**Final and End of Project Report: 00040682**

**Project Title: Strengthening Leadership in HIV/ AIDS Responses**

**Implementing Agency: National AIDS Control council**

**Project Duration: 2004-2008**

1.0: Summary of results achieved:

The project focused on supporting sustained political and administrative leadership in the fight against HIV and AIDS at the national and constituency level. Other areas included, enabling legal environment, capacity strengthening of various stakeholders and mainstreaming HIV and AIDS in key government instruments.

Key results achieved are highlighted below:

* Leadership developed and communities empowered for effective HIV and AIDS response
* Increased capacity for networks of PLHA and various stakeholders for HIV and AIDS response
* Partnership build and networks enhanced for communication and information sharing
* Enhanced legal environment for effective HIV and AIDS responses
* HIV mainstreamed in key government and planning instruments
* Enhanced advocacy and policy dialogues for implementation of national policy framework

2.0 Summaries of activities

**Improving HIV and health outcomes through attention to governance, human rights and vulnerable groups**

**2.1 Strengthening governance, leadership & local responses**

Effective AIDS responses require strong leadership from inside and outside government, at national and local levels. Governance and oversight structures must be designed to promote accountability, achievement of results, and synergies between HIV and broader health efforts. Inclusion of most affected populations and effective partnerships between government and civil society are crucial. As most HIV infections in the world happen within large urban areas, where the burden of care is also greatest, municipal governments have a particularly important role in local responses.

During the lifeline of the project, UNDP leveraged its core mandates in Democratic Governance, Capacity Development and Local Development and working with the National AIDS control Council to strengthen leadership and governance of HIV responses, at national and local levels. Priorities include facilitating partnerships between governments and NGOs; support to assist the country in aligning structures and frameworks and promoting harmonization; and support to municipal leadership. Specific activities included

* Convening multi-stakeholder reviews and programmes to strengthen national governance and coordination mechanisms, with particular to the participation of key populations and women, as well as attention to debates about multi-sectoral vis-à-vis health-sector coordination, and the relative roles of National AIDS Councils vis-à-vis Global Fund “country coordination mechanisms”.
* Support to decentralized district and municipal AIDS responses, with particular attention to under-served but vulnerable populations in cities.
* Supporting the country to align its substantive strategies for multi-sectoral mainstreaming with their governance and coordination structures.

**2.2 Action on law, rights, stigma & justice**

Appropriate laws and supportive legal environments can play a crucial role in slowing the spread of HIV, increasing access to care and treatment, and reducing the impact of the epidemic. Conversely, punitive laws can undermine access to effective HIV services, especially for marginalized populations and people living with HIV. More broadly, challenging stigma and discrimination, and promoting human rights-based approaches, are fundamental to effective HIV responses. There is now also increasing recognition that similar factors influence other health outcomes beyond HIV.

*Under the project t NACC and UNDP worked with partners to successfully sensitize Parliamentarians and other policy makers to successfully pass two laws during the life of the project; The HIV and AIDS Prevention and Control Act 2006 and the Sexual Offenses Act 2006.*

Project activities supported the country to create an enabling human rights environment, promote gender equality, and address HIV-related stigma and discrimination. To promote and advocate for human rights based approaches, UNDP supported initiatives to promote access to justice, legislative review and reform, and enforcement of protective laws and anti-stigma initiatives. Specific activities included

* Developed the evidence base on how countries can use law, human rights, action on stigma and access to justice to improve HIV outcomes.
* Catalyzed, convened and support multi-stakeholder coalitions to review and to promote improvement in HIV-related laws and legal environments.
* Strengthened attention to HIV-related legal issues in UNDP’s overall work on rule of law and strengthening of national human rights institutions
* Catalyzed improved and expand HIV-related legal services and legal literacy for people living with HIV, key populations and women, both through HIV-focused programming and through integration into broader access to justice efforts.

**2.3 Action on trade, intellectual property and innovation to improve and sustain access to treatment**

 To sustain these people on life-saving treatment, and to scale up access to the millions in immediate need, prices of diagnostics and treatments must fall further, and new technologies must be geared towards and made available to the poor.

During the life of the project, work focused on policy and technical advisory support to reform national intellectual property legislation for the incorporation of TRIPS flexibilities that would enable the country to protect public health objectives while remaining compliant with the TRIPS agreement. Notable during this period is the success to protect the gains made in the Industrial Property Act 2001 which in 2006 had been faced with amendments that would have drastically reduced the treatment gains made in that specific Act

**2.4 Action on gender inequality and gender based violence**

Gender inequality and income inequality are two of the most powerful and pervasive socio-economic factors that influence HIV epidemics. At the same time, there is now strong evidence from countries that strategies to effectively address male and female gender norms, women’s economic security, or HIV can lead to beneficial impacts in all three areas. Even more important is the evidence that in some circumstances, simultaneously addressing gender, poverty and HIV can be both less costly and more effective than addressing each issue in isolation.

As part of the mainstreaming efforts described above, the project placed a particular priority on understanding and addressing the influence of gender inequality on HIV and health. It promoted attention to leadership and rights of women and girls as part of HIV responses, with particular attention to women living with HIV and marginalized women. UNDP works with partners to address gender, poverty & HIV linkages and synergies in policies and plans related to gender based violence, gender equality, involvement of men and boys, public health and MDGs/human development. Particularly the project worked to;

* Supported leadership development and policy participation for HIV positive women and girls, including through formal Leadership Development Programmes and by ensuring that positive women have a strong leadership role in shaping initiatives to prevent mother-to-child transmission of HIV.
* Supported the country to address gender inequality and HIV through legal empowerment and human rights protection, including through support (to CEDAW reporting, support to reform of inheritance and property rights and ‘know your rights’ campaigns for women and girls.
* Supported the countrys to understand and address synergies between action on gender norms (for males and females), gender based violence and HIV within development planning processes.

**2.5 Action on key socio-economic determinants, by multisectoral mainstreaming in development plans, MDG acceleration plans, UNDAFs and CPAPs**

The most successful responses to HIV combine strong health services with strategic action in other sectors that address underlying socioeconomic factors that influence the epidemic - such as income inequality, migration patterns, and inadequate protection of human rights. It is increasingly recognized that these same socio-economic factors shape other health outcomes as well, including maternal and child health, and that health priorities beyond HIV can also benefit from multisectoral action. It is essential that countries understand the full range of benefits that can come from action on social determinants like gender inequality – including progress on multiple health outcomes as well as other social, economic and environmental benefits.

HIV and health mainstreaming strategies need to be tailored for the context of any given country’s epidemic. In concentrated HIV epidemics, it is usually particularly important to work with Justice or Home Affairs ministries to address the factors that fuel discrimination against people with HIV and the factors that make key populations vulnerable – such as men who have sex with men, their female partners, injection drug users, sex workers and certain migrants. In generalized epidemics, it is usually appropriate to work with a broader set of ministries, with particular attention to how gender inequality, income inequality, internal migration and violence can fuel HIV. Kenya has both concentrated and generalized epidemic.

Under this component the project

* Mainstreaming of HIV and AIDS in key government and planning instruments; In order to ensure that HIV and AIDS was priorities in the country’s planning policy papers, CSO and private sector representatives were effectively engaged in the design and implementation of policy and planning processes of key government documents such as the Vision 2030. Stakeholder consultations were conducted to develop a concept note that facilitated the engagement in the vision 20130 process. Given the high level policy nature of the vision, refinement of the level and scope will take due cognizance of the long term development objectives and targets of the vision 2030 and non-reversal of the HIV and AIDS trends. As a result, concrete HIV and AIDS targets were included in this overarching national policy document for the country
* Supported the mainstreaming of action on HIV and other health MDGs into non-health sectors, through development plans, PRSPs, MDG Acceleration Framework processes, UNDAFs and CPAPs. .
* Other activities included Mainstreaming HIV and AIDS in the Public Sector. NACC organized major flag ship workshops and trainings on strategic planning for HIV and AIDS in Kenya for Senior Planners and Heads of AIDS Control Units (ACU) s in Government. They were drawn from the following sectors among others;
1. Manpower and special programme sector
2. Productive sectors
3. Education, Health and ICT sector
4. National Security and Macro Working Group Sector
5. Physical Infrastructure Sector.

As a result, ACUs now have their budgetary allocations to respond to HIV and AIDS, both at the internal and external workplace

The project also compiled and exchanged evidence and experience about what works in mainstreaming HIV and AIDS in the public sector. Documentation of best practices in HIV and AIDS in the Public Sector was completed. It aimed to show case the results of the mainstreaming work that was undertaken during the course of the project

**2. 6 Capacity building of the various sectors for the HIV and AIDS Response**

To enable civil society organizations, private sector, faiths based organizations and non-governmental organizations to effectively implement the Kenya National AIDS Strategic Plan 2005/6-2009/10. Under the life of the project, NACC organized a series of trainings for the implementing organizations. Trainings focused on the immerging issues of the broader HIV response, factors that increase HIV vulnerability in communities, Human rights of those infected with HIV, project formulation and design, implementation, monitoring and other HIV and AIDS programming

2**.7 Strengthening Monitoring and evaluation activities.**

Under the three ones principles NACC is responsible for monitoring all HIV and AIDS in the country. Monitoring and evaluation of HIV and AIDS is crucial so as to establish the impact of HIV and AIDS programmes and activities, track down the trend of the epidemic and refocus the interventions. During the project period, , NACC rolled-out Lot Quality Assurance Sampling (LQAS) to Nyanza and western provinces and continued with community based programme activity reporting (COBPAR)

**2.8 Technical Support to NACC through UNVS**

Under the project and as part of institutional capacity building and strengthening, two UNVs were recruited to support the NACC. Feedback indicated this particular TA was crucial in enabling the institution to support operationalization of field and constituency work.

3. 0 Lessons learned

1. Structural interventions are the next frontier in AIDS response if the country is to meet it AIDS free generation target
2. Involvement of affected communities is key in delivery of interventions
3. Community resources should be tapped and harnessed for better coordination

4.0 Challenges

1. Harmonization of NACC/government calendar year and UNDP’s remains a big challenge for effective implementation and reporting of programs
2. Stigma and discrimination still remains a hindrance to uptake of services