GoB/UNDP "STRENGTHENING CAPACITY FOR GENDER SENSITIVE MULTI-SECTORAL RESPONSE TO HIV AND AIDS IN BOTSWANA" PROGRAMME, 2003 - 2009

TERMINAL EVALUATION REPORT

By

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EXECUTIVE SUMMARY

In 2003, the Government of Botswana (GoB) and UNDP launched a three year Programme Support Document (PSD) entitled "Strengthening capacity for a gender sensitive multi-sectoral response to HIV and AIDS in Botswana" with a budget of US$3 473 000. A two year extension of the PSD was signed in 2007 with a budget of US$2 698 456. The overarching programme goal was; *"To contribute to the reduction of HIV transmission by 2016 and mitigating the impact of HIV and AIDS…"* The programme goal was aligned to one of GoB's developmental thrusts; "halting and reversing the spread of HIV and AIDS and rolling back the damage it has done[1]" thus making the programme relevant to the local context. The goal remained the same in the PSD extension signifying the programme's strategic focus and commitment to attaining the goal.

The programme objectives were not explicitly stated in the programme documents which apparently were not articulate on the medium to long term outcomes of the programme. The programme outcome statement[2] does not conform to the programmes strategic areas and theory of change is not coherent. Programme documentation does not provide the underlying assumptions that would make the perceived theories of change stand. The programme logical framework departed from the usual UNDP presentation formats and it is not easy to follow through programme outputs, outcomes and goal. There was no Monitoring and Evaluation (M&E) plan for the programme and documentation of programme progress needed to be enhanced. The absence of M&E and reporting systems weakened the programme's potential to show for its impacts.

The programme had coherent coordination and management structures at the national level. NACA, as the programme coordination body chaired the Programme Execution Committee (PEC) that provided a platform for partners to share and report on progress. The Programme Steering Committee (PSC), although it did not meet as

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[1] Botswana MDGR 2004
[2] *"Gender sensitive, scaled up, multi-sectoral response to the epidemic driven by strong leadership based on personal commitment and concrete actions at all levels."*

planned was established to give strategic direction. UNDP had a dedicated HIV and AIDS Officer who worked closely with NACA, assisting in coordinating programme activities.

Significant progress has been made in completing most of the activities that were started during the PSD. Institutional evidence and feedback from evaluation participants confirmed that; three out of the four targeted ministries were trained in gender, HIV and AIDS mainstreaming; Teacher Capacity Building Programme (TCBP) was successfully implemented; two Leadership for Results (L4R) framework initiatives (Leadership Development Programme (LDP) and Community Capacity Enhancement Programme (CCEP)) were rolled out; a number of studies on the economic impacts of HIV and AIDS have been conducted; CSOs like BONEPWA have received technical assistance to transform them into self sustaining entities. Ministries and departments (including NACA and WAD) received technical assistance through placement of experts and International United Nations Volunteers (IUNVs).

Some of the notable outcomes include: stimulated collaborative relationships among leaders and communities through the LDP; enhanced capacity of communities to identify and draw solutions to address developmental and social ills affecting them; increased awareness on the impact and extent of the HIV and AIDS epidemic as well as the response gaps and increased HIV and AIDS awareness in schools coupled with behavioural changes as depicted in reduced learner pregnancies.

Nationally, there has been reductions in; infant mortality rate, adult HIV prevalence rate, number of people living with HIV and AIDS, number of HIV and AIDS related deaths and an increase in the life expectancy. There are reports of increased awareness on gender and its link with HIV and AIDS in Botswana and an increase in the number of donors, developmental partners and UN agencies responding to the HIV and AIDS epidemic, a phenomenon that is attributable to the availability of quality and informative information on the epidemic in Botswana. Whilst it will be overambitious for the programme to claim full ownership over all the positive

developments that Botswana had enjoyed in the past dew years, it will not be an overstatement to conclude that it has contributed to these achievements.

Some of the learning points based on the analysis of the project's design and implementation include the importance of; utilising staff with a thorough understanding of the Logical Framework Approach (LFA) in programming during programme design and having a functional M&E system manned by personnel with the appropriate expertise. It is always crucial to actively involve governments departments at all level for universal buy-in and commitment. Capacity strengthening initiatives should have inbuilt integration mechanism to ensure continuity in the utilisation of acquired skills when there is no more programme support.

Summary of recommendations and conclusions

1. UNDP should follow the standard global logic model presentation and terminology

2. M&E expertise should be sought during programme design to assist in clarifying the programme theory (clarificatory evaluation) leading to the formulation of coherent logical frameworks and subsequently M&E systems.

3. Gender mainstreaming should take advantage of existing HIV and AIDS coordination structures; MACs and District HIV and AIDS Coordinators (DACs) to further the gender agenda.

4. There is need to strengthen the coordination capacity of WAD (the National Gender Machinery).

5. UNDP should justify the choice of L4R components that it adopts in the country.

6. The global Leadership for Results (L4R) framework should be customised to the local (Botswana) context and country specific documents/manuals produced to guide implementation.

7. The idea of having self-financing breakthroughs should be changed and make budgetary provisions for members to meet regularly and implement the breakthrough initiatives. Breakthroughs should be constituted of members

coming from the same geographical areas cut on travel and other costs associated with distant coordination.

8. Monitoring and documentation of processes beyond the LDP sessions need to be strengthened

9. NACA's relationship with implementing ministries need to be revisited to enable NACA to have supervisory and direct line reporting with the DACs and MACs on HIV and AIDS issues. It might be worthwhile for NACA to borrow a leaf from other AIDS Councils in the region (like Zimbabwe) that also coordinate multi-sectoral responses.

10. UNDP and NACA should enter into formal agreements with all programme partners detailing key result areas and implementation plans.

11. The funds and the implementation of the mainstreaming of Gender and HIV and AIDS programme should be managed by one entity in order to reduce lengthy bureaucratic processes

12. The PSC should insist on regular (quarterly, bi-annual and annual) and end of term reports for the programme and have a review committee that ensure timely and quality reports are produced and filed.

Although the programme's design needed improvements inorder to inform subsequent implementation, monitoring and evaluation roles, findings of this evaluation points to a successful programme. The programme managed to reach out to its intended audiences and made lasting impacts. It laid the ground for subsequent programmes to take off from.

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List of Acronyms

Acronym	Full Name
ACU	AIDS Coordinating Unit
AIDS	Acquired Immune Deficiency Syndrome
ACHAP	African Comprehensive HIV and AIDS Partnership
BHRIMS	Botswana HIV and AIDS Response Information Management System
ADR	Assessment of Development Results
BAIS	Botswana HIV/AIDS Impact Survey
BONASO	Botswana Network of AIDS Service Organisations
BONELA	Botswana Network of Ethics, Law and HIV and AIDS
BONEPWA	Botswana Network of People Living with AIDS
BOTUSA	Botswana - USA Partnership
CCEP	Community Capacity Enhancement Programme
CSO	Civil Society Organisation
DAC	District HIV and AIDS Coordinator
DMSAC	District Multi-Sectoral HIV and AIDS Committee
GIPA	Greater Involvement of People Living with AIDS
HIV	Human Immune Virus
L4R	Leadership for Results
LDP	Leadership Development Programme
LFA	Logical Framework Approach
GoB	Government of Botswana
MAC	Ministry HIV and AIDS Coordinator
M&E	Monitoring and Evaluation
MLHA	Ministry of Labour and Home Affairs
MoLH	Ministry of Lands and Housing
MoA	Ministry of Agriculture
MoE	Ministry of Education
MoH	Ministry of Health
MTP	Medium Term Plan

MTR	Mid Term Review
NAC	National AIDS Council
NACA	National AIDS Coordinating Agency
NDP	National Development Plan
NSF	National Strategic Framework
NGO	Non Governmental Organisation
OVC	Orphans and Vulnerable Children
PAF	Programme Accelerated Funds
PEC	Programme Execution Committee
PSC	Programme Steering Committee
PSD	Programme Support Document
PLWHA	People Living With HIV and AIDS
TCBP	Teacher Capacity Building Programme
TE	Terminal Evaluation
ToR	Terms of Reference
UNAIDS	Joint United Nations Program on HIV and AIDS
UNCT	United Nations Coordination Team
UNDAF	United National Development Assistance Framework
UNDP	United Nations Development Programme
UNEG	United Nations Evaluation Group
UNGAS	United Nations General Assembly Special Session on HIV and AIDS
UNV	United Nations Volunteers
IUNV	International United Nations Volunteers
VCT	Voluntary Counselling and Testing
WAD	Women Affairs Department

1. INTRODUCTION

1.1 Background and Context

Since independence, Botswana has made remarkable progress in the areas of health, education, the rule of law, general welfare of the people, and the macro-economic situation. However, the emergence of HIV in the mid-1980s, and its spread country-wide, is undermining post-independence gains, as evidenced by declining life expectancy at birth, and increasing under-five mortality and crude death rates.

Importantly, the AIDS epidemic presents a major threat to the government's capacity to enhance socio-economic development in Botswana. In addition to its impact on individuals, in Botswana as in other countries, HIV and AIDS threatens to reduce state capacity to optimally perform in the delivery of services to its citizens. Two issues account for this: first, the pressure on state budgets as governments attempt to mitigate the impact of the epidemic on society (through efforts such as treatment programmes and initiatives to mitigate the social and other impacts of the epidemic); and second, the epidemic reduces productivity and quality of services provided by governments, owing to loss of skilled personnel and increased absenteeism[3].

Since the first case of HIV in Botswana was identified in 1985, a number of organisational and institutional changes have been made to address the challenges related to the epidemic. These include the development of national HIV and AIDS policy (1993), creation of the National AIDS Council (NAC) (1995), declaration of HIV as an emergency (1999) and the establishment of the National AIDS Coordination Agency (NACA), an administrative body responsible for coordinating the national multi-sectoral responses reporting to the NAC. At ministerial level, Ministry AIDS Coordinators (MACs) were appointed to facilitate the implementation of AIDS programmes within their respective sectors as called for in the National Strategic Framework 2003-2009 (NSFI). District Multi Sectoral AIDS Committees (DMSACs)

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[3]http://www.unbotswana.org.bw/undp/hiv_aids.html

with technical support from the District AIDS Coordinators (DACs) and AIDS Coordination UNIT (ACU) in the Ministry of Local Government (MLG) were created to coordinate district level responses, with clear linkages to both communities and national response. AIDS and Gender management structures have been put in place at national, district and community level. The GoB-UNDP HIV/AIDS Programme Support Document (PSD) of 1997 to 2002 was a key driving force in assisting the government in setting up and operationalising these various structures.

As part of the implementation of the previous PSD, UNDP took a strategic decision to support key Non Governmental Organisations (NGO) networks in the response to HIV and AIDS. These included Botswana Network of People Living with HIV and AIDS (BONEPWA), the Botswana Legal and Ethical Human Rights (BONELA) and the Botswana Servicing Organisations (BONASO). A terminal evaluation of the PSD, whilst acknowledging a number of successes identified the following gaps; leadership and coordination, mainstreaming HIV and AIDS into sector mandates, involvement of communities and households in the management of HIV and AIDS risks and teacher skills in handling the content and process of instruction on sexuality and HIV and AIDS

Further, the GoB recognised that an effective response to HIV and AIDS should be multi-sectoral, gender sensitive and ethically sound as reflected in Vision 2016 and NSFI. A successful proposal to the Global Fund provided additional resources toward the national response. UNDP's areas of focus were based on external reviews and extensive consultations with key sectors in government, private sectors and NGOs. Based on these and the framework of United Nations Development Assistance Framework (UNDAF) for 2003-2006, UNDP focused its attention on capacity strengthening for community capacity enhancement, leadership development, strengthening education sector response through teacher capacity building and mainstreaming gender and HIV and AIDS into sector mandates as a contribution to limit the spread of HIV and AIDS and mitigate its social and economic impact on poor people, the majority of whom were women.

Initial duration of the PSD under review was three years (2003 to 2006), followed by a one year no-cost extension to 2007 and a further two years to 2009. A Mid Term Review (MTR) of the first three years of implementation recommended an extension of the programme to enable completion of outstanding activities. Programme management team must be commended for their foresight in taking a strategic decision to have the initial PSD for only three years. This enabled the programme to realign itself with the UNAIDS division of labour which apparently gained momentum during the first three years of implementation. Furthermore, it gave the programme room to commission formative studies that would guide implementation over the remaining period of the NSFI. The extension aligned the programme timeframes to the government's national plans; the NSFI (2003 to 2009).

1.2 An overview of the main programme components

The UNDP/GoB programme had the following sub-components:

1. Gender, HIV and AIDS Mainstreaming
2. Education sector response through Teacher Capacity Building Programme (TCBP)
3. Leadership for Results (L4R) programmes with a focus on communities; Leadership Development Programme (LDP) and Community Capacity Enhancement Programme (CCEP).
4. Applied research on the socio-economic impacts on HIV and AIDS
5. Capacity enhancement of Civil society partners

Note: The brief descriptions of programme components carried in this section are primarily based on a review of documents not availed to the evaluator by UNDP Botswana. Every effort was made to ensure that these descriptions relate to the programme focus. Even so, there is no guarantee that these descriptions wholly represent the programme intentions as the rightful documents could not be obtained during the time of the evaluation. Only those descriptions for which data was available are carried in this section.

1.2.1   Education sector response - Teacher Capacity Building Programme

The Teacher Capacity Building Programme[4] (TCBP) on HIV prevention is a South-to-South cooperation between the Governments of Botswana and Brazil with support from United Nations Development Programme and African Comprehensive HIV/AIDS Partnership. It contributes to the Ministry of Education HIV/AIDS strategic framework through harnessing the experiences of Brazilian communication experts and Botswana education and media professionals to build interactive multimedia communication capacity for distance education in HIV/AIDS prevention. Its main components are curriculum development for HIV and AIDS, television broadcast, provision of ICT in the educational institutions, teacher training and development and programme monitoring. The TCB programme aims to contribute to breaking down the silence associated with HIV/AIDS in classroom settings, thus creating opportunity for relevant behavioural change. It further aims to improve teachers' knowledge and skills on interactive methods and HIV/AIDS through the use of distance education. The beneficiaries are 21782 Teachers, 469,938 students, 974 educational Institutions and media professionals. Some of the Indicators used to measure the impact of the project are:

1) Percentage of students who have had sex and who used condoms at first sex

2) Percentage of pregnancies among 15-19 year students.

3) Percentage of students and teacher who request and undergo HIV testing in the last 12 months.

4) Percentage of Teachers and students who have successfully refused to have sex without a condom or successfully insisting on condom use before agreeing to sex.

5) Percentage of students and teachers having multiple and serial sexual partners in the last 12 months.

6) Mean number of casual partners per year among teachers and sexually active students.

7) Illness related absenteeism in school among students and teachers.
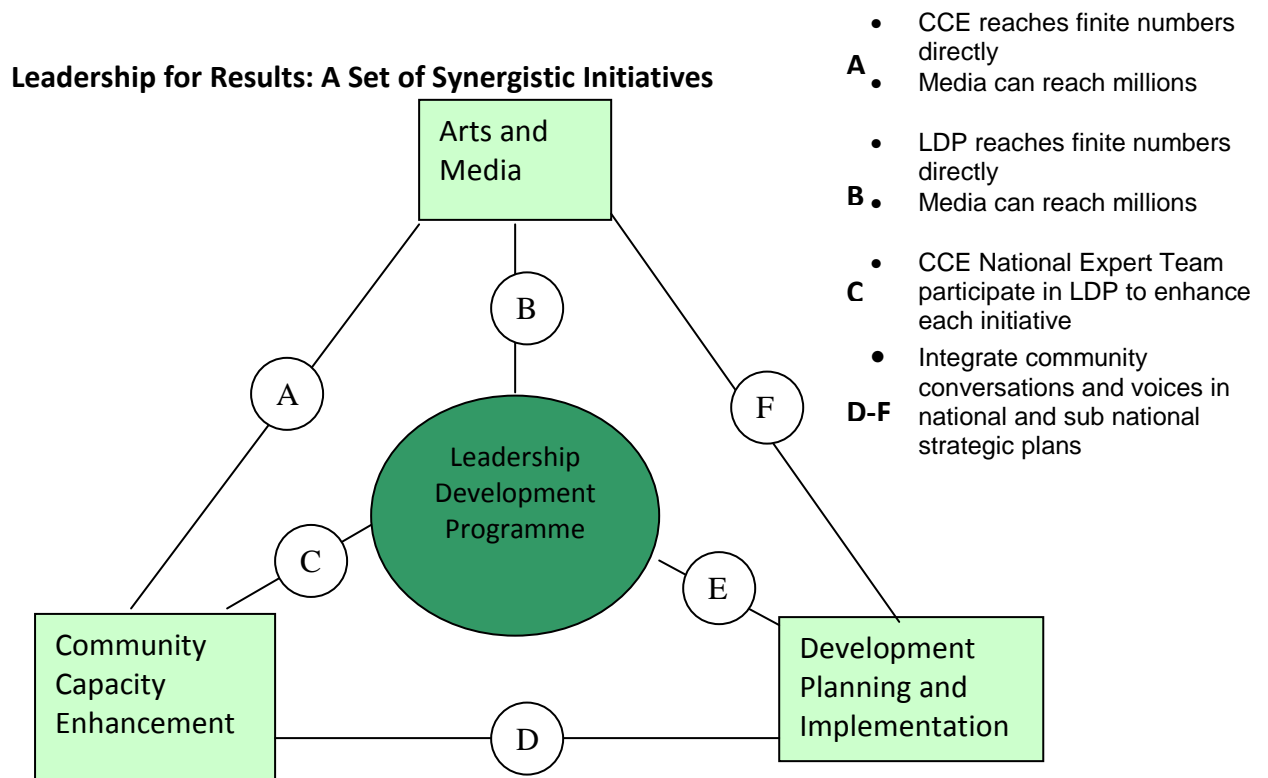
8) Number of orphans in schools completing education.

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[4] www.avert.org/aids-**botswana**.htm

1.2.2 Leadership for Results (L4R) programmes with a focus on communities

The L4R framework has four programmes which are linked to the others and unfolds in a systematic way over a three-year period[5]:

a) The Leadership Development Programme, which develops individual and organizational capacities to take action and achieve results.

b) Development Planning and Implementation, which focuses on inclusive and empowering planning and implementation at national and local levels.

c) Community Capacity Enhancement, which addresses underlying socio-cultural causes and adds people's voices to policy.

d) Arts and Media that transforms the discourse around HIV/AIDS and generates new icons for social change.

The following diagram illustrates how the various components of the Leadership for Results Programme are linked to each other

Leadership for Results: A Set of Synergistic Initiatives

A
- CCE reaches finite numbers directly
- Media can reach millions

B
- LDP reaches finite numbers directly
- Media can reach millions

C
- CCE National Expert Team participate in LDP to enhance each initiative

D-F
- Integrate community conversations and voices in national and sub national strategic plans

Adapted from: Leadership for Results, UNDP's response to HIV and AIDS, 2005

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[5] Moustapha Gueye, Daouda Diouf, Thebisa chaava, David Toimkin, Leadership for Results, UNDP's response to HIV/AIDS; Community Capacity Enhancement handbook, 2005

The UNDP/GoB programme adapted two programmes from the L4R framework; the Leadership Development Programme (LDP) and Community Capacity Enhancement Programme (CCEP).

1.2.2.1 Leadership Development Programme[6] (LDP)

UNDP's Leadership Development Programme focuses on achieving results, using theories and practices of distinction, leadership conversations for effectiveness, emotional intelligence competencies, and frameworks for understanding complexities and generating organizational development. Ultimately, the Programme aims to develop thousands of leaders around the world who are able to understand how to employ the journey of personal transformation as the basis for the progressive transformation of organizations, institutions and societies. It is for individuals who are ready and willing to expand their view of what is possible for themselves, their organisation and their society. It is for individuals, no matter how well trained, who are willing to be learners and engage in a process of profound personal growth. It is for results-oriented individuals with a deep commitment to take effective, urgent action. These are leaders who are able to generate durable solutions to the world's most pressing challenges, including HIV/AIDS.

The LDP is about education, learning, consultation, coaching and producing results. It generates immediate action and addresses urgent situations. But more importantly, it produces sustainable long-term results. Ultimately, the transformative power of this programme is in giving people the experiential tools to achieve *breakthroughs* – defined as unprecedented, unpredictable leaps in effectiveness to address the complex challenges that HIV/AIDS poses.

The Leadership Development Programme is intended to support national HIV/AIDS responses and is situated within the framework of national strategic plans. The programme is jointly implemented by UNDP and the national HIV/AIDS multi-sectoral coordinating body, with full involvement of the United Nations system, as a

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[6] Monica Sharma, Serra Reid, Cathy Fall Sarr, Moustapha Gueye, Allan Henderson, , Leadership for Results, UNDP's response to HIV/AIDS; Leadership for Development Strategy, 2005

strategy to boost implementation of UNGASS goals and the MDGs. The intention of the programme is to further empower and enable individuals in their daily work, generating a new type of leadership and organizational culture, which translates into new levels of commitment, effectiveness and high performance within organizations. UNDP intends to develop leadership capacity at the country level, and to provide a mechanism for ongoing leadership development in different regions. UNDP intends to include multiple constituencies, to ensure that women and men participate equally, and to meaningfully involve PLWHA in the process.

UNDP's Leadership Development Programme creates opportunities for generating innovative action for results by:

1. Enhancing key stakeholders' understanding of the multi-dimensional complexity of the HIV/AIDS epidemic and thereby shifting the response paradigm to meet challenges more effectively.

2. Providing leaders, institutions, and communities with learning opportunities to enhance existing leadership skills, generate strategic options, increase organizational effectiveness, and exponentially leverage their influence in the response to HIV/AIDS.

3. Offering leaders the opportunity to strategically explore and increase their commitment to address the fundamental social factors and underlying causes that fuel the epidemic in their nation/region, supporting them to identify concrete actions to achieve key goals.

4. Bringing leaders from different sectors together – to form dynamic, results-oriented partnerships and communities of practice, to learn how to shift from resignation and organizational paralysis to a sense of possibility and urgency for action, and to find in themselves (and others) new sources of hope, commitment and strength for sustained action.

5. Supporting leaders in generating sustainable and measurable "breakthrough initiatives" that will make a sustainable difference in the response to HIV/AIDS, and to discover and apply new ways to change attitudes and assumptions that perpetuate stigma, denial and silence.

The LDP provides a structured platform for leaders from which to address policy action gaps. It assists them in seeing the big picture from a new perspective, assessing areas of weakness and taking opportunities to co-create active solutions. The programme brings together key actors who may otherwise never have the opportunity to share strategies, insights, success stories and hard-learned lessons and gives them the chance to plan together and build partnerships for results. As a co-sponsor of UNAIDS, UNDP is accountable for key outcomes identified in the Unified Budget and Workplan (UBW). The principle results were used to orient regional consultations on the UBW 2006–2007 and act as the frame of reference for the development of the respective cosponsor, Secretariat and interagency key results.

Many of these outcomes will be generated through the LDP include the following:

1. Leadership and capacity of governments, civil society, development partners, communities, and individuals including women, young people and PLWHAs, is developed to respond effectively to the epidemic through increased commitments and partnerships/coordination.

2. HIV/AIDS responses as multi-sectoral and multilevel national, district and community actions that mainstream HIV/AIDS (including gender issues) are integrated into national development plans/budgets and instruments such as a poverty reduction strategy (PRS) and into sector policies and programmes.

3. Stigma and discrimination are reduced and the rights of women, girls and vulnerable groups better protected through advocacy, communication and legal reform.

4. Human and institutional capacity is built for improved HIV/AIDS programmes.

5. The Resident Coordinator (RC) System is supported to implement the Common Country Framework (CCF)/UN Development Assistance Framework (UNDAF) and to strengthen partnerships to enhance the principles of one national HIV/AIDS authority and one agreed national multi-sectoral HIV/AIDS action framework.

1.2.2.2 Community Capacity Enhancement Programme[7] (CCEP)

Community Conversations are the main methodology used in the Community Capacity Enhancement Programme (CCEP) which is based on the recognition that communities have the capacity to prevent the spread of HIV, care for those affected, change harmful attitudes and behaviours and sustain hope in the midst of the epidemic. Local responses, often neglected in global and national HIV/AIDS plans, need to be based on the reality of existing social dynamics and concerns of local communities. They should be drawn from 'spaces' of trust, where listening takes place and mutual respect generated, and where interaction with a community stimulates changes from within.

Community Conversations involve working with organizations already committed to prevention and care at national and decentralized levels. As a methodology that builds on existing partnerships and aims to strengthen the national response, it is critical to fully involve the National Aids Council, non-governmental organizations (NGOs), community-based organizations, donors and other UN agencies. The methodology enhances the managerial and leadership competencies of these organizations and furthers their organizational development. Moreover, it grounds these organizations, which will be implementing the CCE programme, in community-level action.

The community conversation methodology translates the principle of participation into development practice by creating opportunities for people to understand, discuss, decide and act on issues affecting their lives. By bringing together men and women of different generations, it allows different perspectives to be heard and taken into account when decisions are made. It integrates the principles of diversity, respect of differences and non-discrimination into the tools and practices used to address issues critical to HIV/AIDS. These include issues related to stigma, discrimination and the violation of the rights and dignity of people living with HIV,

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[7] Moustapha Gueye, Daouda Diouf, Thebisa chaava, David Toimkin, Leadership for Results, UNDP's response to HIV/AIDS; Community Capacity Enhancement handbook, 2005

along with issues related to voluntary counselling and testing, prevention of parent-to-child transmission, and access to treatment, including antiretroviral therapy.

Community Conversations provide an opportunity for local authorities to listen to and understand a community's concerns and decisions in order to integrate them into national planning and implementation processes. Community Conversations also offer an opportunity for NGOs, community-based organizations and faith based organizations to work more effectively by reinforcing social networks and coalitions. Transferring capacity to these organizations contributes to strong, skilled and well functioning community-based networks needed to reflect community voices at various levels and to support community responses to HIV/AIDS. The methodology also reinforces community capacity to generate and transfer knowledge at country, regional, and international levels. Once begun, this process of transfer becomes self-propagating, from community to community, as well as among an ever-growing pool of skilled implementers and facilitators.

Objectives of the CCEP

The main objective of the programme is to generate a response to HIV/AIDS that integrates individual and collective concerns, values and beliefs and that addresses attitudes and behaviours embedded in social systems and structures.

Specifically it aims to:
- Generate a deep understanding of the complex nature of the epidemic within individuals and communities, and to create the social cohesion necessary to create an environment for political, legal and ethical change.
- Support the development of self-esteem, self-confidence, tolerance, trust, accountability, introspection and self-management.
- Examine social contracts among various groups in the community – for example, between women and men, PLWHA, those who have not been tested, the rich and poor – and to address girls' vulnerability.

- Build a pool of resource persons with transformative leadership abilities and facilitation skills in Community Conversations to scale up the community response to HIV and related development issues.

- Bring the voices of people into the national response, and integrate community concerns and decisions into national and decentralized plans with the aim of linking resources to individual and collective needs.

- Strengthen the capacity of NGOs and community-based organizations to develop appropriate strategies for a response that places communities and individuals at the centre.

Expected Outcomes

- Increased number of community initiatives for prevention, home-based care, change in harmful traditional practices, reduction of stigma and discrimination, support for orphans, and voluntary counselling and testing.

- Women, men, girls, boys, local authorities, people living with HIV and others are increasingly involved in decision-making processes affecting their lives.

- Decision-making processes affecting the lives of these various groups increasingly reflect the concerns of communities through a process of active communication.

- Increased number of NGOs and community-based organizations using Community Conversations to stimulate and scale up social change and to address other issues, such as governance, health, the environment, agricultural and peace-building.

1.3 Programme Design

The programme's objectives are stated as areas of strategic focus; i) to strengthen the capacity for leadership for results, ii) to strengthen education sector response, iii) to mainstream gender into sector mandates[8] and iv) promote applied research on the socio-economic impacts on HIV and AIDS[9]. The PSD extension document stated as *areas of new strategic* focus; support to the three ones, capacity assessment and

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[8] GoB/UNDP HIV/AIDS PSD 2003 to 2006, P2
[9] Extension of the HIV/AIDS PSD 2007-2009, P1

enhancement of government and civil society partners and attention to the special vulnerability of women and girls.

However, the areas of new strategic focus points to what has already been in place. For instance, in line with the three-ones principle, Botswana already had; NSFI, NACA and BHRIMS; capacity assessments and training of sectors were already underway and WAD was already on board addressing special vulnerabilities of women and girls. Attempts to harmonise the earlier PSD with the extension in the phase of the "new" division of labour clouded the programme's ability to clearly articulate its objectives. Had the initial PSD been articulate on the programmes milestones and the means to achieve them, it would have been easy to configure and accommodate the new thoughts without changing the complexion of the programme. At the least, the new thoughts could have been reflected in additional activities and results (outcomes/outputs).

The absence of explicitly stated programme "objectives" and use of inconsistent terminology led to differing interpretations during studies and reviews done prior to this evaluation. For instance, the UNDP Assessment of Development Results (ADR) report (2009) quoting the Mid Term Review (2006) states the objective as; "to assist GoB in improving policy making and promoting organisational change to facilitate a multi-sectoral gender sensitive HIV and AIDS programme." The 2010 audit report[10] identifies and lists as objectives, the outputs/indicators listed in the Extension of the HIV/AIDS PSD 2007-2009 and added the teacher capacity building initiative.

Ideally, formative evaluations and assessments commissioned during the course of a programme inform summative evaluations as they can better explain how and why certain results were achieved. For this to happen there should be consistencies in measurement benchmarks and their terminology with no room for varying interpretations. UNDP should have adopted its standard programme presentation, especially in its results framework and classify programme milestones in the

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[10] PricewaterhouseCoopers, UNDP Management letter for the year ended 31 December 2010, P1

standard UN format; goal, objective, outcome/results, output (including indicators for each), activity and inputs. Presentation of the programme's logic models (results frameworks) left room for improvements. A logic model is a systematic, visual way to present a planned programme with its underlying assumptions and theoretical framework[11]. It is a visual representation of a plausible and sensible method of how a programme will work under certain conditions[12]. However the GoB/UNDP programme's results framework was devoid of underlying risks and assumptions to give an idea of hindering and supporting factors and explain how results would translate to the goal.

The programme had one main intended outcome statement; *"gender sensitive, scaled up, multi-sectoral response to the epidemic driven by strong leadership based on personal commitment and concrete actions at all levels."* The outcome statement attempted to sum up the ultimate aims of the programme's multiple components. However, as a general norm, outcome statements express the benefit and the target group. It is insufficient for a programme with multiple components which, on their own qualify as programmes to have one over arching outcome statement. To further depict the insufficiency of the outcome statement, ADR (2009) presents the programme's outcome as; "Institutional capacity built to plan and implement multi-sectoral strategies to limit the spread of HIV/AIDS and mitigate its social and economic impact." At design stage, the programme should have engaged an M&E expert with good clarificatory evaluation skills to help articulate the programme given its complex nature. Development of the programme's outcome or results statements should have been informed by the expected milestones (and indicators) under each programme component as depicted in Section 1.2 above.

Recommendation 1: *UNDP should follow the standard global logic model presentation and terminology*

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[11] http://www.wkkf.org/Pubs/Tools/Evaluation/Pub3669.pdf
[12] Bickman, 1987.

Recommendation 2: *M&E expertise should be sought during programme design to assist in clarifying the programme theory (clarificatory evaluation) leading to the formulation of coherent logical frameworks and subsequently M&E systems.*

1.4 Purpose of the evaluation

The Terminal Evaluation (TE) was commissioned; firstly as a matter of compliance with UNDP's organisational corporate standards and requirements, and secondly to provide an independent assessment of the programme in terms of; a) relevance of programmes objectives vis-à-vis national priorities as outlined in Botswana's Vision 2016, the National Development Plan (NDP) and the NSFI, b)The relevance of programme's design to the objectives, c) performance of the programme in terms of delivery of results, specifically key outputs and the effect on the desired outcomes and d) Key lessons learnt during programme implementation

1.5 Scope and Objectives

The TE was conducted in September 2011 covering programme implementation from 2003 to 2009. A Mid Term Review (MTR) and evaluation of the CCE-CC and Teacher Capacity building programme were conducted prior to this terminal evaluation[13]. All programme components were assessed including to a lesser extent, the Community Capacity Enhancement Process (CCEP) which was evaluated in 2009. The main objectives of the TE were to:

1. Examine the **relevance** and **appropriateness** of the programme including in its design, management and implementation.
2. Asses the **effectiveness** of the programme in attaining outputs[14]
3. Analyse the **efficiency** of UNDP and its partners in implementing the various programme components.
4. Assess the **programme's outcomes, impacts** and their **sustainability**
5. Identify the main **lessons learned** and formulate **recommendations**.

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[13] The MTR and the TCBP reports were not available for the evaluator to review
[14] The evaluator appreciates that effectiveness is usually about objectives. In this instance, "output" is taken in the PSD's context to avoid falling into the confusion trap set by non reference to "objectives"

1.6 Evaluation approach

The methodology used in this evaluation is essentially the one developed and used by the United Nations Evaluation Group (UNEG) and by UNDP.[15] The evaluator used *theory based evaluation* approach which paid particular attention to the programme theory as presented in programme documents including the logical frameworks. Due to lack of monitoring data on performance indicators and benchmarks, the evaluator relied more on data collected during the evaluation through multiple methods to satisfactorily respond to the requirements of the evaluation.

The methodology adopted for this study consisted of:

ii) Inception meetings with the GoB/UNDP HIV and AIDS programme managers, specifically UNDP and NACA staff who have been part of programme implementation.

iii) A desk review of relevant documentation that included; documents related to the programme and key Government/partner documents. Documentation review played two roles; a) enlightening the evaluator on the GoB/UNDP HIV and AIDS programme and b) provide data for the TE. Unfortunately documents related to the programme were very scarce making it difficult for the evaluator to track, judge and conclude on programme delivery.

iv) Data collection process which was predominantly done through; a) key informant interviews and b) Review of available documentation as indicated above. Key research questions are presented in annexure. Unfortunately, some scheduled interviews could not be conducted due to logistical constraints.

v) Data analysis – data collected through the different approaches and from different sources were triangulated, synthesized and analysed manually using the content analysis approach.

vi) Preparation and submission of report

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[15] This report follows, first and foremost, the methodology developed by UNEG. See: UNEG *Norms for Evaluation in the UN System, 2005; UNEG standards of evaluation in the UN system, 2005; Handbook for Planning, Monitoring and Evaluating for Development Results*, UNDP 2009.

1.7 Sampling

The consultant worked closely with UNDP in selecting agencies and staff that participated in the evaluation using the snowballing approach. The programme management team had disbanded at the end of the PSD leaving very little institutional memory behind including information on the key players. Identification of the key informants was mainly done during interviews whereupon evaluation participants would point to the next relevant stakeholders that worked on the project. Whilst this approach enabled the evaluator to collect valuable data, omissions of crucial key informants and stakeholders were inevitable due to the lengthy recall period (the programme was evaluated more than a year after completion) and absence of programme reports.

1.8 Constraints

The evaluation took place more than a year after programme completion. Most of the staff that worked on the programme had long left their positions and or organisations. The following were of major concern:

- There was limited programme institutional memory within UNDP and NACA which at times frustrated the evaluator's attempts to verify some findings.
- Few programme documents - UNDP did not avail crucial programme documentation that could have illuminated some discussions carried in this report; MTR and other evaluation reports, progress and end of term reports.
- Logistics - the evaluator failed to have meetings with crucial stakeholders (MoH and United Nations Country Team (UNCT), Civil Society partners among others). This was firstly because the evaluator and the UNDP team were initially unaware of the major stakeholders and secondly due to failing coordination which resulted in late arrivals and in some instances missed appointments.

The evaluator's time would have been maximised if UNDP was proactive in identifying potential evaluation participants from a pool of programme stakeholders and notify them of the activity in advance. This could have set the path for early snowballing and filing of relevant documents before the evaluation. Nevertheless,

the evaluator managed to undertake the evaluation in a way that satisfied the requirements as set in the ToRs. Hence, findings presented in this report are valid and in the evaluator's opinion are an objective assessment of the GoB/UNDP gender and HIV and AIDS programme's worth, unless where reservations are stated.

2. MAJOR FINDINGS AND ANALYSIS

2.1 Relevance

The GoB proclaimed "halting and reversing the spread of HIV and AIDS and rolling back the damage it has done[16]" as one of its most important developmental challenges. The programme's goal borrowed from this developmental challenge; "to contribute to the reduction of HIV transmission by 2016 and mitigate the impact of HIV and AIDS[17]..." On the overall, the programme positioned itself as a relevant response to one of the most developmental challenges.

The UN division of labour confined UNDP's HIV and AIDS response to; AIDS and human development, governance of AIDS and AIDS, human rights and gender. The programme design was such that within these domains, UNDP's played a catalytic role as opposed to direct implementation and in this way UNDP maintained its position as a UN agency. CSOs, ministries and decentralised government structures (DMSACs), schools, private sector bodies among others had direct contact with the population. However, their inadequate capacities to interpret the concept of mainstreaming gender and HIV and AIDS were highlighted[18] as major weaknesses that hampered the success of earlier GoB/UNDP gender and HIV and AIDS initiatives in the face of growing need to fight the epidemic. These observed weaknesses inspired and legitimised the GoB/UNDP programme's orientation towards strengthening capacity for gender sensitive mainstreaming of HIV and AIDS. Furthermore, earlier studies depicted gender inequalities as one of the factors fuelling the spread of HIV and AIDS.

The programme's thrust on the education sector response through Teacher Capacity Building Programme (TCBP) was quite relevant. Schools host the 15-19 age groups which is one of the most HIV and AIDS affected cohorts as learners tend to be active and experiment with alcohol which exposes them to sexual exploitation. The 2002 PSD evaluation also noted a gap in teacher skills in handling the content and process

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[16] Botswana MDGR 2004
[17] Programme document goal
[18] GoB/UNDP HIV/AIDS 1997-2002 PSD terminal evaluation, 2002 and GoB/UNDP Gender PSD evaluation, 2002

of instruction on sexuality and HIV and AIDS thus legitimising the education sector response, especially the TCBP as an appropriate package to address the identified gaps.

One key outcome of Botswana's Vision 16 is sustainable development which seeks to see greater involvement of communities in "planning, use and preservation of their environmental assets[19]". The programme's CCEP and the LDP components shared the sustainable development aspiration, making them appropriate vehicles to drive the gender and HIV and AIDS agendas in the communities. The CCEP recognises that communities have the capacity to prevent the spread of HIV, care for those affected, change harmful attitudes and behaviours and sustain hope in the midst of the epidemic. The LDP on the other hand seeks to develop thousands of leaders and generate new levels of commitment within them without which efforts to fight the epidemic would be constrained. Furthermore, the 2002 PSD evaluation identified a gap in the involvement of communities and households in the management of HIV and AIDS risk hence the CCEP and LDP stood as appropriate programmes to fill this gap.

Other HIV and AIDS service providers in Botswana highlighted that lack of information on the epidemic, associated vulnerabilities, impacts and possible strategies to address them hindered their ability to mobilise resources for an early response. GoB and UNDP's thrust on "applied research on the socio-economic impacts of HIV and AIDS" was a relevant response to the country's information gaps.

The GoB/UNDP HIV and AIDS programme was a relevant response to the HIV and AIDS epidemic. The main focus areas/components (gender and HIV mainstreaming, L4R, TCBP and applied research) were appropriate strategies to address the underlying causes and challenges faced in combating the epidemic.

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[19] Status at a Glance Vision 2016 Pillars by Key Result Area

2.2 Attainment of objectives

Analysis of achievement will be based on the programmes' objectives as stated earlier in section 1.3; Leadership for Results (L4R), mainstreaming gender and HIV and AIDS, support to applied research on the socio-economic impacts on HIV and AIDS, education sector response through the TCBP and Capacity enhancement for Civil Society Organisations (CSOs).

2.2.1   Mainstreaming gender, HIV and AIDS

GoB and UNDP must be commended for taking lessons learnt from terminal evaluations of their earlier PSDs in Gender and HIV and AIDS. Recommendations to upscale gender sensitive HIV and AIDS mainstreaming within the ministries were taken seriously as shown by the two components being included under one PSD. Four ministries were targeted for gender and HIV and AIDS training; Ministry of Agriculture (MoA), Ministry of Education (MoE), Ministry of Health (MoH) and Ministry of Lands and Housing (MoLH). Consultants were hired to assess the gender and HIV an AIDS requirements within the ministries, develop appropriate training materials and train the Women Affairs Department (WAD) and the Ministry AIDS Coordinators (MACs) to conduct trainings within the targeted ministries. However, the hiring process for consultants took longer than expected resulting in the PSD coming to an end before training could be delivered to the Ministry of Lands and Housing.

With the inclusion of gender, the WAD had to advocate for the appointment of sector gender focal points to coordinate gender activities within the sectors. However, WAD decried the appointment of predominantly low-ranking officers with little influence on policy development as gender focal points in most ministries. There were no incentives for staff taking on the additional gender responsibilities. WAD indicated that lack of resources prevented them from recruiting gender desk officers as was the case with the MACs. Apparently, the WAD is mandated to coordinate gender mainstreaming in various sectors, but it is placed under an implementing Ministry with limited resources and coordination authority. The tripartite arrangement (between UNDP, WAD and NACA) entailed bureaucratic

processes which delayed timely implementation of decisions. Lack of commitment and ownership by some ministries hindered continual support to ensure adequate institutionalisation of gender issues in Ministries/Sectors and the roll out of the process to departments and the districts.

Recommendation 3: Gender mainstreaming should take advantage of existing HIV and AIDS coordination structures; MACs and District HIV and AIDS Coordinators (DACs) to further the gender agenda.

Recommendation 4: There is need to strengthen the coordination capacity of WAD (the National Gender Machinery).

2.2.2   Teacher Capacity Building project

In 2004, a teacher-capacity building programme was developed by the MoE and UNDP in collaboration with the Government of Brazil and with support from African Comprehensive HIV and AIDS Partnerships (ACHAP). The programme aimed to improve the teachers' knowledge, demystify and destigmatise HIV and AIDS, and to break down cultural beliefs about sex and sexuality. As part of the project, most primary and secondary schools were equipped with a television, video recorder, satellite dish and decoder. An interactive AIDS education programme called Talk Back was broadcast twice weekly by Botswana Television. Since its inception, Talk Back has reached more than 20,000 teachers and 460,000 students and won accolades for its services, including a nomination for the Commonwealth Education Best Practice Awards in 2009[20]. The preceding PSD had supported a curriculum development programme that had a strong bias towards HIV and AIDS. Discussion with MoE officials revealed that changes have been made to the teacher training curriculum to incorporate a gender component.

2.2.3   Leadership for results with a focus on communities

The Leadership for Results (L4R) strategy is composed of four mutually reinforcing programmes with specific goals that progressively build leadership and institutional

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[20] http://www.avert.org/aids-botswana.htm

capacity over a three-year period[21] The GoB/UNDP programme adopted only two components of the L4R; Community Capacity Enhancement Programme (CCEP and Leadership Development Programme (LDP). Unfortunately, the evaluator could not ascertain whether the global strategies[22] for CCE and LDP were taken wholly or had been customised to the Botswana context. Key programme participants interviewed during the evaluation were not aware of the existence of country-specific guidelines on the L4R programme. Best practice would call for customisation of the global L4R strategy to the local context. Participants during the 2004 LDP session undertook to produce a LDP manual. Unfortunately, this evaluation could not verify whether this manual was finally produced owing to lack of documentation and institutional memory as highlighted in section 1.8 above.

Recommendation 5: *UNDP should justify the choice of L4R components that it adopts in the country.*

Recommendation 6: *The global Leadership for Results (L4R) framework should be customised to the local (Botswana) context and country specific documents/manuals produced to guide implementation.*

2.2.3.1 Leadership Development Programme (LDP)

The Botswana leadership development programme aimed to develop the capacity of the participants to lead their teams, organizations and communities to work at a new level of effectiveness to reverse the epidemic in Botswana[23]. The LDP programme was rolled out successfully following the guidelines set in UNDP Leadership for Results Strategy note (2005):

i) Enrolment/National Ownership – briefing meetings were held with all relevant stakeholders including workshop to introduce key transformational leadership development concepts, distinctions and mental maps to inspire stakeholders.

ii) Interviews with participants of different stakeholders groups – no evidence exist as no report of the interviews was availed to this effect

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See section 1.2.1 above
[22] Community Capacity and Enhancement handbook, 2005 and Leader Development Programme Strategy Note, 2005
[23] UNDP/NACA report on the proceedings of the UNDP leadership for results HIV/AIDS programme, 2006

iii) Leadership development sessions – three, three day workshops were successfully conducted over three from 2003 to 2006.

iv) Sustaining the momentum: breakthrough initiatives – 16 breakthrough initiatives were created. Each breakthrough group developed initiatives with goals, clear execution strategies and action plans that were all aligned to the NSFI. Discussions with evaluation participants revealed that most of these groups failed to meet and sustain the momentum as it was costly for them to come together since they were coming from different parts of the country and there was no financial provision set aside for the meetings. The L4R strategy recommends that no financial support should be provided to the breakthroughs.

v) Building national capacities – government personnel, civil society organizations, the media, private sector representatives, UN officials and UNDP representatives. There is however no information regarding adherence to the prescribed quota; 50% women, 25% CSOs, 5% media etc. Change agents were however identified and trained.

vi) International coaches recruited – these were hired to facilitate the training workshops

vii) Documentation – this was unfortunately only limited to workshop sessions but failed to demonstrate results that have been produced in the field. There is no evidence on tracking breakthroughs, individual, organisational and societal transformation as the programme unfolded.

viii) Capacity transfer programme – local coaches were trained. Workshop participants interviewed during the evaluation indicated that they were fully equipped to promote and use a combination of cutting-edge methodologies to ignite hope and engender transformation in the campaign against HIV and AIDS. However, there was no evidence of a translation of this skills base into action.

Interview participants highlighted programme monitoring and documentation as one weakness that clouded the performance of an otherwise successful and well conceived Leadership Development Programme. There were no monitoring reports from NACA or UNDP to illuminate on processes that took place beyond the LDP workshops.

Recommendation 7: The idea of having self-financing breakthroughs should be changed and make budgetary provisions for members to meet regularly and implement the breakthrough initiatives. Breakthroughs should be constituted of members coming from the same geographical areas cut on travel and other costs associated with distant coordination.

Recommendation 8: Monitoring and documentation of processes beyond the sessions need to be strengthened

2.2.3.2 Community Capacity Enhancement Programme (CCEP)

The CCEP is a community mobilization tool utilizing facilitators to engage communities in decision making regarding challenges presented by HIV/AIDS. The process engages institutions within their communities to be agents and vehicles for service delivery. To facilitate the rolling out of the CCEP, the programme recruited United Nations Volunteers (UNVs) that were attached to the DACs offices. A series of training workshops were conducted before rolling out of the methodology. The CCEP initially covered 10 districts but expanded to 15 with assistance received from the UNAIDS Programme Accelerated Funds (PAF).

By 2005, a cadre of about 350 trained volunteer facilitators had been created at the local level in rolling out the CCEP and community conversations had been held in over 40 communities. The national UNVs were catalytic in building relationships at the community/local levels to enhance the conversations. Community mapping approaches which were part of the CCE methodology helped identify developmental problems and social ills within the community. Quarterly community meetings involving the communities and the leadership would touch on the identified developmental problems and social ills which often included property rights, inheritance laws and Orphans and Vulnerable Children (OVCs).

2.2.4   Applied research on the socio-economic impacts on HIV and AIDS

During the period under review, UNDP in partnerships with other developmental partners supported the GoB in undertaking a number of assessments and impact surveys. These included; The Economic Impact of HIV/AIDS in Botswana (2006), The

Demographic Impact of HIV/AIDS in Botswana (2006), Botswana HIV/AIDS Impact Survey, 2005 (BAIS II) and Botswana HIV/AIDS Impact Survey, 2008 (BAIS III).

2.2.5 Capacity enhancement of Civil Society Organisations

In furthering the "Governance of HIV and AIDS mandate", the programme extension (2007-2009) focussed on the transformation of BONEPWA into a self sustaining organisation. Training was delivered covering areas of; financial management, addressing issues of disability and M&E among others. The number of support groups affiliated to BONEPWA once grew tremendously from about 28 in 2003 to 100 in 2009 and provided a platform for People Living with HIV and AIDS (PLWHA) to freely talk about their problems, share experiences and encourage adherence to medication. However, at the time of the evaluation, the number of functional support groups had fallen by 50% since 2006 when the GoB/UNDP programme stopped funding them.

BONEPWA raised some concerns over the support they received during the PSD under review:

- Monitoring: programme managers rarely visited project sites to check on progress and offer backstopping support. Whilst they produced reports, they felt that effectiveness could have been enhanced had there been a systematic way of reviewing and reporting on progress.
- No formal partnership agreement with NACA/UNDP - BONEPWA indicated that they rarely received support in identifying activities to concentrate on. Instead, they would come up with activities even when they were unsure of programme expectation and send them to NACA for approval.
- Adequate training in gender mainstreaming

With regards to supporting to civil society within the context of GIPA, WAD indicated that they have been reaching out to a number of civil society players in Botswana.

2.2.6 Programme's monitoring system

A number of performance assessments were undertaken on the GoB/UNDP programme from 2003 to 2009. The ones related to the gender, HIV and AIDS programme PSD include; Assessment of CCEP roll out in Botswana (2005), MTR (2006), ADR (2009), TCBP and CCEP evaluation (2009).

In line with the "three ones" principle of having one agreed country level M&E system, a Botswana HIV and AIDS Response Information System (BHRIMS) was set up. The GoB/UNDP programme under review did not have M&E ands reporting systems. Ideally, the programme results frameworks and budgeted work plans (original PSD and extension) should have set the framework for formulating a programme's M&E system.

The programme did not have dedicated M&E personnel and the assumption was that the programme would make use of existing structures within UNDP, NACA and ministries. This was hardly the case and, apart from the externally commissioned evaluations alluded to earlier, there is little evidence pointing to the existence of inbuilt monitoring and reporting mechanisms. There was very little documentation of programme progress and achievements which prevented a systematic assessment of the programme's implementation cycle during the evaluation.

NACA did not have direct supervisory and reporting lines with implementers. For instance MACs were accountable to their respective ministries, gender focal points reported to WAD whilst DMSACs (through the DACs) reported directly to the MLG. Evaluation participants concurred that monitoring was generally weak for the whole programme.

Recommendation 9: NACA's relationship with implementing ministries need to be revisited to enable NACA to have supervisory and direct line reporting with the DACs and MACs on HIV and AIDS issues. It might be worthwhile for NACA to borrow a leaf from other AIDS Councils in the region (like Zimbabwe) that also coordinate multi-sectoral responses.

The programme achieved its main objectives, reaching out to the intended target groups. The only limitation has been in the documentation of the achievements.

2.3 Efficiency

The evaluator concurs with the ADR findings that UNDP made efficient use of its human resources to implement the programme. The use of both international and national UNVs was a strategic that enhanced programme implementation in the supported CSO organizations and strengthened community involvement and participation in the national HIV and AIDS response. UNVs made significant contribution in mobilising, training, coaching and mentoring volunteer facilitators for the community conversations within the CCEP framework, nurturing community responses to the HIV and AIDS epidemic and linking community demand for services with the district mechanisms. International UNVs were strategically placed and involved in the on-going transformation processes in their respective sectors. They provided technical and advisory support in diverse ways ranging from needs assessment, course design, coordination and facilitation to create enabling environment in driving the processes.

2.3.1 Coordination and management arrangements

NACA, as the programme coordination agency chaired a Programme Execution Committee (PEC) which met quarterly, providing a platform for partners to share and report on their progress. Above the PEC was a Programme Steering Committee (PSC), a higher level decision making body whose main responsibility was to offer strategic direction, deciding on priority programme activities. The PSC was scheduled to meet bi-annually but their meetings were so infrequent that from 2007 to 2009, they only met twice out of a possible four (4) meetings. The programme was thus deprived of the strategic leadership resulting in the UNDP HIV and AIDS officer having to direct most of the programme activities.

Programme funds were channelled to NACA who would interface with all implementing partners. Consultations made during the evaluation revealed the

absence of formal agreements between NACA and partners. The implementation arrangement was that partners would propose activities to NACA for approval. UNDP would occasionally suggest priority areas to partners to ensure that implementation was in line with the PSD. Whilst this approach may have helped to reduce the risk of overlooking key programme activities, there still existed a possibility of missing some activities especially if no partner took them on board. For instance, MoE representatives expressed ignorance over the School Level Task Force yet it was their responsibility.

Recommendation 10: *UNDP and NACA should enter into formal agreements with all programme partners detailing key result areas and implementation plans.*

2.3.2   Collaboration arrangements

The Women's Affairs Department is mandated to coordinate the promotion of gender equality and the empowerment of women. The department provides guidance and leadership on gender and development to partners including Government Ministries, Departments, Parastatal Organisations the Private Sector and Non Governmental Organisations through facilitating the mainstreaming of gender issues in the development process.

The PSC has been blamed for being less supportive to gender mainstreaming and this has been attributed to their limited understanding of gender issues. The PSC had a Gender Policy Advisor placed within the WAD who unfortunately did not last for the duration of the PSD. Absence of a gender specialist in the PSC resulted in delayed approval of gender programmes proposed by the WAD. This delayed implementation and was highlighted as one reason for failure to conduct training in all the four ministries. Collaboration of WAD and MACs especially during sector trainings often came with challenges.

Recommendation 11: *The funds and the implementation of the mainstreaming of Gender and HIV and AIDS programme should be managed by one entity in order to reduce lengthy bureaucratic processes*

2.3.3 Timeliness

Absence of progress and final reports made it difficult to conclusively judge on timeliness. There are indications of delays in implementation as depicted in the extension of the PSD with most activities being carried over and "…. some activities were carried over to 2010[24]…" Concerns were raised over UNDP's bureaucratic procurement procedures which most evaluation participants concurred was another cause for delayed implementation of some activities.

Recommendation 12: *The PSC should insist on regular (quarterly, bi-annual and annual) and end of term reports for the programme and have a review committee that ensure timely and quality reports are produced and filed.*

The programme had coherent management and coordination mechanisms that were aligned to the NSFI. The collaboration mechanisms with regards to gender and HIV and AIDS mainstreaming was weak and led to some of the delays encountered during implementation. Human resource utilisation was efficient

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[24] Evaluation ToRs page 2

3. OUTCOMES, IMPACT AND SUSTAINABILITY

3.1 Outcomes

LDP workshops are reported to have resulted in the stimulation of collaborative relationships among participants to further enhance Botswana's ability to respond effectively to the challenge of HIV/AIDS across organisations and regions. The programme is praised for its focus on mutual intelligence, noticing "possibilities" even in complex challenges and its direct tackling of cultural norms that impeded open discussion and solution to HIV and AIDS. There is a reported decline in stigma and discrimination at workplaces and within the communities and the rights of women, girls and other vulnerable groups protected through advocacy and active involvement of the women's sector, men's sector, civil society partners and government departments.

The CCEP provided a platform for other development partners to build their HIV and AIDS interventions on. There has been a notable increase in the number of organizations using Community Conversations to stimulate and scale up social change and to address HIV and other issues within the communities. The CCEP has been praised for helping communities better articulate their developmental concerns and priorities in general and specifically with regard to HIV/AIDS. Decision-making processes affecting the lives of these various groups are increasingly reflecting the concerns of communities through a process of active communication.

There are reports of increased number of community initiatives for prevention, home-based care, change in harmful traditional practices, reduction of stigma and discrimination, support for orphans, and voluntary counselling and testing. Women, men, girls, boys, local authorities, people living with HIV and others are increasingly involved in decision-making processes affecting their lives. More people at community and parliamentary level now talk about HIV and AIDS and related issues like property rights and inheritance laws. The presence of the national UNVs at the local level was reported to have improved data gathering and sharing on HIV and AIDS, which in turn enhanced quality reporting from the district to the national level.

CCE methodologies have gained momentum within the region and CCE facilitators from Botswana facilitated training of trainers' workshop in Namibia.

Impact studies were praised for making available information on the extent of the epidemic in Botswana which has assisted Government to recognise the impact that HIV and AIDS have had and will have if left unabated. Impact studies also identified gaps which gave other developmental partners the comfort to invest in the fight against the epidemic. Civil society partner capacity enhancement efforts have enabled targeted institutions like BONEPWA to attract other sources of funding for its operations and expanded operation to districts.

Support received from UNPD/GoB, BOTUSA and ACHAP in fighting HIV and AIDS in the education sector is reported to have helped break the silence on HIV and AIDS within the school system. It has helped create:

- Forum for school conversations and dialogue on HIV/AIDS
- Increased talks on HIV/AIDS in School assembly.
- Reactivation of Peer Support Groups
- Increased opportunities for open dialogue in the classroom on discussing issues of HIV/AIDS
- Increased rates of voluntary counselling and confidential testing among teachers.

Although there is no evidence of a deliberate attempt by the programme to track and report on outcomes (which, in the first instance are not properly documented), the evaluation findings points to the programme having registered resounding success in attaining its outcomes.

3.2 Programme impacts

A number of achievements have been made in fighting the epidemic from 2003 to 2009. Due to the magnitude of the national response which saw a number of programmes being implemented by different players, it will not be possible to

attribute the impacts to one specific programme. The goal for the GoB/UNDP PSD was "contribute to the reduction of HIV transmission by 2016 and mitigating the impacts of HIV and AIDS…" There are indications of a slow down in infection rates as shown by a decline in prevalence rates and also in the number of HIV and AIDS related deaths.

There are reports of increased awareness on gender and its link with HIV and AIDS in Botswana. There has been an increase in the number of people accessing voluntary counselling and testing services which is a clear testimony that information is reaching the intended audiences. At the school level, positive change in teacher and pupil behaviours has been noted and there is a decline in learner pregnancies in most schools.

3.3 Sustainability

MACs and the DMSAcs although coming from an earlier project have had their capacities strengthened and they are a success story they continue to coordinate HIV and AIDS and other health related issues within their ministries. However, the linkages Between NACA and district level structures may be too weak for an effective multi-sectoral response[25]. Limited financial and technical support for gender mainstreaming poses a challenge for continued multi-sectoral coordination of gender issues. The higher level of co-funding by the GoB which is estimated at 60 percent as compared provides a comfortable level of potential sustainability of the programme.

Feedback obtained regarding L4R points to lack of preparedness and limited community capacity to carry over programme activities in the absence of external funding. There are currently few known active and self-perpetuating CCEP or LDP initiatives in the formerly supported communities. UNVs and facilitators could not be absorbed into the government system at the expiry of the PSD and have left with their acquired skills with the exception of a few that have been attached to DMSACs.

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[25] ADR, 2009

4. LESSONS LEARNT

The evaluator noted a number of areas where lessons can be learnt:

- Programme design and development of logical frameworks should utilise staff with a thorough understanding of the Logical Framework Approach (LFA) in programming. Their expertise is important in harmonising the logical framework with the thoughts behind the programme and ensuring a logical link between activities, outputs, outcomes and objectives. This will enable the development of M&E plans with their associated data collection and management tools. Absence of a functional M&E system clouds programme achievements, undermine knowledge management and deprives the programme from learning from past experiences.

- It is of paramount importance to actively involve all government structures; from the executive to the community level if programmes are to have universal buy-in and active commitment.

- A focus on strengthening local capacities is a good approach for sustainability but only when there are clear integration strategies into mainstream structures.

5. CONCLUSION

Although the programme's design needed improvements inorder to inform subsequent implementation, monitoring and evaluation roles, findings of this evaluation points to a successful programme. The programme managed to reach out to its intended audiences and made lasting impacts. It laid the ground for subsequent programmes to take off from. Clear testimony is in the CCEP methodology which has already been adopted by other developmental partners in the country. Gender sensitive mainstreaming of HIV and AIDS, although initially marred by confusion has stood up to correct some cultural perceptions that fuelled the spread of HIV and AIDS.

6. ANNEXES

Annex 1: **List of** persons consulted

Name	Organisation
Peter Chibatamoto	NACA
Mr. Ngele	BONEPWA
Mrs Tinaye Mmusi	UNDP
Lydia Matebesi	Former UNDP Gender HIV/AIDS Programme Officer
Ms. Monica Tselayakgosi,	Former NACA Programme Manager
Evaristo Marowa	UNAIDS
Kabo Kgwaraga	MLG
Dr Themba Moeti	ACHAP
Phemelo Maiketo	WAD
Ms Mogege	WAD
Tshepo Mophuting	NACA
Kedibonye Macha	BONEPWA
Sennye Obuseng	UNDP Poverty reduction unit
Mrs Khoza Ramahobo	MoE - Department of Pre-Primary education
Thekiso Zulu	MoE- HIV/AIDS Coordinating Unit
Ms Dineo Champane	Ministry of Finance
Mr Mooketsi Ditsela	BDF
Marthie Legwaila	Former Director, WAD

Annex 2: List of documents consulted

1. GoB/UNDP Gender HIV and AIDS PSD 2007 to 2006
2. GoB/UNDP Extension of the HIV and AIDS PSD, 2007-2009
3. Botswana MDG Report, 2004
4. Assessment of development results, 2009
5. INTEGRATED CONSULTANCIES, Report on Botswana Leadership Development Initiative workshop, 2004
6. CCEP Final Evaluation report, 2009
7. SACI National UNVs and Community Capacity Enhancement for HIV and AIDS Response- CCEP Roll Out in Botswana, 2005
8. Training of Trainers workshop on Capacity Enhancement Process report, 2003
9. Econsult, the Economic Impact of HIV/AIDS in Botswana, 2007
10. Report of the Terminal Evaluation PSD (1997 – 2002)
11. Progress Report of the National Response to the UNGASS Declaration of Commitment on HIV/AIDS, 2008
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14. Monica Sharma, Serra Reid, Cathy Fall Sarr, Moustapha Gueye, Allan Henderson, , Leadership for Results, UNDP's response to HIV/AIDS; Leadership for Development Strategy, 2005
15. Botswana from Independence to Vision 2016
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18. United Nations – Office of Resident Coordinator Review workshop on situation analysis on Gender Based Violence in Botswana, 2008
19. UNEG Norms for Evaluation in the UN System, 2005;
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