

SECOND GUIDANCE PAPER

Joint UN programmes and teams on **AIDS**

Practical guidelines on implementing effective and sustainable joint teams and programmes of support



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1. Introduction

1.1 Background

1. In its 2005 report, the Global Task Team on Improving AIDS Coordination Among Multilateral Institutions and International Donors recommended that each country establish a joint UN team on AIDS. It was also recommended that they be facilitated by the UNAIDS country coordinator, developing a unified UN country support programme on AIDS within the national planning framework. The 2005 World Summit outcomes document subsequently endorsed the recommendations of the Global Task Team, and offered further support and guidance for improved UN system-wide coherence. In December 2005 the UN Secretary-General acted on these recommendations by issuing a directive to all UN resident coordinators to immediately begin establishing joint UN teams on AIDS and comprehensive programmes of support. More recently, the General Assembly convened a follow-up session to the *2001 Declaration of Commitment on HIV/AIDS*. This High Level meeting on AIDS (June 2006) resulted in a resolution reaffirming commitments to respond to AIDS, calling upon UNAIDS "...including its cosponsors, to assist national efforts to coordinate the AIDS response, as elaborated in the 'Three Ones' principles and in line with the recommendations of the Global Task Team..." (para. 50).

2. On 19 May 2006, the United Nations Development Group issued a guidance paper, *Proposed Working Mechanisms for Joint UN Teams on AIDS at Country Level* (henceforth referred to as 'the first guidance paper'), developed through a consultative process with all cosponsors and UNAIDS country-level staff. As of April 2007, at least 65 countries have established joint UN teams, and an additional 21 have reported ongoing plans and efforts to establish one. Most of these teams were established within six months of the Secretary-General's directive was issued, according to an internal progress review conducted mid 2007. While this is encouraging, development of joint UN programmes of support on AIDS has been slower.

3. Beyond just a commitment to AIDS at the global level, establishment of the joint teams is an integral part of the larger reform processes taking place within the UN, including piloting the "One UN" initiative in selected countries. In 2004, the report of the Triennial Comprehensive Policy Review 2001–2004 called on the UN to accelerate efforts to increase coherence and effectiveness of field operations through establishment of joint offices. Finally, in December 2006, a High Level Panel on UN system-wide coherence outlined specific mechanisms for the establishment of "One UN" at country level. This second guidance paper attempts to situate joint UN programmes and teams on AIDS within the context of these reform initiatives. Joint UN programmes and teams on AIDS can inform these processes with their experiences and simultaneously benefit from the reforms.

4. In March 2007, a consultation with UNAIDS staff from country, regional and headquarters offices was organized by the UNAIDS secretariat to review progress in the establishment of joint UN programmes and teams on AIDS, and to make recommendations on addressing challenges, implementing recommendations of the 2006 PCB meeting, and positioning UNAIDS within the "One UN" initiative at country level. The outcomes of the meeting—including the recommendations of the working groups—form the basis for this *Second Guidance Paper on Implementing Effective and Sustainable Joint UN Programmes and Teams on AIDS* (referred to as 'the second guidance paper').

1.2 This guidance paper

5. This document is written for UN country teams and all country- and regional-level staff responsible for the establishment of joint UN teams on AIDS and the development and monitoring of joint programmes on AIDS. It does not aim to repeat the contents of the first guidance paper and the UNDG Guidance Note on joint programming. It also does not supersede recommendations already made in these papers. Its main purpose is to clarify aspects of the first guidance paper that were ambiguous or presented challenges in implementation, based on reports from the field. In particular it addresses four areas:

- **definition** of joint programmes and teams¹ (i.e. defining roles and responsibilities, distinguishing among other existing AIDS coordination mechanisms, etc.);
- appropriately delegating and empowering **leadership** to establish and sustain joint teams, including establishing effective lines of accountability with appropriate incentives and sanctions for performance;
- limited human and financial **capacity** of existing staff and partners to understand and implement the recommended changes; and
- **cooperation** among UN agencies, especially moving from ‘project’ to ‘programme’ planning and harmonizing financial and administrative procedures and cycles.

6. The remainder of Section 1 contains a brief review of the guiding principles and rationale behind the establishment of joint programmes and teams. Section 2 describes the most likely composition of the joint teams, the roles and responsibilities of team members, the content of the joint programme of support, and the process to develop joint programmes. Section 3 outlines aspects of leadership and accountability that are crucial to effective functioning of joint teams, including lines of accountability, problem solving, capacity building, and monitoring, evaluation and reporting of the joint team and the joint programme of support. Finally, Section 4 provides guidance on financial management mechanisms to support joint programmes within the framework of the one joint programme of support.

7. Although there are certain fundamental non-negotiables, as outlined in the first guidance paper, this paper leaves room for flexibility to tailor approaches according to country contexts. Practical examples are included from different countries that have been through the development process of joint teams and programmes of support. Tools developed at country level have also been included as annexes, which may be helpful as models for other countries. A toolkit containing relevant tools and resources on joint teams and joint programmes will be made available.

¹ The term “joint programmes and teams” refers to joint UN teams on AIDS and their joint UN programme of support on AIDS. Otherwise, the terms ‘joint programme’ and ‘joint programming’ refer to the more general processes of collaboration and combined efforts among UN agencies, either within or outside the programme of support on AIDS.

1.3 Rationale and guiding principles

8. Joint programmes maximize UN impact and reduce transaction costs for the government and donors in the spirit of harmonization and alignment.

9. Joint programming by the joint UN team on AIDS is a leveraging tool to “make the money work” using the UNAIDS Technical Support Division of Labour² and 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 Labour²) regarding technical assistance support, reporting, policy dialogue, etc.
- acting as an entry point for harmonization 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 the outputs, are what is referred to as the **joint UN programme of support on AIDS**.

10. Joint programmes on AIDS may be just one example among several joint programmes in a country, and are therefore inseparable from larger joint processes, such as the CCA and UNDAF. (See Figure 1 for other processes.) However, where these processes are weak or non-existent, the joint UN team on AIDS, with support and guidance from the UN theme group on AIDS can still launch joint programming processes to support the national AIDS response. Where UN coordination on AIDS is already strong the joint team is a way of formalizing existing mechanisms so that individuals are recognized for their contribution to a coordinated response.

11. The purpose of joint UN programmes and teams is ultimately to support the national response in scaling up towards universal access for prevention, treatment, care and support. Experiences with joint UN programmes and teams to date show that this type of joint planning is easier in countries that already have national processes in place (e.g. a costed national strategic plan, a government-led partnership forum, etc.). Therefore, establishment and

Figure 1

Complementary joint planning processes

- CCA (which provides UN organizations and partners with the analytical basis to identify priorities for the UN’s contribution to the achievement of the millennium development goals)
- UNDAF (the strategic programme framework of the UN) describes the collective response of the UN to the priorities in the national development framework. The UNDAF Matrix (a logical framework outlining the contribution of each UN organization to each of the UNDAF outcomes)
- Emergency and humanitarian appeals processes such as the Consolidated Appeals Process, a tool used by UN and other organizations to plan, implement and monitor their activities together.

² UNAIDS Technical Support Division of Labour: summary and rationale. UNAIDS, August 2005. http://data.unaids.org/Publications/IRC-pub06/jc1164-technsuppdivlabour_en.pdf?preview=true

strengthening of joint programming on AIDS is an interdependent 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 the international technical assistance and development partners³.

12. There are several underlying principles of joint UN programmes and teams that inform this second guidance paper:

- (1) this should be a demand-driven process, with the government playing a leading role;
- (2) this guidance paper is not meant to be a “one-size-fits-all” directive—the objective is to strike a balance between desirable global common denominators and flexibility for adaptation to diverse country contexts;
- (3) there is room for experimentation—the guidelines may not anticipate all of the most effective possibilities;
- (4) joint UN programmes and teams are inclusive of all UN agencies—i.e. not limited to ExCom or UNAIDS cosponsors;
- (5) establishment and functioning of joint programmes and teams requires continuous interaction at country, regional and headquarters levels, to identify effective or problematic practices and share experiences among countries; and
- (6) results-based management is an appropriate strategy for the preparation and implementation of an effective programme of support.

³ See Monterrey, Rome and Paris declarations, and the Country Harmonization and Alignment Tool (CHAT). CHAT has been developed to assess harmonization, alignment and the strength of partnerships among national and international partners in the national AIDS response. CHAT is available at: http://data.unaids.org/pub/Report/2007/jc1321_chat_en.pdf

2. Basic attributes of joint programmes and teams

2.1 The joint UN team on AIDS

13. **Composition.** By definition, the joint team remains a group limited to UN staff so that the UN has an opportunity to coordinate and reach consensus on important policy and technical support issues while continuously working with national and international partners. The linkage with national and international partners can be made through government-led partnership forums and other existing mechanisms at country level. To reflect a maximum degree of unity and coherence of UN support to the national response, the joint UN team on AIDS should consist entirely of UN staff working full- or part-time on AIDS. However, consistent with the guiding principles outlined above, the composition of joint teams may vary from country to country, in which case the final composition is one which is manageable and which will contribute most effectively to supporting the national response. If selective procedures are required to limit the size of the team, there should still be at least one person to represent each UN agency present, selected based on skills and competence according to the UNAIDS Technical Support Division of Labour. In particular, certain country contexts may require adaptations in the composition to address the specific circumstances (see Figure 3). Regardless of composition or selection procedures *members must always be officially designated by their head of agency.*

14. Although in most cases the pre-existing technical working group will become the joint team, it is important to ensure that this is not limited only to a change in the name of the group; establishment of the joint team must also reflect the move towards increased accountability. In some cases it may seem redundant to have both a joint team and a UN theme group on AIDS; however, it is still recommended that a distinction be maintained between the joint team, which is the technical, implementing body made up of professional staff, and the theme group, which is the policy/oversight body, made up of heads of agencies. If there is a justifiable reason why a theme group and a joint team

Figure 2

Nigeria: composition of the joint UN team on AIDS

In Nigeria, the Joint UN Team on AIDS is composed of 51 UN staff working full- or part-time on AIDS, and facilitated by the UCC with the support of a development adviser.

Under the overall supervision of the Resident Coordinator, the joint team coordinates UN system support of the national response (implementation of the Joint UN Programme of Support), including efforts to set and meet universal access targets at the national and state levels.

The joint team is led by a coordinating committee including participants from the World Health Organization, United Nations Children's Fund, United Nations Population Fund, United Nations Development Fund for Women and United Nations Development Programme, and chaired by the UCC.

Three working committees (prevention, treatment, and care and support) and one monitoring and evaluation cross-cutting group support harmonization of country programmes and monitor progress.

cannot coexist⁴, then the choice should be to create a joint team, with oversight provided through the regular involvement of heads of agencies via the UN country team and the resident coordinator.

15. **Roles and responsibilities.** Effectiveness of the joint team and its programme of support is dependent on the capacity and commitment of the resident coordinator, the theme group chair, heads of agencies, the UCC and individual members of the team. Each of these individuals has specific responsibilities for oversight, coordination or implementation, for which they are to be held accountable. The roles and responsibilities outlined in the first guidance paper remain relevant; further explanation of lines of accountability are described in Sections 3.1 and 3.2 (see Figures 7 and 8). *These refer only to roles, responsibilities and accountability with reference to the scope of work of the joint teams; they do not imply any change in the regular performance and reporting mechanisms of individual staff and agencies.*

16. Certain situations may require changes to this model, particularly the absence of one or more of these individuals or groups. As indicated in Figure 3, in situations where there is a UCC, he or she is the facilitator of the joint team. In a situation where there is no UCC, the resident coordinator should designate a chair who could be a UNAIDS country officer or a representative from a co-sponsor agency, or the resident coordinator, for example. Where the UN theme group on AIDS no longer exists, the UN country team takes the place of the theme group in terms of oversight and accountability. *Decisions on composition of the team and lines of accountability are ultimately made by the resident coordinator.*

2.2 The joint UN programme of support on AIDS

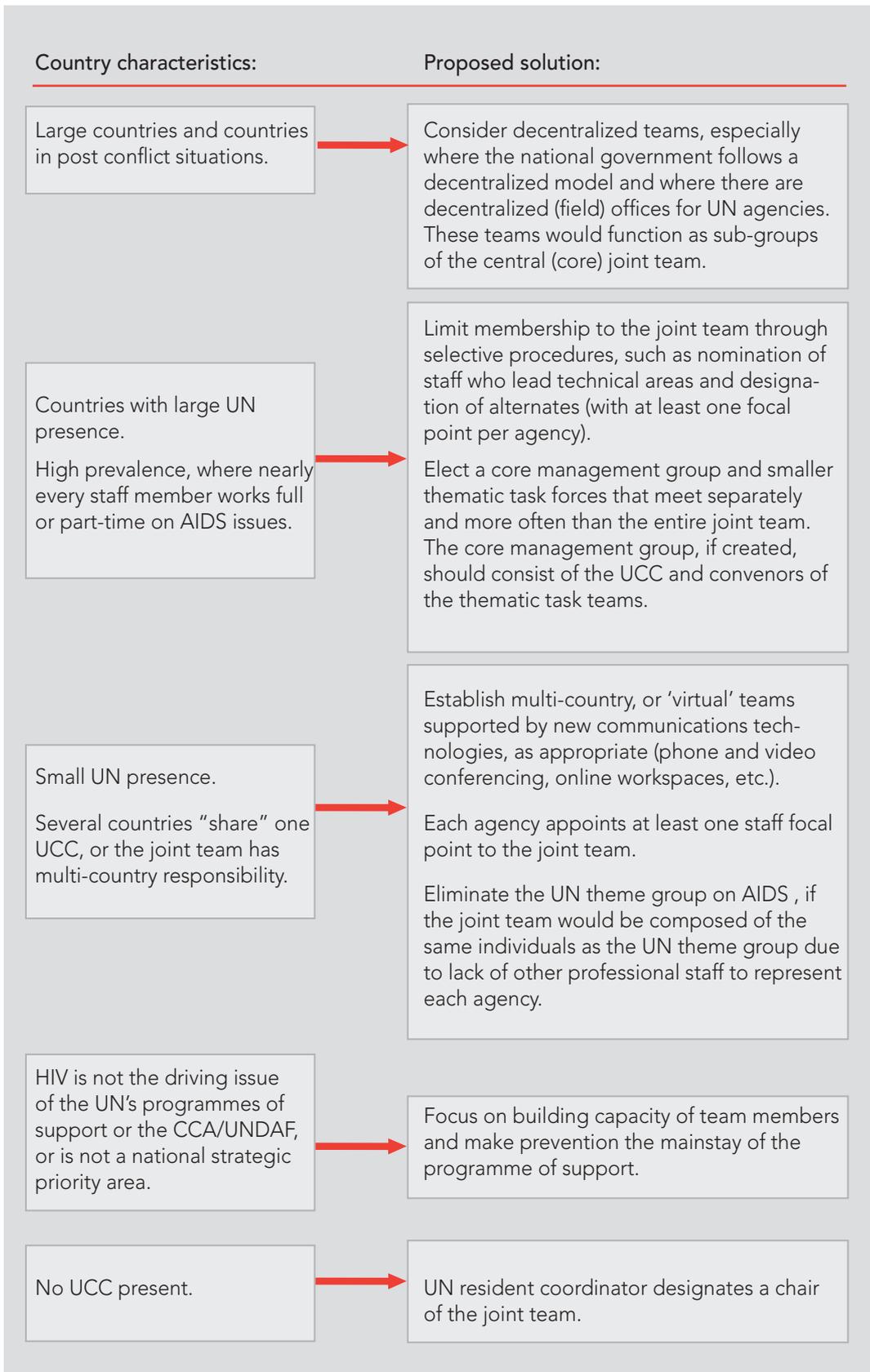
17. **Content.** The joint UN programme of support is defined as: “a collective articulation of all UN actions to support the national response towards universal access, including activities which may be informally joint, formally joint (i.e. follows the UNDG guidance note of 2003), or implemented by individual agencies but developed and agreed upon through a collective process.” (See Figure 5). It consists of a long-term strategic framework (the UNDAF can serve as the long-term strategic framework) describing the intended impact as well as a short-term operational plan (inputs and outputs) for specific components, implementation arrangements, a technical support plan and a monitoring and evaluation framework. The operational or annual work plan derived from the programme of support may be used as an advocacy tool among country partners, an accountability tool by UN agencies, or a resource mobilization tool. The operational or annual plans should remain flexible and responsive.

18. Consistent with good practice in AIDS programming, every programme of support should reflect the **UNAIDS cross-cutting “non-negotiables”** of:

- promoting human rights;
- promoting equality between men and women;
- supporting evidence-informed actions; and
- incorporating accountability to funders and partners.

⁴ In high prevalence countries with a functional joint team it may be appropriate to eliminate the UN theme group on HIV/AIDS, as long as the UN country team is able to assume all of the roles and responsibilities of the theme group, especially maintaining a focus on coherence, advocacy and resource mobilization. Also in countries with a small UN presence, where the theme group and joint team members would be the same people, an alternative would be justified.

Figure 3



It is also recommended that programmes of support reflect humanitarian response needs (with a focus on prevention, preparedness and countering violence) to address those countries facing emergency situations and the vulnerability of displaced persons.

19. **The UN technical support plan** at country level is a consolidated plan for addressing implementation gaps of the national AIDS strategic plan. It should focus on the strategic support areas of the Division of Labour that resulted from the Global Task Team recommendations in 2005. This must be a demand-driven plan, not one that responds to the priorities of the technical assistance providers. Prior to preparation of the technical support plan, countries should have conducted a **technical support needs assessment**. The objectives of this assessment are to:

Figure 4

Honduras: technical support plan

The 2007 Technical Support Plan of Honduras is a consolidated one which addresses how the joint UN team on AIDS will address the country's technical support needs. The plan was developed in 2006, following a technical needs assessment carried out in November 2005 by the Government during the evaluation of the 2003–2007 National Strategic Plan with the support of UN agencies. It was reviewed after the national consultation for universal access in Honduras. The technical support plan focuses on three strategic support areas namely a) strategic planning, governance and financial management; b) scaling up interventions and monitoring and evaluation; and c) strategic information and accountability. Technical support within the plan will be provided by UN agencies according to the Division of Labour. A UN annual plan for technical assistance has been developed, with objectives, responsibilities, activities and a budget by each agency that participates in the UNDAF.

- map available resources (human, technical and capacity development providers);
- identify gaps in technical skills areas such as programme design, management and implementation skills; and
- describe capacity-building requirements of key partners (particularly the national AIDS coordinating authority, country coordinating mechanisms and principal recipients [of the Global Fund], and civil society) in line with priorities identified in the national AIDS strategic plan.

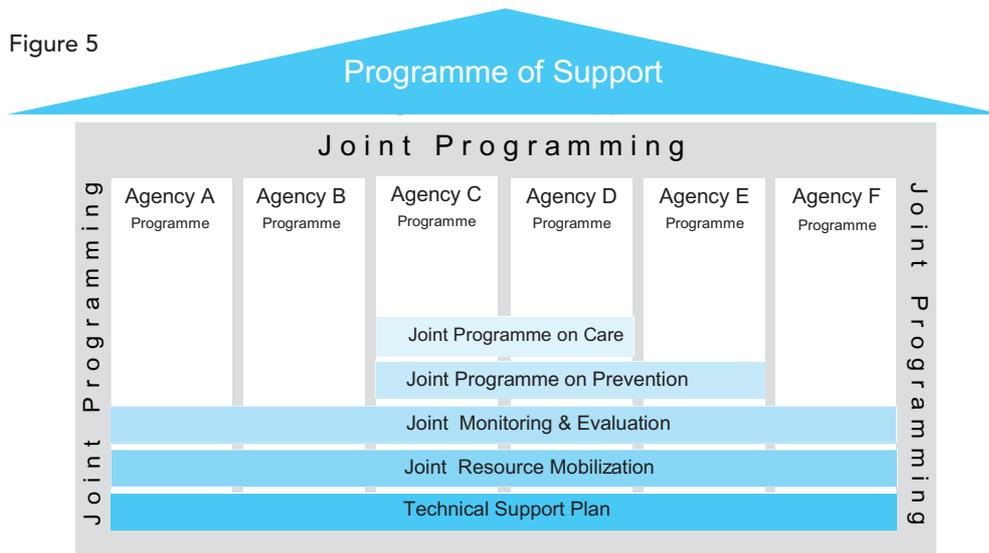
Therefore there should be both a national technical assistance plan (based on the technical support needs assessment), and a UN technical support plan, which describes how the UN will address perceived gaps in the national government's plan. The specific activities designed to address these needs are reflected in the overall programme of support and individual agency workplans. Participating in the technical support needs assessment may be part of the overall programme of support.

20. **Process.** Development of the programme of support is more efficient if several pre-conditions are met. Where these conditions do not exist, the joint UN team on AIDS may decide to focus on supporting their establishment.

Some of the pre-conditions to be met include:

- a national strategic plan (NSP) with a costed/budgeted operational plan (annual or otherwise);
- national joint reviews that have identified gaps in the national response;
- national development plans (PRSPs) that integrate AIDS.

Figure 5



Conditions to be met at the UN level include:

- the availability of UN planning instruments such as UNDAF;
- a UNDAF Results Matrix (a tool for planning and communicating the individual outputs that will contribute towards the collective goals) which clearly articulates a coherent results-based chain, prioritizing support based on an analysis of critical gaps in the national response;
- CCA/UNDAF processes followed by discussions with national AIDS authorities to translate the frameworks into a joint programme of support to the national response;
- the UNAIDS Technical Support Division of Labour adapted to the country context and endorsed; for cosponsor agencies that do not have a presence in countries, advocating that the regional offices define their intervention strategies with the joint teams of these countries;
- the joint UN team on AIDS has the skills and competence and team members fully understand the national AIDS strategic plan. This should involve organizing learning opportunities for staff⁵;
- a supportive UN resident coordinator (and country team). This requires a process higher level advocacy, based on global guidance, directives and principles (see document references throughout in this paper).

21. The actual preparation of the joint UN programme of support on AIDS also requires several steps which may be continuing or several preliminary steps can be completed during a joint team retreat.

Steps in developing a programme of support include:

- Collectively identify priorities and gaps in the national strategic plan based on the UN's comparative advantage through a consultative process with key stakeholders. Build on previous review.

⁵ The UN Learning Strategy on HIV/AIDS provides guidance on building the capacity of UN staff around AIDS-related issues.

- Map UN financial and technical resources available for HIV (see example in Annex II) to identify how they can be allocated and strengthened.
- Identify and validate the key common strategic areas. Keep this process as open as possible to other stakeholders. This could be done as a sequential series of discussions starting internally and growing increasingly until consensus is reached by a broad constituency.
- Technical support and capacity needs assessment for the national response which leads to a UN technical support plan. The needs assessment should indicate activities in the national response that are being implemented by other partners. While this focuses on the need for implementation of the national response, it is also a critical guide for where the UN should focus its own technical support. (This step could occur earlier—but must have happened by this stage).
- Prepare joint programme of support framework document, including agreed management, financial and operational modalities.
- Finalize and endorse programme of support internally (and with Government as appropriate).
- Prepare operational plan (shorter term; annually rolling; workplan; outputs, budget, available resources by source, activities and roles and responsibilities).

The steps do not necessarily need to be done sequentially, as presented. It is important to keep in mind that while the UCC and the UNAIDS office facilitate implementation of each of these steps, it is not the sole responsibility of the UCC to prepare or draft the programme of support. This should be a joint team effort with support from the UN theme group or the UN country team. Heads of agency must also allow time for their staff to participate in AIDS strategic planning exercises, even if designated staff are only working part time on AIDS.

Figure 6

Zambia : Integrating preparation of the joint programme of support with other development processes

AIDS funding is the main pillar of support of the UNDAF in Zambia as the epidemic has had an impact on all of the Millennium Development Goals. The programme of support was therefore developed through a series of joint stocktaking and planning exercises that grew out of the UN country team's larger strategic planning exercises such as the common country assessment (CCA), and UNDAF. Although AIDS was recognized as the most serious development challenge, it had not previously been addressed in these strategic documents. The opportunity to make a stronger commitment to AIDS came when renewal of the national development plan coincided with renewal of the national AIDS strategic plan. The Zambia UN country team decided that CCA would be discontinued and all efforts were focused on supporting the development of the two national plans. The result was the joint UN programme of support on AIDS 2007–2011, which supports Zambia's AIDS Strategic Framework 2006–2010, through Outcome 1 of the United Nations Development Assistance Framework (UNDAF) 2007–2010—"the multisectoral response to AIDS at national, provincial and district level scaled up by 2010".



Processes used in the establishment of the joint UN team on AIDS and programme of support in Zambia include:

- A meeting between a team of members of the UN organizations including two international consultants with national stakeholders to re-assess the UN organizations' strengths and weaknesses;
- identification of priority outcomes and outputs that most reflected the strategic needs of the national response and that could be addressed by the comparative advantages of the various UN organizations; mapping of resources within the UN;
- a SWOT analysis within and across UN agencies to determine an appropriate division of labour; and
- formation of task forces led by 'conveners' among the members of the joint UN team on AIDS;

An iterative process involved further consultations with country programme and civil society partners designed to ensure that the joint programme is clear, harmonized and aligned to the national priorities.

3. Leadership and accountability

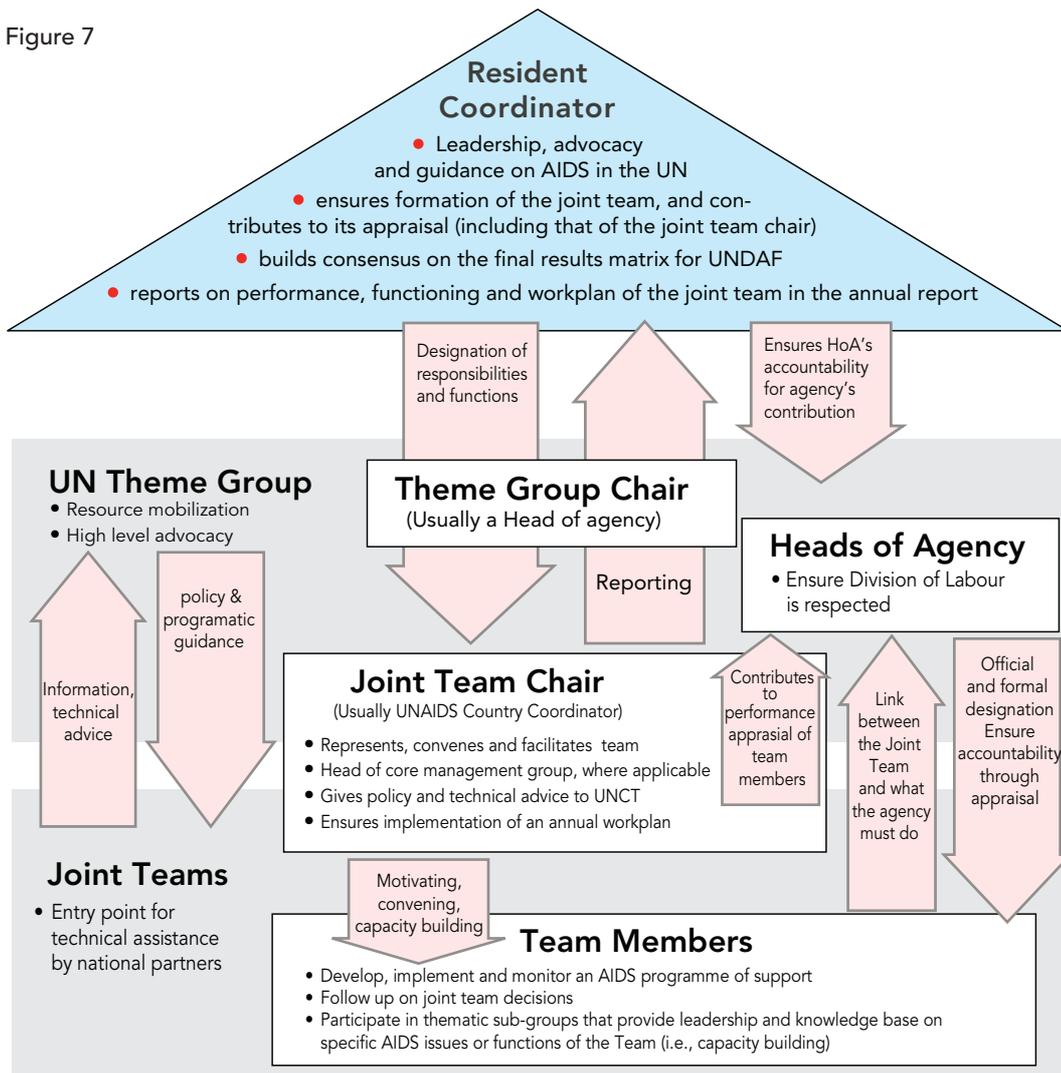
3.1 Leadership

22. Shared leadership and clear division of responsibilities are crucial to effective and sustainable joint programmes and teams (Figure 7). Ultimately, the resident coordinator is responsible for the establishment of the team, and its achievements through the programme of support. However, various individuals with distinct and complementary leadership roles are responsible for day-to-day implementation leading to key deliverables. Understanding and respecting this division of leadership within the joint team in no way undermines the authority of existing senior managers, nor does it replace existing hierarchical structures within each agency or the UN country team.

- **The leader of each thematic task team**, where it exists, leads by convening and chairing task team meetings, remains up-to-date with global and country-level trends and policies in the thematic area, prepares relevant updates for the joint team's core management group as necessary and ensures that the team has the relevant skills. This individual will also proactively draw the link between the thematic area, and its relevance to achievement of the larger UNDAF Results and/or Millennium Development Goals.
- **The UCC, as chair of the joint team** and head of the core management group where necessary, leads the development of the programme of support, and acts as a central source for technical knowledge on AIDS trends and policies at the global level, as well as the status of the epidemic, major stakeholders and active programmes at country level. The UCC keeps the UN theme group on AIDS informed of developments from each thematic task team, and the joint team as a whole.
- **The theme group chair** provides leadership and guidance for joint UN actions especially through the implementation of the joint programme of support. The theme group chair may represent the resident coordinator as and when needed. Where the theme group on AIDS has been abolished, the chair of the joint team takes on these leadership roles, with decision-making being endorsed through consensus by the country team.
- **Heads of agency** have an important leadership role in ensuring that AIDS is recognized as a cross-cutting issue, ensuring that the UNAIDS Technical Support Division of Labour is respected within the agency's work plan, designating appropriate staff to the joint team, and ensuring that their contribution is recognized. They must also take the lead in developing joint programmes and seeking opportunities to harmonize procedures so that joint programmes can succeed.
- **The resident coordinator** creates the enabling environment for each of these individuals to live up to their leadership role, providing support and conflict resolution whenever necessary.

23. A driving factor of effective joint teams and programmes of support are individual team members' understanding of and commitment to AIDS and joint programming issues, and ensuring that existing global guidelines and frameworks are understood and applied. The UN Learning Strategy on HIV/AIDS is a powerful tool for capacity-building in all areas. Therefore, the joint team should take the lead in the identification of facilitators for the UN learning strategy as well

Figure 7



as in its implementation. Related to **capacity-building** is improving cooperation and maximizing relationships among different institutions present in country (for example, World Bank, Global Fund, PEPFAR, non-resident UN agencies, etc.). The joint team should, as part of its regular meetings, define strategies for strengthening cooperation among agencies, including harmonizing programme cycles, administrative procedures and financial regulations.

24. Effective leadership also means ensuring that joint programmes receive sufficient attention and publicity and that all participating UN organizations are duly recognized for their contributions and individual as well as collective achievements. This requires a great deal of **advocacy**, both internally and externally, on the part of the UCC as well as heads of agencies, to help UN staff members understand and commit to joint programming. The joint team should also work on internal and external advocacy to build awareness of joint programming in general, and the programme of support on AIDS specifically. External advocacy should be targeted at both national and international levels, and would focus on raising awareness of joint programming efforts, achievements, and opportunities to support joint programmes. An example would be tracking the UN contribution to the national response, dissemination of the UN workplan, or development of common statements/positions for advocacy on policy issues.

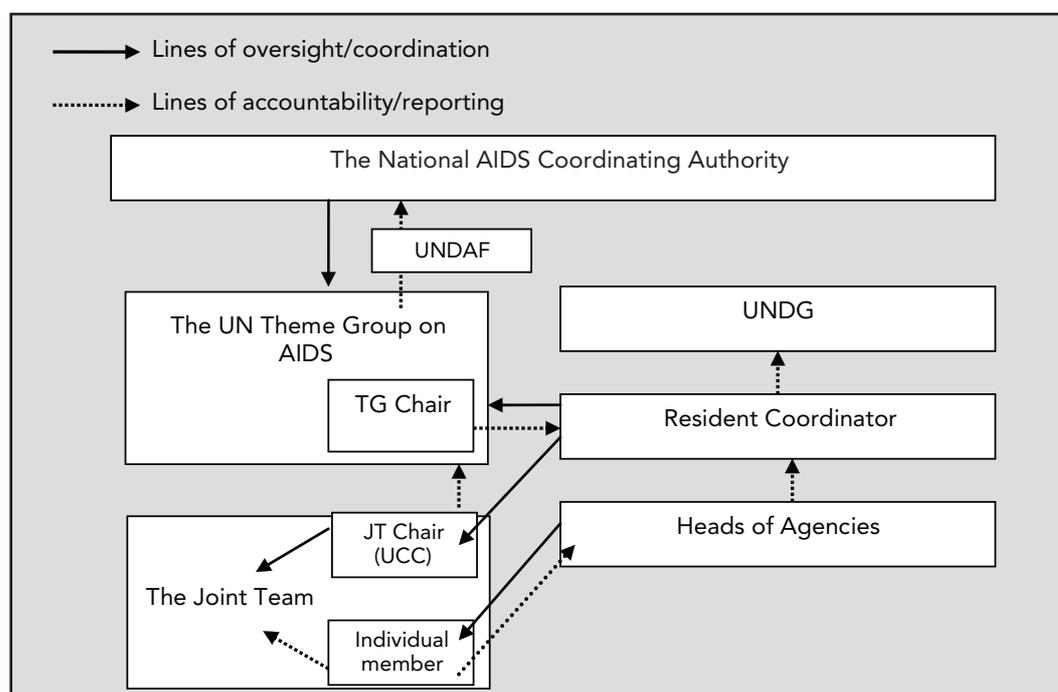
3.2 Accountability

25. Figure 8 shows an illustration of some of the lines of oversight and accountability at the country level surrounding joint UN programmes and teams. This does not replace pre-established lines of accountability in general, or in other development areas. This accountability must be enforced through, at minimum, the following three mechanisms:

- team members receive official and formal notification on their roles and responsibilities from their Heads of Agency;
- individuals are required to report regularly to their Heads of Agency, demonstrating participation and contribution towards results;
- indicators of participation in, support to and contributions towards achieved results are part of each individual's regular annual performance review.

26. If individuals and teams are going to be held accountable, systems need to be in place for addressing problems as they arise. All joint team members should ensure that issues are addressed by management before they turn into a crisis. If a specific team member hampers the effective functioning of the joint team, then the head of agency or resident coordinator should be notified. Should there be a problem with a head of agency, then the resident coordinator should be notified. Finally, if misunderstandings arise between the UCC and the resident coordinator, the regional support team director should be contacted.

Figure 8



27. Accountability can be fostered through **results-based management**. UNDG defines results-based management as a management strategy by which an organization ensures that its processes, products and services contribute to the achievement of desired results (outputs, outcomes and impacts). Results-based management rests on clearly defined accountability for results, and requires monitoring and self-assessment of progress towards results, and reporting on performance. The joint UN programme of support strengthens the AIDS components of the UNDAF, as well as the other activities of the joint UN team (i.e. strategic planning, advocacy, capacity-building, knowledge sharing, etc.)

3.3 Monitoring, evaluation and reporting of the joint programme and team

28. The joint team should review progress regularly (monitoring), with outcome assessment (evaluation) being done up to twice per year. A monitoring and evaluation plan, as part of the joint programme of support, should be developed to cover both the annual workplan and functioning of the joint team. Evaluations may be conducted as an external review, whereas regular monitoring should be carried out in a collaborative manner by the team. Ongoing monitoring can be accomplished informally during regular joint team meetings, or through reporting systems designed by the team. Indicators for both monitoring and evaluation purposes look at joint team establishment and functioning, as well as progress made towards development and implementation of the programme of support. Proposed indicators are listed in paragraphs 30–32. Reference should be made to the quality assurance checklist in Annex I, which is a monitoring tool to ensure that processes are conducted in a way that fosters the most impact possible. Figure 9 also clarifies some differences between monitoring and evaluation.

29. **Monitoring the annual workplan.** Part of the ongoing monitoring should focus on providing information about annual workplan progress, to identify shortcomings in time to correct them. Indicators to look for include whether or not the annual workplan has been created; whether it is aligned with the HIV component of UNDAF (where applicable); whether milestones have been reached; at what rate programmes are being implemented, etc.

Figure 9

	Monitoring	Evaluation
Objectives	Ensuring efficiency, quality control, completion of activities, clarity of roles and responsibilities, engagement of all partners	Determining planned vs. actual activities and outcomes
Purpose	Management instrument	Policy instrument
Content	Technical aspect (are the planned activities being carried out in a technically sound manner?)	Contextual aspect (were the planned activities the most appropriate ones to conduct given the context; were they strategically those that would have the most impact?)
Output	Corrective actions; short, internal progress reports (i.e. meeting minutes)	Lessons learnt, recommendations for the next programme cycle; formal, more detailed reports for internal and external use
Other	Integrated in regular joint team operations and responsibilities of team members	May require a separate budget line, and recruitment of external individuals

30. **Evaluation of the joint team.** To assess performance of the joint team, indicators which focus on the successful establishment of the team and effective functioning are defined here.

- The team has clear terms of reference, endorsed by the UN country team.
- Sub-groups have been created to provide leadership in specific thematic areas.
- The joint team meets, and subsequently reports to the UN theme group, on a regular basis.
- Members of the team have their own job profile reviewed to reflect participation in the joint team as a responsibility that will influence their performance evaluation.
- A mutual self assessment by team members on key competencies, and appraisal of progress in addressing weaknesses (180-degree tool) is in place.
- The Division of Labour adapted to the local context and endorsed.
- The joint team is recognized by partners and used as the entry point for technical support to the national response.
- The joint team articulates a common position on key issues.
- The joint team represents the UN's position on AIDS in important forums.
- The joint team develops HIV elements for the UNDAF (where applicable).
- A programme of support has been produced, which articulates the combined efforts of all UN agencies present to address the HIV elements of the UNDAF and contains the elements described in the first and second guidance papers (see also the monitoring indicators proposed in the first guidance paper, paragraph 33).
- An annual report is produced.
- Harmonized financial and legal mechanisms have been identified for joint programming.

31. **Programme of support evaluation**⁶. Performance indicators for the programme of support look at **changes in UN support to the national response over time** (increases in key activities/competencies), attributable to the joint team and its programme of support. Therefore, a baseline must be established, and monitoring tools must be in place to record numbers that will lead to an overall assessment during each yearly review based on comparisons with the previous year. Proposed indicators include⁷:

- number of joint programmes;
- number of joint consultations with national AIDS coordinating authorities, civil society and private sector stakeholders;
- number of unified UN positions released on key issues;
- percentage of resources (from donors, from headquarters) going through joint UN activities as articulated in the programme of support;
- number of joint activities/joint assessments;
- expertise of joint team members;
- implementation rate of main sources of funding;
- degree of alignment with UNDAF and the national strategic plan.

⁶ This paragraph refers to monitoring and evaluation of the one joint UN programme of support, which is the overarching articulation of the entirety of UN support to the national response. Each joint programme or individual agency project will continue to be evaluated using each agency's traditional programme evaluation methods.

⁷ Increases in each of these areas would be the desirable or "successful" change.

Each team can also choose to set targets in each area of assessment appropriate to the country situation; for example, “three joint programmes will be created” or “50% of our programmes will be joint”.

32. In addition to the quantitative measures above, an independent mid-term evaluation using qualitative methods can look at whether the programme of support:

- is aligned to national priorities,
- is strategic and evidence-informed,
- provides clarity on roles and responsibilities of individual agencies, and
- includes individual as well as joint or collaborative activities.

It may also seek to determine what its contribution has been to achieving universal access targets, and whether the national authority is holding the UN accountable collectively for its commitments outlined in the programme of support. As recommended by the UNDG guidance paper on joint programming, specific emphasis should be placed on how the “joint” nature of the programme contributed to positive outcomes in each area⁸. Individual agencies remain responsible for evaluating the performance of the activities/programmes that make up the programme of support, and are assigned to them as the lead agency.

33. **Reporting.** Joint teams will report to partners throughout the programme of support cycle. At minimum, two reports are required: (1) the annual report of the resident coordinator, which also describes the progress and achievements of the joint team, and (2) the UCC biannual report, which also includes information on the joint team and programme of support.

Figure 10

Cambodia: monitoring, evaluation and reporting

In Cambodia, the annual work plan of the joint UN team on AIDS details the activities that the team will undertake in each of the UN support areas (six areas of support identified through an analysis of how the UN can jointly exercise its comparative advantages to support the national strategic plan.) Activities listed in the work plan, with lead agencies responsible for implementation, contribute to the achievement of outputs, which represent targets to be reported on annually by lead agencies. The outputs from the activities are designed to result in the achievement of outcomes. Some of the outputs will be achieved by undertaking a single activity, while others will require a number of activities to achieve the output. Many of the intended outcomes will be achieved over a number of years, based on the cumulative contribution of outputs. The UNAIDS office tracks progress in the achievement of outcomes, recognizing this may take place over a longer period than 12 months.



⁸ “When an evaluation of a joint programme is undertaken, traditional evaluation criteria (relevance, efficiency, effectiveness, impact and sustainability) apply with an emphasis on results and on the joint programming process.”

Figure 10a

Cambodia: a monitoring and evaluation framework for the programme of support

UN Support Area	Activity	Output (reported by lead agency/s)	Outcome (reported by UNAIDS Sect)	Impact
Building capacity for leadership and governance	Capacity-building of the NAA (lead agency)	Increased competency of the NAA to lead a decentralized response	Decentralization of HIV programmes	Strengthened multisectoral response to AIDS (UNDAF outcome)
	Mainstreaming HIV into commune council planning processes (lead agency)	Planned and funded HIV activities		
Promoting results through harmonization and alignment	Institutional strengthening of HACC (lead agency)	Increased ability of HACC to coordinate civil society	Coordination of support for the national HIV response	
	Donor HIV forum established (lead agency)	Better coordination of donor inputs		

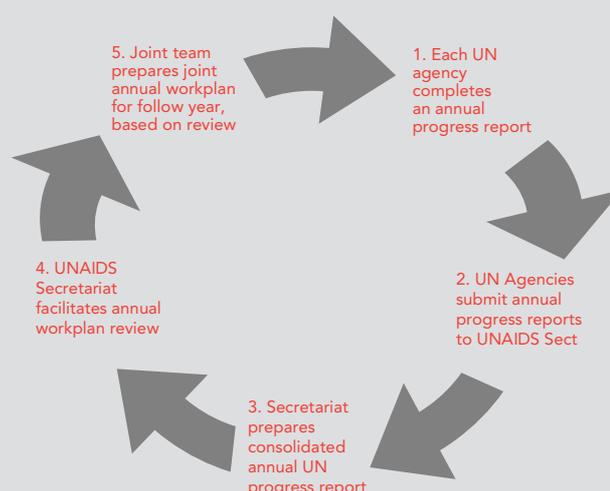
An annual review of progress is a key accountability mechanism for individual agencies and the joint team. Monitoring and evaluation of the programme of support is integrated with the joint team’s annual workplanning to ensure that the work of the UN builds on achievements of the previous year(s) and is responsive to emerging needs.

The key steps in the annual review process are (see Figure 10b for an overview).

1. Each UN agency completes the monitoring tool matrix for the activities for which they are responsible. (The Cambodia monitoring tool is included as an example in Annex IV).
2. Agencies submit their completed monitoring tool matrix to the UNAIDS office annually, on an agreed date.
3. The joint team in collaboration with the UNAIDS office is responsible for reviewing the results of activities in relation to expected outputs and assessing whether intended outcomes have been achieved. The UNAIDS secretariat produces an annual report consolidating the results of all activities in relation to expected outputs and intended outcomes.
4. This annual consolidated report is reviewed by the joint UN team on AIDS and is used as the basis for development of the team’s annual AIDS workplan for the next 12 months.
5. The joint team prepares the annual work plan for the following 12 months.
6. There will be an externally facilitated mid-term review of the joint programme of support in addition to the annual review.

Figure 10b

Cambodia: Overview of joint support programme annual review and planning process.



4. Financial arrangements

34. Joint programmes of support that have been endorsed for quality may be financed from various sources. These are summarized in Figure 11, together with the mechanisms for channelling such funds.

Figure 11

Sources of funds	Mechanisms for channeling funds	Resource materials
Cosponsor budgets	UNDG (i.e. pooled, pass-through, parallel) or cosponsor-related (refer to rules and regulations of respective agencies)	UNDG guidance note December 2003 Respective cosponsor rules and regulations for channelling funds
Extra-budgetary funds (XB)	Direct funding to a cosponsor or through an administrative agent under UNDG pass-through	
UBW PAF funds	Resident coordinator system ⁹	Guidance note on PAF, March 2006
Designated XB funding through PAF (e.g. CDC)		
Other technical assistance funds mobilized by the UNAIDS secretariat		

35. **UNDG mechanisms.** The 2003 UNDG guidance note proposes three types of funding mechanisms to be used for activities of the joint programme of support and other joint activities in support of the national response. Selection of one or a combination of these funding mechanisms should be based on how to achieve the most effective, efficient and timely implementation, and to reduce transaction costs for national partners, donors and the UN. The mechanisms are:

➔ **parallel:** common results, different national partners. Each organization manages its own activities within the common workplan and the related budget whether from regular or other resources;

➔ **pooled:** common results, one common national partner and/or common geographical area. UN organizations pool funds to one UN organization (the “Managing Agent”);

➔ **pass through:** common results prepared as a joint programme proposal to donors, who prefer to channel funds through one UN agency (the “Administrative Agent”).

36. In instances where funding emanates from UN agencies, the parallel funding mechanism is the most feasible option to fund activities within joint programmes of support. The “pass-through” fund management is probably the most relevant option for joint programmes where joint activities spanning across two or more agencies submit a joint programme document to donors to fund gaps. Under this arrangement, it is recommended that the UNAIDS secretariat should not serve as administrative agent except in instances of last resort.

⁹ Other mechanisms to channel funds at the country level are available to the UNAIDS Secretariat (Programme Funding Agreement and Programme Review Committee). However, in the majority of cases these are less efficient than the resident coordinator system for joint programmes.

37. **Receiving funds through the pass-through mechanism:** when the secretariat is receiving funds for activities under this arrangement, options for channelling and using funds are as follows:

➔ **Funds available through the UNAIDS Trust Fund:** funds received through the trust fund are accessed through mechanisms established at the global level such as internal commitments (INTCOMS) and programme funding agreements (PFAs).

➔ **Funds retained by UNDP on the secretariat's behalf:** the funds are retained at country level and UNDP authorizes the UCC in writing to initiate actions. Overall responsibilities in this regard are agreed upon in advance and included in a letter from UNDP to the UCC.

➔ **Funds available through the UNAIDS Trust Fund and retained by UNDP:** given the less efficient processes to access funds received through the trust fund, a combination of options 1 and 2 is available whereby the secretariat receives only those funds which need to be initiated at the Geneva level (e.g. hiring of international staff/operational costs) and activity funds for local actions (e.g. hiring of consultants, meetings/workshops) are retained by UNDP. In this instance, the secretariat workplan included in the Memorandum of Understanding among participating agencies should only reflect the funds being channelled through the trust fund. The funds retained by UNDP are accessed under authority of the letter between UNDP and the UCC, as indicated in Option 2.

Example: Kenya is in the process of negotiating Option 3, whereby UNDP will serve as administrative agent, the secretariat will receive funds for international staff (through the trust fund) and activity funds will be retained with UNDP at the country level.

When the secretariat is serving as administrative agent and is receiving funds for activities under the pass-through mechanism arrangement, the funds channelled through the trust fund must include the administrative agent's fee, as well as 13% for programme support costs.

It is important to note that all Memoranda of Understanding among participating agencies and letters of agreement with donors are signed at the headquarters' level after the required clearances are obtained at the regional and headquarters' levels.

38. **Cosponsor-related mechanisms:** refer to rules and regulations of respective agencies.

39. **Resident coordinator system.** One option for channelling UBW/PAF funds that have been planned to fund joint programmes of support is the resident coordinator system. Under this system, joint programmes of support are developed by the UN joint team, approved by the UN theme group on AIDS and endorsed by the PAF committee based in the respective UNAIDS secretariat regional support team. The resident coordinator system also serves as an option to channel other technical assistance funds at the country level raised by the secretariat.

Annexes

Specific tools

Annex I

Quality assurance checklist

Quality assurance checklist (joint team)

- Terms of reference are established for the joint team.
- Members are formally designated to the joint team by their respective heads of agency.
- Individual members have participation in the team included in their terms of reference.
- Agreed-upon mechanisms are in place to report an individual's contribution to the team to his or her supervisor.
- Agreed-upon mechanisms are in place to assess the joint teams.

Quality assurance checklist (joint programme of support)—how to ensure that it is supply driven.

Preparation

- Do you (the UCC and other key AIDS experts in the country) "know your epidemic"? If not, a situation analysis should be carried out.
- Is there a national AIDS strategic plan that addresses the main characteristics of the epidemic?
- Has an annual work plan been developed?
- Do UN staff know basic information about AIDS, how it is transmitted, and how to protect themselves? (See AIDS assessment tool, Annex III). If not, conduct capacity-building exercises consistent with the UN Learning Strategy on HIV/AIDS.
- Has the UN Technical Assistance Division of Labour been adapted to the country context, and endorsed by heads of agencies?
- Has a technical support needs assessment been completed?
- Does the country have a national technical support plan?

Finalization

- Does UNDAF contain key outcomes related to AIDS? If not, ensure that specific activities are included in the results matrix showing how outputs related to AIDS can have an impact on outcomes in other areas.
- Do you have criteria for selection/prioritization of activities for the programme of support, for example, those that show evidence of building on lessons learnt, or being sustainable in the long-term?
- Have financial and operational arrangements for investing in the joint programme of support been clarified at country level?
- Are civil society and private sector partners involved?
- Has baseline data been collected for joint team and programme of support performance assessment?
- Is the programme of support funded partly by partners/donors.

Implementation

- UN agencies meeting collectively with government to discuss AIDS-related issues, not having individual meetings.

Annex II

Mapping of United Nations resources on AIDS at country level

The mapping exercise will focus on such areas as human/technical resources, skills mix, financial resources and geographical coverage. The exercise also fits in well with the letter from the Secretary-General to the resident coordinators and is part of the reform agenda.

It is therefore highly recommended that each country conducts this very useful assessment prior to undertaking any discussions on UN country team division of labour and formation of the joint UN team on AIDS.

Objectives

1. To map out existing technical staff and financial resources allocated and spent on an AIDS programme.
2. To assess the extent to which interventions supported by UN agencies are aligned with the country's national strategic framework's (NSF) key objectives and expected outcomes, and sector line ministries strategic plans.
3. To assess the level of inter-agency coordination and harmonization in programme planning and monitoring of AIDS interventions.
4. To map out the geographical spread of UN-supported agencies (WHO, WHAT, WHERE).
5. To recommend steps to improve joint programming and alignment against the new national strategic plan, priority annual action plan and the line-ministries' sector plans.

Justification for the mapping exercise

In the context of one country team on AIDS, it is expected that UN agencies coordinate their programme planning and monitoring of interventions which they are supporting. Often, some agencies develop programmes with little consultation/joint planning with convening roles. At the same time, there is a tendency of agencies implementing programmes without harmonizing indicators. For example an agency might have programmes on orphans and vulnerable children without consulting UNICEF either in programme planning or monitoring. Although UN is advocating results-based programmes, it is common to find agencies without clear monitoring and evaluation plans, personnel or resources allocated to monitoring and evaluation.

The assessment will establish the level of inter-agency coordination in joint programming and harmonization of indicators to track progress based on common targets.

It will also assess the extent to which UN supported programmes are coordinated and aligned to the key results/outcomes of the NSF and action plan. This implies that UN supported programmes should stipulate their level of contribution to national targets and outputs as outlined in the NSP/MTEF.

The assessment will also establish the (1) number of technical staff available in each agency; (2) amount of time dedicated to AIDS by the staff member, and (3) available skills vis-à-vis the tasks assigned and training needs to strengthen capacity.

Given the UN's role to advocate increased funding for AIDS, the study will assess the level of financial allocation and absorption capacity in the last three years focusing on allocation, commitment and spending. The assessment will also establish agency priorities in the context of integrated support planning (interventions and targets) and within the context of coordination and equity in service provision, the study will map out the geographical spread of the interventions by source of support.

This will provide the opportunity to map out programme support on key issues such as strengthening the prevention strategy and other key corporate priorities.

Establishment of a joint UN programme of support as a next step

While this exercise helps to map UN resources earmarked for the AIDS response, it also sets a basis for conducting a more in-depth analysis of the comparative edge each respective agency possesses. Furthermore this ensuing analysis will lay a strong foundation for the establishment of a joint UN programme of support in the respective country. For a complete picture of the response, a SWOT analysis is recommended following the completion of the mapping exercise.

Given that the SWOT is designed to identify strengths, weaknesses, opportunities and threats of an organization and other entities, it is envisaged that for this purpose special emphasis will be placed on highlighting and identifying the comparative edge that each agency possesses. The process should therefore be informed by the development of a well-defined UN technical support plan that includes a clear set of deliverables and detailed collective and individual accountability of the UN country team. Additionally, final consensus should also be based on the agreed division of labour among United Nations agencies, funds and programmes as is stipulated in the Secretary-General's December 2005 letter to UN resident coordinators.

Methodology

The tool will be e-mailed to UN agencies to be completed by the AIDS focal point person/ monitoring and evaluation officer. UNAIDS will follow-up on the completed tool and provide support where necessary.

On the finance section, where the agency is supporting a mainstreamed programme, there will be reference to the project proposal and the Medium Term Expenditure Framework (MTEF) key results which should highlight the AIDS component in the mainstreamed programme. The same is expected in programmes which are receiving funding based on budget support.

Outcomes

While the mapping is the starting point, the expected outcomes are:

- country support plan for AIDS which responds to national priorities; and
- consolidated technical support plan in line with agreed division of labour (GTT).

Annex II (con't)

Assessment tool

Reporting UN organization:	
Name of reporting staff member:	
Responsibility of reporting staff member:	

UN support to the national AIDS responses

A. Technical staff support allocated to AIDS

1) How many programme staff members does the agency have in all programme areas?

(Indicate actual #): _____

2) Does your agency have dedicated technical staff for AIDS programmes?

Yes No

3) If yes, how many? (Indicate actual #): _____

4) How much time does the staff in A3 above dedicate to AIDS?

Full Time Part-Time

Full time means committing more than 80% of staff time on AIDS

5) Part-time – explain/indicate (in % of total work time):

List number staff (according to key responsibilities) and % of time spent on AIDS. _____

6) How many are seconded to line ministries and other partners (Indicate actual #): _____

7) Do you have staff located at the central or decentralized levels?

Yes No

Please specify region/district by number of staff

8) Which programme areas do your staff work in? Please list, e.g. prevention of mother-to-child transmission, orphans and vulnerable children, monitoring and evaluation, etc. Please indicate educational background

Programme area	Number of staff	Educational background

B. Financial resources allocated to AIDS

1) How much did your agency allocate to AIDS in:

2005 (US\$)	2006 (US\$)	2007 (US\$)

2) How much was actually spent on AIDS in:

2005 (US\$)	2006 (US\$)	2007 (US\$)

3) How much of these resources are committed for monitoring and evaluation of AIDS programme implementation?

2005 (US\$)	2006 (US\$)	2007 (US\$)

C. Geographical coverage of programmes in 2007

Priority setting

1) How does your agency determine how much to allocate/contribute to AIDS (*describe*):

2) Through what channels do you provide support to the national AIDS response?

Budget support at national level (2007)

Yes No

Specify programme areas

Programme area	Amount allocated (US\$)	Key results

Project support through districts

Yes No

4) Were any of these programmes co-planned with other UN agencies/development partners?

Yes No

5) Were any of these programmes co-financed by other UN agencies/development partners?

Yes No

6) If yes, with whom (*list all co-financed programs*), and how much was your Agency's contribution? (*The purpose is to establish partnerships and share of agency contributions*)

Programme	Co-financing Agency (including non-UN agencies)	Your agency's contribution (US\$)	Programme overall budget (US\$)

D. Coordination and harmonization within the UN and with government and other partners

1) **Harmonization:** indicators used by your agency to track progress of the above programmes, and key stakeholders with whom your agency has harmonized the indicators.

Indicator	UN agency with similar indicator	Other partners with similar indicator (<i>specify</i>)

2) Key challenges your agency faces in implementing AIDS programmes

1	
2	
3	
4	
5	

3) Recommendations to address the above and other broader challenges

1	
2	
3	
4	
5	

Annex III

SWOT Analysis

Background: a SWOT analysis is used to map out and analyse the internal strengths and weaknesses of your organization and the external opportunities and threats. Before starting, focus must be narrowed to a very specific objective, for example, “[What are the strengths, weaknesses, opportunities and threats that we face working together as individual agencies towards systemically defined goals requiring combined efforts.”]

	Positive	Negative
Internal	Positive internal forces we can call strengths . These are things that currently work for your organization or for a specific campaign. If analysing an organization, for example, we might think about the quality of staff members, the level of funding, the capacity of the technical committees.	Negative internal forces we can call weaknesses . These are things that work against the effectiveness of an organization or campaign. In our analysis, we might think about the rapid turnover of key staff, the fact that the programme manager is too often on duty travel, or poor financial control.
External	Positive external forces we can call opportunities. These are situations outside the immediate organization, of which we can take advantage. So, in this part of an analysis, we might consider the willingness of a famous film actor to speak out about the AIDS situation in the country as an opportunity.	Negative external forces we can call threats. These are situations—again, outside our immediate control—that have an impact on our ability to be successful. An example for an AIDS-awareness-raising organization might be opposition from a religious leader, or the possibility of losing a funding source.

Process: brainstorming each category. There are many ways that brainstorming can be done. For example, ‘round robin’ is a method where participants sit around a table and are each given a chance to either offer a response or pass. The facilitator notes the responses on flip chart pages, or on a grid such as the one above. This should go very quickly, with no more than 10 seconds per person. When several passes have been made and no new ideas are being offered, move on to analysis. Another method that allows more time for reflection and anonymity is to post four flipchart pages around the room (one each for S, W, O, and T). Participants circulate, writing their ideas on each page.

After brainstorming is over, consolidate responses by merging similar ideas, group into categories, and prioritize or rank according to perceived importance. Then discuss the results of the analysis.

- a. How can we build on and learn from our strengths, and address our areas of weakness?
- b. How can we reduce or address the threats? What are the opportunities and how can we seize them? What is likely to be more productive—drawing on opportunities or diminishing threats?
- c. What are the priority areas of action, based on the answers to questions (a) and (b)?

Annex IV

The Cambodia 2006 joint programme of support monitoring tool

EXPECTED JOINT PROGRAMME OF SUPPORT ANNUAL WORKPLAN OUTPUTS AND INDICATORS INCLUDING ANNUAL TARGETS	PLANNED ACTIVITIES List all the activities including monitoring and evaluation activities to be undertaken during the year towards stated outputs	EXPENDITURES List actual expenditures against activities completed	RESULTS OF ACTIVITIES For each activity, state the results of the activity	PROGRESS TOWARDS ACHIEVING JSP OUTPUTS Using data on annual indicator targets, state progress towards achieving the outputs. Where relevant, comment on factors that facilitated and/or constrained achievement of results including: Whether risks and assumptions as identified in the M&E Framework materialized or whether new risks emerged Internal factors such as timing of inputs and activities, quality of products and services, coordination and/or other management issues
OUTPUT 1: INDICATOR 1.1 WITH TARGET FOR THE YEAR:				
INDICATOR 1.2 WITH TARGET FOR THE YEAR:				
OUTPUT 2: INDICATOR 2.1 WITH TARGET FOR THE YEAR:				
INDICATOR 12.2 WITH TARGET FOR THE YEAR:				

Annex V

Glossary

CHAT: Country Harmonization and Alignment Tool

CPD: CP outputs are elaborated in the CPDs refined during CPAP preparation, and then used to update the Results Matrix. This iterative process serves a due diligence function, enabling all partners to confirm that agency outputs are indeed making a contribution to agreed, common UNDAF outcomes.

CPAP: The Country Programme Action Plan is each UNDG's Executive Committee (ExCom) agency's management plan for its country programme which is signed with the government. The Excom agencies are UNDP, UNFPA, UNICEF and WFP.

UNDAF Outcome: the short- and medium-term results based on the collective efforts of all partners.

Output: The products and services which result from the completion of activities within a development intervention; operational changes.

Outcome: The likely or achieved short-term and medium-term effects of an intervention's outputs; institutional or behavioral changes.

Impact: Positive and negative, primary and secondary long-term effects produced by a development intervention, directly or indirectly, intended or unintended.

Joint consultation: Where one or more representatives from the joint team bring a common UN position to a meeting with stakeholders, and who report back to the team afterwards.

Joint programming: The collective effort through which the UN organizations and national partners work together to prepare, implement, monitor and evaluate the activities aimed at effectively and efficiently achieving the Millennium Development Goals and other international commitments arising from UN conferences, summits, conventions and human rights instruments. Through joint programming, common results and the modalities for supporting programme implementation are identified.

A joint programme: A set of activities contained in a common workplan and related budget, involving two or more UN organization and (sub-)national partners. The workplan and budget will form part of a joint programme document, which will also detail roles and responsibilities of partners in coordinating and managing the joint activities. The joint programme document is signed by all participating organizations and (sub-)national partners.

Results-based management: A management strategy by which an organization ensures that its processes, products and services contribute to the achievement of desired results (outputs, outcomes and impacts). Individuals are accountable for results, as opposed to inputs only. The difference is a focus on results from the beneficiary perspective, and not on completing activities from the provider's perspective. "Results" are changes (output, outcome, or impact) that derive from actions (inputs, processes, activities), following an 'if-then' logic of cause and effect—"If skills are strengthened, then leadership will be empowered".

UNAIDS, the Joint United Nations Programme on HIV/AIDS, brings together the efforts and resources of ten UN system organizations to the global AIDS response. Cosponsors include UNHCR, UNICEF, WFP, UNDP, UNFPA, UNODC, ILO, UNESCO, WHO and the World Bank. Based in Geneva, the UNAIDS secretariat works on the ground in more than 80 countries worldwide.



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