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*Annex I to the background paper for provisional agenda item 4:*

**Annex I**

**2006–2007 Unified Budget and Workplan  
Performance Monitoring and Evaluation Framework**



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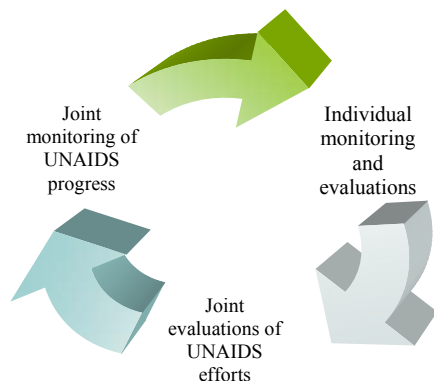
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## **Introduction**

The Joint United Nations Programme on HIV/AIDS (UNAIDS) unites, coordinates and synergizes the efforts of ten agencies of the UN system: Office of the United Nations High Commissioner for Refugees (UNHCR), United Nations Children’s Fund (UNICEF), United Nations Development Programme (UNDP), United Nations Population Fund (UNFPA), United Nations Office on Drugs and Crime (UNODC), International Labour Organization (ILO), United Nations Educational, Scientific and Cultural Organization (UNESCO), World Food Programme (WFP), World Health Organization (WHO), World Bank, and the UNAIDS Secretariat. The Unified Budget and Workplan (UBW) of UNAIDS is a reflection of UN reform in action. In the realm of UN system programming and operations, the UBW is a unique tool that unifies in a single two-year strategic framework the coordinated AIDS actions of ten UNAIDS Cosponsors and the Secretariat.

With the growing scope, reach and impact of the work of UNAIDS, as well as the substantial increases in its budget over the past several bienniums, there is an increasing need to strengthen individual and collective performance monitoring, evaluation and reporting. UNAIDS responded by preparing a streamlined results-based UBW<sup>1</sup> for 2006–2007. The UBW includes results and indicators both at the level of UNAIDS as a whole and of individual UNAIDS Cosponsors and the Secretariat.

In the report on its 17<sup>th</sup> meeting, the UNAIDS Programme Coordinating Board (PCB) commended UNAIDS for “*strengthening the results-based management framework of the Unified Budget and Workplan 2006–2007, making it ... a better tool for accountability...*” The PCB also requested “*UNAIDS to take further steps to strengthen the Unified Budget and Workplan as an instrument for UN system coherence ... with a strengthened results-based management approach*”. The 2006–2007 UBW Performance Monitoring and Evaluation Framework is designed to support results-based management, to promote transparency, strengthen accountability, improve reporting, and reflect synergistic links between collective and individual levels of effort. It will serve as a framework for monitoring and assessing outcomes of UNAIDS effort, promoting cohesiveness in tracking and reporting, and facilitating access to information on progress across UNAIDS. It is a mechanism for generating information for evidence-based decision-making across the cosponsored Programme and for improving organizational learning.



The Performance Monitoring and Evaluation Framework has three components: 1) joint monitoring of the progress towards the UNAIDS Principal Results through the use of a performance monitoring matrix, 2) joint evaluations of UNAIDS effort in selected priority areas, and 3) individual performance monitoring and evaluation of the key results of Cosponsors and the Secretariat. All three components are interlinked and collectively contribute to more comprehensive assessment of UNAIDS performance.

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<sup>1</sup> The 2006–2007 UBW was reviewed and revised by the UNAIDS Cosponsors and the Secretariat to align its key results, deliverables and indicators with the recommendations of the Global Task Team on Improving AIDS Coordination among Multilateral Institutions and International Donors and Universal Access to HIV prevention, treatment, care and support.

The development of the Framework was a collaborative process involving UNAIDS Cosponsors and the Secretariat through the Cosponsor Evaluation Working Group (CEWG), whose terms of reference are presented in Sub III. The joint effort focused on development, review and validation of indicators; identification and agreement on baseline information; definition of the source of monitoring information; the scope and periodicity of reporting; assignment of responsibilities and roles; and agreement on coordination mechanisms.

This process took place through a number of technical consultations convened under the leadership of the UNAIDS Secretariat with active involvement of the CEWG. The process also included peer review of internal performance monitoring systems, a mapping of Monitoring and Evaluation systems and approaches of UNAIDS Cosponsors, as well as the review of the evaluations of AIDS-related work of the Cosponsors conducted over the period of 2003–2005.

### ***Principles and foundation of the Framework***

Performance monitoring and evaluation for the UBW is guided by the principles outlined in the UN Evaluation Group (UNEG) paper on Evaluation Norms and Standards, by the OECD/DAC evaluation principles and other evaluation policies and guidelines adopted in the UN system. The principles emphasize credibility, impartiality, independence, cost-effectiveness, transparency, consultation, contribution to learning and knowledge building within the UNAIDS Partnership.

Given the unique cosponsored nature of the Joint Programme, the following goals also influenced the development of the Framework:

- *UN collaboration and harmonization.* UNAIDS monitoring and evaluation will draw upon the monitoring and evaluation efforts of the ten UNAIDS Cosponsors and the Secretariat and at the same time will contribute to further harmonization in monitoring and evaluation processes.
- *Results orientation and performance management.* Performance monitoring and evaluation will aim to help UNAIDS collectively manage for results by monitoring progress and assessing the impact of the UNAIDS cumulative effort. A strengthened performance monitoring culture will contribute to improved design of results-oriented programmes, while the generation of monitoring and evaluation information will support informed management and decision-making for strategic planning and programming.
- *Focus on contributions of individual and collaborative efforts.* To assess the progress of ten individual UN agencies and the Secretariat towards common goals in the response to AIDS epidemic, it is understood that *attribution*—the precise causal link between results or observed changes and individual interventions—may not be feasible or desired. Rather, the founding premise of this Framework is *contribution*, which translates into the establishment of credible links between individual or collaborative interventions and results of collective UNAIDS effort towards global progress in curbing and reversing the AIDS epidemic.

The Performance Monitoring and Evaluation Framework for the 2006–2007 UBW takes into account the experience in UBW monitoring, evaluation and reporting over the biennia. The previous 2004–2005 UBW had no formal system to monitor progress in

collective UNAIDS effort, to ensure coherence and to provide accessible information on the individual progress across the Joint Programme. The 2006–2007 UBW has a simplified and strengthened results' structure to provide a better platform for results-based management, reporting and accountability. The 2006–2007 UBW has a streamlined system consisting of 16 Principal Results at the level of the joint programme, which are linked with 49 key results at the level of the individual Cosponsors and the Secretariat. This represents a major shift from over 487 key results formulated under the six areas of work for the 2004–2005 UBW.

The 2006–2007 UBW Principal Results are oriented towards the ten areas of commitment in the Declaration of Commitment on HIV/AIDS endorsed by 189 UN member states in June 2001. This orientation ensures a strong link between the goals, targets and monitoring of the Declaration of Commitment and the Framework. The Framework also links with the goals and targets of the Millennium Development Declaration, in particular Target 7 on HIV/AIDS under Millennium Development Goal 6<sup>2</sup>. The progress in achieving the 16 Principal Results will support advancements in all ten thematic areas of the UNGASS Declaration and the achievements of Millennium Development Goal targets on HIV/AIDS and those related to extreme poverty, hunger eradication, child mortality, and maternity health.

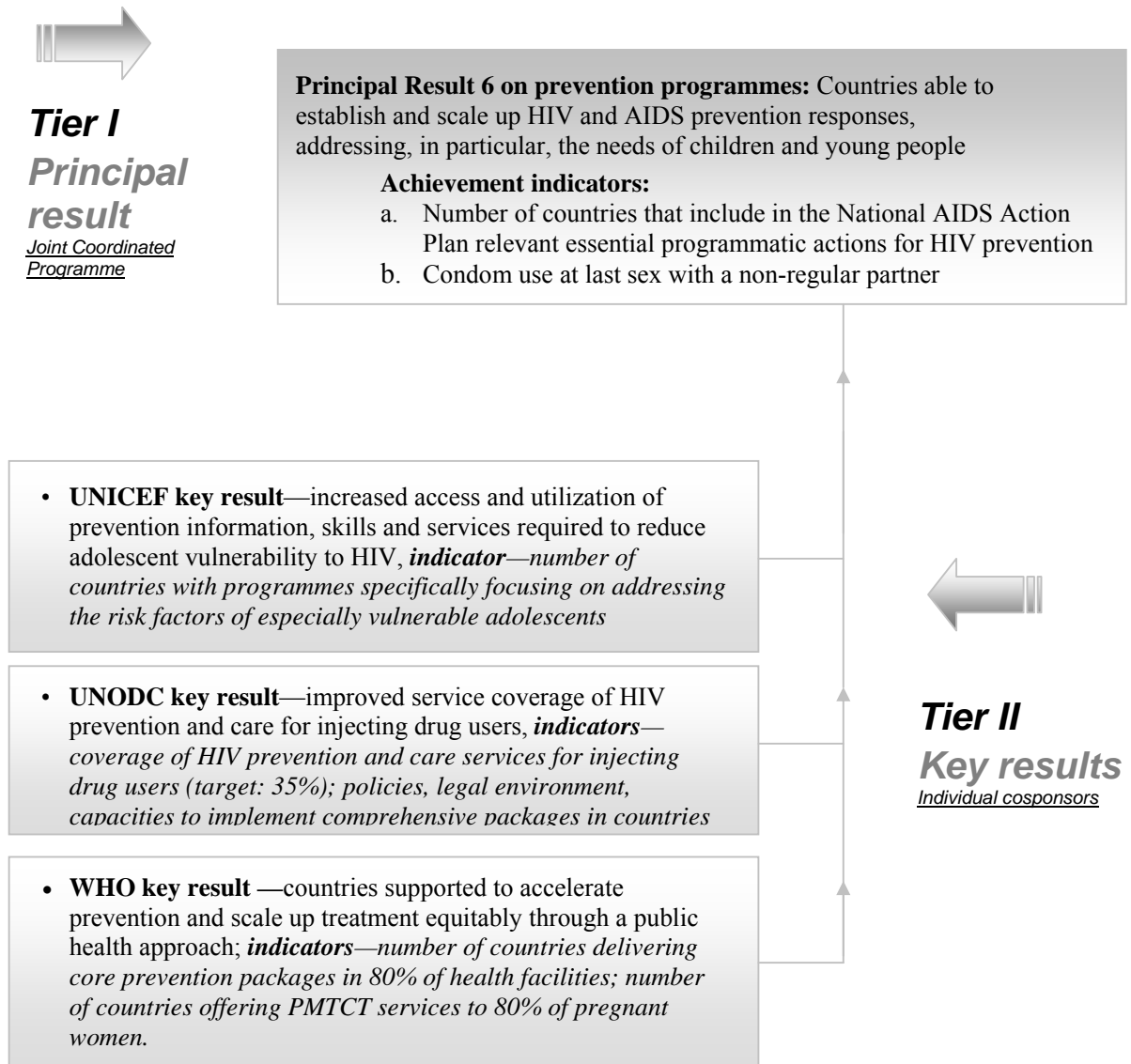
The Framework is embedded in the results-based structure of the UBW. It takes into account that efforts and resulting individual results of one or several UNAIDS Cosponsors and the Secretariat may be required to achieve a particular Principal result. To construct an overall architecture of the interrelated and complementary sets of results, each key result is linked to one, two or three Principal Results. Figure 1 illustrates the two-tiered structure and links between the UNAIDS collective effort in enabling countries to establish and scale up HIV prevention responses and the contributions from Cosponsors and the Secretariat towards achieving that Principal result.

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<sup>2</sup> Millennium Development Goal 6: Combat HIV/AIDS, malaria and other diseases, has two targets: to have halted by 2015 and begun to reverse the spread of HIV/AIDS. Target 7 has three indicators:

18. HIV prevalence among pregnant women aged 15–24 years
19. Condom use rate of the contraceptive prevalence rate
  - 19.a. condom use at last high-risk sex
  - 19.b. percentage of population aged 15–24 with comprehensive correct knowledge of HIV/AIDS
20. Ratio of school attendance of orphans to school attendance of non-orphans aged 10–14 years.

Figure 1



Thus, for the first time since its inception, the UBW has an aggregate level of common results with agreed indicators to measure, illustrate and help assess achievement of the expected results. The two-tiered structure will allow monitoring the collective progress of the Joint Programme in a structured, priority-driven and transparent way. Specific key results of each Cosponsoring organization and the Secretariat with associated indicators represent a second tier. It will enable monitoring progress at the individual agency level.

### ***Three components of the Framework***

The Performance Monitoring and Evaluation Framework has three components: 1) joint monitoring of the progress in achieving the UNAIDS Principal Results through a performance monitoring matrix, 2) joint evaluations of UNAIDS effort in selected priority areas, and 3) individual performance monitoring and evaluation of the key results by UNAIDS Cosponsors

and the Secretariat. All three components are interlinked and contribute to more comprehensive assessment of UNAIDS performance.

***Component 1: monitoring of UNAIDS collective progress through the performance monitoring matrix***

The monitoring of UNAIDS collective progress is done against achievement indicators formulated for the 16 UNAIDS Principal Results. The 35 indicators for the Principal Results were jointly developed under the leadership of the UNAIDS Secretariat with the involvement of all Cosponsors, through the CEWG. Indicators are both quantitative and qualitative in nature. They are intended to provide an objective means to verify the extent to which each of the Principal Results will have been achieved at the mid-term and at the end of the biennium. Each of these indicators was selected because most of these data are already being collected by countries and the UN system, thus not adding to the burden for programme staff.

The Performance Monitoring Matrix, represented in Sub I, outlines the achievement indicators for each of the 16 Principal Results and describes the established baselines, defined sources of data, and frequency of data collection and reporting. Table 1 is an example from the Performance Monitoring Matrix for one indicator of Principal result 7 on women and girls.

**Table 1**

<b>Principal result 7</b>					
<i>Women and girls:</i> Policies and programmes implemented to empower women and adolescent girls to reduce their vulnerability and to protect themselves from the risk of HIV infection.					
<b>Achievement indicators</b>	<b>Baseline</b>	<b>Data source</b>	<b>Frequency</b>	<b>Suppl. data</b>	<b>Core group</b>
a. Number of countries with AIDS strategies and action frameworks that address the needs of women and girls	2003 UNGASS reports: 69% of countries report having policies to ensure equal access by women to HIV-related services  2005 interim UNGASS report  2005 UNAIDS country reports	UNGASS core indicator/NCPI  Number of countries with national strategies or action frameworks addressing women and girls  UNAIDS country annual reports	Biennial    Annual	UNGASS indicator/part a 7. Percentage of women with advanced HIV infection receiving antiretroviral combination therapy	UNICEF, UNDP, UNFPA, UNODC, UNESCO, UNHCR, Secretariat, including the secretariat of the Global Coalition on Women and AIDS

The Performance Monitoring Matrix aims to be realistic in its scope and content. It avoids development of new systems or processes of data collection. As illustrated in Table 1, one of the main sources of monitoring data is regular reports from countries (governments and nongovernmental organizations) on the implementation of the Declaration of Commitment on



HIV/AIDS. In the process of developing achievement indicators for the 16 Principal Results it was ensured that, whenever appropriate, core indicators for the Declaration of Commitment<sup>3</sup>, would be used. As a result, out of the 35 achievement indicators for Principal Results, 17 coincide with the core indicators for the Declaration of Commitment on HIV/AIDS. Another important source of monitoring data is the annual country reports from UNAIDS offices. To ensure credibility of country-level information channelled through the UNAIDS country reports, the reports will be reviewed and cleared by the joint UN country teams on AIDS.

The overall convening responsibility for monitoring collective progress towards the 16 Principal Results rests with the UNAIDS Secretariat. Cosponsoring organizations will support this role through participation in core groups in distinct thematic areas. Decisions on membership in a core group were informed by whether a particular Cosponsor had a key result that contributes and was linked to a Principal result and by the agreed UNAIDS division of labour for technical support. The membership of the core groups is outlined in the Matrix, Sub I.

The core groups will be called upon to support:

- development and refinement of indicators for Principal Results;
- defining baselines and sources of data;
- validating collected information and conducting analyses; and
- producing synthesis reports and/or providing inputs on specific areas for the UNAIDS overall reports.

### ***Component 2: joint evaluations of UNAIDS effort in selected areas***

In 2006–2007 the Joint Programme is allocating substantially greater effort to programme evaluations of the overall response to AIDS in selected areas of work. The purpose of the joint evaluations will be to yield evidence-based recommendations to help UNAIDS Cosponsors and the Secretariat refine targets, adjust working methods and alter strategies to better support countries.

The joint evaluations will complement the evaluations conducted individually by UNAIDS Cosponsors and the Secretariat. They address specific global, regional, and selected country UNAIDS initiatives implemented in the framework of the Unified Budget and Workplan. The joint evaluations will be conducted for specific topics and may also focus on a region or subregion or a sample of countries. They will include both in-depth performance assessments and evaluations of structures and management systems. They will focus on issues of concern to several agencies, including:

- why results were or were not achieved;
- causal attributions of collective UNAIDS effort to results;
- lessons learnt for improving the UBW and its implementation, e.g. a joint assessment of effectiveness of the interagency subregional initiatives—new catalytic activities in the 2006–2007 UBW—in harmonizing AIDS response at regional level.

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<sup>3</sup> UNAIDS (2005). Monitoring the Declaration of Commitment on HIV/AIDS: Guidelines on construction of core indicators. Geneva.

The Cosponsor Evaluation Working Group (CEWG) will play a key role in planning, prioritizing and overseeing implementation of joint evaluations. During the biennium, UNAIDS plans to conduct one thematic evaluation, one functional evaluation, e.g. of UNAIDS coordination mechanisms at different levels, one regional or subregional evaluation, and three country specific evaluations with broad-based geographical representation.

For each planned joint evaluation, a Task Force may be established under the auspices of the CEWG with Monitoring and Evaluation and Programme specialists from relevant Cosponsors and the Secretariat. The responsibility of such Task Forces may include:

- defining the purpose, scope and type and designing the key evaluation questions;
- developing the methodology;
- developing the workplan and budget;
- elaborating the terms of reference and selecting an external entity to conduct evaluation, if an external evaluation is chosen;
- overseeing implementation; and
- reviewing, assuring quality and finalizing reports in line with established UN standards.

### ***Component 3: individual monitoring, evaluation and reporting by Cosponsors and the Secretariat***

Performance monitoring of individual progress towards achieving key results by the Cosponsoring organizations and the Secretariat is their institutional responsibility. Monitoring will be conducted against achievement indicators for key results developed by each Cosponsoring organization and the Secretariat and shown in the Annex I of the 2006–2007 UBW. The timeline for monitoring and reporting will depend on the respective institutional cycles of the Cosponsors and the Secretariat, but shall occur at least once annually. Collecting baseline information, selecting the means of verification as well as reporting on those indicators also falls under the responsibility of each Cosponsor and the Secretariat.

The monitoring reports on the achievement of the key results will be further supplemented by summaries of deliverables produced by Cosponsors and the Secretariat, as well as by case studies from specific countries, subregions, or regions or on major initiatives.

The evaluation studies conducted by the Cosponsors and the Secretariat during the reporting period will supplement agency reports on key results. Such evaluations will also contribute to the overall assessment of UNAIDS effort. For example, such studies as the “Evaluation of the World Bank’s Assistance to HIV/AIDS Control”, or UNICEF’s “Evaluation of the project on Voluntary Confidential Counselling and Testing” will complement the progress reports of these Cosponsors, will enrich the overall UNAIDS performance report, and will support knowledge sharing in specific areas.

### ***Reporting and information sharing***

Reporting on the progress in the UBW implementation will occur on an annual basis. A mid-term progress report to be submitted to the PCB in June 2007 will cover progress in 2006, and a more detailed biennial report will be prepared for the PCB in June 2008.

UNAIDS Cosponsors and the Secretariat will prepare reports on the implementation of the planned work and progress in achievement of the key results and will provide this information through the core groups as an input into the overall monitoring of the progress towards Principal Results. The reports will contain information on the achievement indicators; summaries and case studies of major initiatives and salient deliverables produced; results from related evaluations undertaken during the reported period.

The Secretariat will compile the overall UBW performance reports as described in Sub I. The Secretariat will be assisted in this task by core groups established for specific Principal Results. The reports will be prepared by 1 May in time for the submission to the Programme Coordinating Board—normally held in June.

The annual and biennial reports from individual Cosponsoring organizations and the Secretariat on the progress towards achieving the key results and overall UNAIDS performance reports will be made available through the UNAIDS website. The web-based information site aims to serve as a bank of knowledge for the whole UNAIDS Partnership. It will contain “hyperlinks” to the Monitoring and evaluation sites of all ten Cosponsoring organizations and the Secretariat. A review of the results will be a standing agenda item for the CEWG and recommendations will be produced for future corrective actions.

### ***UNAIDS monitoring and evaluation resources***

In implementing the three components of the Performance Monitoring and Evaluation Framework, UNAIDS will draw upon a wide range of resources:

- Cosponsors’ core groups established to support monitoring progress towards achieving the 16 UNAIDS Principal Results, as outlined in Sub I;
- Cosponsor Evaluation Working Group (CEWG); its terms of reference are attached in Sub III;
- Monitoring and Evaluation offices and departments of UNAIDS Cosponsors and the Secretariat;
- UNAIDS Monitoring and Evaluation Reference Group (MERG);
- Global HIV/AIDS Monitoring and Evaluation Support Team (GAMET); and
- UNAIDS Monitoring and Evaluation experts deployed in over 30 countries.

To further improve information management, UNAIDS has expanded the scope and technical capabilities of the Country Response Information System (CRIS), which is used to support monitoring and evaluating national responses to HIV and to facilitate collecting, storing and channelling country-level information on the progress towards implementation of the UNGASS commitments. Another improvement in UNAIDS information management has been the introduction of the electronic platform that supports online UNAIDS annual country reporting system.

**Annex I Sub I**

**Performance Monitoring Matrix for Principal Results**

<b>Principal result 1</b>				
<i>UN system coordination: A coordinated, coherent UN action with stronger strategic positioning, capacity and increased accountability to support the HIV/AIDS response at all levels. [US\$ 33.3 million in UBW core, US\$ 43.4 in UBW total]</i>				
<b>Indicators</b>	<b>Baseline</b>	<b>Data source</b>	<b>Frequency</b>	<b>Core group</b>
a. Financial <sup>4</sup> and human <sup>5</sup> resources allocated to AIDS by UNAIDS Cosponsors and the Secretariat.	<p><b>2004–2005 UBW</b> UNICEF, UNDP, ILO, UNODC, UNFPA, WHO, World Bank, UNDP—US\$ 1 340 394 000 USD</p> <p><b>2006–2007 UBW</b> UNICEF, UNDP, ILO, UNODC, UNFPA, WHO, World Bank, UNDP— US\$ 2 307 795 000, with WFP and UNHCR— US\$ 2 568 419 000</p> <p><b>2004</b> total number of FTE staff working on AIDS is 1156.</p>	<p>UBW monitoring (core, agency own resources and supplemental) A survey among Cosponsors</p> <p>UNAIDS country reports for the Secretariat data</p>	<p>Biennial</p> <p>Biennial</p> <p>Annual</p>	Secretariat Cosponsors
b. Number of UN Country Teams that report having UN-ISPs on HIV/AIDS or other joint programming document under development, in implementation, with reports on implementation.	<p>2005 UNAIDS country reports 88 country offices responded: 39—UN-ISPs developed and in development 35—UN-ISP in implementation 38—have monitoring and evaluation plans developed</p>	UNAIDS country reports	Annual	Secretariat, UNDP
c. Feedback from national counterparts, e.g. National AIDS Committees, on the UN coordination: —improved; —no change; —decreased.	2005 data to be collected	GTT partner alignment scorecards	Annual	Secretariat, UNDP World Bank

<sup>4</sup> All cited financial numbers include core UBW allocations for Cosponsors, Secretariat and interagency, supplemental and regular resources of Cosponsors as well as estimated resources for HIV and AIDS at country level.

<sup>5</sup> Full-time Equivalent (FTE) staff represents the staff time which actual staff members devote to AIDS-related activities, e.g. if there are a total of four actual staff at the country level working on HIV/AIDS activities apart from their other responsibilities and the total amount of time spent by two staff members is the equivalent of 30% each and the other two is 20% each, the number of full-time equivalent staff members at the country level will be 1. To ensure comparability with the 2004 survey, only Professional categories of staff are considered.

<b>Principal result 2</b>					
<i>Human Rights: Countries adopt and implement legislation, regulations and policies to address stigma and discrimination and to promote human rights and fundamental freedoms among people living with HIV and members of vulnerable groups.</i> [US\$ 10.6 million in UBW core, US\$ 19.3 in UBW total]					
<b>Indicators</b>	<b>Baseline</b>	<b>Data source</b>	<b>Frequency</b>	<b>Supplemental data</b>	<b>Core group</b>
a. Number of countries that report having laws and regulations that protect people living with HIV against discrimination <sup>6</sup> .	<p><b>2003 UNGASS progress report:</b> 62% of responding countries have measures in place to protect HIV positive persons against discrimination. In sub-Saharan Africa this number is 52%.</p> <p><b>2005 UNGASS report</b> forthcoming</p> <p><b>2005 UNAIDS country reports</b> 87 country offices responded: 44 reported that the country has such laws and regulations</p>	<p>UNGASS indicator/ NCPI/part b: Number of countries that have laws and regulations that protect people living with HIV against discrimination.</p> <p>UNAIDS country reports on the number of countries with national laws and regulations that specifically protect people living with HIV against discrimination.</p>	<p>Biennial /31.12.2005</p> <p>Annual /March 2006</p>		UNDP, UNESCO, ILO, UNHCR, Secretariat
b. Number of countries that have a mechanism that monitors and reports on violations of human rights and discrimination in relation to HIV and AIDS and use it to influence policy reform and promote human rights	<p><u>2005 UNGASS report</u> forthcoming</p> <p><u>2005 UNAIDS country reports</u> 85 country offices responded: 39 reported that the country has an independent national institution for promotion and protection of Human Rights in relation to AIDS (human rights commissions, law reform commissions, ombudspersons)</p>	<p>UNGASS/ NCPI/part b: Number of countries that report having a mechanism for collection of information on Human Rights and AIDS and use this information in policy reform;</p> <p>UNAIDS country reports</p>	<p>Biennial /31.12.2005</p> <p>Annual/ March 2006</p>	<p>UNGASS/ NCPI/part b Number of countries that have independent national institutions for promotion and protection of human rights (human rights commissions, law reform commissions, ombudspersons)</p> <p>OHCHR reports on violations of human rights</p>	UNDP, UNESCO, ILO, UNHCR, Secretariat

<sup>6</sup> Such laws and regulations will include general non-discrimination provisions or those that specifically mention HIV with a focus on schooling, housing and employment

**Principal result 3**

*Leadership and Advocacy:* Increased awareness of the AIDS epidemic, its trends and impact, as well as on effective approaches to curb the epidemic and alleviate its impact, and leadership among government authorities, decision makers and key opinion leaders to take action and enable expanded response [US\$ 39.5 million in UBW core, US\$ 55.7 million in UBW total]

Indicators	Baseline	Data source	Frequency/ incoming date	Supplemental data	Core group
a. Number of countries that established targets for Universal access in the three programmatic areas: prevention, treatment and support	2005 data to be collected	Universal access reports	Annual		WHO, UNICEF, UNFPA, WFP, Secretariat
b. Number of countries with national monitoring and evaluation strategies that align to national strategic frameworks, commit to the “Three Ones” key principles, are costed, and are providing data for decision-making	2005 UNAIDS country reports: 74 country offices responded: 47 reported having one national monitoring and evaluation plan integrated with the national AIDS action plan	UNAIDS country reports on the number of countries that have one national multisectoral monitoring and evaluation plan integrated with the national AIDS action plan	Annual/March 2006		World Bank Secretariat

<b>Principal result 4</b>					
<i>Partnerships:</i> Broad-based partnerships that include government, empowered civil society/NGOs, women, young people, and people living with HIV, faith-based organizations, the private sector, philanthropic entities, intergovernmental organizations for action on HIV and AIDS at global, regional and country levels. [US\$ 15.8 million in UBW core, US\$ 38.6 million in UBW total]					
<b>Indicators</b>	<b>Baseline</b>	<b>Data source</b>	<b>Frequency/ incoming date</b>	<b>Supplemental data</b>	<b>Core group</b>
a. Number of countries where a national periodic review of the national strategic plan was conducted in partnership with stakeholders including civil society and key development sectors	<p><b>2004 UNAIDS country reports:</b> 66 country offices responded: 32—full participation of nongovernmental organizations 28—of people living with HIV 8—of faith-based organizations</p> <p><b>2005 UNAIDS country reports:</b> 84 country offices responded: 47—full participation of nongovernmental organizations/civil society 26—insufficient participation, yet increasing 10—insufficient participation, no signs of improvement</p> <p><b>2005 UNGASS report forthcoming</b></p>	<p>UNAIDS annual country reports on the participation in the National AIDS planning and reviews</p> <p>UNGASS core indicator/ NCPI/part b 1. Number of countries where a National Periodic review of the national strategic plan was conducted with the participation of civil society</p>	<p>Annual/March 2006</p> <p>Biennial/31.12.05</p>		UNDP, WFP, UNESCO, ILO, WHO, UNFPA, Secretariat
b. Number of functional subregional and regional intergovernmental multi partner bodies, forums, initiatives, partnerships and economic entities that address AIDS or mainstreamed AIDS issues into their action plans	To be collected	UNAIDS Regional Support Teams (RSTs), UN Regional and sub regional Economic Commissions.	Survey among UNAIDS RSTs, scheduled for May 2006		UNDP, WFP, UNESCO, ILO, WHO, Secretariat

**Principal result 5**

*Country capacity for “three ones” implementation:* Countries able to establish or strengthen a single national HIV and AIDS authority with a broad-based multisectoral mandate, a single agreed national multisectoral HIV and AIDS action framework which drives alignment of all partners, including at the decentralized level, and one agreed national HIV and AIDS monitoring and evaluation system capable of producing high quality estimates on the epidemic’s status and trends, its impact and response to it.

[US\$ 44.5 million in UBW core, US\$ 79.7 million in UBW total]

Indicators	Baseline	Data source	Frequency/ incoming date	Supplemental data	Core group
<p>a. Number of countries that report having national strategies on HIV and AIDS with clear strategic priorities with action plans that are costed and budgeted</p>	<p><b>2004 progress report</b> 66 country offices responded: —53 reported having a national strategy on AIDS</p> <p><b>2005 UNAIDS country reports:</b> 85 country offices responded: —73 reported having a current National AIDS Action Framework that is regularly updated, spells out national priorities, priority programme areas, broad indicative budget needs; 50 plans are costed and budgeted</p>	<p>UNAIDS annual country reports</p>	<p>Annual/March 2006</p>	<p>Number of countries where decentralized/subnational AIDS action plans are developed and in implementation (UNAIDS country reports): <b>2005 UNAIDS country reports:</b> 85 country offices responded: 14—process has not started 51—process has started 11—HIV and AIDS integrated into the majority of decentralized development plans 9—decentralized HIV and AIDS plans are being implemented</p>	<p>UNDP, World Bank, Secretariat</p>
<p>b. Number of countries with established and functioning joint monitoring and evaluation country support teams (teams include UN system organizations, academic institutions, civil society)</p>	<p>To be established</p> <p><b>2005 UNAIDS country reports:</b> 85 country offices responded: 50 reported having one national monitoring and evaluation country support team.</p>	<p>GTT roll-out monitoring plan</p> <p>UNAIDS annual country reports</p> <p>Global HIV/AIDS Monitoring and Evaluation Support Team (GAMET) monitoring data</p>	<p>Annual</p> <p>Annual/March 2006</p> <p>Annual</p>		<p>UNDP, World Bank, Secretariat</p>



<b>Principal result 6</b>					
<i>Prevention programmes:</i> Countries able to establish and scale up HIV and AIDS prevention responses, addressing, in particular, the needs of children and young people. [US\$ 31.1 million in UBW core, US\$ 136.2 million in UBW total]					
<b>Achievement indicators</b>	<b>Baseline</b>	<b>Data source</b>	<b>Frequency/ incoming date</b>	<b>Supplemental data</b>	<b>Core group</b>
a. Number of countries that include in their national AIDS action plan relevant essential programmatic actions for HIV prevention <sup>7</sup>	To be established	UNAIDS annual country reports	Annual/March 2006	2005 UNAIDS country reports : 83 country offices responded: 83 countries have national AIDS action frameworks that include programmes for youth	UNFPA, UNICEF, UNESCO, UNHCR, ILO, WHO, UNODC, Secretariat
b. Condom use at last sex with a non-regular partner.	<b>UNGASS 2003 report</b> Youth (15–24 years old) percentage of countries: Sub-Saharan Africa average Male—42% Female—25% Asia: Male—51% Female—42% Latin American and the Caribbean: Male—42% Female—31%  <b>2005 UNGASS report</b> forthcoming	Core UNGASS indicator/ generalized epidemics: percentage of young people aged 15–24 reporting the use of a condom during sexual intercourse with a non-regular sex partner.	Biennial <sup>8</sup> / 31.12.2005		UNFPA UNICEF Secretariat

<sup>7</sup>The essential programmatic actions are delineated in the *Intensifying HIV Prevention* document, where the definitions of what constitutes relevant response in different epidemic situations are provided.

<sup>8</sup> The data are collected every 3–5 years at country level while the compilation of recent data is produced biennially.

<b>Principal result 7</b>					
<i>Women and girls:</i> Policies and programmes implemented to empower women and adolescent girls to reduce their vulnerability and to protect themselves from the risk of HIV infection. [US\$ 11.3 million in UBW core, US\$ 41.9 million in UBW total]					
<b>Achievement indicators</b>	<b>Baseline</b>	<b>Data source</b>	<b>Frequency/ incoming date</b>	<b>Supplemental data</b>	<b>Core group</b>
a. Number of countries with AIDS strategies and action frameworks that address the needs of women and girls.	<p><b>2003 UNGASS reports:</b> 69% of countries report having policies in place to ensure that women have equal access to HIV-related services. 2005 interim UNGASS report</p> <p><b>2005 UNGASS report</b> forthcoming</p> <p><b>2005 UNAIDS country reports</b> 84 country offices responded: 69 report having a national AIDS action framework which includes programmes for women and girls</p>	<p>UNGASS core indicator/NCPI part b: Number of countries with national strategies or action frameworks addressing women and girls.</p> <p>UNAIDS country annual reports</p>	<p>Biennial/ 31.12.2005</p> <p>Annual/March 2006</p>	<p>UNGASS indicator/part a 7. Percentage of women with advanced HIV infection receiving antiretroviral combination therapy</p>	<p>UNICEF, UNDP, UNFPA, UNODC, UNESCO, UNHCR, Secretariat, Global Coalition on Women and AIDS</p>
b. Number of countries that monitor and report on relevant <sup>9</sup> UNGASS core indicators with data disaggregated by sex and age <sup>10</sup>	<p><b>2003 UNGASS reports:</b> 21% of incoming information disaggregated by sex and age.</p> <p><b>2005 UNGASS reports</b> forthcoming</p>	<p>UNGASS country reports</p>	<p>Biennial/ 31.12.2005</p>		<p>UNICEF, UNDP, UNFPA, UNHCR, UNODC, UNESCO, Secretariat, Global Coalition on Women and AIDS</p>

<sup>9</sup> The relevant UNGASS indicators are those for which the UNGASS guidelines explicitly request disaggregation by gender and sex.

<sup>10</sup> A country that reports with disaggregation more than 50% of the selected indicators

<b>Principal Result 8</b>					
<i>Children affected by HIV and AIDS:</i> Countries able to adopt and implement national policies and strategies to build and strengthen government, family and community capacities to provide a supportive environment for girls and boys affected by HIV and AIDS. [US\$ 5.7 million in UBW core, US\$ 26 million in UBW total]					
<b>Achievement indicators</b>	<b>Baseline</b>	<b>Data source</b>	<b>Frequency/ incoming date</b>	<b>Supplemental data</b>	<b>Core group</b>
a. Number of countries with national strategies or integrated action frameworks addressing the additional HIV and AIDS-related needs of affected children	<p><b>2003 UNGASS report:</b> Out of the 28 countries with higher than 1% prevalence that were surveyed, 17 (61%) had policies, 4 were developing such policies</p> <p><b>2005 UNGASS report:</b> forthcoming</p> <p><b>2005 UNAIDS country reports</b> 83 country offices responded: 59 reported having a national AIDS action framework, which include programmes for orphans and vulnerable children</p>	<p>UNGASS core indicator—NCPI/part a: 1. Number of countries with national strategies or action frameworks addressing the additional HIV- and AIDS-related needs of orphans and other vulnerable children</p> <p>UNAIDS country reports on the number of countries with a national AIDS action framework which include programmes for orphans and vulnerable children</p>	<p>Biennial /31.12 2005</p> <p>Annual/March 2006</p>		UNICEF, WFP, Secretariat
b. Percentage and number of orphaned and vulnerable children whose households received free basic external support in caring for children	<p><b>2005 UNGASS report</b> forthcoming</p>	<p>UNGASS core indicator—national programmes—generalized epidemics: percentage of orphaned and vulnerable children whose households received free basic external support in caring for the child</p>	<p>Every 2 years “Coverage of selected services for HIV/AIDS prevention, care and support in low and middle income countries”<sup>11</sup></p>		UNICEF, WFP, Secretariat

<sup>11</sup> The Coverage report examines “the essential package of services: food aid, education support, health care, protection services, psychological support.

**Principal Result 9**

*Programmes addressing vulnerability:* Countries able to develop, implement and scale-up at national and decentralized levels strategies, policies and programmes that identify and address factors that make individuals and communities vulnerable to, and at greater risk of, HIV infection.  
[US\$ 8.8 million in UBW core, US\$ 35.7 million in UBW total]

Achievement indicators	Baseline	Data source	Frequency	Supplemental data	Core group
<p>a. Number of countries that have a policy or strategy to promote information, education and communication and other preventive health interventions: among injecting drug users (different components of harm reduction), men who have sex with men, sex workers, prison inmates</p>	<p><b>2003 UNGASS report:</b> 81% of countries reported having policies or strategies to promote information, education, and communication, other interventions to prevent HIV among vulnerable populations. 90% of eastern Europe and central Asian countries</p> <p><b>2005 UNGASS reports</b> forthcoming</p> <p><b>2005 UNAIDS country reports</b> 84 country offices responded: 82 reported having National AIDS Action Frameworks, which include programmes for most-at-risk populations</p>	<p>UNGASS core indicator /NCPI/part a: 1. Number of countries that have a policy or strategy to promote information, education and communication and other preventive health interventions: among injecting drug users (different components of harm reduction), men who have sex with men, sex workers, prison inmates</p> <p>UNAIDS country reports on the number of countries with National AIDS Action Framework which include programmes for most-at-risk populations</p>	<p>Biennial/ 31.12.2005</p> <p>Annual/ March 2006</p>	<p>UNGASS core indicator /NCPI/part B:  Number of countries that have a policy to ensure equal access to prevention and care for most-at-risk populations</p>	<p>UNHCR, UNICEF, UNDP, UNFPA, UNODC, ILO, UNESCO, Secretariat</p>
<p>b. Percentage of most-at-risk populations<sup>12</sup> reached by HIV and AIDS programmes</p>	<p><b>2005 UNGASS reports</b> forthcoming</p>	<p>UNGASS core indicator, national programme for concentrated epidemics—percentage of most-at-risk populations reached by prevention programmes</p>	<p>Biennial/ 31.12.2005</p>	<p>2005 UNAIDS country reports: 76 country offices responded, 72 reported that UN-ISPs support national efforts in HIV prevention among most-at-risk populations.</p>	<p>UNHCR, UNICEF, UNDP, UNFPA, UNODC, ILO, UNESCO, Secretariat</p>

<sup>12</sup> These are population groups that are considered most-at-risk in each given country, e.g. sex workers, injecting drug users, men who sex with men, other (UNGASS guidelines on construction of core indicators, July 2005).

<b>Principal Result 10</b>					
<i>Health care systems:</i> national, regional and international strategies adopted and under implementation to strengthen health-care systems to reinforce prevention and equitably deliver services for the diagnosis, treatment and care of HIV and AIDS, including expanded capacity to procure and deliver an uninterrupted supply of HIV medicines and diagnostics. [US\$ 18.6 million in UBW core, US\$ 92.3 million in UBW total]					
<b>Achievement indicators</b>	<b>Baseline</b>	<b>Data source</b>	<b>Frequency</b>	<b>Supplemental data</b>	<b>Core group</b>
a. Number of adults and children on antiretroviral treatment <sup>13</sup>	<b>December 2003:</b> 400 000, <b>December 2005:</b> 1.3 million people on HIV antiretroviral treatment in low- and middle-income countries	Reports on the progress on Global Access to HIV ARV therapy	Annual/ December each year		WHO, UNDP, UNHCR, ILO, UNFPA, UNICEF Secretariat
b. Number of countries with a functional nationally coordinated procurement and supply management (PSM) system for HIV related commodities	To be established	Global Task Team in 40 countries	Annual	2005 UNAIDS country reports, 84 country offices responded: 81 reported that National AIDS Action Frameworks include support the strengthening of health systems for provision of AIDS treatment and care	WHO, World Bank, UNDP, UNHCR, ILO, UNFPA, UNICEF Secretariat
c. Percentage of HIV-infected pregnant women receiving a complete course of antiretroviral prophylaxis to reduce the risk of mother-to-child transmission	<b>2003 UNGASS reports coverage data:</b> 34% PMTCT service coverage in Botswana, 4.6% in Uganda, many countries—0, 0.1 %. <b>2005 UNGASS report forthcoming</b>	Core UNGASS indicator/ generalized epidemics: percentage of HIV-infected pregnant women receiving a complete course of antiretroviral prophylaxis to reduce mother-to-child transmission.	Biennial /31.12.2005		WHO, World Bank, UNDP, UNHCR, ILO, UNFPA, UNICEF, Secretariat

<sup>13</sup> The number of people on antiretroviral treatment is an estimate. The estimated numbers involve some uncertainty for countries that have not yet established systems for regular reporting of numbers of new people receiving treatment, adherence rates, defaulters, people lost to the follow-up and death, in particular the distinction often missing between those who have started antiretroviral drugs and those who are still on treatment. (see Annex 1: Estimating the number of people on antiretroviral treatment, in "Progress on Global Access to HIV Antiretroviral Therapy: An update on "3 by 5", June 2005).

<b>Principal Result 11</b>					
<i>Family and community-based care: Countries able to strengthen family and community-based care systems to provide and monitor treatment support to people living with HIV/AIDS, including treatment literacy and adherence, and equitable access to HIV-related medicines.</i> [US\$ 4.3 million in UBW core, US\$ 20.2 million in UBW total]					
<b>Achievement indicators</b>	<b>Baseline</b>	<b>Data source</b>	<b>Frequency/ date</b>	<b>Supplemental data</b>	<b>Core group</b>
a. Number of countries that have a national HIV and AIDS body that supports (capacity-building and resources) of HIV-related service delivery by civil society organizations	<b>2005 UNGASS report forthcoming</b>	UNGASS core indicator/NCPI: part b: Number of countries that have a national HIV and AIDS body that is supporting coordination of HIV-related service delivery by civil society organizations  UNAIDS country reports	Biennial 31.12.2005  Annual/March 2006		UNDP, WFP, ILO, Secretariat
b. Number of countries where integrated and comprehensive home and community care programmes are supported by the UNAIDS Cosponsors and the Secretariat	<b>2005 UNAIDS country reports</b> 75 country offices reported that UN-ISPs include action on supporting national efforts on home-based and community-based services for AIDS care and support	UNAIDS country reports Number of UN-ISPs that support national efforts on home-based and community-based services for AIDS care and support	Annual/March 2006	Coverage report: Percentage of those in need receiving home-based care <sup>14</sup>  2003 data/Coverage report: Globally: 13%. Africa: 12% Eastern Europe: 8% Americas: 15% South-East Asia: 4%	UNDP, WFP, ILO, Secretariat

<sup>14</sup> The Coverage report (2003) defines the home-based care as external provision of services to chronically ill individuals and their families, including basic palliative care, psychological support and planning services.

<b>Principal Result 12</b>					
<i>National action to alleviate impact:</i> Countries able to integrate HIV and AIDS, as both emergency and developmental issues, into national and sector development processes and instruments, and to develop and implement sector-specific strategies to address the economic and social impact of the AIDS epidemic, including in the workplace. [ US\$ 5.4 million in UBW core, US\$ 24.7 million in UBW total ]					
<b>Achievement indicators</b>	<b>Baseline</b>	<b>Data source</b>	<b>Frequency/ date</b>	<b>Supplemental data</b>	<b>Core group</b>
b. Number of countries that have incorporated HIV and AIDS into key development plans	<p><b>2003 UNGASS report (Annex 2)</b> 92% of respondent countries with such development tools report having integrated HIV and AIDS</p> <p><b>2005 UNGASS report</b> forthcoming</p> <p><b>2005 UNAIDS country reports</b> 86 country offices responded: 68 have poverty reduction strategy papers or national development plans, 42 such instruments consider the links of poverty, livelihood and AIDS</p>	<p>UNGASS core indicator/NCPI part A: N of countries that integrated HIV/AIDS into its general development plans, such as National Development plans, poverty reduction strategy papers</p> <p>UNAIDS country reports on the number of countries with a poverty reduction strategy paper or a national development plan that address the links between poverty, livelihood security and AIDS</p>	<p>Biennial 31.12.2005</p> <p>Annual/ March 2006</p>	<p><b>2005 UNAIDS country reports:</b> out of 85 country offices responding, 23 reported that the AIDS impact on its economic development was evaluated for planning purposes</p>	ILO, UNDP, World Bank, WFP, Secretariat
b. Number of workplace policies and programmes on HIV and AIDS at national and local levels	<p>ILO 2005 data forthcoming</p> <p><b>2003 UNGASS report:</b> 70% of the 30 responding countries have workplace policies on AIDS in transnational companies. However, this represents only 21% of 100 largest companies; 21 % is a closer reflection</p> <p><b>2005 UNGASS report</b> forthcoming</p>	ILO monitoring data	Annual	<p>UNGASS revised indicator/Global Commitment: —percentage of transnational companies, international organizations, and large enterprises or companies that have AIDS workplace policies and programmes</p>	ILO, UNDP, World Bank, Secretariat

<b>Principal Result 13</b>					
<i>Conflict and disaster affected regions: National, subregional and international policies adopted to incorporate AIDS disaster preparedness, risk reduction, awareness, prevention, care and treatment plans and interventions in conflict and post conflict, humanitarian crisis and natural disaster situations.</i> [US\$ 3.7 million in UBW core, US\$ 18.5 million in UBW total]					
<b>Achievement indicators</b>	<b>Baseline</b>	<b>Data source</b>	<b>Frequency/ date</b>	<b>Supplemental data</b>	<b>Core group</b>
a. Number of countries that have integrated AIDS into strategies for uniformed services, military, peacekeepers and police	<p><b>UNGASS 2003 report (A 7):</b> 78% of responding countries had AIDS strategies for uniformed services</p> <p><b>2005 UNGASS report</b> forthcoming</p> <p><b>2005 UNAIDS country reports</b> 86 country offices responded: 65 countries have integrated AIDS into strategies for uniformed services, military, peacekeepers and police</p>	<p>UNGASS/NCPI/Part a: Countries have strategies/action frameworks for addressing HIV and AIDS issues among its national uniformed services, military, peacekeepers and police</p> <p>UNAIDS country reports</p>	<p>Biennial/ 31.12.2005</p> <p>Annual/ March 2006</p>		UNHCR, UNDP, UNFPA, Secretariat
b. Number of countries in conflict and disaster-affected regions that have integrated HIV and AIDS programmes for refugees, internally displaced persons, surrounding host populations, and cross-border migrant and mobile populations into national policies, strategies, consolidated appeals and other coordinating tools and implemented them	<p><b>2004 UNHCR data:</b> Of the 29 countries in Africa that hosted more than 10 000 refugees in 2004, only 64% of the 22 national strategic plans mentioned refugees</p> <p><b>2005 UNHCR data</b> forthcoming</p> <p><b>2005 UNAIDS country reports</b> 83 country offices responded: 27 countries with national AIDS action frameworks that include programmes related to conflict – affected, disaster-affected areas and /or other humanitarian settings</p> <p><b>2003 UNGASS reports /B4:</b> 47% of countries reported having an HIV prevention policy for cross-border migrants.</p> <p><b>2005 UNGASS report</b> forthcoming</p>	<p>UNHCR monitoring data on integrated HIV and AIDS programmes for refugees, internally displaced populations and surrounding host populations</p> <p>UNAIDS country reports</p> <p>UNGASS reports on cross-border migrants, mobile populations, refugees and/or displaced populations.</p>	<p>Annual</p> <p>Annual/ March 2006</p> <p>Biennial/ 31.12.2005</p>	<p>UNGASS/NCPI part a: Countries have a policy or strategy to promote information, education, communication, and other prevention health interventions for cross-border migrants, mobile populations, refugees and/or displaced populations</p>	UNHCR, WFP, UNDP, UNFPA, World Bank Secretariat



<b>Principal Result 14</b>					
<i>Strategic information, research and reporting:</i> Up-to-date data, information and knowledge on the status, trends and impact of the AIDS epidemic and the response; operational research on effective responses; promotion of research on HIV vaccines and microbicides and other female-controlled methods and therapeutics. [US\$ 40.6 million in UBW core, US\$ 70.9 million in UBW total ]					
<b>Achievement indicators</b>	<b>Baseline</b>	<b>Data source</b>	<b>Frequency/ date</b>	<b>Supplemental data</b>	<b>Core group</b>
a. Number of countries that produce complete, accurate and up-to-date data: 1. surveillance reports 2. response to EpiFactsheets questionnaire 3. country estimates surveillance reports with standard UNGASS indicators	<b>2005 UNAIDS country reports</b> 88 country offices responded  1. 64 countries 2. forthcoming 3. 45 countries 4. 47 countries	1, 3, 4: UNAIDS country reports 2 : responses on the annual EpiFactsheets questionnaire	Annual/ March 2006		UNAIDS Reference Group on Global Estimates and Epidemiological Surveillance Group, UNHCR, WHO, ILO, UNESCO, Secretariat
b. Amount of global financial support leveraged towards research and development of the preventive HIV vaccine and microbicides	<b>2003 UNGASS report:</b> UNAIDS /WHO estimates that public sector spending on HIV vaccine research and development is US\$ 430–470 million in 2001  <b>2005 UNGASS reports</b> forthcoming	UNGASS reports/ Global Commitment: Amount of public funds for research and development of preventive HIV vaccine and microbicides	Annual/ 31.12.2005		UNHCR, WHO, ILO, UNESCO, Secretariat, Global Alliance on Microbicides,
c. Number of operational research studies undertaken by UNAIDS that strengthen the evidence base for the scaling up of effective AIDS responses	To be collected	A survey among Cosponsors and the Secretariat	Biennial	<b>2005 UNAIDS country reports</b> : 74 county offices responded: 56 UN countries teams with UN-ISPs that support the national efforts in operational research to establish effective approaches and interventions	UNHCR, WHO, ILO, UNESCO, WFP; Secretariat

<b>Principal Result 15</b>					
<i>Financial resources:</i> Mobilization and utilization of financial resources from national budgets, donor countries, nongovernmental and intergovernmental organizations, philanthropic entities, the private sector and individuals in the fight against HIV and AIDS. [US\$ 17.9 million in UBW core, US\$ 44 million in UBW total]					
<b>Achievement indicators</b>	<b>Baseline</b>	<b>Data source</b>	<b>Frequency/ date</b>	<b>Supplemental data</b>	<b>Core group</b>
a. International funding <b>2005</b> for AIDS, sexually transmitted infections, social mitigation and support ; and <b>2006 and onwards</b> for prevention, treatment and care; and social mitigation and support (disaggregated)	<b>2005 UNGASS report forthcoming</b>	UNGASS report on the amount of bilateral and multilateral financial flows (commitments and disbursements) for the benefit of low- and middle-income countries	Annual/ 31.12.2005		UNAIDS Global Resource Tracking Consortium  UNHCR, UNICEF, WFP, UNDP, ILO, WHO, UNFPA, World Bank, Secretariat
b. Public domestic funding for AIDS prevention, treatment and research (disaggregated by ministry and sector—activity, including health, social development, education)	2005 data forthcoming	National AIDS country authorities' reports  UNGASS reporting	Completion of NASA estimates in 2006  Annual/ 31.12.2005		UNAIDS Global Resource Tracking Consortium  UNHCR, UNICEF, WFP, UNDP, ILO, WHO, WORLD Bank, Secretariat

<b>Principal Result 16</b>					
<i>Human and technical resources:</i> All countries in need, regardless of prevalence, able to identify, access, and utilize human and technical resources for priority HIV and AIDS activities. [ US\$ 29.4 million in UBW core, US\$ 50 million in UBW total]					
<b>Achievement indicators</b>	<b>Baseline</b>	<b>Data source</b>	<b>Frequency/ date</b>	<b>Supplemental data</b>	<b>Core group</b>
a. Number of countries that conducted a technical support needs assessments at some point during strategic planning period	<b>2005 UNAIDS annual reports</b> 87 country offices responded: 24 countries report on such assessments conducted	UNAIDS country reports on the number of countries that developed a technical support needs assessment and/or plan	Annual/ March 2006	<b>2005 UNAIDS country reports</b> 68 country offices responded: 49 UN Theme Groups support the development of a technical support needs assessment	WFP, UNDP, ILO, Secretariat
b. Number of countries supported through the Consolidated UN Technical Support Plan for AIDS (2006–2007), including through such mechanisms as established UNAIDS Technical Support Facilities and others	2005 data to be collected	Monitoring data from the implementation of the UNAIDS Technical Support Plan  UNAIDS country reports	Annual  Annual/ March 2006		WFP, UNDP, ILO, Secretariat

## **Annex I Sub II**

### **Structure and scope of the UNAIDS performance monitoring and evaluation reports**

The structure of the UBW performance monitoring and evaluation reports will be aligned with the three components of the Performance Monitoring and Evaluation Framework and will have three main parts. The first part will focus on the common UNAIDS results and will be structured by Principal result. The second part will overview individual performance of UNAIDS Cosponsors and the Secretariat in implementing their key results. The third part will deal with the joint evaluations in selected areas of UNAIDS action. The performance reports will have the following outline.

#### **Outline of the UNAIDS performance report**

##### **I. Introduction and overview**

##### **II. UNAIDS achievements by Principal Result**

1. UN system coordination
2. Human Rights
3. Leadership and advocacy
4. Partnerships
5. Country capacity—the “Three Ones” principles
6. HIV Prevention programmes
7. Women and girls
8. Children affected by HIV and AIDS
9. Programmes addressing vulnerability to HIV
10. Health-care systems for treatment of HIV and AIDS
11. Family and community-based care
12. National action to alleviate impact
13. AIDS in conflict- and disaster-affected regions
14. Strategic information, research and reporting
15. Resource mobilization, tracking and needs estimation
16. Human and technical resources

##### **III. Progress reports by agency**

1. The Office of United Nations High Commissioner for Refugees (UNHCR)
2. United Nations Children’s Fund (UNICEF)
3. World Food Programme (WFP)
4. United Nations Development Programme (UNDP)
5. United Nations Population Fund (UNFPA)
6. United Nations Office on Drugs and Crime (UNODC)
7. International Labour Organization (ILO)
8. United Nations Educational, Scientific and Cultural Organization (UNESCO)
9. World Health Organization (WHO)
10. The World Bank
11. UNAIDS Secretariat
12. Interagency activities

##### **IV. Joint evaluations**

##### **V. Challenges and lessons learned in implementing the Unified Budget and Workplan**

## **Explanatory notes**

**Section II** on UNAIDS achievements will be organized by Principal result with information on the achievement indicators for each Principal result as for the Performance Monitoring Matrix. This information will be supplemented by summaries on progress in achieving the key results by Cosponsors and the Secretariat that are linked to the Principal Result area.

The sections for each Principal result will have text boxes with case studies on salient initiatives supported by one or several agencies. For example, a case study on empowering women, including the reference to female initiated methods of HIV protection may complete a report on the progress towards Principal Result 7 on Women and girls.

Reporting on the Principal Results will be supplemented by relevant data from other sources, when appropriate. For example, the information on violations of Human Rights from the Office of the United Nations High Commissioner for Human Rights may strengthen the reports on Principal Result 2 on Human Rights and AIDS.

This part of the report will also have explanation of cross-links between Principal Results and indicators, i.e. how the information against an indicator(s) for a specific Principal Result may serve as a measurement of progress in a related area under another Principal Result.

**Section III** on progress by agency will be organized by UNAIDS Cosponsors, the Secretariat and the interagency component of the UBW. The progress reports will cover information on the achievement of the key results against indicators. Reporting on key results will be supplemented by summaries of deliverables produced by Cosponsors and the Secretariat, as well as by case studies from specific countries, regions or on salient initiatives. Evaluation studies conducted individually by the Cosponsors and the Secretariat during the reporting period will be referenced as well.

**Section IV** will focus on joint evaluations conducted in selected areas of UNAIDS action. A brief overview of the process, summaries of findings and conclusions from such evaluations will be included in this part of the report. Complete reports from evaluations will be made available through the UBW electronic information system on the internet. In addition, relevant Cosponsors' evaluations conducted during the reporting period will be referenced and appropriate findings will be cited.

### **Annex I Sub III**

## **UNAIDS Cosponsor Evaluation Working Group (CEWG)**

### **Terms of Reference**

#### **Background**

To guide and provide support and coherence to UNAIDS monitoring and evaluation efforts, a Cosponsor Evaluation Working Group (CEWG) was established in 2001, linked to the UNAIDS Monitoring and Evaluation Reference Group.

#### **Objective**

The overarching objective of CEWG is to strengthen efficiency, coherence and effectiveness of the monitoring and evaluation within the UNAIDS Partnership.

#### **Functions**

CEWG will:

- provide *leadership* in monitoring of the implementation of the UNAIDS unified workplan, including the development and implementation of the Performance Monitoring Framework;
- provide *leadership* for joint programme evaluations of the UNAIDS efforts in implementing the UNAIDS Unified Budget and Workplan in selected areas, regions and functions, including selection of topics, prioritization, planning and methodological advice;
- *guide* the UNAIDS partnership on issues related to assessment of UN system performance on AIDS at country level;
- *provide guidance* on the development of integrated monitoring systems at global, regional and national levels for major UNAIDS-supported initiatives, e.g. intensifying HIV prevention strategy, implementation of “three ones key principles”;
- *enable exchange of experience* and lessons learned in monitoring and evaluation of AIDS-related work as related to the implementation of the Unified Budget and Workplan among Cosponsors and the Secretariat.

As individual professionals, CEWG members will:

- assist their respective HIV and AIDS programmes to internalize the UNAIDS Performance Monitoring Framework;
- support the development of appropriate performance monitoring indicators and targets, other related tasks;
- facilitate communication and exchange of experience on monitoring and evaluation within the UNAIDS Partnership, within the broader UN system, and at other monitoring and evaluation forums, like UN Evaluation Group (UNEG).

## **Status**

CEWG will act as an advisory body to the UNAIDS Partnership, reporting to the Global Coordinators on HIV/AIDS. The UNAIDS Monitoring and Evaluation Reference Group will be kept informed on the developments supported by the CEWG.

## **Membership**

CEWG will be composed of representatives from all UNAIDS Cosponsoring organizations and the UNAIDS Secretariat. It is suggested that two representatives be nominated to enable coverage of programme and monitoring and evaluation expertise from each agency. CEWG members will also be members of the UNAIDS Monitoring and Evaluation Reference Group.

In addition to the regular CEWG members, other participants from UNAIDS Cosponsors, the Secretariat, and other UN agencies may be invited as needed.

## **Chair**

Normally, a representative from the UNAIDS Cosponsoring organization that is currently serving as a CCO Chair will act as a Chair of the CEWG meeting and a representative from the next CCO chairing organization as a Vice Chair.

## **Meetings**

The CEWG will have annual meetings to coincide with the cycle of UNAIDS programming and reporting. Whenever possible, effort will be made to time the CEWG meeting to take place just before or after annual meetings of the UNAIDS Monitoring and Evaluation Reference Group.

Additional meetings may be scheduled as the need arises. Task Forces may be established to accomplish agreed time-bound tasks. Meetings of such Task Forces may be convened as required.

## **Secretariat**

The UNAIDS Secretariat will serve as the secretariat for the CEWG. The secretarial support will include arrangements of the CEWG meetings, preparation of meeting reports and their circulation, creation and maintenance of an electronic forum.