UNAIDS/PCB(25)/09.CRP.6
2 October 2009

25th Meeting of the UNAIDS Programme Coordinating Board

Geneva, Switzerland
8-10 December 2009

Conference Room Paper

Second Independent Evaluation 2002-2008
Country Visit to Democratic Republic of Congo - Summary Report

UNAIDS

Second Independent Evaluation 2002-2008

Country Visit to Democratic Republic of Congo

Summary Report

Dr Olivier Weil
Roberto Garcia
Dr Benjamin Marvard

9 – 21 February 2009

Contents

Acronyms

ACS AMO-CONGO	Action communautaire Sida/Avenir meilleur pour les Orphelins	Community AIDS Action/Better Future for Orphans
2BEK	Projet UNOPS/PNUD – Bandundu Equateur Kinshasa	UNOPS/UNDP Project – Bandundu Equateur Kinshasa
AGR	Activité Génératrice de Revenu	Income Generating Activity
ARV		Antiretroviral
ART		Antiretroviral therapy or treatment
ASBL	Association Sans But Lucratif	Non-profit association
ASF	Association de Santé Familiale	Family Health Association
BCECO	Bureau Central de Coordination	Central Coordinating Office
BCZ	Bureau Central de la Zone de Santé	Health Area Central Office
BDOM	Bureau Diocésain des Oeuvres Médicales	Diocesan Office of Medical Work
BM/ WB	Banque Mondiale	World Bank
BRACONGO	Brasseries du Congo	Congo Breweries
BRALIMA	Brasserie Limonaderie et Mallterie	Brewery, soft drinks manufacturer and malthouse
CCC	Communication pour Ie Changement de Comportement	Behaviour Change Communication
CCM		Country Coordinating Mechanism
CDC		US Centers for Disease Control and Prevention
CDV	Conseils et Dépistage Volontaire	Voluntary Counselling and Testing
CIELS	Comité Inter Entreprise de Lutte contre le Sida	Inter-Company Committee to Control AIDS
CMDC	Compagnie Maritime de la République Démocratique du Congo	Maritime Company of the Democratic Republic of Congo
CNMLS		National Multisectoral Committee to fight AIDS and STI
CNOS	Conseil National des Organisations Non Gouvernementales de Santé en DRC	National Council of NGOs operating in the health sector in DRC
CORDAID		Catholic Organisation for Relief and Development
CR	Croix Rouge	Red Cross
CREOPSI	Centre de Recherches épidémiologiques et opérationnelles sur Ie Sida	Epidemiological and Operational AIDS Research Centre
CRS		Catholic Relief Service
CS	Centre de Santé	Health Centre
CSR	Centre de Santé de Référence	Reference Health Centre
CTB	Coopération Technique Beige	Belgian Technical Cooperation
DFID		UK Department for International Development
DRC		Democratic Republic of Congo
DSRP	Document de Stratégie de Réduction de la Pauvreté	Poverty Reduction Strategy Paper
DWW		Doctors World Wide
ECC	Eglise du Christ au Congo	Congo Church of Christ
ECD	Equipe Cadre de District	District Support Team
ECOSOC		Economic and Social Council
EPSP	Enseignement Primaire, Secondaire et Professionnel	Primary, Secondary and Vocational Education

EU		European Union
FASI	Femme Arrête le SIDA	Women Against AIDS
FEC	Fédération Congolaise des Entreprises	Congolese Federation of Companies
FS	FEMMES SIDA	WOMEN AIDS
FFP	Fondation Femme Plus	Femme Plus Foundation
FHI		Family Health International
FM	Fonds Mondial de lutte contre le Sida, la TB et le Paludisme	Global Fund to fight AIDS, TB and Malaria – Global Fund
FNUAP/UNFPA	Fonds des Nations Unies pour les Activités relatives à la Population	United Nations Population Fund
FOSI	Forum de lutte contre le SIDA	Forum for AIDS control
GCM	Gécamines	State-owned mining company
GF/FM	Fond Mondial	Global Fund
GTZ	Deutsche Gesellschaftfur Technische Zusammenarbeit, Coopération allemande	German Technical Cooperation
HCR/UNHCR	Haut Commissariat des Nations Unies pour les Réfugies	Office of the United Nations High Commissioner for Refugees
HGR	Hôpital Général de Référence	General Referral Hospital
HSS		Health System Strengthening
IEC		Information, Education, Communication
IO	Infection Opportuniste	Opportunistic Infection
IRC		International Rescue Committee
IST/STI	Infections Sexuellement Transmissibles	Sexually Transmitted Infections
MAP		Multi-country AIDS Program
MDM	Médecins du Monde France	Doctors of the World France
MONUC	Mission des Nations Unies en République Démocratique du Congo	United Nations Mission in DRC
MSF	Médecins Sans Frontières	Médecins Sans Frontières
MSM		Men who have Sex with Men
NASA		National AIDS Spending Assessment
OAC	Organisation d'Assise Communautaire	Community Foundation Organisation
OCC	Office Congolais de Contrôle	Congolese Inspection Office
OCHA		UN Office for the Coordination of Humanitarian Affairs
OEV/OVC	Orphelins et Enfants Vulnérables	Orphans and Vulnerable Children
OFIDA	Office des Douanes et Accises	Customs and Excise Office
OMS/WHO	Organisation Mondiale de la Santé	World Health Organisation
ONATRA	Office National des Transport	National Transport Office
ONG/NGO	Organisation Non Gouvernementale	Non Governmental Organisation
ONUSIDA/UNAIDS	Programme Commun des Nations Unies pour le VIH/SIDA	Joint United Nations Programme on HIV/AIDS
OVC		Orphans and vulnerable children
PAM/WFP	Programme Alimentaire Mondial	World Food Programme
PCB		Programme Coordinating Board
PEC	Prise en Charge	Care
PLHIV/ PVV	Personne Vivant avec le VIH/SIDA	People living with HIV
PMTCT		Prevention of mother-to-child transmission
PNLS	Programme National de Lutte contre le SIDA et les IST	National Programme for the control of AIDS and STI
PNMLS	Programme National Multisectoriel	National Multisectoral Programme

	de Lutte contre le SIDA et les IST	to control AIDS and STI
PNTS	Programme National de Transfusion Sanguine	National Blood Transfusion Programme
PNUD/UNDP	Programme des Nations Unies pour le Développement	United Nations Development Programme
PSI		Population Services International
PRSP		Poverty Reduction Strategy Paper
PTME/PMTCT	Prévention de la Transmission du VIH de la Mère à l'Enfant	Prevention of Mother to Child Transmission of HIV
RACOJ	Réseau des Associations Congolaises de Jeunes contre le Sida	Network of Youth NGOs against AIDS
RC		Resident Coordinator
RDC/DRC	République Démocratique du Congo	Democratic Republic of Congo
REDES	Ressources et Dépenses liées au SIDA	Resources and Expenditure linked to AIDS
REGIDESO	Régie de Distribution 'Eau	Water Distribution European EEIG Network
RVA	Régie des Voies Aériennes	Air Route Network
SANRU	Santé Rurale	Rural Health
SEP CONGO	Société d'Exploitation et de Commercialisation Pétrolière	Oil Exploitation and Marketing Company
SIDA/AIDS	Syndrome d'immunodéficience Acquise	Acquired Immune Deficiency Syndrome
SNCC	Société Nationale des Chemins de fer du Congo	National Railway Company of Congo
SNEL	Société Nationale d'Electricité	National Electricity Company
SNU		UN System
SOLIPROT	Solidarité Protestante	Protestant Solidarity
SRSS		Strategy to Strengthen the Health System
STI		Sexually transmitted infections
UCOP+	Union congolaise des organisations des personnes vivant avec le VIH	Congolese federation of PLHIV NGOs
UNC		University of North Carolina
UNCT		United Nations Country Team
UNGASS		UN General Assembly Special Session on AIDS
UNICEF	Fonds des Nations Unies pour l'Enfance	United Nations Children's Fund
UNIFEM	Fonds des Nations Unies pour la Femme	United Nations Women's Fund
UNIKIS	Université de Kisangani	University of Kisangani
UNILU/AUMONERIE PROT	Université de Lubumbashi	University of Lubumbashi
USAID		United States Agency for International Development
ZS	Zone de Santé	Health Zone

Acknowledgements

The evaluation team would like to thank all those who were willing to give their time to contribute to the success of the visit. Special thanks are due to the Prime Minister and the Minister of Health who welcomed the team and were available throughout the visit. We would also like to thank representatives from a number of Ministries involved in AIDS control in DRC, UN agency staff, representatives from donor agencies as well as those from the private sector and civil society, particularly PLHIV associations. Finally, we would like to thank the UNAIDS Country Coordinator and his colleagues for assisting with visit arrangements and logistics.

Disclaimer

Full responsibility for the text of this report rests with the authors. The views in this report do not necessarily represent those of UNAIDS nor of the people consulted.

1 Introduction

1.1 This report outlines the main findings of a short visit to the Democratic Republic of Congo (DRC), for the Second Independent Evaluation of UNAIDS. The visit took place between 9th and 21st February 2009. The evaluation team consisted of Dr Olivier Weil, Roberto Garcia and Dr Benjamin Marvard. The team was based in Kinshasa.

1.2 The summary report draws on material developed to complete the evaluation framework tables (described in the inception report for the evaluation[1]). This report, and the content of the tables, is based on information gathered from meetings with stakeholders (Annex 1) and from review of key documents (Annex 2).

1.3 DRC is one of 12 countries visited during the SIE[2]. It is not a comprehensive evaluation of the programme in DRC, but focuses on the effectiveness, efficiency and value added of UNAIDS as a joint programme. The material in the framework tables from these country visits, visits to regional offices of the UNAIDS Secretariat and Cosponsors, global visits and interviews, and surveys of other stakeholders will be synthesised in an overall evaluation report for submission to the SIE Oversight Committee in August 2009.

1.4 Following a brief overview of the country context in Section 2, the report presents the main findings in Section 3, which is structured in line with the conceptual framework of the evaluation (see Box 1). Section 4 highlights key discussion points arising from the findings.

Evaluation scope and objectives

The purpose of the Second Independent Evaluation of UNAIDS is to assess the efficacy, effectiveness and outcomes of UNAIDS (including UNAIDS Secretariat, the PCB and UNAIDS Cosponsors) at the global, regional and country levels and, specifically, the extent to which UNAIDS has met its ECOSOC mandate for an internationally coordinated response to the HIV/AIDS pandemic and the continuing relevance of its mandate and objectives in the current global environment. At country level, the evaluation focuses on the following questions:

a) The evolving role of UNAIDS within a changing environment
c) The response to the first Five Year Evaluation of UNAIDS (see Annex 3)
d) The Division of Labour between the Secretariat, Cosponsors, Agencies and Countries
e) Strengthening health systems
f) The administration of the Joint Programme
g) Delivering as One
h) Involving and working with civil society
i) Gender dimensions of the epidemic
j) Technical support to national AIDS responses
k) Human rights
l) The greater and meaningful involvement of people living with HIV

Note: Question b) on governance is not addressed by country visits.

The conceptual framework for the evaluation, and this report, organises these questions under three broad themes: how UNAIDS is responding to the changing context; how UNAIDS is fulfilling its mandate; and how UNAIDS works.

[1] The Second Independent Evaluation of UNAIDS 2002-2008 Inception Report. 20th October 2008
[2] Cote d'Ivoire, DRC, Ethiopia, Haiti, India, Indonesia, Iran, Kazakhstan, Peru, Swaziland, Ukraine, Vietnam

2 Country context

Socio-political situation

2.1 The Democratic Republic of Congo (DRC) is the second largest country in sub-Saharan Africa and has a population of 60 million. The country has been devastated by a long-standing war which has lasted over two decades and resulted in more than four million deaths. Conflict has hindered development efforts and has had devastating consequences including significant population displacement and rape and sexual violence against women. DRC is a potentially rich country with vast natural and mineral resources, but its people are among the poorest in the world. Despite positive economic growth during the last five years, over 70% of the population lives below the poverty line.

HIV and AIDS in DRC

2.2 DRC is experiencing a generalised HIV epidemic. HIV prevalence in adults aged 15-49 years is estimated at 4.1% by the Programme National de Lutte contre le SIDA et les IST (PNLS). An estimated 300,000 people with HIV are eligible for antiretroviral treatment. Available data suggest that HIV prevalence is twice as high in young women aged 15-24 years as in young men in the same age group. Prevalence figures for different age groups in different settings are shown below:

Age	Capital city	Urban environment	Rural environment	Total
15-19	1.0%	2.9%	3.7%	3.1%
20-24	3.3%	3.9%	4.0%	3.9%
25-49	4.3%	4.9%	4.6%	4.7%

Source: PNLS 2007

2.3 Conflict and poverty provide favourable conditions for the spread of HIV and have adversely affected prevention and control efforts. The highest prevalence rates are found in areas of the country and in population groups, especially women, most affected by conflict. Prevalence in victims of sexual violence is 25.6% compared with 4.1% in the general population (UNGASS report 2007). Transmission rates are also higher in areas where displaced people are concentrated and in mining centres, ports and along rivers.

2.4 The HIV epidemic is both a health crisis and a threat to development. It also represents a significant challenge for national authorities, in particular how to allocate limited resources between HIV prevention, treatment and care and between HIV efforts and rehabilitation of the health system to enable it to address other serious health problems such as tuberculosis, malaria and cholera.

National response

2.5 Key developments in the national response to HIV and AIDS in DRC are:

- 1983 – First case of AIDS detected in the country.
- 1984 – International partnership sets up a multidisciplinary research centre, Projet Sida, which produced around 100 publications on the development of the epidemic.
- 1987 – National Programme for the Control of AIDS and STI (PNLS) established.
- 1990-1999 – Decline of the PNLS following looting in 1991 and 1993 which left the programme without equipment.

- 1999 – Development of the National Strategic Plan (PSN) 1999-2008 to control HIV and AIDS, with the support of WHO, UNDP and UNAIDS.
- 2000-2001 – Draft road map for universal access in response to UNGASS and in the context of the Millennium Development Goals.
- 2004 – President sets up the National Multisectoral Programme for Control of AIDS and STI (PNMLS) under the National Multisectoral Committee to fight AIDS and STI (CNMLS).
- 2005 – National extension plan for access to antiretroviral drugs 2005-2009 adopted, in the framework of the 3 by 5 Initiative.
- 2006 – Declaration by the Head of State of a year of 'increasing efforts to prevent HIV/AIDS'.
- 2008 – Adoption by the Senate and National Assembly, then promulgation by the Head of State, of a law protecting people living with HIV (PLHIV).

2.6 The fight against AIDS is a development priority in DRC. The PNMLS is currently preparing a new national strategic plan for 2009-2013, and UNAIDS is actively involved in this process. Between 2004 and 2008, the PNMLS received substantial support from the international community in the form of multilateral funding, including from the World Bank and the Global Fund, and bilateral funding, including from the UK, US, Germany and Belgium (see below).

Funding source	**Funding amount (US$ million) 2004-2008**
Global Fund	183
World Bank	102
USAID	100[3]
DFID	9.6
Belgian Technical Cooperation	6.5
GTZ	2.5
Total	**403.6**

2.7 Despite these efforts, coverage of prevention, treatment and care services is still very low compared with other countries in the region. In 2008, only 26,000 PLHIV (about 8% of those in need) were receiving antiretroviral treatment (ART), only 5% of pregnant women had received HIV testing and counselling and services for prevention of mother-to-child transmission (PMTCT), and less than 2% of orphans and vulnerable children (OVC) had access to care and support. Less than 600,000 people have been tested for HIV. Awareness is low, especially among young people, only 20% of whom are able to identify three methods of HIV transmission. Condoms are not widely available. Only 70 million condoms have been provided, all through donor-funded projects.

[3] Estimate based on interviews with USAID, which has contributed US$20-30 million a year for HIV/AIDS activities.

3 Findings

How UNAIDS has responded to the first five year evaluation

3.1 The Five-Year Evaluation put forward 29 recommendations. Of these, 18 have a direct application or influence at country level, though many are also linked to wider global and regional initiatives. Annex 3 lists these country-oriented recommendations together with a comment on progress since 2002 in DRC. Of the 18 recommendations for which an assessment could be made, four were assessed as having achieved a high level of progress, seven medium, and seven low progress.

How UNAIDS is responding to the changing context

3.2 This section deals with the way in which UNAIDS Secretariat and Cosponsors have responded to the changing aid architecture. Three topics are explored: the evolving role of UNAIDS in a changing environment; reform within the UN and Delivering as One; and support to strengthen health systems.

The evolving role of UNAIDS within a changing environment

3.3 During the period covered by the evaluation, UNAIDS' activities have focused on the following areas: support for the establishment of structures to coordinate a multisectoral response, specifically the CNMLS and PNMLS; establishment of the UN Joint Team on AIDS; support for strengthening civil society structures and for civil society involvement; ensuring that HIV and AIDS is integrated in the humanitarian response, coordinated by the UN Office for the Coordination of Humanitarian Affairs (OCHA), and peacekeeping activities, under the auspices of the Mission des Nations Unies en République Démocratique du Congo (MONUC); and resource mobilisation from donors such as the Global Fund and DFID.

3.4 The arrival of funding from the World Bank and the Global Fund has created management and implementation challenges. UNAIDS Secretariat and Cosponsors are actively involved in the Global Fund Country Coordinating Mechanism (CCM) and have been required to provide increased support for management of the World Bank Multi-country AIDS Program (MAP) and the Global Fund. However, UNAIDS' response to the issues raised by the implementation of the programmes funded by both the Global Fund and the World Bank has been limited.

3.5 There a re numerous examples of the principal actors involved in HIV/AIDS working with UNAIDS to promote synergies, such as: support for organising a national youth forum which resulted in the creation of a national network of youth organisations (RACOJ), alignment of PLHIV groups, an MOU between the Global Fund and World Bank MAP with the aim of harmonising action, the establishment of focal points in three provinces with the objective of harmonising operation, and a coordinated prevention campaign under the guidance of UNFPA.

Strengthening health systems

3.6 The Strategy to Strengthen the Health System (SRSS), adopted in 2006, is a strategic framework to which all partners subscribe. However, the disrepair of the health system, the weak capacity of the Ministry of Health and the limited national budget for the health sector – around US$2 per capita per year – are significant constraints to implementation of the strategy. Given these circumstances, external funding, for example, from the European Union (EU) and Belgian Technical Cooperation (CTB), has made only minimal impact.

3.7 Although the SRSS includes activities relating to HIV and AIDS, the urgent need to tackle the epidemic has meant that national stakeholders and development partners have tended to use existing operational structures, which are mainly non-governmental organisations (NGOs). This approach has provoked strong reactions from national stakeholders and development partners, such as WHO, EU and CTB, who argue that there is a need for better integration of HIV and AIDS in the health care system.

3.8 Since 2007, the approach adopted by the PNLS and the PNMLS (and therefore by the MAP and GF) is to make available HIV and AIDS funds to health zones (ZN) for spending on a package of HIV and AIDS services which is in line with minimum national standards. Implementation is the responsibility of the Core District Team (ECD). In practice, integration at ZN level has been slow, as this level of the health system is weak or non-functional. Major donor-funded projects to strengthen the health system face similar challenges.

3.9 The UNAIDS Secretariat has relatively little involvement in these discussions and health system strengthening does not feature significantly in Joint Team meeting minutes. The position of UNAIDS Cosponsors in this area is not consistent and their actions are largely guided by the humanitarian situation and short-term resolution of problems, for example, WHO establishment of a buffer stock of antiretroviral drugs. Lack of guidance from agency headquarters on health systems strengthening means that a coherent strategy has not been adopted.

3.10 Funding currently available for HIV and AIDS does not include a specific health systems strengthening component. Global Fund Round 9 will, however, focus on health systems strengthening. The fact that the World Bank finances both the MAP and the health sector is seen as an opportunity to bring the two sectors together, but no concrete steps have been taken as yet.

Delivering as One

3.11 DRC is not a pilot country for the implementation of Delivering as One. The UN in DRC is heavily influenced by the existence of a significant peacekeeping mission. The conventional UN agencies are under the authority of the Resident Coordinator (RC) who is also the Deputy Special Representative for MONUC and the Humanitarian Coordinator.

3.12 National authorities are in favour of greater development partner harmonisation in accordance with the principles of the Paris Declaration – the development of the Poverty Reduction Strategy Paper (PRSP) reflects this – and of greater transparency of actions and outcomes of UN agencies. The Prime Minister and the Minister of Health have both demanded a harmonised response from UN agencies.

3.13 Although the UN has established a range of coordination structures, including the UN Country Team (UNCT), UN Theme Group (UNTG) and Joint Team on AIDS, this has not yet resulted in coordinated UN agency activities. Harmonisation and coordination are hindered by differences in intervention methods, project cycles and procedures as well as by factors that encourage agencies to promote the visibility of their own activities. Considerations about the reform of UN systems are secondary compared with the urgency of the humanitarian situation. Thus, the involvement of UN agencies in the reform process is variable and this has had relatively little impact on the Joint Team or operational activities.

How UNAIDS works

The division of labour between the Secretariat and Cosponsors

3.14 The UN Theme Group has been in place since 2001, comprises agency heads or their deputies, meets every two months and is chaired, on a rotational basis, by one of the cosponsors.

3.15 The UN Joint Team on AIDS was established in June 2006, meets twice a month and is chaired by the UNAIDS Country Coordinator. The Joint Team is viewed by most agencies as a useful platform for information exchange and by some as a valuable source of technical guidance. Team meetings are well documented and information flow, in terms of agendas and minutes, and follow up of recommendations, is good.

3.16 The Joint Team includes representatives from 19 agencies, including the nine UNAIDS Cosponsors that are present in DRC. HIV focal points are appointed to represent their respective agencies on the Joint Team, but their level of seniority and appropriateness to their agency's UNAIDS mandate varies depending on the agency. Participation appears to depend on the commitment of heads of agencies and perceptions about the capacity of the Secretariat to mobilise funding. Participation in the Joint Team is not always explicitly mentioned in job descriptions or taken into account in annual performance appraisals. Consequently, focal points tend to give priority to agency mandates and activities over Joint Team activities and tasks related to the Joint Team are seen as additional work. High turnover of UN staff in DRC, because of the difficult living conditions, leading to loss of institutional memory, has also contributed to less than optimal functioning of UNAIDS and of structures such as the Joint Team.

3.17 The Joint Team developed the HIV and AIDS component of the UN Development Assistance Framework (UNDAF). Based on this, several projects involving different agencies have been initiated, for example, the FAO Demobilisation and Disarmament of Refugees (DDR) project, the WFP transport project, and the programme for integration of HIV activities in the humanitarian response in eastern DRC. However, there appears to be some resistance to coordinated involvement of agencies in project implementation.

3.18 A joint programme 2008-2009 to support the national HIV and AIDS response, based on the Unified Budget and Workplan, National Strategic Plan 1999-2008 and 2008-2012 and the road map for universal access, is at preliminary draft stage. Agency involvement in developing the joint programme, including submission of budgeted activity plans, has ranged from strong involvement to no involvement.

3.19 The draft joint programme reflects agency mandates and expertise and past and current involvement in HIV and AIDS and, to some extent, the Division of Labour (see Annex 5). For example, UNICEF leads on PMTCT, UNFPA on gender and reproductive health, WHO on strengthening health systems, OCHA on coordination of humanitarian interventions, World Bank on issues related to the drug supply chain, ILO on HIV and AIDS in the workplace and the UNAIDS Secretariat on coordination and mainstreaming of HIV in national programmes and agencies.

3.20 However, the draft programme consists of targeted projects financed by resources mobilised directly by individual agencies and there is, as yet, no overall budget. Agencies implement separate projects and activities linked to agreements with national stakeholders and other partners, which were in place before the Joint Team was set up. The Joint Team has therefore had limited impact on the way in which individual agencies operate. Respondents inside and outside the UN observed that agency competition for resources can override mandates, making coordinated and effective implementation of the Division of Labour a challenge.

The administration of the Joint Programme

3.21 Since the 2008 agreement between UNDP and the UNAIDS Secretariat, the UCC had had management control of budget commitments and access to the ATLAS system, facilitating budgetary tracking by the Secretariat country office. However, there are a number of problems related to the UNAIDS Secretariat office's dependence on the administrative services of UNDP, since UNDP prioritises its own administration. Six UNAIDS Secretariat administrative and

support staff are on UNDP contracts (one service, two fixed term and three SSA). The total number of Secretariat country office staff increased from three to 10 between 2002 and 2008.

3.22 With regard to administrative support services provided by WHO, contracts for four members of the UNAIDS Secretariat office staff (UCC, Management and Organisational Development Advisor, Partnership and Social Mobilisation Advisor, and the Junior Professional Officer who supports the Joint Team are handled by WHO in Geneva. There have been delays and errors with salary payments since the payroll function was decentralised to Kuala Lumpur..

3.23 UNDP, WFP, OHCHR, UNICEF, UNFPA, and ILO have requested PAF financing and this has been used to promote involvement of young people, train UN staff, improve technical coordination and support coordination at provincial level. The process is reported to have improved now that the Resident Coordinator's signature is no longer required. However, cosponsors also noted that accessing the PAF is administratively complex and unpredictable.

How UNAIDS is fulfilling its mandate

Involving and working with civil society[4]

3.24 In DRC, civil society includes a wide range of stakeholders – NGOs, private sector organisations, the media – which are spread across the country. The HIV epidemic, and the availability of resources to respond to it, have resulted in the creation of NGOs whose capacity, professionalism and operational resources are mostly very limited.

3.25 The UNAIDS Secretariat has made considerable efforts to mobilise civil society organisations, to raise their awareness and to build their capacity for advocacy. These efforts include support for the Youth Forum, which has contributed to the creation and mobilisation of youth associations, and for the establishment of networks of organisations working on HIV with different population groups, including FOSI (Forum for AIDS control), RACOJ (Réseau des Associations Congolaises de Jeunes contre le Sida), Femmes+ and CNOS (Conseil National des Organisations non Gouvernementales de Santé en DRC) (umbrella organisations for HIV/AIDS, Youth, Women, and displaced peoples NGOs). The existence of such networks has enabled non-governmental stakeholders to participate in coordination and decision-making structures such as the CCM and workshops to formulate the National Strategic Plan. The UNAIDS Secretariat has also assisted the Comité Inter Entreprise de Lutte contre le Sida (CIELS), which supports and coordinates initiatives in the private sector.

3.26 Through its support for MAP and Global Fund implementation, UNAIDS has facilitated civil society access to resources. A UNAIDS and Global Fund think tank resulted in the creation of a single point of contact to apply for external resources for national NGOs. However, many civil society organisations, still voice difficulties in securing funding.

3.27 Funding is the main concern for most civil society representatives met during the visit. Weak management capacity is a barrier to successful fundraising including access to Global Fund resources. The UNAIDS Secretariat has provided technical support to build the capacity of some civil society organisations, but unmet needs for capacity building are still significant.

Gender dimensions of the epidemic

3.28 In DRC, UNIFEM is involved in HIV prevention, focusing on information, education and behavioural change, as part of activities addressing gender-based violence. UNIFEM is active in

[4] Civil society and civil society organisations (CSOs) refers to the range of organisations outside government involved in the HIV and AIDS response including non-government organisations (NGOs), community-based organisations (CBOs), faith-based organisations (FBOs), the private sector and the media.

four provinces – South Kivu, Equateur, East and Kitambo – working in partnership with religious and women's organisations and with local authorities. These activities are funded by the UNCT Humanitarian Response 'Pool Fund' and by Sweden and Norway through a sub-regional project. UNIFEM has drawn on the expertise of the UNAIDS Secretariat, since UNIFEM has relatively limited technical capacity in HIV and AIDS.

3.29 HIV and AIDS is one of UNIFEM's four priorities in DRC and UNIFEM actively participates in the UNTG and the Joint Team. UNIFEM has contributed to the UNDAF and to training workshops related to the National Strategic Plan 2009-2013. As this plan is yet to be adopted, it is too early to judge how well the specific vulnerabilities and needs of women will be reflected in future HIV and AIDS programmes.

3.30 Sexual violence, including that carried out by troops under the UN mandate, is an area around which the entire UN has mobilised, with responsibility for the response under the integrated mission of MONUC and SNU. Sexual violence is the focus of an active national campaign as well as of a specialised unit set up within the office of the RC. However, the UN struggles to work with the government in identifying abuse and allocating responsibility in a context where national armed forces are involved in sexual violence and act with impunity.

3.31 UNAIDS has supported a range of gender-related activities, mostly focusing on gender violence. The UNAIDS Secretariat, in collaboration with UNIFEM and with the support of the Regional Support Team Southern Africa, organised a regional workshop in Kinshasa on the relationship between HIV and violence against women. UNIFEM, UNFPA, UNICEF and the gender section of MONUC have technical capacity in gender. In 2007, UNAIDS trained more than 200 humanitarian staff on HIV issues, including sexual violence in humanitarian situations and, in 2008, supported the integration of HIV and AIDS activities within the humanitarian response. Since 2008, under the Programme Acceleration Fund (PAF), UNDP has funded three UNAIDS focal points in the eastern provinces to help to promote the link between HIV and sexual violence in the framework of the humanitarian response.

3.32 There has been limited systematic analysis of gender and HIV issues. The UNAIDS Secretariat office, in close cooperation with UNIFEM and UNFPA, is working to identify cultural characteristics which contribute to gender-related inequalities. The DHS 2007 sero-surveillance and situation analysis demonstrated the increasing feminisation of the epidemic in DRC (women are close to being double the number of men infected), but it is not clear that this has resulted in a concrete action other than efforts to address gender-based violence discussed above.

3.33 UNAIDS has provided support to ensure gender is reflected in the National Strategic Plan currently being drafted, as well as in the proposals to the Global Fund, and the national monitoring and evaluation system provides a breakdown of most indicators by sex. The law relating to PLHIV includes a gender dimension, including protection of women who are victims of sexual violence. Much of UNAIDS' support to strengthen civil society has focused on women's associations, but the Ministry of Gender, Family and Children reported that it had not received any support.

Technical support to national AIDS responses

3.34 A national technical support plan, based on the road map for universal access, was developed in November 2007 with UNAIDS' support. Technical support provided under this plan essentially concerns the development of the National Strategic Plan and review of the national response.

3.35 The UNAIDS Secretariat and Cosponsors provide technical support in response to demand from national government and non-government stakeholders. Technical support is provided by

UNAIDS through the Technical Support Facility (TSF) in Ouagadougou, expertise available from cosponsors such as UNDP and the World Bank ASAP, private consulting firms, and the PNMLS database of national experts supported by the UNAIDS Secretariat and managed by a recruitment company, JNC Consulting.

3.36 UNAIDS has provided technical support in areas including: planning, monitoring and evaluation; resource mobilisation, for example, Global Funds proposals; advocacy and communication; training on legal issues; development of projects implemented by UN agencies; collection of expenditure data for the National AIDS Spending Assessment; and preparation of UNGASS reports.

3.37 However, technical support is poorly coordinated, because of the lack of a joint programme and limited application of the Division of Labour. It is difficult to assess the range and relevance of technical support provided and there is no system to monitor the impact of technical support.

Human rights

3.38 MONUC, under the leadership of the High Commissioner for Human Rights, is in charge of specific aspects of human rights. UNDP provides technical support to the government on governance, for example, training for members of parliament. Since 2003, using PAF funds, UNAIDS Secretariat has worked with Parliament and the Senate to develop the law on discrimination and PLHIV. The law, published in July 2008, provides a legal framework that offers a certain amount of protection for PLHIV and avoids the criminalisation of transmission. However, the law is yet to be applied.

3.39 UNAIDS (Secretariat and Cosponsors) has not initiated any programmes for men who have sex with men, whose existence is denied in DRC, an issue which has not yet been addressed by the UN.

Greater and meaningful involvement of people living with HIV

3.40 The UNAIDS Secretariat and Cosponsors work closely with PLHIV and organisations that represent them. The UNAIDS Secretariat Social Mobilisation and Partnership Advisor has enabled UNAIDS to play a positive role in resolving conflict between rival PLHIV organisations. The creation of UCOP+ is the result of a forum organised by UNAIDS among others.

3.41 The UNAIDS Secretariat and UNDP have supported capacity building for PLHIV organisations. The secretariat has contributed to strengthening the structure and capacity of PLHIV networks, the recognition of PLHIV organisations and networks by national authorities and their participation in national coordination and decision-making bodies such as the CCM and Partners Forum, and to their geographical expansion across the country in collaboration with GTZ, CTB and CORDAID. UNDP funded a workshop to strengthen the capacity of PLHIV organisations.

3.42 Although PLHIV are represented in coordination and decision-making bodies at national and provincial levels as well as in associations of women and youth, they are constrained, like other civil society organisations, by weak management and technical capacity and difficulties in accessing funding.

4 Discussion points

4.1 This section highlights some key issues for consideration by stakeholders in DRC, which are also relevant to the overall evaluation. As explained in the introduction, this country study is not a comprehensive evaluation of the programme in DRC, but focuses on the effectiveness,

efficiency and value added of UNAIDS as a joint programme. It is also important to recognise that UNAIDS has been operating in an extremely difficult context in DRC, where national leadership of the response to HIV and AIDS has been severely compromised by the ongoing conflict in the country.

4.2 The UNAIDS Secretariat in DRC has made considerable efforts to implement the GTT recommendations and guidelines issued by UN headquarters and UNAIDS Geneva concerning the Division of Labour, joint teams and joint programming. The UNTG and Joint Team are established and functioning. However, there has been limited progress with implementing the Division of Labour and developing a joint programme. Separate programming by individual agencies has contributed to fragmentation and limited the coherence and effectiveness of the UN's response, especially in terms of technical support.

4.3 The UNAIDS Secretariat, together with MONUC and other bodies, has succeeded in ensuring that HIV and AIDS are reflected in the humanitarian response and in peacekeeping activities. As part of its support for the national response, the Secretariat has also played an important role in advocating for HIV and AIDS, supporting resource mobilisation, strengthening civil society, and establishing a national monitoring and evaluation framework.

4.4 Despite these efforts, the impact on the national response has been limited. National leadership and coordination mechanisms remain ineffective. The PNMLS is failing to play its role in driving the multisectoral response and managing the MAP. The UNAIDS Secretariat, with the support of CNMLS, has attempted to harmonise the MAP and Global Fund in areas such as management of ARV supply and M&E through a Memorandum of Understanding. The CCM, which is co-chaired by the Minister of Health and UNFPA, is more effective at mobilising resources than at resolving coordination and harmonisation problems.

4.5 Systems remain weak and access to HIV services remains limited. The debate between proponents of a vertical approach and a health systems strengthening approach has prevented development and implementation of a realistic and pragmatic approach appropriate to the context. Further, UNAIDS as a joint programme has been unable to facilitate the development of a shared strategic vision that could form the basis for negotiating appropriate management and implementation mechanisms with key financial and technical partners. Poor absorption of resources mobilised also limits scale up of services, reducing the chances of achieving universal access.

4.6 This raises important questions for UNAIDS about the relevance and effectiveness of the current approach. How best to strengthen leadership and coordination, provide services in the face of severe health system constraints, and maximise the efficient use of available resources in a context like DRC are critical issues. Efforts devoted to coordinating 'internal' UN system processes may be better channelled to supporting 'external' national processes and partners. The UN also needs to develop strategies to manage human resources in fragile states, including high turnover of staff, which has also contributed to less than optimal functioning of UNAIDS and of structures such as the Joint Team

4.7 At the end of the visit, the team presented and discussed their conclusions with UN heads of agencies during a Theme Group which had been convened for this purpose and for preparing the stakeholder workshop. Around 70 participants, representing all key stakeholders involved in HIV and AIDS (see Annex 1) took part in the workshop, which was chaired by the Minister of Health and co-chaired by UNDP, the UN Theme Group Chair. The team's presentation and the main points raised during discussion of challenges and the role of UNAIDS are in Annex 4.

Annex 1: List of people met

Name	Surname	Organisations	Position	Contacts
Republic Presidency				
Léonard	MASU-RUGAMIKA	Republic Presidency	Chief Advisor to the Head of State for Socio-Cult issues	099 090 35 24
Dr KIBOKO	KIBOKO	Republic Presidency	Advisor to the Head of State	0998449904
Prime Ministerial Office				
M. Adolphe	MUZITU	Prime Ministerial Office	Prime Minister	0999 566 900
Dr Brigitte	TANDU	Prime Ministerial Office	Advisor	0999 566 900
Ministry of Public Health				
Mwami	MOPIPI	National Ministry of Health	Minister	09988911274
Dr Bathé	NDJOLOKO	Office of Minister of Health	Medical Advisor	09999 08 064
Dr Jacques	WANGATA	UCP/PARSS	National Coordinator	09999 21 759
Dr Olivier	BARTHES	FED 9	Assistant Tech. Nat. Coordinator	081 20 26 535
UN Agencies				
Mr. Ross	MOUNTAIN	UN	UN Resident Coordinator	
Pierre	SOMSE	UNAIDS	UCC	0999308300
Pr. Chirume	MENDO	UNAIDS	MOSO	0999308303
Marc	SABA	UNAIDS	Management and Development Advisor	0999308302
Roger	KATONDO	UNAIDS	Programme Assistant	0999308301
Constance	KAMERHE	UNAIDS	Administrative Assistant	0999308306
Adama	GUINDO	UNDP	Resident Representative	
Nicolas	YVES	UNDP-FM	Lead Coordinator	081715 2302

	ALEXANDRE			
Alain	AKPADJI	UNDP-FM	HIV/AIDS Project Leader	0810704092
Pierrette	VU THI	UNICEF	Representative	081 333 0202
Steven	LAUWERIER	UNICEF	Deputy Representative	081 884 0068
Jean Mathieu	NDALITO	UNICEF	HIV OFFICER	0817007477
Ibrahima	DIALLE	UNICEF	HIV Life Skill Specialist	0817 00 85 04
Gertrude	MUSUAMBA	UNICEF	HIV/AIDS Specialist	081 95 00 466
Anh	LY	UNICEF	O E Protection Specialist	081 880 15 12
Dibe	GALY PANAIN	UNESCO	Lead PASE Tech. Advisor	099 94 99 459
Prof. Gambembo	GAMBEMBO	UNESCO	Lead PASE Advisor	0998186378
Gisele Irénée	KOULA	UNIFEM	Country Program Manager	081 6097155
Jean-Claude	MUENDA	UNIFEM	National Program Coordinator	099 8129 849
Martine	DERYS	UNHCR	Assistant	08151404 59
Robert	ANUNU	UNHCR	HIV/AIDS focal point	08151404 59
Constantin	YEBE	BIT	National focal point	0811481379
M. Mathieu	KAMWA	WHO	Resident Representative	081 700 54 00
Dr Compaoré	ISSEKA	WHO	HIV/AIDS Tech Administrator	0997153312
Dr KINI		WHO	Mother and Child Health	
Jean Pierre	ELLO	WHO	Health focal point	
MPOY		WHO	Monitoring and Evaluation focal point	
Marie Claire	FWELO	WHO	Health info promo focal point	
Dr Casimir		WHO	HIV/AIDS National focal point	
Saihre	MUSA MBENGA	FAO	Representative	081 333 01 49
François	NGATE	FAO	HIV/AIDS focal point	081 526 17 46
Nadia	NSABIMBONA	FAO	Member	081 43 53 719
Vangu	LUTETE	FAO	Member	0818843 278

Alex	NIARKO BAD	FAO	Member	081 88 05 401
Salif	GUIGMA	FAO	HIV/AIDS focal point	081 87 41 811
Théophile	NE MUANDJAR	UNFPA	NPO ASRH/YFP	081 710 0448
Alphonse	MATONDO	UNFPA	Head of Prevention	081 25 86 298
Pierre	JULIEN	UNOPS	UNOPS Country Director	081 700 96 03
Bertha	TRAVIESO	UNOPS	Head of Humanitarian and Post-conflict Action Programme	081 700 96 03
Cheick	DIAGNE	MONUC	HIV/AIDS Policy Adviser	081 890 65 80
Abou	DIENG	WFP	Representative	0817006710
Carine	JONCKERE	WFP	HIV/AIDS focal point	0817006712
Michèle	RUSSELL	USAID	Health Officer	0815554433
Emile	BONGO BENI	USAID	Infect. Diseases Specialist	0815554430
Inter Health Donors Group (GIBS)				
Agatha	PRATT	GIBS	PF Unicef, Chief Survie, ai	08126 86 349
Bart	CALLEWAERT	GIBS	European Union Focal point	081 89 466 97
Jean Pierre	NOTERMAN	GIBS	Belgian Cooperation focal point	
Sylvie	MONELLE	GIBS	Canadian Cooperation focal point	099 745 1667
Prof. Emile	OKITILONDA	GIBS	World Bank focal point	081 503 52 70
Marie Adèle	MATINGU	GIBS	Technical Secretariat	
Michel	MUHEMERI	GIBS	Focal point, GTZ	
Marie Jeanne	BOKOKO	GIBS	Amb focal point. CANADA	081 502 56 67
National Government Programmes				
Dédé	WATCHIBA	PNMLS	Coordinator	09999 24 874
Jonathan	KAWUMDA	PNMLS	Head of National Public Sector	09 98 33 05 44
Chris	TSHIBAKA	PNMLS	Head of National Religious Sector	0815075950
Christian	SIBOKO	PNLS	Deputy Director	099 81 65 936
Floribert	EKILA	PNLS	Head of Division	09900 36 436
José	ONYA	PNLS	Head of Division	099 45 84 448

Constantin	MINGILA	PNLS	Head of Division	099 85 99 983
François	MULUMBA	PNLS	Head of Division	081 198 2757
Freddy	SALUMU	PNLS	Head of Division	099 836 37 29
Aimé	BOLEMBO	PNLS	Supervisor	081 502 67 63
International NGOs				
Aimé	MWADI	SWAA	HIV/AIDS FP	0815208713
Raphaël	BAJAY T.	CRS /RDC	Project Director	09910095 42
Arjanne	KIETSEMA	CORDAID	Head of Mission	0819202191
Bodil	SEJEROE	HPP /Congo	Director	08116152 25
Eva	GOOSSENS	MSF	Head of Integration	081 584 24 67
Wannes	VERMANDEZ	MSF	AIDS Project Coordinator	0817152604
Dipoko	DEGRANDO	PSI/ASF	HIV/AIDS Technical Advisor	0991009542
Godé	MAYALA MABASI	FHI	Director	0998126662
Esther	BAMENGA	Fondation CLINTON	National Coordinator	0999955595
Local NGOs and Youth Groups				
Ascalin	MOOLONA	NGO POSI	Head PM	0998349703
Bienvenu	LUSIKILA	NGO / LES BATISSEURS	Direct Prov.	0898989270
Ketsia	KALENGAYI	NGO Femmes Actives	President	0813721253
Maximo	KANDA KANDA	NGO FFSY	President	0812850746
Kasongo	MUHELU	NGO FOSI	Kin. Prov. President	0998037909
Anny	LUNSE	NGO RIGIAC	National Coordinator	0898913 546
George	ENGWANDA	AIDS Fourm / Civil Society	National Presid. and Civil Society Nat. Presid. Fight Against AIDS	0998244608
Joséphine	NGALULA	NGO RAF	National Coordinator	0998526254
Espérance	MUKUBU	ACS/AMO Congo	National Tech. Coordinator	0998186765
Eric	MUKAKU	ACS/AMO Congo	Prov. Director	0999951490

Bernadette	MULELEWE	NGO	National Director	0999911169
Médard	MBUYAL	NGO FRONT MEDIA	Executive Secret.	0998175798
Amsini	MATATA	RACOJ	Committee Member	081 17 61 496
Julie	LUSAMBA	RACOJ	Committee Member	09988666346
Benj. MBIYA		RACOJ	Committee Member	0998903330
Didier	PEMBA	RACOJ	Committee Member	0812185579
Julien	PIEDI	RACOJ	Committee Member	0998344681
Julie	NSAKADI	RAJECOPOD	Committee Member	0811484326
THOTHO		RAJECOPOD	Committee Member	0897900717
Eliezer	NITU	RACOJ	Committee Member	09999 14 885
Laurent	LUMU	RAJECOPOD	Committee Member	0899198656
Rodino	TSHIBUYI	RACOJ	Committee Member	0898255287
Trésor	KASIA	RACOJ	Committee Member	0998423154
Benjamin	MUYEMERE	RAJECOPOD	Committee Member	0813142460
Dr Aimé	LOKULUTU	ENGEEN DRC	HIV/AIDS FP	0999903788
Floribert	LUMPUNGU	CIELS	Head of SE /	081 5029050
Ngongo	KULULA	CIELS	Account Sec	0819820772
Dr Eric	BAKANIANI	DGC	HIV/AIDS FP	0818135369
Dr Aimé	MBOYO	PNMLS	National Head of Private Sector	08124 78011
Gaston	ALUBU	DGRAD	HIV/AIDS FP	081 6520 699
Annie	MONGAY	CIELS	Head of Training, Comm. and Study	0816864937
Lazare	ANGOLO	NGO Fondation des ANGES	HIV/AIDS FP	081772646
Maximilien	NKIESOLO	CIELS	General Secretary	0816808227
Dynah	KAKESA	GRAND HOTEL	HIV/AIDS FP	0815035136
Capitaine.	BARAJOSA	UCOP+	Military PFU. FA.	0897685345
Cesare	MOBUNZA	CONERELA+	Finance Assist.	0812727731
André	SUKADI	UCOP+	Committee Member	0819071571

Clarisse	MAWIKA	SECAV	President	0999901431
Aline	OKONGO DISASHI	RCP+	President	08989 41743
Ange	MAVULA	UCOP+	Committee Member	0811414007
Jean	LUKEL	RNOAC-GS	President	081670505
Bendafide		UCOP+	Committee Member	0810525121
Erick	NGOIE	UCOP+	Advisor	0819012479
Dr Jaynet	D. KABILA	Fondation LDK	President	0818802875
Judith	KIPIAMBA	UCOP+	Committee Member	0998105968
HIV/AIDS Control Cells in Government Ministries				
Pierre	LUFULUABO	ESU	CLS FP	081 83 56 634
Christine	NEPA	PUBLIC FUNCTION	CLS FP	0998 17 91 70
Marthe	NDALA	SOCIAL AFFAIRS	CLS FP	081 278 19 70
Madeleine	LUMPUNGU	AGRICULTURE	CLS FP	0998215887
Raymond	YUMBA	TRANSPORT	CLS FP	09999 12 515
IYANZA	MBAKO	Scientific Research	CLS FP	09999 29 016
Gilbert	HONCKAN	CULTURE AND ARTS	CLS FP	081599 3757
Joseph	BULA BULA	GENDER, FAMILY AND CHILDREN	CLS FP	0898 53 72 82
BOLENGE	BOTUMBE	MJS	CLS FP	08181 074 58
Félix	TSHALA MUAKU	MINISTRY OF DEFENCE	PALS	0818 12 17 81

Participants in stakeholder workshop: 20 February 2009

N°	Name	Surname	Institutions	Tel	E Mail
1	Dr.Berthe	BANZUA	UNICEF	0817150477	Bbanzua@unicef.org
2	Dr .Gertrude	MUSUAMBA	UNICEF	0819500466	gmusuamba@unicef.org
3	J Mathieu	NDALIKO	UNICEF	0817007477	jmndaliko@unicef.org
4	Dr. Cheikh	DIAGNE	MONUC	0818907448	diagne@un.org
5	YANDE	KANE	MONUC	0818801826	kanen@un.org
6	Dr. Joseph	OKENGE	PNLS	0815000750	dokenge@yahoo.fr
7	Dr.Alphonse	MATONDO	UNFPR	0812686317	matondo@unfpr.org

	Prof. MALASI	NGANDU	MSP Office	0815170330	malasidenis@yahoo.fr
9	Eugénie	LIFESSE	Presse Référence plus	0998316326	lifesseeugenie@yahoo.fr
10	NUCIESOVO	LUAKA	CIELS	0816868227	Julien-nkieso@hotmail.com
11	Dr.Aimé	MBOYO	PN MLS	0812478011	dramboyo@yahoo.fr
12	Ange	MAVULA	UCOP	0811414007	mavulson@yahoo.fr
13	Joseph	MUDUGURI	FMLD KABILA	0817440655	Mudugunz2000@yahoo.fr
14	Denis	WELA	SACGT/MIN.PLAN	0810363833	deniswela@yahoo.fr
15	Constantin	YEBE	BIT	0811481379	yebe@ilo.org
16	Kelon ELONGA	KASONGO	Vice PM office in charge of Reconstruction	0999904448	kasongokelon@yahoo.fr
17	Michel	MULOUWE	UE/DCE	0817009425	
18	Dr.Felix	TSHALA MUAKA	FARDC	0818121781	felixtshala@yahoo.fr
19	Dr.Brigitte	TANDU	PM office	0991566900	nzolatandu@orange.fr.
20	Dr.Yves Pierre	ALEXANDRES	PMUD/FM	0817153023	Nicolas.alexandre@unfp.org
21	Jacqueline	MULANGA	UNAIDS/Consultant	0898957830	mulangakie@yahoo.fr
22	Denise	NDAGAMO	UNAIDS/UNDP	0990670894	Denisendagamo@hotmail.com
23	MURHABAZI		UNAIDS/UNDP	0997731279	Vindicien.murhabazi@undp.org
24	Bathé	NDJOLOKO	MSP Office	0999908064	Bathe42@hotmail.com
25	Anaclet	VUNEBO	Phare	0998379593	avous_tene@yahoo.fr
26	Thérèse	TSHITENDE	CARITAS	0999303927	theresetsitende@yahoo.fr
27	Odiane	LOKAKO	ONG/ELCOS	0998106622	odiane-la@yahoo.fr
28	BOUBACAR	DIARRA	UNESCO	0817150528	b.diarraeun@unesco.org
30	Pierre	GAMBEMBO	UNESCO	0998186378	p.gambembo@unesco.rg
31	CHIRUME	MENDO	UNAIDS	0999308303	Chirume.mendo@undp.org
32	Nadia	NSABIMBARA	FAO	0814353719	Nadia.sabimbara@yahoo.fr
33	SALIF	GUIGMA	FAO	0818741811	Salif.guigma@yahoo.fr
34	Dr. Jean	DIVENGI	CIC/Kimbanguiste Church	0818124848	jpdnzambi@yahoo.fr
35	Dr. Fatuma	KIBOKO	Republic Presidency	0998449904	Kibifatuma56@yahoo.fr
36	Mme Jaynet	D .KABILA	Fondation Mzee LAURENT D.KABILA	0815091400	jdkabila@gmail.com
37	Mme Agatha	PRATT	UNICEF	081266349	apratt@unicef.org
38	Jean-Pierre	NOTER MAN	Ambassador of Belgium	0898952838	jean-pierre.Noterman@diplobel.fed.be
39	Marc	SABA	UNAIDS	0999308302	saba@uAIDS.org
40	Gilbert	AHO	UNDP		Gilbert.aho@undp.org
41	Campaore	TESEKA	WHO	0817150708	
42	Doudou	KASUBA	Tropicana TV	0998245384	
43	Athy	LISONGO	RTNC/RADIO	0997555670	lisongocathy@yahoo.fr
44	Michou	KERE KERE	Numerica TV	0813491064	Michelkasongo2000@yahoo.fr
45	Laurent	KAMBALE KAPUND	UNAIDS	0997088267	lkkapund@live.be
46	Georges	TIENDREBEOGO	Royal Tropical Instit		g.tiendrebeogo@kit.nl
47	WANNES	VERMANDER	MSF-B	0817152604	
48	Nathalie	LASSLOP	CORDAID	1703136556	NLL@cosdaid.nl
49	Dr. Marie Jeanne	BOKOKOS	Canadian Coop	0815025667	Mjeanne.botoko@uaprdc.org

50	Maria ALVAREZ	URTURI	UNOPS	0817009601	mariau@unops.org
51	Angélique	HELIAN KIKUDI		0995352327	angeliquekikudi@gmail.com
52	SINGWA	VUELE	RTNC	0998187576	sengwa@yahoo.fr
53	Remce		CORDAID		Rve@cordard.nl
54	Arjanne	RIETSENA	CORDAID	0819202191	Arjanne.riestsema@cordard.net
55	DIPOKO	EMBOLA DEGRA	PSI/ASF DRC	0991649097	dipoko_degrando@yahoo.fr
56	Henry	GOT	CE	0818946702	Henry.got@cc.euroga.eu
57	Pierre	SOMSE	UNAIDS	0999308300	somsep@onusida.org
58	Ange	MAVULA	UCOP	0811414007	mavulson@yahoo.fr
59	Joseph	MUDUGURI	FMLD KABILA	0817440655	Mudugunz2000@yahoo.fr
60	Denis	WELA	SACGT/MIN.PLAN	0810363833	deniswela@yahoo.fr
61	Constantin	YEBE	BIT	0811481379	yebe@ilo.org
62	KASONGO	ELONGA KELON	Vice PM office in charge of Reconstruction	0999904448	kasongokelon@yahoo.fr
63	Maximilen	NKIESOLO LUAKA	CIELS	0816868227	julien_nkieso@hotmail.com
64	Dr. Felix MUAKA	TSHALA	FARDC	0818121781	felixtshala@yahoo.fr
65	ADAMA	GUNDO	UNDP		
66	Dr. Matthieu	KAMWA	WHO		
67	Médard	ONUBAISO	UNAIDS/UNDP	0810382513	Medard.onobaiso@undp.org
68	Denise	NDAGAMO	UNAIDS/UNDP	0990670894	Denisendagamo@hotmail.com
69	Bathé	NDJOLOKO	MSP Office	0999908064	Bathe42@hotmail.com
70	Anaclet	VUNEBO	Phare	0998379593	avous_tene@yahoo.fr

Annex 2: List of documents consulted

1. Rapport national de suivi UNGASS – 2007

   National Monitoring Report UNGASS – 2007
2. Rapport d'audit institutionnel des structures de coordination de la lutte contre le sida en RDC

   Institutional audit report on coordination structures for AIDS control in DRC
3. Rapport final plan de travail – 2007

   Final working plan report – 2007
4. Draft du plan de Travail de l'équipe conjointe 2008/2009

   Draft of plan for joint team Work 2008
5. La politique nationale de la RDC en matière de préservatif

   DRC national policy on condoms
6. Revised unified budget and workplan 2006-2007
7. UNDAF – CAF
8. 2006–2007 unified budget and workplan (performance monitoring and evaluation framework)
9. Revue annuelle du secteur de la sante (termes de référence)

   Annual review of health sector (terms of reference)
10. Mesures transitoires (décentralisation dans le secteur de la sante)

    Transitional measures (decentralisation in the health sector)
11. Projet d'ordonnance portant sur la création et l'organisation du PNMLS

    Ordinance project on the creation and organisation of PNMLS
12. Rapport final de la semaine spéciale du lancement de la campagne africaine d'accélération de la prévention du VIH dans la province du Katanga

    Final report of the launch week for the African campaign for the acceleration of HIV prevention in Katanga province
13. Rapport de l'atelier de mise en commun et d'harmonisation des groupes thématiques

    Report of the pooling and harmonisation of study groups workshop
14. March update on status of security and stabilization strategy for eastern DRC
15. Document du processus CHAT

    CHAT process paper
16. Rapport d'implantation du chat dans la province du Katanga

    Report on setting up CHAT' in Katanga province

17. Rapport d'implantation de l'outil d'harmonisation et d'alignement du pays en province orientale

    Report on setting up the country's harmonisation and alignment in western province

18. Rapport d'évaluation de l'implantation de l'outil d'harmonisation et d'alignement au pays (CHAT) dans la province du sud-kivu

    Evaluation report on setting up the country's harmonisation and alignment tool (CHAT) in the South-Kivu province

19. Note de présentation du programme d'actions prioritaires (PAP) du gouvernement

    Note on presentation of the government's priority action programme (PAP)

20. Plan d'action du pacte de performance gouvernement/bailleurs – 2008

    Action plan for the government/donors performance pact - 2008

21. Rapport pays sur les ressources et dépenses liées a la lutte contre le vih et le sida en RDC (exercices 2005 et 2006)

    Country report on the resources and expenses linked to control of HIV and AIDS in DRC (financial yars 2005 and 2006)

22. Analyse de la réponse nationale a l'épidémie du sida

    Analysis of the national response to the AIDS epidemic

23. Revue annuelle 2007

    2007 Annual review

Annex 3: Progress towards five-year evaluation recommendations

Rec. No.	Abbreviated description	Notes on actions taken	Progress[5]
3	Support for the GFATM	• Negotiation and facilitation for PR selection • Support creation of proposals (Rounds 3 and 7) • Participation in CCM • Participation in selection processes of sub-recipients /quality control • Evaluation of sub-recipients • Activation of GIST to resolve the operational/relational problem with the Secretariat of the Global Fund	H
10	UNAIDS …maintains global advocacy, with particular emphasis on political and resource commitments. Opportunities need to be taken to advocate for a gendered response and to promote the successful techniques of partnerships and horizontal learning	• Constant advocacy directed at the government and partners (national and international) • Participation in the mobilisation of resources for the national response but little impact on the effective implementation of available funding (Global Fund and MAP) • Strengthening capacities and visibility of country office (DFID support) • Few actions in the area of gender apart from on the issue of sexual violence • Setting up and conducting the Joint Team and the launch of a process to pool technical capacities (based on the Division of Labour and directives on harmonisation of technical assistance/TSF). This process is still in the very early stages	M
11	Secretariat expands current work on information into a substantial functional area to support the roles of coordination, advocacy and capacity building.	• Dissemination of the Three Ones principles and support for national adaptation • Support for the set up of corresponding structures • Dissemination of GTT recommendations and the Paris Declaration through CHAT, MOU between Global Fund and MAP, CAF	M

[5] H-High; M-Medium; L-Low. Assessment by the evaluation team

Rec. No.	Abbreviated description	Notes on actions taken	Progress[5]
12	Develop a strategy and workplan to promote evaluations and research into impact at national and regional levels, with the aim of generating data to inform national responses. Priority should be given to studies of behavioural change and contextual factors, including gender, stigma and poverty.	• Support for development of a national M&E framework • This M&E framework has not been funded and therefore has not been implemented	L
13	Develop CRIS with objectively measurable indicators of an expanded response at country level	• CRIS developed, training for users carried out but weak usage (the tool is not technically functional)	L
14	UBW to bring together all planned expenditure on HIV/AIDS by the cosponsors at global and regional levels should be continued and expanded to reflect all country level expenditure as well	• No participation at country level in the development of UBW	L
16	Humanitarian response.	• Advocacy to consider HIV in the humanitarian response, production of guidelines, strengthening of humanitarian stakeholder capacity, participation of programming processes • Consideration of HIV in the humanitarian action plan but • little or no involvement on the ground	M
17	Cosponsors should promote high standards of transparency and reporting by publishing and making publicly available all Cosponsor country and regional budgets and the annual outturn	• Certain Cosponsors have made progress towards greater transparency but it is still not the norm (the different agencies do not have the same culture in this area, and the fact of being Cosponsors does not change practices) • Presentation of budgets is not systematised which means that transparency varies according to the agency	M
18	In those countries where a medium-term expenditure framework and public expenditure review process is underway, that HIV/AIDS be treated as a specific crosscutting topic for monitoring and reporting	• No CDMT or public expenditure review for the period in question	NA
19	OECD donors should link their own bilateral country programmes to national HIV/AIDS strategies and	• Donor agencies are aligned with national strategies to fight AIDS • Their financial contributions to	M

Rec. No.	Abbreviated description	Notes on actions taken	Progress[5]
	make financial contributions to HIV/AIDS work by the cosponsors conditional on demonstrated integration and joint programming, reflecting the comparative advantage of the cosponsors at country level	the Cosponsors are not based on joint programming (which does not exist anyway) but probably considers the comparative advantages of agencies	
20	Continue with and expand the PAF facility, especially to support monitoring and evaluation, if current initiatives by the Secretariat can be shown to improve the allocation process, utilisation and speed of processing.	• PAF has continued but the volume has not been increased for DRC • PAF has not particularly supported M&E activities • Approval/allocation mechanisms of the PAF and the speed of dealing with requests have not been significantly improved	L
21	Numbers and disposition of CPA		
22	Theme groups should have clear objectives with monitorable indicators of both substantive change and process contributions to the national strategy	• Each year, the UNCT determines priority objectives and actions in support of the national response (by using UNDG directives) • An annual monitoring report is prepared by the Joint Team, approved by the UNTG and integrated in the RC annual report	H
23	Expanded theme groups should evolve into partnership forums, led by government	• Partners Forum led by the government (Ministry of Health) created in July 2007 • This Forum has been integrated in the monitoring mechanisms of the implementation of the Paris Declaration and the DSRP (called the HIV/DSRP Study group)	H
24	Expand and strengthen national systems to monitor and evaluate interventions, and analyse surveillance data	• Set up of an M&E unit within PNLS and PNMLS • Creation of a national M&E framework • Allocation of an M&E Advisor to the UNAIDS office • Support for the annual collection and analysis of epidemiological data (which does not cover the entire country) • Support for the realisation of EDS (2007) • But the system remains patchy and data is weak	M
25	Programme of joint reviews led by national governments should be launched	• In 2006, concerted launch of a review including several components: - institutional aspects (CHAT)	H

Rec. No.	Abbreviated description	Notes on actions taken	Progress[5]
		- programming aspects (evaluation of sub-recipients) - technical aspects (evaluation of the quality of PEC) - epidemiological aspects (sentinel surveillance and EDS)	
26	UN system at country level must take a strategic view of implementation of national policies and strategies and exploit opportunities for synergy between the sectors	• Each year, UNCT determines its actions to support the national response based on a strategic analysis and directive of UNAIDS and UNDG • This strategy is reflected in the CAF, in the UNCT annual action plans and in the government's priority actions plan	H
27	UNAIDS to act as a broker of good practice for local-level efforts that are designed for horizontal learning and replication	• Little evidence • Organisation of a conference on STI (2005) during which good practice was identified (but this has not been rolled out and/or replicated)	L
28	Increase support for scaling up by developing strategies as a service both to national governments and to partner donors	• Support for creation of a road map and establishing 2010 targets • Support for Global Fund implementation including the definition of a vertical emergency supply system (despite the effectiveness of the innovative system having enabled ARV treatment for 13,000 patients in record time during the 1st phase, its implementation has been abandoned)	M

Annex 4: Material from the feedback workshop

Key slides

Slide 6
National context:
- Conflict resolution, fragile State and humanitarian needs
- AIDS in good position of the political agenda
- Weak health system
- Insignificant national budgets
- Institutional HIV/AIDS framework in place but not functioning
- Resources mobilised for universal access (approx. 350m$)

Slide 7
National context:
- Between 1 and 2 million people infected
- Feminisation and 'youth aspect' of the epidemic
- No approved National Strategic Plan
- Major operationalisation difficulties of existing projects
- Marginal coverage of needs (prevention, screening, care)

Slide 8
UNAIDS role in the response:
- Constant advocacy to national decision makers
- Consideration of HIV in the humanitarian response
- Set up of coordination and partnership development platforms (partners' forum…)
- Support for better involvement of civil society (including PLHIV, youth, women)
- Improvement of legal framework

Slide 9
Joint Team
- Operational since 2006
- Regular meetings
- Division of work between agencies adopted and joint programme in process of being created
- Strong representation of UNAIDS at GIBS, CNP of SRSS and GT DRSP
- Participation in CCM and support for the mobilisation of Global Fund resources

Slide 10
UNAIDS has, on the whole, fulfilled its mandate, but what impact has it had on the national response?
- National leadership is not effective
- Coordination and harmonisation mechanisms in place are not effective
- No convincing strategy to enable improvement of access to services given the constraints of the system
- Poorly coordinated technical support
- Persistent lack of accountability
- Scale up has not happened

Slide 11

Main challenges identified

- Make leadership and coordination effective
- Set up services which meet the main needs despite the constraints of the health system and the national context
- Create conditions so that all stakeholders achieve efficient usage of available resources…

… which forms a better pledge for the mobilisation of additional resources in the future.

Feedback Workshop 'Future Challenges' Exercise

What are going to be the main challenges in the next 5 years?	**How should UNAIDS respond?**
To continue strengthening 'leadership' of the national party	• Help to find 'drivers' who are capable of leading the response at local level • Carry out regular institutional audits (every ? years) and look to correct any weaknesses identified • Involve national authorities in the conception, implementation and monitoring-evaluation of activities to fight against HIV/AIDS • Support initiatives of sharing experiences with other countries in the region
To define a vision and strategy to fight against AIDS/HIV which is adapted to reality and the constraints of DRC	• Redefine the UNAIDS mandate in DRC and refocus its activities and 'modus operandi' based on an analysis of needs and constraints in DRC • Provide support/advice on concrete and practical aspects of the response such as, for example: supply and distribution of medication and input products, biological monitoring, set up of CDV, management of human resources, etc. • Define strategies (of prevention and care) which meet the needs of vulnerable groups : women, youth, sex professionals • Be innovative and test pilot experiences aiming to provide preventative and curative services for target groups • UNAIDS should ensure it is not identified by PLHIV : prevention remains fundamentally in DRC
Arrange suitable funding. In order to do so: • Develop a true funding policy in the medium and long term • Improve the efficiency, governance and mutual responsibility	• Continue to support grants being obtained from GF in the area of HIV/AIDS • Help remove obstacles to payment of available funding • Improve tracking and monitoring resources

Strengthen the performance of the Health system (RSS)	• Assist in developing and adopting a realistic approach to the involvement of ZS and EDC in the implementation of the response at local level • Define UNAIDS role in terms of RSS and establish a precise division of work (between Secretariat and Cosponsors) in this area • The importance of RSS should not forget that the fight against AIDS calls for a multisectoral response