PAPWC) from a loose association to a formal entity with governance and financial structures as the first Pan African body for HIV positive women. Technical support provided through the TSF assisted with policy documents including an advocacy strategy, operational and strategic plans and a communications strategy. This has led to the development of a Concept Note for donors to attract funding. PAPWC coordinated a vibrant Women's Networking zone at the International Conference on AIDS and STIs in Africa (ICASA) 2015 which provided an opportunity to discuss topics that are of concern but had not made it to the ICASA main programme including ageing with HIV, HIV and menopause and disability. PAPWC now has a chapter in each ESA country.

The East African National Networks of AIDS Service Organizations (EANNASO) has a mandate for coordination, joint advocacy, networking and information sharing among its member networks in Eastern Africa. EANNASO point to the crucial supporting role of the RST during the Tanzania situation providing day-to-day guidance to enable a coordinated response. Technical support from the RST also enabled EANNASO to take a leadership role in advocating for the ESA Commitment on CSE.

Efficiency

The strategic approach of the RST ESA to empowering and improving accountability of CSOs in monitoring the HIV response in the region has been a cost efficient approach. The RST has used low cost methods to engage and support CSOs. Most of the advocacy work and technical support provided to support CSO engagement in regional dialogue platforms has been undertaken by the RST directly or through the TSF and has taken the form of core UNAIDS mandate areas of convening and coordination.

Impact

The impact of RST support for CSOs in the ESA has been wide and varied. Most critical has been the role the RST has played in platform building and expanding the space for CSO engagement in policy development and advocacy forums. The RST support for CSOs in regional dialogues around the HLM Targets and strategic participation in major international conferences have been particularly impactful including the International AIDS Conference (IAC) and financial support for CSO participants to ICASA 2015. The inclusion and engagement of CSOs in the ESA Ministerial Commitment to CSE and SRHR/HIV has been a major achievement as has the development of the ESA Commitment Regional Accountability Framework tool to monitor country and regional progress towards the ESA Ministerial Commitment on SRHR, CSE and HIV services to young people in the region.

There has also been a strong focus on creating an enabling environment for CSOs to operate. More contentiously, when the advocacy voice of CSOs or the key populations that form their constituencies

[28] The RST funded the ROCK90 initiative has sought to build the capacity of parliamentarians, religious leaders and traditional leaders to mobilize and create demand amongst communities for testing and treatment services.

have been threatened the RST has been at the forefront of resistance and opposition. Recent examples from Tanzania, Uganda and Mauritius attest to the effectiveness of the political capital the RST has as a neutral broker on sensitive issues affecting key populations[29].

The RST has also been effective in advocating for and convening space for CSOs to participate in GF Concept Note and PEPFAR COP dialogue processes to support resource mobilization. Leveraging off the RST's strong knowledge of GF processes the RST has helped capacitate CSOs to meet the threshold of sub recipient (SR) and sub-sub recipient (SSR) status in GF grants. UNAIDS is seen by a number of CSOs as the go-to organisation to assist in GF eligibility. However, as noted above, whilst organizational development support has been crucial, the absence of validation of community-based models is limiting the ability of some CSOs to quality for GF grants.

At the country level, several UCOs indicated solid progress in engaging with civil society to foster a stronger human rights approach to the local response. Civil society key informants in Mozambique acknowledge the vital role of the UCO in creating a safe climate for the open involvement of vulnerable groups, such as sex workers and men who have sex with men, and for legitimizing their status as core stakeholders in the national response. Recognition was also given in Malawi to the crucial role the UCO played in mobilizing bridging financial support for CSOs following the unexpected sudden withdrawal of GF and NAC funding.

The RST has also sought to improve the accountability role of CSOs in monitoring performance of regional and national commitments to address HIV. Support has been provided for CSOs to regularly collect strategic information and social intelligence around human rights violations, treatment and drug stock-outs to improve policies, service delivery and demand creation. As one CSO informant described it, RST support has capacitated CSOs as the "eyes and ears" of the community in monitoring the performance of government. There is also evidence of the intangible benefit of visibility and recognition that accrues from association and support from the RST. A number of CSOs describe the effect of support from the RST as "opening doors to the UN family and linking to other CSOs". Similarly a number reference RST support as "bringing legitimacy" to the agenda of CSOs in the region. As a head of a regional CSO described it, RST support brings "gravitas" to the advocacy agendas of CSOs.

Sustainability

The RST has developed strong capability and produced good results in mobilizing and supporting CSO engagement in the HIV response in the region. It has played a highly influential role in empowering CSOs to better engage and respond to HIV challenges in the region. The RST has been formative in enabling CSOs to pursue agendas that were not current including youth, ageing and HIV positive women.

The RST has played a key role in legitimizing CSOs as a community voice in regional and country dialogue forums. The key value of the RST has been in its facilitation of technical support. However CSO engagement and empowerment remains an ongoing body of work for the RST with unfinished business in supporting the organizational development of a number of CSOs who remain fragile (e.g. PAPWC, AfriYAN). For others the challenge is in establishing legitimacy to meet the threshold of eligibility for the GF grants and is an area where UNAIDS globally has good experience, particularly in the Asia Pacific region. There are also networking ambitions held by some that the RST would be well placed to support (e.g. MANASO's regional network ambitions).

[29] Civil society in Uganda was supported by UNAIDS to develop an emergency response plan to address the anti-homosexual and anti-pornography law, resulting in the repeal of the anti-homosexual law. In 2016, Tanzania banned outreach projects aimed at the LGBTI community that forced the closure, at least temporarily, of several HIV programmes that provide lubricants, condoms and HIV services to key populations. In Mauritius, UNAIDS, in close partnership with WHO and UNODC, provided leadership in the revision of the harm reduction programmes for people who inject drugs and PLHIV. In Mozambique, UNAIDS provides technical and material support to a broad Civil Society Platform of marginalized key population groups to be the official and collective voice with government and donor community on human rights, stigma and discrimination, and law enforcement policies.

The strategic challenge for the RST remains how to embed and elevate the gains made in legitimizing CSO participation in regional and country dialogues through sustainable structures. Seeking to integrate CSOs in key institutions such as a SADC and African Union (AU) 'desk' are worthy ambitions and one that has the potential to sustain the CSO presence in accountability processes shaping the response. As the RST's CSO engagement to date has been one of responding to needs rather than pursuing a deliberative strategy, any future phase of the grant would benefit from a more elaborated strategy to ensure that the competing demands of any next phase are prioritized to achieve maximum impact at most effective cost.

Recommendation 13 *- Develop a strategic roadmap for civil society engagement, taking into account the accelerated role they will have in the implementation of the ESA Commitment. Firstly, there is expectation by civil society and by SADC that UNAIDS should draw up and implement a structured and systematic capacity building plan for the Civil Society Platform to effectively perform its monitoring and accountability role in the ESA Commitment. Secondly, the RST should have a clear vision of how it will position civil society in a SADC-led initiative. Legitimizing their role should be negotiated with SADC in advance, so that civil society's role as an accountability mechanism is harmonized with the SADC monitoring framework.*

Gender

Relevance

Harmful gender norms are a key driver of the epidemic in the ESA region and create barriers for access to HIV services. There is a substantial lack of visibility and commitment to gender equality within the region despite a number of important global, regional and national frameworks being in place[30]. Recognising the weak policy response and leveraging UNAIDS strong political capital and connectivity at senior political levels, the strategic logic of the RST approach has been to directly address perceived policy and programmatic gaps and obstacles that are seen barriers to women and men accessing health services. The RST approach, underpinned by the strong leadership of the RD and Deputy Director, has been to drive new approaches and take on contentious cultural issues by mobilizing regional identities with political authority through mechanisms such as the High Level Taskforce on Gender (HLTF) and through the development of innovative tools such as the Gender Assessment framework.

The RST has brought focus to a key cross cutting theme in an environment of low acceptance and recognition. The RST has positioned itself at the forefront of challenging and recasting established practice and approaches to shaping the issue of gender, in this case with cosponsor approval. The RST has been highly influential in expanding that agenda to recognize and incorporate the critical role of men in the gender power paradigm both as agents of change and as beneficiaries of improved access to health care. This was insightful and visionary and reflected the evidence that men are missing in large numbers from HIV prevention and treatment services and as a result have poorer health outcomes than women[31].

Effectiveness

The Sida grant has allowed the RST to take on bold and challenging agendas in the gender space and to bring technical expertise and funding to the table to galvanize cosponsors around a common vision and approach. Key informants praise the work of the RST in developing a constructive, effective and efficient working modality that has been able to leverage the strengths of cosponsors and forge common purpose and commitment. The key value add of the RST has been the ability to leverage the strengths of cosponsors and CSO partners and build a partnership approach to gender by defining, coordinating and mobilizing contributions of funding (UNESCO and UNAIDS), technical support (UN Women) and specialist expertise (UNFP for SRH and UNESCO in keeping girls in school, SGJ for male engagement).

Tackling gender equality through high-level advocacy mechanisms such as the HLTF, OAFLA and the

[30] Examples of existing frameworks include Convention on the Elimination of all Forms of Discrimination against Women (CEDAW), the Protocol on Rights of Women in Africa and the SADC Protocol on Gender and Development.

[31] To Get to Zero, We Must also Get to Men: UNAIDS Literature Review, Eastern and Southern Africa Regional Focus. 14 April 2016.

SADC Gender Unit has proven to be an effective strategy. The composition of the HLTF, with well-connected members who can directly open doors with political leaders in the region, was a key element of its success. The HLTF has also been well supported technically by the Secretariat of cosponsors. The HLTF success has been underpinned by good strategic information to provide evidence of what was happening and what needed to be addressed and development of useful tools like the advocacy package.

The leveraging of strategic partnerships has expanded the influence of the RST's gender advocacy agenda whilst playing to the RST's core convening and partnership engendering strengths[32]. The RST has also found the right strategic entry points through SADC commitments, the ESA Commitment and the SADC Parliamentary Forum to create commitment and momentum for addressing gender. This has given strong impetus and authority to the RST taking a leadership role on gender with the support of cosponsors more traditionally in these leadership roles.

Development of important assessment tools such as the Gender Assessment tool (GAT) has been highly effective and well accepted in the region. The tool has been used to highlight gaps in responding at national level to structural drivers of HIV and has provoked new dialogue and development of new strategies through revised NSPs most notably in Kenya, South Africa, Uganda and Zimbabwe. The GAF tool has galvanized national stakeholders, particularly NACs, to look at women and girls place in the HIV response afresh.

Efficiency

The drawing together of senior political influence through the HLTF and other mechanisms has been a highly cost-effective mechanism that has generated significant results. The bulk of the budget for the gender area of work has been expended on country missions for the HLTF and the gender assessment process. A key limitation of the gender work thus far has been the inability to get the RECs to step up to support co-funding and to inherit and sustain the advocacy agenda and the lack of follow up from UCOs from country missions.

Impact

There are considerable achievements from the RST's work in promoting gender equality. The work undertaken by the Joint Team on the resolution on HIV taken to the CSW60 after previous failures and uncertainty within SADC on how to move forward stands as a key achievement of effective coordinated advocacy and one that has facilitated Africa to champion an agenda that has subsequently been championed globally.

The HLTF has been successful in its country missions creating momentum on issues and opening up of political spaces. This has seen some notable achievements. Engendering the President of Malawi's commitment to increase the age of marriage in Malawi from 15 to 18 for both boys and girls has been a key result along with mobilizing Malawi's traditional leaders to sign a declaration committing to keep girls in schools. There have also been notable achievements in the development of a National Strategy on Harmful Traditional Practices in Ethiopia and the inclusion of Hate Crimes in the South Africa's Department of Women Children and People with Disabilities National Plan. However, as noted earlier, lack of connection and follow up on some issues at the country level by UCOs has impacted momentum on some initiatives.

The gender assessments have similarly been successfully embraced by country partners and are being effectively used to inform revisions of the NSPs on HIV and the GF Concept Notes to include more meaningful gender programming for arguably the first time. In Zimbabwe the gender assessment informed the mid term review of the NSP that has produced a Gender and HIV Action Plan. Malawi was supported by the RST to conduct the transformational gender assessment. The findings of the assessment were used to develop the National Strategic Plan (2015-2020) and the subsequent GF application. More importantly, an HIV, AIDS and Gender Implementation plan has been developed and being implemented under the leadership of the Ministry of Gender. Key components of the plan are being

[32] Examples of partnerships include like The Champions for an HIV-Free Generation, Queens for Africa, SADC Parliamentary Forum, the OAFLA and PAPWC.

incorporated in the national adolescent girls and young women strategy. There has been similar good progress activated by the gender assessment tool in Kenya and Uganda where a gender dashboard has been developed to monitor progress of gender equality programs.

More recently the RST has taken up leadership on coordinating partners around male engagement. In 2015, recognizing the gap in targeting men with interventions that encourage HIV testing, treatment and gender equitable norms, the RST ESA developed a draft regional strategy for Male Engagement in the AIDS response to bridge this gap. Working with regional CSO SGJ the RST has been able to create new strategies and dialogues around the male engagement agenda. This is work in progress but a review of evaluations of HIV prevention curricula found that those that included discussions of power and gender norms, including masculinities, were five times more effective at reducing rates of sexually transmitted infections, HIV and unintended pregnancies than those that did not underscoring the critical importance of male engagement as part of the gender agenda[33].

Sustainability

Embedding and sustaining gains in gender equality remains an ongoing body of work. A limitation on sustaining momentum has been imposed by the mobility and restructuring within the UN which has diminished human resources and disbursed and reduced UN teams responsible for gender. This has likewise occurred within the RST and represents one of the key threats to sustaining momentum. As gender becomes diffused across programme areas under the new structure, there is a risk of the gender focus being lost. Stakeholders including Sida and SADC have expressed strong views on this. Serious consideration should be given to appointing a designated gender focal point within the RST team to ensure that the core coordination and partnership functions of the RST can be successfully maintained.

Recommendation 14 *- Appoint a designated focal point for gender within the RST ESA team to ensure coordination and partnership functions are adequately maintained and that gender targets under Fast Track and the SDG Goal 5 to eliminate gender inequalities and end all forms of violence and discrimination against women and girls are progressed and monitored.*

Building institutional sustainability of the gender response started by the RST also represents a challenge. It was originally conceived that the RECs would play a pivotal role in nominating HLTF members and in hosting the secretariat function. This never materialized and the RST has stepped in to fill this gap and leveraged its convening powers effectively to ensure that work could proceed as planned. However ultimately, as has been noted with other areas of the RST's work, there is a need to define the "end point" of where the gender body of work is expected to land. Defining a strategy to institutionalize gender at both the regional and country level would be a positive step forward.

There is an opportunity to reconstitute the HLTF to take on the 'unfinished business' of gender - male engagement; gender based violence (GBV) and tackling cultural norms that mitigate effective health seeking behaviour from women and men such as gender power relations, women's economic empowerment and male masculinity. A number of these issues are still formative and ripe for the kind of intervention at a high political level that was successful in the first iteration of the HLTF. This would require a recalibration of the membership of the HLTF, including inclusion of prominent males. It would provide an opportunity to attempt to re-engage the RECs as partners and potential inheritors of the HLTF secretariat support and functions. Promoting gender linkages to SRHR, FP and male engagement could also be a new body of work for the HLTF.

Recommendation 15 *- Reconstitute the HLTF on Gender to incorporate new frontiers in promoting gender equality including male engagement, GBV and cultural norms that inhibit effective health seeking behaviour from women and men.*

[33] Hensen B, Taoka S, Lewis JJ, Weiss HA, Hargreaves J. Systematic review of strategies to increase men's HIV-testing in sub-Saharan Africa. *Aids*. Sep 10 2014;28(14):2133-2145.

Outcome Area 4 – Sustainable Financing

Relevance

The HIV epidemic is being addressed in the ESA region with ambitious programmatic responses requiring huge capital investments. The transition from the MDGs to SDGs with a much broader agenda for social and economic development (reflected in the 17 goals and 169 targets of SDGs), flat line stagnation of international aid and graduation of some countries within ESA to middle income status hence limiting their access to donor funds, have further complicated the funding space for the HIV response in the region. The changing dynamics of the response including adoption of new treatment guidelines will continue to exert pressure on the funding requirements not only in the current period but also in the long term. Such policies, though prudent and necessary, create substantial long term fiscal obligations. To achieve the desired objectives by year 2020 and other Fast Track objectives including 90-90-90 there is need to evaluate the sustainability of the funding streams for the region towards the HIV response.

Over the years HIV responses in the region has been heavily dependent on donor funding. Except for South Africa, Namibia and Angola donor funding comprises 70% of the HIV response. The reality is that domestic funding for HIV among most countries in the ESA region is not correlated to the country's income or ability to pay. Despite the many political declarations and commitments towards increasing funding to health and HIV this has yet to be realised. Unless long-term strategic responses are adopted towards funding streams, the realisation of the regions Fast Track objectives by year 2020 and elimination of HIV by 2030 will remain a statement of good intention. Given the level of donor dependence, the HIV sub sector in the ESA region is more vulnerable to variations of external contribution than any other in the health sector.

The RST response has been aimed at addressing the obvious gap in how to sustain the response with shrinking or plateauing donor funding. The RST activities on sustainable financing sought to develop and implement innovative mechanisms to finance the HIV response and ensure sustainable resources for the HIV response. The RST response had strategic relevance in closing the HIV resource gap in the region. The activities were responding to a specific programmatic void seeking to mobilize sustainable finances to support the ambitious HIV response.

Most of the countries in the ESA region have not only unsustainable finances but also huge funding gaps that were not well documented. Governments and other players in the region perceived that HIV programs were adequately financed and hence little attention has been paid to the issue of sustainability of finances. The RST programme was therefore not only aligned to the country needs but also timely and relevant for the region.

The area of sustainable financing and investment cases (ICs) was new and required high order economic intelligence thus necessitating high-level TA that was not available at the country level. The coordination of the response by the RST has ensured sharing of best practices and technical leadership in the ability to pull together high-end TA. In terms of advocacy, the work done on the regional bilateral partnerships and economic blocs around sustainable financing could only be conveyed by a regional body and thus the RST programming for the response has been well aligned and relevant to the target institutional groups.

The RST provided support for TA on funding requisitions, preparation of national AIDS spending assessment (NASA), investment case, financial and efficiency analysis for various countries depending on need. The quality of TA provided was high and has ensured country ownership on the process.

Effectiveness

The support delivered by the RST has realised significant benefits in the region and at the country level in establishing a foundation for discussion around sustainability of HIV financing. The guiding tools included development of a regional financing analysis for both the East African Community (EAC) and SADC and action frameworks towards sustainable financing. The economic blocs were engaged and political advocacy sustained culminating in the high-level meeting with ministers of health and finance and adoption of action frameworks that spelt out commitments. Effective monitoring of the regional

commitments and action at country level had not been incorporated in the programme activities. For instance, despite signing of the EAC protocol it has not been possible to get a status update at country or at the regional bloc level as to the milestones achieved by each country in implementing the commitments.

At the country level the RST, working closely with the UCOs, supported the development of ICs through availing external TA working with UNAIDS Country Directors (UCDs) to guide the process. As at the regional level, the tasks were overly dependent on consultants and little was achieved in skills transfer and adequate capacity building. The RST approach for the delivery of the investment case (IC) was led by the desire for country ownership and relied heavily on a multisectoral approach incorporating government bodies (i.e. NACs) and civil society to facilitate the steps with the RST supporting the analysis with technical expertise while the UCDs led the political dialogue at the country level. This approach, although slow with long lead times in developing the IC, was a critical success factor towards acceptance and ownership at the country level of the investment case approach, even if capacity was not effectively embedded.

The IC approach has been readily received and adopted with zeal in the region. Half of the countries of the region have developed ICs while many more adopted the investment case approach. It has made countries appreciate the magnitude of work, funding mobilization and impact that lay ahead. The thinking of ICs on efficiency gains through programming for high yield impact was a quick sell and well received and implemented in all countries that have taken up the investment case approach. The IC has been used as a reference document to inform programming, in application for GF funding and has effectively informed national policies through guiding either development or reviews of the NSPs for HIV. The key success of the IC approach was in its application to initiate debate on sustainable financing and as an advocacy tool. It was a launching pad on the issue of sustainable financing. But its limitations were also noted. As one informant described it whilst "the IC shows the what, it doesn't show the how".

Evidence shows that the IC case was not universally applied and the assumptions made were not central to the corresponding policy dialogue at the country level for adoption (e.g. despite all ICs showing financing gaps they did not provide practical ways of financing the gaps in the context of fiscal space). Although the process was guided through TWGs there was no adequate skill transfer at country level or at the regional economics blocs. There was similarly little engagement at the country level with the Ministries of Finance, with the lack of capacity in economics and financing at the UCO level partly blamed for this shortcoming. As one informant noted, the greatest benefit of the IC approach was in integration of programmatic prioritization, combining economic intelligence to prioritize health programs and bringing rigor to prioritization. Whilst the RST generated the body of evidence the limitation has been in the "last mile" challenge of being equipped to have a financial discussion.

As to whether the activities undertaken with RST support led to general improvement in the sustainability of HIV financing, the evaluation has found little evidence of results. For instance, only three innovative instruments were pursued, with establishment of AIDS trust funds (ATF) (the most common of them), succeeding in less than 5 countries among them Tanzania, Uganda, and Rwanda. Most of the ATFs are still in the formative stages and full operationalization is yet to happen hence it is too early to measure their progress on mobilizing domestic resources. Additionally, most countries have no accurate and up to date data for HIV spending and hence it was not possible for the evaluation to analyze the trends on funding flows for the HIV response over the life of the program. In some countries advocacy efforts around sustainable financing did bear good results. Uganda for instance has ring-fenced funds from the national government for ART and expanded the response towards Fast Track objectives spearheaded by the President. Tanzania has set up an ATF and discussions were on going on how it will be financed with the government committing USD1.5 million annually. Namibia is on track towards developing a civil society sustainability framework.

Achieving sustainability in financing is a long-term objective with phased efforts and results. The IC was a good start but not entirely sufficient to generate a sustainable response. Even for efficiency savings these are notoriously complex to achieve, they take time to filter through budgeting processes and to quantify the results. The IC pointed to allocative efficiencies but much more work needs to be done to realise the

gains. The debate on increasing domestic funding requires a broader contextual view of macroeconomic realities. The ESA region has many low-income countries. There is evidence that in the medium term most will not be able to generate sufficient domestic public resources, even if they take very bold measures to improve revenue generation, reallocate resources and maximise efficiency in line with their economic capacity[34]. Even with the increasing fiscal space the realities on the ground as to how fiscal allocations are done is still complex with decisions not always made purely on economic grounds but overlaid by political priorities and cultural dimensions. Additionally, reconciling the costs of expanding the fight against HIV and the demands of universal health cover (UHC) is an on-going debate generating contestability over resource allocations.

There was no coherent strategy to enforce collaboration between the Ministry of Finance and the Ministry of Health. Dissemination of the IC was not well cascaded to key technocrats responsible for fiscal budgeting at the Ministries of Finance. In most countries, there are no channels for routine consultations between the two ministries. Positioning HIV financing issues at the Ministry of Finance operational level coupled with intensified engagement at the country level in a manner and language that they understand was a missing link. The RST support has failed to translate the IC to the national budgeting process. The RST has not thought through post IC activities - once we have the IC what next? How do we actualize the efficiency programs and how do we mobilize finances?

Recommendation 16 *- To address technical capacity gaps and align activities to strategic institutional objectives among partners and cosponsors, the RST should expand collaboration with strategic partners on the area of sustainable financing, strengthen re-engagements with RECs for monitoring and implementation of ICs, domestic financing and tracking of fund flows and resources for HIV through accurate NASA with very clear roles to play based on the strengths of each partner. UNDP, WHO, the AU and The World Bank will be key for future roles.*

Efficiency

The evaluation was limited by the information supplied on programme budgets and expenditures. The expenses were not aligned to the performance framework. The evaluation team was unable to ascertain how much was spent on each output area. The UCO also had no adequate communication from the RST on how much funds were allocated to each activity in their countries and thus could not provide comment. The evaluation team is thus unable to make any conclusions on the efficiency of the RST programme activities on matters of programme expenditures. Regarding time commitments, most of the respondents affirmed that the process of generating ICs was generally tedious and lengthy with the risk that sometimes by the conclusion of the exercise the primary data used in the modelling could have become obsolete. Additionally, most countries often developed the IC and a NSP separately causing some degree of disconnect between the two processes.

RST support had significant success in uplifting the discussion around efficiency in programming as a means of attaining sustainability as "a call for improved efficiencies is much to be lauded and indeed expected"[35]. The IC tool was of great value towards directing the thinking on opportunities for reducing commodity costs, implementing alternative service delivery models and eliminating parallel structures. However, there was general agreement that efficiency savings are notoriously complex to achieve and measure and that validation of the real gains realized from efficiency programming takes time to filter through the budgeting process. Most of the countries have poor tracking mechanisms for HIV spending and thus the results could not be quantified in the short run. In addition, the IC did not provide a detailed level of analysis for unit costs that would have been very useful in programming.

Although it is difficult to quantify the actual efficiency savings there was overwhelming evidence that countries are on the right path towards realizing efficiency gains in programming. Although not given much focus as a strategy for efficiency in the HIV response, there was over whelming evidence prevention has been and will remain the single most effective and enduring efficiency saving that can be made on HIV. Despite these efforts this has generated gains in programming for high impact. These are

[34] Remme M and Siapka M; et al 2016) Financing the HIV response in sub Saharan Africa from domestic resources: Moving beyond a normative approach.

[35] UNAIDS RST-ESA Report of the high-level meeting on the future of HIV financing 2016.

still at formative stages, however the RST support through the IC approach has at least brought rigor to the prioritization process.

Recommendation 17 **-** *The IC should be aligned to the broader national planning process for health and HIV with a greater focus on optimization impact and ensure that NSPs incorporate the IC approach during preparations and reviews. This will ensure the IC is aligned to the national processes through the NSP. Costing of efficiency structures, valuation of opportunity costs and realigning the programs and unit costs should be taken further to cement the gains made by the IC.*

Impact

RST support for activities on sustainable financing began in 2013 but much of the work on the IC approach was concluded in 2015 and 2016. Based on feedback with the key informants, it is still too early to expect tangible shifts in the mix of financing for HIV responses towards sustainability. Growth in domestic financing is not purely a function of economic logic and fiscal space. More time will be required to realize any benefits.

Despite the short period of implementation and the long-term nature of issues around sustainable financing, the RST has led support to shifting the thinking around programming and financing for HIV. There has been the establishment of an ideological and political movement and commitment towards prioritization with realization that the epidemic is disproportionate and thus required a disproportionate response based on epidemiological evidence. There has been an expanded dialogue on investment for HIV in the region refocusing the attention to the challenges of sustainable financing and transition planning. The IC approach is gradually being adopted as an analytical framework influencing national policies for Fast Track objectives through NSPs, GF funding requests, other development partners' analysis and through national and regional policy documents within the ESA region. The IC approach has been an eye opener for countries on the magnitude of the work and funding required but also the potential impact of that expenditure. There are concerns about the focus of ICs as a solitary approach for funding of HIV vis-a-vis UHC and/or other social sector costs. In some countries, the HIV IC seems to have stimulated demand for ICs for other diseases or programs (e.g. reproductive, maternal, newborn and child health). The setting up of ATFs and levies may lead to other programs demanding similar attention which may have a snowball effect in the economy given the source of funding mostly is the same tax-based financing of government. This could explain the poor uptake of ATFs and other innovative financing strategies like sin taxes and levies proposed for HIV and the controversies generated in some proposed bills around the same.

Sustainability

The debate around sustainable financing will continue beyond RST support. The RST IC approach has generated a shift in the thinking and programming for HIV by focusing on yield and impact with the available resources. This has been evidenced clearly by adoption of the IC approach by most countries through informing key national policy documents (e.g. strategic plans for HIV and health). The RST has succeeded in the mobilisation of political commitment and building a regional coalition, including RECs, to lead and influence regional and country sustainable HIV financing dialogue and solutions.

On financing for the response, the IC was at best a tool for advocacy and not an end in itself. Whether it will transform to sustainable financing for HIV is difficult to assess at this point. Institutionally, RST support has led to the establishment of an expert group on sustainable financing bringing together ministries of health and finance, academics, development partners, donors, civil society and multilateral organizations. However, the group's institutional capacity has not been entrenched in any systemic manner and it is dependent on meetings convened by UNAIDS. The last meeting was in 2016 and translation of the outputs to tangible results has not been realized.

At the regional level the support enhanced political dialogue and action frameworks through the regional economic blocs EAC and SADC. They were mobilized and developed a financing analysis that informed the action framework and signing of commitments towards HIV and health financing. These steps were noble but failed to develop and execute a proper monitoring framework to sustain the tracking of the commitments. Minimal capacity was developed at the RECs neither was their role clear as to how and who will be monitoring the implementation.

At the country level there were various mechanisms established that would sustain the revenue raising strategies such as ATFs in Uganda and Tanzania and multi-sectorial HIV resource mobilization strategies. Namibia took matters to a level higher by developing a sustainability framework for civil society.

From the reviews done under this evaluation and information generated from key informants, RST support has not provided strategic direction and a framework for post development of IC activities. The IC has been a launching pad for sustainable financing, necessary but not sufficient. It has failed to get UCDs to forge partnerships with Ministries of Finance at the country level. The programme activities failed to plan for post IC development and there are capacity gaps within UNAIDS for economics and health financing which has mitigated the capability to sustain engagement with key economic ministries. The new structure of the RST has no efficiency advisor and this puts doubt as to how the next steps for sustainable financing will be realized. Within recipient agencies, TA was delivered for development of IC, however the level of skills transfer was minimal and most countries have no confidence that they can go through the process again without reliance on external consultants. In terms of leveraging co-sponsors and partners, there was a missed opportunity to forge a meaningful relationship with the World Bank, WHO and the AU who could be the frontrunners in taking forward the technical lead around sustainable financing.

The future sustainability of HIV financing lies in multi sectorial agency partnerships and sustained advocacy supported by strategic information. Innovation in financing the response must be expanded to alternative options like health insurance and community and civil society support. The CSO sustainability agenda will need to be uplifted to take over sustainable financing for the HIV agenda. Securing private sector investments for HIV through policies like issuing social investment bonds and designating part of the receipts for HIV, changing tax policies to give private providers an incentive to offer free care and giving businesses an incentive to fully insure their employees will be key ingredients for the sustainable financing of the HIV response. UNADS must be ready to take on bold steps to address some key issues even with current donors like the harmful asymmetry between the long-term financing needs for HIV and the short-term replenishment cycles of donor institutions[36]. The IC approach was a one-off response undertaken by UNAIDS to build a tool for advocacy on the sustainable financing. However, it has lacked a strategic framework on transmission and how far the RST could take this task.

Recommendation 18 **-** *The RST should rethink its long-term strategic involvement around sustainable financing and decide on the space and role to play that will be best aligned to their core mandate as a secretariat. The options are between generating strategic information around sustainable financing and pursuing development and adoption of innovative financing instruments at the country level. If the former, a well-defined strategy and specific activities on real innovation will need to be identified and implemented that will incorporate the role of private sector and health insurance as sustainability instruments.*

[36] Atun, R., Silva, S., Ncube, M., & Vassall, A. (2016). Innovative financing for HIV response in sub–Saharan Africa. *Journal of Global Health*, *6*(1), 010407.

Outcome Area 5 – Management and Accountability

Effectiveness of application of the Results Based Approach

The Sida funded programme of activities of the RST operates under a Results Based Framework (RBF) that articulates the four key outcome areas against a set of outputs around which is a defined list of activities. There have been various iterations of performance frameworks of various levels of detail and complexity and attempts have been made to simplify and tighten the focus of the framework reflecting a similar condensing of outcome areas from seven to four. The current RBF, in place since mid-2015, is linked to a monitoring and evaluation schedule that seeks to quantify achievement of outcomes.

The RBF has been a reasonable approach to defining a performance framework. There are challenges in seeking to measure and report against broad outcomes that are difficult to define as well as in attribution of results. One of the limitations in validating outcomes is the definitional challenge of measuring 'innovative', 'high quality', 'sustainable' or 'mobilized'. These are subjective assessments that are not defined. Providing a definition of these terms is essential to validating achievements. Measurement of performance by the RBF is based on quantitative assessments. This represents a limitation for a programme that is difficult to quantify under the defined outcomes. The RBF is also limited in defining benchmarks of incremental progress over time and in indicating the progression of activities from one year to the next. Any future RBF would benefit from inclusion of qualitative measures that can define what success looks like and the change effect being achieved under the key outcome areas.

One of the key threats to the integrity of any performance framework is the lack of buy-in to the planning process and results of the UCOs. There is a need for a more systemized collaborative work planning process that explicitly includes UCOs and country level activities. This will help address concerns raised by stakeholders, as noted above, about the lack of follow up of activities at the country level, particularly those related to advocacy, gender and sustainable financing. The failure to link the work of the RST to country level activities is a major flaw in both the achievement and reporting of results. Any future Sida grant should require a regional framework for accountability with an activity schedule that is jointly developed with UCOs and provides a structured definition of RST and UCO engagement and roles. Furthermore the RBF should define benchmarks for progress over time that will ensure continuity and identify incremental achievements. A new performance framework is needed for any future phase that links the RST programme to UCO work with defined financial allocations against specific activities. This would create greater efficiencies and accountability, both individually and collectively, and link the RST work explicitly to the regional and country levels where the RST operates.

Recommendation 19 *- For any future phase develop a new joint Performance Framework that links RST work to the UCO work programs including allocating accountability for performance and funding and defining the link between RST activities to regional and country level programme activities.*

Some RPAs report a lack of engagement and consultation around budget allocations that is weakening performance accountability. There is also a perceived need for greater internal transparency and accountability. The RPAs should be managerially empowered to proactively participate in planning and management decisions of their portfolios. Such arrangements have key benefits: i) increase their performance accountability, ii) strengthen strategic prioritization and selection of programmatic activities, and iii) enable deliberation of other implementation options, as the RPAs are advantageously positioned to raise and consider alternatives.

The RST operates over a large geographical range. There is merit in considering greater prioritization of country focus under any future phase of activities. Utilizing UNAIDS strengths in strategic information to help inform saturation targeting of issues could produce more effective results and efficiencies from programme activities. Linking target countries in a community of practice model to monitor and review performance should produce greater accountability for results and more targeted, impactful interventions. A move to a prioritized approach is in keeping with current trends in donor policy, such as the Implementation through Partnership (ITP) initiative, and promotes a more efficient division of labour between donors.

Communication

Communications from a regional office for a multifaceted programme with a broad range of stakeholders is a challenge. The RST communicates mostly through annual reporting and semi-annual performance based meetings with Sida. Communications with UCOs is ad-hoc and largely organized around vertical thematic areas of RPA focus. Communication with cosponsors through the UBRAF and RATESA process is periodic and intended to drive integration of cosponsor work plans and joint programming.

More effective use could be made of electronic platforms, including the UNAIDS website and RST Facebook page. These are under-utilized but have significant value for wide regional communication. This would help promote greater transparency of performance and results and highlight the valuable strategic role the RST plays. A number of informants highlighted the low functionality of UNAIDS electronic mediums. These provide a low cost medium for dissemination and profiling of the RST's work.

Recommendation 20 *- Make better use of the UNAIDS website and RST Facebook page to communicate to RST constituents on performance and results and strategic information.*

As noted above, improved engagement and communication with UCOs is vital to greater efficiency and effectiveness in achieving the goals of the programme. Five of the six countries where field visits were conducted (Kenya being the exception) raised concerns about a lack of definition around what the RST and the Sida funding was doing and seeking to achieve. A more structured approach to formalized communication is needed between the RST and UCOs on programme activities. Similarly a number of cosponsors are keen to see the RST actively take up the quarterly convening meetings consistently to drive better joint outcomes. The RATESA mechanism is viewed by some cosponsors as a necessity to ensure that the core convening and coordination function of UNAIDS is effectively implemented.

A key current weakness in communications is the quality of progress reporting. Whilst it is acknowledged that the quality of performance and results reporting has improved over the course the grant, reporting still lacks technical and descriptive detail defining what it is that the RST is achieving. There is still a heavy orientation on activity based reporting. Reporting would be enhanced by building the linkages of activities towards results under the outcome area. This way the annual reports are not just viewed as standalone documents but part of a process chain of change with activities linked to building upon earlier work, particularly in terms of the change effect they are incrementally achieving towards outcome goals. The RST needs to distill and demonstrate the return on investment it generates from its work. For example, what is prevention saving in cost and disease burden? What funding has been unlocked through the IC approach? This will provide justification for ongoing financial support of RST activities and represents visibility for the RST's work and value adding to its wide and diverse constituency including international and country level partners.

Recommendation 21 *- The RST should improve the technical detail of its reporting and demonstrate the return on investment it generates from its work.*

Grant management and communications with Sida need to be improved. Sida has regarded this grant as an extraordinary collaboration for engaging with the UN bloc in a 'trustful' relationship, characterized by equal partnership. There is a view from Sida that direct communication and reporting of programme progress has not been as active and consistent as it should have been over the last twelve months. Given the importance of Sida there is an urgent need to address this. The Sida Regional team also expressed strong views on the importance of having a dedicated gender focal point and their disappointment with the lack of consultation on this major decision that would impact on the programme.

Similarly, the RST needs better communication with other stakeholders. A more structured approach to stakeholder engagement, particularly with UCOs and the RATESA, revitalizing the use of the RST website as a communication medium and distilling the return on investment from the RST's work along with improving the results focus of performance reporting and the alignment to the RBF will improve stakeholder commitment and buy in to the programme and should enhance the ability of the RST to demonstrate results and impact from the Sida investment.

Conclusions / Lessons Learned

The Sida grant has enabled the RST to undertake important and impactful work supporting regional and country level responses to HIV. It has enabled the RST to be bold and innovative and take a leadership role on key issues in the region. This includes groundbreaking work in the advocacy space and on gender including male engagement, capacitating and convening CSOs and branching into new frontiers such as sustainable financing. It has allowed the RST to make a strong contribution to a number of achievements over the past four years in the response to HIV in the region. This includes:

- The rapid scale up of treatment with the RST's effective advocacy role acknowledged by WHO.
- Responding to stigma and discrimination with RST leadership and intelligence sharing crucial to mobilizing CSOs and development partners to respond to threats to key populations in Uganda, Tanzania and Mauritius.
- Successful advocacy results in CSE, health systems integration (SRHR/HIV), gender (marriage age; genital mutilation) and raising male engagement to regional and national agendas.
- Leading on the provision of valued strategic information packaging and dissemination and providing important public goods about the epidemic, its epidemiology and the response.
- Mobilizing, capacitating and empowering regional CSOs to take on the important role of promoting accountability of the HIV response.
- Groundwork preparation for sustainable financing with the investment case approach providing evidence to mobilize domestic funding and highlighting efficiency gains.

Despite a number of achievements there are evident threats to maintaining momentum. This includes the impact of diminished financial resources and the resultant organizational restructure of the RST which has already forced a retreat from areas where important gains have been made in gender equality and sustainable financing in particular. The RST is at a critical juncture. It must resist the urge to 'race cosponsors to the remaining life boat' competing for diminishing UBRAF funding and the creep into programme implementation. It must maintain and strengthen core UNAIDS convening and coordination functions. It should not try to do too much and spread itself too thinly across a diverse and complex region. It must better define its niche in the international division of labour. It must consider its comparative advantage and value adding benefit - convening, coordinating, mobilizing and leveraging partnerships, generating and disseminating strategic information and the political capital that comes from its honest broker neutrality - and play to these acknowledged strengths. We find as the recent Global Review Panel found, that UNAIDS should prioritize, reinvigorate country-level collaboration and direct investment with informed decision making[37].

At an operational level, validation of results is weak particularly in the critical area of activating effective community based models. Too many resources are being devoted to catalyzing community models without the evidence base being built of effectiveness. This is a gamble and represents the biggest threat to the Fast Track agenda - the knowledge gap on validation of high impact/low cost community based models that can inform and direct effective investment. This is an area of opportunity for the RST where UNAIDS can take a leadership role under the new innovation banner in supporting and enabling NACs and CSOs to document, validate and disseminate results. This would support a more efficient direction of donor funding towards effective community based models that can be scaled up and replicated across the region mobilize funding for effective approaches. This will play to UNAIDS strengths in strategic knowledge generation and has the potential to have a profound and transformational impact on the Fast Track agenda in the region and the unlocking of eligibility for GF grants.

There are remaining weaknesses that need to be addressed. The current business model and programme management approach of the RST needs to be optimized. Greater transparency and collaboration with key stakeholders and facilitators of the RST agenda is needed. More formalized and structured communication and coordination is needed with UCOs to optimize the results of RST activities. There is a strong demand from UCOs to be included in joint planning and budgeting processes with the RST.

[37] Global Review Panel on the future of the UNAIDS Joint Programme Model. Refining and Reinforcing the UNAIDS Joint Programme Model.

This will improve the effectiveness and efficiency of RST activities and mitigate against current weaknesses evident in a number of areas where a lack of country level follow up - on advocacy agendas and gender programs in particular - have limited the effectiveness of RST strategic investments.

The RST needs to be careful that it is not trying to do too much with a diminishing pool of resources. It would be prudent to consider greater specialization and prioritization under any future phase of Sida support. The RST has comparative advantages in strategic knowledge generation and advocacy. This is where the RST adds value in the division of labor amongst cosponsors and development partners, particularly PEPFAR and the GF. These are the core contributions to regional development recognized and acknowledged as core strengths of the RST by stakeholders.

Prioritizing and concentrating investment, guided by the rich strategic information that UNAIDS holds, towards priority issues in a selection of most-at-need countries would represent a potentially more effective and impactful investment than the current one-size-fits-all approach of coverage of 21 countries in the ESA region. This would also support better performance monitoring and reporting of results.

Reporting of results remains poor despite some improvements over the life of the grant. The current RBF needs to be replaced with a Performance Framework that incorporates the role of UCOs in achieving outcomes and results. The RST would benefit under any future phase from articulating the return on investment it generates from its activities.

UNAIDS also needs to guard against campaign fatigue. A number of informants raised concerns about the number and rapidity of global directions in support of SDGs initiated by UNAIDS - three ones, 90-90-90, Fast Track. Whilst all noble and well intended, there is a sense of fatigue amongst stakeholders with the constant resetting and rebranding of objectives. Ending the faddism that is perceived to exist around ever evolving UNAIDS global directions would help galvanize commitment of stakeholders and provide greater clarity around core objectives.

There are a number of lessons learned from the Sida funded programme of works. Strong and effective leadership is fundamental to confronting the challenging issues facing the region. The RST has been bold and adventurous under its current leadership and has taken on the big issues of the region with great vigor. This has been particularly evident in the advocacy and gender space.

UNAIDS is seen as a neutral broker with a high degree of technical competence. This has enabled the RST to play a leadership role on issues that have traditionally been the domain of cosponsors because of the professional integrity and political capital that the RST holds. This has enabled it to move forward agendas constructively without threatening cosponsor mandates. Indeed without the provocative role played of the RST it is doubtful that these agendas would have been progressed as effectively.

People are the key resource of the RST. Nurturing the human capital base of the RST during a time of change will be an important task for the new leadership. It would be helped by empowering the RPAs to have command and the ability to better shape their portfolios, ensuring RPAs are engaged in resource allocation discussions and facilitating RPAs to build relationships with stakeholders, not just vertically within their subject specialization, but more broadly. This will enhance the utility and effectiveness of the RPA cadre and restore a more structured approach to RST-UCO relations.

There is also still work to do. The region faces many ongoing challenges. It remains the epicentre of the epidemic. The impact of cultural norms and male masculinity as inhibitors to an effective response remain under-explored. New challenges are also emerging including ageing and HIV and disability and HIV. These will require inventive responses. If the RST is to address and impact on existing and emerging issues it will need to remain agile, ahead of the curve and able to bring the entire intellectual resource base of the UNAIDS infrastructure to bear on addressing these problems.

Recommendations

The key recommendations from the evaluation are:

Recommendation 1 - Prioritize Fast Track countries to carry out local advocacy for women, girls, and adolescents. Use country issues as building blocks for regional advocacy, and for synchronizing regional and country advocacy messages. For further coherence, the RST should provide oversight, technical support, and guidance to UCOs for documentation of effective advocacy case studies.

Recommendation 2 - The RST and the Champions Secretariat should set in place a more deliberate and systematic plan for the Champions mechanism to promote HIV and health issues of women, girls, and adolescents. In addition, all partners engaged with the Champions should review the strategic model and operational modalities of the Champions that will: i) clearly articulate the expected outcomes/results from this mechanism; ii) define the scope of their engagement with a well-defined roadmap; and iii) define the coordination between the RST and the Champions Secretariat to increase harmonization of efforts.

Recommendation 3 - Strengthen the Think Tank as a mechanism for advancing the women's agenda: i) Position commitment to issues of women and young girls as a central mandate of the Think Tank; ii) Consider various scenarios for the Think Tank's governance and operational structures that will engage a wider range of relevant UN, civil society, academic and research and will strengthen its watchdog and advocacy function; iii) Consult with UNDP Regional Team and Think Tank leadership to solicit a wide a range of organizational and governance options and to define a deliberate exit strategy for the RST.

Recommendation 4 - Use a theory of change framework i) to shape the advocacy plan for the forthcoming phase of the RST programme, and ii) to facilitate evaluation of the outcomes at identified times and explain why a specific initiative worked or did not work.

Recommendation 5 - For relevant HIV responses, the RST should work with partners, including WHO, to support countries in strengthening HIV data collection within the broader health management information system. Countries should be encouraged to invest in upgrading their technological and human capacities. The full engagement of the Ministry of Health is critical, and UCOs have a role in facilitating a functional working and coordinated relationship among the relevant MOH units and the NACs.

Recommendation 6 – The establishment of the Regional Data Hub should be accelerated. The RST needs to disseminate a clear framework of how the Hub will function and provide clarity on the roles, responsibilities and benefits to the UCOs and national authorities. Further clarity is necessary on the technical aspects of extraction of data from already available reports. It is to be expected that the development phase of the Hub will involve various iterations before an appropriate electronic platform can become operational.

Recommendation 7 - The RST should utilize the Assessment Tool for M&E Systems Strengthening which UNAIDS has developed to help countries strengthen the integrity of their data generation, aggregation and reporting.

Recommendation 8 - The RST should develop a more comprehensive approach for collection of SI and also facilitate capacity building for national M&E officers to adequately manage the interface between data collection/management and policy/programme development: implementation of an early alert and response system allowing for the timely collection, synthesis and use of information to respond quickly to emerging epidemics; carefully analyze data to develop policy scenarios and resource projections to guide decision-making; periodically evaluate the impact of the current response and make recommendations to improve it; and engage policy-makers in ways that proactively promotes improvements to current programmes based on evidence.

Recommendation 9 - The RST with UNAIDS HQ support should also adopt and facilitate access to electronic medical records (EMR) technology, to provide one source for patient information and for electronic workflow, which injects the necessary efficiencies in provision of SI.

Recommendation 10 - The RST should harness its relationship with UCOs by making regular planned country visits and facilitating knowledge management and transfer to national authorities. UCOs should facilitate regular donor working forums to build necessary relationships for collaboration with the aim of assisting national authorities to build local level capability for data management.

Recommendation 11 - The RST should seek to fill the data and knowledge gap that exists on locations, populations and community based responses that deliver the greatest impact by supporting CSOs and NACs to complete key population size estimates and document and validate results of innovative community based models. The RST should utilize the new innovation focus to support the documentation, dissemination and mobilization of funding for validated effective low cost/high impact community based models.

Recommendation 12 - Continue to scale up SRHR/HIV Linkages and maintain a leadership role in the prevention agenda with a focus on advocacy and campaign development for targeted key populations and adolescents.

Recommendation 13 - Develop a strategic roadmap for civil society engagement, taking into account the accelerated role they will have in the implementation of the ESA Commitment. Firstly, there is expectation by civil society and by SADC that UNAIDS should draw up and implement a structured and systematic capacity building plan for the Civil Society Platform to effectively perform its monitoring and accountability role in the ESA Commitment. Secondly, the RST should have a clear vision of how it will position civil society in a SADC-led initiative. Legitimizing their role should be negotiated with SADC in advance, so that civil society's role as an accountability mechanism is harmonized with the SADC monitoring framework.

Recommendation 14 - Appoint a designated focal point for gender within the RST ESA team to ensure coordination and partnership functions are adequately maintained and that gender targets under Fast Track and the SDG Goal 5 to eliminate gender inequalities and end all forms of violence and discrimination against women and girls are progressed and monitored.

Recommendation 15 - Reconstitute the HLTF on Gender to incorporate new frontiers in promoting gender equality including male engagement, GBV and cultural norms that inhibit effective health seeking behaviour from women and men.

Recommendation 16 - To address technical capacity gaps and align activities to strategic institutional objectives among partners and cosponsors, the RST should expand collaboration with strategic partners on the area of sustainable financing, strengthen re-engagements with RECs for monitoring and implementation of ICs, domestic financing and tracking of fund flows and resources for HIV through accurate NASA with very clear roles to play based on the strengths of each partner. UNDP, WHO, the AU and The World Bank will be key for future roles.

Recommendation 17 - The IC should be aligned to the broader national planning process for health and HIV with a greater focus on optimization impact and ensure that NSPs incorporate the IC approach during preparations and reviews. This will ensure the IC is aligned to the national processes through the NSP. Costing of efficiency structures, valuation of opportunity costs and realigning the programs and unit costs should be taken further to cement the gains made by the IC.

Recommendation 18 - The RST should rethink its long-term strategic involvement around sustainable financing and decide on the space and role to play that will be best aligned to their core mandate as a secretariat. The options are between generating strategic information around sustainable financing and pursuing development and adoption of innovative financing instruments at the country level. If the former, a well-defined strategy and specific activities on real innovation will need to be identified and

implemented that will incorporate the role of private sector and health insurance as sustainability instruments.

Recommendation 19 - For any future phase develop a new joint Performance Framework that links RST work to the UCO work programs including allocating accountability for performance and funding and defining the link between RST activities to regional and country level programme activities.

Recommendation 20 - Make better use of the UNAIDS website and RST Facebook page to communicate to RST constituents on performance and results and strategic information.

Recommendation 21 - The RST should improve the technical detail of its reporting and demonstrate the return on investment it generates from its work.

Annexure One – Terms of Reference

Background
The vision of the UNAIDS Regional Support Team for Eastern and Southern Africa (UNAIDS RST ESA) is that the peoples of Eastern and Southern Africa take control of the AIDS epidemic. It is a vision where young people, women and men have the information, skills, services and support necessary to stop new infections; where all people living with HIV live in an environment free from stigma and discrimination and have access to lifesaving treatments and care; and where children, especially orphans, and families affected by HIV and AIDS receive a compassionate and comprehensive care, protection and support.

The UNAIDS RST ESA works with various partners including UN co-sponsors, Regional Economic Communities (RECs), development partners, civil society organizations (CSOs), media, research institution people living with HIV, vulnerable groups and UNAIDS country offices. UNAIDS RST ESA leads on political advocacy, convenes partners, and provides technical support and advice to UNAIDS country offices and partners so as to enable them to fully deliver on global and regional commitments to AIDS response in the region.

In 2013, UNAIDS RST ESA received support from Sweden's Regional Team on SRHR, Embassy of Sweden Lusaka. The grant is of the value of 169 500 000 SEK over 4 years, and it is aimed at accelerating the AIDS response in the region. The programme is titled " *Expanded Accelerated AIDS Response towards HLM Targets and Elimination Commitments in ESA Region 2013 – 2017"* '. The programme is embedded in the support areas of UNAIDS RST ESA (prevention, treatment, human rights, strategic information, sustainable financing, women and girls, young people, community mobilization), and its design was guided by the UNAIDS 2011-2015 strategy and the 2011 UN High Level Meeting on AIDS (HLM) targets. During the course of implementation, the programme was aligned to emerging strategies, especially the new UNAIDS strategy for Ending AIDS by 2030 and the fast track approach. The programme has four programme outcomes:

1. HIV is maintained on the political, development and health agendas and key global, regional and national HIV commitments are implemented.
2. Countries' planning, programming and decision making is based on high quality strategic information.
3. People who are left behind, (focusing on adolescents and young people, women, girls, sex workers, men who have sex with men, people who inject drugs, migrants) have equitable access to comprehensive HIV services.
4. Countries have sustainable resources for their HIV responses

Through this grant, UNAIDS RST ESA was able to sustain and advance political commitments, generate and accelerate use of national and subnational data for programme planning and decision making, accelerate delivery of services for populations left behind, and implement the investment approach across the region. This evaluation is crucial as it will be conducted at a critical time marked by the shift from the Millennium Development Goals (MDGs) to the Sustainable Development Goals (SDGs). Thus, the findings of the evaluation will inform the repositioning of AIDS response in the ESA region within the context of sustainable development goals, and UNAIDS fast track strategy.

Objective
The evaluation will focus on effectiveness and impact of the programme. The evaluation will investigate specific areas under the four programme outcomes highlighted below. The fifth objective focuses on management and accountability which is cross-cutting across the four programme outcomes. The evaluator will work in collaboration with UNAIDS RST ESA to formulate the specific evaluation questions under each evaluation objective.

1. HIV is maintained on the political, development and health agendas and key global, regional and national HIV commitments are implemented.

a. To what extent the convening, political advocacy and political leadership role of UNAIDS RST ESA have benefited the AIDS response for women, girls, and young people – such as the Eastern and Southern Africa (ESA) ministerial commitment on comprehensive sexuality education for young people
b. To what extent UNAIDS RST ESA's approach in mobilizing political leaders to advance prevention of new infections among women and girls is effective, efficient and will achieve impact
c. To what extent RST ESA's approaches, including the Regional Think Tank on HIV, Human rights and Social Justice, for addressing human rights issues through the mobilization of political and traditional leaders, is effective, efficient and sustainable

2. Countries' planning, programming and decision making is based on high quality strategic information.
    a. To what extent the programme have achieved impact on development and use of national and subnational data for decision-making at the regional and country levels

3. People who are left behind, (focusing on adolescents and young people, women, girls, sex workers, men who have sex with men, people who inject drugs, migrants) have equitable access to comprehensive HIV services
    a. What is effective and could be scaled-up, in the innovative community models for AIDS response
    b. To what extent established partnerships with civil society organizations are effective in empowering civil society and promoting accountability in the AIDS response
    c. To what extent the programme enabled RST ESA to advance gender equality in the context of the AIDS response?

4. Countries have sustainable resources for their HIV responses
    a. To what extent did the programme achieve effectiveness in development and application of investment cases and sustainability planning at regional and country level

5. Management and accountability
    a. To what extent the result based approach has been effectively applied to the implementation of the grant?
    b. How effective was the communication between the RST ESA and stakeholders around the programme?

The objectives are selected to generate evidence on achievements, challenges and lessons learned; and to provide insight on what could be altered, what could be improved and what could be discontinued in the future UNAIDS RST ESA programme. The objectives will be explored in the context of thorough critique of UNAIDS RST ESA's approach to programming – including planning, management, and implementation.

Scope

The evaluation will cover the implementation and results of the programme during the period June 2013 to December 2016.

The evaluation will cover all the 22 countries in the ESA region. However, visits to the countries for the purposes of the evaluation will be limited to six countries: Kenya, Malawi, Mozambique, Tanzania, Uganda, and Zimbabwe. The six countries were selected on basis of their unique programmes or initiatives which could add value in responding to the evaluation objectives. The general criteria applied in selected countries to be visited during fieldwork are:

- To achieve representation of Eastern and Southern Africa countries
- To focus on countries with high burden of disease
- To focus on high representation of fast-track countries

The general criteria for selection of countries were combined with specific criteria, and the specific criteria are tied to the evaluation objectives. Each of the four countries was selected to make in-depth data collection for at least one evaluation objective.

- Kenya: objective 2
- Malawi: objective 3
- Mozambique: objective 1
- Tanzania: objective 4
- Uganda: objective 4
- Zimbabwe: objective 3

The evaluation will cover two different levels - the regional and country level.

- Regional level: assessing how the regional programme instigated change in the selected areas (as presented in the objectives section). A clear connection between regional work and the results realised on regional and country level.
- Country level: assessing the results achieved, the UNAIDS Country office's role, and the connection between the UNAIDS regional office and country inputs and the results achieved.

The Swedish funding catalyse the overall RST ESA work. The Swedish funding was not to create a parallel programme, but to contribute to the overall AIDS response with defined outcomes. The evaluation will not single out (or attribute) results achieved through the Swedish funding but cover the overall RST ESA UNAIDS support programme.

Evaluation criteria
The evaluation will be informed by the following criteria:
Relevance : to needs and priorities, and how the programme addressed changing regional and national contexts
Effectiveness : the extent to which intended results were achieved
Efficiency : the extent to which the cost of the intervention could be justified by its results
Impact: the totality of the effects of an intervention, positive or negative, intended or unintended
Sustainability : the extent to which the benefits from the intervention are likely to continue, after the end of the programme

Evaluation methodology and approach
This is a qualitative evaluation. Data will be gathered through desk review of work plans, reports and related documents and interviews with key informants. Evidence gathered through interviews will be triangulated with data from desk review. Measures will be taken to ascertain data quality, validity and credibility. The findings will be substantiated by valid evidence on record.

Desk Review
A list of documents to be reviewed will be prepared by UNAIDS RST ESA in coordination with UNAIDS country offices. The documents will be shared electronically with the evaluators. The documents to be reviewed include, but not limited to, results based framework, work plans, annual progress reports, and minutes from annual and semi-annual reviews, and documentation of major activities, mid term programme and financial reports, various syntheses/reports from countries. Desk review ill be conducted prior to interviews with key informants.

Key Informant Interviews
Key informant interviews will be conducted by the evaluation team. Interviews will be conducted with different stakeholders in relevance to each of the evaluation question. The primary respondents are:

- UNAIDS HQ, UNAIDS RST ESA, UNAIDS Country offices in the ESA Region

The secondary respondents are partners to UNAIDS:

- UNAIDS co-sponsors (Joint Teams)

- Sida, donors and development partners including USG/PEPFAR and the Global Fund
- Regional Economic Communities (Southern Africa Development Community - SADC, East African Community - EAC) and the African Union (AU)
- Governments and AIDS authorities in ESA countries
- Civil society organizations and community based organizations
- Research institutions

Dissemination Phase
In preparation of the evaluation report, the evaluation team will present the findings to the Evaluation Steering Committee (ESC) and other stakeholders in a one day workshop. The workshop will be aimed at further synthesising and contextualising the findings through inputs from diverse group. The workshop will be organised by the evaluation team with the support from UNAIDS RST ESA. The final report will be shared with the ESC for adoption.

Expected products
The evaluation products are the following:

1. Inception report
2. Draft report
3. PowerPoint presentation of preliminary findings at the workshop (to be held in Johannesburg, South Africa)
4. Pre-final Evaluation report
5. Final Evaluation Report (in word and pdf format)

Oversight
An Evaluation Steering Committee (ESC) will ensure oversight of the evaluation and deliverables (reviewing/validating inception report, draft report and pre-final report, and final report). The ESC will be composed by UNAIDS and selected stakeholders.

Management
The UNAIDS RST ESA office is responsible for the management of the evaluation and to organizationally and technically support the work of the consultant/s (drawing from other expertise in the organization as relevant). UNAIDS country offices will facilitate access to information and provide necessary logistic/organizational support in the country selected for country visits/data collection as necessary.

The team of independent consultants will report directly to the UNAIDS RST ESA Deputy Regional Director (and/or his focal point). External validation is built into the review process by organizing a dialogue with partners at the time of evaluation and validation of draft reports.

Annexure Two – List of Interviewees

UNAIDS	
Name	**Title**
Sheila Tlou	Director
Pierre Somse	Deputy Director
Jacqueline Makokha	Senior Community Support Adviser
Bechir N'Daw	Champions and Programme Partners Adviser
Natalie Ridgard	Communication and Advocacy Adviser
Iris Semini	Investment and Efficiency Adviser
Faith Mamba	(Former) Investment and Efficiency Adviser
Amala Reddy	Strategic Information Adviser
Sophia Mukasa-Monico	(Former) Gender Adviser
Lawrence Mashimbye	Strategic Information Adviser (SRHR-HIV integration)
Jyothi Nilambur	Intervention Adviser (Prevention)
Biziwick Mwala	Intervention Adviser (Treatment and PMTCT)
Michel Kouakou	Manager, RST ESA
Sandra Aslund	Project Officer, Sida Grant
Caroline Ntchatcho	Executive Officer
Jane Kalweo	(Former) Global Advocacy Adviser
Paska Kinuthia	(Former) Youth Adviser
Naamara Warren	UNAIDS Country Director, Tanzania
Joshua Levens	UNAIDS Tanzania, GFATM and PEPFAR Adviser
Marie Angel	UNAIDS Tanzania, Strategic Information Adviser
Emmanuel Kasheeka	UNAIDS Tanzania, Investments and Efficiency Adviser
Amakobe Sande	UNAIDS Uganda, Country Director
Trouble Chikoko	UNAIDS Uganda, Investments and Efficiency Adviser
Jotham Mubangizi	UNAIDS Uganda, Strategic Information Adviser
Tamara Jonnson	UNAIDS Zimbabwe, Program Officer, Youth and Key Populations Adviser
Boaz Cheluget	UNAIDS Zimbabwe, Senior Strategic Information Adviser
Karim Akadiri	UNAIDS Malawi, Country Director

Isaac Ahemesah	UNAIDS Malawi, Human Rights and Gender Adviser
Charles Birungi	UNAIDS Malawi, Strategic Efficiency and Investment Adviser
Jantine Jacobi	UNAIDS Kenya, Country Director
Gurumurthy Rangaiyan	UNAIDS Kenya, Strategic Information Adviser
Tharcise Bahiruta	UNAIDS Namibia, Country Director
Mohamed Turay	UNAIDS Namibia, Strategic Information Adviser
Eva Kiwango	UNAIDS Mozambique, Country Director
Erika Fazito	UNAIDS Mozambique, Strategic Information Adviser
Marta Bazima	UNAIDS Mozambique, Community Mobilization Adviser
Benjamin Gobet	UNAIDS Mozambique, GFATM and PEPFAR Adviser
Christian Durisch	UNAIDS Mozambique, Human Rights Adviser
Naamara Warren	UNAIDS Tanzania, Country Director
Joshua Levens	UNAIDS Tanzania, USG-PEPFAR Global Fund Liaison
Marie Angel	UNAIDS Tanzania, Strategic Information Advisor
Emmanuel Kasheeka	UNAIDS Tanzania, Investments and Efficiency Advisor
Mahesh Mahalingnam	UNAIDS Geneva, Director, Communications
Tim Martineau	UNAIDS Geneva, Director, Fast Track Implementation
Peter Ghys	UNAIDS Geneva, Director Strategic Information and Evaluation
Sun Gang	UNAIDS Geneva
Jose Antonio Izazola	UNAIDS Geneva, Division Chief, Evaluation and Economics

OTHERS

Name	**Title**	**Agency**
Makhamokha Mohale	Executive Secretary	Champions for an AIDS Free Generation Secretariat
Dr Michael J. Katende	Principal HIV & AIDS Office Coordinator	EAC Secretariat
Judge Oagile Dingake	Chair	Think Tank on Human Rights and Social Justice
Wanjiku Kamau	Co-Chair	Think Tank on Human Rights and Social Justice

Patricia Machawira	Coordinator, Comprehensive Sexuality Education	UNESCO
Amarjit Saha	Regional Team Leader	UNDP
Richard Delate	Project Manager	UNFPA
Caroline Nyamayemomba	Regional Specialist, Gender Equality and HIV	UN Women
Erick Ventura	Chief of Mission	IOM Regional Office for East and Southern Africa
Joseph Pitso	Chief, Gender Unit	SADC
Dr Michael J Katende	Principal HIV and AIDS Office Coordinator	EAC Secretariat
Fabian Ndenzako	Medical Officer: HIV/TB/Hepatitis Prevention (HTH)	WHO Office for the African Region
Anna-Klara Berglund	Regional Team Leader	Sida
Josee Koch	Technical Lead	Evidence for HIV Prevention in Southern Africa (DfID)
Dr Mary Shawa	Principal Secretary for Transport and Public Works	Ministry for Transport and Public Works, Government of Malawi
Chimwemwe Mablekisi	Programmes Director	National AIDS Council, Malawi
Gift Trapence	Executive Director	CEDEP Centre for the Development of People, Malawi
Master Mphande	Executive Director	National Association for People Living with HIV/AIDS Malawi
Eddie Banda	Programmes Manager	Malawi Network of People Living with HIV/AIDS (MANET+)
Abigail Dzimadzi	Executive Director	Malawi Network of AIDS Services Organizations (MANASO)
Mike Chikakuda	Program Manager	Face to Face AIDS Project, Malawi
Victoria Lonje	HADG Secretariat Technical Officer, QA	HIV & AIDS Donor Group/ GIZ, Malawi
Ruth Mwandira	Health and HIV/AIDS Adviser, UKAID	HIV & AIDS Donor Group/ DfID
Violet Banda	Chairperson	Association of Young People Living with HIV/AIDS in Malawi
Dr Charles Mazinga	Director	Department of HIV, AIDS and

		Nutrition at the Minister for Gender, Malawi
Redson Chamveka	Executive Director	Innovations for Change, Malawi
Maziko Matemba	Executive Director	Health N Rights Education (HREP), Malawi
Maureen Luba	Program manager. Community of Sant Egidio	Dream, Malawi
Charles Othai	Program Officer	Uganda AIDS Commission
Peter Wakoba	Program Officer	Uganda AIDS Commission
Sarah Khanaka	Program Officer	Uganda AIDS Commission
Mark Tumuine	Head	Uganda CDC
Wilberforce Owembabazi	MCP Project Director	USAID Uganda
Nobert Mubiru	Program Management Specialist	USAID Uganda
Rosemary Kindyomunda	National Programme Officer	UNFPA, Uganda
Dr Joshua Musinguzi	Senior Medical Officer	Ministry of Health, Government of Uganda
Nicholas Nyamapfeni	Public Health Specialist	UNODC, Zimbabwe
Sarah Musungwa	Program Specialist, HIV, Health and Development	UNDP Zimbabwe
Dagmar Hanisch	Technical Specialist HIV and SRH	UNFPA Zimbabwe
Tonderayi Murimwa	HIV/AIDS Specialist	UNICEF, Regional Office
Laurie Gulaid	Senior Health Specialist PMTCT and Pediatric HIV	UNICEF East and Southern African Regional Office
Anurita Bains	Regional Adviser, HIV/AIDS	UNICEF East and Southern African Regional Office
Moline Marume	Programme Specialist Gender and HIV	UN Women
Frances Cowan	Director	Centre for Sexual Health and HIV/AIDS Research Zimbabwe
Tendai Mhaka	Key Populations Officer	National AIDS Council, Zimbabwe
Vimbai Mdege	Gender Officer	National AIDS Council, Zimbabwe
Raymond Yekeye	Operations Director	National AIDS Council, Zimbabwe
Mark Troger	PEPFAR Coordinator	PEPFAR, Zimbabwe
Chester Samba	Director	Gays and Lesbians of Zimbabwe

		(GALZ)
Charles Siwela	National Director	Youth Engage, Zimbabwe
Daniel Meda	Deputy Secretary General	Zimbabwe HIV/AIDS Activists Union Community Trust
Tenderai Mwareka		ZNNP+
Spencer Gundu	Finance Manager	ZNNP+
Martha Tholanah	Coordinator	ICW, Zimbabwe
Talent Jumo	Director	Katswe Sistahood, Zimbabwe
John Ochero	Fund Portfolio Manager - Kenya	GFATM
Sarah Asiimwe	Public Health and M&E Specialist	GFATM
Zita Gimo	Member	RENSIDA
Rondinho Calavete	Member	RENSIDA
Joselia Banze	Member	KUYAKANA
Thauzen Murgo	Member	Pyuka hu Hanha
Cesar Mufanequico	Member	MATRAM
Denise Namburete; Roberto Paulo; Jorge Matine, Joaquin Manhique	Members	CSO Coordination Committee and Working Group Leaders
Laila Seuane	Executive Director	Tiyani wawassati (sex workers)
Ana Paula	Executive Director	Unga Godoli (sex workers)
Roberto Paulo	Program Manager	LAMBDA (MSM)
Angelina Tivane	HIV and ESA Commitment Focal Point	UNESCO, Mozambique
Ausenda Domingos	HIV Focal Point	UNFPA, Mozambique
Salmina Merique	HIV and Gender Focal Point	UNDP, Mozambique
Dr Benigna Matsinhe	Deputy National Director	Ministry of Health, Mozambique
Dr Aleny Couto	Head of HIV Program	Ministry of Health, Mozambique
Dr Enna Sheva	Deputy Executive Secretary	National AIDS Council, Mozambique
Lourena Manembe	Monitoring and Evaluation Officer	National AIDS Council, Mozambique
Arlinda Chaquisse	National Director	Ministry of Education and Human Development, Mozambique
Jojane Moabsa	National Director	Ministry of Youth and Sports,

		Mozambique
Jumane Issango	Executive Director	TACAIDS
Richard Ngirwa	Director, Planning and Research	TACAIDS
Mwidick Skilla	Economist	TACAIDS
Lija	Head National AIDS Control Program	TACAIDS
Kene Somse	Director	Amsher
Remmy Shawa	(Former) International Project Coordinator	Sonke Gender Justice
Nyasha Sithole	Youth Leader and Advocate on SRHR and Youth Development	AfriYAN
Olive Mumba	Programs Manager- Technical Support Centre	EANNASO
Dorothy Onyango	Chairperson	PAPWC
Ngoni Chibukire	Team Leader, Gender, Human Rights and Leadership	SAfAIDS

Annexure Three – Data Collection Tools

Evaluation Logical Framework

Outcome Area 1 - Sustain and advance political commitments HIV is maintained on the political, development and health agendas and key global, regional and national HIV commitments are implemented.
Evaluation Question 1.1. *To what extent the convening, political advocacy and political leadership role of UNAIDS RST ESA has* ***benefited the AIDS response for women, girls, and young people*** *– such as the Eastern and Southern Africa (ESA) ministerial commitment on comprehensive sexuality education for young people?*

Expected Results[38]	*Countries integrate and prioritize HIV in national development frameworks/sectoral plans for ending AIDS by 2030 and/or fast tracking for 2030*
Assessment Focus	**Data sources and analysis methods**
ESA countries whose national development frameworks have an HIV response component Status and progress in the implementation of RST Advocacy Strategy to Fast Track HIV Response 2015-2021 RST participation in regional and global platforms, including AIDS conference in ICASA 2015 and the Commission on the Status of Women 60, for promotion of HIV prevention issues of women, girls, young people RST support in promoting changes in country policies affecting access to HIV services by women, girls, and young people (e.g., Malawi's 'keeping girls in school policy' and Mauritius's 'Freedom of Movement policy', AU support to End Child Marriage)	Semi-structured interviews with RST-ESA Director, Deputy Director Semi-structured face-to-face/remote interviews with UCDs of **Mozambique**, **Malawi**, **Mauritius** Semi-structured interviews with NAC and NAP authorities of **Mozambique**, **Malawi**, **Mauritius** Analysis of sample national development frameworks with HIV response
Status and progress in the implementation of RST Advocacy Strategy to Fast Track HIV Response 2015-2021	Review of reports on the implementation of the RST Advocacy Strategy Semi-structured interviews with RST-ESA Director, Deputy Director
RST participation in regional and global platforms, including AIDS conference in ICASA 2015 and the Commission on the Status of Women 60, for promotion of HIV prevention issues of women, girls, young people	Analysis of RST activities and results in regional and international AIDS conferences Semi-structured interview with RST Director, Deputy Director

[38] Expected results throughout this Framework references the RST-ESA 2014 Annual Report, Annex 1: RST ESA Results based Framework.

RST support in promoting changes in country policies affecting access to HIV services by women, girls, and young people (e.g., Malawi's 'keeping girls in school policy' and Mauritius's 'Freedom of Movement policy', AU support to End Child Marriage)	Semi-structured remote interviews with UCDs of **Malawi**, **Mauritius**, Semi-structured remote interviews with NAC and NAP authorities of **Malawi**, **Mauritius** Semi-structured remote interview with AU representative

Expected Results	*Regional Economic Communities consistently advocate for the implementation of HIV commitments, including the AU Roadmap, HLM, and overall targets for 2020 and/or ending AIDS 2030*

Assessment Focus	**Data sources and analysis methods**
Progress of RECs implementation of ESA Commitment targets, particularly Comprehensive Sexuality Education and civil society contribution Selected country experiences in implementing ESA priority on Comprehensive Sexuality Education programme, notably **Namibia**, **Tanzania**, and **Swaziland** Integration of HIV in Regional HIV plans of RECs and REC implementation of Accountability Framework, in collaboration with UNESCO Follow up of RECs (SADC and EAC) support for HIV response, including adoption of the Fast Track targets, implementation of AU Roadmap and SADC HIV response, and support for the CSW 60 resolution RST support role in implementation of ESA commitment, including CSE and participation of youth and adolescents	Review of RECs progress reports on their HIV response: AU Roadmap, SADC HIV Strategic Framework Review of selected Country reports on implementation of Comprehensive Sexuality Education – **Namibia**, **Swaziland**, **Tanzania** Semi-structured remote interviews with NAP and NAC authorities on CSE implementation – **Namibia**, **Swaziland**, **Tanzania** Semi-structured remote interviews with SADC and Eastern African Community representatives Semi-structured remote interviews with UNESCO, UNFPA ESA regional focal points for CSE Semi-structured remote interview with RST Adviser on Community Mobilization and Networking Semi-structured remote interview with SIDA regional office

Expected Results	*Media platforms are holding governments accountable on implementation of political commitments on HIV*

Assessment Focus	**Data sources and analysis methods**
RST collaboration with media reporting service (Inter-Press Service) Media coverage of HIV issues by regional and local media Role of media as an accountability mechanism	Semi-structured remote interviews with UNICEF and UNFPA regional focal points on media-reporting project Semi-structured face to face interviews with NAP and NAC authorities – **Mozambique** Semi-structured remote interview with RST focal point on media

Expected Results	*A social movement of young people effectively leading the AIDS response*
Assessment Focus	**Data sources and analysis methods**
RST financial and technical support to regional networks of young people Activities of young people network (AfriYAN)	Semi-structured remote interview with AfriYAN representative Semi-structured remote interview with RST Adviser on Community Mobilization and Partnerships Group discussion with young people network in **Mozambique** Analysis of documentation on best practices on mobilization of young people Semi-structured UNESCO focal point for young people
RST support for participation of ESA countries in ACT 2015, especially in **Botswana**, **Malawi**, **Rwanda** RST support in documenting best practices on mobilization and leadership of young people	Semi-structured remote interviews with Community Mobilization Advisers of **Botswana**, **Malawi**, **Rwanda** Semi-structured face-to-face interviews with Community Mobilization Advisers of **Kenya** and **Zimbabwe**

Evaluation Question 1.2.
To what extent UNAIDS RST ESA's approach in mobilizing political leaders to advance ***prevention of new infections among women and girls*** *is effective, efficient and will achieve impact?*

Expected Results*	*Champions broker agreements for policy change*
Assessment Focus	**Data sources and analysis methods**
RST advocacy leadership and coordination on HIV prevention for young people in collaboration with Champions, political leaders, CSOs, and media	Semi-structured remote interviews with leadership representation of RECs, CSOs Review of country and regional activities of CHAMPIONS for an AIDS-Free Generation Semi-structured interview with Champions Secretariat representative Semi-structured face-to-face interviews with UCD in Mozambique Semi-structured face-to-face interviews of RST Strategic Intervention Adviser in Mozambique

RST leadership and support for the Organization of the African First Ladies Against AIDS (OAFLA), High Level Taskforce for Women, Girls, Gender Equality, and Pan African Positive Women's Coalition	Semi-structured face-to face interviews with NAC and NAP authorities in Mozambique

Evaluation Question 1.3.
To what extent RST ESA's approaches, including the Regional Think Tank on HIV, Human rights and Social Justice, for addressing ***human rights issues*** *through the mobilization of political and traditional leaders, is effective, efficient and sustainable*

Expected Results	*Civil society is mobilized to monitor progress and strengthen accountability to the implementation of HIV commitments at regional and country levels*
Assessment Focus	**Data sources and analysis methods**
RST support for advocacy of regional community networks, e.g., EANNASO, SAFAIDS, and involvement in accountability mechanisms, e.g., NAC, CCM RST support for civil society involvement in AIDS response – **Malawi**, **Rwanda**, **South Africa**	Semi-structured remote interviews with country members of Regional Think Tank on HIV, Human Rights and Social Justice in 5 field visit countries – **Kenya**, **Zimbabwe**, **Tanzania**, **Uganda**, **Malawi** Semi-structured remote interview of RST Regional Adviser on Human Rights Review of specific country policy reform supported by RST, e.g. removal of barriers to education Semi-structured remote interviews with UCO Strategic Intervention Adviser in **Kenya**, **Zimbabwe**, **Tanzania**, **Uganda**, **Malawi**, on Regional Think Tank Semi-structured remote interviews with UCDs of **Malawi**, **Rwanda**, **South Africa** on civil society involvement Review of outputs of the Think Tank, PAPWIC, Sonke Gender Justice
Results of the work of Regional Think Tank on HIV, Human Rights and Social Justice as the principal mechanism for collaboration across the region on Human Rights issues	Review of outputs of the Think Tank, PAPWIC, Sonke Gender Justice Semi-structured remote interview of RST Regional Adviser on Human Rights
RST support to national alliances in 4 countries on post 2015 agenda and SDGs (countries not reported)	Semi-structured remote interviews with representatives of national alliances Semi-structured remote interview with RST Adviser on Community Mobilization

Outcome area 2: Strategic data for programme planning and decision-making
Countries' planning, programming and decision making is based on high quality strategic information.

Evaluation Question 2.1.
To what extent has the Project achieved impact on development and use of national and subnational data for decision-making at the regional and country levels?

Expected Results	*Countries are generating high quality strategic information.*
Assessment Focus	**Data sources and analysis methods**
RST technical guidance to ensure alignment of national response with strategic information, including tools and technical support	Review of UNAIDS Gap Report on Eastern and Southern Africa 2014 Review of UNAIDS AIDS Response Progress Reporting 2016 Analysis of ESA Country Epidemic Profiles Review of RST Annual Reports 2013, 2014, 2015 Semi-structured face-to face interviews of RST Director, Deputy Director, and Strategic Information Regional Advisers Semi-structured face-to face interviews with UCDs and Strategic Information Advisers of **6 field visit countries** (only for this outcome area) Semi-structured face to face interviews with NAP authorities and CCM Chair in **6 field visit countries** Review of UNAIDS Report *Fast Track: Ending the AIDS Epidemic by 2030*
RST technical and financial support to Concept Note development for GFATM and impact on funding of national response, with a focus on cost effectiveness and resource mobilization	Semi-structured face-to-face interviews with UCDs and Strategic Information Advisers of 6 field visit countries Semi-structured face-to-face interviews with NAP M&E Officers in 6 field visit countries Semi-structured remote interviews with leadership of ESA Technical Support Facility
Value of RST technical guidance and capacity-building to national and local NAPs in expanding strategic information system at regional, national, and subnational levels and utilizing results, as illustrated in **Malawi**, **Tanzania**, **Uganda**, **Zimbabwe**, **Zambia**	Semi-structured face-to-face interview with UCDs of 6 field visit countries, with focus on **Malawi** and **Uganda** as best practice models Semi-structured face-to-face interview with NAP authorities and M&E Officers of 6 field visit countries, with focus on **Malawi** and **Uganda**, as best practice models Semi-structured remote interviews with UCD of **Zambia** as best practice model Semi-structured remote interviews with NAP authorities and M&E Officer of **Zambia** as best practice models

RST technical guidance in setting new targets for scale up and expansion of HIV prevention and treatment programmes for people left behind	Semi-structured face-to-face interviews of RST Director, Deputy Director, and Strategic Information Regional Advisers Semi-structured face-to-face interviews with UCDs and Strategic Information Advisers of **6 field visit countries**

Expected Results	*Countries utilize high quality strategic information for policy and programme implementation decision-making.*
Assessment Focus	**Data sources and analysis methods**
RST support for gender assessments to input into National Strategic Plans and Concept Notes Changes in NSPs and Concept Notes due to gender assessments	Review of RST Annual Reports 2013, 2014, 2015 Semi-structured face-to-face interviews of RST Director, Deputy Director Semi-structured face-to-face interview with RST Regional Adviser on Gender Semi-structured face-to-face interviews with UCDs and Strategic Information Advisers of **6 field visit countries** Semi-structured face-to-face interviews with UN Women and WHO focal points on gender assessments in **6 field visit countries** Semi-structured remote interview with GFATM Country Coordinators of **6 field visit countries**

Outcome area 3: Accelerate delivery of services for populations left behind People who are left behind, (focusing on adolescents and young people, women, girls, sex workers, men who have sex with men, people who inject drugs, migrants) have equitable access to comprehensive HIV services
Evaluation Question 3.1. *What is effective and could be scaled-up, in the innovative community models for AIDS response?*

Expected Results	*Countries adopt a rights based public approach to improve equitable access to social justice for PLWHIV and Key populations and those left behind*
Assessment Focus	**Data sources and analysis methods**
RST promotion of promoting gender and human rights programming, including media-based Right Access Movement in Botswana, South Africa, Namibia, Zimbabwe	Semi-structured face-to-face interview of RST Regional Adviser on Human Rights Semi-structured remote interviews of PAPWIC and Sonke Gender Justice Review of specific country policy reform supported by RST, e.g. removal of barriers to access to education Semi-structured face-to-face or remote interviews with NAC and NAP authorities in **Botswana**, **South Africa**, **Namibia**, **Zimbabwe** Semi-structured remote interviews with UCO Community Mobilization Advisers of **Botswana**, **South Africa**, **Namibia**, **Zimbabwe** as examples
Gains of human rights networks supported by RST in reducing human rights-related barriers to HIV services	Semi-structured remote interviews of PAPWIC and Sonke Gender Justice Semi-structured remote interviews with SIDA regional leadership

Evaluation Question 3.2.
To what extent established partnerships with civil society organizations are effective in empowering civil society and promoting accountability in the AIDS response?

Expected Results	*Communities including those in big cities, are meaningfully engaged in the planning, implementation and monitoring of services at community level to fast track the AIDS response.*
Assessment Focus	**Data sources and analysis methods**
Results of RST engagement with and strengthening of CSOs as accountability mechanisms for human rights-based programmes, including CATCH in **Botswana** and Rock Leadership 90 in **Zimbabwe**, religious leaders, as best practices	Semi-structured remote/face=to-face interviews of UCDs and Adviser on Community Mobilization and Networking in **Zimbabwe**, **Malawi** and **Botswana** examples of community engagement Group discussions with CSOs in **Malawi**, **Zimbabwe** Semi-structured face-to-face interview with CCM Chairs of **Zimbabwe**, **Malawi** on civil society involvement
Progress of RST initiatives to accelerate prevention, especially among young people, including: • implementation plans to achieve 90-90-90 target in 8 ESA cities – Dar-es-Salaam, Lusaka, Durban, Johannesburg, Nairobi, Maputo, Matola • Sexual Transmission Agenda implementation in 6 countries – Lesotho, **Kenya**, **Malawi**, Namibia, **Mozambique**, **Uganda** • Protect the Goal campaign for HIV prevention particularly **Malawi** • Engaging Men in the AIDS Response implemented in **Malawi**, **Mozambique**, Namibia, Zambia	Semi-structured remote interviews with RST focal point on Fast Track Cities Initiatives and RST Regional Adviser on Prevention Group discussions with CSOs in **Kenya**, **Malawi**, **Mozambique**, **Uganda** Semi-structured remote interviews with UCO Advisers on Community Mobilization and Networking on reported initiatives in **Tanzania**, Zambia, South Africa, **Kenya**, **Mozambique**, Malawi, Lesotho, Namibia, **Uganda** RST documentation of good community models to deliver HIV services

Evaluation Question 3.3.
To what extent the programme enabled RST ESA to advance gender equality in the context of the AIDS response?

Expected Results	*Countries have scaled up combination prevention, including SRH/HIV integration, with expansion in 7 Southern Africa countries*
Assessment Focus	**Data sources and analysis methods**
Political and strategic support of RST to countries committing to fast tracking combination prevention – South Africa, Namibia, **Zimbabwe, Kenya**, Lesotho, Angola, **Uganda, Tanzania**	Semi-structured face-to-face interviews with UCOs Strategic Intervention Adviser in **Zimbabwe** Semi-structured face-to-face interviews with NAP authorities in **Zimbabwe** Semi-structured remote interviews with UCOs Strategic Intervention Advisers in South Africa, Namibia, Lesotho, Angola Semi-structured remote interviews with NAP authorities in South Africa, Namibia, Lesotho, Angola Semi-structured face-to-face interviews with GFATM Country Coordinator in **Zimbabwe**
RST collaboration with UNFPA to demonstrate effective approaches to SRH/HIV linkages	Semi-structured interviews with RST Regional Adviser on Strategic Information (L. Mashimbye) Semi-structured face-to-face interviews with UNFPA Regional representatives Semi-structured face-to-face/remote interviews with UCO Strategic Intervention Advisers in 7 model countries - Botswana, Lesotho, **Malawi**, Namibia, Swaziland, Zambia, **Zimbabwe** Analysis of documentation on successful models in SRH/HIV integration approaches Semi-structured remote interviews with SIDA regional leadership
Expected Results	Countries have scaled up combination prevention, including SRH/HIV integration, with expansion in 7 Southern Africa countries
Assessment Focus	**Data sources and analysis methods**
Status of the implementation of regional strategic framework to accelerate delivery of quality prevention, treatment, care and support for people left behind, e.g., All In, DREAMS, Evidence for HIV Prevention in South Africa	Semi-structured face-to-face interview with RST Adviser on Prevention Semi-structured face-to-face interviews with UCOs Strategic Intervention Advisers in Zimbabwe, Malawi, South Africa Semi-structured remote interview with UCOs Strategic Intervention Adviser in Tanzania, Namibia, Lesotho, Uganda, Angola Review of regional strategic framework Analysis of national coverage trends of HIV services for sex workers, MSM, transgender people, and people who inject drugs
Expected Results	Countries have scaled up treatment to reach the three 90s by 2020.
Assessment Focus	**Data sources and analysis methods**

Expected Results	*Countries have scaled up combination prevention, including SRH/HIV integration, with expansion in 7 Southern Africa countries*
Assessment Focus	**Data sources and analysis methods**
Political and strategic support of RST to countries committing to fast tracking combination prevention – South Africa, Namibia, **Zimbabwe, Kenya**, Lesotho, Angola, **Uganda, Tanzania**	Semi-structured face-to-face interviews with UCOs Strategic Intervention Adviser in **Zimbabwe** Semi-structured face-to-face interviews with NAP authorities in **Zimbabwe** Semi-structured remote interviews with UCOs Strategic Intervention Advisers in South Africa, Namibia, Lesotho, Angola Semi-structured remote interviews with NAP authorities in South Africa, Namibia, Lesotho, Angola Semi-structured face-to-face interviews with GFATM Country Coordinator in **Zimbabwe**
RST collaboration with UNFPA to demonstrate effective approaches to SRH/HIV linkages	Semi-structured interviews with RST Regional Adviser on Strategic Information (L. Mashimbye) Semi-structured face-to-face interviews with UNFPA Regional representatives Semi-structured face-to-face/remote interviews with UCO Strategic Intervention Advisers in 7 model countries - Botswana, Lesotho, **Malawi**, Namibia, Swaziland, Zambia, **Zimbabwe** Analysis of documentation on successful models in SRH/HIV integration approaches Semi-structured remote interviews with SIDA regional leadership
Catalytic role of RST, in collaboration with WHO, in strengthening partnership and advocacy for implementation of expanded HIV treatment, particularly in the Regional Treatment Forum Follow up implementation of results of the Regional Treatment Forum at country level and the Regional Consultation to Fast Track HIV Testing Services	Semi-structured face-to-face interview with RST Regional Adviser on Treatment and UCDs in **Malawi**, **Zimbabwe** Semi-structured remote interview with WHO ESA and UNICEF ESARO

Outcome area 4: Implement the investment approach across the region. Countries have sustainable resources for their HIV responses.
Evaluation Question 4.1. *To what extent did the Programme achieve effectiveness in development and application of investment cases and sustainability planning at regional and country level?*

Expected Results	Innovative financing mechanisms are identified, pursued, and implemented at regional and country levels
Assessment Focus	**Data sources and analysis methods**
Results of RST leadership and technical and financial support to countries in identifying local fiscal space for HIV programmes	Semi-structured face-to-face/remote interviews with RST Director, Deputy Director and Adviser on Investments and Efficiency Semi-structured face-to-face interview with UCD in **Uganda** Semi-structured remote interview with UCD in Rwanda Semi-structured remote interviews with NAC and NAP authorities in Rwanda, **Kenya** Semi-structured face-to-face interview with GFATM Country Coordinator in Uganda and remote interview with GFATM Country Coordinators in Rwanda, Kenya Semi-structured remote interviews with TSF representatives Semi-structured remote interviews with SIDA regional leadership Review of domestic funding trends for HIV programmes
RST collaborations with donors, such as GFATM and PEPFAR, to secure funding sustainability and flexibilities	Semi-structured interviews with RST Director, Deputy Director and Adviser on Investments and Efficiency Semi-structured face-to-face interviews with UCD in **Tanzania** and **Uganda** Semi-structured face-to face interviews with GFATM Coordinator in **Tanzania** and **Uganda** Semi-structured remote interviews with regional PEPFAR and GFATM representatives
RST leadership in generating political commitment in the region for strategies on sustainable financing, such as the SADC Framework for Action on Sustainable Financing	Semi-structured interviews with RST Director, Deputy Director and Adviser on Investments and Efficiency Semi-structured remote interviews with UCDs in Tanzania and Uganda Semi-structured remote interviews with NAC and NAP authorities in Semi-structured remote interviews with SIDA regional leadership Semi-structured remote interview with GFATM Portfolio Manager for ESA region and PEPFAR representative Semi-structured remote interview with SADC representative

Expected Results	*Countries implement the Investment approach to fast track the HIV response*
Assessment Focus	**Data sources and analysis methods**
RST leadership and strategic/technical guidance to countries as a tool for improving programmatic efficiencies and prioritizing resources	Semi-structured interviews with RST Director, Deputy Director and Adviser on Investments and Efficiency Semi-structured remote interviews with UCDs in **Tanzania** and **Uganda** Semi-structured remote interviews with NAC and NAP authorities in **Tanzania** and **Uganda** Semi-structured remote interviews with NAC and NAP authorities in in Botswana, **Kenya**, **Malawi**, South Africa, **Tanzania** Semi-structured remote interviews with SIDA regional leadership Semi-structured remote interview with GFATM Portfolio Manager for ESA region (Geneva)

Outcome area 5: Management and accountability - resources are used effectively to achieve results which are communicated with stakeholders
Evaluation question: To what extent the results based approach (RBA) has been effectively applied to the implementation of the grant

Expected Results	*RBA has strengthened the RST's accountability in delivering on its work plan.*
Assessment Focus	**Data sources and analysis methods**
Extent of progress/achievements in outputs and outcome areas; evidence of changes in RST priorities and roles due to RBA	Semi-structured face-to-face interviews with RST Director, Deputy Director Semi-structured face-to-face interviews with UCDs in 6 field visit countries Semi-structured remote interview with SIDA regional representative

Interview Questions

Advocacy and political leadership

Relevance

1. There are 4 outcome areas of the RST ESA – leadership and advocacy, use of strategic information, increased access to HIV services by people left behind, and sustainable resources. To what extent are these expected outcomes harmonized or reflected in the national AIDS response?
2. How effective has the RST ESA been in maintaining focus on people left behind in the AIDS response, both at national and regional levels, in the light of the shift to the SDGs and the UNAIDS strategic policy on Fast Track?
3. What is the rationale or strategic justification for the selection of activities (*specify if reported)* supporting advocacy and political leadership under the RST ESA?
4. Regional mechanisms have actively supported the HIV response. What effect at the country level has the collaboration between UNAIDS and these regional bodies had?

Effectiveness

1. What benefits did *(specify activity)* bring to the response?
2. To what extent was this approach (specify) successful in raising awareness/supporting partnerships in your country context?
    a. How could it be further improved?
    b. What would be a good way of building on this success?
3. What do you consider as the factors that made this activity successful? *If not a success, what factors do you consider responsible for its poor result?*
4. To what extent was civil society engaged in this activity/project? What advocacy role can they play and what message would be most effectively delivered by civil society?
5. Are there other strategies the RST can use to strengthen commitment to the issues of gender, human rights, sexual and reproductive health and rights? Please cite examples.

Efficiency

1. How efficiently has the RST been able to mobilize technical resources to support at country level?
2. Were resources strategically allocated and appropriately used to this activity? Were there other activities that could have been supported more and some that could have been supported less?

Impact

1. What results or changes in policies, programmes, and leadership commitment did this activity bring about in making HIV services more accessible to people left behind?
2. What role can a regional body like the RST play so that health programmes will continue to address HIV issues?

Sustainability

1. How much funding support do advocacy and political awareness-building activities receive in the national response?
2. How can the country's political and social context be made more hospitable to having development programmes focused on people left behind?

Strategic data for programme planning and decision-making

Relevance

1. What has been the value adding and comparative advantages of the RST ESA support to regional and country partners for strategic information and informed decision-making?
2. What are some of the challenges and gaps in supporting strategic data collection, analysis and application in regional and national settings?

Effectiveness

1. How and in what ways has the quality of regional and national strategic information systems been enhanced by the RST ESA support?

    a. What are the characteristics of success and where are the successful examples of applied knowledge supporting informed decision-making?
    b. What are the lessons learnt in improving national strategic information systems?
2. How has the RST ESA's work in SI impacted on the dissemination of information that is generated by the strategic information systems?
3. How effectively has the RST built the capacity of local partners to use strategic information in planning their national response?
4. How has the RST ESA assisted the national response in strengthening strategic information on programmes for people left behind?

Efficiency

1. What planning tools has the RST ESA promoted with local stakeholders to produce better evidence for developing programmes?
    a. To what extent were they used?
2. What informed decisions in policy and programming have been made as a result of increased capacities in strategic information?
    a. Are there issues indicated in strategic information that are not addressed in the national response?
3. What has been the outcome and result of UNAIDS negotiated country access to data from other organisations such as PEPFAR?
4. How has the initiative to establish a regional data hub progressed?
    a. Do you see such a concept as valuable? For example could it potentially provide a platform for regional dissemination and data triangulation from regional to national levels?
5. How can UNAIDS best assist on leadership and use of data which both seem to be major challenges for promoting informed decision-making?
    a. Are there innovative approaches that could be implemented to improve outcomes in use of data?

Impact

1. Where are the examples of resources for the AIDS response being unlocked from good strategic data collection and analysis?
    a. Where are the examples of data for advocacy achieving improved financial and human system resources needed to implement the response.
2. What are the challenges in building capacity, leadership and application of data?

Sustainability

1. How institutionalized is the use of good strategic information in decision making?
    a. What are the key factors ensuring sustainability of investments?
    b. What are the key threats to sustainability?
2. The Mid Term Review of the Expanded Accelerated AIDS Response noted that maintaining quality and consistency of data requires increased technical and financial investment at country-level SI and M&E systems and human resources. How has the RST supported efforts of country partners to assume responsibility?

<u>Accelerate delivery of services for populations left behind</u>

Relevance

1. What has been the value adding and comparative advantages of the RST ESA support for expanded services for people left behind and gender equality and rights based approaches to service access?
2. What is the RST's existing strategic approach to supporting expanding services for women, girls and youth and promoting gender equality and SRHR based approaches?
    a. Are the existing the strategic approaches working?
    b. Are new strategic approaches needed?
3. To what extent has the EAAR influenced the national response to support community-based services for people left behind?

Effectiveness

1. Which models have been successful in expanding services to people left behind, particularly women, girls and young people?
    a. How can these models be scaled up cost effectively?
    b. What are the challenges and threats to the expanding these models?
2. Which models have been less successful and could be discontinued?
    a. What were the reasons for these models being less successful?
3. What have been the policy and programmatic results of accelerated service delivery, particularly for people left behind?
4. How/has the RST ESA built capacity of CSOs to enable their leadership and significant involvement in scaling up programmes for people left behind?
    a. What has worked and what hasn't worked in CSO engagement models?
    b. What are the lessons learned from capacitating CSOs in the AIDS response?
    c. How have empowered CSOs been able to provide greater accountability to regional and national responses?
5. How has the RST collaborated with Co-sponsors and other development partners in expanding community-based service delivery models for people left behind?

Efficiency

1. What are the key elements in successful community models of services for people who are left behind, particularly women, girls and youth?
2. Has the allocation of resources supporting accelerated service delivery for populations left behind been strategic and provided value for money?
    a. Should resources be reallocated to provide better impact and value?
    b. Are there alternative mechanisms that may provide better results and value for money in supporting accelerated service delivery for populations left behind?
3. Where are the remaining programmatic and policy gaps in service access for women, girls and youth and promoting gender equity and SRHR based approaches (e.g. GBV data, effective youth engagement strategies, coverage of services etc.)?
    c. What could an effective role for UNAIDS in responding to these gaps?

Impact

1. What difference has the project made to the AIDS response at a systemic level, for example engendering great participation and representation in regional and national responses, particularly for women, girls and youth?
2. What does "success" look like for accelerated delivery of services for people left behind?

Sustainability

3. What has been the RST's role in mobilizing domestic funding support to sustain changes engendered by programs for people left behind?
    a. What are the key factors ensuring sustainability of investments?
    b. What are the key threats to sustainability?
4. What are the challenges related to maintaining an enabling environment for expanding services, increasing participation and representation and advancing gender and the SRHRs of people left behind?
    a. What could be an effective role for UNAIDS in addressing these challenges?

Implement the investment case approach and sustainability planning across the region

Relevance

1. What have been the value adding and comparative advantages of the RST ESA support for mobilizing resources and sustainability planning?
2. To what extent has the investment case approach been adopted in the country/region?
    a. What are some of the challenges and opportunities to adoption on the investment case approach by regional and country partners?
3. What has been the role of the RST ESA in supporting transitional financing?
    a. What further opportunities are there for the RST ESA to support transition planning?

Effectiveness

1. To what extent have the investment cases promoted programmes and resources for people left behind?
2. How has RST ESA support for transition planning resulted in increased domestic funding towards regional and national responses?

Efficiency

1. Are there ways to make the Investment Case approach less resource and cost intensive?
2. What has been the return on investment for investment cases across the region?
    a. In contributing to unlocking Global Fund grants
    b. In contributing to regional and country resource mobilization
    c. In contributing to increased national resource mobilization
    d. In influencing development partner funding
3. Where are the examples that countries have estimated the future costs of their response and have identified areas where operational efficiencies can be generated from investment cases and other RST ESA technical support?
4. How has the RST ESA supported removing inefficiencies in the response, namely reducing commodity costs including antiretroviral costs, implementing alternative service delivery models, and eliminating parallel structures and integrating HIV services?

Impact

1. What has changed as a result of the RST ESA support for investment case approach?
    a. To what extent have programmes for people left behind benefited from investment cases?
2. How has the RST ESA supported the objectives of Fast Track in results and outcomes at the regional and national levels?

Sustainability

1. What change has now been embedded as a result of the RST ESA support for the investment case approach?
    a. In national capacity
    b. In resource mobilization and allocation
    c. In prioritization of programmes and budget allocations
    d. Frontload investments to meet Fast Track targets
2. How has the RST ESA contributed to country efforts in undertaking transition plans from external donor dependence to greater self-reliance?
3. To what extent will the benefits of the investment case approach be likely to continue after donor funding has ceased?
    a. To what extent has the investment case approach been institutionalized by regional and country partners?
    b. What were the major factors that influence the achievement or non-achievement of sustainability of the investment case approach to resource mobilization and sustainability planning?

<u>Management and accountability</u>

1. How appropriately aligned is the RBA to the strategic focus of the RST ESA's work and Fast Track objectives?
2. How has the RBA been used to manage the RST ESA's program of work in the four outcome areas?
    a. What modifications, if any, may be necessary to improve the RBA's functionality and utility in the management of the EAAR Programme?
3. How effectively has the RST ESA provided direction to regional and country partners for the achievement of the outcome areas?
    a. Provision of technical support
    b. Support of Innovative approaches
    c. Collaborations with Joint Team Co-sponsors

    d. Advocacy and thought leadership on HIV response at global, regional and national levels
4. How effectively have the UCO and RST ESA worked together to drive results?
    a. What have been some of the strengths and some of the challenges in the working relationship?
5. How effectively engaged are stakeholders including country partners in governance and design of the RST ESA's work?
6. How effectively managed were the mechanisms and forums used for stakeholder communication of the RST ESA's results and impact including performance reporting?
    a. Are there areas for improvement or new approaches that could improve communication and reporting, particularly in relation to the results and impact?
7. What has been the quality like of technical support provided or mobilized by the RST ESA and TSF to support regional and country partners?
    a. How does the quality of technical support provided by the RST or TSF compare to other technical support providers?
8. How can the RST ESA strengthen relationships and leveraging opportunities with co-sponsors and development partners?
9. What lessons can be learnt from the RST ESA experience in implementation of activities against the four key outcome areas?
    a. Strategic lessons
    b. Programmatic lessons
    c. Management lessons

Co-sponsors and development partners

1. How effectively has the RST ESA worked with regional and country partners to deliver activities?
2. How well does RST ESA report progress and particularly results and impact of its work?
3. To what extent has the RST ESA harmonized and coordinated the strategies and activities with co-sponsors and development partners?
    a. How can these be improved?
4. Where are the opportunities to leverage and mutually support national and development partner programs to expedite Fast Track targets?
5. What are the key challenges and threats to scale up of regional and national AIDS responses towards the Fast Track targets?
6. What do you see as the prime role of UNAIDS, leveraging its strengths and comparative advantages, in scaling up support for Fast Track targets?
7. Of the four key outcome areas of the RST ESA's work, do you see UNAIDS and the RST have particular strengths or weaknesses in supporting:
    a. Political and community leadership
    b. Effective use of strategic information
    c. Accelerated programs for people left behind
    d. Sustainable financing of the AIDS response
8. Where are the remaining hurdles and challenges in the four key outcome areas of the RST ESA's work?
    a. Political and community leadership
    b. Effective use of strategic information
    c. Accelerated programs for people left behind
    d. Sustainable financing of the AIDS response.

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