reports

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Evaluation Report Ev666

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INTERIM EVALUATION OF *TAKING ACTION*: THE UK GOVERNMENT'S STRATEGY FOR TACKLING HIV AND AIDS IN THE DEVELOPING WORLD

INCEPTION REPORT

Social & Scientific Systems, Inc.

DEPARTMENT FOR INTERNATIONAL DEVELOPMENT

EVALUATION REPORT EV666

Interim Evaluation of *Taking Action*: The UK Government's Strategy for Tackling HIV and AIDS in the Developing World

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ACKNOWLEDGEMENTS

This report has been prepared by an independent team from Social & Scientific Systems, Inc., and the Institute of Education at the University of London (IoE). The team is grateful to all those persons who have provided support, information and comments. We received invaluable assistance from members of the Evaluation Steering Group (listed in annex 17) and from DFID's Evaluation Department (EvD), especially Julia Compton, John Murray and Jane Gardner. The UK Consortium on AIDS and International Development has also offered important collaboration for which we are most grateful. We appreciate the on-site hosting, working space and support for our team provided by EvD and by the Global AIDS Policy Team at DFID, as well as by staff of the Institute of Education. At Social & Scientific Systems, Inc., we thank Deanna Crouse, Susan Duberstein and Ariella Bock for their unstinting support and Dr. Sue Griffey, our corporate monitor. As lead author, Barbara Pillsbury thanks and acknowledges the very essential contributions of other core SSS-IoE team members in the development of this report.

Full responsibility for the text of this report rests with the team. In common with all evaluation reports commissioned by DFID's Evaluation Department, the views contained in this report do not necessarily represent those of DFID or of the people consulted.

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GLOSSARY

AIDA	Accessible Information on Development Activities
AIDS	Auto Immune Deficiency Syndrome
APLF	Asia Pacific Leadership Forum on HIV/AIDS and Development
APPG	Africa All-Party Parliamentary Group
ARIES	Activities Reporting and Information e-System
AU	African Union
CAP	Country Assistance Plan
CBO	Community-Based Organizations
CEP	Country Engagement Plan
CSCF	Civil Society Challenge Fund
CSG	Corporate Strategy Group
CPE	Country Programme Evaluation
CSP	Country Strategy Paper
DAC	Development Assistance Committee
DCD	Development Cooperation Directorate
DDP	Directors Delivery Plan
DFID	Department for International Development
DOH	Department of Health
DRC	Democratic Republic of Congo
DTI	Department of Trade and Industry
EMAD	Europe, Middle East and Americas Division
ESG	Evaluation Steering Group
EvD	Evaluation Department
FCO	Foreign and Commonwealth Office
FY	Financial Year
GAP	Global AIDS Policy Team
GBS	General Budget Support
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
GNP+	Global Network of People Living with HIV/AIDS
GTT	Global Task Team
HAG	Health Advisers Group
HIV	Human Immunodeficiency Virus
HMG	Her Majesty's Government
ICASO	International Council of AIDS Service Organizations
ICW	International Community of Women Living with HIV/AIDS
IMF	International Monetary Fund
INGO	International Non-Government Organization
IOE	Institute of Education, University of London
ISP	Institutional Strategy Plan
MDG	Millennium Development Goal
MEF	Millennium Endowment Fund
MIS	Management Information System
MOD	Ministry of Defence
MOH	Ministry of Health
MOPAN	Multi-Organisational Partnerships, Alliances & Networks
MRC	Medical Research Council
MTCT	Mother-to-Child Transmission [of HIV]

Glossary

NAC	National Aids Council
NAO	National Audit Office
NEPAD	New Partnership for Africa's Development
NGO	Non-Governmental Organization
OECD	Organisation for Economic Cooperation and Development
OGD	Office of Global Development
OHCHR	Office of the High Commissioner for Human Rights
OED	Operations Evaluation Department, World Bank
OVC	Orphans and Vulnerable Children
PAHO	Pan American Health Organization
PAPU	Pan African Policy Unit (at FCO, under Africa Directorate)
PCRU	Post Conflict Reconstruction Unit (of DFID/FCO/MoD)
PDP	Performance and Development Plan
PLWHA	People Living with HIV and AIDS
PPA	Programme Partnership Agreement
PQ	Parliamentary Question
PR	Poverty Reduction
PRBS	Poverty Reduction Budget Support
PRISM	Performance Reporting Information System for Management
PRS	Poverty Reduction Strategy
PRSP	Poverty Reduction Strategy Papers
PUSS	Permanent Under Secretary of State (for International Development)
RAP	Regional Assistance Plan
SADC	Southern African Development Community
SIDA	Swedish International Development Cooperation Agency
SRSG	Statistical Reporting and Support Group
SSS	Social & Scientific Systems, Inc.
TA	Taking Action
TC	Technical Cooperation
ToR	Terms of Reference
TQA	Table of Questions and Approaches
TSF	UNAIDS Technical Support Facility
UK	United Kingdom
UN	United Nations
UNAIDS	The Joint United Nations Programme on HIV/AIDS
UNCHD	United Nations, Conflict & Humanitarian Division
UNFPA	United Nations Population Fund
UNGASS	United Nations General Assembly Special Session on HIV/AIDS (2001)
UNICEF	United Nations Children's Fund
UNIFEM	United Nations Development Fund for Women
UNRC	United Nations Resource Centre
UNTG	United Nations Theme Group
USAID	United States Agency for International Development
USD	United States Dollar $
VCT	Voluntary Counselling and Testing [for HIV]
WHO	World Health Organization

EXECUTIVE SUMMARY

S1. The UK government's new AIDS strategy ('*Taking Action*: the UK's strategy for tackling HIV and AIDS in the developing world'[1]) was launched by the Prime Minister in July 2004, to cover the period 2005-8. *Taking Action* is a Cross-Whitehall strategy with DFID as the lead government department. Two evaluations of the strategy have been planned, an interim evaluation (this one) and a final evaluation in 2008/9.

S2. The aim of this evaluation is to improve implementation of the *Taking Action* strategy, to make recommendations for its final evaluation and to inform future decision-making. This work is guided by an Evaluation Design Paper, prepared by DFID's Evaluation Department in 2005 with substantial dialogue and input by DFID country offices, other government departments, and civil society. The present report should be read in conjunction with the design paper, which can be found at http://www.dfid.gov.uk/consultations/aids-evaluation-design.pdf

S3. This document describes what the evaluation team accomplished during the inception phase of this evaluation (6 February-13 April 2006) and how it plans to conduct the evaluation. The main report will be available in early 2007. Three working papers and two briefing papers will be disseminated in the interim, beginning in June 2006. Recommendations will be based on document review, interviews and focus groups with DFID and other Cross-Whitehall personnel and case studies in seven countries: China, Democratic Republic of Congo, Ethiopia, India, Russia, Zambia and Zimbabwe. Dissemination events are planned for early 2007.

[1] Referred to in this document as *Taking Action.*

1 OVERVIEW

1.1 – 1.4 Background and objectives of the Evaluation

1.1 The UK government's new AIDS strategy ('*Taking Action*: the UK's strategy for tackling HIV and AIDS in the developing world'[2]) was launched by the Prime Minister in July 2004, to cover the period 2005-8. The Government has committed significant financial resources to support this area (at least £1.5 billion over 3 years, up from £270 million in 2002/3). *Taking Action* is a Cross-Whitehall strategy with DFID as the lead government department. The Secretary of State and Permanent Under Secretary of State for International Development are concerned to ensure systems are in place to measure the impact of the additional resources allocated to tackling HIV and AIDS, and to 'monitor, evaluate and challenge interventions'[3]. Two evaluations have been planned, an interim evaluation (this one) and a final evaluation in 2008/9.

1.2 The aim of this evaluation is to improve implementation of the *Taking Action* strategy and to make recommendations for its final evaluation and for future decision-making. The evaluation is guided by an Evaluation Design Paper, prepared by DFID's Evaluation Department with substantial dialogue and input by DFID country offices, other government departments and civil society during 2005. The present report should be read in conjunction with the design paper, which can be found at http://www.dfid.gov.uk/consultations/aids-evaluation-design.pdf.

1.3 The specific objective of the evaluation is to provide DFID and the Cross-Whitehall Coherence Group with recommendations in four areas:

1. how to improve implementation and monitoring of the current strategy,
2. measures and indicators of success for the final evaluation of *Taking Action* in 2008/9 (including defining the baseline against which improvements will be assessed),
3. informing the UK Government's next steps on AIDS from 2008, and
4. future UK (especially DFID) strategies on development.

1.4 Linked to the evaluation's four objectives are three main questions. These are supplemented by ten amplifying questions (see Table 1 below). Many additional guiding questions are set forth in the Evaluation Design Paper, however these 13 core questions are the ultimate focus of the evaluation.

1.5 The Evaluation Team

1.5 The evaluation is being conducted by a consortium led by Social & Scientific Systems, Inc. with the Institute of Education of the University of London. A core team of five consultants is leading the work, supported by a technical panel. Core team members are Barbara Pillsbury (team leader), Roger Drew, Karen Semkow, Peter

[2] Referred to in this document as *Taking Action.*
[3] Minutes of meeting with Permanent Under Secretary of State for International Development, 26 July 2004.

Aggleton, and Ian Warwick. The evaluation is managed by DFID's Evaluation Department (EvD).

Table 1: The 13 Main Questions the Evaluation Must Answer

1. How is *Taking Action* being implemented to date? Can this be improved?
1.1 What progress has been made on *Taking Action*'s six "priority actions"? What are the lessons from these? *(Closing the funding gap, Strengthening political leadership, Improving the international response, Better national programmes, Long-term action, Translating strategy into action*)
1.2 Overall, does the distribution of current UK-supported HIV and AIDS activities reflect the priorities laid out in *Taking Action*? If not, why not?
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?
1.4 What is the UK's experience with moving to 'country-led' aid instruments regarding commitment and resources allocated to HIV and AIDS and the prioritisation of the response? What are the lessons on managing this?
1.5 How is *Taking Action*'s specific focus on 'women, young people and vulnerable groups' being interpreted by UK government decision-makers? Is a significant proportion of funding and activities reaching these priority groups? What are the initial lessons from this?
1.6 Are appropriate UK Government systems and staff resources in place to implement *Taking Action*
2. How should the success of Taking Action be measured in the final evaluation of the strategy in 2008/9?
2.1 *Taking Action* includes over 130 specific commitments for UK government action. In the light of experience, are these still the most relevant targets against which to measure the success of UK strategy? If not, how should success be measured?
3. What lessons does Taking Action hold for future UK strategy on AIDS – and other future UK (especially DFID) strategies on development issues?
3.1 Is *Taking Action* 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 *Taking Action* (bearing in mind that the UK is only one player among others)? What are the implications for future AIDS strategy?
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?
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 *process* of developing *Taking Action*?

1.6 The Evaluation Products

1.6 An overview of the evaluation products is presented in Table 2. (The 'submission date' is the date when final drafts are submitted to EvD. It normally takes several weeks before these are published.) The outline of the main (final) report is presented in annex 2. Terms of reference (ToRs) for the three working papers are provided in annexes 6-8.

Table 2: Schedule of Evaluation Products

Product	Title	Submission Date (all 2006)
Inception report	Inception Report for the interim evaluation of *Taking Action*	Draft 23 March Final 17 April
Working Paper 1	An Analysis of Trends in UK Government Funding and Activities to Tackle HIV and AIDS in the Developing World	Draft 15 March Final 29 May
Working Paper 2, Briefing Paper 1	Taking Action to Reach Women, Young People and Other Vulnerable Groups	Draft 28 August Final 13 Nov.
Working Paper 3	Measuring Success: Indicators and approaches for the final evaluation of *Taking Action* in 2008 (with recommendations on data collection including baseline data)	Draft 14 August Final 13 Nov.
Short reports	Country reports: First impressions to be presented at in-country debriefing. (First rough draft available within 10 days of country visit; final draft within two months of country visit.)	June-October
Briefing paper 2	Lessons from Taking Action for future UK Government strategies on development issues	Draft 30 October Final 4 December
MAIN REPORT	Interim evaluation of *Taking Action: the UK's strategy for tackling HIV and AIDS in the developing world*	Draft 23 October Final 15 Dec.

1.7 Guiding Principles

1.7 Three fundamental principles guide the evaluation. First is a shared commitment to donor harmonisation in responding to HIV and AIDS, in general, and with regard to monitoring and evaluation in particular. Second is a commitment to being efficient concerning the approach to data and minimising demands on people's time. This means going first to the existing documentation for answers and, only then, seeking further clarification and evidence from staff and partners. The third principle is accompanying DFID staff through a process of mutual learning.

1.8 Activities to Date

1.8 The team began work 6 February 2006. Activities and achievements include:

- Establishing working relationships with DFID staff and other government departments and stakeholders (see annexes 14 and 15)
- Collecting, organising, and cataloguing relevant documents
- Conducting a preliminary review of these documents
- Producing a draft for Working Paper 1: An Analysis of Trends in UK Government Funding and Activities to Tackle HIV and AIDS in the Developing World
- Preparing an outline of the main report
- Developing a data-gathering plan
- Developing a plan and preliminary tools for case studies in seven countries
- Meeting twice with the Evaluation Steering Group
- Making initial contacts with DFID and FCO personnel in the case study countries

2 PRELIMINARY DOCUMENT REVIEW AND GAP ANALYSIS

2.1 Document Review

2.1 We have conducted a rapid review of more than seven hundred documents. These include plans, reports, reviews, evaluations and other documents identified in the Evaluation Design Paper provided to us by DFID staff, as well as identified by us from a range of sources, including DFID's website, AiDA and *inSight* (inSight is DFID's intranet). We have developed a document tracking and management system, which is accessible to all team members via the Internet. We have also summarised HIV and AIDS content in several hundred of these documents and entered this information in an Excel matrix, which keys each document to the TQA questions addressed in the document. These are new tools likely to be valuable resources for DFID (annex 13 gives a snapshot of the 'library' of documents).

2.2 Results and Gaps

2.2 Our preliminary review shows where information gaps currently exist. The documents assessed are most definitive in showing progress in two of *Taking Action*'s six 'priority actions', namely 'strengthening political leadership' and 'improving the international response'. However, this is a work in progress and we will continue to identify further documents throughout the evaluation and focus additional literature review and other data collection on these gaps. A CD of all documents consulted will be delivered to DFID with the main report.[4]

[4] As new documents are produced, we would appreciate readers sending us any that seem likely to be important for the evaluation. Electronic versions (including links to documents in *inSight* or the Internet) are ideal. Please send any such documents to I-Warwick@dfid.gov.uk.

3. METHODOLOGY FOR IMPLEMENTATION (FIELDWORK PHASE)

3.1 – 3.4 Methodology Guided by the TQA

3.1 The evaluation methodology is based on the very detailed Table of Questions and Approaches (TQA) agreed upon by stakeholders and set forth in the Evaluation Design Paper[5]. We propose to answer the issues in the TQA through:

- further document review and analysis,
- individual interviews and focus groups/group discussions,
- seven focused country case-studies.

3.2 The focus of the data gathering is on collecting concrete evidence with which to answer specific questions. Accordingly, emphasis will be placed on fact or evidence based opinions and views.

3.3 We intend to use individual interviews for collecting evidence, and focus groups for discussing preliminary findings. Focus groups identified separately in annexes 3-5 will be combined as appropriate; no more than ten focus groups will be scheduled. Interviews and focus groups/group discussions will be conducted with:

- key DFID staff, UK-based and in country offices (in the seven case-study countries and by telephone with selected others)
- stakeholders from other UK government departments
- international donor personnel knowledgeable about the global response to HIV and AIDS and DFID's role in this
- relevant personnel of multilateral agencies with which DFID works, including WHO, UNAIDS, UNFPA, UNICEF and UNIFEM
- partner governments, when appropriate, considering harmonisation principles
- representatives of civil society in the UK and in developing countries, including PLWHA groups.

3.4 We recognise that the policy agenda moves rapidly and terminology along with it. The evaluation will make an effort to keep up with developments and cover these (e.g., Global Task Team, universal access, etc.). Details are presented in annexes 3-5, as well as 6-8). We have already conducted some preliminary interviews and group discussions during this inception phase (see annex 15). The timetables presented in annexes 3 and 4 are sufficiently flexible to accommodate the schedules of people we wish to interview. For a timetable summarising the main evaluation events and processes, see annex 1. The OECD-DAC evaluation criteria (relevance, effectiveness, efficiency, impact and sustainability) will be considered throughout the analysis.

[5] http://www.dfid.gov.uk/consultations/aids-evaluation-design.pdf

Methodology for Implementation (Fieldwork Phase)

3.5 – 3.7 Consultation and Dissemination Plan

3.5 Our challenge is to balance the principle of organisational lesson learning with that of minimising demands on people's time. We plan the following:

3.6 **Consultation**. We will:

1. be available to discuss emerging findings and recommendations with interested parties,
2. consult with the Evaluation Steering Group on draft products according to the schedule circulated by EvD,
3. hold informal consultations with other stakeholder groups as they are available to provide feedback on draft products,
4. consult with civil society through PLHWA groups (e.g., ICW, GNP+, ICASO), the UK Consortium on AIDS and International Development (see annex 15), and local and international NGOs during country case study visits,
5. consult during 4th quarter 2006 and 1st quarter 2007 with decision-makers to whom recommendations in the main report are addressed,
6. consider accompanying DFID through a public consultation.

3.7 **Dissemination**. We will:

1. schedule lunch-time dissemination events when working and briefing papers have been finalized,
2. seek to identify DFID and Cross-Whitehall Coherence Group meetings and other events onto which to piggyback dissemination,
3. post all products on DFID's website as soon as they are available (and ask OGD representatives if they want to post on their sites as well),
4. hold a major, high-visibility, dissemination event in the first quarter 2007.

Table 3 presents proposed dates for consultation and dissemination, linked to the schedule of evaluation products.

Table 3: Consultation and Dissemination Schedule

Title	**Submission Dates**	**ESG * Consu -ltation**	**Other consultation**	**Dates for other,** indicative	**Dissemination (* indicates final product available)**
Inception Report	Draft 23 Mar. Final 17 Apr.	28 Mar.	Global AIDS Policy Team (GAP)	7 April	*May
Working Paper 1: Analysis of Trends - Funding & activities	Draft 15 Mar. Final 29 May	28 Mar.	Methods Working Group (incl. GAP, Regional Policy Depts, Corp Strategy Group, Statistics Team)	May or after	Only if joint with DFID announcement of its spend figures (tbc)

Title	Submission Dates	ESG * Consu -ltation	Other consultation	Dates for other, indicative	Dissemination (* indicates final product available)
Working Paper 2, Briefing Paper 1: Vulnerable Groups	Draft 28 Aug. Final 13 Nov.	20 Sept.	**Consultation** with NGO stakeholders. AIDS Policy Team, Civil Society team, Social Protection team	Late September	*December Meeting with NGO stakeholders week of 22 January
Working Paper 3: Indicators	Draft 14 Aug. Final 13 Nov.	20 Sept.	AIDS Policy Team, Corp Strategy Group, Stats Team; Regional Policy Depts and others; OGDs. **Indicator working group** (EvD, ESG, SRSG, Global AIDS Policy Team)	Ongoing July-November	*December Meeting week of 15 January
Country reports:	June -Oct.	20 Sept.	**E-consultation and/or video conference**: DFID (& FCO) Africa staff for Africa; Asia staff for China & India; EMAD for Russia	10 days after completion of trip	One month after completion of trip
Briefing paper 2: Lessons for future UK Government strategies on development	Draft 30 Oct. Final 4 Dec.	1-3 Nov.	AIDS Policy Team, Corp Strategy Group; Cross-Whitehall Group	7-9 November	*January
MAIN REPORT, Draft	23 Oct.	29 Nov.	**E-consultation or video conference** (HAG, GAP team, NGOs. Corp Strategy Group, Policy Depts., Cross-Whitehall). **Meetings**: Rolling working group for evaluation team and relevant DFID staff to cover each of six priority actions (TQA 1.1) – half day each – total 3 days; DFID staff join at selected times.	Week of 30 October Round: 16 Oct. Round 2: 6-17 Nov.	Final consultation week of 1 December.
MAIN REPORT, FINAL	15 Dec.	10 Jan. 2007			**Major dissemin. workshop** (Feb/March). **Other dis. events for different stakeholder groups** Jan-March 2007

* Designates dates already scheduled for the ESG, as per revised ToR dated 6 Feb 2006

Methodology for Implementation (Fieldwork Phase)

3.8 – 3.10 Country Case Studies: Seven Countries

3.8 Case studies will be conducted in seven countries. They will be highly focused on answering specific questions from the TQA. While we will assist DFID country offices by asking one or two questions of particular interest to them, we will not be undertaking a full review or evaluation of all of DFID's activities on HIV and AIDS in that particular country.

3.9 Choice of countries was guided by several criteria with the aim of achieving an appropriate mix in terms of geographic distribution, stage of the epidemic, country context (low income, middle income, post-conflict, fragile states, poverty reduction strategy countries), aid instruments (at least two countries where general budget support is a major feature) and level of UK government resources invested. Case studies will be conducted in:

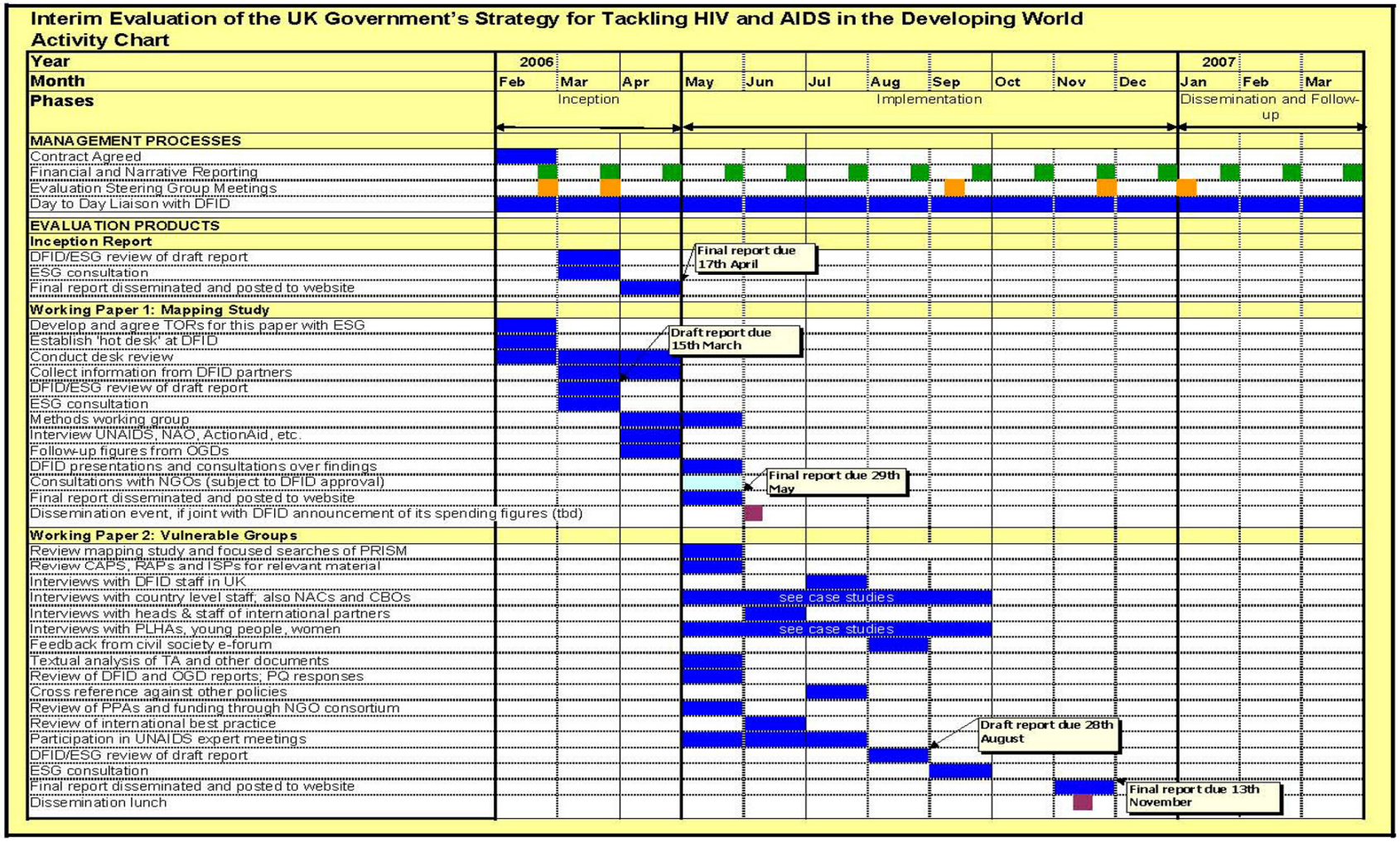
- Africa: DRC (post-conflict); Ethiopia, Zambia (general budget support) and Zimbabwe (fragile state)
- Asia: China and India (emerging epidemic)
- Europe: Russia (emerging epidemic)

3.10 We have started planning country visits and aim to finalise initial plans in April/May. (Planning documents are attached in annexes 9-11.) We expect to launch the country visits in May, in Zambia. To harmonise our efforts with others and to minimize the burden on DFID country offices, FCO Posts and particularly, in-country partners, we have developed a set of principles to guide the country case-study process:

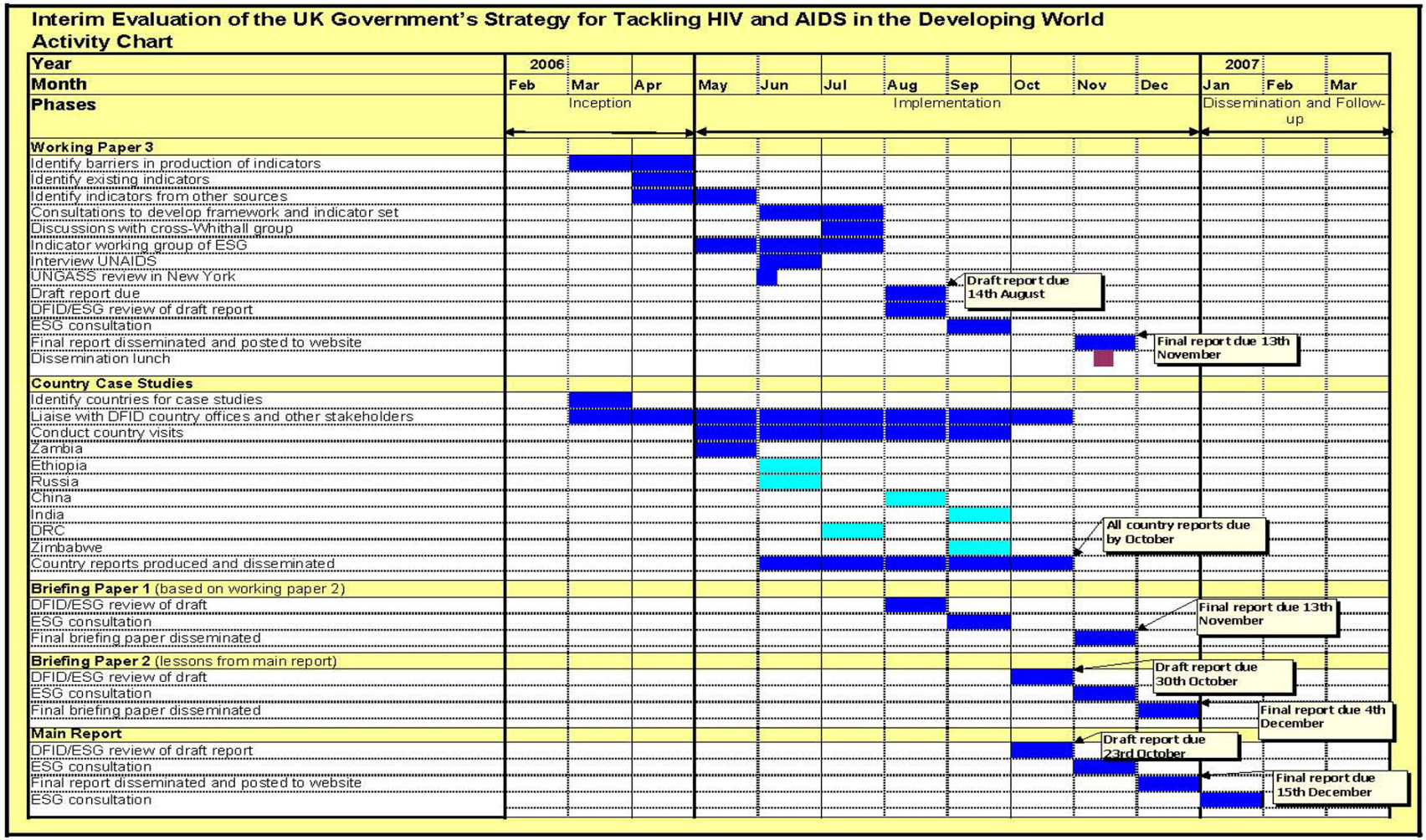
- using secondary and joint data where possible
- 'piggybacking' evaluation visits on joint reviews and other scheduled events where possible
- agreeing to specific terms of reference and questions with DFID country offices, FCO Posts where relevant and, possibly, government partners; (annex 10, questions for the Zambia visit, illustrates our approach)

In addition, each country visit will be led by a member of our core team.

ANNEX 1: TIMELINE



Annex 1: Timeline



Interim Evaluation of the UK Government's Strategy for Tackling HIV and AIDS in the Developing World
Activity Chart

Year	2006												2007		
Month	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec		Jan	Feb	Mar
Phases	Inception			Implementation									Dissemination and Follow-up		
TQA 1.1															
Preliminary focus group															
TQA 1.2															
SEE WORKING PAPER 1															
TQA 1.3															
Activities for this TQA															
TQA 1.4															
Focus group' with PRBS countries															
Focus group with UK-based DFID staff inclufing Global AIDS Policy, Global Health Partnerships, Aid Effectiveness, Africa Policy Department															
Focus group with INGOs with PPAs															
Individual interviews with Un agencies, World Bank, Global Fund and bilaterals															
TQA 1.5															
SEE WORKING PAPER 2															
TQA 1.6															
Focus groups with health advisers															
Interviews with CSG, SRSG, ARIES and PRISM teams															
Interviews with country managers				see case studies											
Joint annual reviews															
Other reviews, review mapping study															
TQA 2.1															
SEE WORKING PAPER 3															
TQA 3.1															
Focus groups with UK staff															
Consultation on findings															
TQA 3.2															
E-conference	Depends on mapping study which will be published in May														
Interviews with NAO, ActionAid, donors and UNAIDS															
TQA 3.3															
Activities for this TQA															
Dissemination Events for Main Report															

ANNEX 2: OUTLINE OF THE MAIN REPORT

The main report will bring together evidence and analysis to answer the essential evaluation questions specified in the Evaluation Design Paper.

> [TQA] = the corresponding question in the Table of Questions and Approaches set forth in the Evaluation Design Paper.
> { } = the team member taking the lead for each section; all team members contribute to all sections.

Working title:

> **INTERIM EVALUATION OF *TAKING ACTION: THE UK'S STRATEGY FOR TACKLING HIV AND AIDS IN THE DEVELOPING WORLD***

Contents:

EXECUTIVE SUMMARY (5-10 Pages). This will include key recommendations (with specification of who in the DFID/OGD/UK government is responsible for acting on the recommendation).

I. *TAKING ACTION:* IMPLEMENTATION TO DATE
How is *Taking Action* being implemented to date? Can this be improved?

1. **Progress on *Taking Action*'s six priority actions: Challenges, lessons and recommendations** [TQA 1.1]
   (1) Closing the funding gap
   (2) Strengthening political leadership
   (3) Improving the international response
   (4) Better national programmes
   (5) Long-term action
   (6) Translating strategy into action {Barbara Pillsbury}

2. **Trends in the DFID/OGD portfolio since *Taking Action***
   (Builds on Working Paper 1) [TQA 1.2] {Roger Drew}

3. **Decision-making on HIV and AIDS at DFID and FCO**
   How are national and international partners chosen? How can decision-making systems be improved? Analysis and recommendations. [TQA 1.3] {Karen Semkow}

4. **Effect on resources to HIV and AIDS of the move to country-led aid instruments**
   Looks at Poverty Reduction Strategies, PR Budget Support, Sector Programmes, etc. Lessons from best practice. Recommendations. [TQA 1.4] {Roger Drew}

5. Women, young people and vulnerable groups
Is a significant proportion of funding and activities reaching these priority groups? Analysis of decisions, trends, challenges faced and recommendations (Builds on Working Paper 2). [TQA 1.5] {Peter Aggleton}

6. UK systems and staff resources for tackling HIV and AIDS in developing countries
Includes addressing key 'enabling environment' issues (e.g., health systems, AIDS and rural livelihoods). Analysis and recommendations. [TQA 1.6] {Karen Semkow}

II. MEASURING THE SUCCESS OF *TAKING ACTION* IN 2008/9

How should the success of *Taking Action* be measured in the final evaluation?

Analysis of targets and indicators in *Taking Action* and recommendations for 2008/9
With lessons from implementation. (Builds on Working Paper 3.) TQA [2.1] {Roger Drew}

III. LESSONS FROM *TAKING ACTION* FOR FUTURE UK STRATEGY

What lessons does *Taking Action* hold for future UK strategy on AIDS -- and other development issues?

1. Relevance of *Taking Action* as a strategy for tackling HIV and AIDS
Review of *Taking Action* priorities and progress against key international targets, major constraints and bottlenecks. Recommendations for current and future strategy. [TQA 3.1] {Barbara Pillsbury}

2. Pros, cons and results of the UK AIDS-specific spending targets in *Taking Action*
Recommendations for future AIDS strategy and lessons for other strategies and spending targets. (Builds on Working Paper 1). [TQA 3.2] {Roger Drew}

3. Lessons from the *process* of developing the *Taking Action* strategy
Recommendations for future strategy development processes. [TQA 3.3] {Ian Warwick}

Annexes - will include, among others:
- Summaries of country case studies, and
- A synthesis of highlights presented throughout the report concerning multilaterals and other international partners. The report and this annex will address questions raised by the evaluation steering group on 28 March 2006.

ANNEX 3: THE EVALUATION METHODOLOGY: QUESTIONS AND APPROACHES

The following table is a *modification* of the Table of Questions and Approaches (TQA) presented in the Evaluation Design Paper developed for this evaluation.[6]

- The three left-hand columns are taken from the Evaluation Design Paper's TQA.

- The two right-hand columns present information sources and the team's approach to data gathering, with proposed dates.

- *Timing*: For basic information gathering before beginning country case studies in May, effort will be made to arrange focus groups/group discussions with as many key people as are available. Subsequent follow-up interviews and group discussions will be conducted later, interspersed with country case studies.

- *Focus groups*: Those identified separately both in this annex and in annexes 4 - 5 (linked to specific topics) will be combined as appropriate. No more than ten will be scheduled.

- Details of country data gathering are specified with the country case study materials (annexes 9 -11).

- *The OECD-DAC criteria* (relevance, effectiveness, efficiency, impact and sustainability) will be considered throughout the analysis.

[6] DFID, November 2005. This paper can be accessed at http://www.dfid.gov.uk/consultations/aids-evaluation-design.pdf

Question no./level	Question 1.1	Expected 'evaluation product' (W=working paper, S=section of main report, B = briefing paper)	Details and proposed sources (indicative); all dates 2006	
1	**How is *Taking Action* being implemented to date? Can this be improved?**	**Recommendations to improve implementation and monitoring of the current strategy**	**Summary of 1.1-1.6**	
1.1	**What progress has been made on *Taking Action*'s six "priority actions"?** *- Closing the funding gap* *- Strengthening political leadership* *- Improving the international response* *- Better national programmes* *- Long-term action* *- Translating strategy into action* *(Taking Action, pp 2-7)* **What are the lessons from these?**	**S- Review of *progress,* challenges faced, lessons and recommendations**. While *Taking Action* 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. **Key guiding questions**: 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? **Additional details are presented in Table A** (The OECD-DAC criteria will be considered throughout this analysis.)	**Lead Core Team Member**: Barbara Pillsbury *Focus groups* Use existing meetings of Cross-Whitehall Coherence Group; DFID AIDS Coherence Group; others as indicated in Table A; UK AIDS & Development Consortium *Individual or group interviews* Preliminary discussions to inform country case studies – Global AIDS Policy Team; Regional health advisers; Human Development Group; AIDS & Dev. Consortium. Additional to include PUSS, International Development; Director General, Policy and International; Global AIDS Policy Team; Global Health Partnerships Team; Corporate Strategy Group; UNCHD and international teams *Country case studies* *Interviews with international partners* *Consultation* Rolling working group for evaluation team and relevant DFID staff to cover each of six priority actions – half day each – total 3 days; DFID staff participate at selected times	May-Sept Apr-May May-Sept May-Sept May-July Sept-Oct

Annex 3: The Evaluation Methodology: Questions and Approaches

Question no./level	Question 1.2	Expected 'evaluation product' (W=working paper, S=section of main report, B = briefing paper)	Details and proposed sources (indicative) all dates 2006	
1	**How is *Taking Action* being implemented to date? Can this be improved?**	**Recommendations to improve implementation and monitoring of the current strategy**	**Summary of 1.1-1.6**	
1.2	Overall, does the distribution of current UK-supported HIV and AIDS activities reflect the priorities laid out in *Taking Action*? If not, why not?	**W1 and S** - Analysis of trends in DFID/OGD portfolio in 2006 since *TA* (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. **Key guiding questions**: Does the overall balance reflect *Taking Action*'s 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.*	**Lead Core Team Member:** Roger Drew *Focus groups:* Methods working group consisting of representatives from EvD, Global AIDS Policy Team, CSG and possibly one regional statistician; Possible presentation of/consultations over findings with: • DFID staff in both East Kilbride and Palace Street • UK NGO Consortium (subject to DFID approval) *Individual interviews:* Paul De Lay (or other), UNAIDS[7] NAO Other government departments that have not yet provided information including MOD, DTI; Follow-up MRC *Other:* Geographical analysis of Trend analysis data[8] **WP1 Expected completion date:**	April May April April 29 May

[8] There may be other issues for further exploration, such as TC projects, enabling actions

Question no./level	Question 1.3	Expected 'evaluation product' (W=working paper, S=section of main report, B = briefing paper)	Details and proposed sources (indicative) all dates 2006	
1	**How is *Taking Action* being implemented to date? Can this be improved?**	**Recommendations to improve implementation and monitoring of the current strategy**	**Summary of 1.1-1.6**	
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?	**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 Table A). **Key guiding 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 7 international targets highlighted at the front of *TA* 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 *Taking Action*, both in programming UK funds and in influencing other institutions?	**Lead Core Team Members:** Karen Semkow *Individual or small-group interviews at HQ will include at least:* - Corporate Strategy Group - DFID international/UN division - DFID Regional Policy Depts. - Global AIDS Policy Team - FCO Also, as appropriate: UNCHD; Eur. Trade & Intl Financial. Institutions Division; Civil Society Team; Central Research Dept; Policy Division; Regional divisions, especially heads of cabinets; Resource Management Group *Interviews during country case studies or by telephone:* - Six DFID/FCO country offices/posts in contrasting countries *Preparation for the above:* • Analysis of *relevant* (HIV and AIDS) decision *processes* in DFID and FCO (e.g. planning, budgeting, programming funds, deciding on partnerships) through review of a *sample* of files on decisions (e.g., CAP discussions) • Analysis of other relevant project/programme documentation • To avoid burdening staff with general questions, full use will made of previous studies (e.g. the gender evaluation).	May May-Sept

Annex 3: The Evaluation Methodology: Questions and Approaches

Question no./level	Question 1.4	Expected 'evaluation product' (W=working paper, S=section of main report, B = briefing paper)	Details and proposed sources (indicative) all dates 2006	
1	**How is *Taking Action* being implemented to date? Can this be improved?**	**Recommendations to improve implementation and monitoring of the current strategy**	**Summary of 1.1-1.6**	
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?	**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 & AIDS. Lessons from best practice; recommendations. **Key guiding 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.	**Lead Core Team Member:** Roger Drew *Focus groups* UK-based INGOs that have PPAs with DFID *Individual interviews* Other countries receiving PRBS that were not able to be country case studies[9] UK-based DFID staff including Global AIDS Policy, Global Health Partnerships, Aid Effectiveness Group, Africa Division UNAIDS secretariat and other UN partners, UNFPA, UNICEF, WHO Other multilaterals, such as World Bank Global Fund Other bilaterals including USAID, SIDA, Dutch *Other processes* Country case study – Zambia Country case study – Ethiopia	June June July June May June

[9] Precise method to be determined/negotiated. Could be video-conference followed up by e-conferencing or could use existing regional event if one exists. Key country is Tanzania. Also need to include PRBS countries with relatively low HIV prevalence, e.g. Ghana and Vietnam

Question no./level	Question 1.5	Expected 'evaluation product' (W=working paper, S=section of main report, B = briefing paper)	Details and proposed sources (indicative) all dates 2006	
1	**How is *Taking Action* being implemented to date? Can this be improved?**	**Recommendations to improve implementation and monitoring of the current strategy**	**Summary of 1.1-1.6**	
1.5	How is *Taking Action*'s specific focus on "women, young people and vulnerable groups" being interpreted by UK government decision-makers? Is a significant proportion of funding and activities reaching these priority groups? What are the initial lessons from this?	**W2 (and W1), S** - Analysis of decisions and challenges faced, and recommendations, based on a sample of the 40+ commitments made in *TA* (see Table B of main design document) Analysis of trends in DFID portfolio in 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. **Key guiding questions:** How does the UK government balance this focus on the most vulnerable with *Taking Action's* 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?	**Lead Core Team Member:** Peter Aggleton *Review*: findings of trend analysis/ searches of PRISM Review CAPS, RAPs and ISPs re-vulnerable groups Cross reference against other policies Feedback from civil society e-forum Textual analysis of TA and other documents Review of DFID and OGD reports Review of PPAs and funding through NGO consortium *Interviews*: with senior staff of INGOs Interviews with DFID staff in UK Review of PQ responses Interview UN agency heads and AIDS focal points Interviews with country level staff Interviews with NACs and CBOs Interviews with UNRCs and UNTG members Interviews with PLWHA groups, young people, women *During country case studies **WP2 submission dates:** Draft Final	May June July July July CCS* CCS CCS Aug. 28 Aug. 13 Nov

Annex 3: The Evaluation Methodology: Questions and Approaches

Question no./level	Question 1.6	Expected 'evaluation product' (W=working paper, S=section of main report, B = briefing paper)	Details and proposed sources (indicative) all dates 2006	
1	**How is *Taking Action* being implemented to date? Can this be improved?**	**Recommendations to improve implementation and monitoring of the current strategy**	**Summary of 1.1-1.6**	
1.6	Are appropriate UK Government systems and staff resources in place to implement *Taking Action*?	**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. **Key guiding questions**: [*UK staffing*] 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")? [*Monitoring and lesson learning*] 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 monitored? What experience is there with communication strategies? Is up-to-date- guidance available for staff on key issues? How could systems be improved?	**Lead Core Team Member:** Karen Semkow[10] *Focus groups* Health and AIDS advisers (for info needs) *Individual interviews* CSG, SRSG, PRISM and ARIES teams (for info needs and M&E systems); Global AIDS Policy Team Other government departments, e.g. FCO Country managers – focused on assessing 'fit' with other organisations' resources *In preparation for the above* Analysis of trends – issues relating to information systems Joint annual country reviews where available Other reviews, e.g. on gender[11]	Depends on retreats May-August June-August May-Sept May-June

[10] Peter Aggleton will support this work on issues relating to women, young people an vulnerable populations and how well DFID staff and systems are able to deal with relevant issues
[11] The scope of this review, while limited to HIV and AIDS, will build on similar work done before on other topics

Question no./level	Question 2.1	Expected 'evaluation product' (W=working paper, S=section of main report, B = briefing paper)	Details and proposed sources (indicative) all dates 2006	
2	**How should the success of *Taking Action* be measured (in the final evaluation of the strategy, 2008/9)?**	**Proposed indicators and baseline for the final evaluation of *Taking Action* in 2008/9**		
2.1	*Taking Action* includes over 130 specific commitments for UK government action (see TQA 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 not, how should success be measured?	**W3 and S**- Analysis of the indicators (explicit or implicit) already set out in *Taking Action* (see Tables A and B), in light of findings on *TA*'s current relevance (3.1) and lessons from its implementation (Q1). *Recommendations for indicators* and approaches for 2008/9 evaluation, including *data sources* and how data should be measured and reported (using international or harmonised data except for some specific UK-internal process indicators). This should include *appraisal of international and other data sources* for each proposed indicator, both coverage and a preliminary assessment of quality based on clear quality criteria. 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.	**Lead Core Team Member: Roger Drew** *Focus groups* Cross-Whitehall Group Propose to establish indicator working group of Evaluation Steering Group – discuss composition with EvD, SRSG, Global AIDS Policy Team and ESG *Individual interviews* UNAIDS Secretariat – (Paul De Lay) NAO *Meetings* 2006 UNGASS review[12] *Other preparatory work* Identification of implicit and explicit indicators in *TA*, TQA (AB) Identification of international indicators already in use **WP 3 submission dates:** Draft working paper Final working paper	 July May-July June June 31 May – 2 June April 14 Aug 13 Nov

[12] A great deal of this work could be done in one go if it were possible to attend this meeting

Annex 3: The Evaluation Methodology: Questions and Approaches

Question no./level	Question 3.1	Expected 'evaluation product' (W=working paper, S=section of main report, B = briefing paper)	Details and proposed sources (indicative)	
3	**What lessons does *Taking Action* 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**	**Summary of 3.1-3.3**	
3.1	Is *Taking Action* (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 *TA* (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 *Taking Action* in light of this, with any recommendations for current and future strategy. **Key guiding questions**: What are the main constraints to achieving (a) the 7 international AIDS targets highlighted in *Taking Action* (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 *TA* was published – is the strategy's focus still appropriate - and does *TA* adequately consider future scenarios? Are there 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?	**Lead Core Team Member:** Barbara Pillsbury *Focus group discussions* with: UK staff (at advisers' retreats, if possible); Global AIDS Policy Team; Regional health advisers; Health Partnerships Team; Corporate Strategy Group; UK/international specialists *Other discussions* with a range of stakeholders including civil society and PLWHA groups *Individual interviews with:* • PUSS, International Development • Director General, Policy and International • Head, Human Development Group *Preparation for the above:* Literature review, to include: (a) UNAIDS reviews, progress on UNGASS targets, 2025 scenario planning; (b) World Bank and other donor reviews; (c) reports from national governments and other partners. Also desk review of national country level reviews (at least 5 countries – not necessarily countries visited for case studies). Revisit of earlier comments made on *Taking Action* (e.g. by All-Party Parliamentary Group on AIDS, AIDS Consortium, Justice Africa).	Aug-Sept E-consul-tation October.-November

Question no./level	Question 3.2	Expected 'evaluation product' (W=working paper, S=section of main report, B = briefing paper)	Details and proposed sources (indicative) all dates 2006	
3	**What lessons does *Taking Action* 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**	**Summary of 3.1-3.3**	
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?	**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). **Key guiding 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?	**Lead Core Team Member:** Roger Drew *Individual interviews:* With health specialists, SRSG, Global AIDS Policy Team, International Division, Africa Division[13] NAO Other donors including SIDA[14], Dutch Development Agency[15], USAID[16] People with experience of other spending targets in DFID, e.g., water, forestry UNAIDS Heads of country offices	June

[13] And possibly others as advised by ESG
[14] Recently concluded similar evaluation of their HIV and AIDS strategy
[15] Suggested by Kerstin Hinds
[16] Perhaps discussion with recently returned DFID secondees.

Annex 3: The Evaluation Methodology: Questions and Approaches

Question no./level	Question 3.3	Expected 'evaluation product' (W=working paper, S=section of main report, B = briefing paper)	Details and proposed sources (indicative) all dates 2006	
3	**What lessons does *Taking Action* 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**	**Summary of 3.1-3.3**	
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 process of developing *Taking Action*?	**S and B1** - Summary of lessons from the *process* of developing the *Taking Action* strategy. Recommendations for future strategy development processes. **Key guiding questions**: What were the main challenges in developing *Taking Action* - 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?	**Lead Core Team Member: Ian Warwick** *Interviews* with *key informants in:* Global AIDS Policy Team Different UK Government Departments DFID country offices NGOs and other stakeholders *In preparation for the above:* Analysis of documentation on strategy development *Group discussion*: • Comparison with approaches of other DFID and cross-Whitehall strategies • Pros and cons of joined work	July-August Sept.

ANNEX 4: ASSESSING PROGRESS ON TAKING ACTION'S SIX PRIORITY ACTIONS

This table is intended primarily to help answer Question 1.1 in the TQA: 'What progress has been made on *Taking Action*'s six priority actions?' Table A in the Evaluation Design Paper includes the approximately 100 commitments the UK government announced it will meet in *Taking Action*. This modified table lists a smaller number of actions (about 57) on which the evaluation will focus (those marked with x in the Design Paper, designating higher priority). All team members will cover questions related to their questions in annex 2 (including interviews with Other Government Departments).

action ref. no.	page nos. in *T.A.*	Priority action/ commitment copied from *Taking Action*	Evaluation product (report section)	Proposed methods and information sources	Individual Interviews	Group interviews	Country case studies	Indicative timing
A1	2,16	**1. Taking Action to close the funding gap**						
		The UK Government will:						
A1a	2,16	• Increase our funding for AIDS-related work and spend at least £1.5 billion over the next three years (from 2005-06 to 2007-08), with which we will:	Table/graph of funding levels over time by different categories (see TQA 1.2). Analysis of challenges faced in recording this funding and recommendations.	Review: spending plans, reports. Conduct: Analysis of Trends in UK Government Funding and Activities to Tackle HIV and AIDS in the Developing World				April-May
A1b	2,16	– Fund action that prioritises women, young people and vulnerable groups, and focuses on human rights.	Funding levels. Analysis of challenges faced in recording this funding and recommendations.	Trend analysis using gender and OVC markers. Country case studies. Discussion with key staff on challenges faced (see TQA 1.5)	X		X	April - Oct, HQ and country case studies

Annex 4: Assessing Progress on Taking Action's Six Priority Actions

action ref. no.	page nos. in *T.A.*	Priority action/ commitment copied from *Taking Action*	Evaluation product (report section)	Proposed methods and information sources	Individual Interviews	Group interviews	Country case studies	Indicative timing
A1c	2,16	– Ensure that we spend at least £150 million on programmes to meet the needs of orphans and other children, particularly those in Africa, made vulnerable by HIV and AIDS	Funding levels. Analysis of challenges faced in recording this funding and recommendations. See also B4e.	Trend analysis on OVC marker. Review: UNICEF reports. Country case studies. Focus group (DFID OVC group and others) to discuss issues. See also Table B.		X	X	As per TQA 1.2
A1d	2,16	– Double our funding for the Global Fund over the next three years, representing an increase of £77 million (US$140 million).		Covered by A1a. - summary of data from monitoring systems				
A1e	2,16	– Provide £36 million to UNAIDS over the next four years to support its global leadership.		Covered by A1a. - summary of data from monitoring systems				
A1f	2,16	– Provide £80 million to the United Nations Population Fund (UNFPA) over the next four years to support its HIV prevention, sexual and reproductive health work with women.		Covered by A1a. - summary of data from monitoring systems				
A2	3,24	**2. Taking Action to strengthen political leadership**		This evaluation will concentrate on early indications of political commitment; the challenge for the 2007/8 evaluation will be to assess follow-through and effect of these				
	3,24	The UK Government will:						
A2a	3,24	• Make AIDS a centrepiece of our Presidencies of the G8 and EU in 2005, and focus on AIDS at high-level UN General Assembly events, in the context of our strong commitment to Africa.	Lessons learned from 2005 for AIDS and other high-level policy work. (Would it have happened without UK inputs?) See also A2c	Review: Documents on 2005. Interviews with key stakeholders.	X			May-July

Annex 4: Assessing Progress on Taking Action's Six Priority Actions

action ref. no.	page nos. in *T.A.*	Priority action/ commitment copied from *Taking Action*	Evaluation product (report section)	Proposed methods and information sources	Individual Interviews	Group interviews	Country case studies	Indicative timing
A2a	26	In 2005 and beyond the UK government will:						
A2a2	26	Table AIDS work as a case study at the discussion on harmonisation.	Go beyond checking whether harmonisation was 'tabled' to discuss progress and challenges.	Cover at least: Paris harmonisation review, Three ones reviews, Global Task Team.	X			
A2b	3,24	• Seek clear commitments to action from the G8 and EU.		covered under A2a				
A2c	3,24, 28	• Put developing countries in the lead and encourage regional cooperation, through the Africa Union, NEPAD, the UN Economic Commission for Africa, the APLF and the Commission for Africa. The UK will work with NEPAD, SADC and other regional organisations and help elevate the priority given to AIDS	Summary of progress and challenges faced. Recommendations.	Review: reports on meetings, political statements, policy papers, press reports. Interview: DFID and FCO Africa Policy Depts.; at FCO also Global Econ Dept, Africa Directorate, Pan African Policy Unit (PAPU) and DFID/FCO/MoD Post Conflict Reconstruction Unit (PCRU). Interviews with key staff NEPAD, AU etc.	X			April-May
A2f	28	In countries where leadership is weak we will encourage stronger leadership. AIDS will remain high on the diplomatic agenda. The FCO has identified clear objectives for Ambassadors and High Commissioners.	Ditto	Review: FCO workplans and reports. Analysis of political commitment and implications. Interviews with staff and key stakeholders in sampled countries.	X		X	May-Sept.
A2g	28	We will support civil society to raise awareness, disseminate information and stimulate debate, creating a demand for better leadership and holding governments accountable.	Ditto	Review: relevant lessons from secondary data, esp. DFID Policy Division review (Strengthening citizen voice and accountability for better service delivery) 2005/6 and DFID Voice & Accountability evaluation 2006; international	X		X	May-Sept.

Annex 4: Assessing Progress on Taking Action's Six Priority Actions

action ref. no.	page nos. in *T.A.*	Priority action/ commitment copied from *Taking Action*	Evaluation product (report section)	Proposed methods and information sources	Individual Interviews	Group interviews	Country case studies	Indicative timing
				examples. Include in country case studies.				
A2h	27	In addition, we need to ensure that our own staff in the UK and overseas are fully aware of HIV and AIDS and receive due care and treatment. A progressive workplace policy on AIDS has been adopted by a number of departments and we are examining its extension across Whitehall.	Summary of issues arising and any gaps in knowledge - from secondary data only.	Determine: DFID/FCO covered by workplace policies study (2005?) Review: MOD policies on soldiers and field staff and any reports on outputs/outcomes in field.				
A3	4,30	**3. Taking Action to improve the international response**						
	4,30	The UK Government will:						
A3a	4,30, 31	• Work with a range of multilateral organisations, in particular the Global Fund, the EC and UNAIDS and its co-sponsors, the World Bank, UNFPA, UNICEF and WHO. We will work especially closely with multilaterals that demonstrate effectiveness and are significant funders or have a coordination or technical role to play.	Summary of approaches taken and challenges faced, with recommendations	Critical reading of Institutional Strategy Paper (ISP) reviews, MEF, MOPAN, other reviews (e.g. 3x5, other evaluations) and joint country assessments. Follow-up discussions with DFID/FCO staff, other partners. Country case studies to cover multilateral performance, issues arising at country level, and how UK work at both country level and international level is having an effect on this. KEY GUIDING QUESTIONS: Is the approach taken by the UK Government to working with	X		X	May-June at HQ, May-Sept. during country case studies
A3a1	65	We will ensure that by mid-2005 all our ISPs for these multilateral institutions support our strategic priorities for AIDS:	Summary table of relevant commitments in ISPs					
A3a2	65	• Our first ISP with UNAIDS will be published in 2004, describing how we will support its global leadership and coordination role.	see A3a					

action ref. no.	page nos. in *T.A.*	Priority action/ commitment copied from *Taking Action*	Evaluation product (report section)	Proposed methods and information sources	Individual Interviews	Group interviews	Country case studies	Indicative timing
A3a3	65	• The ISP with the World Bank is being revised and will be published in mid-2004. It will identify how we will strengthen our strategic engagement on AIDS.	Ditto	multilaterals delivering on the objectives of Taking Action? How does the work with multilaterals support (or not) a country-led approach to tackling AIDS? Does it encourage sustainable interventions? Is all of UK Government geared up to deliver on this? How is effectiveness in the area of AIDS being assessed and how do assessments influence funding/partnership decisions?				
A3a6	65	• UNICEF's ISP also reflects its work on AIDS. When this is next updated in 2006 we expect that it will reflect its leadership role with orphans and vulnerable children.	Ditto. Concentrate on OVCs.					
A3a7	65	• A new ISP with the EC will be developed over the next year and issued in mid-2005. It will cover our strategic engagement on AIDS.	see A3a					
A3a8	65	• Our relationship with the Global Fund is not covered by an ISP. We will continue to play an active role on the fund board, monitoring its work through the performance indicators agreed by the Global Fund's monitoring and evaluation committee.	Ditto					
A3e	4,30	- Funding countries where we do not have a bilateral presence, to help scale up the response in countries affected by AIDS.	Critical analysis of international reviews (pointing out any major gaps in multilateral coverage) and recommendations for UK	Assess UNAIDS reviews, CRIS data. Draw on 'Donor darlings and aid orphans' work. Assess country gaps in light of epidemiological stage and needs.				May-Sept

Annex 4: Assessing Progress on Taking Action's Six Priority Actions

action ref. no.	page nos. in *T.A.*	Priority action/ commitment copied from *Taking Action*	Evaluation product (report section)	Proposed methods and information sources	Individual Interviews	Group interviews	Country case studies	Indicative timing
A3e1	32	Supporting the UN through UNAIDS to take a specific role in post-conflict countries ("Angola, the Democratic Republic of Congo, Somalia and Sudan are specifically mentioned in TA")	Critical analysis of progress and recommendations for UK strategy for AIDS and (post-)conflict countries: This must go beyond supporting UNAIDS to broader UK actions in this area. KEY GUIDING QUESTIONS: see points in APPG report, e.g., are there adequate prevention programmes for high risk groups, for example peacekeepers, demobilised soldiers?	Analysis of programme reviews and international literature. Two case study countries.			X	May-Oct
A3f1	34	• Support UNAIDS to take forward its leadership role and coordinate the global effort.	see A3a2					
A3f2	34	• Use our influence, and membership of institutions' governing bodies, to improve the effectiveness, equity and efficiency of international support for national responses to AIDS.		Follow up Global Task Team.		X		
A3f3	34	• Seek to ensure better division of labour between the World Bank, EC and Global Fund. Funds from different sources should respond to different needs.	see A3a		X			
A3f4	34	• Encourage multilaterals to address the HIV and AIDS epidemics in middle-income countries more effectively.	see A3e		X			

action ref. no.	page nos. in *T.A.*	Priority action/ commitment copied from *Taking Action*	Evaluation product (report section)	Proposed methods and information sources	Individual Interviews	Group interviews	Country case studies	Indicative timing
A3f5	34	• Work closely with the EC to encourage increased attention to AIDS.	see A3a7		X			
A3g2	36	• Work with national governments and other partners including UNAIDS to strengthen their domestic planning, coordination and monitoring.	Limited coverage: summary of issues and challenges, based on case study countries and secondary data.	Case study countries only plus review any reports available. Focus group discussion on challenges.		X	X	April-May
A3g3	36	• Support UNAIDS to monitor the roll-out of the Three Ones by developing indicators and a system of reporting linked to the UNGASS targets.	see A6f1	Links to TQA question 2.				
A3g5	36	• Lead efforts to establish what has been tagged a 'Fourth One' –a single pooled funding mechanism at country level. See also Q 1.3	Summary of progress and challenges faced. Recommendations. KEY GUIDING QUESTIONS: What are pros and cons of single sector pooling vs. central budgets? What time priority is this for UK staff (opportunity costs of concentrating on funding channels vs. other aspects). What is the most effective funding mechanism?	Trend analysis. Advisers to spot countries where this is a top issue. Interviews with key staff. Will cover in country case studies wherever possible. Review secondary data (other evaluations).	X		X	April-May at HQ; May-October during country case studies

Annex 4: Assessing Progress on Taking Action's Six Priority Actions

action ref. no.	page nos. in *T.A.*	Priority action/ commitment copied from *Taking Action*	Evaluation product (report section)	Proposed methods and information sources	Individual Interviews	Group interviews	Country case studies	Indicative timing
A3h	4, 30, 37	• Take steps at an international level to increase access to medicines. As detailed in the recent UK Government Policy on Access to Medicines, we will work internationally to make medicines more accessible and affordable, including by promoting differential pricing, and working to increase access to health services. The UK is committed to the implementation of the TRIPS decision allowing poor countries to import copies of patented medicines in line with the provisions of the decision	Summary of progress and challenges faced. Recommendations.	Review: DTI and DFID reports; international reports. Interviews with DTI and DFID staff and WHO. Interview partner governments where feasible - during country case studies.	X		X	May-June at HQ; May-July with WHO; May-October during country case studies
A4		**4. Taking Action to support better national programmes**						
		The UK Government will:						
A4a	5,39	Provide money and advice to support developing country governments and other partners to develop and deliver national AIDS strategies that:						

Annex 4: Assessing Progress on Taking Action's Six Priority Actions

action ref. no.	page nos. in *T.A.*	Priority action/ commitment copied from *Taking Action*	Evaluation product (report section)	Proposed methods and information sources	Individual Interviews	Group interviews	Country case studies	Indicative timing
A4b	5, 39, 55, 64, 65	– Are comprehensive, integrating programmes that prevent, treat, care and mitigate the impact of AIDS. In deciding where to invest our resources, we will prioritise activity which:• Integrates prevention, care and impact mitigation within national strategies• Focuses on the needs of orphans and vulnerable children• Strengthens health systems in the face of 'vertical' treatment programmes• Focuses on women and young people, in particular orphans and vulnerable children• Helps marginalised communities• Addresses human rights• Combats stigma and discrimination• Fills funding gaps• Strengthens national planningAll countries in Africa and Asia will look to address AIDS in their CAPs. Regional assistance plans for other areas include AIDS as a high priority.	Critical analysis of written plans and reports on country programming, backed up by comparisons between plans and reality for a small sample of case study countries. Address TQA questions 1.2-1.5, 3.2. Questions should include choice of partners in civil society (not only NGOs but trade unions, religious organisations, etc)	For case study countries, compare CAP plans with reality through written CAP reviews and interviews. Comparison of a wider sample (scope to be agreed in inception phase) of written DFID and FCO Country Strategy Plans/CAPs pre- and post- Taking Action. Trend analysis (see TQA 1.2) will also give an overall view of priorities in practice in country programming.	X		X	
A4b1	45	DFID policy on HIV treatment and care: The UK Government will work at the country and regional level to support effective, nationally led treatment and care responses that follow the DFID policy on treatment and care, including promoting alignment with national systems and involving individuals and communities affected by HIV in decision- making	limited coverage - short summary of issues	Country case studies and findings from WHO 3x5 evaluation.	X		X	May-October during country case studies

Annex 4: Assessing Progress on Taking Action's Six Priority Actions

action ref. no.	page nos. in *T.A.*	Priority action/ commitment copied from *Taking Action*	Evaluation product (report section)	Proposed methods and information sources	Individual Interviews	Group interviews	Country case studies	Indicative timing
A4b2	47	The UK Government will work to address the significant impact of AIDS on food security by working with international organisations, including the World Food Programme (WFP) and UNICEF to improve planning systems. We will also work with others to improve data collection and analysis and to understand better the interaction between HIV, nutrition and treatments. We will provide guidance to support our staff addressing these issues.	Short summary of progress and challenges (broadly, not limited to WFP and UNICEF). An important area for evaluation in 2008, but 2006 is too early to evaluate many programmes. Point on staff guidance should feed into TQA 1.6	Trend analysis and interviews with key staff e.g. DFID rural livelihoods and food security advisers, social protection specialists, and development partners.	X			April-May
A4c	5,39	– Prioritise the needs and rights of women, young people, including orphans, marginalised and vulnerable groups.	See Table B					
A4d2	50	The media, in particular, is an important source of information and mechanism for stimulating debate. DFID will publish AIDS communication guidance for our country programmes in 2004.	Check that guidance has been produced and is being used. See also TQA 1.6	Assessment of the relevance of Taking Action (TQA 3.1) to cover questions of wider use of communications and the media.				
A4d3	51	We will promote the greater involvement of people living with HIV and AIDS in planning and delivering programmes.		see Table B				

action ref. no.	page nos. in *T.A.*	Priority action/ commitment copied from *Taking Action*	Evaluation product (report section)	Proposed methods and information sources	Individual Interviews	Group interviews	Country case studies	Indicative timing
A4d5	51	The private sector has a vital role to play in tackling HIV and AIDS….We will support lesson learning between large companies and their suppliers, as well as efforts to strengthen the capacity of the informal sector to respond to the epidemic. The UK will work to share best practice and strengthen links between international, regional and national organisations of businesses and other employers.		This commitment will be scoped as part of TQA Q2 to allow it to be evaluated in 2008/9. The private sector contribution to supply chains is covered under A4e1.				
A4d6	52	The UK government will concentrate on programmes that allow poor people to realise their human rights…including general actions which create an environment where people are able to protect themselves from HIV and prevent its further transmission.		See Table B				
A4e	5,39	– Can be taken to scale, and make a real difference in a stable and predictable way, taking account of macroeconomic and human resource implications.		Not covered in this evaluation. (DFID Policy Division Scaling Up Services team - created in 2005- is dealing with these issues. A recent scoping by DFID Evaluation Dept concluded this area of work was too recent to evaluate. This evaluation will have a limited coverage pointing out emerging issues, mainly based on country case studies.)				

Annex 4: Assessing Progress on Taking Action's Six Priority Actions

action ref. no.	page nos. in *T.A.*	Priority action/ commitment copied from *Taking Action*	Evaluation product (report section)	Proposed methods and information sources	Individual Interviews	Group interviews	Country case studies	Indicative timing
A4e1	53	The UK will work with others to support governments to analyse what the blockages are to scaling up and move - by means of phased expansion - beyond geographically limited pilot projects.	Brief summary of issues, progress and challenges. Recommendations. To cover private sector issues (e.g., supply chain) as well as public sector issues.	Ditto				
A4e2	54	A particular area of concern and one where the UK is taking a leading role is the issue of human resources for health. The UK will assist countries to develop both short-term 'emergency' solutions to address the current shortage of health and education personnel, and to take a longer-term view of human resource planning and management in the light of the impact of the AIDS epidemic. (Malawi, Ghana and Zimbabwe are examples)	Brief summary of issues, progress and challenges. Recommendations.	Review of secondary data. Country case studies should examine this issue.	X		X	May-October during country case studies
A4e3	54	We will take action to strengthen the impact of the Code of Practice on the recruitment of healthcare workers to the UK, to prevent the use by the NHS of agencies that recruit healthcare staff directly from developing countries unless a bilateral agreement has been negotiated with the country concerned. We are working with other donors to give the issue of recruitment of healthcare workers more prominence.	Brief review of other evaluation findings in this area and recommendations. Issues include standards for NHS certification and their relationship to standards for health worker training in affected countries.	Review existing DoH and independent reports. Address recommendations in 'Averting Catastrophe' (especially 2,5,6).				

action ref. no.	page nos. in *T.A.*	Priority action/ commitment copied from *Taking Action*	Evaluation product (report section)	Proposed methods and information sources	Individual Interviews	Group interviews	Country case studies	Indicative timing
A5		**5. Taking Action in the long term**						
		The UK Government will:						
A5a	6,57	• Ensure that responses to AIDS are sustainable in the long term as well as responding to the immediate and exceptional needs.	Summary of main sustainability issues around main aid instruments used for tackling AIDS (based on empirical evidence rather than theory). Sustainability of approaches taken (e.g. to treatment) will also be covered under relevance of strategy (TQA 3.1)	Sustainability is a DAC criterion for all evaluation work. However, it is clearly not possible to assess more than a fraction of UK-supported work in this evaluation. Review: Data should be drawn from existing evaluations of vertical funds, existing country and programme evaluations, and country case studies.				
A5b	6,57	• Work with others to make funding for AIDS longer-term and more predictable, including through the IFF.	Table of main funding instruments used by UK and approx. spend for each, set in international context. Summary of progress, issues and challenges for predictability.	Trend analysis for this evaluation and international Trend analysis of AIDS spending. UK government and international (UNAIDS, G8 etc) minutes of meetings, public statements, reviews. Focus group discussions.		X		As per TQA 1.2
A5c	6,57	• Increase our support for research into: microbicides; treatments and new technologies for the poor, women and young people; and the social, economic and cultural impact of AIDS.	Summary of progress, challenges faced and recommendations. Trends in research priorities, consultation (including with users), management of risk, etc.	Draw on other reviews of research including Surr report on DFID-funded research and committee on M&E of research. Interview with Central Research Dept.	X			April

Annex 4: Assessing Progress on Taking Action's Six Priority Actions

action ref. no.	page nos. in *T.A.*	Priority action/ commitment copied from *Taking Action*	Evaluation product (report section)	Proposed methods and information sources	Individual Interviews	Group interviews	Country case studies	Indicative timing
A6		**6. Translating strategy into action**						
		The UK Government will:						
A6a	7,63	• Ensure that all relevant government departments implement this strategy.	Summary of progress and challenges, particularly for Other Government Departments. Follow up points from APPG report 2004 as well as responsibilities in TA.	Follow up recommendations in "Averting Catastrophe" report (Africa APPG 2004). Review other Departmental reports; map what others (FCO, DoH, MoD, DTI, and Cabinet Office) are doing. Then interview key staff in each to get their views on map of what the others are doing.	X			August-October
A6b	7,63	• Ensure DFID – as the lead department – monitors progress towards the targets set out in this HIV and AIDS strategy.	KEY GUIDING QUESTIONS include how efficiency and sustainability are assessed, as well as progress	see TQA 1.6. Relevance of the targets and activities will be assessed separately (TQA 3.1)	X			
A6b1	64	The department already has a public service agreement (PSA) with the Treasury for which DFID's management board is accountable. This includes a target on tackling HIV and AIDS. The management board will also take responsibility for monitoring progress towards the targets set out in this HIV and AIDS strategy. AIDS will be reflected in the delivery plans of regional and international directors. These will be monitored throughout the year and reviewed annually by the management board to ensure that targets are on track.	Ditto	Ditto				

action ref. no.	page nos. in *T.A.*	Priority action/ commitment copied from *Taking Action*	Evaluation product (report section)	Proposed methods and information sources	Individual Interviews	Group interviews	Country case studies	Indicative timing
A6b2	64	Most of the UK's activities resulting from this strategy will take place at the country level, and with our partner institutions. DFID's engagement in countries and with institutions is guided respectively by Country Assistance Plans (CAPs) and Institutional Strategy Plans (ISPs), which are updated every three to five years. All CAPs and ISPs will be monitored on a continuing basis with reports going to the management board. These plans will in turn influence individual staff work plans, which will need to reflect AIDS objectives. These will be monitored through DFID management systems.	Ditto	Ditto. On individual workplans, follow up with HR staff in E. Kilbride to find out about individual staff workplans. Do they reflect AIDS objectives? Are these being monitored thru DFID management systems and, if so, how?	X			
A6b3	64	We are establishing a new cross-Whitehall working group on AIDS which will monitor the implementation of the strategy across all departments.	Ditto	Is it actually monitoring across depts.? How? Review minutes of cross-Whitehall working group; interview key members of cross-Whitehall working group. If they aren't monitoring, suggest a recommendation.	X			May-July
A6c	7,63	• Ensure that during DFID's annual financial allocation round, decisions are made in accordance with this strategy.	TQA 1.3	Interview Resource Mgmt Group in Corp Policy Division. Ask: How do you understand the process as to how spending target gets worked out? If possible review minutes of mtg with Top Mgmt Grp. Did anybody ask questions about AIDS. Look at the new DDPs; DDPs are supposed to feed down into CAPs and RAPs.		X		

Annex 4: Assessing Progress on Taking Action's Six Priority Actions

action ref. no.	page nos. in *T.A.*	Priority action/ commitment copied from *Taking Action*	Evaluation product (report section)	Proposed methods and information sources	Individual Interviews	Group interviews	Country case studies	Indicative timing
				How does H&A figure in these? Trend analysis should help.				
A6d	7,63	• Monitor the implementation of this strategy throughout DFID's organisational structure – through internal business plans and strategies for working with our developing country and multilateral partners.	TQA 1.6 and A6b					
A6e	7,63	• Undertake an evaluation of this strategy in 2006.						
A6f	7,63	• Play an active role in the monitoring and evaluation activities of the international community to measure the impact of our combined response to AIDS	Summary of progress, challenges faced and recommendations.	Review: reports, minutes of meetings, interview staff (International Division, Global AIDS Policy Team)	X	X		April-May

Annex 4: Assessing Progress on Taking Action's Six Priority Actions

action ref. no.	page nos. in *T.A.*	Priority action/ commitment copied from *Taking Action*	Evaluation product (report section)	Proposed methods and information sources	Individual Interviews	Group interviews	Country case studies	Indicative timing
A6f1	68	The UK will take an active role within the UNAIDS monitoring and evaluation reference group (MERG) and other international activities to strengthen monitoring and evaluation	This is a critical question to consider with TQA question 2. Have the UK's data needs been clearly defined? Is the international system collecting data which responds to these? If not, what course of action is recommended?	Commitments to harmonised data collection mean that the UK government faces difficult decisions about data requirements for its own accountability: should it lobby the international/country system to ensure these are collected, or reduce its own demands, or a combination? The evaluation should produce specific recommendations for action related to each specific type of data needed for the final evaluation of Taking Action.				
A6f2	68	Where requested, the UK will support countries to develop such capacity through training, technical assistance, etc	Ditto	Relates to the question above, also A4b and Trend analysis.				

ANNEX 5: WOMEN, YOUNG PEOPLE AND VULNERABLE GROUPS

This table is intended primarily to support Working Paper 2, which addresses Question 1.5 in the TQA: 'How is *Taking Action*'s focus on women, young people and vulnerable groups being interpreted by UK decision-makers? What are the challenges faced in putting this into practice? Is a significant proportion of UK funding and benefits reaching these groups - can this be improved?'

Table B in the Evaluation Design Paper provides all of the approximately 50 commitments the UK government announced in *Taking Action* that it will meet in this area. This modified table lists a smaller number of actions on which the evaluation will focus (those marked with x in the Design Paper, designating higher priority). (See annex 7, which builds on this table.)

Action ref. no.	page nos. in *T.A.*	**Priority action/ commitment copied from *Taking Action***	**Evaluation product (report section):**	**Proposed information sources**
B1		**Women, young people and vulnerable groups: taking action to close the funding gap**		
		The UK Government will:		
B1a	23	• Fund a broad range of action to meet their needs in country programmes, including strengthening sexual and reproductive health services, increasing girls' access to education, supporting harm reduction programmes and developing plans to meet the needs of orphans and other children made vulnerable by HIV and AIDS.	Overview of current UK support to this area, direction of progress, issues and challenges, recommendations. KEY GUIDING QUESTIONS include: How is relevance/priority of different activities assessed against the overall aim (especially, but not only, where UK makes direct programming decisions)? How are efforts to tackle broader issues such as women's empowerment, rights frameworks, girls' education etc assessed and spending counted? (See also TQA 1.4, 1.5)	Trend analysis using DFID MIS systems (within limitations of data). Case study countries. Study of documents from other selected DFID country programmes (PRS, non PRS, fragile state). See also A4b
B1c	23	• Fund further research into microbicides and scale up investment in treatments for children.		Issue to cover under research (A5c)
B1d	23	• Support research to better understand the socioeconomic and cultural aspects of AIDS.		Issue to cover under research (A5c)

Annex 5: Women, Young People and Vulnerable Groups

Action ref. no.	page nos. in *T.A.*	**Priority action/ commitment copied from *Taking Action***	**Evaluation product (report section):**	**Proposed information sources**
B2		**Women, young people and vulnerable groups: taking action to strengthen political leadership**		
		The UK Government will:		
B2a	29	• Promote political leadership, and leadership at all levels of society. *[to advocate for rights of women, young people and vulnerable groups]*	Summary of progress, challenges, recommendations. KEY GUIDING QUESTIONS - How successful has the UK been in promoting leadership to advocate for rights of vulnerable groups? What approaches have been more/less successful? How is "action on behalf of vulnerable groups interpreted" and what are issues arising?	Analysis of key policy documents for statements on women, vulnerable. Interviews with DFID Global AIDS policy, FCO about challenges. Country case studies. Should cover international and country interventions.
B2b	29	• Promote leadership *by and among* women, young people and vulnerable groups, and support the work of the Global Coalition on Women and AIDS.	Summary of progress, challenges, recommendations. KEY GUIDING QUESTION: How successful has the UK been directly or through partners in promoting leadership by vulnerable groups? What approaches have been more/less successful? Value of international vs. country interventions?	*Voice and Accountability evaluation* and *study on V&A for service delivery*. Interview country staff. Should also cover international work.
B2d	29	• Promote human rights (including the rights of children) and their impact on tackling HIV and AIDS wherever appropriate, including through the UN Commission on Human Rights.	Brief summary of UK actions and current challenges. Potentially broad area - scope needs to be clarified as part of TQA Question 2. Summarise progress at UN/international level and country case studies.	Discussions with key stakeholders to define scope of inquiry. Cover in country case studies, plus as agreed in inception phase.
B2e	29	• Support work on legislative reform, including that spearheaded by UNAIDS, to combat discrimination against people living with or affected by HIV and AIDS.	Brief analysis of international position, spot gaps. KEY GUIDING QUESTION: should the UK do more in this area? Can it be safely left to others? In what circumstances?	International data - UNAIDS etc.

Annex 5: Women, Young People and Vulnerable Groups

Action ref. no.	page nos. in *T.A.*	**Priority action/ commitment copied from *Taking Action***	**Evaluation product (report section):**	**Proposed information sources**
B2f	29	• Work closely with countries to ensure that equity and rights are prioritised, including in poverty reduction strategy processes and in the decision-making process around scaling up treatment.	Ditto	TQA 1.4
B3		**Women, young people and vulnerable groups: taking action to improve the international response**		
		The UK Government will:		
B3d	38	• Endorse UNICEF's Strategic Framework for the Protection, Care and Support of Orphans and Children made vulnerable by HIV and AIDS, and support its implementation with additional funding and advice to our country teams.	Summary of spend (see also A1c), guidance to country teams (see also TQA1.6) , progress on national plans and challenges of providing financial support through these, brief review of current issues for DFID (social protection, health, food security education etc); recommendations. KEY GUIDING QUESTION: In what circumstances is a specific focus on AIDS-related OVCs appropriate? Has this focus added to or detracted from wider efforts to tackle child vulnerability?	UNICEF, UNAIDS and NGO reports. Possible interviews: OVCs group, DFID reaching poorest team, other PD teams, country offices, NGOs. Country case studies.
B3e	38	• Take steps to increase access to medicines for women and children.	Cover this under A3h	
B4		**Women, young people and vulnerable groups: taking action to support better national programmes**		
		The UK Government will:		
B4a	56	• Support comprehensive programmes for women that address not only their access to sexual and reproductive health and rights but also access to education, employment and social protection.	(Limited coverage) Brief summary of lessons from existing evaluations and identification of key information gaps. Broad area which needs scoping as part of TQA Q2.	DFID gender evaluation (2005) and thematic studies on gender and violence, AIDS and gender and others.
B4b	56	• Support efforts to promote girls' education and work to support programmes tackling gender violence and stigma and discrimination.	(Limited coverage) Brief summary of lessons from existing evaluations and identification of key information gaps. Broad area which needs scoping as part of TQA Q2.	DFID gender evaluation and gender and education thematic study.

Annex 5: Women, Young People and Vulnerable Groups

Action ref. no.	page nos. in *T.A.*	**Priority action/ commitment copied from *Taking Action***	**Evaluation product (report section):**	**Proposed information sources**
B4d	56	• Make support for orphans and vulnerable children a cornerstone of our response, by dedicating at least £150 million over the next three years to address their needs, including through:	Cover with B3d	
B4e	56	– Securing international commitment to UNICEF's Strategic Framework.	Cover with B3d	
B4f	56	– Reflecting our commitment in DFID's country assistance plans in all affected countries.	Cover with B3d	Include in CAP review
B4g	56	– Working on a range of interventions to assist keeping children productively in school, with secure access to healthcare and social protection.	Cover with B3d	
B4h	56	• Support prevention and treatment programmes that meet the needs of marginalised groups.	Summary of progress, challenges and any recommendations.	International and country data about access to prevention and treatment programmes. Country case studies. Identify issues and discuss challenges with key country staff and others
B4i	56	• Promote the greater involvement of people with HIV and AIDS – including women, young people and marginalised groups – in planning and delivering programmes.	**Cross-cutting question to pose across programmes.** QUESTIONS: where PLWHA have been involved, what is effect? How has involvement or lack of it been taken into account in UK decision-making? Has UK supported this involvement?	To be asked for partnerships including country case studies, international organisations. Info on impact of PLWHA involvement from secondary sources and country case studies.
B4k	56	– Supporting legislative reform to improve the human rights environment – including anti-discrimination legislation, legislation to regulate the conduct of public institutions like the police, and to guarantee individuals access to services.	Summary of UK/DFID position in this area particularly as relates to HIV and AIDS. Main challenges, recommendations.	Review of documents. Country case studies should investigate this area.

Annex 5: Women, Young People and Vulnerable Groups

Action ref. no.	page nos. in *T.A.*	**Priority action/ commitment copied from *Taking Action***	**Evaluation product (report section):**	**Proposed information sources**
B5		**Women, young people and vulnerable groups: taking action in the long term**	Review of B5 a-h - initial challenges faced in research programme. Table of funding for different research streams and partnerships.	Too early to evaluate most programmes - interview research managers, researchers, other stakeholders about progress and challenges.
		The UK Government will:		
B5a	62	• Scale up our commitment for research which benefits women, young people, including orphans, other vulnerable groups and poor people, with special emphasis on:	see above	See above
B5b	62	– Building knowledge on how to influence and change the societal and economic impacts of AIDS, including the challenge of growing numbers of orphans.	Ditto	Ditto
B5c	62	– Developing global understanding of how the social roles of men and women, boys and girls, increase vulnerability to HIV.	Ditto	Ditto
B5d	62	– Innovative treatment regimes that can be safely accessed by marginalised groups.	Ditto	Ditto
B5e	62	– Developing better and more effective therapies for children.	Ditto	Ditto
B5f	62	– Intensifying the microbicides effort and closing the funding gap for microbicide trials.	Ditto	Ditto
B5g	62	– Continued support for AIDS vaccine development.	Ditto	Ditto
B5h	62	All DFID-funded research will engage the users of research – including poor people themselves and DFID staff based overseas – from the outset.	Ditto	Ditto
B6		**DFID policy on sexual and reproductive health and rights:**		
B6c	43	• Improve access to comprehensive services that are responsive to the rights and needs of poor people and other vulnerable groups.	cover with B4h	

ANNEX 6: WORKING PAPER 1 - TERMS OF REFERENCE

An Analysis of Trends in UK Government Funding and Activities to Tackle HIV and AIDS in the Developing World

DFID's Terms of Reference specify the following with respect to Working Paper 1:

Deliverables

An analysis of trends in UK government funding and activities related to HIV and AIDS (in particular the DFID portfolio) since *Taking Action* (2004-6).

- Draft by March 15, 2006
- Final by May 29, 2006

Main TQA Question to be Covered

Working Paper 1 will focus on addressing the following questions from the TQA:

- Overall, does the distribution of current UK-supported HIV and AIDS activities reflect the priorities laid out in *Taking Action*? If not, why not? (Q1.2, TQA)
- Are the information systems adequate to monitor implementation of *Taking Action* (Referred to in Q1.6, TQA)
- Preliminary assessment of issues affecting women, young people and other vulnerable groups (Q1.5, TQA)[17]

In addition, the following elements of Tables A and B specifically refer to the trend analysis – A1a, A1b, A1c, A3g5, A4b, A4b2, A5b, A6f2 and B1a.

Scope

The exercise will:

- Analyse trends in UK government funding for HIV and AIDS, in general, and through DFID, in particular, since *Taking Action* began to be implemented.
- Analyse trends in HIV and AIDS activities supported with UK government finances since *Taking Action* began to be implemented.
- In particular, address the extent to which the distribution of current UK-supported HIV and AIDS activities reflect the priorities laid out in *Taking Action.* It is proposed that this be done by:
  - Seeking to provide a 'snapshot' of current activities supported by the UK government, in general, and DFID, in particular;

[17] These issues will be the main focus of working paper 2

  - Exploring how this has changed since the introduction of *Taking Action*; and
  - Then analysing how the current position and overall trend match the priorities described in *Taking Action*

If it is found that the distribution does not match *Taking Action*, the reasons for this will be identified and explored, focusing on whether changes are needed in the strategy, the implementation or both.

- Explore the following specific parameters in order to assess the distribution of activities:

  - National and international work;
  - Types of work on HIV and AIDS, such as prevention, research, treatment, and care and mitigation (including wider impact mitigation);
  - Funding through government and civil society channels;
  - Programmes for universal access and those focusing on particular groups;
  - The balance between AIDS-specific actions and broader 'enabling actions' (e.g. predictable aid, health systems);
  - The extent to which HIV/AIDS is being mainstreamed into non-health sector projects

- Examine whether the overall balance is reasonable in terms of country needs/stage of epidemic and the appropriate UK role
- Examine what hidden choices are being made, if any, and what opportunity costs there are
- Consider how *Taking Action*'s specific focus on "women, young people and vulnerable groups" is being interpreted by UK government decision-makers and whether or not a significant proportion of funding and activities is reaching these priority groups[1].
- Address a number of specific questions based particularly on table A of the terms of reference for this evaluation (see above)

Proposed Methods

The main activity will be to review activities supported by DFID based on data contained within PRISM/AiDA. The following data will be collected for each activity:

- Name/description
- Start and end date
- Value
- Funding mechanism (including budget support; sectoral support; project; vertical funds; MOU; research; policy dialogue; TA)
- Degree of focus on HIV/AIDS – e.g. identified by PRISM 'P' and 'S' markers or free text search, e.g. of AiDA
- National or international

- Focus of work
- Government or civil society
- Capacity building focus?
- General population or vulnerable groups
- AIDS-specific or broader enabling action[18]
- Data source
- Comments

In addition, the study will review

- DFID and FCO Country Assistance Plans/Country Strategy Papers for at least ten countries – possible countries include Cambodia, China, Ethiopia, India, Kenya, Malawi, Russia, Rwanda, South Africa and Zimbabwe.

- Five Regional Assistance Plans for Latin America; Caribbean; Western Balkans; Central Asia South Caucasus and Moldova; and Middle East and North Africa.

- Four Institutional Strategy Plans – that is those for UNAIDS, World Bank, UNICEF and EC (see table A). Work with Global Fund will also be included in the evaluation, but this is not covered by an ISP with DFID.

The Trend analysis will complement the work of document identification and review, which will be carried out as part of the inception report. The Trend analysis will inform ongoing work of the evaluation and will be used to guide the design and selection of individual interviews, country case studies and focus group discussions.

Format

10-20 pp plus annexes and a 1-3 page summary of main issues and recommendations.

[18] The Trend analysis study will explore possible definitions of 'enabling actions', particularly from available literature

ANNEX 7: WORKING PAPER 2 – TERMS OF REFERENCE

Taking Action to Reach Women, Young People and Vulnerable Groups: An analysis of decisions and challenges faced, with recommendations for action

DFID's Terms of Reference specify the following with respect to Working Paper 2:

Deliverables

An analysis of decisions made and challenges faced together with recommendations for action, based on the Trend analysis and a sample of the commitments expressed in *Taking Action*.

- Draft by August 28, 2006 (10-20 pages plus annexes and a 2-3 page Executive Summary of main issues and recommendations)
- Final version by 13 November, 2006
- Briefing Paper 1

Taking Action includes over forty commitments for UK government action with respect to reaching women, young people and vulnerable groups. ***Within the time and resources available, using secondary source data, individual and group interviews as well as Country Case Studies, Working Paper 2 (WP2) will explore:***

- how this concern to reach women, young people and vulnerable groups is being interpreted and acted upon by UK government decision- makers, DFID headquarters (Palace Street and East Kilbride) and country-level staff, and partner organisations[19];

- whether a significant proportion of funding is reaching these priority groups, what activities are being supported, intended outcomes, and whether members of these groups are substantially involved in HIV prevention, treatment, care and other activities;

- key lessons that can be learned from experience to date, including suggestions for activities and approaches that can be strengthened or scaled up as well as less successful strategies and approaches that should be revisited or no longer be pursued.

Given the many issues this topic encompasses, the diversity of groups involved and the very large number of stakeholders and interest groups that could be consulted, WP 2 must perforce be selective in its approach. The paper will therefore not undertake to cover all issues in

[19] This will include a consideration of how 'vulnerability' is defined by the DFID Global AIDS Policy Team and other key government decision-makers.

depth, but will highlight opportunities for follow-up enquiry within the context of future evaluation work.

Main TQA question to be covered: TQA 1.5

- How is *Taking* Action's specific focus on women, young people and vulnerable groups interpreted by UK government decision-makers? Is a significant proportion of funding reaching these priority groups? How does the UK government balance this focus on the most vulnerable with concern for donor harmonisation and alignment with countries' own policies? What specific action is UK government taking to strengthen political leadership at all levels for and by women, young people and vulnerable groups? What lessons are to be learned from different approaches to doing these?
- How does DFID manage the tension between promoting a country-led agenda and promoting specific priorities such as human rights, a focus on equity, concern for marginalised groups etc.? What approaches have been tried and what lessons are there to be learned for (i) future UK HIV and AIDS strategy and (ii) other UK development strategies? (also TQ 1.4 and TQ 3.2)

Other relevant questions[20]

- How does the distribution of current UK-supported HIV and AIDS activities reflect the priorities laid out in *Taking Action*? *What balance has been struck between programmes for universal access and those focusing on particular groups?* (TQA 1.2)
- Are appropriate systems, staff and resources in place to implement *Taking Action*? (TQA 1.6) *How many new staff have been recruited to implement Taking Action (and in which fields)? Do staff have the necessary resources, skills and opportunities to learn from Best Practice? What kinds of information, training and support are available to develop and sustain/institutionalise these skills, and how are they utilised? What monitoring systems track funding flows, key activities and report on progress in delivering commitments to vulnerable groups made in Taking Action?*
- Does *Taking Action* offer 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 *and are all relevant priority vulnerable groups identified?* (TQA 3.1)

Scope

Overall, WP 2 will offer an overview of UK support in this area, building on the findings of the mapping study conducted as WP 1; and an analysis of priorities and achievements to date, together with an analysis of trends in DFID's portfolio of activity between 2004 and 2006.

Within the limitations of the available data, WP2 will provide an estimate of the degree to which DFID supported funding and programme activities are

[20] To be explored as resources permit and/or within the context of other aspects of the evaluation. Italicised text identifies text added to the original TQA questions based on the evaluation team's interpretation of how these apply to WP2. These issues will be examined if relevant data exists and resources allow

involving and benefiting priority group members. In particular, an assessment will be made of the UK government's work with regard to the:

- proportion of activity and funding focused on women, young people (including young people in general and OVCs in particular) and other vulnerable groups;
- the understandings of vulnerability that are operationalised within this work, together with their potential to make a difference;
- the specific contexts in which vulnerability is greatest and is being addressed (e.g. home, school, street, sex work contexts, etc);
- the types of activity being funded (e.g. research, policy development, strategic planning, service delivery, capacity building, leadership training etc.); and
- (where relevant data sources exist) the outcomes of the work being undertaken.

Finally, an analysis will be conducted of barriers to and levers for success in future work.

There will be strong linkage between the work of WP2 and that of WP3, especially in relation to the development of indicators for the monitoring and evaluation of inputs to and progress with women, young people and vulnerable groups (TQA 2.1).

As with other elements of the evaluation, WP2 is underpinned by a commitment to the promotion of gender equality and social inclusion. Coda's Gender Analysis Guidelines[21] will guide data collection and analysis. There will be a clear focus on power, participation and change – in line with a social exclusion perspective – in the recommendations that are made[22].

Table B specifies the major actions and commitments that will be focused on within this element of the evaluation.

[21] http://www.acdi-cida.gc.ca/cida_ind.nsf/eff12ba4cbb097c1852566ce00644c8a/6f0d1a1411469628852567290066de5?OpenDocument#guide

[22] J Beall and L-H Piron (2005) *DFID Social Exclusion Review.* http://www.odi.org.uk/PPPG/publications/papers_reports/dfid/ODI-DFIDSocialExclusion_May05.pdf

Methods

Information needed and topic areas to be covered	Sources
(TQA 1.5) Main TQA question Interpretation of *Taking Action*'s focus on women, young people and vulnerable groups by UK government decision makers? Balance struck between a focus on the most vulnerable, donor harmonisation and alignment with countries' own policies Approaches tried and experiences/lessons learned	Findings from mapping exercise (WP1) plus additional more focused analyses of PRISM and other relevant sources (by end 05/06) Desk review of a sample of Country Assistance Plans, Regional Assistance Plans and Institutional Strategy Plans (by early 05/06) Interviews with DFID HQ (by end of 07/06) and country level staff (by end of case studies) Interviews with senior staff within a range of international (multilateral, INGOs) (by end of 06/06)and national (NAC/P and CBO) partners (by end of case studies) Feedback from international (by end of 06/06) and national NGOs and civil society via the e-forum (by early 08/06) Interviews with heads of UN agencies and AIDS focal points (by end of 07/06) Interviews with UN resident Coordinators, theme group chairs and selected theme group members as part of country case studies (by end of case studies) Interviews with representatives of networks of PLHAs, young people, women etc. in case study countries. (by end of case studies) Country case studies
TQA 1.5 (Main TQA question), also TQ 1.4 and TQ 3.2 Balance struck between a country-led approach and a concern for human rights, equity, women, young people and marginalised groups Approaches tried and experiences/lessons learned Lessons for future UK HIV and AIDS strategy Lessons for other UK development strategies	Findings from (WP1) mapping exercise (by end of 05/06) Review of programmes and projects funded using PRISM and other data sources (by end of 05/06) Desk review of a sample of Country Assistance Plans (6) and Regional Assistance Plans (3) (by end of 05/06) Interviews with DFID HQ (by end of 07/06) and country level staff (by end of case studies) Interviews with UN theme group members in case study countries (by end of case studies) Interviews with international and local NGOs (FGD) (by end of 07/06) Feedback from civil society e-forum (by early 08/06) Interviews with representatives of networks of PLHAs, young people, women etc. in case study countries. (by end of case studies) Country case studies
(TQA 1.2) (Other relevant question) Distribution of current UK supported HIV and AIDS activities relative to priorities in *Taking Action*? Data on balance struck globally and at country level between spend on 'universal' programmes relevant to HIV treatment, prevention and care and those addressing the needs of particular groups Balance struck between work with different vulnerable groups within a	Textual analysis of *Taking Action,* position papers, keysheets, factsheets and guidelines (on areas such as SRH, HIV and AIDS Treatment and Care Policy) to identify the priorities highlighted (by early 05/06) Review of DFID annual reports and other department reports (e.g. FCO). (by early 05/06) Review of parliamentary question (PQ) responses on the implementation of *Taking Action* (by end of 05/06 but with ongoing review) Review cross-referencing/alignment with other UK government/DFID policies and strategies post-dating *Taking Action* (e.g. Girls' Education: towards a better future for all') (by end of 07/06) Findings from mapping exercise plus additional analyses of PRISM and other

particular context	relevant data (by end of 05/06 Desk review of a sample of Country Assistance Plans (6), Regional Assistance Plans (3) and Institutional Strategy Plans (3) (by end of 05/06) Review of Partnership Programme Agreement and activities funded through the NGO Consortium (by end of 05/06) Interviews with DFID HQ (by end of 07/06) and country level staff (by end of case studies) Interviews with UN Resident Coordinators, theme group chairs and theme group members (FGD) in case study countries (also at headquarters level and GFATM by telephone) (by end of case studies) Interviews with international (by end of 06/06) and local NGOs (by end of case studies) Feedback from civil society e-forum to be facilitated jointly with the UK Consortium on AIDS and International Development (by end of 07/06) Country case studies
(TQA 1.6) (Other relevant question)[23] Adequacy of UK Government systems and staff resources to implement *Taking Action.* Staff preparedness to commission and support delivery of work relevant to women, young people and vulnerable populations Information, training and support available to develop relevant skills	Interviews with senior HQ (by end of 07/06) and country level staff (by end of case studies) in HR and technical fields to ascertain nature, appropriateness and levels of staffing Interviews with senior HQ (by end of 07/06) and country level staff (by end of case studies) to identify experience and skills sought in making appointments Interviews with senior HQ (by end of 07/06) and country level staff to identify key areas of recruitment priority and recruitment difficulty Desk review of staff induction arrangements (both generic and with a focus on HIV and AIDS) (by end of 05/06 with ongoing review) Review of IT systems (e.g. AIDS Portal) and continuing education and training to support HQ and country-level staff on issues relevant to women, young people, OVCs and other vulnerable groups (by end of 07/06 with ongoing review) Feedback from interviews and e-fora involving HQ (by end of (07/06) and country level (by end of case studies) staff
(TQA 3.1) (Other relevant question)[24] Relevance of *Taking Action* to tackling HIV and AIDS effectively in the developing world Issues and concerns not adequately addressed in *Taking Action*	Review of most recent International Best Practice statements on working with HIV and AIDS with women, young people and vulnerable groups (by end of 06/06) Participation in UNAIDS (and other upcoming) expert group meetings on sex work, men who have sex with men and vulnerability reduction (by end of 07/06) [note: funded by other source] Interviews with DFID HQ (by end of 07/06) and country level staff (by end of case studies) Interviews with international and local NGOs (by end of 06/06) and feedback from civil society e-forum to be organised in collaboration with the UK Consortium on AIDS and International Development (by early 08/06) Interviews with senior strategic and policy level staff in multilateral agencies (e.g. UNAIDS, WHO, UNFPA, UNICEF, World Bank) (by end of 07/06) Discussions with DFID supported programme/project leaders and coordinators (by end of case studies) Country Case Studies

[23] Much of this information will be elicited in the context of data collection for Sections I (6) of the Main Report
[24] Much of this information will be elicited in the context of data collection for Sections III (1) and III (2) of the Main Report

Proposed format

Meeting the needs of women, young people and vulnerable groups in the context of HIV/AIDS. Overview of key issues, to include but not be restricted to human rights, gender equity, inclusion, participation and respect for diversity

UK government priorities and achievements to date across the sample of commitments in *Taking Action* to meet the needs of these priority groups

Areas of achievement to be grouped (so far as is possible) into:

- Closing the funding gap (including consideration of the proportion of funding and activities reaching these priority groups)
- Strengthening political leadership at all levels (including involvement of people living with and affected by HIV and AIDS)
- Strengthening the international response (including ensuring the implementation at country level of relevant recommendations from the Global Task Team)
- Supporting better national programmes (including ensuring that national programmes address the needs of women, young people in general, OVCs and other vulnerable groups, and that relevant Ministries are supported in addressing these concerns)
- Supporting action in the medium- to longer-term (including through PRSPs, comprehensive national AIDS strategies and national development plans)

Analysis of the challenges (and opportunities) faced in putting a commitment to work with vulnerable populations into practice (including learning from international best practice, ensuring the existence of national monitoring and evaluation systems and assessing the extent to which at country level the recommendations of the Global Task Team are being implemented

Recommendations for further action and development

ANNEX 8: WORKING PAPER 3 –TERMS OF REFERENCE

Measuring Success: Indicators and Approaches for the Final Evaluation of Taking Action in 2008

With recommendations on data collection including baseline data

DFID's Terms of Reference specifies the following with respect to Working Paper 3:

Deliverables

- Proposed indicators and baseline for the final evaluation of Taking Action in 2008/9
- Draft by August 14, 2006
- Final version by November 13, 2006

Main TQA questions covered:

Taking Action 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 not, how should success be measured?

Scope

For each of the six programmatic areas, identify all explicit and implicit indicators, and performance targets in *Taking Action* and in Table A and B.

Review the appropriateness and relevance of the stated performance targets to assess success of the TA programme. Based on discussions with the evaluation steering committee and with stakeholders (Government agencies, Civil society, multilateral organizations, selected country offices), propose revised performance targets as needed.

Identify and review publicly available documents to identify, and evaluate applicability to *TA*, indicators and approaches used to monitor and evaluate the following:

- Support programs similar to *TA,* in general.
- TA components, namely, closing funding gap; political leadership; improving international response; support to better national programmes; long term action; translating strategy into action;
- HIV/AIDS programmes implemented under a donor-harmonized approach; The Three ones
- The Global Fund

  - HIV programs on women, young people, OVC and other vulnerable groups
  - HIV AIDS policy, systems and partner selection

Develop an evaluation framework to systematically organize *TA* program indicators into logical program components such as:

  - Operational performance
  - Systems
  - Impact

- Propose a set of indicators for the *TA*. The proposed indicators will be presented in a matrix of the six *TA* program areas by the evaluation framework program logical components.
- Discuss and agree with stakeholders (Government agencies, Civil society, multilateral organizations, selected country offices) on the proposed indicators and final evaluation approaches.
- Write up the agreed upon indicators by the six program area and by the program logical components, showing for each indicator the following:
  - Name of the indicator
  - Description of the indicators - what it measures, how it is measured and reported
  - The source of data, the availability, quality and reliability of this data, and actionable measures to improve the availability, quality and reliability of this data source
  - The frequency of reporting
  - The baselines (where available) and the targets and
  - Party responsible for reporting targets.
  - Comments – lessons learned from the mid-term evaluation on methodological issues on each indicator

Methods

- Textual analysis of *TA*, building on work already done (Tables A and B) to identify and list existing explicit and implicit indicators, and performance targets
- Appraisal of performance targets stated in the *TA* strategy.

- Review and synthesize *TA* strategy relevant indicators and final evaluation approaches found in publicly available documents
- Individual and group discussion and agreement with stakeholders on:
  - Indicators for success of the *TA* strategy;
  - Data sources and data collection methodologies;
  - *TA* final evaluation approaches.
- Compilation of available baseline data

Development of indicators will involve a highly iterative process between the evaluation team on one hand, and the DFID statistical advisers and the evaluation steering committee on the other. The process will also be as much as possible participatory to ensure the blessing and ownership of the stakeholders that compile, report and use *TA* strategy monitoring and evaluation information.

Format

50 pp. plus annexes with 3-8 pp summary of main issues and recommendations.

ANNEX 9: SEVEN-COUNTRY PLANNING MATRIX

	Country visit planning information	DRC	Ethiopia	Zambia	Zimbabwe	China	India	Russia
1	Country by type of aid	Post conflict	Budget support (thru '05)	Budget support	Fragile state	Large country response (tbc)	Budget support	Multisectoral approaches (tbc)
2	Schedule of visits	Requested to begin the week of 5 June	Requested for sometime in June	8-19 May	Suggested to begin the week of 17 September	Not before June. July suggested	Toward the end of the evaluation period (Sept-Oct)	Requested end of May (to coincide with the UNAIDS "three ones" review)
3	Lead DFID country contact	Ros Cooper, Policy Adviser Human Development/Service Delivery DFID/Kinshasa Telephone: 243 81 715 0761 Email: RA-Cooper@dfid.gov.uk	Marion Kelly, HIV/AIDS & Health Adviser, DFID/Ethiopia Telephone: Email: M-Kelly@dfid.gov.uk	Jane Miller, Health Adviser Email: J-Miller@dfid.gov.uk Telephone: + 260 1251164 Mobile 097 930148	Allison Beattie, Health and HIV/AIDS Adviser, DFID Harare Telephone: +263 4 774 719-28 Email: a-eattie@dfid.gov.uk	Martin Taylor, DFID China Tel:00-86-10-8529-6882 Email: M-Taylor@dfid.gov.uk	Joanna Reid, Sr. Health Adviser, DFID/India Telephone: +91 11 2652 9123 x3349 Email: JM-Reid@dfid.gov.uk	Svitlana Pkhidenko, Dep Programme Mgr, Health Policy Telephone: +7 (095) 956 74 89 Email: s-pkhidenko@dfid.gov.uk
4	Other DFID key country staff/titles	Patricia Sterling, HIV Adviser, DFID/Kinshasa Telephone: 243 81 715 0761 Email: p-sterling@dfid.gov.uk		Beverley Warmington, Deputy Head	John Barrett, Head, DFID Zimbabwe Telephone: 263 4 774719-28 Email: JC-Barrett@dfid.gov.uk	Adrian Davis, Head, DFID China Tel: 00-86-10-8529-6882, X 2002 Email: A-Davis@dfid.gov.uk	Fiona Lappin, Deputy Head	Jim Butler, Head, DFID/Russia Telephone: + 7 495 956 74 86 Email: J-butler@dfid.gov.uk
				Maria Skarphedinsdottir, Asst. Human Development Adviser (Assoc Prof Ofcr) Telephone: +260-251133	Rachel Yates Social Dev Adviser Wendy Kawanzaruwa, Programme Assistant			Carolyn Sunners Health Adviser, OTD Email: C-Sunners@difid.gov.uk

Annex 9: Seven Country Planning Matrix

	Country visit planning information	DRC	Ethiopia	Zambia	Zimbabwe	China	India	Russia
				Email: M-Skarphedinsdottir @dfid.gov.uk				
				Elizabeth Serlemitros, Technical Adviser, 1 of 3 DFID TAs placed in the NAC Telephone: Email: E-Serlemitsos@ dfid.gov.uk				
5	NGO contact	To be confirmed with field office	To be confirmed with field office	To be confirmed with field office	None yet. Allison Beattie will be responsible for this.	To be confirmed with field office	To be confirmed with field office	Under review
6	Two other questions specified	Not yet	Not yet	Not yet	Not yet	Not yet	Yes	Yes
7	Other country requested	Not confirmed	M. Kelley requested China or India	Not confirmed	Yes (India specified)	M. Taylor requested, but countries not specified	J. Reid requested, but countries not specified	Yes
8	Sites identified	No	No	No	No	No	No	No
9	Evaluation team members							
	-Team leader (member of core team)	Barbara Pillsbury	Roger Drew (tbc)	Roger Drew	Roger Drew	Barbara Pillsbury	Peter Aggleton	Karen Semkow
	-Second team member	To be determined	To be determined	Andy O'Connell	To be determined	To be determined	To be determined	To be determined

	Country visit planning information	DRC	Ethiopia	Zambia	Zimbabwe	China	India	Russia
10	Annual UK HIV/ AIDS Allocation (average of 2003/4 and 2004/5) [1]	0.2	2.0	5.5	8.3	2.9	3.4	0.8
11	**HIV/AIDS Data**							
	Adult (15-49 years) prevalence rate[2]	4.2%	4.4%	16.5%	24.6%	0.1%	0.9%	1.1%
	Adults Living with AIDS (000)[2]	1,000	1,400	830	1,600	830,000	range 2,200-7,300	860,000
	Children orphaned by AIDS (000)[3]	770	720	630	980	no data	no data	no data

[1] Provisional estimated figures (GBP million)

[2] Source: UNAIDS 2004 Report on the global AIDS epidemic

[3] Source: *UN Epidemiological Fact Sheets on HIV/AIDS and Sexually Transmitted Infections, 2004 Update*

ANNEX 10: COUNTRY TORS: QUESTIONS AND ISSUES (ILLUSTRATIVE, DRAFT)

ZAMBIA				
Priority	**Issue**	**Questions**	**Source of question**	**Comments**
A. Specific/Essential Questions				
1	Country-led aid instruments	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?	TQA1.4	Note- sub-questions in TQA: 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.
2		(To what extent has UK government led) efforts (in Zambia) to establish what has been tagged a 'Fourth One' –a single pooled funding mechanism at country level. See also Q 1.3	A3g5	
3		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?	TQA3.2	Also sub-questions - 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?
4	Work with multilaterals	(To what extent has UK government in Zambia worked) with a range of multilateral organisations, in particular the Global Fund, the EC and UNAIDS and its co-sponsors, the World Bank, UNFPA, UNICEF and WHO?	A3a	Explore issues of effectiveness, funding, coordination and technical roles. Note also 2 country-level projects through UN (see 'UN' worksheet). Specific questions include - Is the approach taken by the UK Government to working with multilaterals delivering on the objectives of Taking Action? How does the work with multilaterals support (or not) a country-led approach to tackling AIDS? Does it encourage sustainable interventions? Is all of UK Government geared up to deliver on this? How is effectiveness in the area of AIDS being assessed and how do assessments influence funding/partnership decisions?

ZAMBIA				
Priority	**Issue**	**Questions**	**Source of question**	**Comments**
5	OVC	(To what extent has UK spending in Zambia contributed to spending) at least £150m on programmes to meet the needs of orphans and other children, particularly in Africa, made vulnerable by HIV and AIDS?	A1c	No projects identified by OVC sector code - six identified in Trend analysis - see 'ovc projects' work sheet; Also B4d
6		(To what extent has UK government) endorsed UNICEF's Strategic Framework for the Protection, Care and Support of Orphans and Children made vulnerable by HIV and AIDS, and supported its implementation with additional funding and advice to our country teams.	B3d	Also B4e
7		(To what extent is work with OVC) reflected in country assistance plans in all affected countries.	B4f	
8	Food security	(To what extent has UK government) worked to address the significant impact of AIDS on food security by working with international organisations, including the World Food Programme (WFP) and UNICEF to improve planning systems. We will also work with others to improve data collection and analysis and to understand better the interaction between HIV, nutrition and treatments. We will provide guidance to support our staff addressing these issues.	A4b2	Key issue of approach - social transfers, livelihoods etc.

Annex 10: Country ToRs: Questions and Issues (Illustrative, Draft)

ZAMBIA				
Priority	**Issue**	**Questions**	**Source of question**	**Comments**
B. Generic Questions				
9	Decision-making	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?	TQA1.3	Note- sub-questions in TQA: 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 TA 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 Taking Action, both in programming UK funds and in influencing other institutions?
10	Cross-Whitehall Strategy	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 process of developing *Taking Action*?	TQA3.3	Key questions: What were the main challenges in developing *TA* - 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? NOTE FOR COUNTRY CASE STUDIES - focus on FCO.
11	Systems and staff	Are appropriate UK Government systems and staff resources in place to implement *Taking Action*?	TQA1.6	Also sub-questions - Key questions: [UK staffing] 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")? [Monitoring and lesson learning] 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 monitored? What experience is there with communication strategies? Is up-to-date- guidance available for staff on key issues? How could systems be improved?

ZAMBIA				
Priority	**Issue**	**Questions**	**Source of question**	**Comments**
12	Vulnerable groups	How is *Taking Action*'s specific focus on "women, young people and vulnerable groups" being interpreted by UK government decision-makers? Is a significant proportion of funding and activities reaching these priority groups? What are the initial lessons from this?	TQA1.5	Note- sub-questions in TQA:Key question: How does the UK government balance this focus on the most vulnerable with Taking Action's 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?
13		(To what extent has UK government) fund(ed) action that prioritises women, young people and vulnerable groups and focuses on human rights?	A1b	What kind of balance has been struck between the funding of work with different vulnerable groups -- and what factors have guided decision making locally?
14		(To what extent has UK government) promoted political leadership, and leadership at all levels of society. [to advocate for rights of women, young people and vulnerable groups]	B2a	Also B2b • Promote leadership by and among women, young people and vulnerable groups, and support the work of the Global Coalition on Women and AIDS.
15		(To what extent has UK government) promoted human rights (including the rights of children) and their impact on tackling HIV and AIDS wherever appropriate, including through the UN Commission on Human Rights.	B2d	Are there any specific achievements that you can point to -- for example those that have resulted in the enactment of anti-discrimination legislation and/or legislation to regulate public conduct?
16		(To what extent has the UK government) supported prevention and treatment programmes that meet the needs of marginalised groups	B4h	
17		(To what extent has the UK government) promoted the greater involvement of people with HIV and AIDS – including women, young people and marginalised groups – in planning and delivering programmes.	B4i	Are there any specific examples of success you can point to? Are there arenas in which people living with HIV are represented and have significant influence over decision making?

Annex 10: Country ToRs: Questions and Issues (Illustrative, Draft)

ZAMBIA				
Priority	**Issue**	**Questions**	**Source of question**	**Comments**
18		(To what extent has the UK government) supported legislative reform to improve the human rights environment – including anti-discrimination legislation, legislation to regulate the conduct of public institutions like the police, and to guarantee individuals access to services	B4k	Subset of Q13
19		(To what extent has the UK government) improved access to comprehensive services that are responsive to the rights and needs of poor people and other vulnerable groups.	B6c	Concrete examples needed of specific services, the extent (national, regional, district, local) to which they are available, and the extent to which planning for sustainability has been undertaken
20		(To what extent has the UK government) funded a broad range of action to meet the needs of women, young people and vulnerable groups in country programmes, including strengthening sexual and reproductive health services, increasing girls' access to education, supporting harm reduction programmes and developing plans to meet the needs of orphans and other children made vulnerable by HIV and AIDS.	B1a	Deal with these issues separately if possible -- women? young people? vulnerable groups (which ones)? Deal also with SRH and education separately. Probe for innovative work in other sectors (e.g. with mobile populations, military, and so on) Try to distinguish (if possible) between work with OVC in general and work with children and young people orphaned or made vulnerable through HIV
21	M&E	(To what extent has UK government) urged all governments to turn the principles of the Three Ones into action and worked with national governments and other partners including UNAIDS to strengthen their domestic planning, coordination and monitoring.	A3g1-2	Mentioned in Zambia CAP

ZAMBIA				
Priority	**Issue**	**Questions**	**Source of question**	**Comments**
C. Optional Questions				
22	Overall fit to TA	Overall, does the distribution of current UK-supported HIV and AIDS activities reflect the priorities laid out in *Taking Action*? If not, why not?	TQA1.2	Also sub-questions - Key questions to cover: Does the overall balance reflect Taking Action's 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?
23	Relevance of strategy	Is *Taking Action* (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 *TA* (bearing in mind that the UK is only one player among others)? What are the implications for future AIDS strategy?	TQA3.1	Sub-questions - Key questions to cover: What are the main constraints to achieving (a) the six international AIDS targets highlighted in Taking Action (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 TA was published – is the strategy's focus still appropriate - and does TA adequately consider future scenarios? Are there 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?
24	Support to civil society	(To what extent has UK government) supported civil society to raise awareness, disseminate information and stimulate debate, creating a demand for better leadership and holding governments accountable?	A2g	
25	Access to medicines	(To what extent has UK government) taken steps at an international level to increase access to medicines?	A3h	As detailed in the recent UK Government Policy on Access to Medicines, we will work internationally to make medicines more accessible and affordable, including by promoting differential pricing, and working to increase access to health services. The UK is committed to the implementation of the TRIPS decision allowing poor countries to import copies of patented medicines in line with the provisions of the decision. Ideally to get partner government comment

Annex 10: Country ToRs: Questions and Issues (Illustrative, Draft)

ZAMBIA				
Priority	**Issue**	**Questions**	**Source of question**	**Comments**
26	Treatment and care	(To what extent has the UK government) worked at country and regional level to support effective, nationally led treatment and care responses that follow the DFID policy on treatment and care, including promoting alignment with national systems and involving individuals and communities affected by HIV in decision-making?	A4b1	
27		(To what extent has the UK government) supported a) focus on strengthening the health systems and building a strong supportive environment, in line with core principles. (from UK Treatment and Care Policy)	A3g7	
28	Scaling up	(To what extent has the UK government) provided money and advice to support developing country governments and other partners to develop and deliver national AIDS strategies that can be taken to scale, and make a real difference in a stable and predictable way, taking account of macroeconomic and human resource implications?	A4e	
29	Human Resources for Health	(To what extent has the UK government) assisted countries to develop both short-term 'emergency' solutions to address the current shortage of health and education personnel, and to take a longer-term view of human resource planning and management in the light of the impact of the AIDS epidemic?	A4e2	Focus on this in Zimbabwe; Also issue of migration of health professionals

ZAMBIA				
Priority	**Issue**	**Questions**	**Source of question**	**Comments**
30	Sustainability	To what extent has the UK government ensured that responses to AIDS are sustainable in the long term as well as responding to the immediate and exceptional needs.	A5a	
31	Leadership	(To what extent has UK government) encouraged stronger leadership. Has the FCO identified clear objectives for Ambassadors and High Commissioners.	A2f	

ANNEX 11: COUNTRY CASE STUDY WORK PLAN

Annex 11: Country Case Studies Work Plan

		March 2006				April 2006				May 2006				June 2006				July 2006				Aug 2006				Sept 2006				Oct 2006			
No.	Activity/Task	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
1	**Preliminary preparation of illustrative TOR and country schedule**																																
1.1	Finalise Illustrative TOR							x																									
1.2	Develop country visit schedule with EvD and DFID country offices								x																								
1.3	Select core team members for each country visit									x																							
2	**Finalize preparations for country case study visits**																																
2.1	Develop country-specific TORs												x																				
2.2	Develop country case study report template								x																								
2.3	Organize country visit plans in collaboration with DFID country offices, e.g., -identify second team member -determine location for in-country site visits if needed -review of questions outlined in the TOR -review of the 2 additional country questions																											x					
2.4	Finalise instruments: e.g., interview guides for individual and group interviews, etc.												x																				
2.5	Conduct country visits (10 days/country; all country visits will be made between May and October 2006)																																
	Zambia																																
	Zimbabwe																																
	Ethiopia (tbc)																																
	DRC																																
	China (tbc)																																
	Russia																																
	India (tbc)																																
2.5.1	Debrief DFID Country Office at the completion of each country visit																																
3	**Write country case study short report**																																
3.1	Zambia																																
	Team drafts report											x																					
	Country office reviews												x																				
	Finalise country study short report													x																			
3.2	Zimbabwe																																
	Team drafts report																												x				
	Country office reviews																													x			
	Finalise country study short report																														x		
3.3	Ethiopia (tbc)																																
	Team drafts report																x																
	Country office reviews																	x															
	Finalise country study short report																		x														
3.4	DRC																																
	Team drafts report														x																		
	Country office reviews															x																	
	Finalise country study short report																x																
3.5	China (tbc)																																
	Team drafts report																			x													
	Country office reviews																					x											
	Finalise country study short report																						x										
3.6	Russia																																
	Team drafts report													x																			
	Country office reviews														x																		
	Finalise country study short report															x																	
3.7	India (tbc)																																
	Team drafts report																												x				
	Country office reviews																														x		
	Finalise country study short report																															x	

ANNEX 12: CONSULTATION PLAN: UK CONSORTIUM ON AIDS AND INTERNATIONAL DEVELOPMENT

Representing the Consortium: Madeline Church (coordinator) and Caroline Halmshaw. Madeline Church represents the Consortium on the Evaluation Steering Group.

Documentation: The Consortium will collate/organise and forward relevant documentation (research, evidence, etc.) important for the evaluation.

Civil society engagement: The Consortium will recommend principal contact people from its membership to provide input for specific areas of the evaluation.

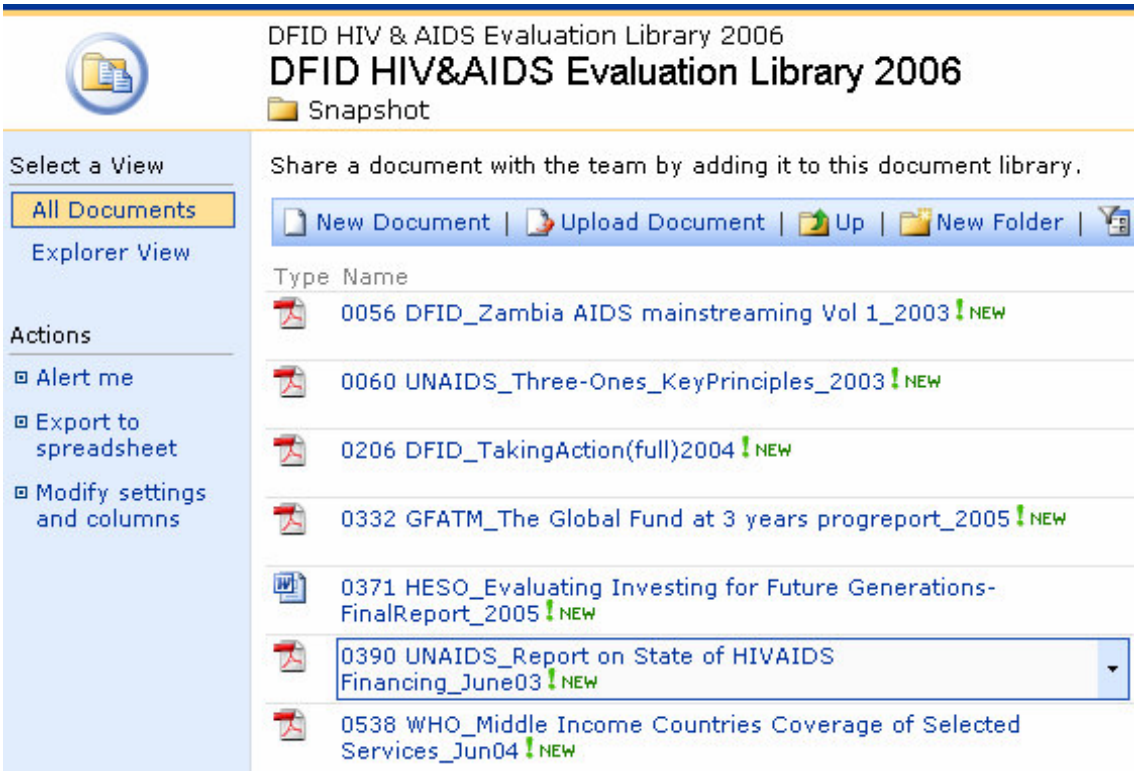
Specific input on deliverables:

Country case studies (Barbara Pillsbury, lead)*:* The Consortium: • will be asked to comment on ToRs for country case studies • will help with country level contacts (e.g., identify in-country members or other partners able to facilitate CSO/NGO meetings, interviews or other input in countries to be visited) • may be asked to suggest participants for telephone interviews in countries not visited • will be provided with copies of the brief country reports (FYI)
Working Paper 2 (Vulnerable Groups): Consortium and consultants (Peter Aggleton, lead) will: • confer on the TOR and proposed outline for the working paper • seek to design a way that the AIDSPortal can be used to consult with civil society around selected issues feeding into the working paper • organise one or more well-prepared meetings with key Consortium members • confer, as appropriate, on selected issues as data gathering and analysis take place • confer on draft report (Early meeting between Peter Aggleton and Consortium core people to develop effective input into the working paper.)
Working Paper 3 (Indicators): The Consortium and consultants (Roger Drew, lead) will: • meet to design a process for feeding into the indicators report • confer on draft report
Main (Final) Report: Key Consortium members will be invited to comment on the draft report (or appropriate sections thereof)

Communication: Central liaison will be between Ian Warwick and Madeline Church. Communications on the above deliverables will be addressed to the respective leads and to Ian Warwick.

ANNEX 13: THE DFID HIV&AIDS EVALUATION LIBRARY 2006

Documents consulted for this evaluation have been placed in a Windows Sharepoint document library accessible to the evaluation team from any location worldwide. It contains documents from DFID, other UK government departments, and other sources relevant for answering the evaluation questions. This is a snapshot from the Technical Documents section. The library can also be made available to interested DFID personnel.



ANNEX 14: EVALUATION STAKEHOLDERS

(* indicates member of Evaluation Steering Group)

1. DFID

- Mark Lowcock, Director General, Policy and International.

Evaluation Department

- John Murray*, Evaluation Manager for this evaluation
- Julia Compton,* Evaluation Advisor for this evaluation
- Nick York, Head of Evaluation

Policy Division

- Hans-Martin Boehmer, Human Development Group, Head*
- Robin Gorna, Global AIDS Policy Team, Head
- Phil Cockerill, Global AIDS Policy Team, Statistics Adviser*
- Tim Waites, Social Protection Team, Livelihoods Adviser*

Regional Programmes

- Jenny Amery, Asia Policy Dept*
- Jeanelle de Gruchy, Africa Policy Dept
- Jane Pepperall, Africa Policy Department
- Malcolm McNeil, Europe Middle East and Americas Division*
- Carolyn Sunners, Europe Middle East and Americas Division*

Other

- Kerstin Hinds, Corporate Strategy Group*
- Mike Battcock, Civil Society and Communications Unit*
- Mary Jane Hunt, International Division, Cabinet*
- Louisiana Lush, International Division Advisory Department*
- Sandy Baldwin, United Nations, Conflict & Humanitarian Division*
- Sue Kinn, Central Research Department*
- Andrew Long, Central Research Department

DFID Country Offices

- China
- Democratic Republic of Congo
- Ethiopia
- India
- Pakistan
- Russia - Svetlana Pkhidenko
- Rwanda
- Zambia
- Zimbabwe

DFID HAG Members

Robin Gorna; 'Carole.Presern@fco.gov.uk'; 'Jane.Haycock@fco.gov.uk'; Lizzie Smith; Colin Foord-Divers; Clare Shakya; Louisiana Lush; Robin Gorna; Jinal Shah; Benedict David; Ben Green; Malcolm McNeil; Joanna Reid; Daniel Graymore; Stewart Tyson; Hans Boehmer; Andrew Rogerson; Jim Butler; Phil Cockerill; Billy Stewart; Kerstin Hinds; Fiona Steele; Siobhan Carey; Fiona Steele; Stevan Lee; Jenny Amery; Tim Martineau; Alastair Robb; Jane Miller; Marilyn McDonagh; Marion Kelly; Phil Brown; Louisiana Lush; Stewart Tyson; Stephen Kidd; Andrea Cook; 'martine.donoghue@hlsp.org'; Julia Compton; Sue Kinn; Sandra MacDonagh; Sandra Baldwin; Jenny Amery; Natasha Mesko; Paulos Shemeles; Anna de Cleene; Julia Kemp; Bridget Dillon; Anna de Cleene; Allison Beattie; Andrew Kidd; Rachel Yates; Desmond Bermingham; Tim Robertson; Kemi Williams; Ellen Wratten; Katie Chapman; Ana Redzic; Bruce Lawson-McDowall; John Worley; Georgia Taylor; Lizzie Smith; Daniel Graymore; Svetlana Pkhidenko; Natasha Mesko; Paola Pavlenko; Matilda Owusu-Ansah; Munirat Ogunlayi; Bridget Crumpton; Martin Smith; Rachel Turner; Phil Brown; Roli Asthana; Jo Bezzano; Matthew Greenslade; Nick Banatvala; Michael Borowitz; Gary Jenkins; Peter Colenso; Kobi Bentley; Michael O'Dwyer; Siobhan Carey; Louisiana Lush; Anthony Daly; Benedict David; Sue Kinn; Ben Green; Christine Kriza; Ali Forder; Jane Edmondson; Susan Clapham; Martin Taylor; Jianrong Qiao; Benedicte Terryn; Colin Foord-Divers; Benedict David; John Worley; Kemi Williams; Anne Philpott

2. Other Government Departments

Department of Health (DOH)

- Kay Orton, Policy Manager, HIV and Sexual Health Promotion*

Department of Trade and Industry (DTI)

- Annette Grundberg, Senior Policy Advisor, Multilateral Trade Negotiations Unit
- Ann Foster, Intellectual Property and Innovation Directorate, Patent Office, Wales

Foreign and Commonwealth Office (FCO)

- Tamsin Rees, Globalisation Desk Officer, Multilateral Economic Team, Global Economy Group*
- Jane Haycock, First Secretary in the UK Mission to UN, New York
- Carole Presern, Counsellor to UK Mission to UN, Geneva

Ministry of Defence (MOD)

- Lt. Col. David Ross, Consultant PH Physician

National Audit Office (NAO)

- Robin Owen

Annex 14: Stakeholders for this Evaluation

3. All-Party Parliamentary Groups

All-Party Parliamentary Group on AIDS (APPG AIDS), 160 members)

Member	Party Affiliation	Role
Neil Gerrard MP	Labour, Walthamstow	Chair
David Borrow MP	Labour, South Ribble	Vice-Chair
Rt Hon Francis Maude MP	Conservative, Horsham	Vice-Chair
Rt Hon Lord Fowler of Sutton Coldfield KBE	Conservative Peer	Vice-Chair
Baroness Masham of Ilton	Crossbench Peer	Vice-Chair
Laura Moffatt MP	Labour, Crawley	Finance Officer
Evan Harris MP	Liberal Democrat, Oxford West	Vice-Chair
Sandra Gidley MP	Liberal Democrat, Romsey	Vice-Chair

- Lord Kilmarnock, founder of the APPG AIDS, remains honorary patron.
- Policy Adviser and Co-ordinator: Aviva Bresky

Africa All-Party Parliamentary Group

Title	Name	Party
Chair	Hugh Bayley	Labour
Vice-Chairs	Lord Lea of Crondall	Labour
	David Chidgey	Liberal Democrats
	Laurence Robertson	Conservative
Secretary	Oona King	Labour
Treasurer	Lord Freeman	Conservative

Members				
Government Party		**Main Opposition Party**	**Other Opposition Parties**	
1	Baroness Crawley	Lord Moynihan	Lord Avebury	LD
2	Lord Judd	Baroness Chalker of Wallasey	David Chidgey	LD
3	Lord Lea of Crondall	Tony Baldry	John Barrett	LD
4	Hugh Bayley	Laurence Robertson	Lord St John of Bletso	CB
5	Baroness Whitaker	Stephen O'Brien		
6	Lord Hughes of Woodside	Alistair Burt		
7	John Austin			
8	Helen Jackson			
9	Candy Atherton			
10	Oona King			
Contact for correspondence: Ms Penny Jackson, c/o Hugh Bayley MP, House of Commons, London SW1A OAA. Tel: 020 7219 2485				

International Development Committee

Member	Constituency	Party
Malcolm Bruce MP, Chairman	Gordon	Liberal Democrats
John Barrett MP	Edinburgh West	Liberal Democrats
John Battle MP	Leeds West	Labour
Hugh Bayley MP	City of York	Labour
Mr John Bercow MP	Buckingham	Conservative
Richard Burden MP	Birmingham, Northfield	Labour
Mr Quentin Davies MP	Grantham and Stamford	Conservative
Mr Jeremy Hunt MP	South West Surrey	Conservative
Ann McKechin MP	Glasgow North	Labour
Joan Ruddock MP	Lewisham, Deptford	Labour
Mr Marsha Singh MP	Bradford West	Labour

4. NGOs and Civil Society Organisations

- PLWHA organisations
- UK Consortium on AIDS and International Development (and member NGOs), Madeline Church, Co-ordinator*
- International HIV/AIDS Alliance, Caroline Halmshaw, Head of Policy and Communications Team
- Help Age International
- Voluntary Service Overseasm
- Action Aid
- World Vision
- International AIDS Vaccine Initiative
- Help the Hospices
- Merlin
- Burnet Institute of Medical Research
- Crown Agents UK
- UNISON

5. Other Partners

- United Nations ISP partners
- World Bank (including Martha Ainsworth**,** OED, in personal capacity)
- The Global Fund to Fight AIDS, Tuberculosis and Malaria
- Bilateral donors active in the fight against AIDS

ANNEX 15: CONTACTS AND MEETINGS DURING INCEPTION PHASE

6 February – 13 April 2006
(* = member of Evaluation Steering Group)

1. DFID

Evaluation Department

- John Murray,* Evaluation Manager for this evaluation (Ongoing meetings)
- Julia Compton,* Evaluation Advisor (Ongoing meetings)
- Nick York, Head of Evaluation (16 Feb 06 and ongoing)
- Robin Russell, Deputy Head, EvD
- Jane Gardner, Deputy Programme Manager (Ongoing meetings)
- Shona Wynd, Team Leader, Country Programme Evaluations
- Iain Murray, Country Programme Evaluation Team
- John Heath, Evaluation Adviser

Policy Division

- Hans-Martin Boehmer*, Head, Human Development Group (6 Feb and after)
- Tim Waites,* Livelihoods Adviser, Social Protection Team
- Nick Banatvala, Head, Global Health Partnerships and Scaling Up, Human Development Group
- Desmond Bermingham, Head of Profession, Education, Human Development Group

Global AIDS Policy Team

- Robin Gorna, Head, Global AIDS Policy Team (8 Feb 06 – and ongoing)
- Jerry Ash, Deputy Team Leader, Global AIDS Policy Team
- Phil Cockerill*, Statistics Adviser, Global AIDS Policy Team
- Anne Philpott*, Health Adviser, Global AIDS Policy Team
- Clare Shakya,* Social Development and Livelihoods Advisor, Global AIDS Policy Team
- Colin Foord-Divers, AIDS Policy Analyst, Global AIDS Policy Team
- Dieneke ter Huurne, Consultant on Stigma and Discrimination, Global AIDS Policy Team (17 March 06)

Regional Programmes

- Malcolm McNeil,* Senior Health and Population Adviser, Europe, Middle East and Americas Division
- Jennifer Amery*, Senior Health Adviser, Asia Directorate (30 March)
- Carolyn Sunners*, Health and HIV Adviser, Overseas Territories Department
- Natasha Mesko, Health Adviser, Europe and Central Asia Department
- Benedict David, Health and HIV/AIDS Adviser, Africa Policy Department
- Peter Kerby, Head of Cabinet, Africa Division

International Teams

- Sandy Baldwin,* Health Adviser, United Nations and Commonwealth Department
- Louisiana Lush*, Senior Health and HIV/AIDS Adviser, International Division Advisory Department
- Leo Thomas, International Division, U.N., Conflict & Humanitarian Division (13 Feb and ongoing)
- Michael Schultz, Senior Adviser, UK Mission to the United Nations
- Lesley Reid, *Programme Officer (UNAIDS, WHO) and DFO, United Nations and Commonwealth Department*
- Colette O'Neil, Deputy Programme Manager, United Nations Commonwealth Department

Other

- Elaine Drennan, Head, Statistical Reporting and Support Group (16 Feb 06 and ongoing)
- Sandra McAllister, Statistical Reporting and Support Group (16 Feb 06 and ongoing)
- Gillian Dobbin, Statistical Reporting and Support Group
- Kerstin Hinds, Statistician, Corporate Strategy Group* (14 Feb 06)
- Mike Battcock, Head of Section and Programme Manager, Civil Society Team/Dept, Information, Communication and Civil Society Dept* (16 Feb 06)
- Sue Kinn*, Research Manager, Central Research Department
- Stevan Lee, Team Leader and Economic Adviser, ME and North Africa Dept; formerly Global AIDS Policy Team
- Arthur Fagan, Corporate Human Resources
- Steven McVicar, Corporate Information Systems Department

DFID Country Offices

Zambia
- Jane Miller, Health and Population Adviser, DFID Zambia
- Maria Skarphedinsdottir, Health & Education Associate Professional Officer, DFID Zambia
- Esther Muyangana-Hamayuwa, DFID Zambia
- Elizabeth Serlemtisos, Team Leader, Strengthening the AIDS Response, Zambia (STARZ) Programme

Zimbabwe
- Allison Beattie, HIV and Health Adviser, DFID Zimbabwe

DRC
- Ros Cooper, Policy Adviser, Human Development/Service Delivery, DFID/Kinshasa

China
- Martin Taylor, Health Adviser, DFID China

Annex 15: Contacts and Meetings During Inception Phase

India

- Joanna Reid, Senior Health Adviser, DFID India

Russia

- Svitlana Pkhidenko, Deputy Programme Manager, Health Policy, DFID Russia

2. Other Government Departments

- Tamsin Rees*, Globalisation Desk Officer, Multilateral Economic Team, Global Economy Group, FCO (Meeting: 10 February 06)
- Dr Liz Grant, Principal Development Adviser, International Development Team, Scottish Executive
- Robin Owen, Corporate Secretariat, National Audit Office
- Jenny George, Audit Manager, National Audit Office
- Nick Sloan, Director International Development Value for Money, National Audit Office
- Jonathan Bickley, Research Policy Manager, Department of Health
- Mark Palmer, Medical Research Council

3. Non-governmental Organisations

- Caroline Halmshaw, Head of Policy and Communications Team, International HIV/AIDS
- Alliance (Meetings: 7 March and 3 April 06)
- Madeline Church*, Co-ordinator, UK Consortium on AIDS and International Development (Meetings: 7 March and 3 April 06)
- Robert Worthington, Knowledge Hub Manager, UK Consortium on AIDS and International Development (Meetings: 16 March and 3 April 06)
- Stuart Keen, Chair of OVC working group, UK Consortium on AIDS and International Development
- Paul Zeitz, Executive Director, Global AIDS Alliance
- Simon Wright, HIV Team Leader, ActionAid

4. Other

- Kate Butcher, Independent Consultant

5. DFID Meetings attended

- **Evaluation Steering Group (9 Feb 06)**

  ESG Attendees:
  Julia Compton, EvD
  John Murray, EvD
  Phil Cockerill, Policy Division, Statistics
  Sandra Baldwin, UN, Conflict & Humanitarian Division
  Tim Waites, Policy Division, Livelihoods Advisor
  Benedict (Ben) David, Africa Policy Dept
  Carolyn Sunners, Overseas Territories Dept & EMAD
  *Attendees in Scotland**:***
  Sue Kinn, Central Research Dept, Human Development Team
  Jane Gardner, EvD

- **Evaluation Steering Group (28 March 06)**

  ***ESG Attendees**:*
  Chair: Hans-Martin Boehmer,
  John Murray
  Julia Compton
  Sandra Baldwin
  Carolyn Sunners
  Jenny Amery
  Louisiana Lush
  Anne Philpott
  Benedict David
  Attendees in Scotland:
  Jane Gardner
  Elizabeth McWilliams

- **Human Development Group lunch (6 March 06)**
- **Internal Task Force on universal access (10 March 06)**
- **DFID Women's Day videoconference meeting (14 March 06)**

ANNEX 16: INCEPTION REPORT - TERMS OF REFERENCE

Specified in DFID's Terms of Reference:

Deliverables	• Report: Draft 13 March 2006. Final 17 April 2006 • Presentation
Main TQA questions covered	All
Contents	1. *Data assessment:* Preliminary review of written material; preliminary analysis of secondary data sources, and identification of key data gaps. 2. *Detailed methodology for field work phase*, outlining the approaches to be taken to answer 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. 3. *Plan for dissemination and consultation* during process of evaluation
Copies, format of final version and *indicative* length	• 3-8 pp summary of main issues and challenges for ESG • Technical report with annexes for EvD • CD with documents consulted
Other	• Determine how to deal with changes in the number and nature of products that may be required as issues emerge (e.g., additional briefing papers)

DFID, the Department for International Development: leading the British government's fight against world poverty.

One in five people in the world today, over 1 billion people, live in poverty on less than one dollar a day. In an increasingly interdependent world, many problems – like conflict, crime, pollution, and diseases such as HIV and AIDS – are caused or made worse by poverty. DFID supports long-term programmes to help eliminate the underlying causes of poverty. DFID also responds to emergencies, both natural and man-made. DFID's work aims to reduce poverty and disease and increase the number of children in school, as part of the internationally agreed UN 'Millennium Development Goals'.

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