

**REVIEW OF THE  
IMPLEMENTATION  
OF THE UNAIDS JOINT  
PROGRAMME  
ACTION PLAN AND REVISED  
OPERATING MODEL  
*INTERIM REPORT*  
PART II – COUNTRY CASE  
STUDIES**



## Acronyms

<b>AP</b>	Asia and the Pacific
<b>CCA</b>	Country Capacity Assessment
<b>CSOs</b>	civil society organizations
<b>DoL</b>	Division of Labour
<b>EECA</b>	eastern Europe and central Asia
<b>ESA</b>	eastern and southern Africa
<b>GEM</b>	Gender Equality Marker
<b>GF</b>	Global Fund
<b>HoA</b>	Head of Agency
<b>HQ</b>	Headquarters
<b>JPMS</b>	Joint Programme Monitoring and Reporting
<b>LAC</b>	Latin America and the Caribbean
<b>MENA</b>	Middle East and North Africa
<b>OECD-DAC</b>	Cooperation and Development Assistance Committee - Development Assistance Committee
<b>PCB</b>	Programme Coordinating Board
<b>PEPFAR</b>	President's Emergency Plan for AIDS Relief
<b>RST</b>	Regional Support Team
<b>SDG</b>	Sustainable Development Goal
<b>SMART</b>	Specific, Measurable, Achievable, Realistic, Time-bound
<b>SRA</b>	Strategic Result Area
<b>UBRAF</b>	UNAIDS Budget Results and Accountability Framework
<b>UCD</b>	UNAIDS Country Director
<b>UCO</b>	UNAIDS Country Office
<b>UNDAF</b>	UN Development Assistance Framework
<b>UNDG</b>	UN Development Group
<b>UNEG</b>	UN Evaluation Group
<b>UNRC</b>	UN Resident Coordinator
<b>WCA</b>	western and central Africa

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## Belarus

### Summary of country capacity assessments and country envelopes (US\$)

Country presence (professional staff and consultants for more than 6 months)

Source: CCA

	Number staff	Time
Secretariat	1 (Nat.)	100%
UNICEF	1 (Nat.)	100%
UNDP	1 (Int.), 1 (Nat.)	30%, 30%
	1 staff (Nat.)	10%
UNFPA	1 staff (Nat.)	50%
UNODC	1 project consultant	100%
UNESCO	1 (Nat.)	15%
WHO	1 (Nat.)	40%

Allocation by Cosponsor (US\$)

Cosponsor	2018
UNFPA	54,500
UNICEF	41,000
UNDP	29,500
WHO	25,000
<b>Grand Total</b>	<b>150,000</b>

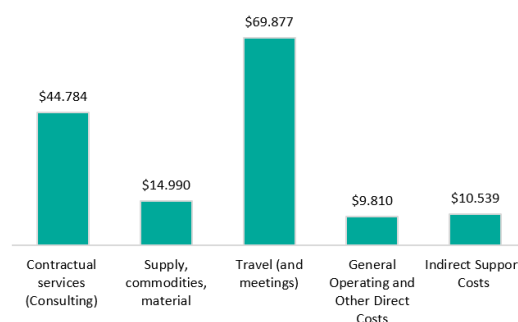
Allocation by Strategic Result Area

Strategic Result Area	2018
1 (Testing and	59,500
4 (Key populations)	54,500
6 (Human Rights)	36,000
<b>Grand Total</b>	<b>150,000</b>

Overall estimate of Joint Programme programmatic resources (excluding human resources, operational costs and envelope amounts) for 2018–2019:

Approximately US\$ 400 000

Allocation by budget category



*Note: Throughout this document “country process” refers to the country capacity assessment the development of the 2018–2019 Joint Plan on AIDS and allocation of envelope funds to Cosponsors.*

## FINDINGS

### Relevance

**Relevance to national priorities.**<sup>1</sup> All external stakeholders interviewed believe that the Joint Plan areas of support are relevant to country priorities and to the needs of their constituencies. Bringing decisions at the country level resulted in better prioritization and more ownership (Heads of Agency and Resident Coordinator). The process indeed started with analysis of needs and priorities in Belarus and then identification of gaps in the response and areas of support by the Joint Programme, based on comparative advantage (Joint Team).

**Relevance to the SDGs.** UN respondents consider the Joint Plan and envelope proposal well in line with SDGs. One aspect that was mentioned several times is the focus to those left behind, including key populations and adolescents that are most vulnerable. Key populations

are engaged in programmes design and implementation. “...*leaving no one behind is not only about the destination, but also about the journey...*” (HOAs/RC).

**Relevance to the UNDAF.** The Joint Plan is based on the 2016–2020 UNDAF in Belarus.<sup>2</sup> While the UNDAF covers outcomes (higher level), the Plan is operational. The Joint Team reported complementarity and non-duplication between the UNDAF and the Joint Plan (there is no other AIDS specific workplan as part of the UNDAF). The development of the Joint Plan helped identifying course corrections to some of the UNDAF indicators and considering changes since 2016 (including stronger alignment with SDGs). Heads of Agencies confirmed that the UNDAF was conducive to the development of the Joint Plan and that the two processes are synergistic and well aligned.

**Relevance to UN reform.** The process was said to be a good example of team work and to demonstrate the UN Reform principles, namely for: joint planning, pooled funding mechanisms (joint decentralised decisions on how to allocate funds based on country priorities and needs), accountability, partnerships, addressing fragmentation within the system, and building on the UNDAF. In view of a reinvigorated Resident Coordinator system, the Resident Coordinator (RC) could play a stronger role in future years, with strengthened advocacy with Heads of Agency (HOAs) for HIV integration within existing programmes (HOA/RC).

## Effectiveness

### **Country capacity assessment completed but not used to better tailor country presence.**

According to Joint Team members, the tool used for the capacity assessment exercise was clear. The tool was particularly useful to show support from outside the country. The development of the Joint Plan was based on existing capacity and customization of the Division of Labour (DoL). However, the CCA was not used (and not sufficient to) influence changes in the composition (reconfiguration) of Joint Programme country presence. Although human resources are discussed at the UN Country Team (UNCT), decisions on appointments are taken by individual agencies, based on availability of funds, among other considerations.

The lack of staff country presence of UNODC (country support is provided by the regional level) exemplifies this issue. The Joint Team and external stakeholders (Ministry of Internal Affairs and civil society) ask for UNODC presence in Belarus, given the mandate of the organization, the role of drug use in the HIV epidemic and gaps in the response (including legal barriers, low coverage of OST, lack of OST in prison settings and social aspects related to drug use). Some Joint Team members (but no agreement) thought that not having staff based in-country (and therefore having less engagement in Joint Team discussions) may have influenced the non-allocation of envelope funds to UNODC. Some Joint Team members highlighted the importance of having the possibility to consider envelope funds for staffing.

**A strong Joint Plan on AIDS and envelope allocation process.** The Joint Team reported that while previous Joint Plans on AIDS were a compilation of activities proposed by individual agencies, the development of the 2018–2019 Plan was a genuine joint planning process.

The Joint Team described an open discussion, moderated by the Secretariat (through regular meetings and a retreat), based on:

- a review of the epidemiological context, country HIV priorities, bottlenecks and gaps, as well as considering areas already funded by the Global Fund;
- agreement on what support would be best provided by the Joint Programme; and
- mandates of the different organizations and their comparative advantages.

The allocation of envelope funds was discussed jointly and only as a last step.

*“ ... before, each agency informed the others about their actions, and these were compiled in a plan. This time, we had a joint discussion. It was more than information sharing, it was about bringing linkages among agencies and strengthening partnerships ...”* (a Joint Team member)

*“... good that all UN HIV related actions are accessible in one place [...] this Plan promotes a comprehensive, joint approach to implementation ...”* (HOA)

Joint Team members believe that the 2018–2019 Plan will make implementation of HIV activities and reporting more efficient, since it clearly identifies roles of the Secretariat and Cosponsors and inputs. Having a plan available online improves transparency and consideration of activities by agencies with no country presence, such as UNODC and UNESCO.

UN Respondents agreed that even a relatively small allocation (US\$ 150 000 a year) with clear purpose can go a long way, considering the size of the overall UN HIV programme (about US\$ 200 000 in programmatic funds per year) in Belarus. One HOA suggested that the availability of other funds within the UN system should be considered as part of the global criteria for allocating envelope funds to countries.

The allocation of envelope funds in Belarus is prioritized around country gaps and UN comparative advantages, with a strong rationale provided for each of the allocations, as shown in the table below.

Area of support	Rationale	UN role
Human Rights	Need for stronger capacity of the networks of people living with HIV and key populations. Existence of legal barriers for accessing HIV services: criminalization of people who inject drugs; punitive legislation (administrative offence) towards sex workers; stigmatization of same-sex relationships. Criminalization of unintentional HIV transmission.	Synergies with broader human rights issues (and UNDP programme). Technical support and high-level advocacy for changes in the legal system. Tracking of human rights violations, trainings.
Key populations	The epidemic in Belarus is concentrated among key populations. There are high levels of stigma and discrimination and legal barriers for key populations to access services and coverage is low. In the time of transition from donor (Global Fund) to domestic funding, services are at risk. Strong social rejection influences government commitment to prioritizing these groups.	High-level advocacy, knowledge sharing, technical assistance (introduction of HIV and STIs comprehensive programmes: SWIT, MSMIT, IDUIT, TRANSIT), capacity building of national partners.
Adolescents girls	Low HIV testing rates among adolescents and insufficient HIV information. Adolescents affected by HIV have specific needs (different from children and adults) and there are gaps in services.	Synergies with broader UNFPA gender-based violence programme (leveraging of envelope resources).
HIV testing and treatment	Support to decentralize self-testing campaign in regions and improve referral system from NGOs providing services to health care institutions (high loss to follow-up). Treatment coverage more than doubled in a short space of time.	WHO had no funds allocated to HIV previously; strong envelope leverage. Evidence-based knowledge and access to a wide array of stakeholders.

**Improved Joint Programme collaboration.** The Joint Team and HOAs/RC agree that delegating to countries the decision of allocating resources among Cosponsors is a positive development. The new approach is said to be strengthening “jointness” and collaboration; with good complementarity among interventions (e.g. UNICEF support to adolescents and UNFPA support on sexual and reproductive health for the same population group).



**SMART deliverables.** An analysis of the Joint Plan deliverables shows overall compliance with SMART criteria. The Joint Team confirmed that careful consideration was given to develop achievable deliverables (based on experience and existing capacity), time bound to 2018 and 2019. Deliverable 3.2 (i.e. *Legislative changes on Article 157 para 2 of the Criminal Code and Council of Ministers decision 1192 para 8 of 18 Dec 2014 are requested*) was cited as an example: the focus is on awareness and advocacy, with the understanding that an actual change in the legislation will require a longer time-frame. However, more work may be needed for measurable deliverables if these are to be used to assess performance at the end of 2018. Examples: HIV testing is expanded (need to clarify from what % to what %) or access to affordable and quality assured antiretrovirals is improved (need to clarify from what % to what %).

**Some areas of innovation.** The Joint Plan and envelope in Belarus include innovative approaches in the HIV response such as support to implementation of HIV self-testing, with engagement of community organizations, and assessing the feasibility of introducing PrEP for key populations (i.e. awareness and willingness to use PrEP among gay and other men who have sex with men). Currently, PrEP does not feature in the Ministry of Health policy.

**Too early to assess if activities are catalytic; more efforts needed on joint resource mobilization.** According to Joint Team respondents, it is too early to draw conclusions on the catalytic nature of the Joint Plan and envelope and potential use for resources mobilization/fund raising. One HOA highlighted that although there are joint frameworks (UNDAF and the Joint Plan), agencies still mobilize resources independently and more should be done for joint resource mobilization. At the same time, the Joint Team report that some agencies (e.g. UNDP and UNFPA) reallocated resources from their broader programme (i.e. on human rights and gender-based violence) to complement actions funded by the envelope.

**External stakeholders' emphasis on the results of the partnership with the UN rather than process.** External stakeholders (Ministry of Internal Affairs, Ministry of Health, civil society and community organizations) were less knowledgeable and less interested in the internal dynamics of UN functioning and fund allocation methods. They were more focused on the tangible results of the partnership with the UN.

*"... The way you UN organize yourself internally and coordinate is less important to us [...] what counts for us is the tangible results you can bring and concrete projects."* (respondent from the Ministry of Internal Affairs).

## Efficiency

**An efficient process.** As of March 2018, all UN agencies in Belarus that are recipients of envelopes funds have received them and begun implementation. No concerns were raised about efficiency of the country process.

*"... the process was smooth, participatory, transparent, evidence-based, and an opportunity to discuss needs and reach consensus with other agencies..."* (HOAs)

Roles and responsibilities of the Secretariat and Cosponsors, guidance and tools were clear and sufficient. Some Joint Team members raised an issue with the short time frame. However, it was still possible to organize a retreat and meet the deadline for the development of CCA, the 2018–2019 Joint Plan and allocation of funds. Monitoring and reporting is well in line with existing systems and no concerns were raised in this regard.

**Mechanisms to address situations of agencies non-delivering not yet defined.** There is common understanding that the allocation of envelope funds for future rounds is performance-based (progress against deliverables). However, mechanisms are not yet agreed for cases

where an agency does not deliver. It will be important to discuss potential issues within the Joint Team (programmatic level) and to raise them for discussion in the UN Country Teams (HOAs/RC). Some UN respondents suggested that the Resident Coordinator should play a role, while others favoured the Secretariat arbitrating in such an event. UN respondents emphasized the importance of ongoing communication, information-sharing and dialogue among agencies to mitigate risks and to address problems early, coordinated by the Secretariat.

## **Inclusiveness**

**External stakeholders feel their priorities and needs are well considered.** External stakeholders (Ministry of Health, civil society and community organizations) confirmed that the Joint Plan was shared with them. They feel well-informed about the work of the Joint Programme and believe that their priorities are well-considered. The partnership with UN agencies is active and there are several communication channels and consultations/meetings, both with government institutions and with civil society. Some civil society respondents expressed interest in being part (more so) of UN planning sessions. The CCM is also a forum for dialogue where all UN agencies are represented.

**No additional consultations with stakeholders, but good consideration of their priorities.** No specific consultations with external stakeholders were held for the development of the 2018–2019 Joint Plan and allocation of envelope funds. However, this was not considered a problem, since priorities of stakeholders had been discussed in previous consultations. Joint Team members discuss priorities with their counterparts on an ongoing basis, including with civil society organizations (implementing partners). An ad hoc meeting with external partners was organized to inform them about the Joint Plan.

**Convening power of the Joint Programme, building partnerships at country level.** The Ministry of Health and civil society respondents believe that the Joint Programme is a crucial interface for bringing partners together at country level and improving communication and joint work between civil society and government institutions. For instance, the “Zero Discrimination Day”, which featured a discussion on human rights, organized with Joint UN support, was cited by civil society as opening the door for civil society to dialogue with various government sectors (e.g. criminal police, MOI, general prosecutors, parliamentarians, etc.) and with donors they usually would not be able to access. Respondents at the Ministry of Health appreciate the role of the Secretariat as a go-between with government institutions, such as the Ministry of Health and the Ministry of Internal Affairs.

External stakeholders (e.g. the Ministry of Health and Ministry of Internal Affairs) consider technical assistance, knowledge sharing, exchange of best practices and learning events as key areas of Joint Programme support.

**Positive feedback on Joint Programme support by Ministry of Health.** Ministry of Health respondents appreciate the clarity of mandates of different agencies and the coordinating role of the Secretariat. The latter is key, since UN agencies work with different departments, and it is useful to have an entry point for the entire Joint Programme. They cited several examples of UN support, including:

- advocacy for political commitment to fulfil the UNAIDS 90–90–90 Strategy;
- the information campaign on HIV self-testing that started in 2017, and technical support/trainings for selling HIV tests through pharmacies;
- update of the HIV treatment protocol in line with the WHO guidelines, as well as and training;
- country dialogue on human rights. For instance, when the programme of mobile testing for people who inject drugs was initiated, it was perceived by users as a way to identify

and detain them. Those misgivings have been addressed, and there is more dialogue and progress, with UN seen as key players;

- validation of eMTCT of HIV and syphilis;
- strengthening awareness of rights of women living with HIV;
- current dialogue for HIV services for people in prisons, including OST;
- support to World AIDS Day, a decentralized HIV information event for youth and adolescents; and
- support to build evidence (e.g. a study to assess existing needs and barriers to the programme among people who use drugs) and use of evidence for decision-making.

### **Positive feedback on Joint Programme support by civil society and community organizations.**

Civil society and community organizations said they can easily access the Secretariat and individual Cosponsors and discuss their needs for support. They have a good understanding of the mandates of the different organizations and feel there is good cooperation among agencies. The Joint Programme advocates for civil society engagements and is supportive of work with key populations. The convening power of the UN (with media, etc.) is useful for networking and buffer between stakeholders. Some examples mentioned during the group interview included:

- the role of the Secretariat to mobilize resources for communities working with HIV for organizational capacity and development. Secretariat support (on administrative issues) was crucial to the registration of the first Association of Women living with HIV in Belarus;
- the Secretariat and UNODC are key advocates for the needs of people who inject drugs, including OST for harm reduction, and play a brokering role: “...when we (civil society organizations) raise issues together with UN agencies, more doors are opened, and government listens more...”; and
- UNESCO advocacy and technical assistance (new technologies, video tutorials etc.) for addressing HIV within the education system, and UNICEF’s role in reducing the age of parental consent to below 14 years.

A review of activities funded through the envelope shows that most of them either partially contribute to civil society engagement (about 50% of total allocation) or have as principal objective to advance civil society engagement (about 35% of total allocation).

**More support needed in some areas.** Civil society also mentioned areas where more support is needed. These include:

- addressing the needs of transgender people, who perceive that they are often mixed with gay and other men who have sex with men (peer-to-peer learning, psychological support, employment opportunities);
- support to networks and community (technical support, knowledge sharing, legal expertise) and awareness (the gap between HIV services and awareness in the capital and in regions/districts);
- more evidence about new types of drugs and the needs of young people (including youth-friendly CIE);
- support to volunteer movements (professional burn out/organizational development); and
- monitoring and evaluation of programmes, with beneficiaries engaged in assessing quality of services.

The Ministry of Internal Affairs mentioned resocialization or employment of drug users, TB/HIV integration and a need for training staff and cofinancing as possible areas for stronger cooperation. The Ministry of Health mentioned the need for more support around employment opportunities for people on opioid substitution therapy.

## Gender equality and human rights

**The Joint Plan and envelope address gender equality and human rights.** The Joint Team reported that gender equality and human rights were discussed and given priority. UNFPA-led actions and the interface with its gender-based violence programme and UNICEF's work with adolescent girls and on social norms were cited as examples. Leveraging the envelope allocation, UNDP was able to build on its broader human rights programme and strengthen actions for addressing criminal and punitive laws that are major threats to providing HIV services to key populations.

**The Gender Scorecard<sup>3</sup>** was considered a key contributor for gender equality considerations in the Joint Plan. Also mentioned were: gender expertise based at the regional level (UNICEF) to review plans and provide technical support; the UNDAF thematic group on gender issues and human rights; and the appointment of a human rights expert based in the RCO and supporting the entire system.

**The gender equality marker (GEM) was used but did not influence planning.** The Joint Team suggested to keep the GEM as part of the Joint Planning tool. This was used as a marker at the end of the process, and it did not influence planning and allocations. Since Joint Plan activities are gender responsive, the GEM score was good overall. For the envelope allocation, about 70% of funds support activities that score 2 (i.e. significant contribution to gender equality and/or the empowerment of women and girls) and the remaining 30% score 3 (i.e. the principal objective is to advance gender equality and/or the empowerment of women and girls). However, when prompted, some members suggested that there might have been some over-scoring.

## Generalizability and other observations

**Generalizability.** Based on discussions with respondents, it emerges that the Joint Team in Belarus is functioning well and that there is good team work and collaboration, with leadership and convening power providing by the Secretariat. The Secretariat plays a strong leveraging role on advocacy and policy issues. Partnerships with country counterparts (line ministries) and other stakeholders (civil society) are strong and there is good track record of delivering results. The well-established partnership ("working as ONE") facilitated the process and quality of results. For countries with larger epidemics/needs, less capacity and less existing coordination, it may be more challenging to replicate the process with equal results.

**Lessons learned from the HIV response.** Respondents from the Ministry of Health suggested the importance to use lessons learned from the HIV response to address other health issues, such as social contracting (public-private partnerships) and engagement of vulnerable populations. Heads of Agency and the Resident Coordinator concurred that the experience and approach of the Joint Programme could benefit other areas, including the capacity to bring stakeholders together (the UN, Government and NGOs) in non-confrontational fora and to provide space for civil society engagement.

**Threat: HIV becoming less prioritized.** Some Joint Team members mentioned a risk that agencies may gradually shift away from considering HIV a priority and may disengage from the response. There is a need to continue mainstreaming HIV into other sectors and to build linkages (e.g. integration with gender-based violence programmes). One UN respondent suggested there is scope for more integration of HIV in other UN programmes, with stronger roles for the Resident Coordinator and UN Country Team members in this regard.

## ANNEX

**Dates of country mission:** 28–30 March 2018

### Evaluation team members

- Elisabetta Pegurri, Senior Evaluation Adviser, UNAIDS Evaluation Unit (Team Leader)
- Raman Hailevich, Regional Programme Adviser, UNAIDS RST Evaluation Focal Point
- Zhannat Kosmukhamedova, Head, Regional Programme Office for Eastern Europe, UNODC

### List of people interviewed

#### *Individual interviews*

- Sanaka Samarasinha, UN Resident Coordinator in Belarus
- Rashed Mustafa, UNICEF Representative in Belarus
- Olga Lukashkova, UNFPA Assistant Representative, a.i.
- Vera Ilyenkova, UNAIDS Country Manager, UNAIDS Belarus
- Dmitry Pinevich, First Deputy Minister of Health (*Debriefing*)

#### *Group interviews*

#### **UN Joint Team on AIDS**

- Victoria Lozyuk, YAD and HIV/AIDS Specialist, UNICEF
- Alexander Davidenko, Programme Officer SRH/HIV
- Tanya Orange, Head of Operations Unit, IOM
- Viatcheslav Grankov, National Professional Officer on Communicable Diseases, Joint TB, HIV and Hepatitis Programme, WHO
- Olga Atroschnanka, Programme Officer, UNDP
- Liudmila Trukhan, National Consultant, UNODC

#### **National AIDS programme**

- Inna Karaban, Deputy Head of the Department of Hygiene, Epidemiology and Prophylaxis, Ministry of Health
- Irina Glinskaya, Deputy Head of the Republican Center for Hygiene, Epidemiology and Public Health
- Anna Rusanovich, Head of the Department of HIV Prevention at the Republican Center for Hygiene, Epidemiology and Public Health

#### **Ministry of Internal Affairs**

- Henadzi Kazakevich, Head of Department, Department on Drug Control and Counteraction to Trafficking in Human Beings, Ministry of Internal Affairs, Criminal Police
- Ekaterina Shelegova, Deputy Head of Department on Drug control and Counteraction to Trafficking in Human Beings
- Representatives of the Penitentiary Department

#### **Civil society representatives**

- Belorussian NGO AIDS network, BelAIDSNetwork – Oleg Eryomin, The Chairman of Board
- Belorussian Association of UNESCO Clubs – Dmitry Subtselny, Vice-President of EFUCA and WFUCA, Elena Smirnova

- “Vstrecha” (organization working with gay and other men who have sex with men) – Elena Rodionova, Aleksandr Shablyko
- “Ravnovesie” (organization of women living with HIV) – Hanna Nazarova
- “Tvoi Chance” (organization working with people who use drugs) – Sergey Kryzhevich, Sergey Gartsev
- Initiative group of transgender people – Anzhelika Volkonskaya, Anna

## India

### Summary of country capacity assessment and country envelopes (US\$)

Country presence (professional staff and consultants for more than 6 months)

Source: CCA

	Number	Time
Secretariat	3 (Int.); 1 (Nat.)	100%
UNICEF	1 (Con.)	50%
UNDP	1 (Int.), 1 (Nat.)	20%, 50%
UNFPA	1 (Nat.)	30%
UNODC	1 (Int.)	50%
ILO	2 (Nat.)	50%, 30%
UNESCO	1 (Nat.)	70%
WHO	1 (Int.); 1 (Nat.)	30%, 40%

#### Allocation by Cosponsor (US\$)

Cosponsor	2018
UNFPA	100 000
UNICEF	240 000
UNODC	150 000
WHO	190 000
UNESCO	100 000
UNDP	120 000
ILO	100 000
<b>Grand Total</b>	<b>1 000 000</b>

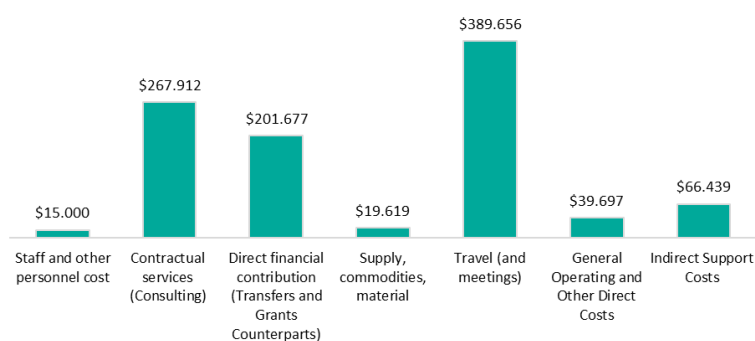
#### Allocation by Strategic Result Area

SRA	2018
1 (Testing and	356 000
2 (eMTCT)	130 000
3 (Young people)	185 000
4 (Key populations)	255 000
6 (Human Rights)	74 000
<b>Grand Total</b>	<b>1 000 000</b>

Overall estimate of Joint Programme programmatic resources (excluding human resources, operational costs and envelope amounts) for 2018–2019:

Not available

#### Allocation by budget category



## FINDINGS

### Relevance

The Government, civil society and international partners interviewed during the mission considered the continued engagement of the UNAIDS Joint Programme in the national HIV response important. Bilateral partners such as PEPFAR appreciate the UN's political capital which can be leveraged strategically for policy advocacy. A comparative advantage enjoyed by the UN is its engagement at the technical and policy levels with different Ministries, which allows for a comprehensive approach that can maximize impact.

Policy advocacy, information and communication, and ensuring the engagement of civil society and key populations were highlighted as crucial roles for the Joint Programme in supporting the national HIV response. Working closely with WHO, the UNAIDS Secretariat plays a key role in spearheading UN system efforts on HIV. The value of other UN agencies is seen mainly in providing access to different Ministries and enabling a multisectoral response.

A key question that the Joint UN Team grappled with was whether to focus UBRAF resources at the national level or in one or several states. Eventually, the focus on Gujarat state, based on epidemiological and political considerations, was appreciated by almost all the interviewed stakeholders, notably the national authorities, bilateral partners and civil society, although there were a few exceptions.

The discussion with the Additional Project Director of Gujarat SACS highlighted the strategic pertinence of the UBRAF investment in the state. All planned activities address major gaps and cannot be funded through the state Annual Action Plan or other existing funding channels. This includes the Transgender Welfare Board, sensitization on and implementation of the HIV/AIDS Act, HIV prevention for prisoners and provision of prevention services for drug users.

For the UN system, health is a priority and there is a dedicated results group under the new Sustainable Development Framework, which WHO chairs. The Government's increased attention on health, most notably on TB, also provides opportunities for continued engagement on HIV. Going forward, deliberate integration of the HIV response into the broader health agenda will be necessary without losing the focus on HIV.

### **Effectiveness**

The UN system in India is increasingly expected to demonstrate impact. Using the UBRAF funds merely for pilot projects as a basis for replication and scale-up by the Government would therefore have been difficult. Instead a decision had to be made whether to identify and concentrate resources on a few areas where national-level policy or programmatic impact could be shown, or to adopt a more a multisectoral approach in which the comparative advantages of UN agencies could be leveraged to influence policies and programmes of different Government partners.

Not everyone shared the same vision of how to strategically position and use the UBRAF funding and there were calls for focusing on large investments for substantial impact. In the end, however, most agencies preferred a multisectoral approach with the involvement of several UN agencies.

As a result, the new UBRAF model has clearly reinvigorated the UN Joint Team on AIDS in India and strengthened the engagement of the Cosponsors on HIV, most notably in the case of UNESCO, UNODC and UNFPA. All seven UN agencies participating in the Joint Programme in Gujarat considered the additional resources to be valuable. Even though the resources may be considered modest in the Indian context, all agencies welcomed them as a means for contributing to Joint Team efforts by using their comparative advantages on the basis of the Division of Labour.

### **Efficiency**

The planning process was carried out in a compressed time frame between October and December 2017, building on existing plans and programmes. All Cosponsors appreciated the convening and coordinating role of the UNAIDS Secretariat. Some respondents questioned the result of the process to allocate the UBRAF funds (with several agencies receiving almost equal shares).



The extent to which existing capacities were analysed and considered in the planning process is not clear. This may be explained by the fact that the UBRAF funding became the main, if not exclusive, focus of the Joint Team. This impression emerged in discussions with the Joint Team, which centred on the UBRAF funding and related activities. There was very little reference to other UN efforts in support of the national response.

Going forward, it is important that the Joint Team does not find itself only operating in “project mode”, driven by the available funding, since this could reduce UN engagement in terms of both scope and time, and undermine the strategic importance of its work in support of the national HIV response.

### **Inclusiveness**

The joint team planning process was participatory and inclusive of all members of the UN Joint Team. The joint programme for Gujarat was developed in close consultation with the Gujarat State AIDS Control Society, and the National AIDS Control Organisation was kept adequately informed. Key partners, such as USAID and PEPFAR, were also well-informed and commended the focus on a specific state, which complements US Government-funded programmes in other states.

The engagement of civil society in the initial planning phase was limited, although the consultation with civil society during the mission helped clarify what can be expected from the engagement of the UN system at national level and from the efforts of the Joint Team in Gujarat. The meeting provided an opportunity for the UNAIDS Secretariat to explain the rationale behind the focus on one state, the scope and nature of the programme in Gujarat, and the range of activities being considered.

Going forward, it will be essential to ensure that civil society is meaningfully engaged in the implementation and monitoring of the programme and that capacity development and support to communities are integral parts of the programme.

### **Gender equality and human rights**

Gender equality and human rights dimensions do not seem to have been adequately considered in the development of the joint programme for Gujarat state. In some ways this is also reflected in the fact that UN Women is not among the agencies receiving UBRAF funds. However, providing funding to UN Women is not the only way the Joint Programme can address gender equality.

As part of the detailed design of interventions, periodic reviews and planning for 2019, the Joint Team should consider ways to strengthen gender equality and human rights dimensions in programme implementation. This could be done through partnerships with civil society organizations that have offered support and shown a willingness to collaborate with the Joint Team in Gujarat in the implementation of the joint programme. A number of gender equality and human rights-related activities could be included as additional elements within the planned activities (e.g. strengthening targeted interventions for key populations, prevention of parent to child transmission of HIV, etc.).

## ANNEX

**Dates of country mission:** 4–6 April 2018

### Evaluation team members

- Joel Rehnstrom, Special Adviser, UNAIDS Evaluation Unit (Team Leader)
- Taoufik Bakkali, Regional Strategic Information Adviser, UNAIDS RST Asia-Pacific
- Mukta Sharma, Regional Officer, WHO, SEARO

### List of country respondents

#### *Individual interviews*

- Yuri Afanasiev, UN Resident Coordinator in India
- Henk Bekedam, WHO Representative in India
- Bilali Camara, UNAIDS Country Director
- Alok Saxena, Joint Secretary, National AIDS Control Organisation
- Rajesh Gopal, Additional Project Director, Gujarat State AIDS Control Society

#### *Group interviews*

#### **Heads of Agencies and Joint Team members**

- Foroogh Foyouzat, Chief Field Services, UNICEF
- Apurva Chaturvedi, UNICEF, Head
- Marina Walter, Country Director a.i. UNDP
- Akash Malik, UNDP, Head
- Manish Pant, UNDP
- Max Tunon, Officer-in-Charge, ILO
- Divya Verma, ILO
- Shigeru Aoyagi, Director and UNESCO Representative to India
- Sarita Jadav, UNESCO
- Sergey Kapinos, UNODC Representative for South Asia
- Madhu Sharma, UNODC
- Ena Singh, Assistant Representative, UNFPA
- Kirti Iyengar, UNFPA

#### **Joint UN Team on AIDS**

- Asheber Gaym, UNICEF
- Jyotiee Mehraa, UNODC
- Syed M Baqar, ILO
- Divya Verma, ILO
- Sarita Jadav, UNESCO
- Kirti Iyengar, UNFPA
- Akash Malik, UNDP

#### **Development partners**

- Henita Kuntawala, Country Coordinator, PEPFAR
- Marietou Satin, Deputy Director, Health Office, USAID
- Timothy H. Holtz, Director, U.S. Centers for Disease Control and Prevention, Division of Global HIV & Tuberculosis

**Civil society representatives**

- Sutapa Majumdar, CFAR
- Sonal Mehta, Alliance
- Anandi Yuvraj, Independent Consultant
- Kiran Deshmukh, National Network of Sex Workers India
- Shyamala Nataraj -SIAAP, National Network of Sex Workers India
- Huligamma, National Network of Sex Workers India
- Joevalan Niranjana, SAATHII
- James J Veliath, Coordinator, Care and Support, NAZ Foundation
- Kusum, All India Network of Sex Workers (AINSW)
- Amit Kumar, All India Network of Sex Workers (AINSW)
- Daxa Patel, NCPI/ GSNPI
- Elizabeth Michael, AHF India
- P. Kousalya, President, Positive Women Network
- Firoz Khan, NCPI
- Yashwinder Singh, The Humsafar Trust

## Iran (Islamic Republic of)

### Summary of country capacity assessment and country envelopes (US\$)

Country presence (professional staff and consultants for more than 6 months)

Source: CCA

	Number	Time
Secretariat	2 (Nat.)	100%
UNICEF	2 (Nat.)	50%, 40%
	1 (Int.)	10%
UNDP	n/a	n/a
UNFPA	1 (Nat.)	15%
UNODC	1 (Nat.)	50%
UNHCR	2 (Int.)	15%, 10%
WHO	1 (Nat.)	30%
	1 (Cons.)	100%

#### Allocation by Cosponsor (US\$)

Cosponsor	2018
WHO	80 850
UNFPA	59 150
UNODC	55 250
UNICEF	54 100
UNHCR	50 650
<b>Grand Total</b>	

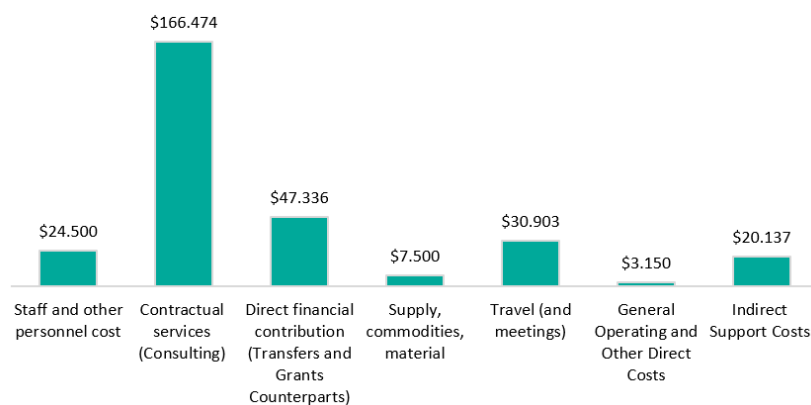
#### Allocation by Strategic Result Area

SRA	2018
1 (testing & treatment)	85 210
2 (eMTCT)	69 080
4 (Key populations)	109
7 (investment & efficiency)	35 910
<b>Grand Total</b>	

Overall estimate of Joint Programme programmatic resources (excluding human resources, operational costs and envelope amounts) for 2018–2019:

Approximately US\$ 1 million excluding Global Fund grant managed by UNDP

#### Allocation by budget category



## FINDINGS

### Relevance

**Relevance to national priorities.** The National Strategic Plan of Iran (2014–2019) was developed as a participatory document, with different government sectors, UN agencies, civil society, academia as part of the country dialogue. The Plan is endorsed and signed by the High Council for Health and Food Security, which is chaired by the President (a cabinet-level committee). It remains the reference for partners' operational planning on HIV, including the Joint UN Plan on AIDS, which is well aligned to national priorities. At the same time, the UN is maintaining scope for its normative role and high-level advocacy on sensitive issues (HOAs/RC).

**Relevance to the SDGs.** Although there is not yet a formalized SDGs framework in the country and no official reference to it, UN respondents consider the Joint Plan and envelope proposal well in line (content-wise) with SDGs: SDG 3 (good health and well-being) and 5 (gender equality). One aspect that was mentioned is the strong focus to those most vulnerable and hard to reach (key populations and refugees).

**Relevance to the UNDAF.** The Joint Plan is well aligned to the UNDAF in Iran, facilitated by the fact that the UNDAF was recently developed (2017–2021). The 2018–2019 Joint Plan on AIDS is considered as one of the outcomes of the UNDAF, under pillars 2 and 4 (health and drug control), and the Joint Team operates within the UNDAF coordinating framework (working groups). Heads of Agency and the Resident Coordinator confirmed that the UNDAF was conducive to the development of the Joint Plan and that the two processes are synergistic and well-aligned. The country process fitted into a mature coordinating structure, with a strong facilitation role played by the UNAIDS Country Director.

**Relevance to UN reform.** UN respondents observed that the process is a good example of team work and that it demonstrates UN reform principles, such as joint planning, pooled funding mechanisms (joint decentralized decisions on how to allocate funds based on country priorities and needs), accountability, partnerships, addressing fragmentation within the system and building on the UNDAF.

## Effectiveness

**A strong Joint UN Plan on AIDS and envelope allocation process.** The Joint Team and HOAs/RC report that the development of the 2018–2019 Joint Plan was a true process of programming together. The regular meetings of the Joint Team facilitated the process. In the past, agencies used to report to the Joint Team on agreements reached with partners, whereas agencies on this occasion discussed and planned jointly. They critically reviewed country priorities in the 2018–2019 UBRAF Budget, country needs, gaps and comparative advantages, and conducted a prioritization exercise. The Plan promotes complementarity and synergies. Some Cosponsors reported that they had closer and productive internal consultations and received more support and follow-up from their regional and headquarter levels than before: *“it felt like a movement”*.

*“ The process and guidance was clear and transparent. All agencies had a fair chance to participate, brainstorm, exchange ideas. There was an open discussion that revolved around content, reflecting critically on existing evidence ...”* (Joint Team)

*“... The process was a push for a more coherent, joint and efficient response ...”* (HOAs/RC)

*“... Understanding the mechanisms and flow of funds of the UBRAF at country level was challenging in the past. For the first time I feel informed and I can understand clearly the value added of the UBRAF framework ...”* (one HOA)

*“Other programmes, such as the maternal health programme, should learn from this experience.”* (Joint Team members and one HOA)

External stakeholders (from the National Programme) also suggested that the HIV response is a good model for collaboration (e.g. by encouraging NGOs to work in an integrated manner with primary health care providers) and that it offers valuable lessons for other sectors and areas.

UN Respondents (Joint Team, HOAs, RC) describe the envelope as a boost to existing programmes. The intention in Iran was to accelerate existing action (and unfunded areas), instead of new areas. Joint Team members agreed that even a relative small allocation (US\$ 300 000 a year) can go a long way, considering the size of the Joint Programme in Iran (about US\$ 500 000 of programmatic funds in total per year). With such small resources, there is a major need to prioritize and invest in game-changing activities .

The allocation of envelope funds in Iran is prioritized around country gaps and the UN comparative advantage, with a strong rationale provided for each of the allocations, as shown in the table below.

Area of support	Rationale	UN role
eMTCT/ Integration	Need for rapid scale-up of PHC-based eMTCT programme, bridging with private sectors health providers, monitoring progress towards elimination.	Intersectoral advocacy. Capacity development. Complementarity of support among agencies. Full integration of eMTCT and other SRHS into primary health care and linkage with private practitioners. Improve linkage between private sector and public sector data, incl. better data management. Formative assessment on the eMTCT programme.
Key populations (youth)	Inadequate mapping of epidemic among all key populations. Absence / inadequacy of tailored services for many key populations. Contextual barriers to access and engagement in response. Stigma and discrimination.	Evidence based guidance. Facilitate community organizations to engage in policy setting. Technical support and advocacy to youth-led programmes, especially the "ALL IN" initiative. Support mobile clinics in Tehran for female sex workers. Provision of comprehensive harm reduction (incl. GBV) and social protection services for vulnerable Afghan refugees.
HIV testing and treatment (for key pop.)	Limited access and low demand for HIV counselling and testing for key populations. Limited range of novel testing approaches available. Need to optimize performance of static and outreach services. Insufficient linkage and retention to care and antiretroviral therapy, low adherence. Stigma and discrimination within healthcare settings.	Advocacy and knowledge sharing. Simplified testing algorithms and HIV counselling and testing by lay-providers and outside health services. (WHO, UNODC) Peer-driven HIV testing algorithms for ambulatory and residential settings (people who inject drugs peer educators in Tehran and Alborz provinces). Roll out intensified, peer-led case-finding among key populations and locations. Case management mechanisms to promote ART retention, adherence among people who inject drugs. Anti-stigma training manuals/guidance for healthcare providers.
Data and efficiency	Gaps at national and subnational level in data for decision-making.	Advocacy, technical assistance, knowledge sharing. Support to mapping and Size estimation of key populations.

Some gaps were mentioned during the discussion with Heads of Agency, such as the need for more leverage on the Government budget, which would require more capacity within the Joint Team for economic analysis (evidence-based advocacy); addressing cross-border issues and multicountry responses; and work to address the HIV needs of other vulnerable men (e.g. gay and other men who have sex with men).

**Improved Joint Programme collaboration and engagement of some agencies that were less active.** The Joint Team and Heads of Agency and the Resident Coordinator agreed that delegating to countries the decision of how to allocate resources among Cosponsors is very positive. It improves ownership, relevance of allocations (in consideration of country needs) and accountability (with clarity of what each agency contributes). The process brought additional agencies onboard. Thanks to the envelope allocation, UNHCR will be able to address the HIV needs of Afghan refugees and benefit from technical assistance from other

Joint Team members. UNODC, which has serious funding constraints in Iran despite the importance of harm reduction, also benefits. The essential coordinating role played by the Secretariat was recognized by all respondents.

**SMART deliverables.** An analysis of the Joint Plan deliverables shows good compliance with SMART criteria. The Joint Team confirmed that careful consideration was given to develop specific and realistic (achievable) deliverables, based on experience and existing capacity. Deliverables are time bound to 2018 and 2019. Efforts were made to define quantified and measurable deliverables, with the understanding that these will be used to assess performance at the end of 2018. It was noted that measurability is stronger for deliverables related to service provision.

**Some areas of innovation and integration.** The Joint Plan and envelope in Iran include innovative approaches in the HIV response such as self-testing, public-private partnerships in delivering eMTCT services and peer-led education to improve the recruitment rate of people who inject drugs for HIV services. Following a UNAIDS-led study to understand the root causes of stigma among health-care personnel, the Joint Plan includes actions to address stigma and discrimination in health-care settings, with different approaches for different causes of stigma. Other innovations include the use of online, phone-based applications in the antiretroviral therapy programme and building capacity for a new (in the Iran context) methodology for size estimation of key populations (i.e. mapping). In line with the national approach, the Joint Programme promotes HIV integration (e.g. HIV counselling and testing provided as part of broader health services).

**Activities intended as catalytic, but too early to assess if this is the case.** An example that was mentioned to illustrate the catalytic nature of some of the planned activities is the support for a “90–90–90 cascade analysis”, a review of the HIV treatment programme which is aimed at providing managers with evidence for addressing bottlenecks. Some Joint Team members were more cautious, observing that the amount of the envelope amounts to no more than 0.2% of Government spending on the HIV response. Achieving impact with such small amounts requires granular contextual knowledge for selecting investments and activities, which may be challenging to do.

**Some progress on joint resource mobilization.** Not all activities in the 2018–2019 Joint Plan are funded by the envelope funds. Funding gaps remain. Heads of Agency and the Resident Coordinator believe that the Joint Plan can serve resource mobilization by showcasing the work of the Joint Programme and highlighting gaps. There is already some progress: for example, a joint proposal funded by Australia for capacity building of HIV “positive clubs”, including for antiretroviral therapy adherence, and a joint proposal on HIV prevention among youth submitted to the Netherlands.

**Country capacity assessment completed but not used to better tailor country presence.** The tool used for the capacity assessment exercise was clear to Joint Team members. However, the Joint Plan was based only on existing capacity (that includes very little full-time staff). The country capacity assessment was not used to influence changes in the composition (reconfiguration) of the Joint Programme country presence (and not considered sufficient for this purpose). There is a need for guidance and more efforts (at different levels) for joint assessment and coordination on human resources for a Joint Programme that has the right skills set (fit for purpose). For instance, despite having a mandate that reflects a priority for the HIV response in Iran, UNODC lacks a full-time staff country presence (this partly because of previous UBRAF budget cuts). The relatively small amount of the envelope makes it difficult to allocate it to staff costs.

*“... There are some ad hoc discussions in the UNCT on human resources, and the possibility of cost-sharing positions has been raised, but we are still far from a coordinated approach on this (as foreseen by the UN Reform) ...” (one HOA)*

## **Efficiency**

**An efficient process.** As of April 2018, all relevant UN agencies in Iran have received envelopes funds and initiated implementation. According to the Joint Team, roles and responsibilities of the Secretariat and Cosponsors are clear, as per the Division of Labour. Guidance and tools were also considered clear. One Head of Agency stressed that guidance should remain flexible (e.g. on the number of agencies eligible for funds) to better respond to country contexts. The fact that the Secretariat cannot apply for envelope funds contributes to it playing an objective facilitating role.

There was positive feedback on the regional mechanism to review and provide quality assurance to Joint Plans. More could be done for intercountry dialogue and exchanges (by HOAs). The Joint Team also recommended sharing experiences and best practices among countries.

A concern was raised (by HOAs) that since amounts are small, speed of flow of funding is important. It was suggested for the global level to track disbursement of funds across countries to set benchmarks. Information to countries on when transfers are made from the global level (from the Secretariat) to Cosponsors could also be useful for intra-agency follow-up.

*“... If we want funds to be catalytic, they need to be disbursed rapidly ...” (HOAs)*

**Short time frame (actual implementation time less than 12 months).** Joint Team members, Heads of Agency and the Resident Coordinator noted that the timeframe is short, referring to time left for the implementation of envelope activities. Planning was done on the assumption of having 12 months for implementation, while about nine months is actually available (considering that agencies received funds from their headquarters in March 2018). This will need to be considered in future rounds. Some highlighted the need to extend the funding expiry date to organizations could implement the planned activities.

**Need to define monitoring and reporting requirements (with participation of external stakeholders).** The Joint Team recognized the need for clear guidance on monitoring and reporting requirements on the envelope funds. Quarterly (activity) monitoring by the Joint Team would allow for early identification of issues and troubleshooting. The Joint Team expects the UNAIDS Country Office to convene and facilitate joint monitoring of the Joint Plan and envelope activities. Reporting to the global level should be on progress against deliverables and expenditure using an updated version of the JPMS. It was recommended that expenditure reporting in JPMS should become compulsory. Heads of Agency and the Resident Coordinator also stressed the need for monitoring in order to identify issues early and intervene if needed. It was suggested (by HOAs/RC) to plan an evaluation (for end-2019) to assess results.

**Mechanisms to address cases of non-delivery by agencies not yet defined.** There is common understanding that the allocation of envelope funds for future rounds is performance-based (progress against deliverables). However, mechanisms/responsibilities in case of an agency not delivering on the 2018 allocation (reprogramming) require clarification, as do instances of unspent funds. Should funds be reallocated to other agencies at country level? Or should the same agency reprogramme the funds to another country?



Lines of accountability at country level are not clear. Since funds were transferred from Cosponsor headquarters to the country level, there may be an expectation that Cosponsors at country level are accountable only to their respective headquarters. The role of the Secretariat at different levels (on monitoring/reporting/accountability) needs to be specified for the next phases.

*“How much authority the Country/Joint Team has to reprogram (2018) funds across agencies if need would arise? Need for clarity on this ...”* (a member of the Joint Team)

It was acknowledged (by Heads of Agency) that since a strong coordinating structure exists in the form of the Joint Team, bottlenecks can be discussed and addressed as a group, with reporting to the UN Country Team for support, as needed. Even in the current configuration (pre-UN Reform), the Resident Coordinator can intervene and mediate if required (according to HOAs/RC). The importance of the coordinating role of the UNAIDS Country Office, with regular flows of information, was mentioned several times (by HOAs, Joint Team, external partners).

*“If we face issues with partners, we get together as UN agencies, discuss, and respond jointly, speaking with ONE voice.”* (HOAs/RC)

## **Inclusiveness**

**Full participation by all Joint Team members.** The process was inclusive of all Joint Team members, irrespective of whether they were recipients of envelope funds. UNDP, for instance, although not a recipient (since it acts as Principal Recipient for the Global Fund grant), participated in all meetings. Joint technical discussions involved all interested agencies, not only the ones in charge of specific activities. Both the technical (JUNTA) and political (UN Country Team) levels were involved.

**No additional consultations with external stakeholders, but good consideration of their priorities.** No specific consultations with external stakeholders were held for the development of the Joint Plan and for allocation of envelope funds, mainly due to the short time frame. However, JUNTA members did not consider this to be a problem, since the priorities of stakeholders are well known. Government priorities are set out in the National Strategic Plan and Joint Team members discuss priorities with their counterparts as an ongoing process, including with civil society organizations (implementing partners). At the same time, some members of the Joint Team observed that the level of engagement needs to be consistent with the amount of funds. An ad hoc meeting with external partners was organized to inform about the Joint Plan for 2018–2019.

**Overall positive feedback by external stakeholders, with requests for prioritization, alignment and joint monitoring.** The National Programme / Ministry of Health had good knowledge of the Joint Plan and valued the collaboration with the Joint Programme, although collaboration with individual agencies is uneven. The leadership of UNAIDS is highly valued. There is a perception that engagement and coordination have been improving recently.

Several examples of UN support were mentioned, among others: in areas that are difficult for Government (i.e. fund transfers and procurement under sanctions); support for “positive clubs” and the eMTCT agenda; the “AIDS bus” (sensitization/theatre to reduce stigma and discrimination at the community level); innovative work on key populations, such as mobile clinics for sex workers; support of HIV interventions in prisons settings (training, rapid tests, treatment, IOS); partnerships to strengthen monitoring and evaluation capacity at subnational level; and bridging Government and NGO collaboration.

It was observed that the engagement of NGOs in the AIDS response should become a practise for other sectors as well, particularly for addressing the needs of vulnerable population groups. Also recognized was the UN's role in the early engagement of NGOs in the HIV response at a stage when this was still a new and somewhat challenging approach. A review of activities funded through the envelope shows that about half of the allocation covers activities that at least partially contribute to civil society engagement.

Given that UN funds for the HIV response are limited, some stakeholders stressed the importance of alignment to country needs, strong prioritization and avoiding the use of funds in piecemeal fashion. The importance of the technical assistance role of the UN was highlighted, as was the fact that this requires strong (in some cases "stronger") HIV-related capacity across UN agencies. Stakeholders (Government, academia and civil society) welcomed suggestions for more joint monitoring and evaluation of UN contributions and for opening JUNTA meetings to external stakeholders as relevant (including for planning sessions).

The review team visited a comprehensive HIV centre in a high-risk district close to the capital city (similar integrated centres exist across the country).

Managers at the centre recognized the role of UNAIDS in supporting the design and introduction of HIV centres and "positive clubs". The centre is a good example of integration of a comprehensive package of HIV services in primary health care, provided in a stigma-free environment.

Services include: HIV counselling and testing, antiretroviral therapy, antenatal care and prevention of mother-to-child transmission services, TB services, STIs services, PrEP for discordant couples, support for partner notification, harm reduction, counselling, psychosocial support, adherence support and education, positive prevention, social events, peer education and outreach programmes to hard-to reach groups. The centre is a good example of public-private partnerships (with cross-referrals of patients from private facilities) and of a multisectoral response (NGOs and community organizations working alongside government and the private sector).

The patient monitoring system is computerized (using unique identifiers), is linked to a central Ministry of Health database and part of a system of data use and feedback for programme improvement. Integration with TB data is ongoing.

## Gender equality and human rights

**The Joint Plan and envelope address gender equality and human rights.** The Joint Team and Heads of Agency believe that gender equality and human rights were discussed and given priority. The Joint Plan is responsive to human rights issues related to HIV, although these are phrased in ways considered appropriate to the context. One agency mentioned that technical support on gender issues and quality reviews from the regional level contributed to strong consideration of gender equality in the Joint Plan.

**The gender equality marker (GEM) was used and considered useful.** The Joint Team recommend keeping the GEM as part of the Joint Planning tool. The GEM was used as a marker and was useful for systematically considering gender equality issues across activities. The introduction of a similar human rights / vulnerabilities marker was suggested. Since Joint Plan activities are gender-responsive, the GEM score was good overall. For the envelope allocation, 88% of funds support activities that score 2 (i.e. significant contribution to gender

equality and/or the empowerment of women and girls) and the remaining 12% score 1 (i.e. limited contribution to advance gender equality and/or the empowerment of women and girls).

### **Other considerations**

**Generalizability.** Discussions with respondents indicated that the Joint Team (and UN Country Team) in Iran functions well, with good team work, open discussions and collaboration (what was referred to as “conducive personalities for team work”), with recognized leadership and convening power by the Secretariat. The Secretariat plays a strong role on advocacy and policy issues. This is an important asset that has certainly influenced the results of the process.

Since Iran is classified as an upper-middle-income country, it can be challenging to attract partners to invest in the HIV response, and UN agencies are struggling for capacity and financial resources. In this context, even a relatively small amount of resources for HIV can make a difference in addressing sensitive issues and hindrances that cause people to be left behind. The smaller number of stakeholders and agencies involved (compared to other countries) makes duplication and coordination less of an issue.

## ANNEX

**Dates of country mission:** 10–12 April 2018

### Evaluation team members

- Elisabetta Pegurri, Senior Evaluation Adviser, UNAIDS Evaluation Unit (Team Leader)
- Rangaiyan Gurusamy, Regional Strategic Information Adviser, UNAIDS RST Evaluation Focal Point
- Ider Dzungdorj, Regional Adviser MENA, UNICEF (last minute cancellation due to unforeseen circumstances, participated in reviews of tool and the report review)

### List of country respondents

#### *Individual interviews*

- Esther Kuisch-Laroche, UN Resident Coordinator a.i. (UNESCO Representative)
- Will Parks, UNICEF Representative
- Leila Saiji Joudane, UNFPA Representative
- Fardad Doroudi, UNAIDS Country Director
- Mohammed Mehdi Gouya, Director General, Center for Communicable Diseases Control

#### *Group interviews*

#### **UN Joint Team on AIDS**

- UNICEF
- UNFPA
- WHO (two representatives)
- UNDP (Global Fund Principal Recipient)
- UNODC
- UNHCR

#### **External stakeholders**

- National AIDS Programme Manager, Dr (Ms) Parvin Kazerouni
- Representative from Ministry of Interior
- Representative from Prisons Organisation
- Representative from Welfare Organisation
- Representative from Drug Addiction Bureau
- Representative from Teheran University of Medical Sciences, Infectious Diseases Dept
- Iranian Research Center on HIV; Tehran Positive Club
- Chatra, NGO working on Positive Clubs and Harm Reduction
- Afraye Sabz, Youth NGO (also working on Positive Clubs)
- Representative of people living with HIV

Field Visit to Shahryar Comprehensive HIV Centre, Shahryar District

- Representatives from NAP / PHC/ NGO / PLHIV / KP

## Peru

### Summary of country capacity assessment and country envelopes (US\$)

Country presence (professional staff and consultants for more than 6 months)

Source: CCA

	Number	Time
Secretariat	1 (Int.)	40%
	1 (Nat.)	40%
UNICEF	2 (Nat.)	2%; 5%
	2 (Int.)	5%; 5%
UNDP	1 (Nat.)	5%
UNFPA	2 (Nat.)	60%; 25%
	2 (Con.)	25%; 15%
UNESCO	1 (Nat.)	10%
	1 (Int.)	5%
WHO	1 (Nat.)	50%
	1 (Int.)	20%

#### Allocation by Cosponsor (US\$)

Cosponsor	2018
UNFPA	51 000
UNICEF	42 500
WHO	32 500
UNESCO	24 000
<b>Grand Total</b>	<b>150 000</b>

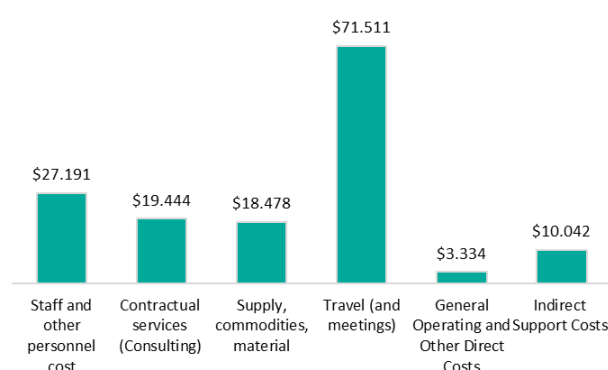
#### Allocation by Strategic Result Area

SRA	2018
1 (Testing and	12 400
2 (eMTCT)	42 500
3 (Young people)	24 500
4 (Key populations)	32 100
5 (Gender and GBV)	16 500
6 (Human Rights)	22 000
<b>Grand Total</b>	<b>150 000</b>

Overall estimate of Joint Programme programmatic resources (excluding human resources, operational costs and envelope amounts) for 2018–2019:

Approximately US\$ 380 000

#### Allocation by budget category



## FINDINGS

### Relevance

Representatives of the government and civil society interviewed during the mission considered the UN system indispensable in the response to HIV in Peru. The UN agencies also considered UN engagement on HIV important. In particular, the focus on key populations and indigenous people was seen as central to UN system efforts to protect and promote human rights in Peru. The UNAIDS Secretariat's leadership role in maintaining a focus on HIV in Peru was recognized and much appreciated.

Civil society partners highlighted the importance of the UN in providing technical support and political advocacy to ensure continued attention to and sustainability of the HIV response in a changing political context. With high turnover of Government officials at different levels, the UN system has an important role in ensuring continued attention to human rights and gender in the day-to-day work of ministries and Government agencies.

This includes sharing international best practices, norms and standards and providing catalytic funding to facilitate engagement of the Government on sensitive issues and moving initiatives forward that might otherwise be stalled in legislative/political/bureaucratic processes.

Providing evidence and information for strategy development, education and communication, ensuring the engagement of civil society and key populations, convening multisectoral meetings and promoting dialogue with Government partners were highlighted as key roles for the Joint Programme in supporting the national HIV response.

### **Effectiveness**

The renewed focus on joint action was welcomed by the UN agencies and has resulted in a stronger collective voice for the UN. The new UBRAF model has reinvigorated the UN Joint Team on AIDS and strengthened engagement of the UN system, in particular the Resident Coordinator's office, UNESCO, UNICEF, UNFPA and PAHO. Moreover, even though ILO does not receive envelope funds it is actively involved in implementing the Joint Plan.

Under the leadership and coordination of the UNAIDS Secretariat, the HIV response is a priority on the UN Country Team agenda, in line with the UNDAF. It is also seen as a platform to advance the human rights agenda and as a good example of delivering jointly.

Agency heads agreed that the revised model has promoted strategic and focused planning and that it provides a framework for monitoring joint work and progress towards results. The modest additional envelope funds have been catalytic and the process has provided added value by engaging Heads of Agency in planning and creating renewed commitment to joint work in line with UN reform.

The envelope process has been distinctive from previous planning processes by identifying complementarities and opportunities for collaboration. In the past, the joint planning process was top-down, and the Joint Plans were basically a collection of individual agency work plans. Now, for the first time, joint planning employed a bottom-up approach, guided by the UN Country Team and coordinated by the UNAIDS Secretariat, which is recognized as the face of the joint UN system response to HIV in Peru.

Regional Joint Team members from several Cosponsors provided support and participated actively in the development of the envelopes. Even if the envelope funds are modest, all agencies welcomed the resources, which have allowed them to fund important activities, fill gaps, reinforce existing HIV programmes and restart stalled ones. In some cases, the envelope funds are the only dedicated funding for HIV available to Cosponsors.

However, it is important to note that the renewed focus of UNAIDS Cosponsors on HIV is not yet recognized by Government or by civil society partners in Peru. The current perception is that each agency works relatively independently, that activities are not coordinated, and that UN agencies are not engaged/invested in joint action. One explanation may be that activities under the country envelopes were only beginning at the time of the mission and that there had not been enough opportunities to inform stakeholders of the new approach.

A flyer aimed at Government and other partners and explaining the country envelope has been developed by the UN Resident Coordinator's office. This is a clear indication of the value accorded by the Resident Coordinator to the envelope as an example of UN reform and efforts to streamline the work of the UN in Peru. The UNAIDS experience of working as a Joint Programme, which other agencies and the UN system at large do not share, is expected to guide the UN system in working together under the UNDAF.

## **Efficiency**

The planning process was carried out in a short time frame between October and December 2017, building on the already established five-year Joint Plan completed in February 2017. The UNAIDS Secretariat facilitated an initial analysis of existing capacities before attention turned to the UBRAF funding.

The Joint Team welcomed the flexibility in programme planning offered by the envelope process, allowing them to focus on areas and activities that produce a 'bigger bang for the buck'. They recognized that the process and the tool (excels) provide an opportunity for closer and more effective monitoring of activities and measurement of results, yet also represents more work for existing personnel. They recommended expanding funding for full-time staff. Guidance for the future, e.g., on 'stock-taking', expectations for reporting, etc., was requested. The Cosponsors also recommended faster movement of funds to address expectations of earlier implementation.

It was suggested that UNAIDS in the future should try to act less like an individual agency and – as a model for other UN agencies – make a concerted effort to promote joint UN system work on AIDS and push for co-leadership. In this way, UNAIDS can facilitate a single UN system voice on AIDS as well as human rights and gender more broadly. The importance of a strong UNAIDS Secretariat was highlighted as the HIV response is complex and other agencies do not have the level of expertise necessary for advocacy, programming and monitoring of activities related to HIV.

The greater involvement of Cosponsors and the presence of the UNAIDS Secretariat with a small office and a strong mandate for leadership, coordination and advocacy, covering more than one country, is cost-effective and allows for joint work to deliver concrete results, also interacting effectively with major sources of financing, such as the Global Fund, and contributing to its implementation.

## **Inclusiveness**

The planning process at country level was participatory and inclusive of all members of the UN Joint Team. The heads of agencies were brought together through the envelope process, whereas previously joint planning took place only at the technical level.

The activities funded through the envelope match government priorities, however, engagement with the government in the identification of activities varies among agencies and effective working relationships still need to be established in some cases. Civil society was engaged in the development of the Joint Plan on AIDS (described above), but not specifically in the country capacity assessment, prioritization process or the allocation of the country envelope.

Civil society considers UNAIDS as an indispensable partner and important intermediary between the government and civil society, facilitating communication and implementation through technical support on prevention, human rights and stigma as well as resource mobilization. Keeping key populations and indigenous people on the agenda and demonstrating the integration of HIV into MCH and SRH programmes will be important (through but not limited to the envelope funds). Going forward the UNAIDS Joint Programme could also help strengthen the independence and facilitate the expansion of the National AIDS Coordinating Committee.

## Gender equality and human rights

The centrality of human rights in the HIV response and the work of the UN more broadly in Peru was highlighted in almost every discussion. The UN Resident Coordinator considered the role of UNAIDS very valuable, not only in ensuring a focus on non-discrimination and access to HIV services in specific regions with large indigenous populations and among key populations, but also in the development of national policies (e.g. the third National Human Rights Plan, which, for the first time specifically refers to the rights of key populations and people living with HIV).

Civil society highlighted the UN's long history of engagement on human rights and gender equality in Peru, and its understanding of "when it is time to stand down and when it is time to push forward". At a time of significant influxes of migrants from Venezuela, guaranteeing respect for human rights and access to HIV services has become especially important for the UN.

The envelope funds are clearly linked to human rights and have enabled continued collaboration with the Ministries of Education and Health, and with civil society on comprehensive, integrated sexuality education, reproductive rights and gender-based violence and the rights of disabled persons.

## ANNEX

**Dates of country mission:** 4–6 April 2018

### Evaluation team members

- Joel Rehnstrom, Special Adviser, UNAIDS Evaluation Unit (Team Leader)
- Mary Ann Seday, Regional Strategic Information Adviser, UNAIDS RST Latin American and Caribbean
- Patricia J. García, Professor at the School of Public Health at Cayetano Heredia University in Lima, Peru (and former Dean of the School), former Chief of the Peruvian National Institute of Health and Minister of Health in Peru, 2016–2017

### List of people interviewed

#### *Individual interviews*

- Maria del Carmen Sacasa, Coordinadora Residente UN Peru
- Elena Zuñiga, Representante UNFPA Perú, Directora para Chile y Ecuador, UNFPA
- Maria Luisa Fornara, Representante, UNICEF
- Magaly Robalino, Representante, UNESCO
- Alberto Stella, UNAIDS Country Director
- Patricia Segura, Jefa Estrategia de VIH, Programa Nacional

#### *Group interviews*

#### **UN Joint Team on AIDS**

- Carmen Murguía, Analista de Programa, UNFPA
- Marcia Elena Alvarez, UNFPA
- David Chavarri, Consultor Nacional de TB y Comorbilidades, OPS
- Francisco Leon, OPS
- Rocio Valencia, OIT
- Dorina Verau, Consultora Adolescencia Área de Salud, UNICEF



- Marisol Ruilova, UNICEF
- Lizbeth Velez, Asesora en Derechos Humanos del Sistema de ONU
- Fernando Berrios, Coordinador del Sector, UNESCO
- Caterina Oliva Monti, Oficial de Programa, PNUD
- Soledad Guayasamin, UNFPA
- Esther Almeida, OCR
- Alexandra Guerron, ONU MUJERES
- Enrique Roman, Especialista de Coordinación – Oficina del Coordinador Residente
- Lizbeth Velez, Asesora en Derechos Humanos del Sistema de Naciones Unidas

#### **Human rights experts**

- Gisella Vignolo, DDHH
- Roger Rodriguez, DDHH

#### **Partners**

- Miguel Gutierrez, Representante para Perú y Ecuador, Pathfinder
- Patricia de la Peña Rabineau, Directora de Administración y Finanzas, Pathfinder

#### **Civil society representatives**

- F Raquel Maldonado, ICW PERU
- Pedro Pablo Prada , Peruanos Positivos (Afordescendiente)
- Roger Revollar Delgado, Peruanos Positivos
- Ximena Salazar, UPCH (Universidad Peruana Cayetano Heredia)
- César Carcamo, FASPA-UPCH
- Nadya Bravo, AHF Peru
- Pablo Anamaria, Movimiento PVVS
- Fernando Chujutalli, Asociación Inpacvih (Indigenas)
- Roxana Bretonche, Comunidad LGTBI Lima Este
- Pio Brando Huaycho Huallpa, Red Nacional de Jovenes
- Fiorella J Vasquez, Red Nacional de Jovenes
- Alfonso Silva Santisteban, UPCH (Universidad Peruana Cayetano Heredia)
- Fernando Cisneros, Inppares / Red Sida Perú

## Zambia

### Summary of country capacity assessment and country envelopes (US\$)

Country presence (professional staff and consultants for more than 6 months)

Source: CCA

	Number	Time allocation
Secretariat	6 staff	All 100%
UNICEF	3 (Int.) 2 (Nat.)	40%, 100%, 20% 60%, 60%
WFP	1 (Int.) 3 (Nat.)	15% 15%, 15%, 60%
UNDP	3 (Int.) 4 (Nat.) 1 (UNV)	10%, 10%, 15% 50%, 30%, 100%, 100% 100%
UNFPA	6 (Nat.)	30%, 10%, 20%, 20%, 20%10%
UNODC	1 (Nat.)	100%
ILO	1 (Nat.)	40%
UNESCO	3 (Nat.)	All 100%
WHO	1 (Int.) 4 (Nat.)	5% 100%, 201%, 20%, 10%
UNHCR	1 (Int.)	60%
IOM	2 (Int.)	50%, 20%

Overall estimate of Joint Programme programmatic resources (excluding human resources, operational costs and envelope amounts) for 2018–2019:

Approximately US\$ 4 000 000

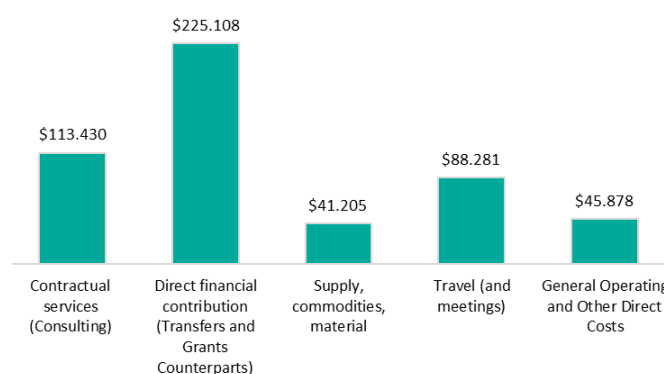
#### Allocation by Cosponsor (US\$)

Cosponsor	2018
UNODC	125 000
WHO	125 000
UNICEF	125 000
UNFPA	95 000
UNESCO	80 000
<b>Grand Total</b>	<b>550 000</b>

#### Allocation by Strategic Result Area

SRA	2018
1 (Testing and	125 000
2 (eMTCT)	125 000
3 (Young people)	175 000
4 (Key populations)	125 000
<b>Grand Total</b>	<b>550 000</b>

#### Allocation by budget category



## FINDINGS

### Relevance

Both external and as internal UN stakeholders interviewed during the mission considered the work of the UN system on HIV in Zambia to be aligned well with national priorities, as set out in key national strategies, such as the National Development Plan 2017–2021 and the National AIDS Strategic Framework 2017–2021. The Government, civil society and international partners considered the role of the UNAIDS Joint Programme in the national HIV response relevant and important. Support from the UN system is expected to enable Zambia to achieve epidemic control by 2020 and beyond, by which time external funding may decline. Sustainability and transition planning therefore requires particular attention.

The UNAIDS Joint Programme is seen as an integral part of the HIV response in Zambia and has a key role to play in stakeholder coordination, civil society engagement, policy advice and technical support. However, it will be important for the UN system to keep up with reforms on the government side, in particular efforts to decentralize and the adoption of a cluster approach, which brings together different government sectors in one cluster and which includes joint reporting by clusters to the President.

Looking ahead, the UN system will need to review internal processes and structures, such as the existing results groups under the UNDAF and ensure that these remain relevant. While the Joint Programme is very familiar with a multisectoral approach, a decentralized and cluster approach adopted by the government may require more deliberate integration and more comprehensive planning across health, education and other sectors, without losing the focus on HIV.

### **Effectiveness**

Progress on delivering “as one” depends on a shared vision and joint planning to break the tendency, processes and pressures of working separately in silos. In Zambia, much progress has been made in this regard. Overall, there was unanimous agreement among Cosponsors and the Secretariat that the new approach of devolving the UBRAF country envelope process to the country level is a welcome development. It affords responsibility to the Joint Teams on AIDS and UN Country Teams, which are familiar with the context and priorities. It was also stressed that decisions taken at that level should be respected to guarantee alignment, relevance and effectiveness.

In Zambia a multi-layered process, involving discussions at the technical level by the Joint Team on AIDS, as well as the Heads of Agencies at the strategic level, took place to decide on the allocation of the country envelopes. Four strategic result areas were identified and proposals were developed and revised, based on comments and feedback from the Regional AIDS Team. Following this, the UN Country Team unanimously agreed on four Cosponsors to manage the funds, although there does not appear to have been full agreement on the allocation of the funds at the technical level, e.g., on the allocation funds for key populations.

The country envelope allocations were (in the views of the Heads of Agencies) based on a sound programmatic logic, considering the modest amounts. Feedback from the regional level was considered carefully by the Joint Team and the end result, which saw the decision of the UN Country Team overturned following further discussions at the regional/global levels, was therefore very disappointing to the UN Country Team.

Ultimately, the available funding was allocated to five agencies instead of four, which was seen as contrary to the principle of not spreading the funds too thinly. The fact that one agency reversed its position and decided to go against the UN Country Team consensus left several agencies questioning why this happened and whether this was simply to secure funds for a staff position (which may not have been possible to fund if another agency had received and managed the funds on their behalf).

The general sense of the mission was that the renewed attention to the country-level work of the Joint Programme in the Action Plan is reinvigorating joint work and strengthening mutual accountability. The extent to which the country capacity assessment and joint planning will enable the Joint Programme to tailor its presence and actions to country priorities remains to be seen.

## **Efficiency**

The Joint Programme Action Plan country process was carried out in a compressed time frame between October and December 2017 which did not allow all Cosponsors to fully engage at the technical level in the country capacity assessment, the joint programme proposal development and the envelope allocation. Earlier guidance on the different steps to complete would have been welcome by some Cosponsors.

Some technical focal points of the UN Joint Team on AIDS felt there was insufficient communication and opportunities to discuss to reach consensus on the allocation of funds. A few members of the UN Joint Team also felt that the UN Country Team decision to focus on four strategic results areas was not the best approach and that they did not have opportunities to adequately feed this into the decision-making process.

There was a general sense that the guidance could have been clearer, with less room for interpretation between the guidance from the HQ and regional level (e.g. whether UBRAF resources could be used for staff costs or whether the funds were only for project activities). In the view of one Joint Team member, the existing UN Joint Team Plan could also have been drawn upon more in the country envelope allocation process. A few members of the UN Joint Team noted that the envelope amounts were modest and underscored the importance of a strategic focus on a small number of activities and keeping the transaction costs to a minimum.

To further enhance efficiency, ways can be found to draw more effectively on the Division of Labour and the comparative advantages of Cosponsor could be used to greater effect. A collaborative resource mobilization strategy could be developed based on the Joint Programme's proposals to complement the funding provided through the country envelopes.

## **Inclusiveness**

Overall, national authorities, civil society and other partners are working very closely with the UN on HIV in Zambia, even if engagement in the capacity assessments, joint planning and the allocation of country envelopes was limited. Among the stakeholders, only PEPFAR expressed a degree of frustration regarding its engagement and collaboration with UNAIDS (Secretariat).

Key populations have become an important focus of the government to reach the 90–90–90 targets and the goal of ending AIDS by 2030. The Joint Plan and country envelopes provide an opportunity to support the government's determination to combat the epidemic through evidence-based and contextualized programming for key populations. Opportunities exist to support efforts to address issues of stigma and discrimination; confidentiality in health settings and capacity building of the media for human rights sensitive reporting, among others.

The engagement of civil society by UNAIDS at different levels and in different processes was much appreciated by civil society and PEPFAR, which is the largest HIV donor in Zambia. This includes strong support for the civil society self-coordination mechanism, legal environment assessments, policies and guidelines to evaluate the impact on access to HIV services for key populations, as well as a sexual orientation and gender identity project to determine the context and response for key populations.

Capacity development and support for national civil society organizations are needed to enhance resourcing, engagement and advocacy for behaviour change, scaling up of treatment access and adherence at the community level. The faith-based arm of the civil society organization coordination mechanism could be supported more effectively to work as a vehicle for behaviour change communication on treatment access at the community level.

## Gender equality and human rights

Gender disaggregated data was used in the planning processes, along with the gender equality marker. However, there was little or no gender analysis as a basis for a solid theory of change. Overall, consideration of gender and human rights appears to have been inadequate. Structured capacity development of the UN Joint Team and national stakeholders on gender analysis will be needed to demonstrate the causal relationships between the issues to be addressed, interventions and expected results.

## ANNEX

**Dates of country mission:** 14–16 March 2018

### Evaluation team members

- Joel Rehnstrom, Special Adviser, UNAIDS Evaluation Unit (Team Leader)
- James Guwani, Regional Strategic Information Adviser, UNAIDS RST ESA
- David Owolabi, UNDP Africa Bureau, Istanbul

### List of people met

#### *Individual interviews*

- Janet Rogan, UN Resident Coordinator
- Medhin Tsehaiu, UNAIDS Country Director
- Bethany Baxter, PEPFAR Coordinator

#### *Group interviews*

#### **Ministry of Health**

- Andrew Silumesii, Director, Public Health,
- Tina Chisenga, Assistant Director, Infectious Diseases
- Patricia Bobo, Assistant Director, Child Health Nutrition

#### **UN Heads of Agencies**

- Mandisa Mashologo, UNDP Country Director
- Noala Skinner, UNICEF Representative
- Yemi Falayajo, UN Women Focal Point
- Joy Manengu, UNFPA Officer in Charge
- Sharon Nyambe, UNODC Country Focal Point
- Alice Saili, UNESCO Country Focal Point

#### **UN Joint Team on AIDS**

- Ian Milimo, UNDP
- Lastone Chitembo, WHO
- Mwilu Mumbi, UNESCO
- Colleta Kibassa, UNICEF
- Rick Olsen, UNICEF
- Sarai Malumo, WHO

**Civil society representatives**

- Troy Lewis, Expanded Church Response
- Jane Kaluba, Dette Resource Foundation
- Julie Barolita, Zambia Interfaith Coalition (ZINGO)
- Felix Mwanza, TALK
- Aiden Sindowe, TBZ
- Narvey Ngwale, Zambia Disability HIV/AIDS
- Tellas Shumba, DRF
- Daliso Mumba, NAC, Civil Society Coordinator

## Côte d'Ivoire

### Résultats de l'évaluation des capacités et d'affectation de l'enveloppe (US\$)

Présence dans le pays (personnel professionnel et consultants pour plus de 6 mois)

Source: CCA

	No staff	Temps
Secretariat	3 (Int.) 2 (Nat.)	100% chaque 100%
UNHCR	2 (Nat.)	20%, 10%
UNICEF	1 (Int.) 3 (Nat.)	100% 100% chaque
PAM	1 (Nat.)	30%
PNUD	2 (Nat.)	60%, 10%
UNFPA	4 (Nat.)	90%, 50%,
UNODC	1 (Nat.)	-
BIT	1 (Int.), 1	30%, 50%
OMS	1 (Int.), 3	10%, 60%,
ONU Femmes	1 (Int.) 2 (Nat.)	10%, 15%, 10%

### Répartition de l'enveloppe par Cosponsor

Cosponsor	2018
UNFPA	85 000
OMS	60 000
UNICEF	60 000
UNESCO	30 000
PAM	20 000
UNHCR	20 000
PNUD	15 000
BIT	10 000
<b>Total</b>	<b>300 000</b>

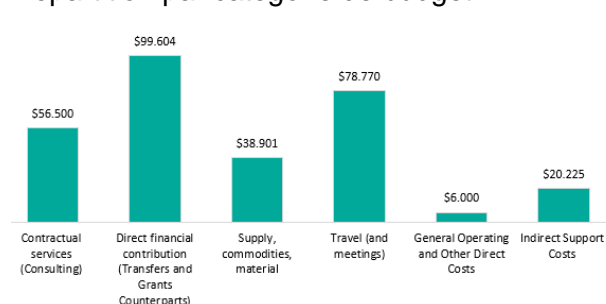
### Répartition par résultat stratégique

SRA	2018
1 (Test et Traitement)	70 000
2 (e-TME)	80 000
3 (Jeunes)	119 550
4 (Populations clés)	30 450
<b>Total</b>	<b>300 000</b>

Estimation des ressources programmatiques du programme commun (hors ressources humaines, coûts opérationnels et montants de l'enveloppe) pour 2018–2019:

US\$ 2 200 000

### Répartition par catégorie de budget



### Domaines d'Interventions (enveloppe)

Agence	Domaines d'intervention
UNFPA	Renforcement des capacités des agents communautaires en matière de prévention complète, kits IST, prévention combinée pour les populations. Clés, paquet de services de prévention combinée pour les adolescents et les jeunes filles
OMS	Stratégies innovantes de dépistage, opérationnalisation du tester et traiter tous, plaidoyer pour la dispensation des ARV par les communautaires
UNICEF	e-TME, utilisation des Point of Care, Recherche des enfants perdus de vue, TIC pour l'adhérence et la rétention dans les soins
UNESCO	Modules d'éducation sexuelle complète pour les jeunes (scolarisés et non), application mobile sur l'éducation complète à la sexualité pour les adolescents et les jeunes
PAM	Renforcement capacités des leaders communautaires et production d'outils de sensibilisation
UNHCR	Renforcement des capacités des agents communautaires dans les zones de retour et utilisation des préservatifs
PNUD	Renforcement des capacités des forces de défense et de sécurité sur les droits humains des pop. clés.
BIT	Appui à la formulation d'un document de Politique Nationale de lutte contre le VIH en milieu du travail. Redynamisation de la coalition des entreprises de lutte contre le VIH

## RESULTATS

### Pertinence

**Processus en conformité aux priorités nationales.** Le plan conjoint est en ligne avec les cibles du Plan Stratégique National (PSN) 2016–2020 de lutte contre le sida et les IST, le Plan National de Développement (PND) 2016–2020, et le Cadre de Programmation Unique 2017–2020 (CPU) du SNU en Côte d'Ivoire. Le processus pays (plan conjoint et enveloppe) est donc conforme aux priorités nationales. Le plan conjoint sur le sida 2018–2019 fait partie du Plan de travail annuel (PTA) signé avec le Ministère du Plan par rapport aux Objectifs de Développement Durable (ODDs), dans le cadre du CPU. Les membres de l'équipe conjointe participent aux groupes de travail santé et services sociaux de base du CPU et le Coordonnateur Résident confirme la cohérence entre les processus, en accompagnement au pays (<https://goo.gl/QoDpHp>). La conformité aux priorités nationales a été confirmée par le Programme National de Lutte contre le sida (PNLS) qui a été associé à l'élaboration du Plan Conjoint.

**Le processus est également conforme au Plan de Rattrapage de l'Afrique de l'Ouest et du Centre** (<http://www.unaids.org/fr/resources/documents/2017/WCA-catch-up-plan>). Tel que rapporté par les membres de l'Équipe Conjointe, le processus (Plan Conjoint, enveloppe pays) a pu bénéficier de l'analyse de situation conjointe (incluant le Fonds Mondial et le PEPFAR) effectuée dans le cadre du Plan de Rattrapage. Les priorités du Plan de Rattrapage sont les mêmes que celles du Plan Conjoint 2018–2019, notamment en ce qui concerne les populations clés, l'accès au traitement et la prévention de la transmission de la mère à l'enfant. Dans le cadre de la Coalition mondiale pour la prévention, la Côte d'Ivoire a effectué une consultation nationale pour identifier les lacunes et priorités en matière de prévention.

L'enveloppe vient en complément du Plan de Rattrapage pour combler ces lacunes, par exemple en matière d'assistance technique pour l'accélération de la prévention du VIH chez les jeunes filles et les adolescentes.

**Processus en avance sur la réforme en cours de l'ONU.** Le processus met l'accent sur la complémentarité des agences et le travail commun pour l'Agenda 2030. Dans ce cadre, le processus pays est en cohérence avec la réforme. Afin de remédier au manque de ressources, qui constituent un défi pour le programme conjoint, il faudra mettre l'accent sur la mobilisation des ressources, en interne et en externe, avec une traçabilité adéquate (Coordonnateur Résident).

### Efficacité

L'Équipe Conjointe décrit le processus comme étant novateur, transparent, participatif et inclusif. Les Chefs d'agence interviewés conviennent que le Programme Conjoint est bien établi en Côte d'Ivoire, dans le cadre de ONE UN, et que cela a été un atout pour le processus. Le processus a inclus une retraite de l'Équipe Conjointe avec pour objectifs l'évaluation des capacités et la détermination des domaines prioritaires (sur la base du Budget 2018–2019 de l'UBRAF) et une retraite pour l'élaboration du « Plan Conjoint 2018–2019 » avec les partenaires nationaux.

**Renforcement de la cohésion stratégique et de la coordination.** L'exercice de planification a été axé sur les actions d'intérêt convergent. Pour chaque résultat, il y a plusieurs agences impliquées et l'accent a été mis sur les activités conjointes, avec le choix d'un Cosponsor *lead*. Ce choix a été fait dans l'esprit de « delivering as ONE » et du CPU. Par exemple, l'UNESCO, l'UNFPA et l'UNICEF mènent des actions conjointes en matière d'éducation sexuelle, pour atteindre des résultats communs chez les jeunes.



« *Auparavant, le plan d'action conjoint était plutôt une juxtaposition d'activités. Le processus actuel a été effectué dans l'esprit d'aller ensemble. On a d'abord cherché un accord sur les résultats, et après on a regardé comment chacun pouvait contribuer* ». (Équipe Conjointe)

Le processus pays a redynamisé l'Équipe Conjointe, ainsi que le rôle du Secrétariat. Ceci dit, l'habitude de travailler ensemble existait déjà (les processus pays ne se déroulent pas dans un vacuum).

**Davantage d'engagement de la part de certaines agences qui étaient moins actives.** Le BIT n'a pas mené d'activités de lutte contre le VIH au cours des dernières années. Le processus pays et les fonds de l'enveloppe ont permis de réengager le BIT dans la réponse. Le BIT soutient le gouvernement pour élaborer une stratégie de lutte contre le VIH/sida en milieu du travail et des interventions de prévention ciblant l'industrie du cacao et les secteurs des transports, qui sont prioritaires pour la riposte au sida car ils emploient beaucoup de jeunes hommes (qui ont moins accès au dépistage et au traitement du VIH). Le BIT ajoutera ses propres ressources pour compléter l'enveloppe. Le processus de l'enveloppe pays a permis au PNUD de se réengager activement dans la riposte au VIH/sida. Le PNUD appuiera notamment la formation du personnel de police et de gendarmerie afin de répondre aux besoins VIH des populations clés d'une manière respectueuse des droits de l'homme. Étant donné que les fonds de l'enveloppe ne peuvent couvrir l'intégralité des coûts, le PNUD apportera des ressources supplémentaires.

**Compte tenu du montant modeste de l'enveloppe annuelle (300,000 US\$/an), il faut se focaliser davantage sur les interventions conjointes à haut impact et encourager le co-financement de la part des agences.** Les Chefs d'agence interviewés estiment que l'investissement en temps de programmation est disproportionné pour une allocation de 300,000 US\$, et le risque d'émietter le montant est fort. Pour que l'enveloppe puisse influencer des cibles nationales, il faudrait une allocation beaucoup plus importante.

« *... Le montant de l'enveloppe est trop limité par rapport aux besoins du pays. Est-ce qu'il ne serait pas mieux de choisir et donner le montant à une seule agence ? Trop de temps de discussion pour des agences qui ont des ressources humaines limitées ; trop de fragmentation dans l'allocation ...* » (Chefs d'agences interviewés)

Le Coordonnateur Résident met l'accent sur le fait que, avec un montant limité, il faudrait encourager les agences à contribuer avec leurs ressources propres (levier), y compris en ressources humaines, et s'assurer que le montant soit alloué d'une façon stratégique, et non pas de manière fragmentée.

« *Le rôle de coordination et de lead stratégique du Secrétariat est central. L'allocation des fonds pourrait risquer de le distraire dans la mise en œuvre de son rôle stratégique* » (un Chef d'agence)

**La taille des fonds et leur partage par plusieurs agences limite leur rôle catalytique.** Certaines actions ont un caractère catalytique. Des exemples d'actions catalytiques ont été cités par l'Équipe Conjointe. Par exemple, sur la base des actions financées avec l'enveloppe pays sur le projet O3 (portant sur la santé sexuelle et reproductive ainsi que les VBG en milieu scolaire), l'UNESCO a pu soumettre à la Suède un projet de financement d'environ 300,000 US\$ sur trois ans. Ou encore, l'appui de l'UNICEF et de l'OMS en matière de directives nationales de dépistage précoce, de Tester-Traiter, de délégation de tâches ainsi que la formation et l'appui technique sont nécessaires au succès du travail opérationnel du PEPFAR et du Fonds Mondial.

Cependant, les Chefs d'agence interviewés questionnent la nature catalytique de l'allocation.

*« ... Les activités programmes (workshop, formations) sont importantes mais pas vraiment catalytiques. Si on veut faire bouger un système, il faut un poids suffisant pour le faire. L'argent disponible n'est pas suffisant ... » (Chefs d'agence)*

*« Pour un pays comme la Côte d'Ivoire, vu le niveau de l'épidémie, on espérait une enveloppe plus élevée pour une action plus effective ... » (Chefs d'agence)*

**Besoins en matière de suivi et évaluation.** Les résultats (délivrables du Plan Conjoint) ont été développés d'une façon SMART<sup>4</sup>, mais ils se réfèrent à des cibles nationales, auxquels les agences contribuent. Il faudra plus de travail pour des résultats qui soient attribuables à l'action des agences. Une revue à mi-parcours des progrès dans la mise en œuvre, coordonnée par le Secrétariat, a été recommandée, possiblement avec le PNLS et le Groupe Technique S&E du SNU. Il faudra des mécanismes de suivi pour identifier des difficultés éventuelles.

**Besoin de guidelines sur les prochaines étapes, y compris le rapportage.** L'Équipe Conjointe demande que le processus de rapportage soit intégré avec la planification afin d'éviter tout mécanisme supplémentaire. L'utilisation du JPMS est recommandé. Il est aussi recommandé de clarifier les besoins et délais de rapportage (au Secrétariat et aux sièges respectifs). Des indicateurs opérationnels pour mesurer la performance et pouvoir effectuer une agrégation entre pays pourraient être utiles. Il faudra aussi des instructions sur les possibilités de reprogrammation et des procédures en cas de reliquats d'argent.

**Importance de laisser les décisions d'allocation des fonds et de reprogrammation éventuelle au niveau du pays.** Le Coordonnateur Résident confirme que le transfert des décisions d'allocation au niveau pays permet de mieux prendre en considération les priorités du pays, encourage le travail conjoint et la redevabilité. Les membres de l'Équipe demandent la possibilité qu'une agence puisse gérer les fonds pour un groupe d'agences, en particulier dans les cas où les agences ont les mêmes partenaires de mise en œuvre (ceci permettant un seul TDR et d'éviter les délais de décaissement dus à plusieurs contrats avec le partenaire). Ce qu'il faudrait faire si une agence n'est pas performante et les critères pour évaluer cela reste à discuter. D'où l'importance du suivi et de la concertation au sein de l'Équipe Conjointe.

**L'évaluation des capacités a été exécutée, toutefois sans aboutir à adapter la présence du programme commun aux priorités et au contexte du pays.** L'exercice d'analyse des capacités est jugé utile pour une vue d'ensemble, incluant le soutien par le niveau régional et les sièges. Cependant, certaines faiblesses ont été soulevées : l'outil d'analyse des capacités n'est pas en relation avec l'outil de planification et le but de l'analyse n'était pas suffisamment clair. (Source : Equipe conjointe).

Les Chefs d'agences devraient être impliqués davantage dans l'exploitation de l'analyse des capacités, bien que les marges de manœuvre pour l'allocation de personnel restent limitées et qu'un besoin de recrutement se pose. Les Chefs d'agence interviewés relatent que les décisions en matière de ressources humaines sont prises d'une façon individuelle par les agences. Cela pourrait changer dans le cadre de la réforme des Nations Unies.

*« ... Chaque agence a son propre Conseil et réfléchit individuellement. Il n'y a pas encore d'accord sur les procédures pour un pool funding des ressources et un streamlining des fonctions .... » (un Chef d'agence)*

*« ... il faut qu'ONUSIDA mette les moyens (ressources humaines) au niveau pays. Les sollicitations sont nombreuses. Il faut des profils adaptés aux besoins, par exemple pour la pérennisation des ressources (capacités en économie) ou le plaidoyer juridique pour les populations clés ... » (Coopération Française)*

## Efficiences

**Les délais étaient courts. Pour l'exercice 2019, il faudrait commencer l'exercice plus tôt.** Le temps court a été un défi, notamment en ce qui concerne la communication et la participation des partenaires extérieurs. L'existence préalable d'un processus conjoint dans le cadre du CPU a aidé à finaliser le processus de l'enveloppe pays en un temps restreint.

**Le montant de l'enveloppe n'est pas suffisant pour combler les besoins et risque d'être trop fragmenté si on veut démontrer des résultats.** Le montant de l'enveloppe, tout en prenant en compte les coûts de gestion qui sont prélevés au niveau des sièges (minimum de 7%) est considéré par certains membres de l'équipe conjointe, par les Chefs d'agences et par le Coordonnateur Résident trop limité. La question d'une fragmentation excessive de l'enveloppe a été soulevée à plusieurs reprises. Il faudra plus de clarté sur le fait que toutes les agences ne doivent pas avoir obligatoirement une partie des fonds (il devrait s'agir d'une planification conjointe et non pas d'une répartition).

**Davantage de communication par les sièges pourrait bénéficier au processus.** Il faudrait prévoir des communications conjointes pour les pays (par les Cosponsors et le Secrétariat); informer les Cosponsors au niveau pays en même temps que les bureaux pays d'ONUSIDA (mailing liste incluant les Cosponsors à différents niveaux) ; et maintenir les webex d'information.

## Inclusion

**Les partenaires de mise en œuvre bien associés au processus.** Bien que le temps de concertation avec les partenaires extérieurs fût limité, il y a eu un engagement fort : le gouvernement et la société civile ont participé à la retraite de planification<sup>5</sup>. Les partenaires qui n'étaient pas présents à la retraite de planification (Plan Conjoint 2018–2019) suggèrent (pour les prochaines années) d'organiser une pré-retraite afin qu'un plus grand nombre de partenaires de la société civile puissent contribuer.

**Le PNLS reconnaît le support stratégique et en matière de coordination de la part de ONUSIDA.** Parmi les exemples cités, il y a l'appui pour renforcer et mieux coordonner la société civile et le développement des notes conceptuelles nécessaires aux subventions du Fonds Mondial. Le plaidoyer politique, le rôle normatif, l'appui technique et l'accompagnement des structures nationales sont les forces du programme conjoint sur lesquelles il devrait miser. Pour cela, il faut que les agences aient un bon niveau technique (PNLS). Le PNLS a cependant noté le nombre important d'initiatives et de concepts qui créent une confusion chez les partenaires gouvernementaux impliqués dans la mise en œuvre, notamment, les initiatives "3 Free", le plan de rattrapage pour le traitement, le plan d'accélération du traitement pédiatrique etc.

La DIIS (Direction de l'Informatique et de l'Information Sanitaire/Ministère de la Santé et de l'Hygiène Publique) apprécie le soutien de l'ONUSIDA pour la mise en place de la *Situation Room*, une plate-forme logicielle conçue pour aider à la prise de décision éclairée. Cet outil novateur renforce les systèmes d'information nationaux grâce à la visualisation en temps réel des informations issues de multiples ensembles de données. Un appui continu dans le domaine du Suivi et Evaluation (transfert des compétences, aide à la coordination des partenaires, harmonisation des données, intégration avec d'autres secteurs) est sollicité par la DIIS.

**La société civile confirme que le programme commun tient compte de ses besoins** et qu'il s'engage à veiller à ce que le Fonds Mondial en tienne compte également. Il y a une bonne collaboration. La société civile souhaite par ailleurs, que, les agences Cosponsor l'aident davantage à mieux se coordonner, à renforcer ses capacités et à mobiliser des

ressources. Quelques répondants souhaiteraient que les transferts de fonds soient directement faits aux organisations de la société civile (sans d'autres intermédiaires).

**Les représentants de CDC, PEPFAR et USG confirment que la coopération avec l'ONUSIDA est plus étroite qu'auparavant**, notamment dans le cadre de l'appui au système d'information sanitaire, ainsi que dans des domaines spécifiques tels que la prise en charge pédiatrique. Le rôle de l'ONUSIDA en tant qu'interface avec les autres agences du système est reconnu, ainsi que les rôles clés des agences, notamment : le plaidoyer, y compris pour la mobilisation des ressources, l'aide à la planification stratégique, l'appui aux politiques nationales, l'appui technique et normatif, et la coordination avec d'autres partenaires clé (le Fonds Mondial).

*« ... Pour notre planification annuelle et revue des résultats, nous (PEPFAR) travaillons en étroite collaboration avec le programme commun. L'ONUSIDA siège dans nos principales réunions de décision. Nous sommes alignés sur la vision d'ONUSIDA ... »* (Répondant de PEPFAR)

Dans le même temps, les répondants (CDC, PEPFAR, USG) soulignent que plus de communication sur les plans opérationnels des agences onusiennes est souhaitable, ainsi qu'un cadre de rencontres régulières et des visites conjointes des sites de mise en œuvre, pour un plaidoyer basé sur les évidences. L'exemple récent de plaidoyer commun pour résoudre le gap de financement des intrants, qui a amené à une augmentation de la contribution financière gouvernementale, illustre le pouvoir du plaidoyer conjoint.

**Selon la Coopération française, la coopération entre agences onusiennes fonctionne bien**, et permet de donner des messages cohérents. Le rôle de l'ONUSIDA est essentiel à la concertation nationale et au dialogue politique à un très haut niveau. **Le SNU peut porter des sujets qui autrement ne seraient pas abordés**, par exemple le soutien communautaire, les nouvelles technologies, l'intersectorialité, les déterminants sociaux.

*« ... le rôle de l'ONUSIDA est fondamental, afin de mobiliser les partenaires des autres agences, les bilatéraux, et la société civile, et aboutir à un agenda plus général (par rapport au poids de PEPFAR et du FM) [...] il faut une voix autorisée, indépendante, neutre ... »* (Coopération française)

### **Questions de genre et droits humains**

L'utilisation de l'outil « *Gender Equality Marker (GEM)* » a amené l'Équipe Conjointe à une réflexion sur les dimensions du genre. Certains membres de l'Équipe suggèrent de définir des indicateurs/mécanismes spécifiques pour surveiller si les activités contribuent effectivement à l'égalité entre les sexes. Du fait des caractéristiques de l'épidémie en Côte d'Ivoire, l'Équipe est habituée à travailler sur les questions de genre liées au sida. D'autres outils comme la « *gender scorecard* » pourraient être utiles. ONU Femmes est appelée à partager les outils, aider dans le suivi et évaluation et à appuyer les partenaires de mise en œuvre pour la prise en compte des questions de genre dans les interventions.

PEPFAR, CDC, USG reconnaissent le rôle clé du programme conjoint dans la promotion des droits humains. Davantage de collaboration est souhaitée pour le travail avec les populations clé, ainsi que pour l'utilisation concrète des données du Stigma Index.

*« ... Le plaidoyer de l'ONUSIDA et la mobilisation des agences sont essentiels pour les droits des cibles vulnérables. Par exemple, dans le cadre du projet sur le corridor Lagos-Abidjan en appui aux populations mobiles qui s'arrêtera en 2019, avec une file active d'environ 6.000 personnes ... »* (Coopération française)

La société civile reconnaît le rôle d'appui technique de l'ONUSIDA dans le développement du Stigma Index 2016. Les résultats devraient être utilisés dans la planification. La stigmatisation,

y compris envers les populations clés, est toujours présente, même au sein du personnel de santé. L'ONUSIDA accompagne ces populations mais il reste encore un besoin de soutien dans ce domaine. Autant, la Loi sur le VIH exige un décret de mise en œuvre et l'action politique de l'ONUSIDA est souhaitée.

Le réseau des travailleuses du sexe a rapporté que l'ONUSIDA les rend plus conscientes de leurs droits et leur donne la force de s'exprimer et de demander des services de lutte contre le VIH.

### **Risques dans la mise en œuvre**

Il existe des défis de contexte (risques) qui pourraient ralentir les activités de mise en œuvre: la faible gouvernance, les capacités de mise en œuvre de la partie nationale, surtout au niveau décentralisé, les risques de sécurité et la faible coordination dans le domaine de la lutte contre le sida au niveau national.

## **ANNEXE**

**Dates de la visite pays:** 18 au 20 avril 2018

### **Membres de l'équipe d'évaluation**

- Elisabetta Pegurri, Conseillère Evaluation, UNAIDS
- Hélène Badini, Senior Adviser, Community Support, UNAIDS RST WCA
- Adhepeau Guy Roland N'cho, ONU Femmes Regional Office, Dakar

### **Liste des personnes consultées**

#### ***Entretiens individuels***

- Babacar Cissé, Coordonnateur Résident des Nations Unies
- Birgitte Quenum, Directrice, ONUSIDA Bureau pays

#### ***Entretiens de groupe***

#### **Chefs d'agence**

- Aboubacar Kampo, Représentant, UNICEF
- Argentina Matavel-Piccin, Représentante, UNFPA

#### **Équipe Conjointe**

- Gounongbe Marc, HCR
- Coulibaly Haidara Tene Natogoma, UNESCO
- Anoma Louis Gervais, UNESCO
- Yébé Constantin, BIT
- Konan Kouamé Jean, UNICEF
- Anne Mairie N'da Kouassi, PAM
- Barouan Marie Catherine, OMS
- Sandra Moulod Sampah, UNFPA
- Abiba Boaré, PNUD

#### **PNLS**

- Ahoba Bobo Irma
- Zan Kevin Noël
- Ekpilé Thierry Gnamoua
- Wognin K. Venance

- Eponon Serge
- N'cho Bah Justine
- Kangah Jeanne

#### **DIIS/MSHP**

- Pongathié Adama Sanogo
- Kouakou Koffi Alain

#### **Autre partenaires**

- Simplic T. Kamdem, USAID
- James T. Ham, CDC
- Nicoué Aimé, CDC
- Ekra Alexandre, CDC
- Erika Venegas, PEPFAR
- Saran Branchi, Ambassade de France

#### **Représentants de la société civile**

- N'drin Josiane Téry, Bléty
- Annick Mady, ASAPSU
- Anne Marie Hobbah Bile, ASAPSU
- Alain Somian, RIP+
- Amani Franck, Alliance Côte d'Ivoire
- Alexis Gueu, Alliance Côte d'Ivoire
- Madiarra Offia-Coulibaly, Alliance Côte d'Ivoire
- Bertine Semi Lou, COFCI
- Elysée Leroux, RIJES

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<sup>1</sup> Reference document: "Concept of the sustainable development the system of prevention, treatment, care and support of HIV and TB. Belarus. 2016–2020", developed based on a National HIV Allocative Efficiency Analysis.

<sup>2</sup> <https://goo.gl/vXNyqK>

<sup>3</sup> [Report\\_GE Scorecard Belarus\\_final.docx](#)

<sup>4</sup> Spécifique, Mesurable, Atteignable, Réaliste, Temporellement défini.

<sup>5</sup> Programme National de Lutte contre le Sida (PNLS), Ministères (en charge de la Santé, l'Éducation, des Affaires Étrangères-Service d'Aide et d'Assistance aux Réfugiés et Apatrides), Société Civile (ASAPSU), Réseaux des PVVIH (RIP+, COF+CI), et Plateforme des Réseaux et Faïtières.