2014-2018

THE UNITED NATIONS JOINT PROGRAMME OF SUPPORT FOR AIDS IN NAMIBIA

JULY 2014

Foreword

The Midterm reviews of the 2011 UN Political Declaration and the National Strategic Framework for HIV and AIDS (NSF) have indicated that the Namibia has achieved major success so far in basic programmes areas such as ARV treatment and monitoring, PMTCT, HIV testing and counselling, reduction of HIV new infections and closing the resource gap. Three out the ten targets of the UN Political declaration, however, are not on track namely: (i) eliminating gender inequality and gender based violence, (ii) reducing stigma and discrimination, and (iii) strengthening HIV integration. Furthermore, 53 % of new infections in 2013 occurred among young people aged between 15-29 years, of which 60% was among young women and girls.

Hence, while significant progress has been made, challenges remain and the Government of Namibia considers the HIV as a key socio-economic development challenge for the country which requires a sustainable response guided by the revised and extended National Strategic Framework for HIV and AIDS 2010/11 – 2016/17.

The revised NSF has been guided by the strategic investment approach and is aligned to the National Development plan (NDP4). UN support to Namibia's development plan is based on the United Nations Partnership Framework (UNPAF) covering the period 2014-2018 which is built on four pillars, namely: (i) Institutional Environment, (ii) Education and Skills, (iii) Health, and (iv) Reducing Extreme Poverty. HIV/AIDS is addressed as a cross cutting strategy and is integrated across the four pillars. To ensure harmonisation and alignment of UN support to the revised NSF, the current 2014-2018 UN Joint Programme of Support on AIDS (JSP) has been developed with a clear linkage with the UNPAF.

The main purpose of UN Joint Programme of Support on AIDS and the UN Joint Team on AIDS is to support the national response in scaling-up towards universal access to prevention, treatment, care and support. The ultimate aim of the JPS is to achieve full synergy between national and development partners to ensure effective and efficient management of the HIV/AIDS response. The current plan was developed following a review of the 2012-2013 action plan including the assessment of our Joint Team on AIDS and the findings will guide the implementation of the new interventions.

The plan has applied the strategic investment approach by focusing primarily on the critical enablers and development synergies in order to harmonise UN support with the Government and other partners' contribution. The JPS will provide substantial support to HIV interventions targeting young people, ending gender based violence, stigma and discrimination, integration of HIV/AIDS in different Sectors and ensuring involvement and action at the community level.

The Joint Programme of Support will be implemented in partnership with public sector, civil society organisations including, young people organisations, people living with HIV, faith based organisations and the private sector. The monitoring, reporting, evaluation will carried out through the UNPAF mechanism with clear linkages to the national coordination mechanisms of the revised 2010/11-2016/17 National Strategic Framework.

We would like to extend our appreciation to the Government for the great achievements in HIV response. The UN Country Team and Joint UN Team on AIDS, development partners and civil society organisations have all contributed to the revision of the NSF and the development of the UN Joint programme of

Support. Within this framework, the UN family in Namibia is committed to work with all partners in Namibia to ensure a sustainable, effective HIV response that contributes to ending AIDS among the next generation.

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Executive Summary

This document is premised on the United Nations Partnership Framework 2014-2018, the Revised National Strategic Framework for HIV and AIDS (NSF) and the National Development Plan 4. It outlines the collective response of the UN towards HIV and AIDS in Namibia for the coming 5 years.

Namibia's reclassification to an Upper Middle Income Country and the need to address more structural and systemic challenges calls for a different strategic agreement with the UN, namely the UNPAF 2014-2018. This new partnership shifts the UN system in Namibia from an engagement based on development assistance to the country (UNDAF) to one of development partnership (UNPAF).

The UNPAF aims to support growth, job creation and equity in Namibia by focusing on the following four key pillars namely: (i) Institutional Environment, (ii) Education & Skill, (iii) Health, and (iv) Poverty Reduction. In line with the Vision 2030 and the National Development Plan 4, the UNPAF recognises HIV/AIDS as a threat to the socio- economic and human development of the country.

The UN has played a key role in Namibia in the area of HIV and AIDS. With the establishment in 2007 of the Joint UN Team on HIV and AIDS (JUTA), the UN strives to achieve greater internal coherence, improve its coordination and ensure joint programming efforts to support the national HIV response. The following UN agencies form part of the JUTA: FAO, ILO, IOM, UNAIDS, UNDP, UNESCO, UNFPA, UNHCR, UNICEF, UNODC, UNRC, WFP and WHO. Each member is appointed by the respective Heads of Agency. Their work is guided by the UN Joint Programme of Support for AIDS (JPS).

The main purpose of Joint UN programmes and teams is to support the national response in scaling-up towards universal access to prevention, treatment, care and support. The ultimate aim of the JPS for AIDS is to achieve full synergy between national and development partners to ensure effective and efficient management of the HIV/AIDS response.

As noted above, the JPS for AIDS is derived from the UNPAF and it is linked to the national priorities on HIV as outlined in the revised NSF which covers the period until 2017. This national strategic framework was developed using the UNAIDS Strategic Investment Approach. The Revised NSF in turn is linked with the 2012/2013-2016/2017 National Development Plan for Namibia. The JPS outcomes and outputs therefore contribute to the attainment of both the NSF and the NDP results.

In the past two years various international and national developments and guidance documents such as the UN Political Declaration on HIV, the revised National Strategic Framework on HIV, 2013 WHO treatment guidelines, 2012 Sentinel survey results on HIV and AIDS have significantly contributed to further inform and shape the Namibian response towards HIV and AIDS. In particular Namibia's Mid Term Review of its progress on the 2011 UN Political Declaration on HIV demonstrated that the country is capable and committed to achieving the ten agreed targets by 2015/16. Major successes have been achieved in some of the basic programme areas such as ARV treatment and monitoring, PMTCT, HIV Counselling and Testing and reduction of HIV new infections. There is, however, a need to intensify efforts

to achieve 3 of the 10 targets namely: (i) stigma reduction, (ii) integration with health systems, and (iii) addressing gender inequality/gender based violence. Furthermore, scale up of programmes such as voluntary medical male circumcision, treatment as prevention through a combination prevention strategy (CPS) and the operationalisation of the WHO 2013 treatment guidelines require attention and effort. Services targeting PLHIV and key populations need to be accelerated to enable Namibia to attain all the UN 2011 Political Declaration targets and the Millennium Development Goals by 2015/16.

In recognition of the above, close to 40% of the outputs in the UNPAF directly focus on HIV and AIDS and these form the basis of the 2014-2015 JPS for AIDS. The agenda for the coming 2 years is to a large extent geared towards providing technical support and capacity building to support core programmes rather than to support actual programme implementation. This is in line with the philosophy and approach of the UNPAF which advocates for stronger partnership and technical support and less direct programming and funding.

The JPS for2014-2015 consists of five focus areas namely: 1) Core Programmes, 2) Synergy with Development Sectors, 3) Critical Enablers, 4) UN Employee Wellness and 5) JUTA Organisational Development Support. The first three are linked towards the external response whilst the last two are internal oriented focus areas aimed at strengthening HIV coordination and programming within the UN system.

To effectively implement the JPS it is accompanied by an "Annual Work Plan". This plan outlines amongst others the outcomes, outputs, activities, leading agencies, contributing agencies, national implementation partners, budgets and time frame when the activities will be executed. A comprehensive M&E framework and plan underpin the JPS. It is based on the national indicators and targets and as such it ensures a seamless alignment with the national priorities. The M&E reporting progress reviews are monthly, bi-annually and annually.

The total estimated budget for the JPS on HIV 2014-2015 is US$ 9,094,122.00 with a resource gap of US$1,300,000.00. These figures are based on an estimated budget of the individual agencies' core budgets, extra budgetary resources and UBRAF funding. Apart from these internal funding sources, some external funding has been secured from development partners such as PEPFAR and the European Union.

Within the UN three different modalities of funding a JPS exist namely: Parallel funding, Pass through funding and Pooled funding. The latter is the preferred funding mechanism as it supports the approach of joint programming and financing. It decreases transaction costs and facilitates easier resource mobilisation. In Namibia, there is currently no joint resource mobilisation approach; however it is expected to be piloted for the first time through the 2014-2015 JPS for AIDS.

There are four key standards to which all JUTAs should adhere to namely: Participation, Domestication of the Global UNAIDS Division of Labour and Designation and Establishment of Management Arrangements for the team. The latter facilitates the contribution of each agency towards the HIV response in accordance with its respective comparative advantage.

To facilitate the overall coordination and implementation of the JUTA there is a clear structure, chain of command and terms of reference for all key players within the JUTA. The United Nations Country Team (UNCT) has the primary responsibility for the JPS oversight, whilst the JUTA collectively and individually, has the responsibility for developing and implementing the programme. JUTA operates under the guidance and supervision of the UNAIDS Country Director with support from the UN Resident Coordinator. At agency level the Heads of Agencies play a key role in approving the programmatic contribution of each agency to the JUTA forum. Apart from the aforementioned key players on the more operational level Partner agencies, individual JUTA members and Technical Working groups play a key role in executing the actual JPS agenda. The following four Technical Working Groups have been identified namely: 1) HIV social prevention, 2) Biomedical prevention and treatment, 3) Planning, Monitoring & Evaluation and 4) UN wellness.

A key component of strengthening the JUTA is measuring how well this structure performs in the area of alignment, harmonisation and effective collaboration. This is performed through the M&E framework and a performance management and accountability system. JUTA operates through a matrix organisation set up, whereby members of JUTA have allegiances towards their direct Heads of Agencies and the UNAIDS Country Director and the UN Resident Coordinator for all their JUTA responsibilities. Past experience has shown that this matrix approach towards performance accountability measurement has not been easy due to lack of clear performance measures and routine performance monitoring and reporting. For the current JPS on HIV there is stronger commitment towards strengthening mutual accountability within JUTA by applying a more effective performance measurement and monitoring system. A revised approach will be introduced in Namibia to support the overall process.

JUTA members work closely together with different national HIV coordination mechanisms and technical structures such as line ministries, academia, civil society, Global Fund, PEPFAR and other key donors and development partners. At all these gatherings JUTA members strive to ensure effective representation of the joint UN and a clear understanding of the UN collective position.

With the implementation of the UNPAF and this JPS on HIV 2014-2015 there lies another great opportunity to strengthen the HIV response in Namibia. This will be realised through dedicated collaboration, alignment and harmonisation amongst JUTA members and national key players in the field of HIV/AIDS it is expected that the coming two years will go down in history as productive years that have significantly contributed towards driving the nation to achieve the UN shared vision on HIV/AIDS of *zero new HIV infections, zero discrimination and zero AIDS-related deaths.*

List of Abbreviations

AA	Administrative Agent
ANC	Antenatal clinics
ART	Anti-retroviral therapy
ARV	Anti-retroviral
AWP	Annual Work Plan
CDC	Centers for Disease Control
CPS	Combination Prevention Strategy
CSO	Civil Society Organisations
DHS	Demographic Health Survey
DOL	Division of Labour
EU	European Union
EYR	End Year Review
FAO	Food and Agriculture Organisation
GARPR	Global AIDS Response Progress Report
GBV	Gender-based Violence
GDP	Gross Domestic Product
GIZ	Deutsche Gesellschaft für Internationale Zusammenarbeit
GTT	Global Task Team
HCT	HIV Counselling and Testing
HIV	Human Immunodeficiency Virus
HLM	High Level Meeting
IBBS	Integrated Bio Behavioural survey
ILO	International Labour Organisation

IOM	International Organisation for Migration
JAR	Joint Annual Review
JPS	Joint Programme of Support
JUTA	Joint UN team on AIDS
M&E	Monitoring & Evaluation
MA	Managing Agent
MC	Male Circumcision
MDG	Millennium Development Goals
MOHSS	Ministry of Health and Social Services
MOLSW	Ministry of Labour and Social Welfare
MOT	Modes of Transmission
MRLGHRD	Ministry of Regional and Local Government, Housing and Rural Development
MTCT	Mother to Child Transmission
MTR	Mid Term Review
MYR	Mid-Year Review
NAEC	National AIDS Executive Committee
NASA	National AIDS Spending Assessment
NCD	Non Communicable Disease
NDP4	National Development Plan 4
NSF	National Strategic Framework
PAF	Programme Accelerated Funding
PEP	Post Exposure Prophylaxis
PEPFAR	President's Emergency Plan for AIDS Relief
PLHIV	People Living with HIV

e-MTCT	Elimination of Mother to Child Transmission
PMTCT	Prevention of Mother to Child Transmission
RC	Resident Coordinator
SADC	Southern African Development Community
SBCC	Social Behavioural Change Communication
SRH	Sexual and Reproductive Health
SRHR	Sexual and Reproductive Health Rights
STI	Sexually Transmitted Infection
TB	Tuberculosis
TWGs	Technical Working Groups
UBRAF	Unified Budget and Accountability Framework
UCD	UNAIDS Country Director
UMIC	Upper Middle Income Country
UN	United Nations
UN CARES	United Nations Cares
UNCT	United Nations Country Team
UNDAF	United Nations Development Assistance Framework
UNDP	United Nations Development Programme
UNESCO	United Nations Educational, Scientific and Cultural Organisation
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children and Education Fund
UNODC	United Nations Office on Drugs and Crime
UNPAF	United Nations Partnership Assistance Framework

UNRC	United Nations Resident Coordinator
UNSG	United Nations Secretary General
USAID	United States Agency for International Development
UNAIDS	Joint United Nations Programme on HIV/AIDS
VMMC	Voluntary Medical Male Circumcision
WFP	World Food Programme
WHO	World Health Organisation

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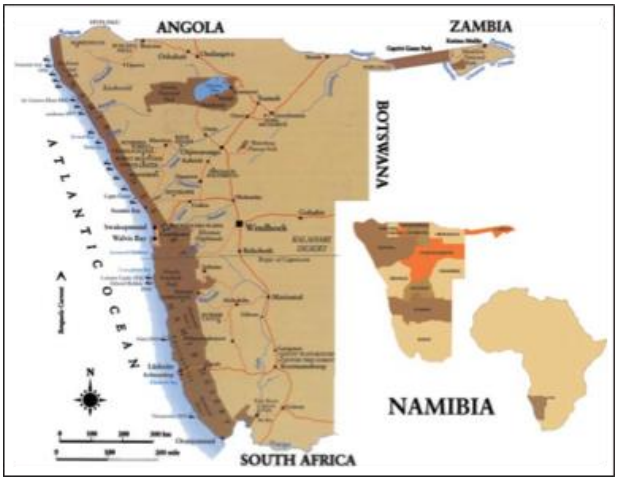
1 Background

1.1 Country Context

Situated in the southwest of Africa with a long Atlantic coastline, Namibia has a surface area of approximately 824,116 square kilometres. It is divided into 14 administrative regions. The population is estimated at 2,104,900 (2011)[i]. The country has the second lowest population density in the world (2.5 inhabitants per square kilometre). This sparse distribution of the population poses development challenges, such as inadequate access to water, electricity, health and other services. Along with this, Namibia is facing an increasingly critical environmental situation as a result of the global climate change which also impacts on its population and leads to displacement. The country is regularly hit by floods, especially in the north along the Okavango and Zambezi Rivers.



43% of the population is under the age of 15 years. Life expectancy has significantly improved to around 60 years (NDP4). Approximately 17% of children under 15 years are orphaned. The population is spread unevenly across the country. 60% of the population lives in the North-Central and North Eastern part of the country. Two thirds of the population lives in rural areas and engages in subsistence farming and livestock production.

The economy is largely dependent on mining, fishery, large-scale farming and high-end tourism. This has given rise to a highly mobile population characterised by a system of circular labour migration to mines, ports, farms, urban areas and tourism nodes. Rural-urban migration is substantial and has resulted in growing informal settlements in cities, towns and smaller semi-urban localities. Socio-economic inequality is widespread and multi-dimensional. Socio-economic factors have tended to increase the likelihood of higher risk sex behaviour and vulnerability to HIV infection[ii].

The annual Gross Domestic Product (GDP) is estimated at US$13.07 billion in 2012[iii]. Based on its economic performance, Namibia is now classified by the World Bank as an Upper Middle Income Country (UMIC). The Human Development Index is moderate at 0.608, placing the country at number 128 out of 187 countries[iv]. However, these figures mask gross inequalities in income distribution. Namibia has one of the highest levels of economic inequality in the world, with a gini co-efficient of 0.6[v]. 28% of the population live under the poverty line, 4% are considered as severely poor[vi], and there is a very high unemployment rate of 51.2%[vii]. Nevertheless, as a result of Namibia's UMIC status together with the global financial downturn, many donors including the EU and USAID have started scaling down their support. Unfortunately, Namibia's own revenue is also affected by the economic crisis and is not yet in a position to absorb all the activities that donors have been supporting.

1.2 Status of the Epidemic

Namibia's first case of HIV infection was reported in 1986. Incidence is estimated to have peaked in the late 1990s, and adult prevalence (15-49) to have peaked in 2002 at an estimated 22%[viii]. Since then, incidence declined sharply till 2010 when a degree of levelling off occurred. The country has a generalised and mature epidemic, where HIV is primarily transmitted through heterosexual and mother-to-child transmission (MTCT). According to spectrum modelling, HIV prevalence amongst people aged 15 and above was estimated at 12.8% in 2013/14. Approximately 208,000 of people aged 15 and above are currently estimated to be living with HIV. This figure is projected to increase to over 227,000 by 2016/17, and to over 245,000 by 2019/20[ix]. The expected increase in the number of PLHIV will mainly be the outcome of reduced AIDS mortality due to improved and high coverage of ART. This means that despite the success of the treatment programme, funding needs for treatment will continue to rise. It is therefore crucial that prevention efforts be intensified in order to accelerate further the reduction in new HIV infections.

The 2012 National HIV Sentinel Survey estimated that the prevalence of HIV among pregnant women attending Antenatal Clinics (ANC) stood at 18.2%, and at 12.8% among the general adult population. However, antenatal HIV prevalence varied considerably between sites, with the highest HIV prevalence rates in the north/northwest.

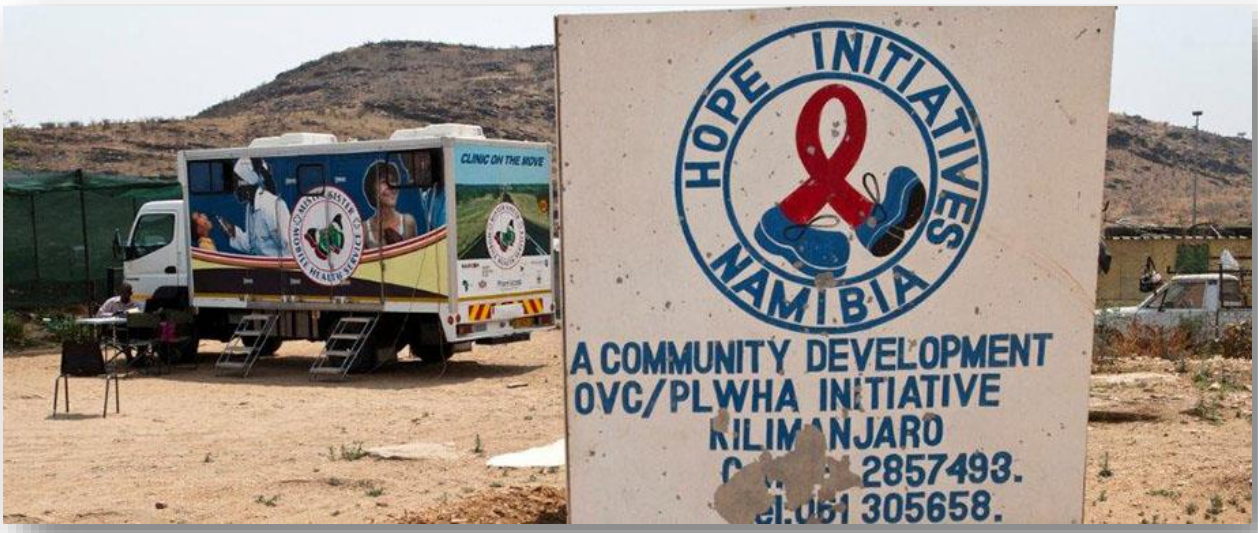
By age group, HIV prevalence was observed to be highest among women aged 35-39 years (33.9%) and women aged 30-34 years (30.8%)[x]. The high rate of prevalence in the 30-34-age cohort can be attributed

in part to the rapid increase in ART coverage, which has resulted in pregnant women who were infected during their 20s living longer.

New HIV infections are estimated to have fallen from around 10,300 in 2012 to around 9,600 in 2013, and this figure is expected to drop further to somewhere below 5,500 by 2020. During this period, new female infections are estimated to remain significantly above new male infections. This makes new infections among young women critical for programme managers to address.

A notable and disturbing trend has been the increase in new infections amongst young women. The highest rates of new infections in 2013 are estimated to have occurred amongst females aged 20-24, increasing from 13.1% of total new infections in 2010 to 14.1 % of total new infections in that year. Less than 5% of the total annual new HIV infections in 2011/12 was attributed to MTCT. The modelled MTCT rate with breast-feeding in 2010/11 has been estimated at approximately 5%[xi].

The annual number of AIDS-related deaths amongst adults is expected to drop dramatically from over 4,200 in 2010/11 to around 1,300 by 2016/17, and among children below 15 from 1,300 to 120 (2016/17) over the same period[xii]. This will also be facilitated through the implementation of the new national ART guidelines which were launched by the Honourable Minister of Health and Social Services, Dr Richard N Kamwi in February 2014 and which are based the WHO's 2013 recommendations and in line with the UNAIDS 2015 Treatment Initiative.[xiii]



According to the revised National Strategic Framework for HIV and AIDS (NSF) 2013/2014-2016/17, the main biological, behavioural, social and structural factors influencing HIV infection include a combination of: low levels of male circumcision; multiple and concurrent partnerships; low and inconsistent condom use; low risk perception; extensive alcohol use and abuse; transactional sex; oscillatory mobility and migration; and relatively few people married or in cohabiting relationships. Additional contributory factors include poverty, gender inequality, gender based violence (GBV), stigma and discrimination, and

income disparity - particularly between men and women. These and related factors are discussed in a recent analysis of SADC countries[xiv]. Of particular relevance in Namibia are cross-border migration, transport corridors to major ports and informal settlement. Systematic data on key populations and vulnerable populations at higher risk are not currently available, and incidence by modes of transmission (MoT) has not been modelled. Condom distribution has fluctuated over the years but consistent use of condoms remains generally low, and this constitutes a major challenge. More data will be available from an Integrated Bio-Behavioural Survey (IBBS), the Namibian DHS+ and an MOT analysis, for which results are expected to be available in 2014/15.

A key feature of Namibia's HIV epidemic is the high prevalence of tuberculosis (TB) co-infection. As many as 50% of TB patients also have HIV infection and this percentage is even higher in some regions. This is made worse by a rising prevalence of drug resistant TB.

1.3 The Revised National Strategic Framework for HIV and AIDS

Immediately after independence, alerted by the high and rapidly increasing prevalence of HIV, Namibia recognised the response to the HIV epidemic as a national priority. The National Strategic Framework for HIV and AIDS (NSF) was first developed in 2010 and covered a period of five years up to 2015/16. The revised NSF extends this period to 2016/7 to match the timeframe of Namibia's Fourth National Development Plan (NDP4). The revised NSF takes cognisance of Namibia's regional and global obligations, including the African Road Map - Abuja +12, the Maseru Declaration, the Political Declaration of HIV and AIDS (2011) and the Millennium Development Goals (MDG). It is aligned to the new WHO ART Prevention and Treatment Guidelines (2013) and the UNAIDS 2015 Treatment initiative.

Internationally the AIDS response is entering a new phase, moving from an emergency response with a focus on the urgent rollout of ARVs through parallel programming to a chronic disease response that is integrated into the broader health care system. A more cost-effective and internally funded approach has partly been necessitated by the general reduction of international development funding in the wake of the global economic crisis. As part of this shift UNAIDS is supporting countries to adopt the 'Investment Approach', which optimises the use of resources for greater efficiency gains through more strategic investment in high impact and effective interventions. This approach is especially critical for countries like Namibia that fall within the upper-middle income bracket and need to develop a sustainability strategy with increased domestic resource mobilisation.[xv] In alignment with the investment approach, the revised NSF prioritises basic programmes that have the greatest potential to yield the desired results of reducing new HIV infections and AIDS-related deaths. Programmes will be scaled up and targeted to locations

where most new infections are occurring, and focus on age and gender cohorts that carry the greatest burden of new infections.

As prescribed in NDP4, the NSF calls for intensified multi-sectoral interventions to target the underlying behavioural, biomedical and structural determinants of the epidemic. Such determinants include poverty, gender and income inequalities, and gender-based violence. A Combination Prevention Strategy (CPS) has been developed to achieve efficiency gains through greater alignment and harmonisation between the core prevention programmes with linkages to the wider community and national development initiatives.

Namibia has defined two priorities for the national multi-sectoral HIV and AIDS response: the reduction of new HIV infections among adults and children, and the reduction of AIDS-related deaths, in particular among those living with the TB/HIV co-infection

The revised NSF places significant emphasis on community mobilisation to increase demand for HIV services, promote adherence, and strengthen behaviour change. Similarly, it provides for the meaningful involvement of people living with HIV (PLHIV). These strategies, together with the implementation of the new WHO 2013 Treatment Guidelines and the extension of ART treatment to children below 15 years living with HIV and hepatitis B patients, will enhance Namibia's already highly successful progress towards achieving universal access. The UN Joint Programme for HIV has been developed using the investment approach and is directly linked to the core programmes and different enablers and synergies that are included in the revised NSF.

In view of diminishing resources, priority efforts will focus on developing financial and human resources sustainability strategies and an Investment Case for Namibia. Resource tracking will be instituted and decentralised to all stakeholders. Plans also include strategies for improved Monitoring and Evaluation (M&E), research, surveys and surveillance.

2 Joint UN Programming

2.1 Global Development Agenda

Since the Paris Declaration on Aid Effectiveness in 2005 and the Accra Agenda for Action in 2008 there has been a mutual understanding among the international community on the need to ensure that the principles of *Ownership, Alignment, Harmonisation, Results* and *Mutual Accountability* guide development assistance.

Ownership: *Developing countries set their own strategies for poverty reduction, improve their institutions and tackle corruption.*

Alignment: *Donor countries align behind these objectives and use local systems.*

Harmonisation: *Donor countries coordinate, simplify procedures and share information to avoid duplication.*

Results: *Developing countries and donors shift focus to development results and results get measured.*

Mutual accountability: *Donors and partners are accountable for development results.*

Definitions from Paris Declaration on AID Effectiveness

Within the UN, this spirit of mutual accountability and aid effectiveness is reflected in the 'Delivering as One' agenda, which was initiated in 2007 in several pilot countries across the globe. The objective of One UN is to overcome fragmentation and ensure the UN operates in true partnership with and serves the needs of all countries in their efforts to achieve internationally agreed commitments. Through this collective effort of joint programming the UN organisations and national partners work together to prepare, implement, monitor and evaluate activities and identify common results and modalities for supporting programme implementation.

With the period covered by the Millennium Declaration ending in 2015, HIV/AIDS has been a priority for the world and UN system. Three major UN declarations have been adopted by the Heads of States, in 2001, 2006 and 2011. The June 2011 UN General Assembly Political Declaration on HIV aimed to intensify the HIV/AIDS response by agreeing on ten Targets to be reached by the end of 2015. UNAIDS has provided support to translate this global agenda in national HIV/AIDS responses with a clear roadmap and annual reporting mechanism through the Global AIDS Response Progress Report (GARPR).

In view of the need to reassess and agree on the global development needs following the end of the MDGs, the UN Secretary General, Mr Ban Ki Moon has appointed a UN System Task Team for Development working on defining one global development agenda for the post-2015 period, with sustainable development at its centre. Consultations so far, including the 2012 United Nations Conference on Sustainable Development (Rio+20), have underscored the need for the post-2015 agenda to respond to the changing global landscape, which is characterised by increasing global integration.

The eradication of poverty, hunger and preventable diseases is acknowledged as a significant condition for sustainable development globally[xvi] and health is one of ten thematic areas informing consultations

towards the post-2015 agenda. In its report: *Realising the Future We Want for All*, the United Nations Task team identified universal access to quality health care as an enabler for inclusive human development, one of the four dimensions of development where progress will be needed. [xvii] The Thematic Think Piece, *Health in the Post-2015 Development Agenda*, locates health as being central to sustainable development.[xviii] As in all thematic areas, health agendas will have to focus on shared responsibility and collective action, and move away from 'donor-recipient' relationships. [xix]

2.2 Joint UN Team on AIDS

The Joint UN Team on AIDS (JUTA) was established in 2007 as a mechanism to ensure technical and programmatic coordination among all UN agencies working on HIV. JUTA mirrors UN reform and international efforts to improve aid effectiveness. It promotes coherent and effective UN action in support of an expanded national response to HIV. In addition, it serves as a platform for coordination and joint planning for HIV and AIDS within the UN. In the broader sense, joint programming by JUTA is a leveraging tool to 'make the money work' with the specific objectives of:

- working together to prepare, implement, monitor and evaluate AIDS-related activities aimed at effectively and efficiently achieving the Millennium Development Goals
- establishing a coherent package of UN-supported activities that will provide the most effective support to the national response based on the UN's comparative advantages and identified gaps in national capacity
- identifying roles and responsibilities of different agencies (based on the Division of Labour) regarding technical assistance support, reporting, policy dialogue, etc.
- acting as an entry point for harmonisation of national and external stakeholder support, and a knowledge hub that informs the UN country team
- increasing AIDS competence of all UN staff members

These efforts, and their outputs, are consolidated in the UN Joint Programme of Support on AIDS (JPS). This Programme is traditionally developed from the United Nations Development Assistance Framework (UNDAF) which guides all UN strategies and reflects UN collective action and this was the case for the period from 2001 to 2012 in Namibia. The 2006-2010 UNDAF and its extensions from 2011 to 2013 were based on the 'triple threat' to development: HIV & AIDS, Food Insecurity, and Weakening Service Delivery Capacities.

The current Joint Programme of Support (JPS) on HIV/AIDS 2014 to 2018, is guided by the UN Partnership Framework (UNPAF) and articulated based on the four pillars namely 1) Institutional Environment, 2) Education & Skill, 3) Health and 4)Poverty Reduction. The UNPAF is linked with the 4th National Development plan (NDP4).

The main objective of the JPS is to support the revised National strategic Framework for 2010/2011-2016/2017. The revision of the NSF in 2013 has applied the strategic investment approach and the UN and other partners have harmonized and aligned their support to the national response.

2.3 The Role of UNAIDS

Zero New Infections

Zero Discrimination

Zero AIDS-related Deaths

The Joint United Nations Programme on HIV/AIDS (UNAIDS) leads and inspires the world to achieve its shared vision of zero new HIV infections, zero discrimination and zero AIDS-related deaths. UNAIDS unites the efforts of 11 UN organisations - UNHCR, UNICEF, WFP, UNDP, UNFPA, UNODC, UN Women, ILO, UNESCO, WHO and the World Bank Group - and works closely with global and national partners to maximise results for the AIDS response.

The work of UNAIDS is guided by the 'Getting to Zero' Strategy, which presents a transformative agenda for the global HIV response. The plan's strategic directions for 2011-2015 are: 1) *Revolutionise HIV prevention*, 2) *Catalyse the next phase of treatment, care and support*, and 3) *Put human rights and gender equality to work for HIV*. It aims to guide the development of partners' strategies to ensure more focused, aligned and country-owned responses and to guide investments to deliver innovation and maximum returns for people most in need. The Strategy also serves as a platform to define the UN's operational activities and resource allocation for HIV. These principles are encapsulated in the 'Investment Approach'.

The implementation framework for the UNAIDS Strategy is the UNAIDS 2012-2015 Unified Budget, Results and Accountability Framework (UBRAF), which aims to maximise the impact of the UNAIDS family at country level, and hold the UNAIDS Joint Programme accountable for both programmatic results and value for money. It is also an instrument for advancing the UN reform agenda through a unique planning, budgeting and accountability process.

2.4 The Role of the UN in Namibia

In Namibia, the UN has been active since 1989. It played a critical role in the Namibian people's fight for freedom and in the birth of a free and independent nation. Since independence, the UN has worked to support the country to address its new development challenges, one of which is HIV[xx].

Delivering as One

On the request of the Government, Namibia is now an official 'Delivering as One' country, and as such the UN in Namibia has undertaken relevant reforms guided by the principles of 'One Leader, One Budget, One Programme and One Office'. The rationale for 'One UN' in Namibia is supported by the relatively small size of the UN system in the country as well as the crosscutting development priorities, which require coordinated support from all agencies present in the country.

The United Nations system in Namibia is comprised of the following agencies and programmes: UNAIDS, UNHCR, UNICEF, WFP, UNDP, UNFPA, UNESCO, WHO, UNRC, UNODC, ILO, IOM, UNHABITAT, World Bank

and FAO. It is committed to joint planning and programming among the agencies and with external counterparts to further integrate development assistance and implementation structures more effectively and efficiently. This is especially true for UN support to the national AIDS response, in which almost all agencies present in Namibia have an important role to play.

Following Namibia's reclassification as an UMIC and the need to address the structural and systemic challenges facing the country, the GRN and UN system in Namibia, after extensive consultations, agreed on a new strategic partnership to inform the work of the UN in the country: the United Nations Partnership Framework (UNPAF) 2014-2018. This new partnership shifts the UN system in Namibia from an engagement based on development assistance to the country to one of development partnership. It seeks to address the country's key development challenges by leveraging upon the core strengths of the UN, which are: supporting the development of the capacities of national institutions; fostering multi-disciplinary approaches to development; strengthening knowledge generation and management; promoting standards, norms and accountability mechanisms; and providing high quality technical expertise and policy advice.

The reinvigorated partnership is founded on and driven by the principles of national ownership and government leadership, and alignment and rationalisation of coordination, monitoring and evaluation, and reporting systems. The UNPAF is aligned programmatically to NDP4 at a strategic level, with a focus on higher-level results, while at the same time addressing critical downstream issues relating directly to human development.

UN COUNTRY TEAM VISION: To be the leading partner in Namibia's pursuit of its national development vision and goals consistent with internationally agreed standards and norms.

UN COUNTRY TEAM VISION: The UN, Delivering as One in Namibia, uses its expertise to champion and support interventions aimed at addressing economic and social inequalities, thus contributing to prosperity, dignity, peace and full realisation of human rights.

2.5 Areas for UN Support in the National HIV Response

UN support to the HIV response in Namibia is based on the gaps and weaknesses as identified through various studies and evaluations and takes into account the comparative advantage of the UN family as well as strategic goals and targets of the UNAIDS strategy.

In June 2011, the UN General Assembly adopted a Political Declaration on HIV and AIDS, which was endorsed at the High Level Meeting on AIDS and ten new targets were set for 2015, including halving the sexual transmission of HIV, ensuring that no children are born with HIV, achieving high levels of antiretroviral treatment and reduce AIDS-related deaths, and TB deaths in people living with HIV (PLHIV), close the resource gap by mobilizing adequate annual funding, eliminate Gender inequalities, stigma / discrimination and travel restrictions and strengthen HIV integration.

Namibia's Mid Term Review of its progress towards the objectives of the 2011 UN Political Declaration on HIV concluded that the country is capable and committed to achieving the ten targets by 2015/16 but revealed that there is a need to intensify focus on three targets that are not on track: stigma reduction, integration with health systems and gender inequality/gender based violence. The 2013 Mid Term Review of the NSF confirms these findings[xxi]. Together, these reviews indicate a need for Namibia to focus on programmes such as treatment as prevention, to be implemented through a combination prevention strategy (CPS) and the adoption of the WHO 2013 treatment guidelines. HIV drug resistance monitoring and the rollout of Option B+ for PMTCT are key priorities. Strategies targeting key and vulnerable groups should be accelerated as well as Voluntary Medical Male Circumcision (VMMC). The development of a Namibian HIV Investment Case is imperative, with increased domestic funding and reduced dependency on external financial support. There is a need to intensify the strengthening of health and community systems, with special emphasis on human resources development and the restructuring of coordination and management. M&E system is another area requiring significant streamlining.

3 UN Joint Programme of Support for AIDS

In 2005, UN Secretary-General Kofi Annan and the Global Task Team (GTT) called for improved AIDS coordination among multilateral institutions. As a response, joint programmes of support on AIDS were established within the UN at country level. This was also a response to the guidance paper developed by the chair of the UN Development Group and the Executive Director of UNAIDS which outlined the proposed working mechanisms for JUTAs at country level. Indeed, the JUTAs are a direct reflection of the objectives of the Paris Declaration and UN reforms in order to ensure smooth coordination and cohesiveness of the AIDS-related work of UN agencies, funds and programmes.

The purpose of Joint UN programmes and teams is to support the national response in scaling-up towards universal access to prevention, treatment, care and support. Therefore, establishment and strengthening of joint programming on AIDS is an inter-dependent process linked to support and capacity-building of the national response. The ultimate goal is full synergy between the national partners in the AIDS response, and development partners. There are several **underlying principles of joint UN programmes** and teams that inform this process. These are as follows:

- **A demand-driven process**, with the government playing a leading role;
- **Inclusive of all UN agencies** – i.e. not limited to the United Nations Country Team (UNCT) or UNAIDS Cosponsors;
- **Continuous interaction at country level** to identify effective or problematic practices; and
- **Results-based management** as an appropriate strategy for the preparation and implementation of an effective programme of support.

There are **nine key standards** to which all JPS on AIDS must adhere to:

1. Describing **the entirety of the UN's support to the national response to AIDS**, reflecting **processes, products and resources that the JUTA** will put to work.
2. Deriving from the **UNPAF**, and must be based upon a long-term **results framework** with Outcome results, and annual Output results.
3. Accompanied by an **M&E plan** with indicators, baselines and targets for every result at every level.
4. Containing a **comprehensive budget**.
5. Being **aligned** to support the country's **National Strategic Plan.**
6. Accompanied by an **Annual Work or Operational Plan and Budget.**
7. Accompanied by a **Technical Support Plan.**
8. Being **reviewed and reported** upon at least once a year, both in terms of achievement of results and financial expenditure.

3.1 UN Joint Programme of Support for AIDS (JPS) in Namibia

The JPS in Namibia represents the entirety of all the UN's support to the national HIV response towards universal access, including activities which may be informally joint, formally joint, or implemented by individual UN agencies, but developed and agreed upon through a collective process. It consists of: 1) long-term strategic framework describing the intended outcomes, 2) short-term operational plan (inputs and outputs) for specific components, 3) implementation arrangements, 4) technical support plan and 5) M&E framework.

As mentioned above, the JPS is based on the UNPAF, which specifically identifies and strengthens the HIV response as one of the cross cutting themes across all outcomes. The JPS is operationalised through the Joint UN team on AIDS which ensures that UN action on HIV is coordinated and mutually supportive. Through three levels of results within the UNPAF 2014-2018, the UN in Namibia aims to contribute to the achievement of significant change. The results are both at UNPAF level as well as at agency country programme outcome and output level. The country programme outcomes are results of the JPS and aligned with the results of the revised NSF. Country programme outputs are intermediate results based on the annual work plans.

3.2 UNPAF Pillars and Country Programme Outcomes

The JPS is based on the National priorities highlighted through the 2010/2011-2016/2017 Revised National Strategic Framework on HIV which has applied the UNAIDS Investment Framework philosophy and approach. The revised NSF is linked with the 2012/2013-2016/2017 National Development Plan for Namibia. The JPS outputs will therefore contribute to the attainment of both the NSF and the NDP results.

To ensure coherence between and to avoid duplication of effort within the UN support to Namibia, the JPS outputs are directly aligned with the four UNPAF Pillars and Country Programme outcomes. These are **(i) Institutional Environment, (ii) Education and Skills (iii) Health, and (iv) Poverty Reduction**. These pillars are higher level results aligned to the NDP 4.

In the UNPAF 2014-2018 the HIV response is identified as a cross cutting theme across the four pillars. Informed by the UNPAF and aligned to the revised NSF, the JPS outlines the UN contribution to the national HIV response. In total the UNPAF consists of 12 outcomes, 58 outputs of which 23 are directly related to HIV and AIDS. Thus close to 40% (38% to be exact) of the outputs are related to HIV and AIDS which supports the notion and approach that HIV and AIDS is a cross cutting theme throughout the UNPAF.

The below table presents the UNPAF outcomes and outputs which are related to HIV and aligns them to the relevant component of the Strategic Investment Approach. For a full overview of the UNPAF pillars and their corresponding outcomes please refer to Annex A.

PILLAR 1: INSTITUTIONAL ENVIRONMENT	
Outcome 1: By 2018, policies and legislative frameworks to ensure transparency, accountability and effective oversight of the management of public affairs are in place and are being implemented.	
OUTPUT	**STRATEGIC INVESTMENT APPROACH**
Output 4: Thematic budget analysis conducted to improve resources allocation	Programme Enabler
Output 5: Domestic funding of the HIV response has increased to 70% to meet 2013 Abuja declaration target.	Programme Enabler
Outcome 2: By 2018, the government and partners are promoting and protecting human rights effectively	
OUTPUT	**STRATEGIC INVESTMENT APPROACH**
Output 3: By 2018, government, CSO and the general public are better able to protect human rights	Social Enabler
Outcome 3: By 2018, functional monitoring and evaluation and statistical analyses systems are in place to monitor and report on progress	
OUTPUT	**STRATEGIC INVESTMENT APPROACH**
Output 1: By 2018, high quality disaggregated statistical data are produced, disseminated and utilised.	Programme Enabler
Output 2: By 2018, Government programmes and National Development Plans are continuously and effectively monitored and evaluated.	Programme Enabler

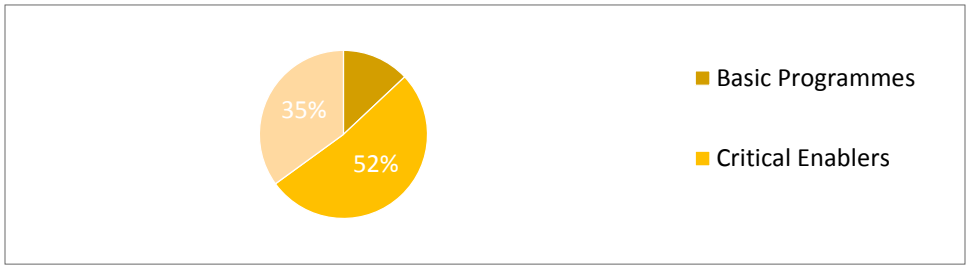
PILLAR 2: EDUCATION AND SKILLS	
Outcome 5: By 2018, Namibia is implementing policies and programmes that improve learning	
OUTPUT	**STRATEGIC INVESTMENT APPROACH**
Output 3: By 2018, all schools in Namibia are implementing and monitoring standards and regulations for effective teaching and learning	Synergy with development sector
Output 4: By 2016, young people demonstrate improved knowledge and skills for informed decisions on HIV prevention and SRH.	Basic Programme on SBCC
Output 10: By 2018, By 2018, out-of-school children and most at risk adolescents have improved access to second chance education and skills.	Program Enabler
PILLAR 3: HEALTH	
Outcome 6: By 2018, Namibia has accountable and well-coordinated multi-sectoral mechanisms to reduce the burden of priority diseases and conditions, address social, economic and environmental determinants of health and improve health outcomes.	
OUTPUT	**STRATEGIC INVESTMENT APPROACH**
Output 1: By 2018, young people (10-24yrs) are equipped to access sexual and reproductive health including HIV information and services	Basic Programme SBCC
Output 2: By 2018, AFHS facilities and health facilities provide improved comprehensive and integrated SRH and HIV services for young people and key populations	Programme Enabler
Output 3: By 2018, Public and Higher learning institutions, CSOs, and youth centres provide improved comprehensive sexuality education and HIV prevention for out-of-school young people and key populations	Programme Enabler

Output 4: By 2015, HIV-NSF coordination structures function effectively and sustained	Programme Enabler
Outcome 7: By 2018, Namibia has a strengthened health system that delivers quality, accessible, affordable, integrated, and equitable health care	
OUTPUT	**STRATEGIC INVESTMENT APPROACH**
Output 1: By 2018, skills of Health Workers in the provision of MNCH, HIV/SRH, and nutrition services improved	Programme Enabler
Output 3: By 2018, access to services for the prevention and control of priority communicable diseases improved	Programme enabler
Output 4: By 2018, women and men, key populations and young people have access to comprehensive HIV counselling and testing and prevention services	Basic Programme HCT
PILLAR 4: POVERTY REDUCTION	
Outcome 8: By 2018, Namibia has adopted and is implementing effectively and in a coordinated manner policies and strategies to reduce poverty and vulnerability which are informed by evidence on the causes of poverty and vulnerability.	
OUTPUT	**STRATEGIC INVESTMENT APPROACH**
Output 1: By 2016, key Government institutions, private sectors, CSOs and academia are better able to generate, analyse and disseminate evidence on the root causes of poverty and vulnerability in Namibia	Synergy with development sectors
Output 2: By 2018, Government Institutions, Private Sector Civil Society Organizations and academia utilise and effectively advocate for poverty and vulnerability reduction	Synergy with development sectors

Outcome 9: By 2018, the National Gender Plan of Action and Gender Based Violence Plan of Action are being implemented effectively	
OUTPUT	**STRATEGIC INVESTMENT APPROACH**
Output 5: By the end of 2018, guidelines for providing comprehensive multi-sectoral response services (SRH,HIV, psycho-social, justice and economic) to GBV survivors are developed and implemented	Synergy with development sectors
Output 6: By 2018 State Agencies systems for the collection, analysis, utilisation and dissemination of up to date data on GBV strengthened	Synergy with development sectors
Outcome 10: By 2018, the national social protection system is strengthened and expanded to poor and vulnerable households and individuals	
OUTPUT	**STRATEGIC INVESTMENT APPROACH**
Output 3: By 2018, more vulnerable persons, including key populations, PLHIV, urban poor, and other marginalised groups are benefiting from social protection measures	Synergy with development sectors
Outcome 12: Institutional frameworks and policies needed to implement the Environmental Management Act (2007); National Climate Change Policy (2011); Tourism Bill and Strategy; and Parks and Protected Areas Management Bill; and International Conventions, are in place and are being implemented effectively.	
OUTPUT	**STRATEGIC INVESTMENT APPROACH**
Output 1: Strengthened environmental institutions, which are fully equipped with relevant operational standards, guidelines, procedures and specialized skills, for implementing the Environmental Management Act (7 of 2007) by 2018.	Synergy with development sectors
Output 4: Operational guidelines and procedures for disaster risk management, utilized by ministries, communities and partners by 2016.	Synergy with development sectors

Figure 1 illustrates the overall percentage of the outputs per Category of the strategic investment approach. The majority of outputs (52%) are geared towards the Critical enablers (programme and social), followed by the Synergy with Development sectors (35%). The least amount of outputs (13%) relate to actual programming activities. This picture is consistent with the UNPAF's approach and philosophy which stipulates for less direct involvement through programming and funding, but more facilitation and technical support to assist Namibia to make efficient and effective decisions.

Figure 1: Distribution of the Strategic Investment Focus Areas in the JPS on HIV



3.3 JPS on HIV Strategic Focus Areas 2014- 2015

During the process of the mid-term review of the NSF which resulted in the revised NSF, Namibia adopted the Strategic Investment Approach as the overarching framework to cluster its interventions. This is consistent with the JPS which focuses on the HIV related UNPAF outcomes and outputs as noted above. However, in addition two internal-oriented focus areas have been defined namely the UN Cares Wellness Programme and JUTA Organizational Development Support. The five strategic focus areas are therefore depicted in in Figure 2.

Figure 2: JPS on HIV Strategic Focus Areas 2014-2015

AIMS OF THE STRATEGIC INVESTMENT APPROACH

1. Maximise the benefits of the HIV response
2. Support more rational resource allocation based on country epidemiology and context
3. Encourage countries to prioritize and implement the most effective programmatic activities
4. Increase efficiency in HIV prevention, treatment, care and support programming

STRATEGIC THEME 1: BASIC PROGRAMMES

What is meant by this?

The partnership relationship that is emphasized in the UNPAF calls for JUTA members to be less prominent in rendering programming and service delivery. The main role of JUTA is to provide technical assistance and support in high impact intervention areas which also constitute the core programmes of the revised NSF. The key areas where the JPS will be focusing on as outlined in the Annual work plan are: Condom distribution, SBCC, HCT, VMCC, PMTCT (targeting e-MTCT). The programming activities focus on ensuring sufficient attention to specific populations, namely young people, key populations and PLHIV. The agencies that will be leading the joint efforts in the aforementioned programmatic areas are: WHO, UNICEF and UNFPA.

What are the expected outcomes?

1. Namibia is implementing policies and programmes that improve learning
    a. Strengthened planning and coordination that is inclusive of young people and adolescents and caters to their needs
    b. Social behaviour change communication strategy for most-at risk-adolescents developed
    c. Key HIV indicators integrated into annual EMIS data collection and reporting processes
    d. MoE and CSOs capacity developed to deliver comprehensive sexuality and life skills education programmes
    e. Increased access to and uptake of HCT services for adolescents and young people
    f. MoE capacity developed to rollout mandatory life skills curriculum to all schools

2. Namibia has accountable and well-coordinated multi-sectoral mechanisms to reduce the burden of priority diseases and conditions, address social, economic and environmental determinants of health and improve health outcomes.
    a. Advocacy and support for enhanced youth empowerment and meaningful participation (especially of young girls) in HIV interventions including the Protect the Goal National Campaign
    b. Support for generation and dissemination of evidence on young people , SRH and HIV
    c. Support for the development of IEC materials on HIV and SRH for young people
    d. Support for social mobilization for young people on sexual and reproductive health including HIV through SBCC and mass media

e. Strengthened networks and partnerships among government, youth-led organizations, civil society organizations and private sector for support of young people SRH
f. Support for youth participation in SRH/HIV through youth networks

3. Namibia has a strengthened health system that delivers quality, accessible, affordable, integrated, and equitable health care.
    a. Support for the identification of adolescents living with HIV through HCT and linkage to care
    b. Support for implementation of integrated HTC services for most-at-risk-adolescents (adolescent girls, key populations, ALHIV) at national and decentralized level.
    c. Support for the adaptation and implementation of the global HTC guidelines for adolescents
    d. Support for regular generation and utilization of coverage data and strategic information on HIV testing and ART amongst adolescents disaggregated by age and sex
    e. Support for a National Study on HIV modes of Transmission
    f. Promotion of treatment as prevention among discordant couples
    g. Advocacy for implementation of combination prevention strategy with focus on promotion for HCT expansion services for young people and key population

What are the assumptions?

- The necessary programme and social enablers are in place.
- Buy in, support and collaboration from relevant partners (i.e. CSO, GRN, Development Partners)
- Effective collaboration amongst development agencies
- Routine and timely reporting of progress to JUTA members
- Availability of resources (human, funding etc.) to implement the envisaged activities
- UN is recognized as a neutral partner and having the comparative advantage and expertise in these areas.
- Willingness of institutions, agencies and ministries to collaborate, prioritize and execute planned activities within the agreed timeframe.
- Political will, commitment and leadership support at national level.

STRATEGIC THEME 2: CRITICAL ENABLERS

What is meant by this?

The majority, close to 60%, of the planned initiatives in the JPS on HIV for 2014-2015 revolve around critical enablers. The critical social and programme enablers play a key role in ensuring the efficacy, equity and roll out of basic programme activities. They will enhance the scale up, availability, access and utilization of services and aim to increase the efficiency and effectiveness of the basic programmes. The leading JUTA members in this focus area are: UNFPA, UNAIDS, UNFPA, WHO, UNODC, UNICEF, UNESCO and UNDP. They are supported by other JUTA members in the execution of the various activities. The support offered by these agencies mainly relate to technical assistance, advocacy support and capacity building.

What are the expected outcomes?

1. Namibia has policies and legislative frameworks to ensure transparency, accountability and effective oversight of public affairs in place and being implemented

    a. Technical assistance to conduct a National AIDS Spending Assessment 2012-14 of the Namibia HIV and AIDS Response
    b. Disseminate and popularise findings of the NASA among stakeholders and donors to support programme planning, resource mobilization and allocation efforts.
    c. Technical support to developing NAMOD I and II to link tax-benefit micro-simulation with social budgeting forecasting
    d. Support for the development of Namibian Investment Case on HIV/AIDS
    e. Provide support to develop Namibian sustainability strategy for HIV/AIDS based on Namibian investment case, National AIDS Spending Assessment and Financial
    f. Advocacy at the political level to implement Namibian sustainability strategy for HIV/AIDS

2. The government and partners are promoting and protecting human rights effectively.
    a. Annual national dialogues on human rights are held

3. Functional monitoring and evaluation and statistical analyses systems are in place to monitor and report on progress
    a. Provide capacity building assistance for national statistical system staff to be trained to collect, analyse and disseminate high-quality statistics from household surveys.

b. Provide capacity building assistance for national and regional decision-makers are trained to effectively utilize statistics to inform policies and plans (NamInfo, Health Information System and Vital registration systems)
c. Support for a national study on HIV modes of Transmission to be conducted
d. Provide technical assistance for the development of the Namibia's biennial Global AIDS Response Progress Reports

4. Namibia is implementing policies and programmes that improve learning
   a. Advocacy for increased access to skills for Most-At-Risk-Adolescents
   b. National and sub-national capacity developed to programme and implement HIV prevention interventions for out of school adolescents and youths

5. Namibia has accountable and well-coordinated multi-sectoral mechanisms to reduce the burden of priority diseases and conditions, address social, economic and environmental determinants of health and improve health outcomes.
   a. Support for the development of strategies / guidelines for integrated HIV and sexual and reproductive health services
   b. Strengthened comprehensive condom programming
   c. Support for capacity of Health Workers to deliver integrated sexual and reproductive health & HIV services including for adolescent and sex workers
   d. Support for the documentation of best practices and cost effectiveness of delivery of SRH and HIV integrated services
   e. Support for the MoHSS to pilot integrated SRH and HIV services in clinics and health centres
   f. Advocacy for increased resources for SRH to scale up integrated service model
   g. Strengthened institutional capacity for procurement and logistics management of SRH & HIV commodities
   h. Support for the implementation of comprehensive services for ALHIV
   i. Support provided for the capacity building of life skill teachers and CSOs to provide comprehensive sexuality education for young people
   j. Support provided for the revision of learning and teaching materials for comprehensive sexuality education
   k. A strategy on comprehensive sexuality education is developed
   l. Advocacy for pre-service training on comprehensive sexuality education in institution of high learning
   m. Support for the capacity building of Prison Service to provide comprehensive sexuality and HIV education to inmates and staff
   n. Support given for the piloting of comprehensive sexuality education and documentation of good practices
   o. Support given for the operationalization of the approved NSF coordination structures
   p. Capacity developed to support the implementation of approved coordination structures
   q. Mobilisation of local and donor resource to support institutionalization efforts of the multi-sectoral coordination mechanism.

r. Advocacy for government and CSO leadership to champion coordination efforts at national and regional levels
s. Strengthened capacity of government to mainstream HIV and AIDS in planning and budgeting processes
t. Strengthened CSO capacity for better implementation of GFATM RCC phase 2 and support mobilization of additional resources through the GF New Funding Model
u. Strengthened CCM capacity for improved oversight and implementation of GFATM funded programmes
v. Advocacy for strengthened and sustained leadership by government to conduct joint annual reviews of the NSF operational plan to promote monitoring of progress by Ministers and PS level
w. Strengthened capacity of government to mainstream HIV and AIDS in planning and budgeting processes
x. Support for health coordination mechanisms through health development partners, MNCH Committee, annual ministerial management committee meetings and others.
y. Support for the operationalisation of Option B+ and other new WHO recommendations
z. Support for the bottleneck analysis to identify and address the challenges in virtual elimination of MTCT
aa. Promotion of innovative approaches for improved community mobilization and increased male partner involvement in PMTCT
bb. Support for the national guidance for scaling up optimal infant feeding practices in the context of HIV
cc. Support for government leadership in the national PMTCT Technical working group
dd. Support the quality implementation and sustenance of Paediatric ART services
ee. Support for the provision of Family Planning services to HIV+ women to prevent unintended pregnancies
ff. Support for post-test counselling for HIV negative pregnant women , provision of condoms during pregnancy and re-testing at 36 weeks to prevent HIV transmission

6. Namibia has a strengthened health system that delivers quality, accessible, affordable, integrated, and equitable health care.
   a. Support for correctional services to include HIV and TB in their training curriculum
   b. Support for the development of guidelines, strategies and plans on HIV/AIDS, TB, malaria
   c. Support for the strengthening of surveillance system and research capacity for priority diseases
   d. Support for programme monitoring and evaluation of HIV/AIDS and other priority programmes
   e. Support for the implementation of HIV/AIDS, TB and malaria interventions
   f. Support for community mobilization and strengthening of community systems to increase demand and deliver ART

What are the assumptions?

- Buy in and support from relevant partners (i.e. CSO, GRN, Development Partners)
- UN is recognized as a neutral partner and having the comparative advantage and expertise in these areas
- Buy in, support and collaboration from relevant partners (i.e. CSO, GRN, Development Partners)
- Routine and timely reporting of progress to JUTA members
- Availability of resources (human, funding etc.) to implement the envisaged activities
- Willingness of institutions, agencies and ministries to collaborate, prioritize and execute planned activities within the agreed timeframe.
- Political will, commitment and leadership support at national level.

STRATEGIC THEME 3: SYNERGY WITH DEVELOPMENT SECTORS

What is meant by this?

Strengthening synergies with development sectors will not only have a positive effect on HIV outcomes but will also consolidate the multi-sectoral response based on sectors' development mandates and their comparative advantage. Strengthening of Education reducing poverty and vulnerability, and integrating GBV are examples of areas that are key to ensuring an effective HIV response and require enhanced synergies. The leading JUTA members in this focus area are: UNICEF, UNESCO, UNDP, UNAIDS and WHO. They are supported by other JUTA members in the execution of the various activities.

What are the expected outcomes?

1. Implementation of policies and programmes to improve teaching and learning in the education sector.
    a. Strategies and action plans in place to address violence in schools.
    b. School health programme is in place.

2. Namibia has adopted and is implementing effectively and in a coordinated manner policies and strategies to reduce poverty and vulnerability which are informed by evidence on the causes of poverty and vulnerability.

    a. Evidence based advocacy on root causes of poverty and vulnerability in Namibia is carried out.
    b. Baseline Research on root cases of poverty is available.

3. National social protection system is strengthened and expanded to the poor and vulnerable

    a. PLHIV, vulnerable and key population are capacitated to take part in decision-making processes concerning them.
    b. There is strategic information on the needs of the urban poor and other marginalized groups.

4. Institutional frameworks and policies to implement various Acts, Bills and Strategies (e.g. Environmental Management Act (2007); National Climate Change Policy (2011); Tourism Bill and Strategy; and Parks and Protected Areas Management Bill; and International Conventions), are in place and are being implemented effectively.

    a. Institutions receive support to enable them to integrate HIV and gender in environmental policies and guidelines
    b. Advocacy for PLHIV who are displaced due to disasters to have continued ARV and service access

5. The National Gender Plan of Action and Gender Based Violence Plan of Action are being implemented effectively.

    a. Evidence based advocacy on the linkages between GBV, SRH and HIV is carried out.
    b. GBV screening is included as part of SRH, HIV and AIDS services.
    c. Male engagement interventions for the promotion of SRH and prevention of GBV and HIV and AIDS is supported.

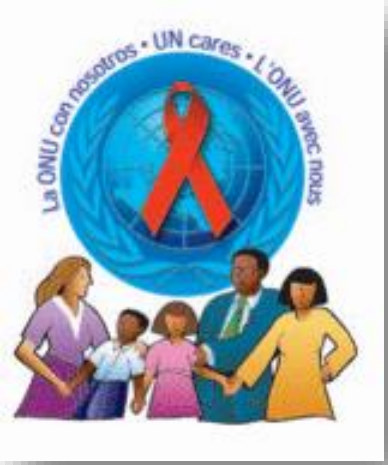
What are the assumptions?

- Availability of resources (human, funding etc.) to implement the envisaged activities
- Effective collaboration amongst development agencies
- Routine and timely reporting of progress to JUTA members
- Willingness of institutions, agencies and ministries to collaborate, prioritize and execute planned activities within the agreed timeframe.
- Buy in, support and collaboration from relevant partners (i.e. CSO, GRN, Development Partners)

STRATEGIC THEME 4: UN CARES WELLNESS PROGRAMME

What is meant by this?

The UN Cares Programme in Namibia is part of a worldwide UN Workplace programme aimed at reducing the negative impact of HIV and AIDS among UN staff members. The programme is owned by the entire UN system and its primary role is to implement the 10 Minimum Standards underpinning the reduction and mitigation of HIV care and support within the UN system. This initiative is supported by all UN agencies and as such forms an integral part of UN's policy around staff development and wellbeing. In Namibia the UN Cares Programme is run under the auspice of UNDP. An annual work plan is developed with clear goals and activities aimed at reaching out to staff and their families on a regular basis.



What are the expected outcomes?

1. Improved awareness of HIV through various sensitization activities
2. Reduction of stigma and discrimination
3. Psychosocial support for staff and families
4. Stronger collaboration with external partners in the area of Workplace programmes
5. Health education on HIV prevention and SRH
6. UN Cares facilitators/peer educators
7. Increased promotion and visibility of UN Cares through activities, documentation and publications

What are the assumptions?

- Leadership and commitment by the UNCT
- Staff participation and interest
- Adequate financial and human resource capacity to manage and implement the programming activities.

STRATEGIC THEME 5: JUTA ORGANISATIONAL DEVELOPMENT SUPPORT

What is meant by this?

This theme focusses on strengthening the collaboration and improving the quality of work produced by JUTA members. Due to changes in the priorities of individual agency country programmes, the JUTA is experiencing a decrease in the number of experts on the team who can avail their time to performing JUTA duties and responsibilities. This is coupled with lack of performance management and at times insufficient support from heads of agencies for their staff to be actively engaged in JUTA activities due to competing priorities. In order to ensure that JUTA can operate optimally in performing its mandate and achieving its work planning activities, it has been agreed that the following will be instituted: 1). A performance management approach; 2) a monitoring and evaluation system to keep track of work planning activities; 3) Fewer and more targeted technical working groups;. 4) A more focused and disciplined meeting and reporting culture.

What are the expected outcomes?

1. Stronger team relations and collaborations
2. Improved results and deliverables
3. Better coordination
4. Improved communication amongst JUTA members
5. Routine monitoring, evaluation and reporting
6. Improved accountability and performance management

What are the assumptions?

- Funding available for bi-annual reviews away from the office
- Active JUTA members who provide input and contributions at all times
- Good collaboration amongst all team members
- Discipline from all members to attend meetings and submit progress reports on time
- Leadership and support from UNCT to ensure active involvement of their relevant staff in JUTA

3.4 Annual Work plan

To implement the JPS a rolling joint annual work plan and budget have been developed. The annual work plan (AWP) outlines the key activities that are required to achieve the outputs envisioned as well as the longer term outcomes. The AWP also addresses the roles and responsibilities of the various agencies to ensure smooth partnership in implementation. The corresponding budget outlines the contributions of the various agencies towards both the activities and outputs. Please refer to Annex B for the Annual work plan 2014-2015.

3.5 M&E Framework and Plan

Monitoring and evaluation of the JPS mirrors that of the entire UNPAF M&E programme in Namibia to ensure that the findings from evaluations of the JPS contribute to the evaluations of the UNPAF.

The M&E plan for the JPS provides a summary of indicators, sources of information and responsibilities for the programme's results. It is a mechanism for enhancing the JUTA's accountability for JPS results. It includes a final Joint Programme of Support evaluation to inform subsequent plans. The M&E plan:

- *Consolidates the M&E activities* related to the results expressed in the matrix
- *Improves strategic focus* and prioritisation of M&E activities
- *Coordinates the timing* of each activity for specific users
- *Reduces duplication* and costs of M&E efforts and enables greater synergies in M&E activities
- *Encourages partnerships* and continued strengthening of national M&E capacities

The guiding principles influencing decisions about indicators and methods in the M&E system are as follows:

- Simple yet accountable
- Aligned with Namibia's UNPAF and NSF
- Harmonised with the National M&E system
- Collective attribution
- Constant review and update
- Cost effective and affordable
- Quality focused
- Information produced is useful and used, e.g. for planning, decision-making, organisational learning and knowledge.

The JPS will use the national M&E indicators to measure performance of UNPAF outcome and country programme outcome levels. This will ensure harmonization with the revised NSF as well as the NDP 4. Please refer to Annex C for the M&E Framework & Plan.

Each participating UN organisation, working through the JUTA, contributes to preparing an integrated AWP and budget, covering the mutually agreed parts of the proposal. The UNAIDS Secretariat and JUTA ensure that the AWP is prepared. Each of the programmatic areas of the AWP is developed taking into account comparative advantages and different expertise that the collaborators bring to the table. Emerging issues, challenges and gaps identified are integrated. Synergies within and between the expected outcomes will be built into the programme design through a joint planning process.

Based on the approved AWP, implementation of the agreed activities is then undertaken through the combined effort of the lead and contributing UN organisations and their national implementing partners

(including CSOs). Apart from implementation of interventions, the UN will engage by offering sustained technical expertise to the national HIV response in the areas identified.

The performance of the multiple aspects of the JPS will be reviewed at different times and to different depths. Measurement of the UNPAF outcomes will be undertaken as part of a special review and evaluation process. The Country Programme Outcomes and Country Outputs may be measured simultaneously as part of a mid-term review process. Progress toward achievement of annual results will be measured on a six-monthly basis through a Mid-Year (MYR) and End Year (EYR) reviews of the JPS and this process will be part of UNPAF reviews.

In terms of division of labour, each participating UN organisation prepares both financial implementation and progress reports in accordance with its financial regulations and rules. These reports and inputs are then consolidated by the UNAIDS Secretariat and the JUTA to highlight key issues, achievements, lessons learned and recommendations for future action. The objectives of the MYR are:

- reflecting on JUTA progress, exploring opportunities and areas for improvement
- identifying how to improve JUTA functioning via joint programming
- gaining a better understanding of how agencies coordinate HIV & AIDS within their respective programmes
- reviewing progress and revise the JUTA work plans for the remaining half of the year

Subsequently, and following a technical review by the JUTA, the UNAIDS Country Director will present the final report to the UNCT for review and approval. The annual report to UNCT reflects the totality of all UN JPS programme activity over a 12 months period and serves as the basis for:

- Reviewing Joint Programme performance;
- Identifying lessons learned;
- Making recommendations to UNCT;
- Agreeing on a management report;
- Approving financial report;
- Drafting the next year JUTA work plan

Figure 3: Frequency reporting results by level

Level of result	Results	Frequency	Platform
UNPAF OUTCOME	1	2 years	With NSF and UNPAF annual review
UNPAF country programme outcomes	3	2 years	With NSF and other surveys
UNPAF country programme outputs	24	Annual	Narrative report aligned with results areas

The following types of reports are expected within the JPS in order to track performance of programmes and management. Some reports will be mandatory and required for accountability; others supplementary and used for explanatory purposes.

Mandatory reports:

- Bi-annual progress report - a narrative report from the Technical working group convenor to the JUTA on progress against the specific results areas in the annual work plan including a financial account;
- Annual report by the JUTA to the UNCT that provides a summary of programme activities for the year and a report on the efficiency of the joint programme.

Supplementary reports:

- Situation report requested from time to time about progress of specific interventions;
- Project reports may be requested for interventions over a certain Figure.

Utilisation of reports

Project reports and bi-annual progress reports are essential tools for the managers to measure progress against plans for the period. Timelines are critical to permit the management team to focus on resolving the most critical challenges and shortcomings. These reports will be used by the JUTA to make the necessary analysis of progress and contribute to the annual six monthly reports to UNCT, the annual report to the JAR, and the report to donors. The annual report to UNCT, donors and JAR will reflect the totality of JPS activity over a 12 month period. Technical groups will meet individually to draft their reports. The reports will be discussed at the annual review meeting.

Strategic information and support to Research and Evaluation studies

In order to better guide the national response and to further strengthen policy formulation from research, the JPS will support generation of strategic information through research and evaluation studies. It will also support the country to identify its research and evaluation priorities. A list of on-going and planned research and evaluation studies directly supported by the JPS is presented in the table below. The JPS will share relevant protocols and reports for review including those of the National HIV research and evaluation agenda. Information derived from the strategic information studies will be disseminated to the rest of the UN and other stakeholders.

Figure 4: On-going and planned Research and Evaluation studies supported through the JSP

Ongoing Research & Evaluation studies
National Assessment on Spending on HIV/AIDS; NASA
2014, 2015 Global AIDS response Progress Report /GARPR
Rapid Assessment and Response on HIV and Drug use especially amongst women in Namibia
Modes of HIV Transmission in Namibia
National Stigma index
Namibia investment case

4 Budget and Resource Mobilisation

The total estimated budget for the Joint Programme of Support for 2014-2015 is **US$ 9,104,122.00** with a resource gap of **US$ 1,300,000.00.** This figure is based on the indication of individual agencies. The available resources are sourced from the different agencies' core budgets, extra budgetary resources, and UBRAF funding (see further below). In Namibia, there is currently no joint resource mobilisation approach, however plans are on their way to start this through this JPS on HIV.

In addition to the resource mobilisation efforts by the individual agencies the UNRC and the UCD take the lead in mobilizing the resources to fund the JPS.

4.1 Work Plan, Budget and Gap

The table below illustrates that the total budget for the JPS on HIV 2014-2015 is estimated to be around 9 million US$. Thus far the JUTA members have been able to mobilise about 86% of the overall budget (about US$ 7.7 million), leaving a budget gap of about 14% (US$ 1.3 million).

The focus area Critical Enablers has the largest estimated budget, funded budget and budget gap. It is closely followed focus area Synergy with the Development Sector. The least amount of funding is budgeted for focus area Basic Programmes which is in line with the trend outlined in UNPAF.

The UN-Cares budget is a proportion of the each agency staffing of the overall UN family. As such each agency is expected to reserve a certain amount for UN-Cares activities. The estimated amount for the JPS on HIV 2014-2015 is US$ 52,000. Finally, to optimally support the functioning of JUTA US$ 10,000 is reserved to facilitate any specific training and development needs of JUTA members.

Table 1: Work plan, budget and resource gap in US$

Focus Area	Estimated budget in US$	Funded budget In US$	Gap in US$
Basic Programmes	1,770,000.00	1,550,000.00	220,000.00
Critical Enablers	3,759,000.00	3,126,000.00	628,000.00
Synergy with Development Sector	3,513,122.00	3,061,122.00	452,000.00
UN Cares	52,000.00	52,000.00	0
JUTA Organizational Development	10,0000.00	10,000.00	0
TOTAL	**9,104,122.00**	**7,799,122.00**	**1,300,000.00**

4.2 Sources and Resources

Agency Resources

Agencies will provide estimates of the resources that will be required to implement the activities to achieve the desired outcomes and outputs.

UBRAF

The UNAIDS Unified Budget, Results and Accountability Framework (UBRAF) aims to maximize the coherence, coordination and impact of the UN's response to AIDS by combining the efforts of 11 UN Cosponsors and the UNAIDS Secretariat.

As an approach, the UBRAF is:

- Guided by UNAIDS vision, mission and Strategy, clearly aligned with the three strategic directions and the corresponding 10 strategic goals;
- Designed based on a four-year planning cycle, biennial budget cycles and one-year revolving work plans with broad stakeholder reviews of performance;
- Intended to capture global, regional and country level priorities and resources and describe UNAIDS role as catalytic force for the AIDS response;
- Country focused and leveraging UN system (and other organisations) capacities with a focus on countries where the greatest impact on the epidemic can be made;
- A results framework (building on 2009-2011 outcome framework and business cases), rather than a work plan.
- The UBRAF includes a logical framework of expected results and contributions of the Cosponsors and the Secretariat, with resource allocations based on epidemic priorities, performance and funds that Cosponsors themselves raise (not entitlements or pro-rata increases), and clear performance criteria.

The UBRAF remains an instrument to catalyse country level action against AIDS within a broader development context. It is not a mechanism to fund national AIDS programmes, and its role is to leverage, not replace, funding from Cosponsors' own resources and other AIDS programmes. It serves as a framework to maximize the impact of the UNAIDS family at country level which holds the Joint Programme accountable for both programmatic results and value for money.

The UBRAF is structured around the UNAIDS 2011-2015 Strategy, and aligned to the 10 strategic goals and strategic functions. The UBRAF describes outcomes, outputs and deliverables that the Joint Programme will focus on, the allocation of resources against these, and how progress will be monitored. The UBRAF works to advance UN reform agenda as it has a unique planning, budgeting and accountability process. It has been developed through a consultative process which involves all Cosponsors and UNAIDS Secretariat as well as a range of other partners and stakeholders. The UBRAF clearly describes the expected results and the value added of UNAIDS, how national partners can continue to count on the Joint Programme for support, and why donors should continue resourcing UNAIDS.

UBRAF 20+: Additional UBRAF Funding For 31 High Impact Countries

Designed to catalyse more focused and results-driven Joint UN support to national priorities in line with the Three Zeros, a specific UBRAF allocation of US$30 million within funds managed by the Secretariat has been set aside to scale up implementation of a prioritized UN response in each country in support of national targets: and particularly to follow up on the HLM and the reinforced global targets. This allocation, which varies for each country, is channelled to the Joint UN Programme and is determined on the basis of key indicators, including the number of new infections in adults and children, total HIV-related deaths and gaps in ART and PMTCT coverage. This allocation is in addition to priority allocations that Cosponsors have already made through their own programmes.

Namibia is one of the 31 high impact countries identified by UNAIDS for intensified action. By addressing these countries as a priority, with focused support tailored to their specific needs, this could begin to halt and reverse up to 85% of new HIV infections globally, 89% of new infections among children and 83% of total HIV-related deaths, at the same time bridging more than 75% of the gap between need and actual coverage of ART[1].

Additional UBRAF funding for 31 high impact countries

- Aimed at the 2011 Political Declaration targets
- Supporting Delivering as One on AIDS by the UN Joint Team on AIDS through its Joint Programme of Support
- Focused on results appropriate for the UN mandate and comparative advantage
- Leveraging national results

4.3 External Funding by Development Partners

Over the past years a number of bilateral and multilateral donors have provided funding to individual agencies to implement HIV and AIDS related activities such as the Austrian Development Aid, Spanish Millennium Development Goal Fund, Virginio Bruni Tesdeschi Foundation, Embassy of Finland, European Union (EU) and US Agency for International Development (USAID).

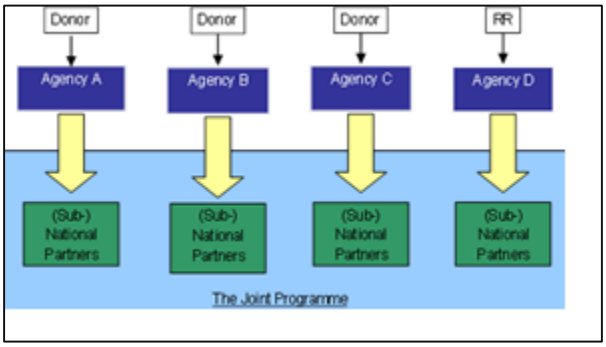
Committed to treating those living with HIV, to preventing new infections and to caring for affected individuals in Namibia, USAID is supporting the Joint Programme of Support in its work on country ownership (through PEPFAR funding) as well as on prevention at community level. The EU is supporting a 4 year project on strengthening the linkages between SRHR and HIV.

[1] See UNAIDS Strategy 2011-2015 'Getting to Zero'

4.4 Modalities of Funding

There are different modalities of funding a joint programme of support.

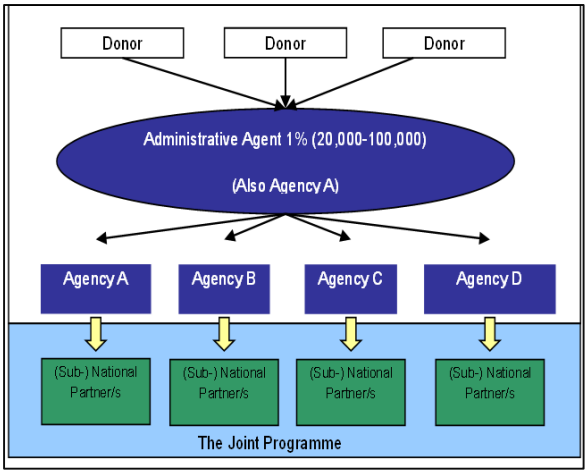
One modality is when implementation is done by individual agencies with their own funding, also known as **Parallel Funding.**



Key characteristics of this funding modality are:

- Each organization manages its own funds and programme delivery, from regular or other resources.
- Each Agency works in a harmonised and parallel manner towards same goal, with different national partners.
- Each agency apply own standard cost recovery rates in accordance with their Executive Board decisions.

Pass through funding is another modality that applies when two or more agencies work together but use their own money on their own.

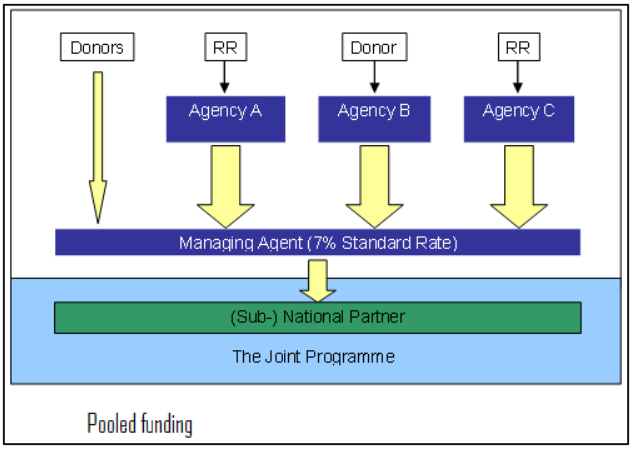


Such funding mechanism is characterized by the following:

- Donors can support different UN agencies under a joint programme but deal with only one agency.
- Funds channelled through one Agency. UN organization receiving and distributing resources is called Administrative Agent (AA).
- AA is responsible for all disbursement of funds to implementing partners (including participating agencies), and for consolidation of narrative and financial reports from implementing partners to present to Steering Committee and to donors.
- For its limited responsibilities, AA is entitled to charge an administrative fee of 1%, with lower limit of not less than US$ 20,000 and an upper limit of not more than US$ 100,000. Each participating Agency will recover costs in accordance with its policies.

Pooled Funding, is the modality whereby agencies agree to joint programming and pool their money which then can be used depending on performance of the different agencies involved.

The main features of this type of funding mechanism are



- UN organizations pool funds together to one UN organization, called Managing Agent (MA). The MA support national partner in managing programme. *Programme and financial accountability* for UN support to JP rests with MA.
- The MA is responsible with the other agencies for compiling the reports
- Cost recovery rate of the Managing Agent will be applied to the funds which they manage.
- Participating Agencies agree to encourage donors to provide funding directly to Managing Agent, where this makes sense. When this is not feasible, Participating Agencies should only charge a fee of 1% (as a pass-through fee) for channelling funds to the pool managed by the Managing Agent (MA).

Utilising pooled funding will decrease transaction costs. A joint programme with joint activities and pooled funding would also facilitate joint resource mobilisation.

In Namibia most of the implementation of the UNPAF activities and the activities in the JPS has traditionally been carried out by individual agencies through their Country Programme implementation modalities. However, under the JPS, increased collaboration between two or more agencies is occurring towards activities that are related to the same Country Programme Output. This would therefore call for a pooled funding approach.

Thus far, however, no pooled funding arrangements have been made to implement substantial components of the JPS. It appears that the JPS on HIV would provide a good opportunity for such a modality to be piloted. Thus the UNCT resolved that the JPS on HIV should conduct a pilot in pooled funding during the period 2014-2015.

Given the novelty of this funding modality and concerns amongst JUTA members about the actual implications of carrying it out, the Secretariat will be tasked with establishing a clear change management and communication plan of action to support the transition process and effective implementation of this funding process.

5 Managing the Joint UN Programme

The establishment of Joint UN Teams emerged within the larger context of both UN reform and international efforts to improve aid effectiveness. In September 2005 the UN General Assembly endorsed the recommendations of the GTT and the UN Secretary–General directed all UN resident coordinators (UNRC) to establish JUTA with one JPS. As a result, Joint UN Teams on AIDS (JUTA) were set up to promote coherent and effective UN action in support of an expanded national response to HIV.

The JUTA serves as the platform for coordination and joint planning for HIV and AIDS within the UN. There are four key standards to which all JUTAs should adhere:

1. **Participation**: The JUTA in each country should be made up of all UN staff working full- or part-time on AIDS throughout the UN system, including UNAIDS Cosponsor and other non-Cosponsor agencies; terms of reference for the JUTA, and various roles within it, are approved by the UNCT.

2. **'Domestication' of the Global UNAIDS Division of Labour:** the UNAIDS Global Division of Labour should have been reviewed by the UNCT and 'domesticated' – that is, there must be a locally appropriate Division of Labour for the country, based on local needs and capacity, agreed to and formally approved by the UNCT.

The overall principles and purpose of the JUTA are:

- ***Harmonization*:** one UN team, one flag, one voice and one programme at the country level.
- ***Alignment***: a more unified and optimal joint action of UN agencies in support of a scaled-up national response, based on the "Three Ones" principles.
- ***Simplification*:** a common entry point for all stakeholders at the country level to more easily access the full range of AIDS-related UN services, based on agency technical comparative advantage.
- ***Accountability*:** a collective performance instrument in support of agreed common outcomes and outputs of the national plan, through the Joint UN HIV/AIDS Programme of Support.
- ***Impact on lives*:** expanded prevention, treatment, care and support, and reduced HIV infection levels.

3. **Designation**: All JUTA members must be formally designated as representing the Agency in the Team, by the Head of Agency (HoA) and the RC; this designation must include: i) acceptance by the HoA of accountability for the staff member's participation in the JUTA, ii) inclusion of participation in the JUTA in the staff member's Annual Performance Appraisal, iii) acceptance by the HoA for accountability for any specific technical or management responsibility assigned to the staff member within the JUTA and JPS.

4. **Establishment of Management Arrangements for the Team**: formal arrangements must be approved by the UNCT for the purpose of the JUTA, how it functions, various levels of role and responsibility, accountability channels, financial management arrangements, implementation operations, monitoring and reporting systems, etc.

5.1 Joint UN Team on AIDS in Namibia

Composition and Purpose of JUTA

Following the December 2005 directive from the UN Secretary General Kofi Annan to all UNCTs, the UN Joint Team on AIDS (JUTA) in Namibia was established in 2007 and is composed of all UN staff working full-time or part-time on HIV and AIDS. In Namibia the Joint Team is comprised of staff members from the following organisations: FAO, ILO, IOM, UNAIDS, UNDP, UNESCO, UNFPA, UNHCR, UNICEF, UNODC, UNRC, WFP and WHO, appointed by the respective Heads of Agency.

The JUTA works to:

- Support the established national AIDS Coordination Structures and mechanisms in its efforts to plan, implement and monitor the multi-sectorial and expanded national response,
- Constitute an entry point for national stakeholders to access HIV and AIDS technical assistance and support from the UN system; and
- Formulate, implement and monitor the UN Joint Programme of Support to the national HIV response to HIV based on the national strategic framework (NSF).

UNAIDS' Division of Labour in Namibia

The Division of Labour (DoL) consolidates how the UNAIDS family will work collectively to take forward the agenda set out in the UNAIDS Strategy for 2011–2015 and deliver results towards achieving the Joint Programme's vision of zero new infections, zero AIDS-related deaths and zero discrimination.

The DoL accentuates the comparative advantages of the Joint Programme as a whole – Cosponsors and Secretariat – to enhance efficiency and effectiveness. It aims at leveraging respective organizational mandates and resources to work collectively to deliver results, including strengthening joint working and maximizing partnerships.

In 2010 the Committee of Cosponsoring Organizations agreed on the development of an updated "Division of Labour," structured around the 10 priorities and 6 cross-cutting strategies outlined in the UNAIDS Outcome Framework. The core principles to govern the revised "Division of Labour" are:

- Assuring mutual and reciprocal accountabilities among Cosponsors and the Secretariat, with a focus on delivering results;
- Clarity of terminology and operationalisation of the concepts of "Division of Labour" to ensure efficiency and effectiveness;
- A differentiation of "Division of Labour" at the global, regional and country levels, premised on the technical competency, leadership and facilitating roles of the Secretariat and the Cosponsors at the various levels and how they deliver results;
- Allowing flexibility for the global "Division of Labour" to be adapted to individual country circumstances and defining a process to be followed by Joint Teams on AIDS in making such adjustments, based on:
    a) the comparative advantage and core mandates of different Cosponsors;
    b) in-country presence or non-presence of the Secretariat or agencies;
    c) existing national capacities;

d) availability of funding for different functions and priorities at the country level;

- Identifying various incentives, other than financial ones, for the Joint Programme to work together to deliver results; and
- Enhancing systematic communication and dissemination of information to stakeholders on the working of the Joint Programme.

Based on the above criteria, the scope of the JPS and its alignment to the NSF and the presence and capacity of the various UN agencies in Namibia the JUTA has agreed upon the following “domesticated DoL”.

Table 2: Namibia JUTA - the "domesticated" Division of labour

	Division of Labour Area	Comments Namibia / Sub-areas	Namibia - convener [2]	Partner agencies[3]	Collaborating
1	Reduce sexual transmission of HIV	Extended to cover issue of HIV prevention coordination and leadership	WHO and UNFPA	MC (WHO) Condoms (UNFPA) HCT (WHO/UNICEF) STI (WHO) Combination Prevention (WHO) SBCC (UNICEF/UNFPA)	
2	Prevent mothers from dying and babies from becoming infected with HIV		UNICEF and WHO	UNFPA (Prong 1 & 2)	UNAIDS, UNFPA
3	Ensure that people living with HIV receive treatment		WHO	WHO UNODC in prisons	UNAIDS
4	Prevent people living with HIV from dying of TB		WHO	WHO	UNAIDS
5	Protect drugs users from becoming infected with HIV and ensure access to comprehensive HIV services for people in prisons and other closed settings	MERGED	UNODC	Prisons (UNODC) UNDP	UNAIDS
6	Empower men who have sex with men, sex workers and transgender people to protect themselves from HIV infection and to fully access antiretroviral therapy		UNFPA	UNAIDS	UNDP
7	Remove punitive laws, policies, practices, stigma and discrimination that block effective responses to AIDS		UNDP		
8	Meet the HIV needs of women and girls and stop sexual and gender-based violence		UNFPA and UNDP	UNAIDS	UNDP

[2] The convener looks at the broader population group

[3] These are agencies that have a comparative advantage on a specific theme. This agency has the mandate on the specific theme.

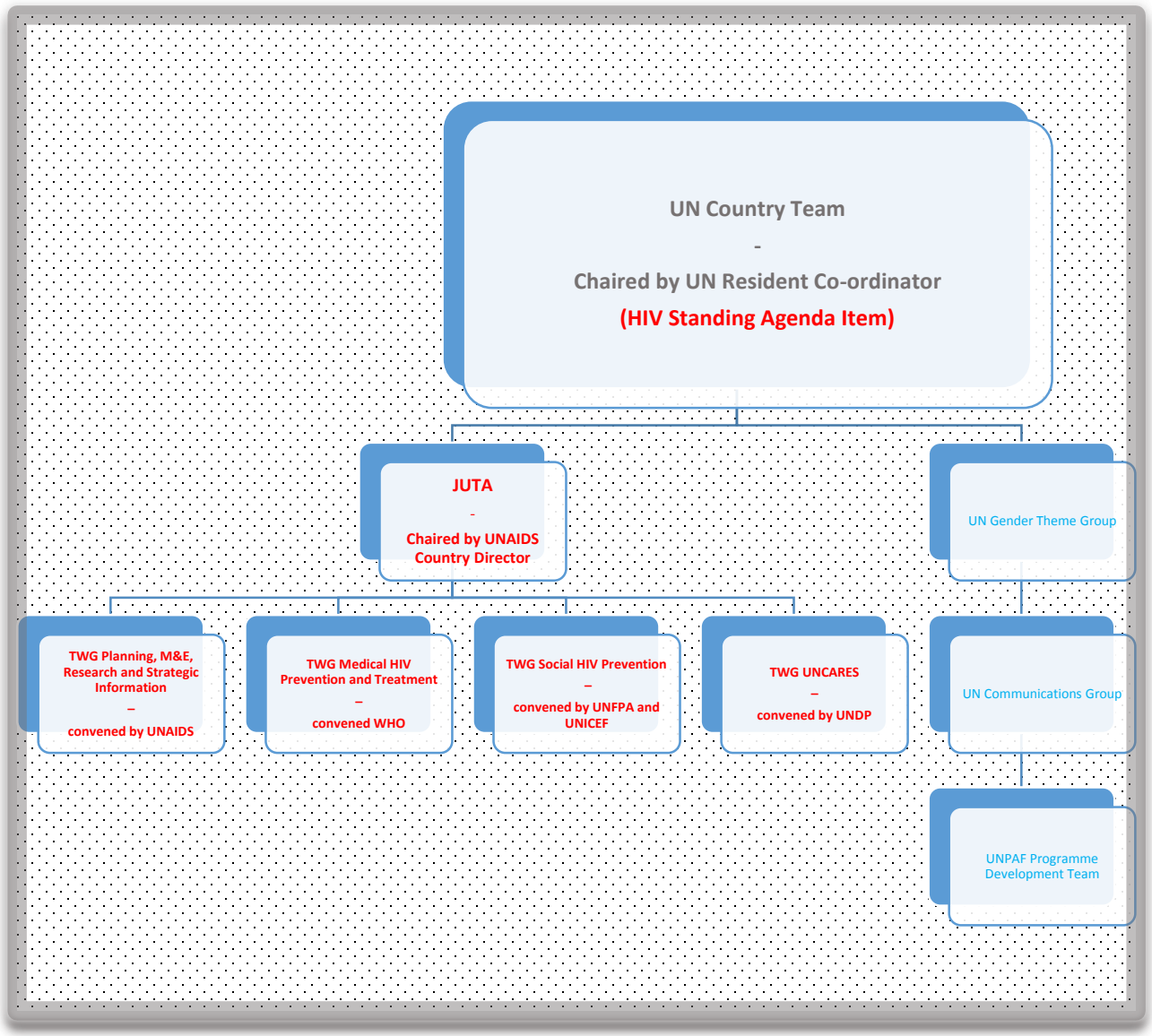
	Division of Labour Area	Comments Namibia / Sub-areas	Namibia - convener [2]	Partner agencies[3]	Collaborating
9	Empower young people to protect themselves from HIV	MERGED	UNICEF and UNFPA	UNESCO (HIV & Education) ALWHIV (UNICEF) Adolescents friendly health services (WHO)	UNAIDS
4	Ensure good quality education for a more effective HIV response		UNESCO & UNICEF	UNODC	UNAIDS
10	Enhance social protection for people affected by HIV		UNDP and UNICEF	OVC (UNICEF) Social Welfare (UNICEF) Health Insurance (WHO) UNODC	
	5 Additional areas				
1	Address HIV in humanitarian emergencies		UNODC & IOM	Protection (UNFPA) No interruption of services (WHO) OCHA	WFP, UNHCR,
2	Integrate food and nutrition within the HIV response		WFP	WHO & FAO	UNICEF & WHO
3	Scale up HIV workplace policies and programmes and mobilise the private sector	Including UNCARES	UNDP	UNODC ILO	UNAIDS, UNESCO
5	Support to strategic, prioritised and costed multi-sectoral national AIDS Plans	Extend to cover 3-ones, financing, GF & PEPFAR and whole concept of National Ownership	UNAIDS	UNDP (mainstreaming)	All

The Joint team will ensure that its activities are linked with the national coordination structures.

5.2 The Structures and Organogram of JUTA

Based on the updated DoL, the global guidance, the existing modus operandi of the JUTA and the evolving national environment the JUTA organogram has been revised as follows in order to maximise effectiveness and efficiency and respond optimally to the needs of the national response within the framework of the UNAIDS Strategic Plan 2011-2015.

Figure 5: Structure and Organogram of JUTA



5.3 Roles and Responsibilities of JUTA Structures and Members

The Expanded JUTA is composed of the following structures under UNCT leadership and strategic collaboration with the National AIDS Executive Meeting.

- JUTA
- JUTA technical working groups
- Other UN Theme and Working Groups

Once or twice a year, generally as part of a mid-year or end of year review all members are convened in a meeting to review progress and to validate new priorities and the way forward. In addition external partners such as NAEC, Civil society and some key bilateral are invited as well to the expanded JUTA review process. This process will support stronger partnerships to be formed.

JUTA Meetings

The JUTA is convened by the UNAIDS Country Director and meets once every month. JUTA provides overall day to day coordination for the UN action on HIV and AIDS in Namibia. It brings together all UN staff that work on a full-time and part-time basis on HIV and AIDS. The JUTA members are officially appointed by the Heads of Agencies.

The main functions of the JUTA meeting are to 1) Monitor implementation of the Joint UN Program of Support on AIDS and Annual Work Plans; 2) Share information and coordinate collective action on emerging issues in the national and global response; 3) Provide technical advice to and follow up on decisions made by the UNCT.

In addition to the above, JUTA is responsible for ensuring coordination of the following substantial themes that cut across all JUTA working groups: HIV social prevention, biomedical prevention and treatment, Planning, Monitoring & Evaluation and UN wellness. These themes are therefore standing agenda items for the monthly JUTA meetings.

Finally JUTA is also responsible for ensuring conducive working relations amongst all members that will contribute to stronger and more effective collaboration.

JUTA Technical Working Groups

The main function of the Technical Working groups is to implement and monitor relevant component and activities(s) of the UN Joint Annual Work Plan. All programme/project managers and officers directly concerned by the thematic area, plus invited stakeholders are members. The groups meet once a month and ad hoc as needed and collaboration between groups is encouraged. The JUTA working groups are led by the convener or co-conveners as noted in the DoL

The technical working groups cover the following areas:

1. **Planning, Monitoring & Evaluation**
2. **Biomedical Prevention & Treatment** (PMTCT, condoms, MMC, Treatment as prevention, SHR-HIV integration, care and support)
3. **HIV Social Prevention** (Gender, Young People, Key Populations, Human Rights, SBCC, Condoms, PLHIV)
4. **UN Wellness** (Implementation of UNCARES ten norms and standards in UN House, improve awareness on other health issues and stress management within the UN workplace)

The technical working groups are aligned with the national technical working groups are per the revised 2010/11-2016/17 revised National Strategic Framework. The second and third mentioned TWGs are comprised of sub-committees and meet as and when needed around these specific thematic areas.

It is important to note that in past years the UN Cares programme was a separate entity within the extended JUTA family. From 2014 onwards, UN Cares will form part of the TWG that focusses amongst others on the internal HIV response of the UN. Until recently UN Cares has been the UN system-wide workplace programme on HIV designed to reduce the impact of HIV in the workplace by supporting "universal access" to a comprehensive range of benefits for all personnel and their families. Increasingly the programme is becoming more of a wellness programme that incorporates both communicable diseases such as HIV and non-communicable diseases such as Hypertension, Cancer, and Diabetes etc. The HIV component of the UN Cares programme provides access to information, learning opportunities, preventive commodities, post-exposure prophylaxis and supportive and respectful work environment as established by the UN Cares 10 Minimum Standards. The minimum standards are:

- Information about UN policies and benefits related to HIV
- Information about preventing transmission of HIV and accessing services
- Learning and training activities on stigma and discrimination
- Access to male and female condoms
- Voluntary counselling and testing
- Insurance covering HIV-related expenses
- Confidential handling of personal information
- First aid using standard precautions
- Rapid access to PEP starter kits
- Managerial commitment

These 10 minimum standards help to save lives and improve staff well-being, reduce stigma and discrimination, and sustain the UN's capacity to do its core work. They also establish a common implementation framework to realise the UN Personnel Policy on HIV and AIDS. Lastly, they serve as a model of the UN reform process by "Delivering as One" an HIV workplace programme that builds on existing workplace efforts on various UN agencies, while eliminating duplication of effort.

General terms of reference for the JUTA TWG are as follows:

- Set priorities for UN system action in the technical area based on national needs and gaps.
- Develop and implement specific components of the Joint UN Programme of Support on AIDS and its annual work plan.
- Agree technical support priorities for national response in the given technical area and how to deliver on them (operationalise technical support division of labour)
- Discuss evidence and strategic issues in the key technical/thematic area as they emerge, and reach consensus / UN position.
- Take a lead in policy discussions regarding particular areas and keep abreast of developments, opportunities, challenges and bottlenecks in the national agenda. In addressing bottlenecks, agree any UN action required.
- Agree on representation at key national processes and coordination structures and establish processes for reporting back and ensuring linkages and collaboration

Each technical working group drafts their appropriate terms of reference for approval by JUTA. One of the major roles of the TWGs is to promote and provide spaces for broad-based, multi-sectoral partnerships on HIV led by government and including civil society, PLHIV, private sector and other key stakeholders.

Convener/Co-convener

The designation of conveners and partners for each TWG is based on expertise, mandate, capacity and comparative advantage in that area as agreed upon under the domesticated DoL. The convener(s) of each Working Group convene and chair team meetings, remain up-to-date on global and country-level trends and policies in the thematic area, prepare relevant updates for the regular JUTA meetings as necessary and ensure that the team has the relevant skills. The convener(s) should also proactively link the thematic area and its relevance to achieving the larger United Nations Partnership Assistance Framework (UNPAF) results and/or Millennium Development Goals. The technical working groups are convened as follows:

- TWG Planning, M&E, Research and Strategic Information – convened by UNAIDS
- TWG Medical HIV Prevention and Treatment – convened WHO
- TWG Social HIV Prevention – convened by UNFPA and UNICEF
- TWG UNCARES – convened by UNDP

Collaboration with other UN Theme Groups and Working Groups

The UN also has different theme and working groups, such as the UN Gender Theme Group, UN Humanitarian Emergency Focal Points, UN Communication Group. These groups are platforms for coordination of UN action in their respective areas. They also provide technical advice and expertise to the UN family towards national policies and programmes. They consist of focal points from different

agencies in order to serve as an instrument for increased coherence of UNCT in support to the government in different areas as well as for increased visibility of specific issues related to the different groups within the overall UN agenda at country level. Each theme or working group has a convener or chair and meets regularly.

In order to avoid duplication and maximise the use of available UN resources, JUTA collaborates with these working groups on the areas of common interest such as Gender and HIV, emergencies and HIV.

The chair of the theme group is responsible for ensuring that HIV is treated as a standing agenda item during the TWG meetings. JUTA focal points will systematically participate in these groups and share information. In addition, these groups will be requested to provide regular feedback and updates to JUTA meetings and to explore possible collaboration when needed.

United Nations Country Team

The UNCT has the primary responsibility for the JPS oversight, whilst the JUTA collectively and individually, has the responsibility for developing and implementing the programme. Thus the UNCT oversees and guides the JUTA. All Heads of Agencies plus the UNAIDS Country Director are members of the UNCT. In order to ensure stronger coordination and accountability the UCD will report back to the UNCT every six months on the progress of the JPS. JUTA members in turn are informed by the UCD about the feedback received from the UNCT. UNCT Namibia has designated HIV/AIDS as a standing agenda item for each UNCT monthly meeting.

United Nations' Resident Coordinator

The roles and responsibilities of the UNRC are as follows:

- Ensures formation of the Joint UN Team on AIDS.
- Builds consensus within the UNCT on the HIV related results in the UNPAF
- Provides overall UN leadership, advocacy and guidance on AIDS, and represents the UN system to head of state; ensures that AIDS remains high on national agendas.
- Ensures that Heads of Agencies are accountable for agency contributions towards the joint programme deliverables.
- Intervenes as needed to resolve impediments and make decisions in the interest of JUTA effectiveness (involving Regional Directors Team as necessary).
- Reports on the performance, functioning and work plan of the JUTA as part of the Resident Coordinator annual report.

The Resident Coordinator may choose to delegate certain responsibilities to the Chair of the JUTA.

Heads of Agency

The HoAs coordinate programming and technical support in the Division of Labour areas convened or co-convened by their respective Agency. They also facilitate the integration of Division of Labour areas into their Agency's overall programmes.

As members of UN Country Team, they contribute to overall policy and programmatic guidance of JUTA members, and participate in approving the programme of support and annual work plans.

The roles and responsibilities of each HoA are as follows:

- Officially designates participation of staff members on the JUTA.
- May revise job descriptions (where necessary) to reflect participation in the JUTA as a key responsibility.
- Closely works with the Resident Coordinator and UNAIDS Country Director to determine appropriate performance evaluation mechanisms for JUTA members.
- Assumes overall accountability for annual deliverables of their agency as agreed upon by the JUTA, including resource mobilization at the agency level.

UNAIDS Country Director

The roles and responsibilities of the UCD:

- As convener and facilitator of the JUTA, ensures its effective functioning by convening meetings, synthesizing and disseminating information, and strategically planning and advocating the JUTA's collective response.
- As a full member of the UN Country Team and an integral part of the Resident Coordinator system, provides policy and technical advice as well as advocates for and mobilizes effective action on HIV/AIDS by Cosponsors and agencies.
- Ensures that the JUTA's annual work plan is implemented, with the appropriate support of UNCT
- Identifies impediments to achievement of annual deliverables, and informs the Resident Coordinator when intervention is necessary.
- Provides regular implementation reports to the UNCT, and ensures that their policy directives are carried out.
- Ensures appropriate financial management for operation of the JUTA with the full support of the UNCT.
- Represents UNAIDS and the JUTA to external partners as needed
- Carries out other functions, as designated by the Resident Coordinator.

In addition the UCD has the following specific tasks which contribute to successfully implementing the Division of Labour:

- In collaboration with the JUTA members, the conveners as outlined in the DoL and all national stakeholders, the UCD has to follow clear protocols for requesting and accessing technical support from the United Nations System.
- Coordinates and facilitates the development, implementation and monitoring of the Joint Programme of Support on HIV/AIDS in accordance with the DoL.
- Conveys information about the country-level DoL including contact information for relevant thematic focal points, to national counterparts, Cosponsors and the UNAIDS Secretariat at the global and regional levels.
- Informs the United Nations Country Team and Global Coordinators of the respective DoL area convener(s) when intervention is necessary.

- Ensures periodic review of the DoL to ensure that they remain relevant and actionable.

The DoL forms part of the JPS and is approved by the UNCT.

Partner Agencies [4]

These are agencies that have a mandate on a specific theme. The role and responsibilities of the partner agency leads:

- Exercise technical leadership and provide the best expert UN opinion on the designated technical support area.
- Act as a point of contact for government and other stakeholders requiring assistance with the designated technical support area.
- Are responsible for identifying, brokering and facilitating the provision of technical support in the technical support area – liaise with regional TSF and GIST.
- Serve as a clearing-house for information in the designated technical support area, and ensure that all partners are kept abreast of the latest information from key working groups and forums.
- Occasionally, convene, facilitate, coordinate and chair work planning meetings on the designated technical support area.
- Represent – and report back to – the Joint Team in agreed national forums and (sub)-sector technical working groups, committees and task forces, etc.

The Partner Agency Leaders are identified for each of the existing thematic or task groups under the national response coordination arrangement, in line with the agreed division of labour among UNAIDS Cosponsors. The division of labour is a flexible framework to assign roles and responsibilities, taking into account set priorities as well as the presence and relative strength of individual Cosponsors and the Secretariat. By leveraging respective organizational mandates and resources, enhancing joint working and partnerships, major efficiency is gained and the transaction costs are reduced.

The Terms of Reference for the Partner Agency Leaders include:

- Attend or arrange the attendance of relevant meetings, events and activities associated with the assigned thematic areas or groups.
- Serve both as a single entry and reference point for the latest information on the thematic area of concern, and provide technical support to the group or thematic area as necessary.
- Speak on behalf of the UN system and respond to queries and requests for information on the thematic area, in collaboration with the relevant JUTA members and UNAIDS Secretariat, if and when necessary.
- Consult with other JUTA members and the UNAIDS Secretariat when contemplating a UN system-wide viewpoint or interests related to the thematic area or work group.
- Ensure that relevant key information on the thematic area is shared with concerned JUTA members, UNAIDS Secretariat and Cosponsors level to enhance country support. The Technical Leader will have the responsibility to determine the type of information to be shared.

[4] Formally they were known as “Technical Lead Sub area”

Individual JUTA Member

The role and responsibility of the individual joint team member are as follows:

- Contributes to the development, implementation and monitoring of the HIV/AIDS Programme of Support.
- Attends all JUTA meetings and follows-up on action points.
- Provides technical advice to UNAIDS Country Director /UN Theme Group/government/individual agencies on their area of expertise.
- Keeps their Head of Agency informed of JUTA activities.
- Represents the JUTA in various government-led technical working groups, committees or forums, as requested by UNAIDS Country Coordinator based on division of labour, presence and capacity.

The individual JUTA member also fulfils the roles and responsibilities of a partner and convener(s) for relevant Division of Labour areas and links with the Division of Labour conveners at the global and regional level.

Table 3: List of JUTA team members

LIST OF JOINT TEAM MEMBERS				
Last name	**First name**	**Agency**	**Post category**	**Full time equivalent**
Barihuta	Tharcisse	UNAIDS Secretariat	Professional (International)	100%
Turay	Mohamed	UNAIDS Secretariat	Professional (International)	100%
Sehgal	Sarita	UNAIDS Secretariat	Professional (International)	100%
Rotich	Koech	UNAIDS Secretariat	Other (please specify)	100%
Goagoses	Melizia	UNAIDS Secretariat	General Service	100%
Shaninga	Pinehas	UNAIDS Secretariat	General Service	100%
Hamupolo	Justine	UNAIDS Secretariat	National	100%
Stephanus	Celia	UNDP	National	10%
Mwilima	Sarah	UNDP	National	60%
Van Turah	Megan	UNDP	National	10%
Chelengat	Kyoko	UNDP	Volunteer	100%
Betts	Marcus	UNICEF	Professional (International)	20%
Kabambe	Jacqueline	UNICEF	Professional (International)	100%
Siseho	Gloria	UNICEF	National	40%
Myo-Zin	Nyunt	UNICEF	Professional (International)	40%
Andemichael	Ghirmay	WHO	Professional (International)	20%

Brantuo	Mary Nana Ama	WHO	Professional (International)	20%
Tiruneh	Desta	WHO	Professional (International)	40%
Neels	Cathline	UNFPA	National	20%
Hidinua	Grace	UNFPA	National	100%
Tjizake	Israel	UNFPA	National	20%
Ochurus	Philomena	UNFPA	National	20%
Alfeus	Letisia	UNFPA	National	20%
Heita	Aina	UNESCO	National	100%
Kuvare	Uparura	FAO	National	10%
Hamukwaya	Festus	UNHCR	National	10%
Mabhele	Simphiwe	ILO	Other (please specify)	10%
Schuler	Philip	World Bank	Professional (International)	10%

5.4 Mutual Accountability

Mutual accountability is an essential precondition for maximizing the impact of the Joint Programme, since it reinforces the accountability of Cosponsors and the Secretariat, not only to their respective constituencies, but also to each other.

The Joint Programme will reinforce a mutual accountability framework for monitoring and evaluating commitments, performance and results between the Cosponsors, Partner agencies and between these entities and the Secretariat. This framework should increase performance, trust and mutual responsibility within the Joint Programme and serve as a basis for accountability to key stakeholders by providing evidence of the action taken and the results achieved.

In essence, the mutual accountability framework will:

- increase the accountability of Cosponsors, Partner Agencies and the Secretariat on achieving a collective set of targets and results;
- support the mutual assessment of programmes and delivery of results at the country level;
- provide an overarching set of clear and transparent indicators for tracking progress, based on existing measures;
- seek equity and sharing of responsibilities in how it is owned and managed;
- be simple;
- integrate with and strengthen existing mechanisms; and
- innovate new accountability mechanisms where they do not exist.

To strengthen oversight and accountability, the JUTA works under the day-to-day facilitation and leadership of the UNAIDS Country Director, guided and supported by the UNRC and Heads of Agencies.

Individual members are to be held accountable for fulfilling their assigned roles and responsibilities within the JUTA. Individual performance assessment will take into account time and technical contribution to the JUTA. The UNRC and respective HoA will use existing accountability frameworks and individual organisation processes to measure staff performance. Specifically, through the HoA, JUTA members agree on annual key deliverables under the JPS and AWP that are reflected in their respective agency performance appraisal system.

- The HoA, together with the UCD, contribute to the performance assessment review of the JUTA members' vis-à-vis the AWP.
- The HoA should issue a formal letter of appointment to the RC
- The RC needs to endorse the list with nominees and officiate the members
- The HoA and UCC's assessment of the JUTA members' performance will be part of their annual institutional performance appraisal system

The JUTA's performance and outputs will be reviewed annually with the national authorities and other partners, supplemented with an internal UN mid-year review of the JUTA as a whole.

Under the auspices of the Resident Coordinator and in line with the Management Accountability Framework of the United Nations Development Group, JUTA is critical to enhance the relevance, effectiveness and efficiency of the UN joint action on HIV and AIDS, through strengthening the joint programming, coordination and collective results of JPS.

The strengthening of the internal JPS performance management systems includes:

- Strengthening of the performance oversight role of the HoA by ensuring that each HoA is made aware of their roles and responsibilities in the area of JPS performance management.
- Instituting processes that ensure that UNAIDS Joint Programme performance measures and standards are established in the planning stage and that they are aligned with the UNAIDS Strategy 2011-2015 and the UN Political Declaration and include attributes of quantity, quality, timeliness and cost of output where possible;
- Strengthening results-based management in order to ensure that the Joint Programme's processes, products and services contribute to achieving the desired result of the UNPAF and NSF (output, outcomes and impact);
- Instituting a standardized process for peer review of the quality of work planning, which includes civil society engagement for objectivity and stakeholder accountability;
- Undertaking joint programme performance assessment missions to inform and guide implementation and monitor progress.

Measuring how well the JUTA works and functions is an essential element of strengthening the JUTA. The key objectives of UN reform include improved alignment, harmonisation and effective collaboration. This

is accompanied by an increased focus on relevance to National Systems, effectiveness focusing on results and efficiency in terms of making the money work. Measurement of joint programme performance will be undertaken using key management indicators outlined in the following framework. It is important to note that the M&E results framework for the programme indicators also serves as a framework for performance management.

Table 4: Framework for measuring performance of joint programme management

No	Individual	Target	Means of verification	Frequency
1	Meetings attended	24	Minutes of JUTA meeting	Monthly
2	Report to supervisor	4		Quarterly
3	Follow-up on Work-plan implementation	8	Activity update	Monthly
	Joint Team			
4	Designation of staff	1	Letter of designation	Bi-annual
5	JUTA Meetings	24	Minutes of meetings	Monthly
6	TWG constituted and mobilised	4	TWG update	Bi-annual
7	Timely report to UNCT	4	UCD update	Quarterly
8	Skills update	2	Skill audit questionnaire	Annual
	Programme			
9	Work plan developed and costed	1	Joint Programme of Support	Bi-annual
10	Clear result based deliverables identified	1	M&E Framework	Annual
11	Programme review conducted	2	Annual review report	Annual
	Finance			
	Funds mobilised	TBD	Financial Report	annual
	Timely financial report	2		Annual

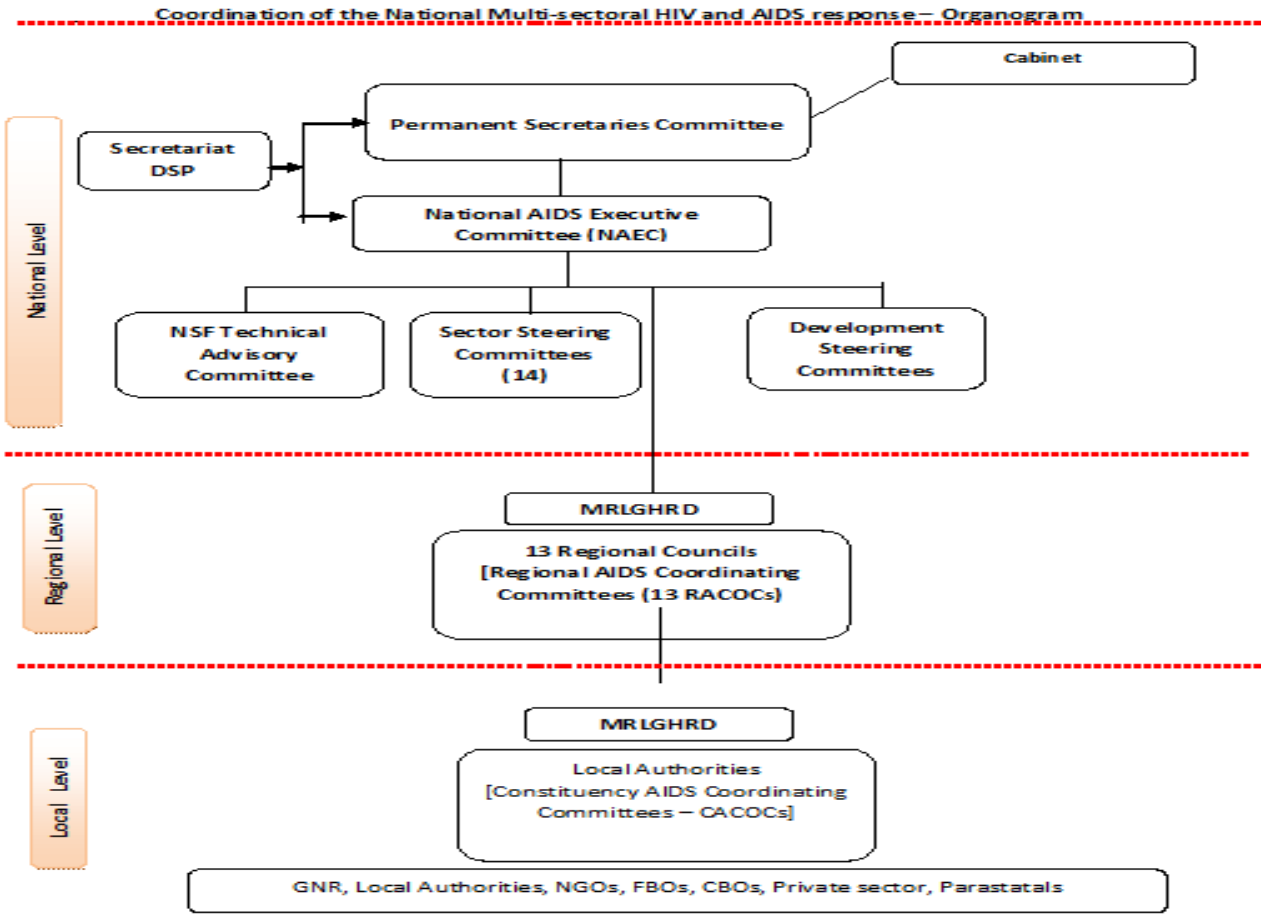
5.5 External Relations: Participation in the National Multi-sectoral Response

The JUTA, UN Agencies and individual JUTA members cooperate and collaborate closely with different coordination mechanisms for the national response and within technical structures of key partners such as line ministries, academia, civil society, the Global Fund, PEPFAR and other donors and development agencies.

Ensuring rationalised and coordinated participation in these various mechanisms is a key objective of the JUTA, as is ensuring a joint UN position and one voice. JUTA meetings are therefore used to promote discussion and alignment of position for key meetings and decision making fora as well as to provide for updates and feedback to all JUTA members.

The figure below illustrates the national coordination of the multi-sectoral HIV and AIDS response as per the revised NSF. The Development Steering Committee is comprised of all Health development partners, JUTA members, PEPFAR, USAID, CDC and GIZ.

Figure 6: Revised Multi-Sectoral National HIV and AIDS Co-ordination Framework



Managing the Joint UN Programme in 2014-2018:

Summary of Key Priorities

1. Ensure that the structure, roles and responsibilities outlined are operational
2. Stronger focus on Accountability and Performance Management through enhanced systems, processes and tools
3. Increased Performance Monitoring and Reporting trough routine MER
4. Limited number of Technical Working Groups
5. Inclusion of UN Cares as a TWG in JUTA
6. Stronger team collaboration amongst JUTA members
7. Greater involvement of UNCT in JPS affairs through enhanced feedback loops

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Annex 1: UNPAF Pillars and Outcomes Overview

PILLARS	OUTCOMES	OUTPUTS
Pillar 1: Institutional Environment	**Outcome 1:** By 2018, policies and legislative frameworks to ensure transparency, accountability and effective oversight of the management of public affairs are in place and are being implemented. **Outcome 2:** By 2018, the government and partners are promoting and protecting human rights effectively **Outcome 3:** By 2018, functional monitoring and evaluation and statistical analyses systems are in place to monitor and report on progress	10 of which 6 (60%) are HIV and AIDs related
Pillar 2: Education & Skills	**Outcome 5:** By 2018, Namibia is implementing policies and programmes that improve learning	14 outputs of which 3 (X%) are HIV related
Pillar 3: Health	**Outcome 6:** By 2018, Namibia has accountable and well-coordinated multi-sectoral mechanisms to reduce the burden of priority diseases and conditions, address social, economic and environmental determinants of health and improve health outcomes. **Outcome 7:** By 2018, Namibia has a strengthened health system that delivers quality, accessible, affordable, integrated, and equitable health care	X outputs of which 3 (X%) are HIV related

Pillar 4: Poverty Reduction	**Outcome 8:** By 2018, Namibia has adopted and is implementing effectively and in a coordinated manner policies and strategies to reduce poverty and vulnerability which are informed by evidence on the causes of poverty and vulnerability. **Outcome 9:** By 2018, the National Gender Plan of Action and Gender Based Violence Plan of Action are being implemented effectively **Outcome 10:** By 2018, the national social protection system is strengthened and expanded to poor and vulnerable households and individuals **Outcome 12:** Institutional frameworks and policies needed to implement the Environmental Management Act (2007); National Climate Change Policy (2011); Tourism Bill and Strategy; and Parks and Protected Areas Management Bill; and International Conventions, are in place and are being implemented effectively.	X outputs of which 3 (X%) are HIV related