

ANNEX 2: EVALUATION DESIGN DOCUMENT (SHORT VERSION) (DFID, 2005a)

PREFACE

This is the short dissemination version of a design paper for the planned 2006 evaluation of *Taking Action: the UK's strategy for tackling HIV and AIDS in the developing world*. The longer version contains more details on the evaluation questions, approaches and samples. It can be accessed at <http://www.dfid.gov.uk/About-DFID/Finance-and-performance/Evaluation/Evaluation-news/>

This design paper was developed in close collaboration between the Evaluation Department (EvD) of the UK Department for International Development and HLSP Consulting. The main authors are **Julia Compton** of EvD and **Bob Grose** of HLSP, and it draws on the valuable work carried out by an evaluation framework team from HLSP led by **Wendy Roseberry** with **Jim Bennett, Bob Grose, Susan Beckerleg, Jackie Mundy, Mark Pearson, Alan Whiteside and Monika Zabel**. **Julia Compton** of EvD is the manager of this evaluation (j-compton@dfid.gov.uk; (+44) (0) 1355 843714).

Because this is a design paper for a formative (lesson-learning) evaluation, great demands have been put on the Evaluation Steering Group – not only to define and prioritise the evaluation questions and indicate which approaches are likely to be feasible, but to promote the evaluation through their own work with partners, ensuring that important evaluation questions can be included in joint country reviews and multilateral review mechanisms. Sincere thanks are due to the members of this group for their commitment and thoughtful contributions. The Evaluation Steering Group includes **Hans-Martin Boehmer** (Chair) (DFID Head of Human Development Group, Policy Division), **Jenny Amery** (DFID Asia Policy Dept); **Sandy Baldwin** (DFID United Nations, Conflict & Humanitarian Division); **Mike Battcock** (DFID Civil Society and Communications Unit); **Phil Cockerill** (DFID Policy Division, Global AIDS Policy Team, Statistics Adviser); **Madeline Church and colleagues** (UK Consortium on AIDS and International Development and member NGOs); **Jeanelle de Gruchy** (DFID, Africa Policy Dept); **Kerstin Hinds** (DFID Corporate Strategy Group); **Mary Jane Hunt** (DFID International Division, Cabinet); **Sue Kinn** (DFID Central Research Department); **Andrew Long** (DFID Central Research Department); **Jane Pepperall** (DFID Africa Policy Department); **Louisiana Lush** (DFID International Division Advisory Department); **Lisa Maguire** (FCO Global Economics Dept); **Malcolm McNeil** (DFID Europe Middle East and Americas Division); **Kay Orton** (Dept. of Health, HIV Services and Sexual Health Promotion); **Sheila Round** (DFID Policy Division, Aid Effectiveness Team); **Carolyn Sunners** (DFID Europe Middle East and Americas Division) and **Tim Waites** (DFID Policy Division, Social Protection Team, Livelihoods Adviser). We are also grateful for the very helpful inputs from other 'friends of the evaluation' including **Robin Gorna**, Head of DFID Global AIDS Policy Team, **Svetlana Pkhidenko**, DFID Russia, **Robin Owen**, National Audit Office, and our colleagues from EvD, especially **Nick York (Head)**, **Ian Belshaw**, **Joanne Bosworth**, **Jane Gardner**, **Kate Tench** and **Shona Wynd**.

This second version also incorporates written external comments from NGOs, research and development organisations and private sector (**Help Age International, Voluntary Service Overseas, ActionAid, World Vision, International AIDS Vaccine Initiative, Help the Hospices, Merlin, Burnet Institute of Medical Research, Futures Group, Crown**

Agents UK, UNISON, Martha Ainsworth (World Bank OED, in personal capacity), and from DFID offices in Ethiopia, Pakistan, Russia, Rwanda, and DFID statistics advisers led by Siobhan Carey. Many more people have contributed ideas informally – we thank them for their inputs and regret that they are too many to list here.

Finally, thanks are due to Masood Ahmed, Director General (Policy and International), DFID, who is the ‘evaluation champion’ for this evaluation. Masood has outlined key evaluation questions from the perspective of the DFID Top Management Group and has also helped raise the profile of this evaluation.

BACKGROUND AND OBJECTIVE

The UK Government’s new AIDS strategy (*Taking Action: the UK’s strategy for tackling HIV and AIDS in the developing world*), referred to here as ‘*Taking Action*’ or ‘*TA*’ was launched by the Prime Minister in July 2004. The Department for International Development (DFID) is the lead government department for implementing *Taking Action*, working together with the Foreign and Commonwealth Office (FCO), Department of Health (DH) and others. The Government has committed significant funding for HIV and AIDS: at least £1.5 billion over 3 years, up from £270 million in 2002/3.

This interim (‘formative’) evaluation of *Taking Action* will run during 2006 and report at the end of the year (see page 17 for details). It will be carried out by independent consultants. This is the design paper for the evaluation. It sets out the main questions the evaluation will address, and proposes approaches to answering them.

The objective of this evaluation is to make recommendations in four areas:

1) to improve implementation and monitoring of the current strategy

Taking Action runs from 2004–2008. One important aim for this evaluation is to spot areas where implementation of the strategy is proving challenging, and to stimulate debate about how best to tackle these. This debate will be an important part of the evaluation process during 2006.

2) on how best to measure the success of the strategy, looking forward to the final evaluation of *Taking Action* in 2008/9

Taking Action represents a large commitment in resources for the UK Government. The final evaluation of the strategy, planned for 2008–9, will assess whether those resources have been well used for the purpose intended. This is far from straightforward, as the UK Government works within a complex international effort to tackle multiple facets of HIV and AIDS. For this reason, another important aim of this formative evaluation is to propose and discuss the indicators of success and approaches to the final evaluation and to collect baseline data.

3) for the UK Government’s next steps on AIDS from 2008

Taking Action represents an ambitious attempt to tackle multiple facets of the HIV and AIDS crisis in the developing world. This evaluation will examine some of the experience gained to date and help the UK Government to decide on its future priorities and approaches.

4) regarding future UK (especially DFID) strategies on development issues

Taking Action was launched at a time when UK development aid is increasingly moving towards a ‘country-led approach’ to development. *Taking Action* is therefore an important test case for the following question, which is at the heart of current debates on how best to manage development aid: “As a donor country we have things we wish to achieve, policies we would like implemented, spending targets we need to meet. How do we square those with letting countries choose priority policies, sectors and manage donors themselves?” *Taking Action* was also innovative in being a cross-Whitehall strategy and having spending targets attached to it. The evaluation should therefore throw up interesting lessons for other development strategies.

A NOTE ON METHODOLOGY

The methodology proposed for this evaluation is influenced by three important needs:

- getting the information necessary to improve UK policy and practice, by answering the questions in the Table of Questions and Approaches (TQA) below
- adhering to the UK’s international agreements to harmonise with other donors and minimise the burden of evaluation on national governments and other partners
- covering the very large and complex area of tackling HIV and AIDS with a limited budget, and without prior groundwork having been done on indicators and baselines

In this context:

- It is not expected that this evaluation (2006) will be able to make a *systematic and detailed* assessment of outputs and outcomes of UK-supported activities. Rather, it is designed to **highlight the main issues** arising from the first 1.5–2 years of implementation of the strategy and to **learn lessons**. The groundwork for a more systematic assessment is being laid in TQA Question 2, by defining indicators and baselines for future evaluations.
- The evaluation will **not** normally seek to attribute specific development outputs or outcomes (for example: number of people treated with ARV drugs) to UK support, since the UK government is part of a large international effort to tackle HIV and AIDS, co-funding with many partners. The evaluation will instead concentrate on UK government *policy, systems and choices of partners*, and ask if and how these could be improved to get better and more cost-effective outcomes. Relevant output and outcome data will be presented as supporting evidence where available (see next point).
- Most of the information will come from critical analysis of the **data in existing reviews and reports**. There are already a large number of existing reviews of many aspects of HIV and AIDS work, including overarching international reviews by UNAIDS. The TQA indicates how these might be analysed to extract much of the information needed by the evaluation. For example, comparative analysis of existing reviews of different partner organisations may give useful information about their comparative effectiveness and efficiency. Key data gaps (missing or poor-quality information) will be identified during the evaluation and proposals made as to how these can be filled in future (see TQA Question 2).
- Some of the information (e.g. understanding how UK government decisions are made) will need to come from **individual interviews and group discussions** with UK staff and programme partners. The guiding principle will be to ‘ask the right people the right questions’, prepare properly for interviews by relevant reading,

and not overburden interviewees. Video conferencing and phone interviews will be used whenever possible to cut costs and minimize the strain on country offices and partners.

- **Choice of countries for further study:** Country visits will be used principally to answer evaluation questions that cannot reasonably be answered any other way. The benefit of country visits is that they enable evaluators to verify and better understand information in reports, and to hear the views of local programme partners who might not otherwise have a voice in the evaluation. The challenge is to collect high-quality information while being aware of the need to minimize the time burden on partners. Up to seven countries will be selected purposively to represent various country contexts and aid management issues. Criteria to be considered are listed in the following table. In order to make the evaluation more useful for participating countries, provision will be made for up to two additional evaluation questions of limited scope to be added by each DFID country office/FCO Post in agreement with the Evaluation Department.
- As this is a formative (learning) evaluation, the **process of the evaluation** is considered to be as important as the final report. The evaluation team are expected to use seminars, consultations and dissemination of preliminary findings in a way to maximise organisational learning. The evaluation is also expected to produce recommendations for action by UK Government Departments, as well as general findings and lessons. Recommendations should be specific, implementable, measurable, and wherever possible directed to specific directorates or departments.

Criteria for country selection

	Criteria	Observations
1	Geographic region	Probably four countries in Africa, two in Asia and one in Eastern Europe.
2	Stage of epidemic	Emerging, early-established, long-established should be represented.
3	Country context	Low income, Middle income, Post-conflict, Fragile States, Poverty Reduction Strategy countries should be represented. Fragile states and conflict are increasingly important in the UK aid agenda, so at least two countries are needed to investigate these issues.
4	Aid instruments, partnerships and funding lines	Countries chosen should enable the evaluation to investigate issues around different instruments and partners including General Budget Support, Sector support, National Aids Commission, vertical programmes, multilateral agencies, direct funding to NGOs etc. At least two countries where general budget support is a major feature are needed, to answer TQA 1.4 and 3.2
5	Level of UK Government resources allocated to particular partners/activities	High spending areas will be tentatively identified from the 2004 mapping study and DFID management information systems (see TQA – 1.2). Other criteria (e.g. 6, 7) may however over-ride this
6	Priorities of top UK Government decision-makers and the Evaluation Steering Group (ESG)	

	Criteria	Observations
7	Lesson-learning from perceived 'successes' and 'failures'	Examples may be identified by the ESG, country offices and others
8	Interest/willingness of national governments, DFID country offices and FCO posts to collaborate	It is intended that this evaluation will answer questions of relevance and interest to these important stakeholders, as well as to central UK government.
9	Existence of joint country reviews with which the country study can collaborate, to minimize burden on partners	

SHORT TABLE OF QUESTIONS AND APPROACHES (TQA)

Question no./level	Question	Expected 'evaluation product' (W- working paper, S- section of main report, B – briefing paper)
1	How is <i>Taking Action</i> being implemented to date? Can this be improved?	Recommendations to improve implementation and monitoring of the current strategy
1.1	What progress has been made on <i>Taking Action's</i> six "priority actions"? (<i>Closing the funding gap, Strengthening political leadership, Improving the international response, Better national programmes, Long-term action, Translating strategy into action.</i> – see pp. 2-7 of <i>Taking Action</i>) What are the lessons from these?	<p>S- Review of <i>progress</i>, challenges faced, lessons and recommendations. As <i>Taking Action</i> sets out over 90 activities and targets for the UK government under these six priority actions, only a limited sample will be examined for each – see Table A of the main design document for details.</p> <p>Key questions to cover: With which priority actions (from the sample) has the UK made clearest progress? Which are felt by stakeholders to be the most challenging? Are there areas that need more UK attention and resources in the coming years? Are there areas that the UK should de-prioritise/ leave to others, and in what circumstances? Are there any interventions that have turned out to be inappropriate, and what are the lessons from these? The OECD-DAC criteria (see Footnote 1 for explanation) should be considered throughout this analysis.</p>
1.2	Overall, does the distribution of current UK-supported HIV and AIDS activities reflect the priorities laid out in <i>Taking Action</i> ? If not, why not?	<p>W1 and S – Analysis of trends in DFID/OGD portfolio in 2006 since <i>TA</i> (2004-6). This should examine (at minimum) trends in the relative weight given to national and international work; to prevention, research, treatment, care and mitigation (including wider impact mitigation); to funding through government and civil society channels; to capacity-building; to programmes for 'universal access' and those focusing on particular groups, and the balance between AIDS-specific actions and broader 'enabling actions' (e.g. predictable aid, health systems). Recommendations.</p> <p>Key questions to cover: Does the overall balance reflect <i>Taking Action's</i> priorities? If not, what needs to change: the strategy, the implementation or both? Is the overall balance reasonable in terms of country needs/stage of epidemic and appropriate UK role? What hidden choices and opportunity costs are there? See also Q1.3 and 1.6 which examine the process by which strategy is translated into practice.</p>

Question no./level	Question	Expected 'evaluation product' (W- working paper, S- section of main report, B – briefing paper)
1.3	How is the UK government making decisions in practice, e.g. how are choices being made about partner institutions for tackling HIV and AIDS in developing countries? How can decision making systems be improved?	<p>S - Analysis of decision making on HIV and AIDS at different levels of DFID and FCO, with recommendations for improvement. This must cover both national and international partnerships and the links between these (see relevant questions in Annex A).</p> <p>Key questions: How are needs, barriers to progress and the UK's comparative advantage assessed before taking programming decisions on HIV and AIDS? How is the potential sustainability of actions (economic and institutional) assessed? How do UK government and partners approach prioritisation of activities to fund – and what evidence underpins this (for example epidemiology, cost-effectiveness analysis etc)? How (if at all) are the 6 UNGASS targets highlighted at the front of <i>TA</i> considered in prioritising activities? How is performance of (potential) national and international partners assessed? How are changing external circumstances picked up, communicated and translated into changed policy and programming on HIV and AIDS? What are the incentives for UK staff at different levels to implement <i>Taking Action</i>, both in programming UK funds and in influencing other institutions?</p>
1.4	What is the UK's experience with moving to "country-led" aid instruments (see Objective 4 and next column for more explanation) regarding commitment and resources allocated to HIV and AIDS and the prioritisation of the response? What are the lessons on managing this?	<p>S - Review of effect of move to country-led aid instruments, e.g. Poverty Reduction Strategies, PR Budget Support, Sector Programmes, etc. on level of commitment and resources going to HIV and AIDS. Lessons from best practice; recommendations.</p> <p>Key questions: What progress has been made and what challenges have been faced in mainstreaming HIV and AIDS into national level PRS/other strategies, including sector strategies/support? How do partner governments approach prioritisation of activities to fund? If prioritisation is poor, does the UK address this – what are the lessons? How have capacity gaps, supply chain constraints and other barriers to progress been identified and addressed? How does the UK's work with international partners (multilaterals, vertical funds, other donors, international NGOs etc) fit with / add value to country-led approaches to AIDS (or not)? See also 1.5, 3.2.</p>
1.5	How is <i>Taking Action's</i> specific focus on "women, young people and vulnerable groups" being interpreted by	<p>W2 (and W1), S - Analysis of decisions and challenges faced, and recommendations, based on a sample of the 40+ commitments made in <i>TA</i> (see Table B of main design document) Analysis of trends in DFID portfolio in</p>

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	UK government decision-makers? Is a significant proportion of funding and activities reaching these priority groups? What are the initial lessons from this?	<p>2006 since TA (2004-6) with reference to country and international data. Within the limitations of the data, an estimate of to what degree joint / country programme funding and programme activities is benefiting priority group members, and any lessons from this (including questions of prioritisation and evidence as in 1.3). Desk review of a sample of recent reviews of country programmes, and follow-up with country staff. Discussion of issues raised, and recommendations.</p> <p>Key question: How does the UK government balance this focus on the most vulnerable with <i>Taking Action's</i> other focus on donor harmonisation and alignment with countries' own policies? (see also 1.4). What are the lessons from different approaches tried, e.g. for funding local civil society organisations to support vulnerable groups, for advocacy, etc? How do country offices manage the tension between promoting a country-led agenda and promoting specific priorities on human rights, focus on equity, marginalised groups etc – what approaches have been tried and what lessons are there?</p>
1.6	Are appropriate UK Government systems and staff resources in place to implement <i>Taking Action</i> ?	<p>S- Analysis of dedicated UK staff resources and systems for tackling HIV and AIDS in developing countries, as well as wider staff skills and time resources for addressing key 'enabling environment' issues (for example health systems, AIDS and rural livelihoods). Review of HIV and AIDS monitoring in DFID/OGD government information systems. Recommendations for improvements.</p> <p>Key questions: <i>[UK staffing]</i> Are the roles/job descriptions of different staff and the division of labour clear and coherent? Do staff have adequate knowledge and skills? Are decisions about staffing and training for HIV and AIDS-related work (both specific and 'enabling environment') based on assessment of needs and the UK's relative advantage vs. other donors? What lessons can be learned from different approaches tried to manage decreasing UK government administrative and staff budgets ("Doing More with Less")? <i>[Monitoring and lesson learning]</i> What experience is there with UK systems for tracking, monitoring, lesson learning, and feedback to decision making on HIV and AIDS? How well do UK systems fit with international systems? How are specific target groups monitored (see also 1.5)? By what mechanism are beneficiary voices heard? How is non-health sector work and 'enabling environment' work</p>

Question no./level	Question	Expected 'evaluation product' (W- working paper, S- section of main report, B – briefing paper)
		monitored? What experience is there with communication strategies? Is up-to-date- guidance available for staff on key issues? How could systems be improved?
2	How should the success of <i>Taking Action</i> be measured (in the final evaluation of the strategy, 2008/9)?	Proposed indicators and baseline for the final evaluation of <i>Taking Action</i> in 2008/9
2.1	<i>Taking Action</i> includes over 130 specific commitments for UK government action (see 1.1 and 1.5). In the light of experience, are these still the most relevant targets against which to measure the success of UK strategy? If so, how? If not, how should success be measured?	W3 and S- Analysis of the indicators (explicit or implicit) already set out in <i>Taking Action</i> (see Tables A and B in annex), in light of findings on <i>TA</i> 's current relevance (3.1) and lessons from its implementation (Q1). <i>Recommendations for indicators</i> and approaches for 2008/9 evaluation, including <i>data sources</i> and how data should be measured and reported (using international or harmonised data except for some specific UK-internal process indicators). This should include <i>appraisal of international and other data sources</i> for each proposed indicator, both coverage and a preliminary assessment of quality based on clear quality criteria. The report must also present <i>credible baseline data</i> for each indicator where this exists and an analysis of key data gaps with proposals for remedying these.
3	What lessons does <i>Taking Action</i> hold for future UK strategy on AIDS – and other development issues?	Recommendations for (a) the UK Government's next steps on tackling HIV and AIDS in the developing world (from 2008) (b) other future UK strategies on development issues
3.1	Is <i>Taking Action</i> (still, in 2006) the most relevant strategy for the UK to adopt to tackle HIV and AIDS in the developing world? Are there major outstanding issues that are not adequately addressed in <i>TA</i> (bearing in mind that the UK is only one player among others)? What are the implications for future AIDS strategy?	S – Short review of current priorities, progress against key international targets, major constraints and bottlenecks to tackling HIV and AIDS, identified from international reviews and for diverse case study countries. Review of priority actions of <i>Taking Action</i> in light of this, with any recommendations for current and future strategy. Key questions to cover: What are the main constraints to achieving (a) the six international AIDS targets highlighted in <i>Taking Action</i> (p.1) (b) other important HIV and AIDS objectives identified at country level (c) the Millennium Development Goals? Are there important policy or programming issues which are not being adequately addressed? (bearing in mind that the UK is only one player and should not be expected to tackle everything.) Has the international situation (biological or institutional) changed significantly since <i>TA</i> was published – is the strategy's focus still appropriate – and does <i>TA</i> adequately consider future scenarios? Are there

Question no./level	Question	Expected 'evaluation product' (W- working paper, S- section of main report, B – briefing paper)
		particular areas of work (e.g. post-conflict, food security, old people, palliative care, social protection etc) that need more clearly formulated UK strategy? Are there areas of work that could be safely left to others?
3.2	How are the potential tensions between top-down AIDS targets and a flexible, country-led approach being managed? What are the lessons (a) for future UK AIDS strategy (b) for other UK development strategies?	<p>S and B1 (lessons for other strategies)- Review of evidence on the pros and cons of the UK-specific AIDS targets in Taking Action, especially the UK spending targets, on (a) the HIV and AIDS multisectoral response (b) health systems development (c) mainstreaming HIV and AIDS into other work (d) opportunity costs for other development programmes. This should include a review of how AIDS spending is calculated and an assessment of the additional spending generated by the target since it was set. Recommendations for future AIDS strategy and lessons for other strategies and spending targets. See also 3.3 (basis of spending targets) and 1.3 (incentives).</p> <p>Key questions: What is the evidence on the advantages and disadvantages of having a special AIDS spending target? How has this been managed? Have any problems been experienced with 'absorptive capacity' (ability to execute the budget and carry out planned activities) and how has this been managed?</p>
3.3	Taking Action has several interesting features: it is a cross-Whitehall strategy, contains spending targets, and was developed through a consultative process. What lessons can be learned for developing future strategies (AIDS and other) from the <u>process</u> of developing <i>Taking Action</i> ?	<p>S and B1 - Summary of lessons from the <i>process</i> of developing the Taking Action strategy. Recommendations for future strategy development processes.</p> <p>Key questions: What were the main challenges in developing <i>TA</i> - e.g. time, evidence base, consultation? How did it fit with other strategies? How were spending targets set? Taking Action is a cross-Whitehall strategy, led by DFID - what have been the advantages and disadvantages of this, compared to separate Departmental strategies?</p>

PROPOSED OUTPUTS AND TIMING

The table below shows proposed outputs and timing during 2006. Interviews and field visits are expected to take place between approximately Feb–Oct 2006.

Proposed date	Product	Topic/ indicative title	Coverage	Main TQA questions covered
Draft 13 Mar 2006. Final 17 April 2006	Inception report Presentation of inception report main points	Consultants' Inception Report for the formative evaluation of <i>Taking Action</i>	Preliminary review of written material; preliminary analysis of secondary data sources and identification of key data gaps. Detailed methodology for field work phase outlining the approaches to be taken to answering each evaluation question, a timetable of activities and lists of proposed interviewees and participants for focus groups (by function, not name), with the questions to be covered by each. <i>Plans for dissemination and consultation</i> during process of evaluation.	All
Draft 15 March 2006 Final 30 May	Working Paper 1 (W1)	Taking Action: a mapping study of UK funding and activities to tackle HIV and AIDS in the developing world. Presentation.	Analysis of trends in UK Government funding and activities related to HIV and AIDS (in particular the DFID portfolio) since <i>Taking Action</i> (2004–6). Comparison to a baseline study carried out in April 2004.	1.2, 1.5
Draft 28 August 2006 Final 13 Nov 2006	Working Paper 2 (W2)	Taking Action to Reach Women, Young People and Vulnerable Groups. Presentation.	Analysis of decisions and challenges faced, and recommendations, based on the mapping study (above) and a sample of the commitments in <i>TA</i>	1.5
Draft 31 July 2006 Final 13 November 2006.	Working Paper 3 (W3)	Measuring Success: Indicators and approaches for the final evaluation of Taking Action in 2008. Recommendations on data collection including baseline data. Presentation.	Analysis of the indicators (explicit or implicit) already set out in <i>Taking Action</i> , in light of findings on <i>TA's</i> current relevance and lessons from implementation. Recommendations for indicators and approaches for 2008/9 evaluation, including an appraisal of the main data sources and proposals as to how data should be measured and reported (using international or harmonised data except for some specific UK-internal process indicators). To include a review of methodological lessons learnt from the current evaluation. The report must also present credible baseline data for each indicator where this exists and an analysis of key data gaps with proposals for remedying these.	2.1
Apr–Oct 2006	Short reports	Country reports. Other short debriefing reports (if agreed): as agreed in inception phase.	Short country summaries with key points to feed back to the countries visited. To cover questions defined in inception phase plus up to two optional additional questions as requested by country office / FCO post and defined in agreement with EvD.	See column at left
Draft 31 Oct Final 1 Dec	Briefing Paper 1 (B1)	Lessons from Taking Action for future UK Government	Short briefing paper on main lessons.	3.2, 3.3

Annex 2: Evaluation Design Document

Proposed date	Product	Topic/ indicative title	Coverage	Main TQA questions covered
		strategies on development issues		
Draft – 31 Oct 2006 Final Report – 15 Dec 2006	MAIN REPORT	Formative evaluation of <i>Taking Action: the UK's strategy for tackling HIV and AIDS in the developing world</i>		All
2005 – Mar 06	<i>Consultation and dissemination activities</i>		Details to be agreed during inception phase. Wide consultation is planned.	All
Jan 2007	<i>Recommendations</i>	In DFID, EvD sends recommendations to operational departments, based on report recommendations	Relevant operational departments of DFID must respond to recommendations to outline the follow-up action they plan to take – or in some cases to explain why they do not agree.	All
Jul 2007	Follow-up report	EvD follow-up of recommendations	Six month follow-up by EvD of action taken following evaluation	--
<i>2008-2009 (to be agreed)</i>	<i>Final evaluation of Taking Action</i>		<i>Evaluation questions and approach to be agreed, based on 'Measuring Success'.</i>	--