

THE EVALUATION OF  
**UNESCO BRAZIL'S**  
CONTRIBUTION TO  
**THE BRAZILIAN AIDS PROGRAMME**



FINAL REPORT

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JULY 2005



# FOREWORD

The participation of Mr. Elliot Stern as an external evaluator of the UNESCO's contribution to the Brazilian STD and AIDS Program dates back from 2001, when a first evaluation of the UNESCO's input to the largest national HIV/AIDS program was first addressed. At that time, the findings pointed out to a successful working relation with the Brazilian Government, which allowed a substantial number of achievements in the field of HIV/AIDS prevention.

The involvement of UNESCO with the Brazilian National STD and AIDS Program follows a strong emphasis on health education. Since the first evaluation, UNESCO continued to play an important role by offering technical assistance in training, education, public awareness and research. In that sense, three specific and relevant contributions by UNESCO in this co-operation should be outlined.

Firstly, UNESCO has echoed the participation and demands from over 1,000 NGOs which currently participate in the national response to HIV/AIDS. Policy-makers, experts and scholars have pointed out that a major contribution offered by our Organization was networking with NGOs which are of outmost importance for the success of the Brazilian program. This has permitted the dissemination of policies and the civil society engagement which we all know is crucial to the implementation of a program of this magnitude.

Secondly, UNESCO has also counted on the positive impact of horizontal cooperation as one of the major axis of its added-value in HIV/AIDS. One of the major elements of the strategy of the Brazilian Government was helping in the framing of the international policy of the AIDS Program in constructing partnerships with other developing countries.

Third and most importantly, UNESCO is shifting the view of preventive education. Perhaps one of the most important contributions of UNESCO to the AIDS Program in this country was to extend the scope of the program itself. Fighting AIDS was initially conceived mainly as a public health issue - it is not coincidental that the Brazilian National STD and AIDS Program works within the Ministry of Health. The partnership with UNESCO allowed the introduction of strong actions for preventive education, which have already been evaluated and demonstrated their relevant success. Currently, AIDS is seen as a multifaceted and cross-cutting issue - the Brazilian response now involves a number of different activities targeting various groups with special focus on the school, youngsters and women.

The following report addresses the main characteristics of this large UNESCO program in HIV/AIDS (AIDS II) which amounted to US\$ 110,5 million from 1998 to 2005. Many lessons can be drawn from this process and I am pleased that some of these outcomes can now be shared with the international community. I hope the enclosed document will provide interesting elements for discussions, but also elements for constantly evolving and improving our activities in HIV/AIDS in Brazil.

Jorge Werthein  
Director of the UNESCO Brasilia Office

# FOREWORD

The appearance of AIDS in the early 1980s called for a variety of responses to HIV from the Brazilian government and civil society. The partnership between the government, the civil society and international organizations has produced significant results. In no other areas of public health have civil society organizations participated so actively, exerting a direct influence on decision-making processes and on the formulation of health policies that have traditionally been dominated by formal scientific knowledge.

I am pleased to say that the support provided by UNESCO in Brazil has made it possible to consolidate its leading position in the struggle against HIV/AIDS. The Brazilian response to the HIV/AIDS epidemic might never have reached this level of coverage without the technical contribution provided by UNESCO in Brazil which enabled us to build a dynamic and flexible structure based on the principles of universality, responsiveness and social control, always guided by a human-rights approach.

In addition to that, the Brazilian Government recognizes the important role played by UNESCO as a catalyst for international cooperation. Besides being the first chair of the UNAIDS Team Group in Brazil, UNESCO is also one of the key collaborators on south to south cooperation, focusing in African Portuguese-speaking countries.

From the perspective of education and knowledge dissemination, UNESCO has also been particularly active in the joint discussions around preventive education, involving both formal and non-formal education. I believe the contribution of the UNESCO Brasilia Office is an important reference in the realm of the overall UNESCO's strategy for HIV/AIDS preventive education in the sense that it is sensitizing the Brazilian population for the importance of a preventive approach which is rooted on the civil society, the school and the family.

We all know that preventive education must address mentalities in order to generate the attitudes, provide the skills and sustain the motivation necessary for changing behavior to reduce risk and vulnerability. As reminded by the IIEP document "UNESCO's HIV/AIDS strategy for preventive education", preventive education is the best vaccination. The Brazilian National STD and AIDS program is seriously taking this into consideration and the actions, efforts, messages and publications made in partnership with UNESCO are clear signs that we are making sound progress in that direction.

Pedro Chequer  
Director of the Brazilian  
STD and AIDS Program

# ACKNOWLEDGEMENTS

This report was contracted by the UNESCO Office in Brazil following a recommendation by UNESCO's Executive Board that the activities of the Office in relation to AIDS II should be evaluated. The work reported on in this evaluation would not have been possible without the cooperation, enthusiasm, and support of many people in UNESCO - in Brazil and in Paris; by Brazilian government counterparts, at Federal and State level, and by many in professional groups and in Civil Society active in the fight against AIDA/HIV in Brazil. Especial thanks are due to Dr Jorge Werthein, Director of the UNESCO Office in Brazil, for unstinting generosity with his time in the face of sometimes quite intrusive demands and questioning. I would also like to thank Cristina Raposo Head of the AIDS Unit in the Office and her colleagues, Paulo Lustosa, previously Coordinator of Research and Evaluation, Ceres Prates, former Programme Manager at UNESCO/Brazil; and successive members of the Directors Cabinet - including Fabio Eon, Renato Mariani and most especially Matias Spektor. Matias in particular has followed this evaluation throughout its course and has been an invaluable source of knowledge and advice. John Parsons Director, Internal Oversight Services in UNESCO Headquarters was an important initiator of this project and has retained an active interest in its progress. Among Brazilian government counterparts I would like to acknowledge in particular the cooperation of, Paulo Teixeira (former head of the National Aids Unit), Alexandre Grangeiro (senior officer at NAU), Raldo Bonifácio (former NAU coordinator) and Pamela Dias (head of research at NAU).

The responsibility for the evaluation, this report and its conclusions rest with the author.

Elliot Stern<sup>1</sup>  
London, July 2005

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## CHAPTER 1:

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# INTRODUCTION AND SCOPE OF EVALUATION

### Background to the evaluation

This report focuses on the evaluation of the AIDS II programme, as implemented by the UNESCO office in Brazil. The AIDS epidemic has been addressed with particular vigour in Brazil, which is widely recognised as a country that has developed a distinctive and successful model of policy coordination and implementation with regard to HIV/AIDS. In addition to substantial national investment, Brazil has enjoyed co-financing from international sources especially the World Bank. In the course of three programmes - AIDS I (1994-1998), AIDS II (1998-2003) and AIDS III (2003-2007) - the World Bank committed some \$365 million, matching a Brazilian Treasury contribution of \$325 million. AIDS II with a total resource of \$300 million is the largest of these programmes.

Since the mid-1990s the UNESCO office in Brazil has grown in terms of funds managed - from some \$4.5 million to \$108.0 million in 2004, and in staff and activities. The overwhelming proportion of budgetary growth has come from 'extra-budgetary' resources. These are mainly Technical Cooperation agreements with the Brazilian government and with international bodies such as the World Bank. UNESCO was the 'implementing agency' along with UNODC for the AIDS II programme since its launch in 1998.

In 2002, the Executive Board of UNESCO accepted a recommendation in an earlier evaluation of UNESCO programmes in Brazil<sup>2</sup> that the AIDS II activities of UNESCO be evaluated. This evaluation was subsequently commissioned by the Brasilia office of UNESCO.

### Objectives and evaluation questions

The agreed overall purpose of this evaluation is to 'learn lessons from the AIDS II project that can be useful for UNESCO both internationally and in Brazil'. The rationale for this focus is the widespread interest within UNESCO internationally in the experience developed in Brazil and the lessons that might be learnt from this experience that will be of wider relevance to the organisation. This evaluation is therefore positioned within a particular part of the range of possible evaluative approaches. It is concerned with knowledge production and encouraging learning. It is not concerned with evaluation as a tool of management or with evaluation as a

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<sup>2</sup> UNESCO Brazil: Evaluation Report on the Activities of the Brasilia Office (Phase 1) September 2001. UNESCO Executive Board papers 164 EX/INF. April 2002.

method of ensuring accountability. This does not mean that the evaluation is uncritical. However, the strengths and weaknesses that can be identified by this kind of evaluation should contribute to lesson learning rather than an assessment of programme performance.

The objectives of the evaluation were:

- To assess the relevance of the approach, strategy and methods to the needs of Brazil and the mission of UNESCO
- To assess the value added of UNESCO's contribution to combating AIDS in Brazil through the AIDS II project
- To identify the distinctive characteristics, strengths and weaknesses of the approach adopted to implement the project
- To identify ways in which the contribution of UNESCO to similar projects can be strengthened by developing competence and practice in technical co-operation

The evaluation should both make available to UNESCO as a whole an analysis of UNESCO Brazil's work with HIV/AIDS, and hold up a 'mirror' for UNESCO Brazil itself that will allow it to further develop and strengthen this and similar programmes of work.

Different types of evaluation questions were identified at the planning and design stage for this evaluation. These included:

- Summative questions, concerned with the outputs and outcomes of the programme
- Formative questions, concerned with the means by which the activities of the AIDS II project have been implemented

A parallel strand of work (not included in this report) undertaken directly for the Brasilia office of UNESCO focused on developmental and management issues, i.e. with strengthening development cooperation within UNESCO Brazil.

The main summative questions identified at the planning stage for this evaluation were:

- How have the programme's activities contributed to the improvement of conditions of 'end users' or implicated citizens?
- What developments in Brazilian government policies and practices have occurred as a result of this programme?
- What new institutional arrangements have been created and how sustainable are they?

The main formative questions identified at the same time were:

- What have been the effective strategies for capacity development, institutional strengthening and sustainability?
- Has the involvement of civil society actors and partners of different kinds added value to the programme and how?
- Has UNESCO been able to implement international best-practice and standards in its work?

As the evaluation progressed more attention was devoted to the evaluation of technical cooperation, as a concept and practice as this was at the core of UNESCO Brazil's work with AIDS II. This generated more focussed evaluation questions about the nature of technical cooperation and its implementation. (See below, Chapter 3 Technical Cooperation in UNESCO Brazil).

### **Unit of Analysis: UNESCO's activities within AIDS II**

One of the problems encountered in the initial phases of the evaluation was to find a precise definition of what it means to speak about UNESCO. This is an organisation that comprises:

- UNESCO's Headquarters in Paris,
- UNESCO specialised institutes located around the world,
- National Commissions for UNESCO in member states,
- UNESCO thematic cluster offices spread across the globe
- UNESCO's Offices in given countries.

Focusing more narrowly on the work of a UNESCO office in a given country such as Brazil also raises questions about the boundaries of the organisation. Who are to be included as UNESCO staff:

- The organisation's international staff stationed in the field?
- Local professionals who are on the permanent payroll of field offices?
- Local professionals who are on the temporary payroll of field offices?
- Consultants, national and international, that are retained for specific tasks at field level?

Decisions on these matters were in the event decided pragmatically, insofar as the evaluation team encountered a widespread perception in Brazil that was itself inclusive: with all activities to which the Brazil office made a contribution, including those of local consultants, regarded as 'UNESCO's activities' by other stakeholders and partners. Furthermore it was clear that the lens through which all UNESCO activity was viewed was primarily national, focusing on the Brazil office. This did not mean that the evaluation ignored the broader UNESCO system, rather that this was treated as contextual to those nationally based personnel and activities working on AIDS II led from within the Brasilia office. However it should be acknowledged that these decisions could be seen as contentious by some actors within UNESCO. For some that have been interviewed in UNESCO Headquarters there is a tacit assumption that it is only HQ staff who are 'really' UNESCO; and for others it is only international staff in national or regional offices who should be similarly designated.

A similarly thorny problem concerned the unit of analysis within the broader scope of AIDS II. UNESCO was only responsible for one element of the AIDS II programme, the majority of which was implemented directly by the Brazilian government. To that extent an 'impact' model that sought to attribute to UNESCO responsibility for AIDS II outcomes was inappropriate. The evaluation therefore concentrates more on the intermediate inputs and outputs with which UNESCO was directly involved and with 'contribution' rather than 'attribution'. (This is further elaborated in Chapter 2, below - see especially AIDS II 'logic model' and related discussion.)

## **Evaluation approach and methods**

The first phase of the evaluation leading up to an Inception Report was concerned with planning and specifying the evaluation in detail. This required both gathering data and developing suitable models. The main activities within this phase were:

- Consulting stakeholders
- Identifying evaluation questions
- Reviewing existing data sources
- Mapping programme elements

The output of this first phase was presented in an inception report that contained descriptive data on the activities on the AIDS II project and presented starting models. The second phase of the evaluation consisted of a number of focussed sub-studies on different aspects of the AIDS II project. These included:

- A review of the particular strategies adopted with regard to different target groups (e.g. young people, NGOs, vulnerable populations etc.)
- The identification of technical assistance models and their strengths and weaknesses
- An assessment of how far the implementation of the AIDS II project matches the needs and priorities of Brazil and the Brazilian government
- An assessment of how far the contribution to AIDS II by UNESCO Brazil builds on the distinctive competence of UNESCO

### **The evaluation approach included:**

- Tracking the activities of key staff within the Brasilia office responsible for AIDS II, through activity sampling and self-reports
- Interviews with stakeholders including Brazilian Government counterparts and UNAIDS personnel.
- Dialogue workshops with Brasilia UNESCO staff to develop the 'model in use' that underpinned the office's approach to technical cooperation.
- Field visits to AIDS II activities in three States - Bahia, Sao Paulo and Rio Grande do Sul
- Case studies organised around four main 'themes': vulnerable groups, interagency working, institutional strengthening and education in schools and the community.
- Review and analysis of documentation obtained (see document list in Annexe)

As the consultant charged with this evaluation was not based in Brazil there was inevitable reliance on local inputs from UNESCO staff and consultants. For this reason considerable attention was given to ensuring the independence of the evaluation. For example:

- Key interviews were undertaken by the lead consultant in the course of three missions to Brazil
- Self report formats were designed and sent directly to the lead consultant by UNESCO office staff.
- Independent consultants were employed in Brazil to undertake case studies within a specification prepared by the lead consultant.

- A Brazilian research associate previously employed by UNESCO and who had since moved to Europe, was recruited to work directly for the lead consultant in the UK.

However other measures that were envisaged were not implemented mainly for logistical reasons. For example it had been planned to recruit an evaluation manager in the Brasilia office to work for a proportion of his/her time on this evaluation. Regretfully the person recruited did not remain in post. It was also planned to recruit a 'panel' of independent evaluators in Brazil but this proved difficult. Those who responded to the advertisement did not have sufficient experience.

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<sup>3</sup> These included for example interviews with the Heads of Units in the Federal Ministry of Health, senior management of the Brazilian National AIDS Co-ordination Unit, staff of the Municipal Secretary of Health in Sao Paulo, Rio Grande do Sul and Bahia, Staff of family health teams in Sao Paulo and Bahia, Technical staff at the University of Bahia in Salvador, representatives of civil society groups on the UN theme group responsible for education, Health Secretary in Rio Grande do Sul and Bahia)

## CHAPTER 2:

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# THE BRAZILIAN AND UNESCO CONTEXTS FOR AIDS II

### Introduction

This chapter both describes AIDS II programme and the context within which the evaluation of UNESCO's contribution to AIDS II is situated. Whilst the context is complex it can be broadly separated into two parts: the context of AIDS policy in Brazil and the context of UNESCO itself as an international body with a strong national profile in Brazil. AIDS II was intended to support the Brazilian government's strategies to respond to the AIDS epidemic. For this reason the evaluation needs to begin with an understanding of the strategy towards HIV/AIDS adopted by the Brazilian government and the Brazilian policy system more generally. At the same time UNESCO has its own specific characteristics - both in Brazil and internationally - which have shaped the way it has engaged with and implemented its part of the AIDS II programme.

However this chapter is not only about 'context setting'. It also illustrates enough of the way AIDS II has been implemented, to begin to answer some of the evaluation questions identified in Chapter 1. In particular the analysis presented in this chapter speaks to an assessment of the 'relevance of the approach, strategy and methods to the needs of Brazil and the mission of UNESCO' (see evaluation objectives above) and to begin to provide answers to evaluation questions about the extent to which 'developments in Brazilian government policies and practices have occurred as a result of this programme?'

The chapter begins with an outline of the Brazilian response to HIV/AIDS. This is followed by a brief description of the AIDS II programme before discussing UNESCO's own role and contribution.

### Brazil's AIDS strategy

Brazil's experience in the struggle against Sexually Transmitted Diseases (STDs) and AIDS has been praised as a success story in many international fora. It is generally agreed that the Brazilian strategy relies on three key principles: political leadership from the top starting with the President; heavy involvement of civic and community organisations which are essential for reaching the poor and helping them take the complicated regimen of drugs; cheap medicine

to treat the patients as a result of national production and effective negotiation with international drug companies.

From 1996 onwards - as the result of a Presidential Decree - universal and free access to anti-retroviral drugs, paid for by the Brazilian Government and incurring no cost to the consumer, was guaranteed for the whole Brazilian population. This led to a significant decrease in the death rate from AIDS, a reduction in the economic impact of HIV/AIDS, and a significant improvement in the quality of life of the population groups most affected, directly or indirectly, by the epidemic.

Brazil's national response is led by the Ministry of Health. Its National STD/AIDS Co-ordinating Office has representatives working in all the 26 States of the Federation and the federal district. It is responsible for assembling, financing and disseminating information about best practices, financing civil society projects, evaluating programmes and developing a broad strategy of partnerships in order to strengthen the impact of Federal government policy initiatives and that of the prevention message.

The Brazilian AIDS policy agenda is one of a number of policies established under the legal framework of the 1988 constitution. The new Constitution was written with the intention of breaking with the traditional state-centred non-democratic practices of two decades of military rule. The key features of the 're-democratisation' social policy agenda are:

- Promotion of egalitarian access to public services
- Partnerships with civil society organisations and the private sector
- Community and user involvement
- An ethos of decentralisation (to States and municipalities)

In the field of public health, specific features of the government's approach include:

- Focus on preventative health
- Health is understood as a holistic concept, and not only illness related
- Health services are seen as a formative opportunity for individuals to become full citizens

Consistent with the state reform agenda, a national AIDS programme was defined in the early 1990s on the basis of the following priorities:

- Provision of universal and free access to anti-retroviral treatment for the whole population
- Involvement of NGOs - as many as 900 - in policy design and delivery
- Inter-agency work: between Ministries of Health, Justice, Education, Labour and Defence
- Development of partnerships with the private sector and the media
- Involvement of communities especially vulnerable groups throughout the programme cycle,
- 'Vertical' partnerships between Federal, State and municipal tiers of government
- Development of programme management capacity at State and municipal level
- Dissemination of knowledge / skills to the public at large e.g. regarding condom-use
- Articulation of prevention and care practices with a human rights perspective

## **The Policy context for AIDS II**

Despite the early evidence of success of Brazilian policies for HIV/AIDS following AIDS I, many problems continued. AIDS remained the 21st largest cause of deaths in Brazil (2002). Between 1984 and 2004 some 360.000 cases were reported. In 2003 alone there were 32,000 newly notified cases<sup>4</sup>. The epidemic itself also evolved - with new groups affected and at risk. Thus consistent with international experience, the first cases of HIV/AIDS in Brazil notified in the early 1980s were among relatively well educated males living in urban areas, in particular men who have sex with men and those receiving blood transfusions or sharing needles.

Over recent years the profile of the epidemic has also followed international trends, as infection rates increasingly affect the less educated and poorer, heterosexuals and particularly women. In the past few years almost half of all newly reported cases involve people who have had less than 7 years of formal education<sup>5</sup>. The evolving democratisation process in Brazil also revealed policy constraints for example in capacity within health and other public administrations at State and municipal level and for public sector reform that AIDS II was intended to address. There has been a geographic spread of the epidemic towards smaller urban centres and the countryside: 66% of Brazil's 5,000 municipalities have reported cases of HIV<sup>6</sup>. Here public health services are less prepared to cope with the toll and the government's ability to reach out the population are diminished. Hence the decision in AIDS II to create capacity at state and municipal level on the one hand, and expand partnerships with local NGOs to deliver services.

The Brazilian HIV/AIDS response has evolved against a background of public sector reform and modernisation. The health system has had to adapt to new models of financing, recruitment, training, dealing with patients, staffing and equipping hospitals and regulating health insurance. Post dictatorship Brazil has involved communities in defining priorities and in the provision of their health services and reached out to the poor and those for whom access to health services has been historically limited. Furthermore such developments must be seen against the background of a wider transition towards democracy<sup>7</sup>.

## **The Brazilian Response in International Context**

The guiding principles of the Brazilian AIDS policy are consistent with much of the contemporary international debate about the direction of a global response to the epidemic. For instance, in June 2001, the United Nations General Assembly Special Session issued a Declaration of Commitment on HIV/AIDS. The Declaration focuses on 'prevention', respecting the rights of people living with HIV/AIDS' because 'it drives an effective response', mobilising civil society, addressing stigma and reducing vulnerability for example with regard to women and children. The consensus shared by the UN and international AIDS NGOs is that the epidemic requires not only medical interventions, but also cultural, social and economic measures.

The Brazilian experience may therefore be seen internationally as a real-world experiment in the field of HIV/AIDS response and management. This is particularly the case in the face of

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<sup>4</sup>Dados de Aids, Programa Nacional de DST e AIDS (<http://www.aids.gov.br>).

<sup>5</sup>UNESCO/Brazil, *The Contemporary Response of the Brazilian Government, Civil Society and UNESCO to the HIV/AIDS Epidemic in Brazil* (Moscow, July 2004).

<sup>6</sup>Aids: The Brazilian Experience, Brasília, 2001.

<sup>7</sup>Avança Brasil: Recent Developments in Federal Government Planning, Ministry of Planning, Budget and Management, January 2000.

the many difficulties that the international community has experienced difficulty in coming up with models to develop comprehensive national responses where challenges are great and expectations high. Over recent years there has been a great deal of international debate and tension over competing policies. (See for example discussions at the last International AIDS Conference in Bangkok, July 2004). Brazil appears to illustrate well-acknowledged but sometimes contending perspectives, such as:

- the role of the international community and industrialised donors in shaping national policies,
- the place of AIDS responses within national health systems,
- the involvement of civil society and the private sector,
- the antiretroviral drug strategy, and,
- the role of the education system.

Part of the challenge is to make the Brazilian experience available to help build capacity elsewhere. For example, UNAIDS recently reported that one of the reasons why countries have found it difficult to launch good treatment policies is that it takes a great deal of time to develop clear, standard and simplified technical guidelines and training materials, as well as developing processes and criteria to certify workers<sup>8</sup>. Since the mid 1990s, Brazil's then National AIDS Coordination Unit has been involved in activities to this end. Its external relations department has signed cooperation agreements with 25 African and Latin American countries<sup>9</sup>. In September 2004, UNAIDS and the Brazilian government signed an agreement to create an international centre for HIV/AIDS capacity building that will be managed from Brazil. Funding for this initiative will come from UNAIDS, the Brazilian Treasury, and a host of international aid agencies. The centre will not have premises, but will rather operate as a network, linking and integrating professional workers across the developing world<sup>10</sup>.

The Brazilian AIDS programme has been analysed in terms of a basic logic model, which clarifies the assumptions made, the inputs and resources deployed, activities undertaken, the outcomes anticipated and ultimately the impacts in terms of reducing HIV prevalence and improving the quality of life for those living with the virus. This logic model is presented in Figure 1. It summarises the description of policies and strategies from assumptions through to impacts. Although this is not a model of AIDS II it nonetheless describes the context within which AIDS II is situated.

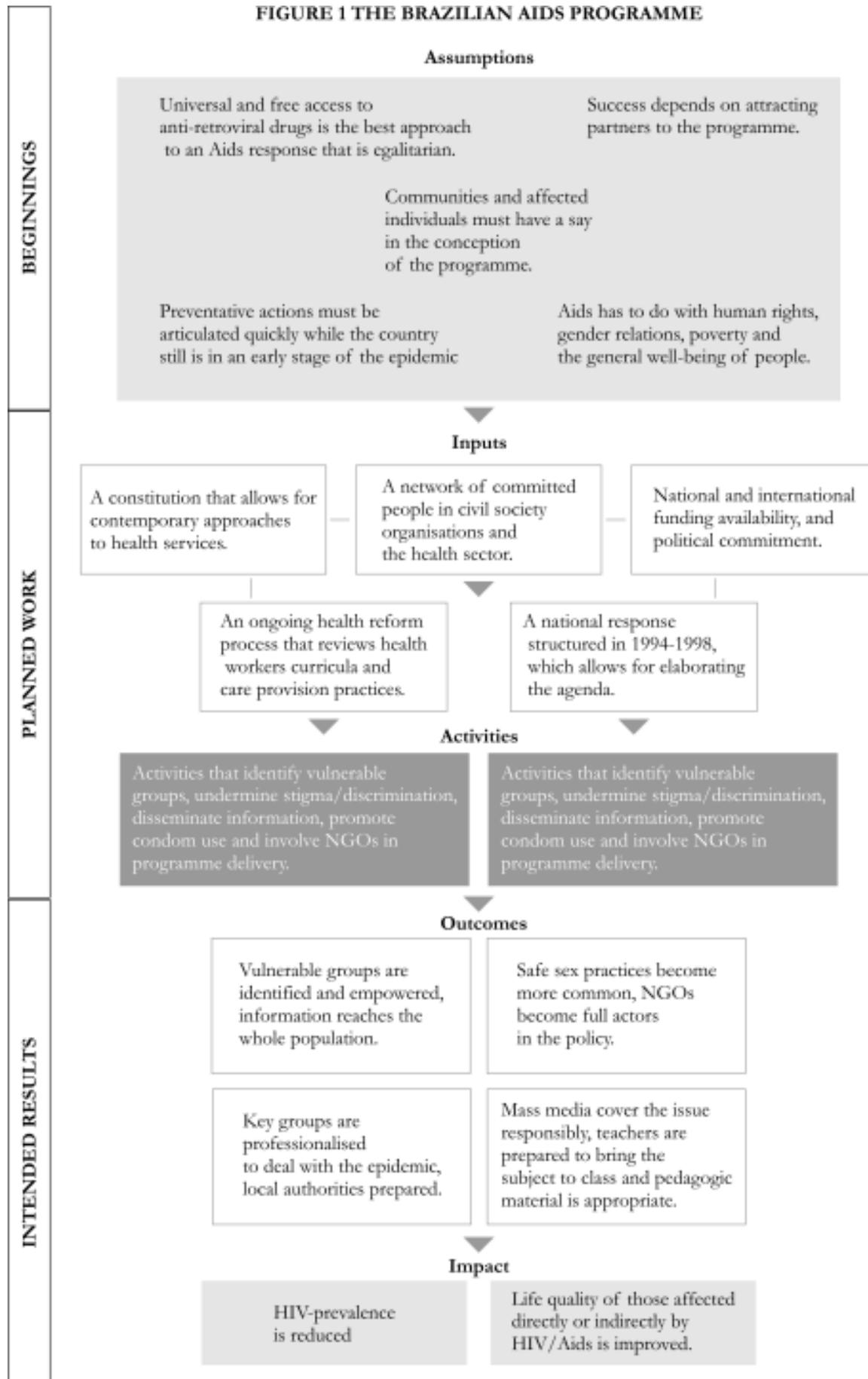
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<sup>8</sup>See, for instance, UNAIDS, Progress Report on the Global Response to the HIV/AIDS Epidemic, 2003. See also World Bank Operations Evaluation Department, Health Care in Brazil: Addressing Complexity, n. 189, Spring 1999.

<sup>9</sup>Aids: The Brazilian Experience, Brasília, 2001.

<sup>10</sup>See <http://www.aids.gov.br/imprensa/Noticias.asp?NOTCod=59091>

**FIGURE 1 THE BRAZILIAN AIDS PROGRAMME**



## UNESCO's role in AIDS II

The Brazilian AIDS policy has been developed since 1994 through the so-called 'self-benefiting' system. This mechanism allows a country like Brazil to associate the UN family and the international financial institutions (via loans) with the pursuit of its development objectives. Disbursement of these funds takes place through a UN agency acting in the country that oversees the operation administratively and adds value to the overall programme. Under this framework, Brazil offers the UN family the possibility to participate actively in the implementation of major programmes directly related to its priorities. The UN, for its part, is bringing to Brazil international know-how, expertise, ethical principles, universal objectives as well as the name of institutions with high credibility. Although the situation in Brazil is distinctive, it is by no means unique. Similar 'self-benefiting' or 'cost-sharing' arrangements are common in other Latin American countries. There are parallels also in some Asian countries.

In the case of AIDS, an international cooperation agreement commits the World Bank and the Brazilian government to co-finance the policy over a given period. The breakdown of AIDS agreements by year, size and cooperating agency (see table below) shows the evolution of the 'self-benefiting' strategy.

**TABLE 2.1 THE 'SELF-BENEFITING' AIDS RESPONSE**

	World Bank loans	Brazilian Treasury funds	TOTAL
AIDS I, 1994-1998 (the Brazilian government in cooperation with UNODC and UNDP offices in Brazil).	US\$ 160 million	US\$ 90 million	US\$ 250 million
AIDS II, 1998-2003 [extended until December 2005] (the Brazilian government in cooperation with the offices of UNODC and UNESCO offices in Brazil).	US\$ 165 million	US\$ 135 million	US\$ 300 million
AIDS III, 2003-2007 (the Brazilian in cooperation with the offices of UNODC and UNESCO offices in Brazil).	US\$ 100 million	US\$ 100 million	US\$ 200 million
<b>TOTAL</b>	<b>US\$ 365 million</b>	<b>US\$ 325 million</b>	<b>US\$ 750 million</b>

The internationalist perspective of Brazil's HIV/AIDS strategy has made the Brazilian government especially interested in the kinds of contribution that international agencies such as UNESCO are able to offer.

The involvement of UNESCO in the AIDS programme follows from the Brazilian Government's decision to prioritise the educational and human rights dimensions of the programme after its initial structuring phase. The shift towards explicating the programme's goals in terms of creating an environment which is protective of people living with HIV / AIDS, that disseminates the preventative message through education institutions and that

seeks to build broader alliances between public and private partners was seen as well matched to UNESCO's mission and mandate.

The PRODOC for the AIDS II programme emphasises these expectations of UNESCO: 'In view of the importance and broad scope of the planned actions within the project, UNESCO's contribution will consist of complementary technical assistance particularly in the areas of training, research and evaluation. The Organisation will furthermore have an effective working liaison role in respect of the aspects of the project concerned with schools. Also UNESCO will collaborate in the identification and selection of Brazilian professionals for the project who once approved will be recruited by UNESCO itself.'<sup>11</sup>

Accompanying this preventative and educational focus within the AIDS II programme has been a move to expand those that are seen to be target communities i.e. those with high risks in relation to HIV/AIDS. This broader conception includes low income communities, women, young people and indigenous populations. UNESCO's involvement is also made possible because of the organisations credibility with these groups.

The project document for the UNESCO AIDS II project (914BRA-02/98) identifies three main objectives:

**Objective 1:** Train human resources in prevention strategies; care-related skills and raise awareness in public and private institutions regarding the epidemic.

This places a strong emphasis on teacher training and education, including the use of distance education and the dissemination of research findings

**Objective 2:** Develop research activities within NAC (National AIDS Coordination Unit) and with other organisations (universities, NGOs and research centres) as a means of improving educational and information material for AIDS prevention and care.

Sub-objectives include the collection of data useful for sex education in schools and providing inputs into school curricula and pedagogic material, and focussing on the needs of vulnerable groups

**Objective 3:** Support and strengthen the national response through public and private institutions, and social organisations

This includes strengthening decentralised structures at state and municipality level and developing and strengthening the National AIDS Coordination Unit itself.

UNESCO's activities in relation to the policy logic model presented earlier, are mainly located within the 'activities' strand. These variously concern work with vulnerable groups and NGOs to encourage their participation in HIV/AIDS related measures and ways to strengthen

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<sup>11</sup>AIDS II Programme. Training, research and institutional support within the scope of AIDS II Programme (Cooperation Project between Ministry of Health and UNESCO). First revision July 1999.

capacity at programme, state, municipality and other institutional levels (e.g. schools NGOs etc). This is therefore has been the focus for most of this evaluation.

Given the perceived strengths of UNESCO, there is a distinction to be made between those activities which the organisation delivers and those that it orchestrates and manages on behalf of its Brazilian Government counterparts. Following a preliminary mapping of activities undertaken by UNESCO personnel (based partly on time sampling) it becomes possible to distinguish between:

- Activities which the organisation delivers - through its own staff or through retained consultants. These would for example include research and publication (e.g. the national study on AIDS, Sexuality and Violence in Schools) and preparatory work on preventative education.
- Activities which UNESCO facilitates because of its reputation and existing contacts. These would for example include opening doors to the National Council of State Education Secretariats (CONSED) and the Municipal Education Secretariats Union (UNDIME).
- Activities which UNESCO is able to administer (both logistically and financially) because of its skill base and reputation. These would for example include work on community education and human rights.
- Activities which UNESCO's profile is seen as well matched to core tasks even though its role is fundamentally logistical and financial. These would for example include curriculum development and work with ethnic minority and vulnerable groups.

The nature of UNESCO's involvement with the national AIDS programme was unprecedented for the organisation. At the time the cooperation agreement was signed, UNESCO had little or no experience in the provision of AIDS related cooperation at field level even though UNESCO's contribution to the programme has been significantly shaped by its interaction with the many stakeholders involved in AIDS strategy in Brazil.

The four main explanations emphasised by senior Brazilian government officials as to why UNESCO was selected for the implementation/execution role rather than with other UN agencies were:

- UNESCO's already existing and extensive networks within Brazilian civil society and government together with its acceptability and credibility to many partner organisations
- The understanding that education and human rights were at the heart of the AIDS strategy and AIDS II
- Competent and flexible administration that in the early stages (prior to recent public sector reforms) compensated well for rigidities in the operations of public services in Brazil.
- Content knowledge that allowed UNESCO to offer professional or substantive advice on education and implementation and even deliver administrative services in ways that were appropriate.

### **Relevant features of UNESCO Brazil**

The Brasilia Office is not dedicated to a single set of expertise in the field of health reform. During the life-span of AIDS II it has had projects on training and education for nurses

(Profae); a programme for introducing primary healthcare and health education at community level (Basic Care); support for the National Agency of Health Surveillance; a project to strengthen the Department for Science and Technology in Health and the National Agency for Supplemental Health; and the support of the new National Health Card system. Both the Profae and Basic Care agreements - where there is a heavy training/pedagogic component - were signed after the AIDS II programme had been initiated. Whilst these projects offer opportunities to integrate and benefit from synergies with AIDS II work, there are similar opportunities in relation to other programmes of work ongoing in the Brasilia office in Education, Community Development, Culture and the Environment. The extent to which such integration and synergies have occurred is one of the issues explored in this evaluation.

In addition to the small dedicated AIDS team, other parts of the Brasilia office were also actively engaged in AIDS II activities. (These organisational arrangements are further elaborated later in this report, see Chapter 3) These included:

- The Director of the Office who together with his staff were directly involved in high-level dialogue and partnership development
- The Press and Media Unit which issues press releases and maintains relationships with journalists and the media more generally
- The Research Unit which accesses research data and feeds into press and policy development work.

The AIDS team consists of a Project Officer and her assistants (varying between one and three). The team activities include:

- project administration,
- bidding for funding with UNESCO Headquarters and UNAIDS,
- following up on project progress and negotiations with the national counterparts,
- reviewing and editing documents,
- networking and liaison work with Brazilian government departments including the National Aids Coordination Unit
- representing UNESCO in various national and international fora,
- maintaining the AIDS links of UNESCO Brazil's web-site

A notable feature of the UNESCO operation in Brazil is that there are very few 'international' UNESCO personnel - the overwhelming majority are Brazilian citizens, reflecting education levels and professional expertise within Brazil.

## TIMELINES

The Brazilian government AIDS response	1980s	Beginnings	1994	AIDS I Project	1998
	AIDS II Project		2003	AIDS III Project	
The UNESCO Brasilia Office AIDS programme	1998	Charimanship of UNAIDS/Brazil	Youth Working Group, and Parliamentary League	UNESCO/UNDOC School Award	
	2000	Cooperation agreement with São Paulo	Brokering meetings between Health and Education systems	Evaluation of Preventive Education in Brazilian schools	
	Exchange programme with Mozambique		2003	Making condoms available in schools	NGO research project
UNESCO Headquarters AIDS activities	1986	First set of UNESCO-sponsored declarations on AIDS and education		1993	Resource package for school curriculum planners
	1997	Establishment of a HIV/Aids coordination mechanism in UNESCO		Study on AIDS and culture, Executive Board call for global strategy	
	2001	Action Kit for Young People and global strategy 2002-7	Clearing house on epidemic impact	Small Grant facilities for field projects on AIDS	

## The broader UNESCO context

The major expansion of HIV/AIDS related activities in UNESCO Brazil coincided with UNESCO's Headquarters decision to designate a special unit to deal with the epidemic in Paris. This was intended to represent the organisation in UNAIDS inter-agency activities and oversee and initiate the UNESCO's AIDS related activities around the world. The evolution of HIV/AIDS policy has been a lengthy process and has been described in some detail in a recent evaluation commissioned by UNESCO's Headquarters<sup>12</sup>.

Figure 2, seeks to relate the 'timeline' of UNESCO's activities related to HIV/AIDS at three levels: that of the Brazilian government's response to HIV/AIDS; the Brasilia office of UNESCO's programme; and UNESCO Headquarters AIDS related activities.

The earliest focus on AIDS at UNESCO can be traced back to 1986 however as the authors of the recent evaluation of UNESCO's HIV/AIDS efforts acknowledge the early period right up to 1996 'concentrated on HIV/AIDS prevention education and on fostering research efforts seen as important for HIV/AIDS prevention, cure, and treatment'. It was only in the late 1990's and more evidently since 2001 that UNESCO has promulgated its own 'Global Strategy, programme and budget for HIV/AIDS' including a preventative education strategy. However although the scale of the ambition in UNESCO's headquarters has undoubtedly expanded the resources allocated for this priority are far more limited. As the authors of the above cited evaluation note:

'The total amount that UNESCO devoted to HIV/AIDS activities in 2004 and 2005 is approximately US\$ 1.1 million from the regular budget (likely a slight underestimation), and about 7.4 million from UNAIDS UBW.'

They also observe that it is only in Brazil that UNESCO acts as an implementing agency in this field and that given the scale of activities in Brazil with 'US\$ 130 million through UNESCO in 2004 to administer its HIV/AIDS projects. There is a surprising anomaly between the funds available to UNESCO in Brazil, and the funds available for HIV/AIDS activities in the rest of the world'.

The above figure may relate certain key incidents and developments in time, however it should not be regarded as signifying linkage between all the levels and in particular between Brazil based and Headquarters activities of UNESCO related to HIV/AIDS.

Cooperation between UNESCO Headquarters and the Brasilia office in the field of AIDS has been limited. Although Headquarters activities in AIDS can be traced back to the early 1990s, this did not inform the origins and development of UNESCO's AIDS programme in Brazil.

Relations between UNESCO's Headquarters and field offices have traditionally been uneasy, leading more recently to various efforts at designing new decentralisation policies and

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<sup>12</sup>An Evaluation of UNESCO's Response to HIV/AIDS, Kim Forss and Stein-Erik Kruse, Centre for Health and Social Development Oslo April 2004.

streamlining the organisation's structure. In the specific case of UNESCO Brasilia Office and Headquarters relations tensions have been particularly acute, as was reported in an earlier evaluation exercise<sup>13</sup>. As well as poor communications at certain stages there has also been tensions about the kinds of administrative practices and financial control procedures in place in Brazil, when compared to standard UNESCO procedures. Both Headquarters and the Brazil Office have expressed frustration and disappointment at their relationship and acknowledge a lack of mutual understanding and communication. UNESCO Brazil has felt isolated and even marginalised by Headquarters, whilst Headquarters has felt frustrated at not having a framework to understand Brazilian activities and dynamics.

In the course of this evaluation a number of examples of the absence of an exchange of experience were identified. For example:

Headquarters recently produced a UNESCO HIV/AIDS and Education Strategy (2004-2008). This is the organisation's main guiding document on the issue, however UNESCO's experience in Brazil does not feature in this document. A section on 'Examples of UNESCO's achievements' does not mention the work undertaken in Brazil, in spite of the fact that the organisation's contribution to the Brazilian AIDS response is the most extensive of its kind. Furthermore, when the report lists Brazil as one of the countries where there has been important progress in developing a national response, there is no mentioning that UNESCO has made noteworthy contributions to those ends.

Similarly the design of a new UNESCO wide clearinghouse system for assessing epidemic impact did not draw on experts working on similar systems through UNESCO contracts in Brazil nor did Brasilia's experience with the use of small grant schemes for those working with HIV/AIDS influence a Headquarters based small grant scheme.

The other side of the decentralisation problem is that UNESCO's office in Brasilia has also been unable to integrate UNESCO's worldwide knowledge into its AIDS activities and plans systematically. In particular, the Brasilia office's initiatives do not seem to have drawn on the knowledge produced by UNESCO worldwide in the field of AIDS-related education: e.g. School health education to prevent AIDS and sexually transmitted diseases (with WHO), the Curriculum for HIV/AIDS preventive education, the advocacy kit produced for the education sector by the UNESCO Office in Bangkok, the Living and learning in a world with HIV/AIDS - a kit for young people, their parents and teachers, a Cultural Approach to HIV/AIDS Prevention and Care (a series of practical handbooks on project strategy, project development, information, education and communication, and field work on AIDS and culture), Aids and Theatre: How to use theatre in the fight against HIV/AIDS - Manual for youth theatre groups, Media and HIV/AIDS in East and Southern Africa: a resource book. This may well be because the Office in Brasilia has put strong emphasis in the local production of new knowledge and because it is generally difficult to adapt abstract principles designed for international audiences to the practicalities of work in the field. But it is nonetheless important to ask why the Office in Brasilia has not drawn more on the organisation's international knowledge base.

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<sup>13</sup>See UNESCO Brazil: Evaluation Report on the Activities of the Brasilia Office (Phase 1), The Tavistock Institute, September 2001.

In general, AIDS activities in Paris and in Brasilia seem to follow parallel, but disconnected tracks.

The 'Decentralisation Reform' (160 EX/6 Part III and 161 EX/5 Part II) currently being pursued by UNESCO should in theory allow UNESCO field-offices to develop tailored approaches that are relevant and country/region specific. However this appears only to occur when there is a well developed national response that a national or regional office can work with. In this regard Brazil remains an anomaly, partly at least because of the resources it has managed to obtain and deploy.

The gap between AIDS activities in UNESCO/Brazil and UNESCO HQ illustrate the many practical challenges facing policies for decentralisation in large organisations. Given the decentralised nature of AIDS activities within UNESCO, a sophisticated framework that balances central coordination on the one hand and responsiveness to national priorities on the other could emerge that is consistent with the decentralised ethos of much of UNESCO's. As has been argued elsewhere in this report, the Brazil operation offers unique opportunities to consider alternative decentralisation models for UNESCO as a whole. The disconnect between Brazil and Headquarters experience in UNESCO raises broader questions about development cooperation as well as about organisational strategy in international bodies. Thus designing an appropriate strategy for development cooperation for intermediate countries with own resources such as Brazil may well become more common in future. Such countries are likely to present a growing challenge to the traditionally top-down strategies of international agencies of which UNESCO is not untypical.

### **Policy Outcomes and Successes**

Indications of Brazil's policy success in terms of intermediate goals and effects on citizens are now substantial. For example:

- Even though Brazil ranks among the top four countries in the world in terms of numbers of reported cases of HIV/AIDS, the number of deaths from HIV/AIDS in the country has dropped by 80% in recent years. While the World Bank predicted that by 2000 1.2 million Brazilians would be HIV-positive, by the turn of the millennium the number of infected people were half that number<sup>14</sup>.
- Official estimates indicate that between 1997 and 1999 the existence of the AIDS policy allowed for an economy of US\$422 million in hospital costs. In the period 1999-2004 the policy prevented 358,000 hospitalisations.
- Across the industrialised world better treatment apparently leads to rising infection rates, in particular among men who have sex with men. Part of the challenge before AIDS II was to escape that trend. Current data gives room for hope. A 2003 survey showed that 64.4% of the population under 20 years of age used a condom in their first sexual relation. Among those who have sex with different partners condom use reached 58%. Infection rates have fallen systematically for sex workers (from 18% in 1996 to 6.1% in 2000), men who have sex with men (from 10.8% in 1999 to 4.7% in 2001), and

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<sup>14</sup>Política Brasileira de AIDS: Principais Avanços e Resultados (1004-2002). Brasília, 2003 ([http://www.aids.gov.br/final/biblioteca/politica\\_94\\_02.pdf](http://www.aids.gov.br/final/biblioteca/politica_94_02.pdf))

users of intravenous drugs (from 21.4% in 1994 to 11.4%). Three traditional groups have seen infection rates plummet: hence sex workers infection rates dropped from 18% in 1996 to 6.1% in 2000; men who have sex with men figures declined from 10.8% in 1999 to 4.7% in 2001; and drug users rates almost halved from 21.4% in 1994 to 11.4% in 2000<sup>15</sup>.

- Brazil has further consolidated its approach to antiretroviral drugs. There has been a concerted effort to produce drugs nationally and at the expense of international laboratory patents if necessary. Brazil's Ministry of Health worked together with the Ministry of Foreign Affairs to build a broader international alliance that was taken to the World Trade Organisation. Success in this field can be seen by the fact that the cost of treatment in the country plummeted from US\$4,860/year in 1997 to US\$2,035/year in 2004<sup>16</sup>.
- A further challenge addressed within AIDS II was making condoms available to wider sections of society. It was government policy to bring the prices of the male condom from US\$0.6/unit in 1996 to less than US\$0.3/unit in 2000. There is reason to believe that this account for the soaring sales of condoms: 70 million units in 1993 to 350 million in 2000. Brazil is also the only government in the world to distribute the female condom, accounting for the distribution of 60% of total world production<sup>17</sup>.
- There have been major increases in institutional capacity in the first instance within federal government ministries, especially the Ministry of Health and the National AIDS Unit and more recently at state and municipal levels. AIDS units were created in all 27 federal states and have been at the core of a devolution strategy that seeks to place them at the forefront of policy implementation. Furthermore, NGOs have been actively involved in programme delivery. Most recently the National AIDS Unit was transformed from a department within the Ministry of Health to an associated institute, becoming more self-sufficient in its ability to recruit new staff and contract activities.

## Conclusion

This chapter has situated the AIDS II programme both in the context of Brazil and its overall policies towards HIV/AIDS and in the context of UNESCO in particular its policies towards decentralisation. This chapter has stressed the distinctive features of the AIDS II programme, situating it within (a) the broader picture of public sector reform, modernization and democratisation in Brazil, (b) current trends in the epidemic in Brazil, and (c) current worldwide trends in AIDS policy debate. In particular it has stressed:

- The particular circumstances of UNESCO's operation in Brazil and its involvement in the national AIDS policy. The picture was presented of international technical cooperation in an intermediate country where both funding and human resources for policy making are available in a context of stark inequality, outdated public sector models and challenges for re-democratisation.
- The nature of a 'self-benefiting' funding arrangement, backed by major international contributions from the World Bank among other sponsors is a distinctive but not unique

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<sup>15</sup>Epidemiologic Bulletin, January-December 2003 (in Portuguese) [<http://www.aids.gov.br>].

<sup>16</sup>Aids: The Brazilian Experience, Brasília, 2001.

<sup>17</sup>Política Brasileira de AIDS: Principais Avanços e Resultados (1004-2002). Brasília, 2003 ([http://www.aids.gov.br/final/biblioteca/politica\\_94\\_02.pdf](http://www.aids.gov.br/final/biblioteca/politica_94_02.pdf))

characteristic of technical cooperation in Brazil. This ensures a close correlation between Brazilian national policy and the activities of international agencies such as UNESCO.

- The national AIDS response in Brazil, has been relatively successful, leading to reductions in infection rates, universal access to retroviral treatment, and widespread condom availability and use. Whilst these policy outcomes cannot be narrowly attributed to UNESCO, the activities of the organisation are widely seen as having contributed to the implementation of this broad policy.
- Four preconditions for UNESCO's participation in AIDS II were identified, namely (a) access to and the ability to dialogue with government officials and civil society entities at a relatively high level, (b) reputation and legitimacy in the fields of education and human rights, backed by a policy of aggressive media exposure and in-house research capacity, (c) administrative flexibility and speed in responding to counterpart demands, (d) existing management know-how on large-scale programmes in Brazil.
- The uneven and sometimes problematic interaction between the Office in Brasilia and the UNESCO Headquarters has been noted. The AIDS II programme illustrates the broader decentralisation challenges UNESCO faces as a whole. Particularly in the early stages of AIDS II, the mechanisms for mutual understanding and communication were weak. However, the evident tensions between Headquarters and the national Office in Brazil, highlight the difficulties of applying traditional top down development agendas on countries which are in an intermediate development category, such as Brazil. To that extent the experience of Brazil may prefigure similar challenges for international agencies in the future. At the same time the Brazilian experience highlights the continued potential of positive inputs by international agencies such as UNESCO when their efforts are tailored to specific national circumstances. This is elaborated further in subsequent chapters.

In terms of one of the objectives of this evaluation: "To assess the relevance of approach strategy and methods to the needs of Brazil and the mission of UNESCO", this chapter begins to suggest a positive conclusion. The very nature of 'self benefiting' funding arrangements together with close working by the UNESCO Office with Brazilian government counterparts, ensures the relevance of the approach. Furthermore, the values of the Brazilian government in the process of re-democratisation that followed the 1988 constitution were particularly well aligned with the core values and mission of UNESCO, emphasising as they do, human rights, the involvement of civil society and broad notions of community and citizen education. Another of the central interests of this evaluation was the potential transferability of the Brazilian model to other development cooperation settings. The implications of this chapter are that many aspects of the model are distinctive, arising out of the specific circumstances of Brazil, as well as the specific strategy pursued by the UNESCO Office. On the other hand, there are other countries of intermediate development status which could benefit from similar approaches, although these would also need to be customised to the national circumstances of the countries concerned. There would also need to be a similarly positive response from a national Office as occurred in Brazil. This would also inevitably raise similar problems for the kinds of models of decentralisation that UNESCO has been developing in recent years.

## CHAPTER 3:

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# UNESCO BRAZIL AND TECHNICAL COOPERATION

### Introduction

This chapter describes, explains and assesses the way the Office of UNESCO in Brazil understands and implements technical cooperation. Consistent with the objectives of this evaluation, it seeks to generate explicit knowledge about UNESCO's Brazilian operation whilst also indicating areas for potential improvement. It makes explicit the model of technical cooperation that is being followed in Brazil and locates this in wider international development debates. This is intended to clarify how far the experience of Brazil can be generalised to other settings. It is organised around five themes:

- the need to systematise the Office's technical cooperation experience;
- the Office's assistance contents and delivery methods;
- the preconditions for the Office's work; and
- the nature of international technical cooperation in the context of programme cycles, and Brazil's modernisation and democratisation.

### UNESCO Brazil in the wider development context

In the course of fieldwork activities it became clear that the Brasilia Office of UNESCO had developed an approach to international technical cooperation for AIDS that was distinctive. However, it was also clear from the interviews that the main features and logic of the Brasilia model remained tacit both to UNESCO staff and to national counterparts. In order to evaluate the Brazil model in a non self-referential way it was necessary to locate it within the wider context of technical cooperation both as a body of knowledge and practice.

There is an extensive literature on International Development which carries within it notions of technical assistance and technical cooperation. Looking at this literature historically highlights the shifts that have occurred over the last 50 years or so in development thinking. This has, for example, evolved from donor led aid, to beneficiary led programmes; and, from a focus on technology transfer and infrastructure development towards an emphasis on governance and the active involvement of Civil Society and governments. There has been a discernable shift in thinking from concepts of technical assistance to those of technical cooperation. OECD's Development Assistance Committee (DAC) already emphasised equity along with efficiency in its 1991 Principles for New Orientations in Technical Cooperation. The World Bank and other major multilateral donors have shifted still further in recent years

towards the rhetoric of 'bottom up development' and 'helping people to help themselves'<sup>18</sup>. The World Bank's Comprehensive Development Framework and Poverty Reduction Strategies and the Multi-Lateral Development Banks' emphases on harmonisation and coordination<sup>19</sup> speak to similar agendas.

One of the problems in deriving an appropriate framework from existing literatures is that most fail to distinguish between different development contexts and stages. This is partly because different criteria (e.g. gross national product, income distribution, the human development index, infrastructure, etc.) will situate the same country differently on the development ladder. In this exercise it is assumed that Brazil is situated in the intermediate category of middle level, unevenly developed countries - a group that could for example include China, Egypt, Mexico, India, Indonesia, Iran and South Africa. These are countries with their own strategies, relatively well developed economies, highly educated professional elites, that fund the majority of their own programmes. The membership of this group will undoubtedly vary according to issue-area. For instance, Mozambique has recently put forward a strong case as to why it is able to stand its own ground when it comes to facing the AIDS epidemic<sup>20</sup>.

The realities encountered in Brazil do not match the traditional top down development assistance stereotype that underpins dominant assumptions about the priorities and mandate of donors, including UNESCO. Models of international cooperation for AIDS in countries like Brazil have to recognise the ability and need of beneficiaries to define their own goals and strategies if development cooperation is to be successful. Although many institutions have reflected much of this vision in their work lately - including UNAIDS, which systematically promotes the dissemination of best-practice from key developing countries world-wide - this is still by no means common currency in the international development community. As it was evident from the debates held at the XV International AIDS Conference (Bangkok, July 2004), there is resistance to the idea that international agencies and individual developing states can indeed establish more equal and horizontal relations.

In this context, the existence of a strong decentralised UNESCO office in Brazil provides an opportunity to think about new approaches to international cooperation generally, and cooperation for AIDS in particular. This was an issue-area where UNESCO as a whole had limited experience before signing the AIDS II programme. The country Office had to learn a great deal about reconciling UNESCO's general principles and ambitions with the lives of real citizens and grass-root complexity. The size and characteristics of the country and of its AIDS programme provided unusual opportunities for real-life experiments. At the same time, the Brazilian government realised that it could add value to its own programme by drawing on UNESCO's ethical principles, universal objectives, credibility, international know-how and expertise and distinctive skills in a host of specific areas. UNESCO's AIDS operations in Brazil provide a useful illustration of how international agencies and a developing country can learn from each other in the process of mitigating the impacts of the epidemic. The Brazilian case will of course have to be customised if it is to be relevant in different national and regional

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<sup>18</sup>David Ellerman (2005) *Helping People Help Themselves: From the World Bank to an Alternative Philosophy of Development Assistance*. University of Michigan Press

<sup>19</sup>Rome Declaration on Harmonisation, adopted at the Rome Conference on Harmonisation, 24-25 February 2003.

<sup>20</sup>Deborah Sontag, Early tests for U.S. in its global fight on AIDS, *New York Times*, 14 July 2004.

contexts, but it does provide an important contribution to a contemporary (and heated) debate about legitimate forms of technical cooperation.

### **Evaluation as Learning from innovative practice**

There is an added and urgent reason for systematising knowledge about the UNESCO Brasilia 'model'. The Office has grown rapidly over the past years and its staff is constantly required to make choices in the face of pressing counterpart demands, growing internal workload, change in UNESCO's international knowledge-base and the evolution of Brazil's own public policies. In the course of this evaluation, workshops were organised to clarify UNESCO Brazil's model-in-use for technical cooperation. It became clear in the course of these workshops that there was a well understood tacit model that had not however ever been made explicit. There was considerable interest in systematising and making explicit a more formalised model and framework of technical cooperation would facilitate daily activities. The models and frameworks that seem to be needed would clarify assumptions; give an overall direction the various activities that take place within the Office; and identify the requirements needed to strengthen the quality of UNESCO's cooperation to Brazil. They would also facilitate the communication of the Brazilian experience to UNESCO as a whole.

In the absence of an 'off-the-shelf' model or framework, the more painstaking approach was adopted of elaborating specific concepts and models based on UNESCO's experience in Brazil. This was an exercise in 'grounded theory' interacting with Office staff over a number of discussions and interviews around a series of evaluative and operational questions.

The main evaluative questions addressed were:

- How to define international technical cooperation?
- What should be the goals and priorities of technical cooperation for an international agency such as UNESCO?
- What mechanisms must be in place to guarantee that UNESCO will remain relevant in a country that is changing towards greater development?
- How does work in Brazil contribute to the knowledge base of UNESCO as an organisation?

We also ask questions that are essentially operational i.e. formative and managerial:

- What is the professional component of technical cooperation?
- To what extent and in which ways do the activities that take place deploy the professional expertise and know how of programme and project coordinators?
- How far do the staff of the Brasilia office simply respond to the demands of their Brazilian Government counterparts and how far are they able to interact and take initiatives?
- What are the effective methods to maximise UNESCO's professional contributions?
- What kinds of internal processes and skills are necessary within the office to sustain the model-in use?
- What kinds of interfaces and dialogue are necessary with counterparts to strengthen further technical cooperation?

## Models and frameworks

In order to answer questions about technical cooperation and practice two main models were identified, one concerned with the content of technical cooperation and the other with how it is delivered.

The materials presented below have been developed interactively through discussions, workshops and field visits, mainly involving UNESCO programme coordinators in three health and education projects (Aids II, Basic Care and Profae) but also counterparts. These models and frameworks were discussed and validated in the course of structured 'feedback meetings'. Although the frameworks set out below were developed with health and education projects staff, they are also likely to be relevant for other UNESCO Brazil programmes and projects.

### The content of technical cooperation

The model presented below formalises many of the office's informal arrangements with a view to making the existing practices explicit. The framework is organised around four core areas, which appear to be essential components of the technical cooperation activities of UNESCO Brazil. Each area rests on a set of underpinning conceptual bases, i.e. bodies of theory and practice which have been systematised and which may help understand and implement these activities. The table below summarises the framework, followed by brief descriptions of each area.

Core Areas	Conceptual Basis	Exemplary Activities
System Development	Diffusion of innovation and innovation management	Encouraging process and content innovation Increasing uptake Creating multipliers Adapting innovation to new contexts
Knowledge Circulation	Organisational learning, organisational memory and knowledge management	Accessing relevant information Systematising experience and lessons learnt Undertaking research Publication and dissemination
Institutional Strengthening	Organisational design and development	Structuring programmes Strengthening organisations and institutions Building alliances and partnerships
Mobilisation and Participation	Social development and participation theory	Involving civil society groups Advocacy from a value base Developing and linking networks

## **System development**

One of the main thrusts of UNESCO's technical cooperation agreements with the government of Brazil and with international counterparts is concerned with developing systems for the diffusion of innovation. None of the programmes studied for this exercise are isolated innovations being introduced only on a pilot basis. These are national programmes, intended to introduce new standards of public service available to all Brazilian citizens. Specific activities may include the organisation of seminars to disseminate good practice and awareness raising events intended to recruit new partners at a state or municipal level. Within a decentralised federal structure, system development inevitably involves uneven progress among relatively disconnected actors. For this reason project coordinators are also variously concerned to link individual instances of innovation into wider networks. Examples are: scanning a broad range of activities in order to identify successful exemplars and slow adopters, developing networks of innovation and good practice, encouraging the more rapid uptake of innovations and trying to build multiplier effects on the basis of isolated innovation success. In the case of AIDS II a major task was to turn the Brazilian National AIDS Unit into a fully fledged autonomous institute within the civil service that could first deliver a unified national policy and then move on to devolve responsibilities to federal states and municipal governments.

## **Knowledge management**

UNESCO, like many other organisations, faces many of the typical problems of how to access and share what it knows and how to make what it knows available to others in appropriate ways. The way knowledge is managed and circulated is an essential part of UNESCO's repertoire. In the case of the Office in Brazil, information is needed at the beginning of the programme cycle (when plans are designed), during programme implementation (when the Brazilian civil service, public opinion, the press and UNESCO worldwide need to be informed of what goes on), and after the programme is finished (when lessons need to be systematised and shared). The areas of knowledge of the Office may constitute domains such as health, education, environment and social development or they may constitute common areas of work such as working with NGOs, decentralising public administrations and mobilising legislators or the press. Once the programme has begun and throughout the programme cycle, large volumes of information are generated and need to be systematised. This can include writing up the proceedings of workshops, summarising press reports and quite commonly in UNESCO Brazil, undertaking research. For example, in the course of delivering AIDS II the Office developed a distinctive capacity to produce innovative research that relates the epidemic to young persons, schools and violence as well as capacity to disseminate such materials through a strong publication strategy.

## **Institutional strengthening**

Setting up new programmes at a national level, nearly always requires strengthening the institutional framework and the related organisational means of implementation. The programme itself constitutes a new institution. Usually, the team that is responsible for managing a programme brings together expertise from within the Brazilian Government and from outside (universities, the private sector and independent institutes or consultants). Structuring the

programme in its early stages involves assembling this team. Consultants on the UNESCO payroll will often become key players in programme management and implementation. Some of these may be public officials who were prevented by current legislation from being employed in the first instance by Ministries. However, other consultants will be domain experts in some aspect of education or health previously employed in the private sector or working outside Brazil. It is often these consultants who are attracted to the programme because of the opportunity to be associated with UNESCO and who come from professional traditions associated with UNESCO's patrimony. Within the federal constitution of Brazil, many other institutions and tiers of government are also implicated in programme and policy implementation. Technical cooperation therefore also involves working with State Secretariats, municipal authorities, colleges, universities, hospitals and a host of other organisations. In the case of the Aids national programme, devolution from federal government has been at the core of the Brazil government's strategy. In some cases the UNESCO office also has specific agreements with individual states or municipalities, which also bring them into contact with programme actors at a grassroots level. So during the life of AIDS II, UNESCO also signed a cooperation agreement with the State and municipality of São Paulo and Rio de Janeiro, to further develop AIDS capacity at state/municipal level. In addition research studies of coordination at different tiers of government were conducted for the National AIDS Unit that focused on the national response and decentralisation.

### **Mobilisation and participation**

The Brazilian constitution and plans of recent administrations place great emphasis on the involvement of civil society broadly conceived in the introduction of new public services. This is part of a conception of society that is inclusive and seeks to build solidarity across different social groups, ethnic communities and regions. For example, all the health programmes appear to strike a delicate balance between strengthening professional standards on the one hand and actively encouraging participation by local communities and groups on the other. Civil society carries with it strong value orientation not only of inclusivity but also of human rights and of certain ethical standards in relation to social care and public administration more generally. Local community involvement is often seen to develop on the back of skill-based health education in both formal and informal settings. UNESCO is seen by many ministries and agencies at federal, state and municipal level as an important partner because of its core values such as the promotion of human rights and non-discrimination, but also because it demonstrates knowledge in encouraging participation and social development. UNESCO staff demonstrate considerable knowledge of how to encourage participation and social development. The organisation is also recognised as having extensive networks that span established NGOs, informal community organisations, the residences of favelas, youth groups including those that represent street children, education authorities, as well as professional administrators and members of congress. Being able to link in with these networks and open them up to programme managers and those introducing new public services is seen as a distinctive strength. Many of these ideas of mobilisation and participation are well established within development theory. In particular, literatures on social development, participative education - following Paulo Freire - and empowerment are well disseminated within Brazil and have obviously informed thinking and practice of technical cooperation in UNESCO.

## **The delivery of technical cooperation**

On the basis of observation we concluded that the actual delivery of technical cooperation in the Office was carried out through three different modes of interaction between UNESCO staff and national counterparts. These modes are variously:

- **Responsive.** Here UNESCO staff respond to demands that originate from the national counterparts. These could include requests as varied as contacting an international expert, commissioning new research, or getting in touch with a member of Congress. We have found that the bulk of demands have to do with disbursement of project funds and the logistics of programme delivery. Because of the way the Brazilian legislation regulates international technical cooperation agreements, national counterparts are required to obtain the agreement of the cooperating international agency before incurring in major project expenses. Also, making things happen in the life of a project requires a great deal of consultation on logistics, finances, administration and programme management. Within the Office this type of work is mainly conducted by project assistants working in the AIDS department and other administrative staff who liaise with government financial/administrative counterparts. The São Paulo case shows a typical instance of UNESCO Brasilia's enabling activities, where the Office provides the administrative framework for programmes to happen. An AIDS education programme was created, capacity among teachers and school personnel has been increased and strengthened, knowledge has been disseminated, and a set of actors and networks have been mobilised. But it was the São Paulo authorities that defined priorities and approaches, resorting to UNESCO's help to make things happen.
- **Interactive.** Under this modality UNESCO and the Brazilian government engage in debate and negotiation as to how best to deliver programme priorities. A typical example would be the setting up of a conference where titles of roundtables have to be defined, speakers have to be contacted and their tickets arranged, the media needs to be briefed, etc. An implicit and informal division of labour tends to emerge whereby the two sides share the burdens of organising the activity in question. Here we find a mix of logistic, networking, mobilising and knowledge-intensive tasks performed simultaneously by the two parties. In the case of AIDS II, these activities tend to account for the bulk of the UNESCO project officer's time in any given month. Yet, due to the interactive nature of the work negotiation is often required that might involve direct contacts between the UNESCO Office Director and government high ranking officials. The case study on the UNAIDS Theme Group in Brazil highlights the logic of this interactive mode: the Office Director chaired a UN working group that required UNESCO to find innovative ways of galvanising support for a decentralised, flexible, network-like alliance among international agencies acting in Brazil.
- **Proactive.** In the case of many activities it is UNESCO Brazil that contacts its national counterparts to suggest new initiatives and provide ideas, strategic thinking and policy dialogue. We have consistently found that whenever these activities take place they emerge on the back of UNESCO's distinctive set of networks or knowledge base. The typical example is UNESCO's attempt to convince government and Congress that Brazil

## UNAIDS Theme Group in Brazil

UNAIDS was created in 1995 when debates about the organisational structure of the United Nations were pushing for more decentralised, flexible, network-like forms of governance. As a result UNAIDS did not build headquarters at country level, but rather created alliances among existing UN agencies under the aegis of so-called UNAIDS Theme Groups. Theme Groups are responsible for designing country plans, drafting bids for UNAIDS funds, implementing projects and coordinating the Aids-related activities of the various UN agencies in the field. The composition of such groups varies from country to country, ranging from narrow UN membership only to broader models where both civil society organisations and the local private sector have voice and/or decision power.

In Brazil, the office of UNESCO chaired the Theme Group in 1999 and 2000. This provided UNESCO with a platform to launch a series of initiatives mentioned through this report: an advisory Youth Working Group, a parliamentary league, and a national contest for preventive work in schools with UNODC. UNESCO also led bids for UNAIDS resources to co-share National AIDS Unit initiatives, namely advocacy and partnership building on HIV/AIDS prevention, involving media and congressmen; the establishment of International Data Bank for AIDS Drugs; a project named Young People Commitment and Co-responsibility in Preventing HIV/AIDS Transmission; activities for South-South cooperation on HIV/AIDS for Portuguese Speaking African Countries- Angola, Guinea-Bissau, Mozambique, Sao Tome and Prince; and the evaluation of use of rapid HIV testing in drug users in 5 states in Brazil. During its chairmanship, UNESCO/Brasilia also advocated for the creation of a Theme Group manager. This is a specialist whose seat rotates from agency to agency and ensures that meetings happen, plans are in place, individual agencies respond to Aids-related demands and meet agreed deadlines etc. More recently the Brazilian UNAIDS Theme Group has recruited a media consultant and a partnership officer.

A major challenge to inter-agency work at field level is the need to reconcile the priorities and interests of competing agencies, and one of the roles of the Theme Group manager is to facilitate agreement between them.

- should follow a UNAIDS international best practice recommendation that Parliamentary Leagues for AIDS be created to galvanise support for the national response. In this particular case UNESCO had to contact Brazilian authorities, translate the UNAIDS material into Portuguese, disseminate it across relevant sections, help select the group of congressmen, launch the initiative and support it across time. The Director of the Office personally started many of the new AIDS II initiatives. Whereas this seems to be consistent with practice in other large projects within the Office, in AIDS the Director's involvement was reinforced by the fact that he chaired the Brazilian UNAIDS Theme Group in 1999-2000.

The table below summarises an analytic grid using these categories:

	Logistics	Networking	Mobilising	Knowledge Inputs
Responsive	Submitting an application for UNAIDS funds for a data-base of anti-retroviral drugs.	Contacting members of congress whenever relevant legislation is being debated	Publishing and disseminating knowledge about the treatment of AIDS in mega-cities around the world.	Hiring a consultant for the development of participatory-theory based strategies for preventive education in Sao Paulo.
Interactive	Preparations for the National AIDS Conference.	Brokering meetings between the ministries of health and education.	Training for media and broadcasting professionals	Conducting research on NGOs involvement in the national response
Proactive	Developing new criteria to vet materials produced by NGOs with AIDS II resources.	Launching an initiative to disseminate youth-based NGO best practice to Mozambique.	Launching a parliamentary league	Providing national counterparts with research in areas of limited current understanding, e.g. AIDS in rural settlements

Following a mapping of activities, UNESCO Brazil's inputs to AIDS II can be classified into three broad groups:

Areas which UNESCO's profile was seen as well matched to core activities even though its role was fundamentally logistical, administrative and financial. Here UNESCO was expected to make things happen through its skill base and reputation. National counterparts reported that UNESCO's own administrative rules provide the right kind of flexibility they need to roll out a complex national programme: the Office has the managerial skills to deliver quick and informed decisions with administrative rigour in a public sector environment that is intricate, while maintaining high transparency standards. A typical example is a meeting between government administrators and UNESCO staff to set up rules for transferring resources from the World Bank to grass-root NGOs. Another is UNESCO's issuing of contracts to consultants whose work is required on a short or mid-term basis, a modality that did not exist in the Brazilian civil service laws until 2003. Within this group of inputs, the mode of interaction tends to be responsive, with UNESCO providing solutions to demands that emanate from government. Nonetheless, fieldwork highlighted a few instances UNESCO staff were able to add more professional dimensions to tasks that were otherwise purely administrative. For instance, when government sought logistical support to organise the 2001 National Aids Conference, the office of UNESCO negotiated round-table composition, the distribution of its own publications on education reform, and brought together a special meeting between health and education government officials that would not have otherwise happened. However it was clear that the search for opportunities to insert greater professional inputs into logistical/administrative tasks appears to have been unsystematic. A good illustration is the fact that although UNESCO issues many of the contracts for producing AIDS pedagogic materials, its own substantive contribution cannot be detected in these books.

Areas and activities that UNESCO could facilitate due to its reputation, existing contacts, access to existing networks and ability to mobilise partners.

A cornerstone of the Brazilian response has been the clustering of partners around a series of interconnected networks. Government officials indicated that by the beginning of AIDS II one of the major challenges they saw was to widen the participation of partners and partnerships. As was previously noted the Office fitted well within these policy goals. According to an AIDS policy official, UNESCO had good media exposure and was seen as a valuable and reliable partner by a significant cross section of Brazilian society: it was well networked. This is important because of what it suggests about what UNESCO as an organisation can add to the global movement for HIV/AIDS. Thus in the Brazilian setting the technical cooperation expected from UNESCO was to do with legitimising, advocating, mobilising and networking. The government turned to UNESCO because of its distinctive capacity to communicate the preventive message across society rather than because of a need for specialist knowledge in the narrower field of AIDS, where Brazil already has sophisticated capacity in place. Within this group of inputs, we found that UNESCO was mainly proactive, encouraging new moves and initiatives.

To a large extent the Office built on its own existing contacts. Thus it brokered a set of meetings between the National Aids Unit and its long-time partners in the field of education reform, the National Council of State Education Secretariats (CONSED) and the Municipal Education Secretariats Union (UNDIME). Also, the Office took the initiative to contact Brazil's major TV channel to convince the director of a 50-million viewer soap-opera to insert debates about condom negotiation and gender inequality in the story's plot. By the same token, following a UNAIDS publication the Office advocated for and founded a Brazilian Parliamentary League for HIV/AIDS that mirrors the existing UNESCO Brazilian Parliamentary League of Friends.

In the process of delivering AIDS II, UNESCO Brazil also acquired tools and developed contacts that it did not have before. One typical example is UNESCO's chairing role during 1999-2001 of the Brazilian UNAIDS Thematic Group. As the group's chair, the Office had to perform new tasks such as organising inter-agency bids, dividing labour between its peer agencies, mobilising UN resources in Brazil, liaising between government and the UN system, speaking up for the group in national and international events, and managing inter-agency conflict and competition (see more on this below).

Whereas it remains to be seen whether the lessons learned will be of use in future inter-agency work, for the purposes of this evaluation it is clear that new capacities required of the Office by AIDS II had to be developed as the programme progressed. The Office's willingness to take up a leadership role that was obviously going to increase costs and require adaptation, can be explained in terms of the competitive nature of international technical cooperation for development. As in many developing countries, agencies active in Brazil constantly compete over scarce 'cost-sharing' agreements with national government. There is a premium in becoming specialised in particular fields of expertise as well as in public exposure. Because AIDS has been such a salient issue in the Brazilian public debate, participating in these activities allowed UNESCO to strengthen its overall profile in the country. This was confirmed by the voluminous monthly press cuttings where the Office is mentioned and its staff quoted because of their involvement with the AIDS programme (see section on media strategy below).

Inputs that were based on the distinctive knowledge and value competencies of

UNESCO's own staff or its ability to recruit new expertise. International cooperation agencies working in intermediary developing countries face the issue that national counterparts do not expect or need them to engage in top-down transfer of knowledge. Such countries have their own sophisticated and independent research institutions, a well-educated elite and well equipped civil servants acting at the highest levels. This pushes international agencies to make choices about the kinds of knowledge they need to develop and deploy in order to remain relevant. In the case of AIDS II, the Office of UNESCO faced the challenge of providing know-how to a highly sophisticated policy system. Brazilian government AIDS personnel have in-depth knowledge about the epidemic and how to manage it through treatment and prevention. The National AIDS Unit has its own 'research' and 'international cooperation' departments. They are also well networked with knowledge-based communities nationally and internationally.

The Office of UNESCO in Brazil situated itself in a specific and distinctive strand of international technical cooperation, explored further in the sections below. The initiative came from within the Office to expand the capacity to provide advice and strategic thinking based on substantive knowledge. This is consistent with UNESCO's mandate as a 'clearinghouse' and as a 'laboratory of ideas'. There was heavy investment in research on areas of limited current understanding where UNESCO was seen to have the right kind of expertise. As one ministry official put it: 'UNESCO is a source of independent knowledge for us'. This knowledge was specific and focused on looking at certain topics from an AIDS standpoint, e.g. epidemic-related problems in rural settlements in Brazil; sexuality, drug abuse and violence in Brazilian secondary schools; assessing the preventive education practices developed at school level; and gathering policy recommendations from young persons. Some emphasis was put on accessing and bringing international best practice into Brazil, as well as disseminating the Brazilian experience internationally. International expertise was recruited and made available to national counterparts in areas where national capacity remains insufficient, such as policy evaluation. The Office's ability to find and produce relevant knowledge was a set of inputs in its own right that has in turn allowed UNESCO to initiate new activities and attempt to influence national counterparts.

These kinds of priorities had several consequences. With regard to new research a division of labour had to be negotiated with government and national research institutes. International best practice had to be translated in ways that Brazilians found useful and feasible. This was not always easy and required a great deal of interaction. As often happens with organisations acting in knowledge-intensive environments, a major challenge was to remain updated and relevant. This way of working also creates the demand for mechanisms that allow UNESCO to ensure that the knowledge it produces actually influences or shapes national policy in any way. Systems for disseminating information needed to be designed for high level policy dialogue and for day-to-day managerial interaction between the Office and the Brazilian government. Channels for circulating knowledge within the Office also needed to be put in place to facilitate cross-sector learning and the maximum use of information. As we will argue below, during the life of AIDS II many of these challenges were not fully addressed.

### **Key attributes of the Brazil Office strategy**

There are a number of key attributes which are consistently emphasised by members of the Office when they characterise the strategy of the UNESCO Office in Brazil in relation to AIDS II. These are:

Support from a value base. UNESCO was perceived as a natural ally in the national response because its value base is consistent with that of the Brazilian AIDS community. This includes UNESCO's stance in defence of ethical values, its commitment to improving citizens' living conditions and reinforcing participation and inclusion, its focus on gender equality, and the distinctive concern of the Brasilia Office with young people.

Ability to adapt to context. The Office adopts a beneficiary-driven approach with a strong customer focus. This demands sensitivity to the priorities of stakeholders and counterparts and puts emphasis on the satisfaction of users and beneficiaries.

Willingness to learn from context. The AIDS II operation required that UNESCO learn new skills - from becoming an inter-agency leader in the UNAIDS country Theme Group to adopting the recurrent vision, language and shared meanings of the national AIDS 'community'.

Adding professional value. The Office saw itself as bringing into its work with AIDS II a number of professional bodies of experience related to education, human rights and social development, as well as logistical and administrative capacities.

Using existing reputation and contacts strategically. Pre-existing UNESCO Brazil links with the education sector, the private sector, international aid agencies, state and municipal governments, Congress and the media allowed the Office to insert the issue of AIDS transversally. UNESCO's outreach capacity fitted well in a national response that emphasises broad alliances to tackle the epidemic. As a result, the Office could maximise its influence through policy advice and strategic thinking even in an area where its own previous knowledge and experience were limited.

Providing research inputs into policy and implementation work. This built on existing research capacity of the Office with particular regard to work with young people, schools and violence.

Organisational flexibility. The treatment of AIDS II within the Office reflected a mix of multi-tasking and specialisation. There has been a history of flexibility, re-drawing boundaries as new programmes are started and old programmes end. This is consistent with the kind of project based practices characteristic in operational, execution/implementation type organisations.

### **The distinctive 'delivery' style and capacity mix**

A review of UNESCO's inputs to AIDS II suggests that the Office had developed a distinctive style of technical cooperation. This built on some capacities that existed before the programme and some that were developed as a result of the programme. These included:

- flexible and transparent administrative rules and logistical procedures,
- mobilisation of existing networks and the ability to access and create new ones, and
- the capacity to produce policy-relevant, first-hand knowledge.

Key to this method of work was the Office's ability and willingness to learn and adapt. This was facilitated by the fact that project documents and the division of labour between international agencies and the Brazilian government remains loose, allowing for innovation and the emergence of customised responses to specific problems.

The mode of interaction between UNESCO Brazil and the government varied across different sets of inputs. When logistical tasks dominated, the more salient mode of interaction was responsive. The more the Office drew on its ability to access networks and mobilise partners, and on its in-house and international knowledge base, the more it could move on from a responsive to an initiative-taking mode.

This approach was seen by national counterparts as consistent with their expectations and a distinctive quality of UNESCO's work. Flexibility and innovation were seen as especially relevant in the Brazilian and AIDS II context, national priorities were to make the policy happen, broaden the response and access quality data to refine policy strategies. However as already noted opportunities for inserting greater professional inputs into AIDS II were not always taken up systematically. (This is discussed further in detail in Chapter 3.)

Although international technical cooperation in Brazil includes a mix of all types of input: logistical, networking and knowledge producing the balance between administrative and professional inputs is bound to be difficult to strike. It involves continuous negotiation with counterparts and the ability to deliver inputs that are seen as relevant to the national context.

### **Preconditions for technical cooperation**

Ultimately any model needs to be integrated into the skills and expertise of key personnel and into the work practices of the organisation responsible for delivery. In this section, the prerequisites for the delivery of technical cooperation are discussed.

### **Required expertise and skills**

Staff employed within the UNESCO office in Brazil are usually expected to have expertise in at least two levels, that is:

- Domain expertise in relation to their projects and programmes - for example, AIDS/HIV interventions, the setting up of primary health care systems or for that matter, environmental or cultural programmes
- Education and pedagogic expertise including informal learning and social and community learning as well as more formal schooling.

It is clear on the basis of interviews and observations in the UNESCO office in Brasilia that UNESCO personnel also have further expertise related to technical cooperation as elaborated in the frameworks described above. As with the framework itself, this expertise has not been systematised and often constitutes what is sometimes called 'tacit' knowledge i.e. staff have acquired a wealth of knowledge without being fully aware of how much they know. These areas of knowledge include understandings of the main areas that underpin the model of technical cooperation content, i.e.,

- Innovation management - how to promote, support and sustain innovation.
- Knowledge management - how to systematise, record, access and deploy knowledge in a timely fashion
- Organisational design and programme design - how to develop an architecture that supports activities and personnel effectively and efficiently
- Mobilisation and advocacy - how to develop commitment

This is not to argue that all staff in the Office have, or would claim to share these understandings, but they are certainly not uncommon. There is enough shared awareness, supported by broader literatures about skills and competencies to identify norms. What follows can therefore be seen as a 'normative' rather than descriptive basis for evaluating technical cooperation. In the next chapter these norms or criteria are applied more systematically.

In addition to expertise (i.e. what people know or 'know-what') there are sets of skills and competencies (i.e. 'know how') that are essential in technical cooperation work. These include:

- Networking
- Interagency working
- Negotiation
- Communication and public relations
- Facilitation
- Reviewing and reflecting on progress
- Plan making

These kinds of skills are also not fully recognised, having been acquired informally and lacking a clear framework that gives them legitimacy. In order to support and deliver technical cooperation, these understandings would need to be made more explicit. For example, they would need to be recognised both in terms of recruitment criteria and staff development and training needs.

In addition, a high value is attached in the Office to cross domain working. For example experience gained in one health project is seen as potentially relevant in another; and experience gained in social development programmes are seen as relevant also to health programmes. These kinds of skills, sometimes described as transfer skills or transferable learning require conceptual as well as practical abilities if they are to support the transfer of ideas and procedures across contexts.

Work practices and organisation: Expertise skills and competencies is partly carried by individuals but also needs to be built into work practices. In the course of fieldwork and interviews it became clear that the work practices of UNESCO Brazil reflect the requirements of technical cooperation, even if not always systematically. The following work practices offer opportunities to put into practice some of the skills and competencies noted above:

Policy dialogue: Regular exchanges between UNESCO professionals and their Brazilian counterparts.

Review meetings: Joint sessions at critical points in the programme cycle and around contract renewal.

Cross programme exchange: There needs to be regular opportunities for UNESCO staff to reflect on what they are doing and to exchange ideas and experience with colleagues from different programmes

Identifying common themes: A common way to support innovation and promote good practice is to identify similar examples in a different context. There are many common themes in different programme settings, including for example, decentralisation, project evaluation, the use of open learning methods, which can become the basis for identifying good practice.

Drawing on international experience: This is especially relevant for UNESCO given its international base. It can be more crucial at different points in the programme cycle: e.g. when new programmes are being planned.

Communication to partners and counterparts: Consistent communication of the technical cooperation priorities is part of programme delivery. Partners and counterparts need to be informed and enthused.

Dissemination of good practice: The very extensive body of experience accumulated through technical cooperation activities need to be routinely disseminated or made accessible to UNESCO as a whole.

Incorporation into personnel and human resource processes: Job descriptions, contracts, staff reviews, training and development activities and supervisory practices need to be incorporated into personnel and human resource processes.

Many examples were identified in the course of discussions with staff of the Brasilia Office where these kinds of work practices occurred. However, there were also major inconsistencies across programmes and across projects. Thus within AIDS II practice also appeared to be uneven. For example, review meetings were not consistently used as an opportunity to bring to the fore professional and technical issues that could enrich the programme's future stages. Nor were there mechanisms in place for UNESCO staff within the Office to exchange experience across programmes even when programmes were addressing common themes.

### **Technical cooperation and the programme cycle**

It has already been noted how the response to AIDS in Brazil was constantly adapting to the evolution of the virus and to the parallel evolutions in service delivery and public sector reorganisation. In the shorter term, practice in the Brasilia office and in government ministries also reflected changes in programmes through the programme cycle.

First, there is the evolution of cooperation programmes from start-up to completion. The average life of projects is 4 years although many are renewed, as was the case of the AIDS programme (encompassing AIDS I, II and III from 1994 to 2006). During this period programme strategies and approaches became more sophisticated. Second, these programmes were rolled out in a country moving towards greater modernisation and democratisation. International technical cooperation programmes are situated in a context that is transitional, where the entire system is being transformed.

In this context the inputs that the UNESCO Office makes to national counterparts also varies mirroring the stages in the programme cycle and in the cycle of Brazil's public sector reform.

Within the programme cycle, the main stages appear to be:

- Programme design

Often government agencies call upon UNESCO to sign cooperation agreements to roll out programmes that have been initially conceived of by Brazilian officials. At this stage a UNESCO team negotiates the terms of reference for the new programme, trying to influence policy where possible. Preparatory work may even significantly re-shape a programme, though within the parameters of the initial concept. The knowledge base of UNESCO at this stage comprises the Office's existing in-house research, international best practice coming either from Headquarters or other UN agencies, and the accumulated experience of Office staff (who often have extensive personal experience in public policy in development contexts). In the case of AIDS II an example would be the Office's suggestion - inspired by a UNAIDS international best practice booklet - that a consultative youth group be created to provide the national response from a young-persons perspective.

- Start-up and launch

Here logistical and contractual activities predominate as it is necessary to resource the programme, recruit consultants, train civil servants, organise meetings and seminars across the country and set up units within ministries. In the case of AIDS II dozens of consultants had to be hired to staff the National AIDS Unit and a hot-line was put in place to answer general public queries that was operated by 144 students working on a part-time basis.

- Support and institutionalisation

At this stage the kinds of activities required by counterparts tend to focus on UNESCO's ability to access networks and mobilise support for the programme. There is still a great deal of administrative/logistical work to be done, but the core of the UNESCO contribution now calls on more professional inputs. In the case of AIDS II, UNESCO began to promote meetings between the National AIDS Unit and the Health Ministry, the National Congress, the mass media, and the UNAIDS Theme Group in Brazil. UNESCO Brazil sought opportunities both for its own staff and for government officials to take part in national and international AIDS events that are seen as opportunities to further strengthen the Brazilian national response. In the case of AIDS II members of the team responsible for the programme included those with substantive experience of combating AIDS at a practice and policy level. At this stage in the programme, professional inputs of this kind were often made alongside networking and mobilisation efforts.

- Handover and exit

The Office of UNESCO still has limited experience in handover and exit strategies. This is partly due to the almost continual process of programme renewal, such that the main experience was one of transition, rather than handover or exit. Few programmes ended, they were either extended or renewed in a new contractual phase. However, in the course of re-negotiating agreements for existing projects, there is always a need for adaptation and change. For instance, by the end of AIDS II government officials knew that the future of the AIDS response would depend on: strengthening civil society organisations that can deliver public services to newly affected populations (namely

the poor and less educated); creating greater capacity at state and municipal level so that central government responsibilities can be devolved and decentralised; and moving on to a situation where condoms become freely available. As a result the priorities of UNESCO Brazil for the AIDS III agreement also changed. The focus of the Office's work is now to do with reaching out to populations that had so far been relatively unaffected by AIDS, strengthening capacity at local level by transferring knowledge and helping out slow adaptors, and trying to assure that condoms will be available in schools and the education system widely. When programmes do finish there is a vast amount of information produced that needs to be systematised. Final reports have to be written, main findings have to be disseminated and, hopefully, lessons learned. However, the contract culture and funding arrangements within the Office tends to give priority to new programmes. Although there is some dissemination of what has been learned does occur, this is not as extensive as the available material, except when successor programmes follow on soon after.

The progress of public sector modernisation has also changed the expectations of the UN system. In the early to mid 1990s the focus of efforts was on strengthening federal ministries given the legal constraints in the Brazilian constitution to renovated civil service. This led to the primacy of what has earlier been called "logistical work" including staff recruitment and contract management. By the early 2000s however, the emerging area is that of de-centralisation and strengthening capacity at state and municipal levels. This shift in focus has also created an impetus for other innovations in Brazilian social policy necessary to manage a de-centralised system. For example, there is now a concern for new processes of budget negotiations between states, municipalities and federal authorities that depend on new statistics and indicator systems being put in place. There is also growing demand for distance learning and e-government initiatives not only in support of health but across all areas of public service provision. These developments have opened up new opportunities for the UN system as a whole, including UNESCO, to draw on wider international experience in these areas.

The dynamic nature of the demands made on the UNESCO office in Brazil, reinforces the need for continuous renewal of the skills and expertise of its staff. Many more have become familiar with issues in de-centralisation of services in recent years often by accessing broader pools of international knowledge and expertise. The management of such changes also requires a constant scanning of the policy environment and an awareness of upcoming initiatives. This highlights the need for a constant policy dialogue between UNESCO Brazil staff and government officials at project, sector and programme levels.

## **Conclusions**

This chapter has sought to systematise the current practice of technical cooperation within the Office of UNESCO in Brazil. A formal model of technical cooperation in the Office was elaborated through extensive interaction with the staff of the Brasilia Office. The chapter highlighted:

- The Brazilian model for technical cooperation is consistent with contemporary approaches to international development where beneficiaries define priorities, design programmes and contribute to the finance of development activities. Donors facilitate, contribute, add value and support indigenous policies, but do not direct them. As was

suggested in Chapter 2 technical cooperation in Brazil and its application in AIDS II in particular highlights issues of decentralisation for UNESCO.

- The content of technical cooperation is summarised in terms of four main areas: system development; knowledge circulation; institutional strengthening; and mobilisation and participation. Each area rests on distinctive bodies of knowledge ranging from organisation theory to social development.
- Cooperation is delivered through three main modes of interaction between the Office of UNESCO and the Brazilian counterparts: responsive, interactive, and proactive. The responsive mode appeared more prominently when UNESCO's contribution focused on logistical/administrative inputs, becoming more proactive as the Office offered more professional/knowledge-intensive contributions.
- The professional conditions that allowed UNESCO to develop such a cooperation model are related to the Office's willingness and ability to customise services to the demands of its national counterparts. This includes administrative flexibility and transparency, the capacity to access and create networks, and the ability to produce new relevant knowledge.
- The implementation of the Brasilia Office's cooperation model rests on a difficult balance between administrative and professional inputs. There is a constant struggle to maintain the professional components of technical cooperation in the face of pressing logistical demands. Such approaches therefore require continuous negotiation (policy dialogues) with national counterparts at the highest level. They also require the ability to insert professional and technical knowledge into logistical, administrative and financial work.
- For the cooperation model to work there is necessary expertise ('know what'), including: innovation management, knowledge management, organisational and programme design, and mobilisation and advocacy. There are also necessary skills ('know how') such as: networking, interagency work, negotiation, communication and public relations, facilitation, reviewing and reflecting on progress and plan making. Such expertise and skills also need to be reflected in the work practices and the organisation of the Office.
- Within the cooperation model the Office offers different inputs at different moments in time. The nature of the contribution varies according to various stages of the programme cycle from programme design to completion, with administrative inputs being more prominent at earlier stages giving way to professional inputs when programmes are up and running. A further source of changing demands for technical inputs derives from the evolution of policy which by the early 2000s had moved from strengthening federal ministries to supporting decentralised capacities at state and municipal levels.

The model described in this chapter provides the basis for normative evaluation criteria that are taken further in the following chapter. Thus the key question being addressed is: 'To what extent is practice in the Brazil Office in relation to AIDS II consistent with their espoused model of technical cooperation?'

A number of substantive findings derive from the content of this chapter:

- The process of model building demonstrated that there had been little systematisation to date of the taken for granted, tacit assumptions about 'how we do things' among those actively involved in technical cooperation work. Hopefully one output of this evaluation will be making these understandings explicit in ways that can be more easily

communicated by the Brasilia Office and considered, built on and critiqued by others in the development cooperation community.

- The evaluation identified positive examples of linkage between logistical and professional work, and examples where UNESCO took appropriate initiatives as well as responding to counterpart requirements. However there were also instances where this did not happen. This raises issues of coordination and synergy within the Brasilia Office and between the teams working on AIDS II and other programmes of social development, education and health.
- A characteristic of rapidly growing organisations is that practices are inconsistent and it takes time for emerging practice to become institutionalised in terms of organisational routines. It was clear from discussions with those active in leading technical cooperation projects and programmes that whilst there was an emerging understanding of the importance of review meetings, policy dialogue, cross-programme exchange etc., this was unevenly applied in practice. This highlights some of the managerial challenges that the UNESCO Office faces as it moves towards a more mature phase in its development.

In terms of this evaluation's objectives, it is possible now to be clearer about the 'distinctive characteristic strengths and weaknesses of the approach adopted to implement the project'. There clearly is an emergent model of practice embedded in Brazilian context, even though this has not been fully explicated or systematised to date. The discussion has also addressed the more specific evaluation questions about technical cooperation identified at the beginning of the chapter. Thus issues of defining technical cooperation, ensuring relevance and contributing to the wider UNESCO knowledge base, have been shown to be complex and problematic. Whilst this chapter has adopted a normative position, i.e. is practice consistent with what is put forward as 'our model', it cannot reach an easy conclusion about the appropriateness of the model, even though the analysis presented has highlighted many of its positive contributions. The chapter does allow us in to be much more specific in answering questions about operationalising the model, i.e. how to make it work better. This poses particular challenges for the management of the Office in Brazil in terms of putting in place systems that will institutionalise understandings generated through practice into work organisation, job descriptions, office routines and management protocols.

## CHAPTER 4:

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### THE ADDED VALUE OF UNESCO BRAZIL: AIDS II

The embedded nature of UNESCO's contribution to AIDS II in particular and HIV/AIDS policy in Brazil in general, has already been highlighted. It is therefore difficult to separate out specific activities and inputs of the Brazil Office and attribute direct impacts. It is for this reason that this chapter explores the 'added value' of UNESCO Brazil to the AIDS II programme. Rather than look for direct impacts, the focus must be on the kind of influence, contribution and synergies that UNESCO was able to bring to AIDS II.

The previous chapter, as well as describing in general terms the model-in-use of technical cooperation, also set up a normative framework for evaluating the activities of the Office in relation to technical cooperation. As table 3.1 summarised, the model-in-use consisted of four main areas:

- System Development
- Knowledge Circulation
- Institutional Strengthening
- Mobilisation and Participation

Each of these areas can be further specified in terms of how they should be operationalised. This is taken further in this chapter, in relation to each of the four areas identified.

Chapter 3 also highlighted a number of other normative or 'ought' criteria that follow from the technical cooperation framework and its implementation. Thus logistical and responsive work (see table 3.2) can be contrasted with pro-active and knowledge-based work. Furthermore, the kinds of skills and work practices that are preconditions for the effective delivery of the chosen model of technical cooperation, have also been highlighted. The analysis that is presented in this chapter is informed by these criteria and norms. In essence it asks the question: To what extent is the work and practice of the Brazil Office and its staff consistent with the requirements of their espoused technical cooperation model?

In the remainder of this chapter, each of the four main areas within the technical cooperation model is elaborated in turn, first by clarifying the kinds of evaluation questions that are implied by a particular area of activity and then by suggesting the kinds of criteria and indicators that are relevant. This is followed in each case by a specific discussion of the activities of the UNESCO Office in Brazil, how far the norms and criteria identified here and in the previous chapter, are followed through in practice and where possible, offering explanations of

what occurs. Information to inform this analysis has drawn on the full range of data sources used in this evaluation including: activity sampling, self reports by Office staff, documentary reviews and case studies commissioned through independent consultants.

### System development

The general notion of system development involving strengthening the national capacity to respond to HIV/AIDS, reform the public services, decentralise to states and municipalities, has already been described. As a result, over the past decade a centralised AIDS unit was created and prioritised within the national budget-lines, branches were set up in each one of the 27 states and in all major state capitals. Sophisticated preventive and treatment policies were rolled out throughout the country. Brazil became a leading international example of how to tackle the epidemic at an early stage, and figures of infection and death rates have been relatively stable.

As was suggested in the initial logic model that outlined overall policy in Brazil, UNESCO's contribution has been in terms of the activities to support these kinds of system developments. The table that follows summarises in greater detail how the Brazil Office has contributed to system development.

**TABLE 4.1 SYSTEM DEVELOPMENT**

Evaluation Questions	Criteria / Indicators	Possible Data Sources
Has UNESCO Brazil created and supported networks to disseminate good practice and increase uptake?	<p>Networks established</p> <p>Bringing together 'early adopters' and others</p> <p>Examples of multiplier effects</p>	Activity sampling by project coordinators and documentary reviews.
Has UNESCO Brazil encouraged the transfer of innovation across settings and the creation of multipliers?	<p>Cross setting events (e.g. across municipalities) occur</p> <p>Explicit agenda exists around transfer and learning</p>	Case studies of such events and networks as well as activity sampling
What strategies have been found to be effective?	<p>Judgements of stakeholders and participants</p> <p>Examples of innovation linked to networks and events</p>	Interviews of stakeholders and participants

### Increasing uptake and encouraging innovation

Whilst the Brazilian response has innovated both in its treatment and prevention strategies, UNESCO's contributions to this process were located exclusively in the preventative strand. During AIDS II, UNESCO's emphasis was on enabling, encouraging and facilitating the proliferation of innovative preventive practices. The specific activities in support of innovation included:

- The planning of common activities with different stakeholders, for example groups of health professionals, state secretaries for health and NGOs.
- Selecting and financing the activities of hundreds of NGOs and grass-root movements - nearly a thousand such projects were funded during AIDS II.
- Supporting school curriculum reform to insert AIDS related health education in school curricula with targeted research projects on existing practice.
- Initiating and launching along with UNODC and the National AIDS Unit, a national award for best practice in preventative practice in HIV/AIDS and drug abuse.

The overall impact of these and similar activities has been gauged positively by the main stakeholders interviewed as part of this evaluation. It is of course possible to consider in detail any one of the above activities and highlight their strengths and weaknesses. For example, we were unable to identify systems that tracked how innovations identified through the national awards informed pedagogic materials or the training of teachers, let alone evidence that these understandings were being incorporated into other AIDS related projects being managed by UNESCO Brazil. Nor was it possible to find any synthesis of experience gained in overcoming resistance in schools to the development of new curricula. It is therefore possible to argue that maximum use was not always being made of the potential synergies and learning across the many activities initiated to increase uptake and encourage innovation. It seemed to be assumed that the sheer volume of activities that were launched by the Office would inevitably have an impact and this was indeed the view of those who sponsored this work from within the Brazilian government.

### **Creating multipliers**

A key aspect of system development is to transfer innovation to different settings, multiplying where possible the initial effects of particular innovations.

Among the activities that took place under this heading were:

- Negotiating to include in MTV's adverts and shows encouragement of condom use
- Convincing a Brazilian soap opera director to introduce AIDS into his plot line which was sustained for three consecutive episodes in a programme reaching 50 million viewers per day
- Identifying gatekeeper groups that were able to disseminate the HIV/AIDS prevention message, including nurses, dental surgeons, the military, social workers and community leaders
- Organising dozens of seminars workshops and conferences across the country every year, backed up by leaflets booklets, information packages, CD-Roms, posters, videos etc.
- Establishing a network of journalists who were sensitised to issues of HIV and AIDS and in particular stigmatisation and discrimination.

Again, it is possible to identify problems in some of these approaches. For example, the sheer scale of activity involving large quantities of material produced by many sub-contractors occasionally led to unauthorised use of UNESCO's logo. However this was rare and in general the press and media work of the Office is recognised as one of its particular strengths.

## **Adapting innovation to new contexts**

Often in developing systems it is not simply a matter of disseminating existing good practice and transferring it elsewhere, what is also required is to adapt innovation to new contexts. There is evidence of both successful and less successful of this approach. For example, given the volume of work across different states and municipalities it might have been expected that systems would have been put in place to network different locations and encourage the transfer of good practice between them. There was little evidence of this occurring except in ad hoc ways. As the São Paulo case study shows, local authorities may see UNESCO as a potential ally in adapting innovation to a context where new policies require major advocacy and supporting networks. Nonetheless, this reflected the Brazilian government's own policies which emphasised the consistent 'export' of particular models of good practice to many settings (e.g. to municipalities, health authorities etc.)

On the other hand, there were some outstandingly positive examples of innovations being adapted to very different contexts, especially in the international networking that developed as a spin-off from AIDS II work. Thus the Brazil-Mozambique exchange initiative built on the experience with working with youth organisations in Brazil. This case described in detail in the annex (see case study annex) was co-sponsored by UNAIDS, USAID, the Offices of UNESCO in Brasilia and Maputo and the Brazilian and Mozambique governments. The chosen methods of work which were participative and involved active engagement by young people from both Brazil and Mozambique, was key to the progress in adapting Brazilian experience to the African setting. However there were also tensions that were highlighted by this experience, between the two countries. There was a feeling among some Mozambiquans that Brazilians were 'patronising' and unequal. The relations between Brazil and Mozambique tended to reproduce north-south discourse in south-south practice!

It is possible to identify the most effective strategies in the UNESCO Office in terms of system development. These were:

- enabling the National AIDS Unit to transfer resources to NGOs and civic movements;
- enabling the setting up of AIDS units in all 27 federal states and several municipalities;
- encouraging school-based prevention activities at grass-root level through a national contest;
- brokering meetings between branches of government who do not necessarily coordinate their activities;
- raising awareness and training mass media professionals;
- turning key-populations into multipliers of the preventive message (e.g. military men, nurses and dental surgeons, social workers and community leaders);
- enabling the creation of AIDS capacity at state and municipal level.

This is not to suggest that these strategies would always be successful in all settings. Many of them were especially suited and supported within Brazil, however they do confirm the value-added dimension that the UNESCO Office in Brazil was able to bring to this strand of its work with AIDS II.

## **Knowledge circulation and management**

The model-in-use of technical cooperation highlights the importance of the circulation

of knowledge, organisational learning and knowledge management. As with any professional and knowledge intensive activity, being able to access information when required, knowing what it is that has been learnt by systematising experience and disseminating knowledge on a regular basis are crucial competencies. The importance of such competencies in the field of HIV/AIDS is reinforced by the rapidly changing and international nature of experience in prevention and care, both at a policy and practice level in fight against AIDS. In a global environment, with electronic communications and working in an international organisation such as UNESCO, being able to muster information resources was also regarded by Brazilian government counterparts as one of the Office's strengths.

The table that follows summarises in greater detail how the Brazil Office has contributed to the circulation and management of knowledge in relation to AIDS II.

**TABLE 4.2 KNOWLEDGE CIRCULATION AND MANAGEMENT**

Evaluation Questions	Criteria / Indicators	Possible Data Sources
Has relevant information been accessed at the programme design stage?	<ul style="list-style-type: none"> <li>Reviews of previous research and stakeholder experience</li> <li>Gathering of new data</li> <li>Consultation with UNESCO resources worldwide</li> </ul>	<ul style="list-style-type: none"> <li>Interviews with project / programme coordinators</li> <li>Interviews with stakeholders</li> <li>Review of PRODOCs</li> <li>Communications with HQ</li> </ul>
Is knowledge acquired during programmes and is it systematised?	<ul style="list-style-type: none"> <li>Research undertaken</li> <li>Databases and knowledge management systems created</li> <li>Concepts and models developed</li> </ul>	<ul style="list-style-type: none"> <li>Examples of research</li> <li>Description of knowledge management systems</li> <li>Interviews with project / programme coordinators</li> </ul>
Is knowledge circulated within the Office and more widely?	<ul style="list-style-type: none"> <li>Newsletters produced</li> <li>Internal discussions across teams</li> <li>External dissemination</li> </ul>	<ul style="list-style-type: none"> <li>Review of dissemination events and material</li> <li>Feedback from HQ and other UNESCO offices / institutes</li> </ul>
What strategies have been found to be effective?	<ul style="list-style-type: none"> <li>Judgements of stakeholders and participants</li> <li>Examples of knowledge circulation</li> </ul>	<ul style="list-style-type: none"> <li>Interviews with stakeholders and participants</li> </ul>

## The strategic use of research

A distinctive feature of the UNESCO Brazil operation is the use of research strategically. Since the late 1990s the Office has invested heavily in its research capacity, creating a specific unit with a core of senior staff assisted by rotating PhD candidates and graduate students. Research conducted by the Office focuses on the implementation of current projects, the assessment of past actions and exploring areas for potential policy improvement. Research might be undertaken by UNESCO's office staff directly or in association with consortia of universities/NGOs.

The reasons why UNESCO Brazil's research has strategic significance can be summarised as follows:

- it generates baseline materials where current understanding is limited, hence projecting the Office as a legitimate policy interlocutor at the highest levels;
- it provides national counterparts with first-hand data about their own policies;
- it positions the Office as an important source of knowledge in areas salient in national public debates, such as young people, gender inequality and urban violence.

Working methods adopted by the Office were also well attuned to working in policy area such as HIV/AIDS. For example, it frequently led research consortia together with federal ministries, other UN agencies, national and international foundations (e.g. Ayrton Senna Foundation and Ford Foundation); it used cost-sharing among partners as a way of limiting the contribution of any one partner to research; it provided rapid feedback highly valued in a policy environment; and it designed the research to match the precise needs of national counterparts.

Positive results from the use of research are numerous and include:

- A high profile in Brazilian media based on press releases related to research (the press clippings book for the month of June/July 2001 on one topic was 5cm thick);
- the office director and programme officers were frequently requested to be keynote speakers at national and international seminars on the basis of research studies;
- allowing national counterparts to revise their policies on an ongoing basis as a result of the feedback provided through research;

Despite the evident success and positive evaluation of the research output by Brazilian government counterparts and others, there were also limitations to the strategic use of research. In particular we would highlight:

- Research appears to have been better aligned with the priorities of national counterparts than with the needs of in-house staff of the Office working on HIV and AIDS. Specific studies such as 'the evaluation of preventative actions' has for example had little take up or perceived relevance by other UNESCO projects such as PROFABE (nurse education and training), Basic Care (introducing primary care) and 'Schools for Peace' (community work with a school base).
- There was sometimes a lack of integration between different activities related to AIDS where research had been initiated under another strand. Thus the publication of the Thematic Groups Youth Group recommendations did not lead to an insertion of young person's perceptions into National AIDS Unit documents and manuals.

For the most part UNESCO Office research work was 'interactive' - following discussions and agreement between the Office and counterparts. Research might be initiated following requests of government counterparts for particular studies, or alternatively the initiative of the Office itself.

There seemed to be a good spread of contractual and work arrangements - and the role of the UNESCO Office was sometimes as internal providers of research skills and sometimes contractual (i.e. commissioning other institutes and universities). Overall there appears to have been an efficient use of available Brazilian resources in this regard.

### **Publications and dissemination**

Publications although linked to research also involve the editing, printing and distribution of other materials jointly with UNESCO partners.

- There is a high volume of publications of what are usually seen as specialist texts. These are often UNESCO Brasilia's own materials, but might include UNAIDS best practices or conference annals;
- The costs of editing, printing and distributing these publications are shared through partnerships;
- Distribution is not confined to Brazil, but copies are made available elsewhere in Latin America when translated into Spanish and have also been distributed in Portuguese-speaking Africa.
- Acting as an administrative facilitator through AIDS II, the Office enabled the National AIDS Unit and associated NGOs to commission, produce and disseminate training materials, booklets, posters and videos.

This way of working was possible in the first place because the Office had existing in-house capacity to translate, print and distribute books and pamphlets to the main libraries and bookstores in the country. On average four full-time staff are allocated to the UNESCO Brazil editorial unit at any given time. The grid below indicates AIDS material that has been published during the duration of AIDS II.

Whilst many publications have UNESCO provenance - if not from UNESCO Brazil then from UNESCO Worldwide - there were also examples of the Office facilitating publication with no direct involvement with setting the terms of reference or defining content. This would be the case for example in the four volumes on Brazilian legislation on STD/AIDS; a manual for psychiatric work with people living with HIV/AIDS; and standards for reducing hospital infections.

**TABLE 4.3 AIDS PUBLICATIONS BY UNESCO BRAZIL**

Title of Publication	Number of copies printed	Publishing arrangements
Handbook for legislators on HIV/Aids, Law and Human Rights [in Spanish and Portuguese]	4,000 Also available online	Translated on behalf of UNAIDS and with their funding
Drugs in Brazilian Schools [in Portuguese]	2,000	In association with National Aids Unit, the National Secretariat for Human Rights, the National Council for Research, CONSED, UNDIME, UNAIDS, the World Bank, the Ford Foundation, and USAID
Evaluation of preventive actions against STDs/Aids and drug abuse in elementary and high schools in Brazilian capitals [in English and Portuguese]	6,000 in Portuguese 1,800 in English Summary available online.	In partnership with the Ministry of Health, UNAIDS Theme Group and UNODCCP
Aids: what do young people think about it? [In English and Portuguese]	1,300 in Portuguese 1,000 in English Also available online.	In association with UNAIDS and with their funding
Violence in Brazilian Schools [in Portuguese]	4,850 in Portuguese 1,000 in English 2,000 in French A bridged edition was published in Portuguese of which 19,000 copies were distributed in schools.	In association with the National Aids Unit, the National Secretariat for Human Rights, the National Research Council, UNAIDS, CONSED, UNIDME, the Ayrton Senna Institute, USAID, the Ford Foundation, and the World Bank.
The contemporary response of the Brazilian government, the civil society and UNESCO to the HIV/AIDS epidemic: CCO Meeting, New York, October 2003	500 in English	UNESCO Brazil publication
Youth and Sexuality [in Portuguese]	7,000 in Portuguese	In association with the National Aids Unit, the Ministry of Education, the National Secretariat for Policies for Women, and the Ayrton Senna Institute
Gender issues in Brazilian rural settlements [in Portuguese]	3,000 in Portuguese	In association with the National Aids Unit, UNICEF, and the Ministry for Agrarian Development

UNESCO Brazil has a high profile in Brazilian press. Elements of the media strategy include:

- Ongoing networking with journalists, including sponsoring seminars on gender equality specifically for the media, inviting journalists to attend events and conferences and using existing networks such as the National Agency for Childhood News;
- Dedicated units and staff (press and media unit) both within head office and in regional antennae offices;
- A continuous stream of newsworthy press releases in the kind of hard edge language journalists favour;
- Defining the media community as partners in the AIDS response e.g. involving them in a seminar on youth and the media intended to raise awareness, reduce stigma and promote behavioural change.

Although the media strategy for AIDS II built on pre-existing resources and competencies, these resources and competencies were further strengthened by work undertaken on HIV/AIDS under the AIDS II.

### **Organisational learning and memory**

The existing mechanisms for systematising, retrieving and disseminating lessons from the implementation of AIDS II included:

- The preparation of press cuttings of newspaper articles on AIDS II;
- UNESCO Brazil's research projects and publications on the Brazilian AIDS programme;
- Mid-term reports on the PRODOC;
- A collection of letters reporting programme developments to Headquarters and UNAIDS;
- The preparation of booklets and speeches for international seminars and conferences.

This mode of operation, however, fell short of deriving knowledge towards lesson learning and further improvement. Thus, AIDS II PRODOC-review meetings between UNESCO and national counterparts were limited to administrative adjustments, with little discussion of substance, strategy, and adaptation in the light of experience.

More recently the Office has been increasingly concerned with its own capacity to learn from experience. An emerging area that has become salient within the office is the attempt to commission external evaluations - a feature of which this exercise is an illustration. In the case of AIDS there is an added and urgent reason to move towards lesson learning. AIDS II was the first project of its size in the field of the epidemic to be managed by the organisation as a whole ever. There was no previous significant experience in delivering AIDS programmes. By the time the Office became involved with the programme, there was uncertainty within UNESCO worldwide as to the precise role the organisation ought to play in the global response.

The potential benefits of a more systematic approach to knowledge management are considerable. It would for example multiply the benefits within the Office by sharing experience across programmes and projects more effectively. It would also enable the Office to respond more appropriately to partners. This would be especially facilitated by better information about partners. For example, there appears to be no complete list of NGOs that have been in receipt

of UNESCO contracts that specifies their respective areas of expertise. Greater investment in knowledge management would also facilitate communication with headquarters, help internationalise Brazilian experience and support UNESCO staff in negotiations with partners and clients.

The most effective strategies of the UNESCO Office for knowledge circulation and management were:

- Investing in research capacity through adaptable research teams within the Office;
- utilising in-house research in a set of specific areas of limited current understanding and thus position the Office as a legitimate source of policy dialogue;
- carrying out research through multi-agency consortia;
- enabling the conduct of AIDS research by government agencies;
- investing in editorial capacity to disseminate materials widely within Brazil and across the Portuguese-speaking world and Latin America;
- enabling the government and NGOs to produce and disseminate thousands of information packages and awareness materials;
- investing in a press and media unit within the Office;
- creating new networks of journalists and newspapers that turn to UNESCO for AIDS-related information.

Finally it is worth noting that indirectly through its facilitation of the National AIDS Unit the UNESCO Office in Brazil had a further role in knowledge circulation and management. Thus the National AIDS Unit has taken various measures to systematise knowledge about its own policies and make it available to the public. National AIDS Unit's publications vary from preventive strategies for vertical transmission to handbooks on how to tackle stigma in classrooms. The Unit's web-site stands out within Brazil's broader e-government reforms, having won over consecutive years a national award for its user-friendliness and the quality of its contents (<http://www.aids.gov.br>).

### **Institutional strengthening**

Central to the technical cooperation work of the UNESCO Office in Brazil, is putting in place an institutional framework capable of delivering and sustaining the national AIDS response. This is especially critical given the process of decentralisation and public sector reform. This involves not only strengthening capacity at state and municipal level but also the involvement of civil society and multiple partnerships that include the private sector.

The table that follows summarises in greater detail how the Brazil Office has contributed to institutional strengthening in relation to AIDS II.

**TABLE 4.4 INSTITUTIONAL STRENGTHENING**

Evaluation Questions	Criteria / Indicators	Possible Data Sources
What has been the contribution to the structuring of programmes?	Effectively structured programmes Smooth start up of new programmes Acquisition of relevant skilled personnel / consultants	Judgements of counterparts Interviews with project / programme coordinators Review of documentation
Have institutions, organisations and teams been strengthened?	New capacities and skills New training course Setting up specialist Units or expanding activities of existing units	Case studies of institutional and team strengthening Interviews with participants and staff of partner organisations
Have new alliances and partnerships been created?	Existence of new alliances and partnerships	Interviews with partners and project / programme coordinators Review of documentation
What strategies have been found to be effective	The creation of sustainable alliances Positive judgements of stakeholders and participants	Case studies of what alliances and partnerships have achieved

### **Structuring a flexible National AIDS Unit**

UNESCO became involved in the Brazilian national response at a time when capacity for the AIDS policy had been already installed. The Unit in Brasilia was in place, decentralised departments in the major States of the Federation had been created, and the controversial but highly successful decision to provide universal free treatment had been taken contrary to international advice. UNESCO was thus brought on board by the Brazilian government to add value to an existing and large programme whose general direction had been set in previous years by national authorities.

In this context UNESCO Brazil's specific contributions towards strengthening the Unit were:

- Setting up new services. The Office of UNESCO provided administrative facilities for the contracting of 144 students who operate a help-line facility (Disque Saúde). It also issued contracts for consultants working in the Unit on a temporary basis.
- Raising professional standards. Contracts were issued for training over 5.000 health

workers and 10.000 laboratory staff, organising dozens of seminars and briefing meetings, publishing dissemination material, organising meetings. The professional/knowledge input to these activities was given by staff working in the central Unit in Brasilia, some of whom had UNESCO contracts.

- Commissioning research and evaluation. Here the Office facilitated contracts and bidding systems so the 'research and evaluation' department at the National Aids Unit could commission studies on a wide range of subjects. The terms of reference for these studies were defined by government officials and consultants working at the Unit with UNESCO contracts.
- Incorporating NGOs into the national response. NGOs are seen by government officials as well equipped to promote healthy lifestyles at community level, develop skills-based health education and foster the drive for gender equality that facilitates condom usage. Making this happen has required a complex operation: NGOs have to bid for funds, a competition has to be organised, the best projects selected, contracts have to be issued, projects need to be finalised, assessed and recorded. UNESCO's Office enabled this process administratively and, as highlighted above, it provided a value base that was consistent with the language and approaches of NGOs to the epidemic.
- Supporting decentralisation. UNESCO is seen as having a positive role in the decentralisation process in relation to states and municipalities. It has provided planning and logistical help to the creation of state and municipal AIDS units and has supplementary agreements with the state of Sao Paulo and municipal governments of both Sao Paulo and Rio de Janeiro.

In this set of activities UNESCO's role was essentially logistical, enabling the process of institutional strengthening as defined by national counterparts. The tasks at hand were consistent with UNESCO's values and mission, and the organisation was seen as well matched to further legitimate governmental choices. Institutionalisation of innovation within the Brazilian AIDS programme was thus facilitated by UNESCO by the way consultants were recruited, programmes structured and new organisational forms supported.

Due to the administrative nature of these tasks one of our concerns was to assess whether this mode of cooperation led to Brazilian dependency on UNESCO. This appears not to be so. Since 2003 new legislation has simplified the procedures for hiring civil servants who will be able to carry out many of the tasks that are currently performed by short-term consultants retained through UN contracts. The transition to the new model for recruitment is expected to be completed by the end of 2005.

### **Decentralisation & Institutional Strengthening**

Part of the terms of reference for AIDS II was to contribute to decentralisation by way of strengthening capacity at state level. The current AIDS III, for instance, assumes that most of the authority over policy, finances and personnel resides with states. A difficulty observed in the implementation of decentralisation has been, however, the stark inequality among Brazilian states. It has therefore been difficult to find a decentralisation model to fit all. Individual states have had to design their own set of priorities and seek for federal support and funding

accordingly. Unsurprisingly, the wealthier and most developed states have fared better, with many of the poorer states lagging behind significantly. But even the best equipped states have found it difficult to grapple with the many public sector constraints that they have to face. This has motivated São Paulo, Rio de Janeiro and Porto Alegre to sign up cooperation agreements with UNESCO.

See Case Study on Decentralisation and Institutional Strengthening Volume 2

### **Mobilising Participation**

Within the UNESCO/São Paulo framework agreement the city council launched a Preventative Education and Sexuality Programme (PESP). Other partners included two civil society organisations, the federal Ministry of Justice and the National AIDS Unit, amounting to a total staff of 70. PESP's is conceptually based on the writings of Brazilian pedagogue Paulo Freire, whose theories have had great influence in Brazil's education policies in the past three decades. Here education is seen as a tool for change through popular participation and mobilisation. The role of the educator is to enable critical thinking and facilitate practical action to change the students' surrounding environment. Hence the target populations of the Freire method encompass students, school personnel, parents and the school's neighbourhood

See case study on AIDS Education in Sao Paulo, Volume 2

So far National AIDS Unit staff organised an independent worker's association to provide the Unit with expertise for short-term tasks; general examinations for entry into the civil service have been scheduled for December 2005; and new international technical cooperation projects (including AIDS III) can only provide consultants when no equivalent expertise can be found around the civil service. It remains to be seen how these changes will play out after 2005, but there is a clear general trend within the Brazilian public sector to recruit new staff autonomously.

### **Building partnerships**

Partnerships are a cornerstone for the National AIDS Unit's efforts to respond adequately to the epidemic, through behavioural, environmental and social as well as medical interventions. Thus the Unit has signed agreements with:

- other government agencies. Including 27 Federal States, 150 city councils, a host of secretariats of education and justice, an inter-ministerial group for children and adolescents, a joint programme with the National Commission for Human Rights.
- the private sector. The Unit led the creation of a National Business Council for HIV/AIDS, following international best practice.

- civil society. The Unit co-finances the activities of over 600 NGOs and regional civil society fora, and supports a human rights support network.
- the UN system. Formal agreements are in place with UNESCO and UNDCP, and a number of activities take place through the UNAIDS inter-agency Theme Group in Brazil (the Unit has a seat in this group).

The challenge for the Brazilian government here is to develop the necessary capacity to manage complex configurations of partners. Part of UNESCO Brazil's contribution through AIDS II had to do with providing managerial capacity to bring new entities on board the national response. Part of it was about shaping how these entities ought to be brought on board, making sure that international best practice were taken into account.

More specifically, the UNESCO Office Brazil has:

- Brokered a number of meetings between the National Aids Unit and the National Council for State Education Secretariats (CONSED) and the Municipal Education Secretariats Union (UNDIME) - two institutions that were already close to UNESCO in other programmatic areas.
- Launched a Brazilian Parliamentary League for AIDS - the first of its kind in Latin America, on its own initiative.
- Mobilising and working with the UN system in Brazil both through UNAIDS and bilaterally.
- Creating a youth-based advisory group that aimed to provide government with a channel for policy dialogue with youngsters.

Many of these efforts at institutional strengthening through building partnerships were complex and problematic. Unsurprisingly they often encountered real problems. For example, there has at times been intense competition among UN agencies in Brazil for leadership in various aspects of HIV/AIDS policy; it is sometimes not easy to see what is the strategy of the Parliamentary League for AIDS, other than as a support group; and it does not appear that Youth Group activities fed into the policy cycle in any detectable way (see case study). Also, the Mozambique case illustrates how international organisations working with NGOs in the field face the difficult task of negotiating institutional boundaries, and the balance of responsibilities and benefits. Nonetheless it is the general view of those interviewed that UNESCO's ability to bring together disparate partnerships enabled the programme to expand as it did, improve the quality of the national response and government services, and do so at a relatively low cost to the taxpayer.

### **Mobilisation and participation**

A key feature of the Brazilian AIDS programme has been its emphasis on notions of holistic social development and participatory governance within a context of re-democratisation. The mobilisation and participation component of the model concerns values, ethical standards and an overall normative conception of public services. It stresses greater social and political inclusion, non-discrimination, transparency, and public-service services focused on citizen needs and satisfaction. Therefore this strand of technical cooperation is cross-cutting, it is to be found across many of the areas which have been introduced earlier in the chapter. UNESCO's own value base sits comfortably in this context, making the organisation a credible ally in the eyes of national counterparts.

The table that follows summarises in greater detail how the Brazil Office has contributed to mobilisation and participation in relation to AIDS II.

**TABLE 4.5 MOBILISATION AND PARTICIPATION: EVALUATION IMPLICATIONS**

Evaluation Questions	Criteria / Indicators	Possible Data Sources
Is there evidence of value based advocacy consistent with UNESCO / UN mandate?	Insertion of human rights, equal opportunities and social inclusion in programmes and their delivery	Documentary reviews Interviews with stakeholders and project coordinators Press coverage and invitations to conferences
Have Civil Society and marginalised groups been engaged with programme development and delivery?	Active involvement of Civil Society groups Involvement of groups not previously involved in policy process Evidence of beneficiaries from among involved groups.	Case studies of mobilisation of networks and groups Interviews with Civil Society actors Data on programme beneficiaries and their composition
How has the balance between professionalisation and public participation been maintained?	Effective joint working between professionals and community / NGO organisations Emergence of new roles that bridge community and professional networks	Interviews with professionals and community organisations Case studies and documentary reviews
What strategies have been found to be effective?	Positive judgements of stakeholders and participants Positive press coverage Emergence of new policy related Civil Society networks	Interviews with stakeholders and participants Review of press coverage Case studies

Official policy to the epidemic was developed in the 1980s by a group of public health professionals experienced in community-based activism and very much involved in the pro-democratisation civil society movements. This has given centre stage to concepts like 'inclusion', 'bottom-up participation' and 'empowerment'. More specific notions that have shaped the policy include preventive education, broad understandings of healthy living, encouraging debate about sexuality, advocating for sexual diversity, fighting stigma with the language of human rights, providing care and legal advice to people living with HIV/AIDS, distinguishing between homosexuals and men who have sex with men, empowering sex workers, fostering skills for condom use, dealing with drug abuse by way of damage reduction, etc.

## **Youth Working Group**

In 1999 UNESCO/Brasilia designed a project to create a youth forum to inform the AIDS policies both of UN-system agencies working in the country and national authorities (from the federal government to school headmasters). The office advocated the initiative and negotiated its nature and scope with the existing relevant partners. It raised funds with UNAIDS/Headquarters, it shared logistical costs with other bodies and it contracted activities. The UNESCO office also led and organised workshops and it eventually published and disseminated their results. A UNAIDS/Brazil Youth Working Group was therefore created with 7 young men and women between 18 and 24 years of age. The criteria for selection included age, enrolment in some form of formal education, regional and gender representation, and significant experience in the work of youth organisations. Two members came from NGOs working with AIDS. One was a leading broadcaster in a regional community radio, another worked in the production of youth-targeted television shows for those living in poverty in Rio de Janeiro, and yet another was involved with student-mobilisation through the arts.

See Case Study on Youth Working Group in Volume 2

## **Mozambique Brazil Youth Exchange**

Since the early 1990s the Brazilian government has sought to make its own knowledge on social policy reform and innovation available abroad. The prime beneficiaries of Brazil's programmes have been the Portuguese-speaking countries of Africa and East Timor. This is part of a broader attempt by Brazil to put 'South-South cooperation' at the centre stage of the governance debates within the UN and its associated bodies. It is against this background that the office of UNESCO in Brazil suggested in 2002 that a project be launched to develop capacity in AIDS-focused youth organisations in Mozambique. The Brazil/Mozambique Exchange Programme is co-sponsored by UNAIDS, USAID, the offices of UNESCO in Brasilia and Maputo, and the Mozambican government. Its purposes are:

- To establish an exchange programme between youth organisations in Brazil and Mozambique;
- To strengthen the capacities of the Mozambique National Youth Council and its provincial branches;
- To involve youths from both countries in tackling epidemic-related issues through the arts, and advocating for an understanding of preventative and supportive work that is based on artistic expression; and
- To fund-raise with the international community to set up systems for the circulation of information between civil society organisations in the two countries.

See Case Study on Mozambique/Brazil Exchange in Volume 2

In particular UNESCO/Brazil's contribution to mobilization and participation within AIDS II encompassed the following areas:

*Inserting human rights into the national response*

- The Office provided logistic support to travel, meetings and seminars of an independent Brazilian Humans Rights and HIV/AIDS Network. Work was mostly responsive and administrative. However according to interviews conducted in the course of this evaluation UNESCO's involvement in this activity helped legitimise the Network and give credibility to an important development in raising AIDS awareness in Brazil.
- A member of the Office co-organised with government officials a set of awareness-raising meetings with municipal and state counsellors to increase parliamentary control over AIDS policy at local level. Government counterparts reported in several interviews the importance they attached to UNESCO's involvement in the project.
- Following up UNAIDS recommendations, the Office translated and published materials, lobbied, organised and founded a Brazilian Parliamentary League for AIDS with the view to increase the human rights component within Brazilian AIDS-related legislation. For some of those interviewed, this was a significant initiative - for others it lacked plans, programmes and outcomes. The UNESCO office's involvement in the post start-up phase of this project was episodic. This may help explain the League's low profile in recent years. However it may be wrong to assume that a Parliamentary league would operate at other than a largely symbolic level.

*Fostering social inclusion in the AIDS II programme*

- The Office used its existing access to the press and media to reinforce the language of the Brazilian AIDS response in terms of values of social inclusion. Articles were written by the Director and there was systematic attendance and presentations at international meetings within and outside the UN family. This is a clear instance of the role of technical cooperation as reinforcing, adding credibility and legitimizing existing policy options.
- The values of social inclusion were generally integrated into many of the programme activities of the Brazil Office. However, the evaluation was not able to identify many examples where the Office integrated its HIV/AIDS activities into other social development/inclusion projects elsewhere in Brazil. For instance, there has been little cross-cutting work between the AIDS sector on the one hand, with the welfare-system reform programmes and the various community development activities in the fields of environment and culture on the other.

*Involving new groups in the policy process*

- UNESCO provided contractual and logistical facilities so that Brazilian government budgets could be decentralized to individual NGOs. Over 600 NGOs country-wide received government funding to provide community services through UNESCO contracts. Because of the magnitude of this activity UNESCO's ability to keep track of innovative practices was limited. This tilted the balance of inputs towards the responsive/administrative end of the spectrum i.e. monitoring the activities of the NGOs.
- A recent research project was conducted by the Office to map out existing HIV/AIDS NGOs and their activities. The study suggests a rapidly changing context: out of the 576 organisations that received some form of public funding some 213 had been created

to perform the specific tasks for which the funds were allocated, but no longer exist. Many of these organisations see UNESCO as the administrator of funds rather than as a partner that facilitates access to new knowledge and networks<sup>21</sup>. This study may be a first step in developing a more sophisticated system for sustained dialogue and lesson-learning with NGOs which now have accumulated considerable experience in frontline work related to AIDS.

- UNESCO advocated for and sponsored a youth consultative group to inform government policy development. Money was raised from UNAIDS and national counterparts, meetings were held, and a publication was produced. The problems involved in translating grass-root mobilisation into the policy cycle are well exemplified in the case study on the 'Youth Working Group'. The UNESCO-sponsored group produced a booklet with a series of recommendations for officials, school authorities and parents. Yet, we have been unable to trace instances where the group's recommendations made a direct impact on policy. Overall, in spite of the groups activities, young people are still under-represented in the debates leading to AIDS policy in Brazil. UNESCO's own ability to mediate the relationship between youth organisations and government has been limited to disseminating the booklet to a wide audience within and outside Brazil. Mobilisation does not necessarily lead to participation.
- UNESCO advocated for the creation of two seats for civil society organisations in the UNAIDS Theme Group in Brazil. This body had thus far been composed by international and government agencies exclusively. In doing so UNESCO had to cope with competition among NGOs to appoint representatives to the group and the need to raise funds to sponsor their participation in Theme Group meetings.

#### *Bridging community and professional networks*

- UNESCO's contribution was limited to supporting existing government practice. The Office thus facilitated the logistics and administrative tasks for a host of government-led training sessions, seminars, skills development for activists and educators. UNESCO staff also participated in these activities.

The Office's outstanding initiative here was the Mozambique project, whereby existing youth groups in that country and in Brazil shared experience with a view to exchanging experience and encouraging professional standards within a participative framework. The difficulties in striking the delicate balance between community mobilisation and professionalisation are detailed in the Mozambique case study.

The most effective strategies of the UNESCO Office for mobilisation and participation were:

- learning and sharing the vision and language of the national AIDS community whilst at the same time inserting and reinforcing the language of participation and human rights;
- developing the skills of new and existing partners (e.g. young persons organisations, legislators, journalists and broadcasters);

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<sup>21</sup>UNESCO/Brasília, *Respostas aos Desafios da AIDS no Brasil: Limites e Possibilidades* (forthcoming, 2005).

- enabling federal resources to reach NGOs responsible for programme delivery;
- rolling out several school-based preventive strategies in the state of São Paulo based on similar principles and experience based at least in part on experience derived from AIDS II.

## Conclusions

This chapter has elaborated the model-in-use of technical cooperation as understood in the Brazil Office of UNESCO in terms of the main areas identified i.e. System Development; Knowledge Circulation; Institutional Strengthening; and Mobilisation and Participation. In general it confirmed that the Office of UNESCO added value to the AIDS II programme. In particular:

- UNESCO was able to influence, facilitate and contribute to the development of the AIDS II programme. Although the Brazilian government would have probably been able to carry out its programme without UNESCO's cooperation, such cooperation facilitated the speedy and effective implementation of the programme. It also reinforced the overall Brazilian government's holistic approach to the epidemic and introduced renewed emphasis on research, partnership with parliament, youths, civil society, and the Brazilian education system.
- The work and practice of the Brazil Office in AIDS II was by and large consistent with the requirements of the technical cooperation model presented in Chapter 3. UNESCO was effectively involved in a large number of activities related to AIDS II. It brought new partners on board and attracted further funding from national and international bodies.
- The record of UNESCO's influence, however, was mixed. The areas of greater influence were the creation of multipliers, the use of the press and media, the strategic use of research and publications, the ability to mobilise third parties, support in further institutionalising the National AIDS Unit, and the creation of new partnerships. UNESCO confronted more problems and managed to exert less influence in areas such as the systematisation of new knowledge, the adaptation of innovation to new contexts, organisational learning and memory. Much of this can be attributed to the innovative and demanding context of any major national programme such as AIDS II. On the other hand, organisational and management challenges in simultaneously implementing, learning from and systematising new knowledge, highlighted also in Chapter 3, probably explains many of the difficulties encountered.
- The Office found it difficult to strike a balance between the need to respond to Brazilian government demands, and the need to initiate activities and propose new ideas. The bulk of UNESCO/Brazil activities within AIDS II fall within the categories of responsive/administrative as might be expected in the early stages of a large new programme. National counterparts systematically reported that they valued UNESCO's contribution for its distinctive ability to initiate activities and offer policy dialogue. However, these kinds of opportunities were consistently pursued. Whether or not the Office would have made a greater contribution and added more value to the programme following a more systematic approach in the early stages of its work with HIV and AIDS is unclear. However, it is likely that in order to consolidate and take forward future work in this area, further systematisation of understandings and practice will be needed.

This chapter suggests that fears that the UNESCO contribution in Brazil might encourage dependency and reduce the likelihood of capacity being developed within the public sector have not been borne out. The transition from AIDS II to AIDS III with renewed focus on capacity development in a decentralised system, and the evolution of the National AIDS Unit, provide evidence of the ability of the UNESCO Office to evolve in response to changed circumstances and handover systems and arrangements that it has helped to create.

The chapter has also reinforced the notion that opportunities for professional and technical inputs become greater once the initial set-up and structuring work has been completed - even though it is difficult to consistently take advantage of all the opportunities which present themselves.

## CHAPTER 5:

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# CONCLUSIONS: LESSONS AND ACHIEVEMENTS

### Introduction

This chapter draws together some of the main lessons learnt that follow from the evaluation of UNESCO's Brazil office in relation to AIDS II. As was noted at the beginning of this report the overall purpose of this evaluation is to 'learn lessons from the AIDS II project that can be useful for UNESCO both internationally and in Brazil'. Although the emphasis is on lessons learning both for UNESCO Brazil and for UNESCO more widely, there is also a need to synthesise the achievements of this programme of work in terms that can contribute to their potential use and uptake by other interested parties.

In order to draw together these conclusions the evaluation questions identified both at the planning stage of this evaluation (see Chapter 1) and subsequently - in particular with regard to evolving understandings of technical cooperation (see Chapter 3) - have been used. Finally the main purpose and objective of the evaluation are revisited.

### "Summative" evaluation questions

Throughout this evaluation attempts have been made to disentangle the contribution of UNESCO, responsible as it has been for only part of the implementation of the AIDS II programme, from more general programme outcomes and processes. This has not been easy given the extent to which

UNESCO's contribution has been woven into so many aspects of AIDS II. As was previously noted, whereas in many evaluations one would be seeking to unambiguously attribute particular outcomes to particular inputs this was not possible in this case. The emphasis in relation to summative questions that seek to draw conclusions about results and outcomes has to be on the contribution that UNESCO Brazil has made rather than on attribution per se. Inevitably also these are matters of judgement certainly supported by data but not always proven or incontestable.

The first summative question posed at the outset was:

- How have the programme's activities contributed to the improvement of conditions of 'end users' or implicated citizens?

The success of the Brazilian response to HIV/AIDS has been well documented and is briefly described in Chapter 2 of this report. It includes reductions in mortality rates; reductions

in infection rates particularly amongst at risk groups such as sex workers, drug users, and men who have sex with men; and widespread preventative actions including use of condoms and access to antiretroviral drugs. UNESCO's contribution to these outcomes is both value based and operational. In terms of values UNESCO has consistently integrated concerns for human rights and the widest civil society participation into its various actions. Thus it supported the Brazilian governments pledge for a policy that protected human rights, encouraged participation by 'end users', focused on prevention but also provided care for those living with the virus. This has given a more operational and logistical inputs - managing contracts, organising seminars, employing consultants - an added dimension that can be directly linked to the consequences of AIDS II for Brazil's citizens. Indeed it is widely acknowledged that the success of Brazil's response to HIV/AIDS should be partly understood in terms of its cultural and social dimensions: the inclusion of a wide spectrum of society and the mobilisation of civil society organisations, NGO's, young people, and other groups often considered to be on the margins of society.

- What developments in Brazilian government policies and practices have occurred as a result of this programme?

Brazil has been characterised as an 'intermediate' state with a high level of national expertise, effective administrative arrangements and generally well functioning institutions. Its policies are consequently largely self determined unlike many other less advanced developing countries with which international agencies such as UNESCO also cooperate. The broad direction of Brazilian policy both predated AIDS II and the involvement of UNESCO in its implementation. Arguably most of the policies and practices of the Brazilian government would have occurred without UNESCO's involvement. Nonetheless many observers and counterparts consider UNESCO did contribute to the development of policy and practice. In part this was about values as has already been noted. In part it concerned assertions of greater speed and efficiency with which policies were able to be implemented, given the pre-existing networks and credibility of UNESCO as well as the professional know how it was able to deploy.

In addition there are specific aspects of policy and practice that can be more directly attributed to UNESCO's role and contribution. These include for example: the establishment of a youth working group; a national parliamentary group for AIDS and similar initiatives elsewhere in South America; networks that linked AIDS policy to education authorities; the exchange programme with Mozambique; and a national contest to offer incentives to grass-root preventative education practices in schools. Such initiatives are seen to have added a distinctive character to the Brazilian government response to HIV/AIDS.

- What new institutional arrangements have been created and how sustainable are they?

Central to UNESCO's contribution at a federal level has been its role in structuring and facilitating the national AIDS unit. The actual creation of this unit preceded UNESCO's involvement. However, some of the most important measures to strengthen and consolidate the unit including the launch of new services, professionalisation of health workers, and the development of a research and evaluation capacity, can be attributed to UNESCO.

The progress of public sector reform and decentralisation that occurred in Brazil within the same timeframe as AIDS II opened up further opportunities for institutional innovation. As

this report has noted UNESCO had an active role in the decentralisation process supporting states and municipalities to take on responsibilities that have been progressively devolved from the federal level. UNESCO has worked with decentralised units in each of the 26 federal states, the federal district and in some of Brazil's largest cities. There is every reason to believe that these new institutional arrangements are being and will be sustained. The evolution of the national AIDS unit and the continued emphasis on decentralisation that is incorporated into the new AIDS III programme suggests that this will be so.

It is worth noting that some of the new institutional arrangements that have followed from AIDS II have had consequences for the office of UNESCO Brazil. For example, it has necessitated coordination work within the Brazil office around HIV/AIDS and raised the profile of AIDS related work within the organisation as a whole. The significant role of UNESCO in the UNAIDS theme group in Brazil can also be seen as an innovation that has followed from UNESCO's involvements in the AIDS II programme.

### **Formative evaluation questions**

The processes and means that have shaped the kinds of outcomes already discussed are more easily linked in a direct way with the UNESCO office activities. As the PRODOC for AIDS II emphasises many of UNESCO's expected contributions concern intermediate facilitative actions - the means towards achieving programme ends.

Formative evaluation questions identified at the outset of this exercise focussed on capacity development, civil society, and UNESCO in its international setting.

- What have been the effective strategies for capacity development, institutional strengthening and sustainability?

Judging the effectiveness of the various strategies deployed highlights the very varied 'performance' of particular strategies considered in isolation. To some extent it is possible to generalise and highlight the overall effectiveness of the strategic uses of the press and media, research and publications, partnership development and mobilising networks and partners in support of AIDS II. The office has been less successful in documenting lessons learned and institutionalising such lessons and related practices into its own organisational procedures.

However effectiveness needs to be judged less in terms of topic areas such as press and media or research and more in terms of how these topics were pursued. In general terms for example, this evaluation has concluded that the most effective strategies appear to be those where the office was pro-active rather than re-active - taking the initiative for example to mobilise its links with the Brazilian congress or with NGOs or to open up policy dialogues with senior policy makers at a high level in government. At the same time the innovative nature of the AIDS II programme and the lack of prior experience that was common to UNESCO and many others involved in programme implementation have important implications for the discovery of effective strategies. These were rarely pre planned, they often occurred within the daily process of programme implementation through informal negotiation and trial and error. These uncertain, exploratory and experimental, characteristics of the programme made it particularly difficult to systematise and formalise what was being learned along the way. Whilst capacity development and institutional strengthening in professional and knowledge intensive areas

requires making explicit what is often tacit and formalising knowledge, managing this is particularly difficult to do in a dynamic and constantly shifting environment. As was noted previously in this report different strategies were found to be necessary and effective at different stages at sub programme implementation whilst such implementation was also embedded in the dynamics of decentralisation and public sector reform.

- Has the involvement of civil society actors and partners of different kinds added value to the programme and how?

At the heart of the Brazilian response to AIDS has been the involvement of all parts of society in activities in every setting: among health providers, within schools, in communities, in the congress, in workplaces, among ethnic minorities, among the young as well as the old. The cultural and inclusive dimension of the Brazilian response to AIDS added value to the programme and is commonly seen to be an important factor in its success. A significant part of UNESCO's contribution to AIDS II was the ability to reach out to new groups, especially in the education sector, mass media, the UN system in Brazil and Congress. UNESCO also facilitated administratively the innovative approach whereby part of the Brazilian government's investment in the AIDS response was delivered through a myriad of NGOs working at local level. Overall, stakeholders agree that UNESCO's profile and access to such networks was one of its main contributions.

This is not to suggest that there were not problems associated with sustaining civil society actors and partners. It has been noted elsewhere in this report for example that for some initiatives it was difficult to sustain initial momentum. This was true for example in relation to national parliamentary liaison group and the youth working group. Sustaining the myriad of links with civil society raises questions of prioritisation and planning it is undoubtedly difficult to maintain all links with the same level of success given the shifting demands at the time. Yet as has also been noted previously, some forms of involvement are largely symbolic and the continued high level of engagement and activity may not be necessary if the main purpose is to communicate the commitment of all major groups in society.

- Has UNESCO been able to implement international best practice and standards in its work?

At a general level in terms for example of values such as human rights or long standing UNESCO initiatives such as Education for All UNESCO can be seen as having represented and implemented best practice and standards in its work. Indeed UNESCO's selection as an implementing partner was partly predicated on its ability to represent the broader UNESCO legacy. However this report has noted the limited extent to which the Brazilian office drew broadly on UNESCO work in the field of AIDS related education (see page 21 above). This is in part an aspect of the more general questions surrounding appropriate strategies for decentralisation within an organisation such as UNESCO. In particular in countries with intermediate development status such as Brazil notions of a transmission belt that delivers international best practice into local contexts is particularly inappropriate. In Brazil a high value is attached to national experience and specific initiatives well matched to the context. Interest in international experience that the evaluation team encountered in the course of this assignment has largely been in terms of core ideas and concepts rather than particular methods or approaches. Realistically international best practice and standards in relation to HIV/AIDS can be seen as having been pioneered in Brazil. As is discussed further below key issues for this

evaluation can be framed very differently: i.e. 'how can UNESCO's experiences within Brazil be made available internationally?', might be seen as a more relevant question.

### **Evaluating technical cooperation**

The Brazil office of UNESCO has developed its own specific model of technical cooperation tailored in particular to national policies and circumstances, priorities with regard to HIV/AIDS and constitutional political developments in Brazil. Although this model was well understood among those working within the office it was largely implicit and had only in part been articulated prior to this evaluation. The model has two main elements: content and goals; and delivery and associated capacity. This section following evaluation questions posed first describes the technical cooperation model-in-use then relates this to the requirements of an international agency such as UNESCO and finally considers issues of longer term relevance in countries such as Brazil as they continue to develop. The main evaluation questions posed with regard to technical cooperation were:

- How to define international technical cooperation?
- What should be the goals and priorities of technical cooperation for an international agency such as UNESCO?

The content and goals of UNESCO's technical cooperation model-in-use are essentially processual. They incorporate state of the art conceptions of development practice and intervention theory although these have largely been 'discovered' through practice and experimentation. The main content areas are - System Development - with a focus on the diffusion and management of innovation; knowledge circulation with a focus on organisation learning and knowledge management; institutional strengthening with a focus on organisational design and development and mobilisation and participation with a focus on social development and social inclusion. These goals are consistent with the contemporary ideas about international development cooperation with their emphasis on the self determination of 'beneficiaries'. It is assumed that those undergoing development will need to manage innovation, develop their institutions, include marginalised social groups etc.

In terms of delivery and capacities needed for delivery a number of different strategies were identified from the most responsive to the most proactive and with a range of competencies from administrative to logistical through to professional and knowledge intensive. The capacity to integrate professional and value based understandings into administrative activities (e.g. immediately knowing how to prioritise the structuring and invitation list for a workshop, or understanding how different financial arrangements effect NGO participation) were among some of the distinctive capacities that support the technical model-in-use.

An important question raised by the particular model of technical cooperation developed in Brazil is its wider applicability for an international agency such as UNESCO. As has been noted the model fits well in the particular circumstances of Brazil where there is a relatively well developed and professional policy community, 'self-benefiting' funds to finance development initiatives and a drive towards public sector modernisation and decentralisation which requires institutional strengthening. On the other hand Brazil is not unique among rapidly developing but still unevenly developed countries. It has been suggested in the course of this evaluation

similar approaches are appropriate in other 'intermediary' countries such as Argentina, Mexico, India and Indonesia. Furthermore, as more countries improve their situation and benefit from their own efforts as well as shifts in aid and trade policy similar circumstances may come to affect many more countries in the future.

It can therefore be argued that the kinds of goals and priorities for technical cooperation that have evolved in Brazil should properly be seen as part of a portfolio of strategies that UNESCO might wish to adopt worldwide. If this is the case, then the relatively unusual internal arrangements that have evolved in the Brazil office of UNESCO that emphasise customer satisfaction, flexibility and adaptability, the rapid mobilisation of high quality professional inputs, initiative taking within a national policy environment and responsive administrative procedures may become competencies that are more widely required at a local regional level that has been the case hitherto.

- What mechanisms must be in place to guarantee that UNESCO will remain relevant in a country that is changing towards greater development?

To some extent, the issue of relevance is assured by the leadership and policy direction of a country such as Brazil. Insofar as the Brazilian authorities are able to articulate their own priorities and insofar as these have been well researched and matched to national needs it is likely that those contracted to offer assistance within such a policy setting will necessarily be providing relevant and needed inputs. However given the often experimental nature of services provided and the rapidly changing context in which innovative policies such as those concerning HIV/AIDS take place there is a continued need to maintain responsiveness and relevance. Many of the attributes of UNESCO's operation in Brazil with its emphasis on knowledge intensive strategies such as research, media sensitivity and social networking are characteristic of what is needed to maintain continued responsiveness and relevance.

However this evaluation has also shown that maintaining professional components of technical cooperation in the face of day to day urgent and logistical demands is a difficult challenge which requires the capacity simultaneously to maintain a tactical and a strategic perspective as well as high level policy dialogues.

- How does work in Brazil contribute to the knowledge base of UNESCO as an organisation?

Tensions between the Brazil specific approach to technical cooperation adopted by the UNESCO office and the assumptions and approaches of UNESCO headquarters have been referred to at various points in this report. It has been noted for example that the Brazilian experience is poorly represented in UNESCO's headquarters outputs related to HIV/AIDS and just as the Brazil offices work appears on occasions to have ignored other HIV/AIDS outputs from HQ. Of course this is not always so: for example, many of the international reports emanating from UNESCO in other parts of the world have been translated, made available and used within Brazil whilst more recently there has been a more active exchange between headquarters and Brazil based personnel around specific activities and conferences. This is in part an organisational issue related for example to notions of decentralisation and to traditional ways in which international agencies think about the connections between headquarters and particular national and regional offices. It is also a technical matter: developing appropriate

systems to capture and disseminate relevant national practice horizontally among developing countries as well as hierarchically through a headquarters link. Potentially recent developments in headquarters following from the establishment of an AIDS unit offer scope to improve coordination in this regard in the future. However it is the conclusion of this evaluation that Brazil has under- contributed to the knowledge base of UNESCO as an international organisation.

The terms of reference for this evaluation included an awareness of the need to contribute to learning and disseminating lessons derived from the experience of UNESCO in Brazil internationally. To that extent this report may also make some contribution to bridging the gap between UNESCO Brazil experience and that of the wider UNESCO community.

### **Managing technical cooperation**

In addition to assessing the development and use of technical cooperation models this evaluation was also concerned with how this linked with the management of professional resources within a large and busy office such as that of UNESCO in Brazil.

We were for example interested in evaluation questions such as:

- To what extent and in which ways do the activities that take place deploy the professional expertise and know how of programme and project coordinators?
- What kinds of internal processes and skills are necessary within the office to sustain the model-in-use?
- What kinds of interfaces and dialogues are necessary with counterparts to strengthen further technical cooperation?

In general the evaluation has concluded that the office has developed a relevant and effective portfolio of approaches, tactics, strategies, content expertise and bodies of know how. They were able to build on and further develop networking capacities, the ability to articulate values throughout civil society and to mobilise networks and marginalised groups in particular as part of the countrywide response to the AIDS epidemic. Among the most striking combinations of approaches were those which brought together practical logistical work with in-house research; and administrative responsiveness with high level policy dialogues.

On the other hand in sampling activities within the office and constructing diaries of critical events it became clear that it was often difficult to balance the different demands, in particular between professional and logistical demands - the urgent often driving out the important. Furthermore day to day exigencies often received greater priority than policy reviews and standing back to draw together lessons that might help further clarify program choices for Brazilian counterparts. It is not that these balances were entirely absent but they tended to depend on individual initiatives often by the office director and were not systematically built into the work procedures and protocols of management.

As important are the problems of linking together the experience and work practices of those working within the AIDS team and others within other programmes in the office. It has been noted for example that links between AIDS work and other health related and youth related programmes including schools were not always optimised. It is not suggested that such

integration and linkage is good in its own terms but rather there have been opportunities for improving the effectiveness of work related to AIDS and AIDS II in particular by exploiting the potential for integration across UNESCO programmes more generally.

These difficulties can be considered as typical in terms of a particular stage in organisation development when day to day demands in a rapidly changing environment leave little time for planning and reflection. It may well be possible that in the next stage of its development the UNESCO office will be able to develop management procedures more conducive to an integrated and holistic approach across its programmes. However it is also likely within an essentially contract driven environment similar demands leading to a similar focus on the day to day, the urgent and the programme specific will continue.

This evaluation has identified a number of specific practices which could potentially strengthen management arrangements within an office such as UNESCO's in Brazil. These include for example regular policy dialogues; scheduled review meetings with Brazilian government counterparts; a cross programme exchanges; a focus on common cross programme themes; more systematic drawing on international experience; the incorporation of professional and management priorities in personnel human resource procedures (job description, staff reviews, training and development).

As is always the case a flexible and responsive - let alone an entrepreneurial organisation has weaknesses, as well as strengths. On the other hand an over-managed or procedurally elaborate way of working whilst having strengths in terms of coherence and professional satisfaction for employees, may lose some of its capacity for relevance and responsiveness. These kinds of considerations underpin many of the disagreements about systems and procedures between UNESCO's Headquarters and the Brazil Office in recent years. Implementation and delivery of practical service and policy outcomes makes distinctive demands at a local/regional level that are not always apparent further away from the field.

## **Reprise**

At the beginning of the report the agreed and particular objectives of this evaluation were noted:

- To assess the relevance of the approach, strategy and methods to the needs of Brazil and the mission of UNESCO
- To assess the value added of UNESCO's contribution to combating AIDS in Brazil through the AIDS II project
- To identify the distinctive characteristics, strengths and weaknesses of the approach adopted to implement the project
- To identify ways in which the contribution of UNESCO to similar projects can be strengthened by developing competence and practice in technical co-operation

The way these objectives have been addressed and the way evaluation questions have been framed and answered has been cautious and often finely balanced. Those looking for conclusive and definitive judgements may be disappointed. Yet this is consistent with the overall

objective - to 'learn lessons from the AIDS II project that can be useful for UNESCO both internationally and in Brazil'. It is undoubtedly true that the contribution of UNESCO in Brazil to AIDS II has had relevance, added value, has had a distinctive character and that similar approaches could potentially contribute positively to other projects and programmes elsewhere in the world.

However many of the findings of this evaluation have highlighted the challenges of the kind of work that UNESCO has undertaken in support of AIDS II. These have included: challenges of tailoring strategies and methods to particular contexts and devising ways of continuing relevance by constant adaptation and flexibility; challenges to maintain a balance between professional or knowledge intensive contributions and logistical and administrative imperatives; and challenges to balance the nationally led priorities of an unevenly developed but sophisticated government with the values and standards of an international organisation such as UNESCO. In the face of such challenges there are no simple answers, blueprints or panaceas. Whilst the Brazilian model offers an extended repertoire of strategies to an organisation such as UNESCO, the model will always need to be carefully adapted to any new context - as it was in Brazil. The evaluation has also highlighted the tensions and difficulties of implementing such a model alongside its undoubted achievements.

Finally the approaches and strategies pioneered in Brazil speak to broader debates about the future evolution of international development cooperation. The attempt to combine a 'beneficiary led' approach with genuine international participation - to 'help people to help themselves' without assuming that know-how and expertise are the prerogative only of 'international experts' is a brave and timely experiment. The lessons arising from this experiment, potentially allow UNESCO to position itself advantageously in the future within emerging paradigms of international development cooperation.

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# VOLUME TWO

CASE STUDY SUMMARIES AND ANNEXES



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**PART I**  
PLANS AND FRAMEWORKS

# **1.1 EVALUATION PLAN PREPARED MARCH 2002**

Inception Report

**prepared by Elliot Stern, Tavistock Institute**

November 2002

# The Evaluation of AIDS II Technical Co-operation Project of UNESCO Brazil

## 1. INTRODUCTION

The AIDS II project implemented by the Brazilian Ministry of Health is funded under a World Bank loan agreement. As part of this project the Ministry has entered into a technical co-operation agreement with UNESCO entitled "Training, Research and Institutional Support within the scope of the AIDS II programme". This is one of the largest and most important projects being undertaken by the Brasilia Office. This technical co-operation agreement (914/BRA-02/98) runs from December 1998 until December 2002.

UNESCO's AIDS II project is of great interest to UNESCO as a whole and has not been evaluated to date. There is now an interest, both in the Brasilia Office itself, and in UNESCO's Executive Board, to undertake an evaluation in order to learn lessons from the experience of Brazil which may have broader implications. Interest in this project is also reinforced by the involvement of UNESCO as one of the six co-sponsors of UNAIDS which is itself being evaluated at this time.

This document outlines the evaluation plan prepared by Elliot Stern of The Tavistock Institute in London who has been requested by the Brasilia Office to co-ordinate an evaluation activity. This evaluation will both draw together lessons that might strengthen technical co-operation capacity in the Brasilia Office, and meet the needs of UNESCO's Executive Board.

## 2. PURPOSE & OBJECTIVES

The overall purpose of this evaluation is to learn lessons from the AIDS II project that can be useful for UNESCO both internationally and in Brazil. Other parts of UNESCO are involved with the response to the AIDS epidemic and there is considerable interest in the experience of UNESCO Brazil and its potential for transfer to other settings. In Brazil itself of large scale implementation projects such as AIDS II has built up a body of experience in technical co-operation which needs to be assessed and refined. In this context the specific objectives of this evaluation are:

- To assess the relevance of the approach, strategy and methods to the needs of Brazil and the mission of UNESCO
- To assess the value added of UNESCO's contribution to combating AIDS in Brazil through the AIDS II project
- To identify the distinctive characteristics, strengths and weaknesses of the approach adopted to implement the project
- To identify ways in which the contribution of UNESCO to similar projects can be strengthened by developing competence and practice in technical co-operation

As these objectives indicate, the evaluation will have a summative aspect concerned with the outputs and outcomes of the AIDS II project; a process aspect that considers the

mechanisms and means by which the project has been delivered; and a formative / developmental aspect that should seek to strengthen technical co-operation capacities in the Brasilia Office, whilst at the same time making relevant know-how available to a wider audience.

### **3. MAIN ELEMENTS OF THE EVALUATION**

There are a number of main elements in the evaluation each of which contains a number of activities. The first phase which is now underway, is concerned with planning and specifying the evaluation in detail. This requires both gathering data and developing models that are suitable to the task. The main activities within this phase are:

- Consulting stakeholders
- Identifying evaluation questions
- Reviewing existing data sources
- Mapping programme elements
- Building hypotheses about causality and mechanisms

The output of this first phase will be presented in an inception report that contains descriptive data on the activities on the AIDS II project and presents the starting models that have been developed for further analysis. This report will be prepared following a visit to Brazil, planned for June 2002.

The second phase of the evaluation will consist of a number of focussed sub-studies on different aspects of the AIDS II project. These are likely to include:

- A review of the particular strategies adopted with regard to different target groups (e.g. young people, NGOs, vulnerable populations etc.)
- The identification of technical assistance models and their strengths and weaknesses
- An assessment of how far the implementation of the AIDS II project matches the needs and priorities of Brazil and the Brazilian government
- An assessment of how far the contribution to AIDS II by UNESCO Brazil builds on the distinctive competence of UNESCO

It is possible that some initial results from these second phase activities will also be covered in the inception report, depending on the progress that has been made with data collection at that time.

The output of the second phase will be presented in a report to be delivered by the end of 2002.

As the AIDS II projects ends in December 2002 it will be important to follow up the project in terms of its sustainability and transferability. This will be the focus of phase three of the evaluation which will consist of the following elements:

- A description of the follow up actions taken by the Brazilian government at State and Federal level and by other significant actors such as NGOs, educational institutions etc.
- An assessment of the extent to which the actions initiated under AIDS II with the support of UNESCO's technical co-operation have been institutionalised and made permanent

- A transferability analysis which identifies those elements of the AIDS II experience that are distinctive to the Brazilian context and identifies the conditions that would favour their transfer elsewhere

The outputs of phase three will be presented in a final report to be submitted not later than March 2003.

#### **4. EVALUATION QUESTIONS**

Consistent with the objectives identified above, evaluation questions fall in to three main categories, summative, formative and developmental.

Summative questions are concerned with the outputs and outcomes of the programme - and in the longer term with its results and impacts. Typical summative questions would include:

- How have the programme's activities contributed to the improvement of conditions of 'end users' or implicated citizens?
- What developments in Brazilian government policies and practices have occurred as a result of this programme?
- What new institutional arrangements have been created and how sustainable are they?

Formative questions are concerned with the means by which the activities of the AIDS II project have been implemented. Typical formative questions would include:

- What have been the effective strategies for capacity development, institutional strengthening and sustainability?
- Has the involvement of civil society actors and partners of different kinds added value to the programme and how?
- Has UNESCO been able to implement international best-practice and standards in its work?

Developmental questions are concerned with the ways in which know-how and competence could be strengthened. Typical developmental questions would include:

- What are the opportunities to insert a greater technical component into all technical assistance activities?
- How best to draw together contributions from across UNESCO in responding to technical co-operation needs?
- How best to make available the lessons of technical co-operation to UNESCO as a whole?

#### **5. PROGRESS TO DATE**

As part of phase one of this work a number of activities have already been undertaken or are in train.

##### *Consultation with stakeholders*

Three sets of stakeholders have been consulted about their particular interest in the evaluation and key evaluation questions. These include: UNESCO Headquarters in Paris where IOS and BFC were asked to collate inputs; UNESCO co-ordinators based in Brasilia who were

consulted by Elliot Stern during a visit to Brazil in February; and Brazil government personnel who were also interviewed during the same visit.

#### *Identifying evaluation questions*

Considerable progress has been made in identifying evaluation questions to cover summative, formative and developmental aspects of evaluation. These are summarised in the following section.

#### *Reviewing existing data sources*

As part of discussions with Brazilian counterparts a considerable body of existing data, reports and studies were identified. These are now being gathered together. In addition, a number of UNAIDS documents have been reviewed, including the available evaluation documents for UNAIDS.

#### *Mapping programme elements*

The key elements of the AIDS II project have been identified on the basis of the project document as part of discussions with project co-ordinators it has been agreed that specific activities at an operational level will be described in greater detail. This includes a time sampling by project co-ordinators of their activities which will be completed by end May 2002. In addition, as part of a workshop that took place in February, initial frameworks were prepared to analyse technical co-operation activities.

#### *Building hypotheses about causality and mechanisms*

The implicit rationale of programme inputs as undertaken by UNESCO Brazil will be analysed using a logic model that elaborates the presumed theory of change (ways in which the mechanisms of the programme are intended to work. The possibility of using such a method has been tested as part of a planning workshop in Brazil. A more developed framework will be prepared as part of the inception report to be submitted following a further visit to Brazil planned for June 2002.

Overall, there was a high level of co-operation and positive reaction from Brazilian government counterparts to the prospect of this evaluation. They were keen to make available their own monitoring evaluation data and saw this evaluation as adding to the technical input that UNESCO was able to make.

## **6. REPORTS**

A number of reports - inception, phase two and final - have been noted in this document. It is also proposed to prepare a brief progress report by the end of April 2002, as an input for the UNESCO Executive Board and Special Committee meeting planned for mid-May.

Elliot Stern  
March 2002

## **1.2 THE EVALUATION OF AIDS II**

Inception Report

**prepared by Elliot Stern, Tavistock Institute**

November 2002

# PREFACE

This report has been prepared as part of the consultancy agreement with the UNESCO Brazil office to strengthen evaluation in relation to major technical cooperation projects. Within this consultancy agreement, a special priority has been given to the evaluation of the AIDS II project because of its wider relevance to UNESCO as a whole.

Thanks are due to all of those who have cooperated in the work so far especially to the Director and staff of the UNESCO office in Brasilia and the numerous partners and government officials who have been generous with their time. I would like to thank Matias Spektor in particular for his advice, experience and multilingual inputs to this work.

Responsibility for this report, its interpretations and suggestions rest entirely with the author.

Elliot Stern  
London November 2002

## 1. INTRODUCTION

This report focuses on the evaluation of the AIDS II programme, as undertaken by the UNESCO office in Brazil. As foreshadowed in the evaluation plan prepared in March 2002, this is both an inception report and provides early indications of the kinds of preliminary findings that seem to be emerging. It should be emphasised that as the major fieldwork and data collection is either underway or about to start at the time this report is being drafted all conclusions and findings will need to be reconsidered at later stages in this project.

As anticipated in the design document the 'overall purpose of this evaluation is to learn lessons from the AIDS II project that can be useful for UNESCO both internationally and in Brazil'. The rationale for this focus is the widespread interest within UNESCO internationally in the experience developed in Brazil and the lessons that might be learnt from this experience that will be of wider relevance to the organisation. This evaluation is therefore positioned within a particular part of the range of possible evaluative approaches. It is concerned with knowledge production and encouraging learning. It is not concerned with evaluation as a tool of management nor with evaluation as a method of ensuring accountability. This does not mean that the evaluation will be uncritical. However, the strengths and weaknesses that are likely to be identified by this kind of evaluation should contribute to lesson learning rather than an assessment of programme performance.

As further specified at the design stage, the objectives are:

- To assess the relevance of the approach, strategy and methods to the needs of Brazil and the mission of UNESCO
- To assess the value added of UNESCO's contribution to combating AIDS in Brazil through the AIDS II project
- To identify the distinctive characteristics, strengths and weaknesses of the approach adopted to implement the project
- To identify ways in which the contribution of UNESCO to similar projects can be strengthened by developing competence and practice in technical co-operation

We hope as a result of this evaluation design to be able to make available to UNESCO as a whole an analysis of UNESCO Brazil's work with HIV/AIDS. We also expect to hold up a 'mirror' for UNESCO Brazil itself that will allow it to further develop and strengthen this and similar programmes of work especially but not exclusively in the health field.

## 2. ACTIVITIES TO DATE

The main activities undertaken to date include:

- Identifying evaluation questions
- Developing relevant frameworks
- Describing the main elements of the AIDS II programme
- Developing hypotheses

These activities have mainly involved extensive interviews and discussions with stakeholders in Brazil. This followed from earlier inputs from UNESCO headquarters in Paris,

where IOS and BFC provided inputs as to their priorities for this evaluation. In Brazil the consultant has undertaken two field visits in February and June 2002. In the course of these visits interviews took place with:

- Programme and project staff of UNESCO Brazil
- Relevant staff at the Ministry of Health
- Staff of National AIDS Coordination Unit
- Staff of the Municipal Secretary of Health in Sao Paulo
- Municipal AIDS coordinator in Sao Paulo
- Representatives of civil society groups on the UN theme group responsible for education
- Staff of Municipal Health Secretariat in Salvador Bahia
- Staff of family health teams in Sao Paulo and Bahia
- Technical staff at the University of Bahia in Salvador

These interviews and discussions generated substantial documentary information as well as interview material. (See annexe for list of documents). For example, we obtained the papers presented by experts at an international seminar on the Brazilian AIDS response held at Columbia University in March 2002 as well as various documents prepared as part of the UNAIDS evaluation. The analysis of this material took place in London in September and October.

The mode of operation has been interactive, so that in addition to interviews, workshops were organised during both trips to Brazil to provide feedback and validate the different stages in design and planning.

In addition to gathering information for the evaluation, various discussions took place with university based personnel and individual consultants to identify suitable consultants to undertake elements of fieldwork (eg case studies, interviews and documentary analysis) once these had been specified.

### **3. DESCRIPTION OF AIDS II PROGRAMME**

The previous report prepared in September 2001 on the activities of the Brasilia office of UNESCO highlighted some of the main parameters of the AIDS / HIV policy in Brazil. The UNESCO AIDS II technical cooperation agreement accounts for US\$70 million (raised from an initial commitment of US\$50 million) out of a total World Bank funded loan of US\$300 million. It is embedded within a wider set of policies initiated by the Government of Brazil which are generally recognised as innovative and successful. For example, the total number of infected persons in 2000 was 50% below previous UN predictions. Because the evidence of success is considerable, we have focused this evaluation on understanding the strategies that have contributed to this success, in particular from the standpoint of UNESCO's contribution and role.

Before describing the specifics of UNESCO Brazil's programme, we briefly outline the AIDS policy in Brazil.

#### **The AIDS policy agenda in Brazil**

The Brazilian AIDS policy agenda is one of a number of policies established under the

legal framework of the 1988 constitution. The new Constitution was written with the intention of breaking with the traditional state-centred non-democratic practices of two decades of military rule. The key features of the 're-democratisation' social policy agenda are:

- Promotion of egalitarian access to public services
- Partnerships with civil society organisations and the private sector
- Community and user involvement
- An ethos of decentralisation (to states and municipalities)

In the field of public health, specific features of the new governmental approach include:

- Focus on preventative health
- Health is understood as a holistic concept
- Health services are seen as a formative opportunity for individuals to become full citizens

Consistent with the state reform agenda, a national AIDS programme was defined in the early 1990s on the basis of the following priorities:

- Provision of universal and free access to anti-retroviral treatment for the whole population
- Involvement of NGOs in policy design and delivery
- Development of partnerships with the private sector and the media
- Involvement of communities in the programme cycle, especially vulnerable groups
- Development of programme management capacity at state and municipal level
- Dissemination of knowledge / skills to the public at large eg regarding condom-use
- Articulation of prevention and care practices with a human rights perspective

The Brazilian AIDS programme has been analysed in terms of a basic logic model, which clarifies the assumptions made, the inputs and resources deployed, activities undertaken, the outcomes anticipated and ultimately the impacts in terms of reducing HIV prevalence and improving the quality of life for those living with the virus. This logic model is presented in Figure 1 below.

UNESCO's activities in relation to this logic model are mainly located within the 'activities' strand. These variously concern work with vulnerable groups and NGOs to encourage their participation in HIV/AIDS related measures and ways to strengthen capacity at programme, state, municipality and other institutional levels (eg schools NGOs etc). This is therefore the focus of most of the evaluation activities that have been planned or are underway.

## THE BRAZILIAN AIDS PROGRAMME

BEGINNINGS

### Assumptions

Universal and free access to anti-retroviral drugs is the best approach to an Aids response that is egalitarian.

Success depends on attracting partners to the programme.

Communities and affected individuals must have a say in the conception of the programme.

A national Aids department that is effective must be structured in a decentralised fashion.

Preventative actions must be articulated quickly while the country still is in an early stage of the epidemic

Aids has to do with human rights, gender relations, poverty and the general well-being of people.

PLANNED WORK

### Inputs

A constitution that allows for contemporary approaches to health services.

A network of committed people in civil society organisations and the health sector.

National and international funding availability, and political commitment.

An ongoing health reform process that reviews health workers curricula and care provision practices.

A national response structured in 1994-1998, which allows for elaborating the agenda.

### Activities

Activities that identify vulnerable groups, undermine stigma/discrimination, disseminate information, promote condom use and involve NGOs in programme delivery.

Activities that identify vulnerable groups, undermine stigma/discrimination, disseminate information, promote condom use and involve NGOs in programme delivery.

INTENDED RESULTS

### Outcomes

Vulnerable groups are identified and empowered, information reaches the whole population.

Safe sex practices become more common, NGOs become full actors in the policy.

Key groups are professionalised to deal with the epidemic, local authorities prepared.

Mass media cover the issue responsibly, teachers are prepared to bring the subject to class and pedagogic material is appropriate.

### Impact

HIV-prevalence is reduced

Life quality of those affected directly or indirectly by HIV/Aids is improved.

AIDS policy in Brazil evolved over time: capacity has been increased at various levels, institutions have been created (eg National AIDS Coordination Unit) and others strengthened, new knowledge has been accessed and disseminated, and different actors and networks have been mobilised. The implementation steps taken by the government included raising professional standards of health workers, engaging with NGO personnel, journalists and editors, as well as with school teachers, activists and public servants who are directly involved in programme delivery. It also involved enhancing the capacity of bodies outside the health system, for example the education sector, the military and police departments. Furthermore, incentives for local production of drugs and continuous pharmacological research were put in place to cope with an increasing demand.

Both the health reform agenda and the AIDS programme goals reflect to some extent the basic contemporary principles advocated, at international level, by WHO, the UN General Assembly and the international AIDS networks. This is a consequence of Brazil's active participation at international conferences where it has been exposed to global policy debates. Many of those who nowadays manage social programmes in the country were also trained and educated in the industrialised world during the 1970s and 1980s.

Early in the life of the programme a decision was made by Brazilian HIV/AIDS activists and health worker networks to shape their own distinctive response. Even if key principles were imported from abroad their actual implementation would be very much shaped by context and availability of resources locally. For example, the decision to provide free access to treatment - which underpins the national policy itself - was not approved by the World Bank initially. The fact that Brazil insisted on that approach to investment with considerable success eventually led the Bank to review its AIDS related lending policy.

This illustrates a key aspect of the technical cooperation model that pertains in Brazil and that also shapes UNESCO's contribution. This model diverges from the typical top down 'donor to beneficiary' approach and recognises the ability and need of beneficiaries to define their own goals and strategies if development cooperation is to be successful. Although many institutions have reflected much of this vision in their work lately - including UNAIDS, which systematically promotes the dissemination of best-practice from key developing countries worldwide - this is still by no means common currency in the international development community.

## **The AIDS II programme**

Many policy areas in Brazil resort to international technical co-operation agreements with UN and OAS agencies and programmes as a means of improving design and facilitating implementation, especially where resources come from international financial institutions. This is so in the case of the AIDS programme, which is co-financed, in equal shares, by national Treasury and World Bank resources. The first World Bank loan to Brazil's AIDS policy covered the period 1994 - 1998 and was executed by the Ministry of Health in association with UNDP. For the second loan agreement (also known as AIDS II, 1998 - 2002) UNDCP and UNESCO were brought on board.

The involvement of UNESCO in the AIDS programme follows from the Brazilian Government's decision to prioritise the educational and human rights dimensions of the programme after its initial structuring phase. The shift towards explicating the programme's

goals in terms of creating an environment which is protective of people living with HIV / AIDS, that disseminates the preventative message through education institutions, and that seeks to build broader alliances between public and private partners highlight the consistencies between the policy agenda and UNESCO's mission and mandate.

The PRODOC for the AIDS II programme emphasises these expectations of UNESCO:

'In view of the importance and broad scope of the planned actions within the project, UNESCO's contribution will consist of complementary technical assistance particularly in the areas of training, research and evaluation. The Organisation will furthermore have an effective working liaison role in respect of the aspects of the project concerned with schools. Also UNESCO will collaborate in the identification and selection of Brazilian professionals for the project who once approved will be recruited by UNESCO itself.'<sup>1</sup>

Accompanying this preventative and educational focus within the AIDS II programme has been a move to expand those that are seen to be target communities ie those with high risks in relation to HIV/AIDS. This broader conception includes low income communities, women, young people and indigenous populations. UNESCO's involvement is also made possible because of the organisations credibility with these groups.

The project document for the UNESCO AIDS II project (914BRA-02/98) identifies three main objectives:

Objective 1: Train human resources in prevention strategies; care-related skills and raise awareness in public and private institutions regarding the epidemic.

This places a strong emphasis on teacher training and education, including the use of distance education and the dissemination of research findings

Objective 2: Develop research activities within NAC (National AIDS Coordination Unit) and with other organisations (universities, NGOs and research centres) as a means of improving educational and information material for AIDS prevention and care.

Sub-objectives include the collection of data useful for sex education in schools and providing inputs into school curricula and pedagogic material, and focussing on the needs of vulnerable groups

Objective 3: Support and strengthen the national response through public and private institutions, and social organisations

This includes strengthening decentralised structures at state and municipality level and developing and strengthening the National AIDS Coordination Unit itself.

Given the perceived strengths of UNESCO, there is a distinction to be made between those activities which the organisation delivers and those that it orchestrates and manages on

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<sup>1</sup>AIDS II Programme. Training, research and institutional support within the scope of AIDS II Programme (Cooperation Project between Ministry of Health and UNESCO). First revision July 1999.

behalf of its Brazilian Government counterparts. Following a preliminary mapping of activities undertaken by UNESCO personnel (based partly on time sampling) it becomes possible to distinguish between:

- Activities which the organisation delivers - through its own staff or through retained consultants. These would for example include research and publication (e.g. the national study on AIDS, Sexuality and Violence in Schools) and preparatory work on preventative education.
- Activities which UNESCO facilitates because of its reputation and existing contacts. These would for example include opening doors to the National Council of State Education Secretariats (CONSED) and the Municipal Education Secretariats Union (UNDIME).
- Activities which UNESCO is able to administer (both logistically and financially) because of its skill base and reputation. These would for example include work on community education and human rights.
- Activities which UNESCO's profile is seen as well matched to core tasks even though its role is fundamentally logistical and financial. These would for example include curriculum development and work with ethnic minority and vulnerable groups.

From the initial mapping exercise it is clear that many of UNESCO Brazil's inputs and contributions are indeed well matched to the organisations competencies and the needs of Brazilian government counterparts. However, there are also areas where maximum advantage has not been taken of the opportunities available or where barriers have been encountered that have prevented such opportunities being pursued. Examples of this would include integrating human rights work that UNESCO is involved in with what is foreseen in the project document as a National Human Rights Network (Objective 1.1.6) and developing 'Specific AIDS related contents' into school curricula - largely because of the different ways the Ministry of Health and the Ministry of Education see their priorities. Recognising the importance of taking advantage of opportunities and overcoming barriers has been a key factor in prioritising formative evaluation directed at formalising and strengthening technical cooperation within the Brasilia office of UNESCO.

The nature of UNESCO's involvement with a national AIDS programme is unprecedented for the organisation. At the time the cooperation agreement was signed, UNESCO had little or no experience in the provision of AIDS related cooperation at field level. UNESCO's contribution to the programme have been significantly shaped by its interaction with the many stakeholders involved in the project's operationalisation in Brazil. Indeed it would appear from interviews with Brazilian Government officials that UNESCO's extensive networks and its acceptability to many partner organisations, goes a long way to explaining why it was selected for its technical cooperation role.

#### **4. EVALUATION QUESTIONS AND FRAMEWORKS**

##### **Evaluation questions**

In the evaluation plan prepared in March different types of evaluation questions were identified. These were:

- Summative questions, concerned with the outputs and outcomes of the programme
- Formative questions, concerned with the means by which the activities of the AIDS II

project have been implemented

- Developmental questions with the ways know-how and competence can be strengthened.

The main focus of this report is on summative and formative questions - developmental issues have been addressed in a parallel report concerned with strengthening development cooperation within UNESCO Brazil. The focus is also, as already noted, on activities and measures in which UNESCO has already been involved. (See previous logic model).

In the plan the main summative questions identified were:

- 'How have the programme's activities contributed to the improvement of conditions of 'end users' or implicated citizens?
- What developments in Brazilian government policies and practices have occurred as a result of this programme?
- What new institutional arrangements have been created and how sustainable are they?'

The main formative questions identified were:

- 'What have been the effective strategies for capacity development, institutional strengthening and sustainability?
- Has the involvement of civil society actors and partners of different kinds added value to the programme and how?
- Has UNESCO been able to implement international best-practice and standards in its work?'

The earlier discussion about the AIDS II programme and the policy agenda in Brazil has confirmed the relevance of this type of evaluation question. It is not reasonable to seek to evaluate the direct impacts of UNESCO Brazil on HIV/AIDS in that country, given the large number of partners jointly working in this policy area. The focus of concern needs to be on the kinds of value added questions suggested at the planning stage.

### **The framework of technical cooperation**

Subsequent field work in Brazil and documentary analysis has further clarified the importance of framing this evaluation within the wider context of technical cooperation both as a body of knowledge and practice. In a parallel report submitted to UNESCO Brazil in October 2002, a framework was put forward that covered the main components of technical cooperation in the UNESCO Brazil context. This framework was developed following discussions and joint work with the staff of the UNESCO Brazil office. The main elements of this framework were summarised in a table included in the previous report which is reproduced below:

Core Areas	Conceptual Basis	Exemplary Activities
System Development	Diffusion of innovation and innovation management	Encouraging process and content innovation Increasing uptake Creating multipliers Adapting innovation to new contexts
Knowledge Circulation	Organisational learning, organisational memory and knowledge management	Accessing relevant information Systematising experience and lessons learnt Undertaking research Publication and dissemination
Institutional Strengthening	Organisational design and development	Structuring programmes Strengthening organisations and institutions Building alliances and partnerships
Mobilisation and Participation	Social development and participation theory	Involving civil society groups Advocacy from a value base Developing and linking networks

In relation to each of the components in this framework a series of evaluation implications were identified, each of which was associated with a further set of evaluation questions related to technical cooperation. It is proposed that evaluation questions related to the HIV/AIDS programme are complemented by the evaluation questions that follow from the technical cooperation framework.

The evaluation implications of the framework are summarised in the four tables that follow relating to system development, knowledge management, institutional strengthening and mobilisation and participation.

### SYSTEM DEVELOPMENT: EVALUATION IMPLICATIONS

Evaluation Questions	Criteria / Indicators	Possible Data Sources
Has UNESCO Brazil created and supported networks to disseminate good practice and increase uptake?	<p>Networks established</p> <p>Bringing together 'early adopters' and others</p> <p>Examples of multiplier effects</p>	Activity sampling by project coordinators and documentary reviews.
Has UNESCO Brazil encouraged the transfer of innovation across settings and the creation of multipliers?	<p>Cross setting events (e.g. across municipalities) occur</p> <p>Explicit agenda exists around transfer and learning</p>	Case studies of such events and networks as well as activity sampling
What strategies have been found to be effective?	<p>Judgements of stakeholders and participants</p> <p>Examples of innovation linked to networks and events</p>	Interviews of stakeholders and participants

### KNOWLEDGE MANAGEMENT: EVALUATION IMPLICATIONS

Evaluation Questions	Criteria / Indicators	Possible Data Sources
Has relevant information been accessed at the programme design stage?	<p>Reviews of previous research and stakeholder experience</p> <p>Gathering of new data</p> <p>Consultation with UNESCO resources worldwide</p>	<p>Interviews with project / programme coordinators</p> <p>Interviews with stakeholders</p> <p>Review of PRODOCs</p> <p>Communications with HQ</p>
Is knowledge acquired during programmes and is it systematised?	<p>Research undertaken</p> <p>Databases and knowledge management systems created</p> <p>Concepts and models developed</p>	<p>Examples of research</p> <p>Description of knowledge management systems</p> <p>Interviews with project / programme coordinators</p>
Is knowledge circulated within the Office and more widely?	<p>Newsletters produced</p> <p>Internal discussions across teams</p> <p>External dissemination</p>	<p>Review of dissemination events and material</p> <p>Feedback from HQ and other UNESCO offices / institutes</p>
What strategies have been found to be effective?	<p>Judgements of stakeholders and participants</p> <p>Examples of knowledge circulation</p>	Interviews with stakeholders and participants

## INSTITUTIONAL STRENGTHENING: EVALUATION IMPLICATIONS

Evaluation Questions	Criteria / Indicators	Possible Data Sources
<p>What has been the contribution to the structuring of programmes?</p>	<p>Effectively structured programmes</p> <p>Smooth start up of new programmes</p> <p>Acquisition of relevant skilled personnel / consultants</p>	<p>Judgements of counterparts</p> <p>Interviews with project / programme coordinators</p> <p>Review of documentation</p>
<p>Have institutions, organisations and teams been strengthened?</p>	<p>New capacities and skills</p> <p>New training course</p> <p>Setting up specialist Units or expanding activities of existing units</p>	<p>Case studies of institutional and team strengthening</p> <p>Interviews with participants and staff of partner organisations</p>
<p>Have new alliances and partnerships been created?</p>	<p>Existence of new alliances and partnerships</p>	<p>Interviews with partners and project / programme coordinators</p> <p>Review of documentation</p>
<p>What strategies have been found to be effective</p>	<p>The creation of sustainable alliances</p> <p>Positive judgements of stakeholders and participants</p>	<p>Case studies of what alliances and partnerships have achieved</p>

## MOBILISATION AND PARTICIPATION: EVALUATION IMPLICATIONS

Evaluation Questions	Criteria / Indicators	Possible Data Sources
Is there evidence of value based advocacy consistent with UNESCO / UN mandate?	Insertion of human rights, equal opportunities and social inclusion in programmes and their delivery	Documentary reviews Interviews with stakeholders and project coordinators Press coverage and invitations to conferences
Have Civil Society and marginalised groups been engaged with programme development and delivery?	Active involvement of Civil Society groups Involvement of groups not previously involved in policy process Evidence of beneficiaries from among involved groups.	Case studies of mobilisation of networks and groups Interviews with Civil Society actors Data on programme beneficiaries and their composition
How has the balance between professionalisation and public participation been maintained?	Effective joint working between professionals and community / NGO organisations Emergence of new roles that bridge community and professional networks	Interviews with professionals and community organisations Case studies and documentary reviews
What strategies have been found to be effective?	Positive judgements of stakeholders and participants Positive press coverage Emergence of new policy related Civil Society networks	Interviews with stakeholders and participants Review of press coverage Case studies

It will be noted from the four tables above that a number of different data sources are identified. These include:

- Activity sampling
- Documentary reviews
- Interviews with stakeholders
- Case studies
- Feedback from HQ and other UNESCO offices
- Interviews with partners
- Judgements of counterparts
- Interviews with participants / beneficiaries

Many of the above activities have already been undertaken or initiated. For example, we have already noted extensive discussions with stakeholders, the review of documentation and

activity sampling of the ways staff in UNESCO Brazil office allocate their time. However, this kind of material whilst useful in identifying outcomes and inputs is less suitable as a means of describing activities, processes and strategies and the way 'whole pictures' come together in particular settings. In order to capture strategic and processual aspects, the most appropriate method is case studies. Whilst the evaluation questions, criteria/indicators and possible data sources indicate coverage, the specifics of the AIDS II programme require the selection of case studies that highlight the key attributes of the programme itself. The priorities for case study selection are outlined in the following section.

## 5. PRIORITIES FOR CASE STUDIES

Based on interviews with UNESCO Brazil project coordinators and stakeholders; documentary analysis; and, visits to various 'sites' in Municipal Health Secretariats and other regional settings, we have identified a number of criteria that should inform the selection of case studies. These should variously focus on:

- Vulnerable groups such as young people, ethnic minority communities or those living in rural areas. This follows from the emphasis in the AIDS II programme on such groups.
- Interagency working and partnership development. This follows from the widespread perception that this is a core competence of UNESCO Brazil.
- Institutional strengthening. This follows from the objectives of the AIDS II programme and the general logic of HIV/AIDS policy agenda in Brazil.
- Education both in schools and in the community. This follows from UNESCO's own mandate and profile in the field of education in general as well as within AIDS II.

Against this background the following four settings have been selected as the basis for case studies.

### a. Schools programme in Sao Paulo

The City of Sao Paulo AIDS unit has initiated a project jointly with the education secretariat for the City to promote an innovative programme of education in Sao Paulo's schools. This work is led by a consultant employed by UNESCO with a long standing reputation in community education and HIV/AIDS work. The programme which follows the participatory pedagogy of Paulo Freire uses peer education among students and also involves parents in projects that are designed by parents, teachers and pupils to match the needs of the school. The programme adopts a preventative approach but also addresses needs of those with current health problems - 45 children with AIDS who were previously outside the health system have already been identified through this programme.

### b. Youth involvement

The vulnerability of young people in the context of the AIDS epidemic is widely recognised. Girls and those from poor communities are particularly vulnerable. UNESCO Brazil has initiated a number of measures that relate to the needs of young people. This is partly based on international best practice. For example, a young people's working group has been set up to comment on the national AIDS policy and make practical recommendations to

school teachers and government officials. Various research projects have been initiated around the circumstances of young people in relation to drug abuse and sexual behaviour. The UN Foundation recently commissioned UNESCO's offices in Brasilia and Maputo to develop linkages between Brazil and Mozambique in relation to young people and HIV/AIDS.

#### c. Partnership development

As previously noted, UNESCO Brazil is seen to be well connected to host of networks which can form the basis of new partnerships and coalitions to be mobilised within the context of HIV/AIDS policy. Such networks include academic networks that can mobilise university research resources; parliamentary networks within the Brazilian congress which has led to the creation of a parliamentary lead for AIDS; and, networks among international agencies in Brazil, in particular the UNAIDS Theme Group, which also includes civil society and government representation. The national AIDS agenda in Brazil emphasises the importance of partnership development given the multidimensional nature of the AIDS epidemic and the coordinated holistic, multi-agency response that is therefore required.

#### d. Institutional strengthening

Given constitutional and administrative constraints, the creation of new institutions and public agencies is often problematic within Brazil. In this context, the National AIDS Coordination Unit, which has been initiated under the terms of UNESCO's technical cooperation agreement constitutes a major innovation within the Brazilian public sector. Although located within the Ministry of Health, it has also involved the recruitment of new staff and the creation of decentralised units at state and sometimes municipal level. There has also been close working across a number of ministries. Its mode of operation has included network building and sub-contracting work to a variety of other agencies and academic bodies.

It is important to note that none of the above case studies are without their problems. Thus, the maintenance of youth involvement given the nature of youth networks and organisations has been difficult; the functioning of the UNAIDS Theme Group has faced a number of challenges; and the National AIDS Coordination unit recognises the difficulties it faces in such areas as the evaluation of AIDS policy and the tension between improving professional standards and community participation. However, the above case studies would also capture some of the distinctive features of the Brazilian policy agenda towards HIV/AIDS as well as UNESCO's contribution to this agenda.

In order to implement this set of case studies, a procedure needs to be outlined which includes, *inter alia*

- The negotiation of access to proposed field sites
- The specification of case studies and the required outputs
- The recruitment of consultants / researchers
- Budgeting and logistics
- Reporting and coordination

This procedure is further elaborated in an accompanying working note.

## 6. EARLY LESSONS AND INDICATIONS

There are already some indications of the kinds of answers that this evaluation is likely to conclude on the basis of work undertaken so far. For example:

- UNESCO is seen as having a positive role in the decentralisation process in relation to states and municipalities. It has provided planning and logistical help to the creation of state and municipal AIDS units and has supplementary agreements with the state of Sao Paulo and municipal governments of both Sao Paulo and Rio de Janeiro, building on the experience of AIDS II at a federal level.
- The centrality of extending the notion of target groups within the current Brazilian policy agenda has already been noted. Research studies undertaken by UNESCO and work with young people and minority ethnic communities are recognised by many stakeholders we interviewed as an important contribution to this agenda.
- Brazilian government policies and practices in the HIV/AIDS area have been constantly developing since the AIDS II project was launched. UNESCO is seen as a significant partner in this policy development process through engaging in policy dialogues with national networks in the media and in Congress.
- UNESCO has contributed to the adoption of international best practice by the way it has disseminated ideas, facilitated international contacts and published in Portuguese material not previously available in Brazil. For example, publication of the UNAIDS Handbook for Legislators on Human Rights, Law and HIV/AIDS in Portuguese by UNESCO opened up opportunities for training and awareness raising in various states and municipalities.
- Institutionalisation of innovation within the Brazilian public sector has been facilitated by the way consultants have been recruited, programmes structured and new organisational forms have been supported. Whilst there have been fears that this might lead to dependency within the Brazilian public sector on UNESCO (and other UN agencies) there is evidence that teams and organisations set up initially on a consultancy basis are being incorporated into the government structure. Thus, new laws are now being proposed at a municipal level that will allow the employment of categories of staff not previously eligible; and, it is likely that the National AIDS Coordination Unit will be incorporated into the Ministry of Health in the near future.

We have also begun to identify some of the main strategies that have been adopted including:

Programme structuring which involves working with public agencies to help them plan and establish new programmes.

Developing consensus and participation from civil society actors which involves drawing on UNESCO's extensive networks and the general reputation of the organisation in Brazil.

Research and publications which involves opening up new issues such as the links between

violence, drugs and HIV/AIDS by research studies which are then used to raise public and policy makers awareness of the need for new activities.

Advocating human rights which involves inserting the human rights agenda into practical activities (such as organising workshops) as well as policy discussions initiated in particular by the director of the Brasilia office.

Creating multiplier effects which involves creating new networks or mobilising existing networks and relationships, for example with the National Council for State Education Secretariats (CONSED) and the Municipal Education Secretariats Union (UNDIME)

These are particular examples that fit well within the model of technical cooperation outlined above ie they are forms of:

- System development
- Knowledge circulation
- Institutional strengthening and
- Mobilisation and participation

HIV/AIDS policy in Brazil and consequently the AIDS II project is dynamic and evolving. A similar evolutionary dynamic can be observed in the activities of UNESCO. For example, in the early stages of the programme there was more structuring activities depending mainly on logistical and planning competencies. Once activities are up and running however, there is a greater tendency to draw on professional and domain knowledge for example about curriculum development or the problems faced by women sex workers. At this point in time, as the programme has matured, there is an increasing emphasis on institutional activities which involve diffusing innovation and providing feedback on existing good practice. This cycle is repeated each time a new sub-activity is initiated. In order to understand why different inputs from UNESCO are more or less prominent in different parts of the AIDS II programme it is important to bear in mind this 'life-cycle' perspective.

Work undertaken to date has also highlighted weaknesses and limitations in what UNESCO Brazil has been able to achieve. As was noted in previous reports<sup>2</sup> the rapid growth of the Brasilia office has strained its planning, coordination and evaluation capacities. More recent work examining the way the Brasilia office undertakes technical cooperation suggests that there are also growing pains in day to day work. For example, the formative evaluation strand of this work has identified:

- The opportunities to take a more proactive stance in pursuing technical and professional areas of work that are not always taken up.
- Whilst there are many examples of effective policy dialogue between UNESCO and Brazilian government counterparts this does not appear to be systematically taking place at the right level to ensure that UNESCO's experience is routinely communicated.
- The need to draw more consistently on UNESCO's core competencies from across

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<sup>2</sup>UNESCO BRAZIL Evaluation Report on the Activities of the Brasilia Office (Phase 1) September 2001

different programme areas - for example in relation to open learning and the evaluation of curricula.

- The considerable demand that exists for evaluation expertise which UNESCO has not sufficiently developed within its office in Brazil.

## **7. NEXT STEPS**

A number of activities are now required to implement the design outlined in this report:

- First, the case studies outlined above need to be contracted. Potential contractors have been identified however, in order to ensure that the best potential contractors are appointed this work will be advertised through relevant evaluation networks in Brazil. It is expected that each case study will require not more than two calendar months from contracting to report production. The case studies will be pursued in parallel. The full procedure for undertaking these case studies is outlined in an accompanying working note.
- Second, complementary activities identified in the frameworks presented in this report (activity sampling, documentary reviews, interviews with partners and stakeholders etc) need to be completed. This partly requires the further analysis of material already collected. However, it also requires gathering of additional information. This will be partly undertaken during the next planned consultant's visit to Brazil, that will probably take place in February 2003. It will also be important to receive further inputs from UNESCO's headquarters and in particular from the Intersectorial AIDS Committee and IOS.
- Third, the range of material available through case studies and other activities needs to be synthesised and written up in a form that will be easy to communicate and relevant to a number of different stakeholders. These would include, inter alia, UNESCO headquarters and regional offices, practitioners in Brazil and in other countries, educationalists who would wish to draw on this material for training and awareness raising purposes.

## **1.3 A FORMATIVE AND EVALUATIVE FRAMEWORK**

Technical Cooperation in UNESCO Brazil

**Mid Term Report**

**prepared by  
Elliot Stern, Tavistock Institute**

October 2002

## **1. INTRODUCTION**

This report has been prepared following a visit to Brazil in June 2002 and the further analysis in London of material gathered at that time. It is one of a number of reports being prepared as part of the contract with UNESCO Brazil to undertake and support evaluation activities and help develop evaluation capacity in the Brasilia office of UNESCO. This report is mainly concerned with technical cooperation in both conceptual and practical terms. A second report is an inception report for the AIDS II project and a further brief report / note is also being prepared in relation to Profae and Basic Care.

Technical cooperation is at the heart of UNESCO's activities in Brazil. In order to evaluate these activities it was therefore necessary to be clear about the nature of technical cooperation. On these foundations, key questions and criteria can be identified. Thus, the contents of this report first of all provides a framework to be used in the evaluation of all technical cooperation projects, undertaken in the Brasilia office, although the initial application will be to the three health related projects: AIDS II, Profae and Basic Care.

A second purpose for this report is formative. A key part of the current programme of work in Brazil is to use evaluation in order to develop and strengthen capacities within the Brasilia Office. These capacities are partly in terms of evaluation (ie to offer evaluation support to UNESCO's partners), but are also intended to consolidate and further strengthen technical cooperation as a core competence of UNESCO in Brazil.

This report brings together models, concepts and strategies that have been developed interactively through discussions, workshops and field visits, mainly involving UNESCO programme coordinators but also counterparts. For example, in addition to individual interviews a workshop took place with project and programme coordinators, visits were made to officials and pilot sites in Sao Paulo, Salvador and San Felis (Bahia) and a workshop for Ministry of Health officials also provided useful material.

The report begins by discussing an overall framework for understanding technical cooperation in the Brazilian context. It then pays particular attention to:

- skills and expertise; and,
- work practices and organisation

required to deliver within such a framework. The framework both feeds into the evaluation agenda and by providing a clear 'map' of the formative / developmental agenda. Concerns for skills, expertise, work practice and organisation are more firmly rooted the developmental and formative purpose of this report.

## **2. A FRAMEWORK OF TECHNICAL COOPERATION**

### **2.1 Why a new framework is needed**

Given the centrality of technical cooperation to the kind of work undertaken by UNESCO but also by many other UN, multilateral and bilateral agencies, the initial intention was to draw on existing models and frameworks. In the event, we have not been able to identify generic,

conceptually based frameworks of technical cooperation in general currency. There is of course an extensive literature on International Development which carries within it notions of technical assistance and technical cooperation. Looking at this literature historically highlights the shifts that have occurred over the last 50 years or so in development thinking. This has, for example, evolved from donor led aid, to beneficiary led programmes; and, from a focus on technology transfer and infrastructure development towards an emphasis on governance and the active involvement of Civil Society and governments. OECD's Development Assistance Committee (DAC) already emphasised equity along with efficiency in its 1991 Principles for New Orientations in Technical Cooperation. World bank and other major multilateral donors have shifted still further in recent years towards the rhetoric of 'bottom up development' and 'helping people to help themselves'.

One of the problems in deriving an appropriate framework from existing literatures is that most fail to distinguish between different development contexts. Brazil falls clearly into the 'self benefiting' category of intermediate, if unevenly developed countries. In these countries, the specifics of what bottom up beneficiary led development means does not appear to have been well articulated. In this and in previous phases of this evaluation dominant assumptions about the priorities and mandate of donors (including UNESCO) have clashed with the realities encountered in Brazil. A government with its own strategy, a relatively well developed economy, a highly educated professional elite, that funds many of its own programmes does not match the traditional top down development assistance stereotype. It is likely that the Brazilian situation will become less 'atypical' in future. For this reason a model or framework of technical cooperation relevant to Brazil may have greater relevance to more countries over time.

In the absence of an 'off-the-shelf' model or framework, the more painstaking approach was adopted, of elaborating a specific model based on UNESCO's experience in Brazil. Following a series of discussions and workshops the framework that was developed whilst derived from UNESCO practice, appears also to have resonance with taken for granted assumptions in other agencies and countries. This framework is outlined in the main body of this report.

## **2.2 The development of the 'technical cooperation framework'**

Before elaborating on this framework, it is important to emphasise that it was developed in part through a critical process of analysing the activities of UNESCO personnel. This took place through workshops and individual interviews. The content of the framework was discussed in broad terms in the course of a feedback meeting and was validated in this way. This process although participative, confronted existing practice with difficult questions and often-expressed criticisms. The development of the framework and the identification of the expertise and skills required followed from these discussions. It is not possible to fully reproduce or do justice to these discussions in this report. However, some brief examples of questions asked and the consequences of the answers given and the discussions that followed for the development of the content of this report are reproduced below. For example staff were asked:

- What is the technical component of technical cooperation - is it all about logistics, contract making, administration and financial management rather than technical or professional expertise?

This is a familiar criticism of technical cooperation agreements in Brazil. Discussions on this topic highlighted the opportunities that existed to ensure that there was a technical component within technical cooperation activities. However this required a clear framework that would allow UNESCO's project and programme coordinators to identify opportunities to increase the technical and professional element. In addition, expertise and skills issues were identified, for example the importance of sometimes taking a proactive as well as a reactive stance in relation to counterparts.

- To what extent do the activities that take place deploy the professional expertise and know how of programme and project coordinators?

This raised the interesting question as to what was the body of professional expertise that programme and project coordinators deployed as part of their technical cooperation roles. First, it became clear that expertise might be at different levels. For example, the core expertise of many coordinators in the Brasilia office concerns education and learning. At the same time, they have often had a background in specific domains, such as health, environment, education and culture. Whilst these areas of expertise are well understood, discussions with programme and project coordinators highlighted a further level of process knowledge and skills critical to many aspects of technical cooperation. It is for this reason that in this report we highlight some of these necessary bodies of expertise and skills that are distinctly related to technical cooperation work.

- How far do the staff of the Brasilia office simply respond to the demands of their Brazilian Government counterparts and how far are they able to interact and take initiatives?

As already noted, there are many opportunities to take initiatives, to insert into everyday logistical and administrative tasks more professional and technical content. This is partly a question of having a map or a framework, but also implies a work process that builds in opportunities for the clear communication of UNESCO's expertise, for review meetings etc. It is for this reason that this report also identifies aspects of work processes including communication as well as frameworks and levels of expertise.

- How far are the activities that take place in Brazil unique and non-transferable or are there lessons and experiences that can be transferred to other settings?

It was widely acknowledged that experience and activities in Brazil, and lessons learned, did have a wider relevance. There have been many examples of enquiries from elsewhere in Latin America and in Portuguese speaking Africa. Reports have been translated and exchange visits have taken place. However, it was clear that there was little systematic understanding of what made Brazilian experience transferable to other countries and settings. Whilst this is not a topic taken further in this report, it has informed the design of evaluation activities. For example, identifying aspects of context that may determine transferability will be incorporated into the design of evaluation case studies.

- How does work in Brazil contribute to the knowledge base of UNESCO as an organisation?

Staff in the Brasilia office were sensitive to questions about their contribution to UNESCO. In some areas of work, experience in Brazil is unparalleled in any other office of UNESCO worldwide. There are of course limits to how far the Brasilia office on its own can contribute to a UNESCO wide knowledge management activity. Within these limits, the emphasis in the framework outlined in this paper on knowledge circulation and knowledge management has been shaped by these concerns. More broadly, the entire design of evaluation questions and studies - in relation to AIDS II and to Profae and Basic Care - is intended to produce material that could be disseminated and used by UNESCO as a whole.

### 2.3 The main elements of a technical cooperation framework

The table below lists a number of core areas, which appear to be essential components of technical cooperation. These were derived partly from the iterative process described above and were also informed by interviews with other stakeholders and reviews of PRODOCs for the three health projects that are covered by this assignment. It then goes on to identify some possible conceptual bases for these activities, ie bodies of theory and practice which have been systematised and which may help understand and implement these activities. Finally lists a number of exemplary activities under each core area.

Core Areas	Conceptual Basis	Exemplary Activities
System Development	Diffusion of innovation and innovation management	Encouraging process and content innovation Increasing uptake Creating multipliers Adapting innovation to new contexts
Knowledge Circulation	Organisational learning, organisational memory and knowledge management	Accessing relevant information Systematising experience and lessons learnt Undertaking research Publication and dissemination
Institutional Strengthening	Organisational design and development	Structuring programmes Strengthening organisations and institutions Building alliances and partnerships
Mobilisation and Participation	Social development and participation theory	Involving civil society groups Advocacy from a value base Developing and linking networks

This is an evolving framework of technical cooperation within the UNESCO office of Brazil. As part of subsequent work, the framework will be further developed. At this point, each of the main areas is briefly discussed, in order to set the scene for subsequent work. Following each area, evaluation questions; evaluation criteria and indicators; and, possible data

sources are identified in a tabular form. These tables form the basis of the specification of further evaluation work that is being undertaken or planned in relation to AIDS II, Profae and Basic Care.

### System development

The main health programmes which have been included in this exercise so far are very much concerned with changing systems. None of these programmes are isolated innovations being introduced only on a pilot basis. These are national programmes, intended to introduce new standards of public service available to all Brazilian citizens. However, within a decentralised federal structure, system development inevitably involves uneven progress among relatively disconnected actors. For this reason project coordinators are variously concerned to link individual instances of innovation into wider networks. Specific activities related to this aspect of technical cooperation might include, the organisation of seminars to disseminate good practice, awareness raising events intended to recruit new partners at a state or municipal level, scanning a broad range of activities in order to identify successful exemplars and slow adopters, developing networks of innovation and good practice, encouraging the more rapid uptake of innovations and trying to build multiplier effects on the basis of isolated innovation success.

As the table notes, there is a substantial literature on the diffusion of innovation, which discusses these kinds of system development practices. It is not necessary to be an expert in this particular literature in order to undertake the activities described. Suffice it to say that the practice of project and programme coordinators and the tacit knowledge that they display is consistent with much of what is known about how to promote and diffuse innovation in large scale systems.

#### SYSTEM DEVELOPMENT: EVALUATION IMPLICATIONS

Evaluation Questions	Criteria / Indicators	Possible Data Sources
Has UNESCO Brazil created and supported networks to disseminate good practice and increase uptake?	<p>Networks established</p> <p>Bringing together 'early adopters' and others</p> <p>Examples of multiplier effects</p>	Requires activity sampling by project coordinators and documentary reviews. eg to identify those attending events
Has UNESCO Brazil encouraged the transfer of innovation across settings and the creation of multipliers?	<p>Cross setting events (e.g. across municipalities) occur</p> <p>Explicit agenda exists around transfer and learning</p>	Specific case studies of such events and networks as well as activity sampling
What strategies have been found to be effective?	<p>Positive judgements of stakeholders and participants</p> <p>Examples of innovation linked to networks and events</p>	Interviews of stakeholders and participants

## Knowledge management

As in any professional and knowledge intensive organisation, the way knowledge is managed and circulated is an essential part of UNESCO's repertoire. At the beginning of the programme cycle, for example when contributing to the preparation of a new PRODOC, the need is to access relevant information rapidly. Such information will often be available within UNESCO itself insofar as the organisation tends to work in relatively coherent areas over prolonged periods of time. These areas may constitute domains, such as health, education, environment and social development or they may constitute common areas of work such as working with NGOs, decentralising public administrations and mobilising legislators or the press. Once the programme has begun and throughout the programme cycle, large volumes of information are generated and need to be systematised. This can include writing up the proceedings of workshops, summarising press reports and quite commonly in UNESCO Brazil, undertaking research. Often, this information will also have to be disseminated both to programme actors and to wider interested audiences. At a later stage in the programme cycle, the dissemination and publication of results becomes even more salient.

A great deal of emphasis is placed nowadays on knowledge management. It is recognised that the way organisations handle information and learn can be critical to their success. Indeed knowledge management and organisational learning are important areas of theoretical development in management and organisational studies. UNESCO, like many other organisations, faces many of the typical problems of how to access and share what it knows and how to make what it knows available to others in appropriate ways.

### KNOWLEDGE MANAGEMENT: EVALUATION IMPLICATIONS

Evaluation Questions	Criteria / Indicators	Possible Data Sources
Has relevant information been accessed at the programme design stage?	Reviews of previous research and stakeholder experience Gathering of new data Consultation with UNESCO resources worldwide	Interviews with project / programme coordinators Interviews with stakeholders Review of PRODOCs Communications with HQ
Is knowledge acquired during programmes and is it systematised?	Research undertaken Databases and knowledge management systems created Concepts and models developed	Examples of research Description of knowledge management systems Interviews with project / programme coordinators
Is knowledge circulated within the Office and more widely?	Newsletters produced Internal discussions across teams External dissemination	Review of dissemination events and material Feedback from HQ and other UNESCO offices / institutes
What strategies have been found to be effective?	Judgements of stakeholders and participants Examples of knowledge circulation	Interviews with stakeholders and participants

## Institutional strengthening

Setting up new programmes at a national level, nearly always requires strengthening the institutional framework and the related organisational means of implementation. The programme itself constitutes a new institution. Usually, the team that is responsible for managing a programme brings together existing and new expertise from within the Brazilian Government and from outside - from universities, from the private sector and from independent consultants and experts. Structuring the programme in its early stages involves assembling this team. Consultants on the UNESCO payroll will often become key players in programme management and implementation. Some of these will be public officials who are prevented by current legislation from being employed in the first instance by Ministries. However, other consultants will be domain experts in some aspect of education or health previously employed in the private sector or working outside Brazil. It is often these consultants who are attracted to the programme because of the opportunity to be associated with UNESCO and who come from professional traditions associated with UNESCO's patrimony. Within the federal constitution of Brazil, many other institutions and tiers of government are also implicated in programme and policy implementation. Technical cooperation therefore also involves working with State Secretariats, municipal authorities, colleges, universities, hospitals and a host of other organisations. In the case of UNESCO links with these many organisations will usually be through the federally funded technical cooperation agreement. However, in some cases the office also has specific agreements with individual states or municipalities, which also bring them into contact with programme actors at a grassroots level.

Conceptual and theoretical areas relevant to this aspect of technical cooperation would be broadly encompassed by organisational design and organisational development.

### INSTITUTIONAL STRENGTHENING: EVALUATION IMPLICATIONS

Evaluation Questions	Criteria / Indicators	Possible Data Sources
What has been the contribution to the structuring of programmes?	Effectively structured programmes Smooth start up of new programmes Acquisition of relevant skilled personnel / consultants	Judgements of counterparts Interviews with project / programme coordinators Review of documentation
Have institutions, organisations and teams been strengthened?	New capacities and skills New training course Setting up specialist Units or expanding activities of existing units	Case studies of institutional and team strengthening Interviews with participants and staff of partner organisations
Have new alliances and partnerships been created?	Existence of new alliances and partnerships	Interviews with partners and project / programme coordinators Review of documentation
What strategies have been found to be effective	The creation of sustainable alliances Positive judgements of stakeholders and participants	Case studies of what alliances and partnerships have achieved

## Mobilisation and participation

The Brazilian constitution and plans of recent administrations place great emphasis on the involvement of civil society broadly conceived in the introduction of new public services. This is part of a conception of society that is inclusive and seeks to build solidarity across different social groups, ethnic communities and regions. For example, all the health programmes appear to strike a delicate balance between strengthening professional standards on the one hand and actively encouraging participation by local communities and groups on the other. Civil society carries with it strong value orientation not only of inclusivity but also of human rights and of certain ethical standards in relation to social care and public administration more generally. It is in this context that UNESCO is seen as an important partner by many ministries and agencies of the Brazilian Federal Government and by states and municipalities. The basis of the relationship is around values such as human rights and non-discrimination, however, in practical terms it is also about social development, broadly conceived. UNESCO staff are able to demonstrate considerable knowledge of how to encourage participation and social development. The organisation is also recognised as having extensive networks that span established NGOs, informal community organisations, the residences of favelas, youth groups including those that represent street children, as well as professional administrators and members of congress. Being able to link in with these networks and open them up to programme managers and those introducing new public services is seen as a distinctive strength.

### MOBILISATION AND PARTICIPATION: EVALUATION IMPLICATIONS

Evaluation Questions	Criteria / Indicators	Possible Data Sources
Is there evidence of value based advocacy consistent with UNESCO / UN mandate?	Insertion of human rights, equal opportunities and social inclusion in programmes and their delivery	Documentary reviews Interviews with stakeholders and project coordinators Press coverage and invitations to conferences
Have Civil Society and marginalised groups been engaged with programme development and delivery?	Active involvement of Civil Society groups Involvement of groups not previously involved in policy process Evidence of beneficiaries from among involved groups.	Case studies of mobilisation of networks and groups Interviews with Civil Society actors Data on programme beneficiaries and their composition
How has the balance between professionalisation and public participation been maintained?	Effective joint working between professionals and community / NGO organisations Emergence of new roles that bridge community and professional networks	Interviews with professionals and community organisations Case studies and documentary reviews
What strategies have been found to be effective?	Positive judgements of stakeholders and participants Positive press coverage Emergence of new policy related Civil Society networks	Interviews with stakeholders and participants Review of press coverage Case studies

Many of these ideas of mobilisation and participation are well established within development theory. In particular, literatures on social development, participative education - following Paulo Fereire - and empowerment are well disseminated within Brazil and have obviously informed thinking and practice of technical cooperation in UNESCO.

### **3. WHAT IS NEEDED TO DELIVER TECHNICAL COOPERATION?**

A model or framework on its own does not guarantee implementation or delivery. For the framework outlined above to be delivered it needs to be integrated into the skills and expertise of key personnel and into the work practices of the organisation responsible for delivery. In this section of the report, these pre-requisites for the delivery of technical cooperation are discussed.

#### **3.1 Required expertise and skills**

Staff employed within the UNESCO office in Brazil are usually expected to have expertise at at least two levels, that is:

- Domain expertise in relation to their projects and programmes - for example, AIDS/HIV interventions, the setting up of primary health care systems or for that matter, environmental or cultural programmes
- Education and pedagogic expertise including informal learning and social and community learning as well as more formal schooling.

It is clear on the basis of interviews and observations in the UNESCO office in Brasilia that UNESCO personnel also have further expertise related to the framework of technical cooperation described above. As with the framework itself, this expertise has not been systematised and often constitutes what is sometimes called 'tacit' knowledge, ie staff have acquired a wealth of knowledge without being fully aware of how much they know. Following the framework outlined in the previous section of this report, these areas of knowledge can be elaborated. For example they include understandings of:

- Innovation management
- Knowledge management
- Organisational design and programme design
- Mobilisation and advocacy

In order to support and deliver technical cooperation, these understandings need to be made more explicit. For example, they need to be recognised both in terms of recruitment criteria and staff development and training needs. Whilst this is not the main focus of this report, this has been a core element in the formative / developmental work undertaken with project and programme coordinators during visits to Brazil in February and June of this year. It has been suggested to senior management in the Brasilia office that this need to further strengthen these bodies of knowledge among their staff.

In addition to expertise (ie what people know) there are sets of skills and competencies (ie know how) that are essential in technical cooperation work. For example, among the evident set of skills and competencies among the staff of UNESCO Brazil the following stand out:

- Networking
- Interagency working
- Negotiation
- Communication and public relations
- Facilitation
- Reviewing and reflecting on progress
- Plan making

These kinds of skills are also not fully recognised, having been acquired informally and lacking a clear framework that gives them legitimacy. Developing a technical cooperation framework should make it possible to invest further in these necessary skills.

In addition, a high value is attached to cross domain working within the Brasilia office. For example experience gained in one health project is seen as relevant in another and experience gained social development programmes are seen as relevant to health programmes. This aspiration, which is not consistently achieved, requires the ability to transfer ideas and procedures across contexts. These kinds of skills, sometimes described as transferability or transferable learning require conceptual as well as practical abilities. When made explicit, similarities can be more easily transferred and applied. At present transfer skills are also insufficiently value within the Brasilia office.

A key justification for the formative and developmental work that has been initiated with UNESCO Brazil is to make explicit, recognise and invest in skills and competencies such as those above.

### **3.2 Work practices and organisation**

Expertise skills and competencies need to be built into work practices. Field work conducted in February and June suggested that work practices in UNESCO Brazil at present do not systematically reflect the requirements of technical cooperation. There are of course many instances where work practices are consistent with the kind of framework outlined above but this is not always so. Among the work practices that occur that need to be made more systematic, the following have been highlighted:

Policy dialogue: There need to be more opportunities created for lessons learned and for new ideas to be introduced to partners and counterparts.

Review meetings: These need to occur systematically around contract re-negotiation and at regular intervals.

Cross programme exchange: There need to be regular opportunities for UNESCO staff to reflect on what they are doing and to exchange ideas and experience with colleagues from different programmes.

Identifying common themes: There are many common themes in different programme settings, including for example, decentralisation, project evaluation, the use of open learning methods, which could become the basis for identifying good practice.

Drawing on international UNESCO experience: Although communications with headquarters has begun to improve it is unclear whether the full range of UNESCO expertise is accessed especially when new programmes are being planned.

Communication to partners and counterparts: There needs to be a more consistent communication of the technical cooperation priorities of the Brasilia office to partners and counterparts. A standard script that highlights available know how and expertise as well as the technical cooperation priorities would help support such communication.

Dissemination of good practice: The very extensive body of experience accumulated through technical cooperation activities are not routinely disseminated and made accessible to UNESCO as a whole.

Incorporation into personnel and human resource processes: The various bodies of expertise, skills and competencies identified through formative evaluation activities and described in this report need to be built into job descriptions, contracts, staff reviews, training and development activities and supervisory practice.

Work practices are not the same at different stages of the programme cycle. The same applies to the kinds of expertise and skills that need to be deployed. It is clear for example from interviews and observations that the work of technical cooperation is quite different in different programmes depending on their stage of development. The main stages appear to be:

- Programme design
- Resourcing / Recruitment
- Start-up and launch
- Support and institutionalisation
- Handover and exit

For example, logistical and contractual activities predominate at the early stage of programme design and resourcing, whereas the kinds of knowledge management activities required towards the end of a programme cycle are quite different from those relevant when the programme is launched.

#### **4. Conclusions**

This report constitutes the main report following the second mission to Brazil under the current contract.

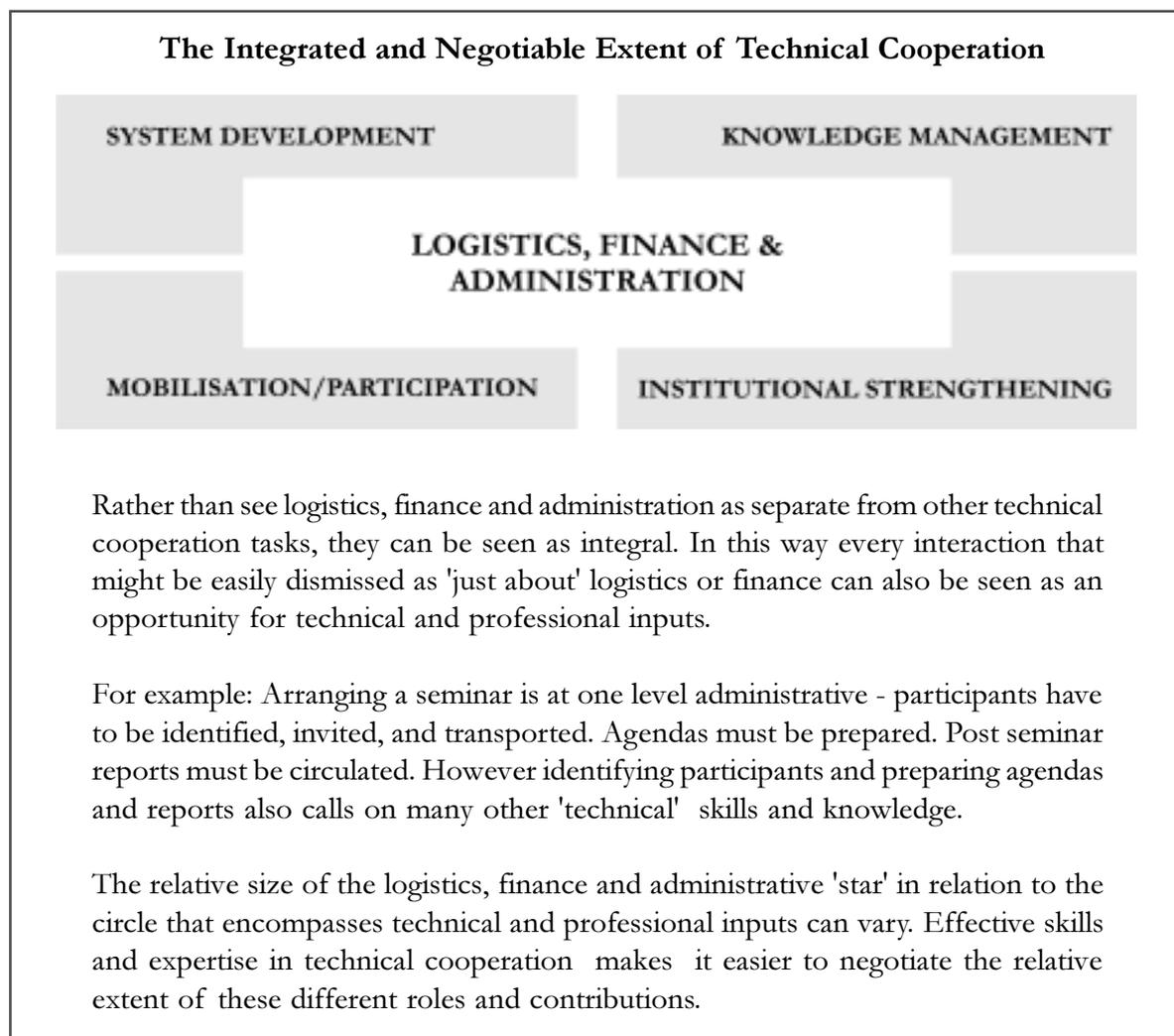
It supplements other material on the implementation of the results fo formative evaluation; and workshop inputs already circulated. It also provides a foundation for further specific evaluation activities regarding AIDS II, Profae and Basic Care. In particular the evaluation questions, criteria / indicators and data sources identified will be used across all these evaluations.

It is now possible to revisit the key question raised at the beginning of this report:

What is the technical component of technical cooperation - is it all about logistics, contract making, administration and financial management rather than technical and professional expertise?

The logic of the analysis and framework presented here is that the relative balance between logistics, finance and administration and other technical and professional inputs is not fixed.

Given the integrated nature of logistical, financial and administrative tasks into a much more complex pattern of work, they open up opportunities for the kinds of technical cooperation inputs such as systems development, knowledge management, institutional strengthening and mobilisation / participation that this report has identified. It is because logistics and the like are integrated that the opportunities exist for negotiation and for extending the technical dimension. This is represented in the attached figure (The Integrated and Negotiable Extent of Technical Cooperation).



Finally, this report has underlined one of the main conclusions reached in the course of the previous mission to Brazil (February 2002). It is difficult to separate out evaluative activities from formative / developmental activities. This is because the stance adopted in this assignment is one that regards evaluation as essentially developmental. It must therefore inform practice highlighting issues that management and all implicated staff need to implement if the benefits of the evaluation are to be realised.

## **1.4 OUTLINE PROJECT REPORT PROCEDURE**

Technical Cooperation in UNESCO Brazil

**Mid Term Report**

**prepared by  
Elliot Stern, Tavistock Institute**

October 2002

## INTRODUCTION

The purpose of this procedure is to pilot (i.e. test the feasibility) of a 6 monthly and annual reporting procedure on UNESCO projects. The proposed procedure has been developed in relation to work with health projects, in particular PROF AE and BASIC CARE, as well as the work on AIDS II. Completing this pilot process has two purposes. First, it will help refine the reporting procedure but second, it will provide specific information that is needed to complete a report on PROF AE and BASIC CARE under the terms of the current consultants agreement on evaluation with UNESCO Brazil.

The report procedure builds on the underlying concepts and structure of the framework for technical cooperation. It uses the same categories but embeds them in particular questions.

The intention of this pilot exercise is to apply the project report procedure in a structured way to the two projects PROF AE and BASIC CARE only at this time. The hope is that a report procedure along these lines, but modified in the light of experience, could be useful for all projects and not only for health projects. The expectation is that such a procedure will offer an opportunity for project coordinators and the coordinator of programmes to review each project; to plan necessary improvements and redirections over the next 6 months; and to internalise the technical cooperation framework in relation to each project.

### Specific procedure

- The specific procedure already discussed with colleagues in the office in Brasilia is as follows:
- This document, which includes a set of questions that need to be addressed in relation to PROF AE and BASIC CARE, should be circulated to the project coordinators concerned, to the Research and Evaluation Coordinator and to the Coordinator of Programmes.
- A two hour brainstorming session should be arranged for the above named to go through the questions outlined below, not so much in order to provide answers there and then but to clarify what lies behind the questions and what might need to be done to find the answers.
- The project coordinators concerned should then set aside up to two days before the end of July 2003 to write up a report on PROF AE and BASIC CARE respectively. This report is likely to be between 10 and 12 pages in length and will include both factual information and explanatory notes.
- The report should be sent to me in London at the beginning of August and should also be discussed within the office at a session that brings together those that attended the initial brainstorming session. The purpose of this discussion in the Brasilia office is to review the process and make suggestions for how the current set of questions might be modified and improved.

### Specific Questions for Project Review Reporting

The following sets of questions are in two parts. Questions 1 to 5 are specific to the project being reviewed and questions 6 to 8 are more general and might apply also to other projects you are involved in.

## 1. LOGISTICS AND TECHNICAL WORK

- What proportion of your time, and that of your team, has been spent on logistical and administrative tasks on the one hand and on technical and professional tasks on the other over the last 6 months? How does this compare with the previous 6 months? If there has been a change, what is the explanation?
- Please provide a list of activities that fall under the professional or technical category - such as seminars, publications, research, international visitors, awards - that you have been engaged in over the last 6 months.
- Do you think your activities over the last 6 months have been mainly responsive or mainly proactive? Indicate the percentage of time for each (e.g. 70% responsive and 30% proactive). Has this changed when compared to the previous 6 months?
- Please summarise your answers in the following table by putting an X in the box that is closest to describing your situation over the last 6 months:

	More Technical & Professional	Same amount of Technical & Professional	Less Technical & Professional
Mainly Responsive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
More Proactive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mainly Proactive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## 2. PARTNERSHIPS, ALLIANCES AND NETWORKS

- Please provide examples of how your work in the last 6 months has involved partnership, network building etc (e.g. making connections with NGO's, academic, municipal, business, media and parliamentary networks etc).
- Are these examples concentrated with some particular sectors, topic groups more than others? If so, why: because these are easier to work with, because of established networks or because of personal interest, because of UNESCO priorities and mandate?
- What have these types of network and partnership activities allowed you to do that would not otherwise be possible for you to do?

## 3. INTER-PROJECT LINKS

- Are there any examples of links that have been made in the last 6 months between Health projects and projects in other sectors: e.g. Education, Culture, Communications etc?
- Are there examples where such links (between projects in Health and between sectors) or sectors would have been useful but were not implemented - and why did this not happen?
- Do you think communication and mutual learning between all the projects in the Health sector has improved, stayed the same or got worse in the last 6 months?
- What do you think could be done to improve contact, mutual learning and communication

between the Health projects? Do you think this is at all needed, or is it better to concentrate on your own projects?

#### **4. INSTITUTIONAL DIMENSIONS**

- How have your activities in the last 6 months contributed to decentralisation, capacity development and institutional strengthening, in relation to the project being reviewed?
- What methods, tools and techniques have you used in these kinds of activities?

#### **5. POLICY DIALOGUES**

- What policy dialogues have taken place with regard to this project in the last 6 months and how did these come about, i.e. who took the initiative, why did it happen, when it happened, who was involved?
- What was the scope of these dialogues: reviewing existing projects, proposing new projects, suggesting new policy actions etc?

#### **6. USING THE TECHNICAL COOPERATION FRAMEWORK**

- How, if at all, have you used the framework provided on Technical Cooperation? (See document: Technical Cooperation in UNESCO Brazil: A formative and evaluative framework).
- If so, how have you used it; and what do you see as its limitations and strengths?

#### **7. NEW PROJECTS**

- What new projects have been negotiated in the last 6 months: how did they come about, did they follow on from existing projects you are involved in?
- What previous experience, research or information was available to support his new project?
- Is it clearly within UNESCOs mandate, e.g. does it include a human rights and social inclusion element?
- For each of these projects: Is there an evaluation component or budget line for evaluation?

#### **8. EVALUATION**

- How do you currently know whether you are doing a good job in your projects in general?
- What sources of information do you rely on?
- How do you learn to improve your technical cooperation practice?

**PART II**  
CASE STUDY SUMMARIES

## **2.1 CASE STUDIES AS PART OF THE EVALUATION OF THE AIDS II PROGRAMME**

### **An orientation document for consultants retained by UNESCO Brazil**

This document has been prepared to assist consultants retained by UNESCO to undertake case studies as part of the evaluation of UNESCO's HIV/AIDS related activities in Brazil. It complements other plans and specifications prepared previously (see in particular: Evaluation of AIDS II: Inception Report; and the note: Background Information for Consultants: Case studies in HIV/AIDS.) It summarises the main requirements and scope of the case studies as well as putting forward practical guidance regarding access, timing and resource allocation.

As the case studies are to be managed on a day to day basis by Paulo Lustoza of the UNESCO office in Brasilia, it is accepted that various decisions will need to be taken once the initial planning activities for the case studies has begun. However every effort should be made to follow the priorities and guidance laid out in this design document. This is to ensure that the case studies benefit from the preparation work that has already been completed and that their outputs (reports) can be integrated into a wider evaluation of AIDS II and related UNESCO activities.

At the same time this is called an 'orientation' document for good reasons. It is intended to provide a framework and the main shape for the case studies but it is not a full specification. It is assumed that given the experience of the selected consultants they would wish to take this document and following familiarisation and planning activities prepare their own workplan and methods including interview guides and schedules.

### **What kind of evaluation is this?**

#### *The purpose is learning lessons*

The 'overall purpose of this evaluation is to learn lessons from the AIDS II project that can be useful for UNESCO both internationally and in Brazil'. The rationale for this focus is the widespread interest within UNESCO internationally in the experience developed in Brazil and the lessons that might be learnt from this experience that will be of wider relevance to the organisation. This evaluation is therefore positioned within a particular part of the range of possible evaluative approaches. It is concerned with knowledge production and encouraging learning. It is not concerned with evaluation as a tool of management nor with evaluation as a method of ensuring accountability. This does not mean that the evaluation will be uncritical. However, the strengths and weaknesses that are likely to be identified by this kind of evaluation should contribute to lesson learning rather than an assessment of programme performance.

#### *Who makes evaluative judgements?*

All evaluation involves judgements - whether about what works, what is an innovation or what constitutes a lesson worth learning. In this strand of the overall evaluation we want to rely as far as possible on the evaluative judgements and interpretations of the key stakeholders involved. (Included in this category of 'stakeholder' are programme beneficiaries, policy makers,

programme managers, implicated partners etc.) This latter point is important. Throughout these case studies we are interested in what stakeholders think and not only to regard them as sources of information. Although it is always important to distinguish between information and opinions in this evaluation we are interested in both, and we value the judgements of stakeholders. This does not relieve the consultants from also making judgements - but unlike some evaluations their judgement is not the only one that should be relied upon.

*Lessons are not only about success*

The tone of these case studies - and the eventual report - should strike a balance between highlighting success and highlighting difficulties or even failure. After all lessons follow from successes, but they also follow from failures. However it is important to analyse situations in such a difficult and complex policy field from a 'systemic' rather an individualised perspective. We assume that innovative activities will always involve trial and error and not everything can be predicted from the beginning. The individuals involved in these case studies are themselves capable of learning. Encountering difficulties or barriers and how they are sometimes but not always overcome is to be expected in programmes of this kind. This tone should be communicated to those who are questioned as part of these case studies: we need to make it clear that there is no intention to evaluate negatively - a common presumption in Brazil. We are not interested in blaming individuals or groups, rather we want to learn from their experience as far as possible.

*The scope is not just AIDS II*

These case studies are just one part of an evaluation of UNESCO's work with HIV/AIDS and its involvement in the AIDS II programme in particular. Other evaluative activities will focus more specifically on AIDS II but these case studies are broader. They need to be seen as part of the national response to AIDS in Brazil. In UNESCO as in other agencies, core-funding as permitted by AIDS II opens-up other opportunities and reinforces other projects and programmes - with States and municipalities for example. It is for this reason that not all the case studies concern activities that are directly funded by the AIDS II budget. The scope is also broader because we are also interested in the links between work with those affected by the virus and UNESCO's broader mandate. The interface between the education, human rights and civil society priorities of UNESCO on the one hand and work with HIV/AIDS on the other, is central to these case studies.

*The role of UNESCO*

UNESCO is one of many actors in the HIV/AIDS arena in Brazil. Even in those areas where it is funded under particular PRODOC budgets, it is rarely the only player. For that reason alone we do not see these case studies as being exclusively focused on UNESCO's inputs. The two main reasons that these particular case studies have been selected are:

- first that they highlight an aspect of policy and practice in Brazil that is likely to be of interest to an international audience; and,
- second, that they highlight an aspect of UNESCO's broader mandate - such as education and human rights.

This does not mean that the role of UNESCO should be ignored and case studies should be clear about what the role is. As noted in the Inception Report the role can include:

- Activities which the organisation delivers - through its own staff or through retained consultants.

- Activities which UNESCO facilitates because of its reputation and existing contacts.
- Activities which UNESCO is able to administer (both logistically and financially) because of its skill base and reputation
- Activities which UNESCO's profile is seen as well matched to core tasks even though its role is fundamentally logistical and financial.

Not all of these roles centre on a UNESCO 'input'. In terms of these case studies we are as much interested in the relevance of the outputs for UNESCO worldwide, as we are in the particular inputs made by UNESCO. This is consistent with a philosophy of development cooperation that assumes that knowledge is produced whenever development initiatives take place - rather than in more traditional models that assume knowledge comes from a centre or Headquarters.

Notwithstanding the above, it is important that the case studies stand apart from a purely internal UNESCO viewpoint. The voice of the case studies needs to have an independent authority that is capable of standing within and outside the perspective of UNESCO or of its coordinators.

## 2.2 THE CONTENT OF THE CASE STUDIES

The case studies concern the following themes:

- Vulnerable groups such as young people, ethnic minority communities or those living in rural areas. This follows from the emphasis in the AIDS II programme on such groups.
- Interagency working and partnership development. This follows from the widespread perception that this is a core competence of UNESCO Brazil.
- Institutional strengthening. This follows from the objectives of the AIDS II programme and the general logic of HIV/AIDS policy agenda in Brazil.
- Education both in schools and in the community. This follows from UNESCO's own mandate and profile in the field of education in general as well as within AIDS II.

Each case study will illuminate more than one of these themes

The following four settings have been selected as the basis for case studies.

### A. SCHOOLS PROGRAMME IN SAO PAULO

The City of Sao Paulo AIDS unit has initiated a project jointly with the education secretariat for the City to promote an innovative programme of education in Sao Paulo's schools. A consultant employed by UNESCO with a long-standing reputation in community education and HIV/AIDS work initiated this work. The programme, which follows the participatory pedagogy of Paulo Freire, uses peer education among students and also involves parents in projects that are designed by parents, teachers and pupils to match the needs of the school. The programme adopts a preventative approach but also addresses needs of those with current health problems - 45 children with AIDS who were previously outside the health system have already been identified through this programme.

One possibility that should be considered in finalising the design of this case study is comparison with another school district. This would not seek to extend the full case study to another municipality but could use another schools as a 'comparator' in terms of strategies adopted and the policies of the education authority concerned. In this regard the State of Sao Paulo with which UNESCO also has a technical cooperation agreement might be considered a suitable source for comparative material.

This case study will emphasise:

- innovative pedagogic approaches in schools and in their communities;
- participative methods of learning including peer education;
- the way innovation is disseminated across schools;
- the effects on students and their health - to include diagnosis and treatment; and
- project impacts on attitudes and stigmatisation within schools and communities.

There is also an institutional dimension to this case study. In particular we would highlight:

- reactions within the school management system to innovative interventions that are historically atypical; and
- cooperation between education and health managers which has been problematic in the approach to AIDS more generally in Brazil.

In this context it should be noted that the launch of this project has not been without difficulty. The initial coordinator has recently been replaced following disagreements with the education managers concerned.

## **B. YOUTH INVOLVEMENT**

The vulnerability of young people in the context of the AIDS epidemic is widely recognised. Girls and those from poor communities are particularly vulnerable. UNESCO Brazil has initiated a number of measures that relate to the needs of young people. This is partly based on international best practice. For example, a young people's working group has been set up to comment on the national AIDS policy and make practical recommendations to school teachers and government officials. Various research projects have been initiated around the circumstances of young people in relation to drug abuse and sexual behaviour. The UN Foundation has recently commissioned UNESCO's offices in Brasilia and Maputo to develop linkages between Brazil and Mozambique in relation to young people and HIV/AIDS. This is one of a number of initiatives that are seeking to disseminate the Brazil experience to other countries. These include videoconferencing among Portuguese speaking youth as part of World AIDS Day; the use of art education to support prevention; and exchange among experts (South-South cooperation).

There are therefore two foci for this case study. First the 'working group' which emphasises the role of civil society in the Brazilian response to HIV/AIDS. The active involvement of young people in policy formulation also highlights issues of working with vulnerable groups - complementing the previous case study in Sao Paulo schools. Second, the 'extension' projects with other countries in the South including but not confined to Portuguese speaking countries. These will highlight the issue of generalising from and transferring Brazilian experience with HIV/AIDS internationally. It should be noted that the approach adopted appears to be consistent with good practice in international transfer. For example it is recognised that no experience can be simply exported and imported. Innovative practice always needs to be contextualised: adjusted to a different institutional and cultural setting. Reciprocity and joint learning is also generally seen as critical: these extension projects also emphasise mutual learning and exchange. The extent to which this happens in practice will need to be verified as part of these case studies.

The specific emphases of the first element of the case study are:

- working with vulnerable groups - it will be important to include both boys and girls in the scope of the study;
- involving young people in policy making;
- the reaction of policy makers and professionals to a youth input (commentary, criticism etc.) and,
- what difference is made by such inputs in terms of policy and practice.

The emphases in the second element of the case study are:

- strategies for transfer and internationalisation;
- lessons about what are the preconditions of effective transfer;
- difficulties encountered and how they have been addressed/ overcome;
- what evidence there is in terms of effective transfer - what has been taken up and what is seen as useful.

### **C. PARTNERSHIP DEVELOPMENT**

As previously noted, UNESCO Brazil is seen to be well connected to host of networks which can form the basis of new partnerships and coalitions to be mobilised within the context of HIV/AIDS policy. Such networks include academic networks that can mobilise university research resources; parliamentary networks within the Brazilian congress which has led to the creation of a parliamentary lead for AIDS; and, networks among international agencies in Brazil, in particular the UNAIDS Theme Group, which also includes civil society and government representation. The national AIDS agenda in Brazil emphasises the importance of partnership development given the multidimensional nature of the AIDS epidemic and the coordinated holistic, multi-agency response that is therefore required.

The most straightforward case study focus will be the UNAIDS group in which UNESCO has been an active partner from its earliest days. However the other examples cited above - with parliament and journalists are also important - mainly because there have been difficulties in sustaining these networks and the barriers encountered could be of generic interest also in other countries.

The specific emphases of this case study are:

- the different types of partnerships that have been developed with different groups;
- the history of different partnerships many of which preceded the HIV/AIDS epidemic;
- what partnerships have made possible that could not happen in isolation;
- the mix of conflict and cooperation that characterises most partnerships;
- how various partnerships effect UNESCO's profile and reputation.

### **D. INSTITUTIONAL STRENGTHENING**

Given constitutional and administrative constraints, the creation of new institutions and public agencies is often problematic within Brazil. In this context, the National AIDS Coordination Unit, which has been significantly expanded under the terms of UNESCO's technical cooperation agreement constitutes a major innovation within the Brazilian public sector. Although located within the Ministry of Health, it has also involved the recruitment of new staff and the creation of decentralised units at state and sometimes municipal level. There has also been close working across a number of ministries. Its mode of operation has included network building and sub-contracting work to a variety of other agencies and academic bodies.

This case study should focus on capacity building and decentralisation. As such it should be implemented at two levels. At a Federal level the NACU's strategy for decentralisation and institutional strengthening should be considered. This has a planning dimension - i.e. how resources are allocated and needs assessed; and a capacity development dimension - i.e. the training, networking and funding mechanisms (including annual planning) that puts

decentralisation into effect. At a State level the emphasis should be on how to build capacity on the ground. This includes setting up new units; new planning and data collection methods; the extensive involvement of civil society actors; and the simultaneous co-development of the health system (including the introduction of Basic Care) and developing an HIV/AIDS strategy. There is also a continued effort at decentralisation at State level. For example transferring responsibilities and developing capacities among municipalities and developing capacities among NGOs.

As part of the scoping exercise for this case study visits were made to Rio Grande do Sul, to Bahia and to Sao Paulo (Health Secretariat). The former would make an ideal case study site and has agreed to cooperate (see note below on access arrangements). However a southern State would have to be complemented by a more 'difficult' State in the north of the country for the case study to be credible. Which State would meet this requirement still has to be confirmed.

The specific emphases in this case study should be:

- the planning system including the role of epidemiological data;
- allocation of resources to states;
- the logic and implementation of decentralisation;
- specific strategies at Federal level for institutional strengthening and decentralisation (i.e. what types of methods are used);
- the experience of States and municipalities of the decentralisation process from a Federal level;
- the experience at State level of implementing its own decentralisation and institution building strategy;
- integration within the broader health reform process.

### **Types of evaluation questions**

As well as a specific emphases and coverage as described above the case study evaluation should answer a set of evaluation questions. A limited number of core evaluation questions is needed to ensure clarity of results and to place a limit around the work for which resources are limited. These questions should be consistent with a generic technical cooperation framework (see Inception Report) that has been prepared as part of other evaluation and capacity building work in the UNESCO Brasilia office. It is only by following such a consistent framework that the case study results can be accumulated both between case studies and across different elements in this overall evaluation.

That framework is organised around four main 'building blocks':

- System development which is mainly concerned with diffusing and promoting innovation;
- Knowledge circulation, which is mainly concerned with the use of knowledge and the generation of new knowledge;
- Institutional strengthening which is mainly concerned with organisational development and design, including partnership and alliance formation; and,
- Mobilisation and participation, which is mainly concerned with social development, and value commitments such as inclusion, human rights and the participation of civil society actors.

An initial set of evaluation questions for each case study that follows the logic of the technical cooperation framework is presented in the table that follows. These questions should be further refined as part of the planning phase for each case study (see section on resource allocation, below).

Core Areas	Schools programme	Youth involvement	Partnership development	Institutional strengthening
System Development	To what extent and in what ways does peer-group learning create 'multiplier' effects?	What methods have been used to disseminate good practice?	How does UNAIDS theme group lead to changes in the positions of members is there learning?	What new capacities for innovation (e.g. following the evolution of virus) have been created?
Knowledge Circulation	What new pedagogic approaches have been developed?	How has UNESCO's own research and others informed this work?	Have existing UNESCO contacts/ knowledge been mobilised?	Is knowledge/ experience transferred between States/ municipalities? By what means
Institutional Strengthening	To what extent are new capacities being created in the education system? What are they?	How has youth involvement strengthened policy-making and delivery?	Have partnerships developed with other countries made a difference?	How have new units, skills and capacities been supported/ created?
Mobilisation and Participation	Have young people/ parents been given a serious role in schools and with what effect?	Have youth groups/ NGOs been strengthened by these activities?	Do stakeholders see UNESCO as advocating a human rights/ social inclusion stance and what do they see as the consequence?	What are the benefits of involving civil society groups and advocating human rights?

## Methods

In each case an early phase activity will be to identify information sources and prepare appropriate methods. Data is likely to be gathered through:

- Documentary reviews' including proposal documents, minutes, PRODOCs, research reports, administrative/ financial records, lists of those attending events etc.,
- Interviews with programme participants and beneficiaries.
- Interviews with stakeholders including the managers and sponsors of a key activity.
- Attendance at meetings either to observe or to manage a discussion.

Although most data in case studies tends to be qualitative, there is scope for quantitative data collection and analysis in most of the case studies planned. We would for example be interested in the numbers of school pupils involved, the frequency and intensity of activities, the volume of funds committed to decentralisation etc. Statistics are likely to be used for descriptive rather than analytic purposes, although comparisons with national or State figures may sometimes be useful.

In general case study data is stronger if it:

- Attempts to tell a story and has a clear argument it is trying to communicate based around a few key questions or points of emphasis.
- Combines more than one source of information to support an argument.
- Comparisons are made where possible - with an earlier time period, with other similar units of analysis (e.g. schools, municipalities) with some desired target or goal.
- There is a clear distinction between information/ data, which is attributed to a source and interpretations or conclusions that are drawn from such information/ data.
- A description of the context/background/history is offered in clear enough terms to communicate with those unfamiliar with the context.
- Some record is kept of the case study process in particular to be able to indicate at the end of the case study what choices were made and what issues or difficulties occurred.

### **Work organisation**

An average of 25 days per case study has been allocated to each case study. This average has been calculated for budgetary purposes but it is recognised that the case studies are of potential different scale. For example the Institutional Strengthening and Youth Involvement case studies are likely to be more contentful and therefore of larger scale than either the Partnership or Schools cases. In practice then it is anticipated that larger case studies would require 30 days and the smaller cases 20 days each.

The notional 25-day average is made up of a number of phases: planning and familiarisation; fieldwork; analysis; and reporting. For example the following distribution of effort would be consistent with other similar case-study projects:

- 3 days familiarisation, review of documentation and start up meeting with persons responsible in the UNESCO office
- 10 days field work and interviews (it is anticipated that each case study will require between 12 and 20 interviews together with other fieldwork activities)
- 5 days analysis and write up as part of case study fieldwork
- 7 days final write up and reporting

### **Outputs and reports**

A detailed work plan (not exceeding 4 pages in length) should be prepared and delivered to the designated UNESCO coordinator not later than two weeks after the contract has begun. This should include a time-plan, a list of who is to be interviewed what other activities and field visits are planned and any other logistical decisions that will become clear after a familiarisation/start-up stage. This workplan will be reviewed by UNESCO and by independent experts (see note on steering committee below).

The main output of each case study will be a final report. It is expected that final reports (on average and depending on the scale of activities agreed after the familiarisation stage) will be approximately 30 pages (or 15000 words) in length including an executive summary not exceeding 4 pages. In addition the report should include in annexes: the workplan, any interview schedules used, a list of who was interviewed/contacted, a list of documents reviewed etc.

## Steering committee

It is planned that this work should be overseen by a steering committee. This will include two persons from the Brasilia office of UNESCO (including the designated responsible evaluation manager), the international consultant responsible for the broader evaluation work with UNESCO, an independent person coming from the Brazilian Government or from a University or Foundation background and someone with civil society experience. The steering committee should meet on two occasions - once when on delivery of the detailed work plan / inception report and once after presentation of the final report. Given travel and cost considerations some of the work of independent experts on the steering committee may be conducted at a distance using email.

## Access status

Access to most of the relevant field sites has already been agreed. To take each case in turn:

- Case Study A: Schools in Sao Paulo. An agreement to cooperate was reached in principle last year but changes in personnel in Sao Paulo since that time mean that this access agreement will have to be confirmed. As the responsible persons in Sao Paulo work closely with UNESCO project coordinators this should not be problematic.
- Case Study B: Youth Involvement. This involves UNESCO personnel directly and their external networks. It therefore has limited implications for external access agreements. However it will be necessary for partners in other countries who will need to be contacted and key members of the young people's working group, to be informed of the study plan.
- Case Study C: Partnership Development. This will mainly require informing partners the study is taking place rather than requiring specific access agreements. With regards to UNAIDS specific discussions have taken place and agreement has been given for full access to documentation and attendance at meetings if required.
- Case Study D: Institutional Strengthening. This requires quite extensive access, which has been mostly but not entirely agreed. The National AIDS Coordination Unit (both planning and on the implementation side) have agreed to cooperate. The State authorities in Porto Alegre have agreed to cooperate. If as suggested above a second State is included this will still need to be agreed. Given UNESCO links in a number of States this should be relatively straightforward.

Informing those likely to be involved and requesting agreement where this still is needed should be progressed by the UNESCO office at the earliest opportunity. It should be noted however that no single case is unable to begin because of access constraints: in all cases sufficient access has been obtained or sufficient information can be obtained from UNESCO to begin work. There may however be arguments to begin some cases earlier and others later depending on practical considerations. For example given relatively recent staff changes in Sao Paulo there is an argument to begin this case study in a second round.

## **A. AIDS EDUCATION IN SÃO PAULO**

### **Introduction**

Since the early days of the Brazilian response to AIDS various initiatives sought to organise strategies for school-based AIDS education. These were often decentralised, ad hoc and highly dependent on individual school head teachers and their teams. By the late 1980s most major cities had implemented some form of preventative activities in schools. These were innovative, largely informal initiatives. The tension between the need to formalise and develop coherent AIDS education strategies and the pervading informality of many of the existing activities is well illustrated by the case of the city of São Paulo.

By the 1990s São Paulo had several school-based projects dealing variously with drug abuse, teenage pregnancy, homosexuality, and negotiating condom use. The management and finances of these projects were often dependent on the city's Education and Health authorities, but much of the practical and pedagogic work remained in the hands of specialist NGOs. The main obstacles to the introduction of AIDS education in the school system are well known: parents and teachers tend to resist yet another set of extra-curricular activities; some parents and school authorities are reluctant to engage in what they see as a contested approach to sexuality; new programmes often generate new demands that schools are not necessarily equipped to meet, etc. Furthermore, teachers and school personnel require constant training to deal with the epidemic in an environment of competing priorities. For instance, programme managers interviewed for this case study reported that many São Paulo schools still lack baseline information, such as an updated list of addresses and telephone numbers for health centres dealing with HIV/AIDS and drug abuse. A survey conducted by the Standard NGO in year 2001 indicated that 70% of São Paulo state school teachers considered themselves ill-equipped to provide basic knowledge about the epidemic.

### **AIDS Education in the UNESCO/São Paulo framework agreement**

In 2001 the office of UNESCO in Brazil signed a cooperation agreement with the AIDS department of São Paulo's city council. This is independent and different from AIDS II, but it reinforces its overall goal of greater devolution to local authorities. The São Paulo agreement seeks to develop capacity to run an efficient municipal AIDS policy in a city of 10.5 million inhabitants.

Within the UNESCO/São Paulo framework agreement the city council launched a Preventative Education and Sexuality Programme (PESP). Other partners included two civil society organisations, the federal Ministry of Justice and the National AIDS Unit, amounting to a total staff of 70. PESP's is conceptually based on the writings of Brazilian pedagogue Paulo Freire, whose theories have had great influence in Brazil's education policies in the past three decades. Here education is seen as a tool for change through popular participation and mobilisation. The role of the educator is to enable critical thinking and facilitate practical action to change the students' surrounding environment. Hence the target populations of the Freire method encompass students, school personnel, parents and the school's neighbourhood.

Consistent with that approach, PESP set out to use the facilities and human resources available in the school system to empower young people. Examples could include activities

such as: skill-development to help girls negotiate condom use and discuss teenage pregnancy with their partners, activities that turn the school into a welcoming environment for minorities (including those who live with HIV), condom distribution and debates on alternative approaches to drug abuse. Following Freire, the target population for PESP was defined broadly, including students, teachers, headmasters, community members and the security personnel guarding the schools.

PESP was very much a trial phase that focused on training, skill development and the negotiation of individual school plans for preventative education. The early stages of the project sought to address many of the needs identified in research studies including UNESCO's own study on preventative activities across the country. PESP had to bridge critical gaps in the delivery of services and grapple with a variety of problems:

- As a result of the programme new cases of infected students and students who suffered sexual abuse were notified and requests were made for the provision of counselling sessions in schools (25 sessions were given by programme personnel but there has been no plan to turn these into permanent activities in schools).
- In several cases school headmasters opposed some of the project's activities
- Many parents were unwilling to participate in AIDS-related school events
- In a focal group discussion conducted for this evaluation parents shared the fear that the introduction of sex-related education at an early age might lead to earlier sexual initiation. Others pointed out that the PESP activities took up too much time of students who often have to help at home

In 2003 PESP was re-launched under the label of 'Let's make a deal', and situated within the city council's Secretariat for Education. While the conceptual base for the programme remained intact, new goals were set that attempt to streamline programme activities, e.g. drafting new school pedagogic plans, developing new skills among students who could move on to act as multipliers, and integrating preventative education with the many existing city programmes and projects (e.g. work-allowance for young workers, UNESCO's Open School, the Young Agents programme for people outside the school system). 'Let's make a deal' also introduced a unified monitoring system to keep track of what kind of training is provided to whom and when. Finally, condom distribution - a contentious activity - ceased to be the responsibility of individual teachers to become that of a joint committee between students, parents and school authorities.

The interviews and focal groups we carried out provided convergent information about the troublesome transition from PESP to 'Let's make a deal'. The number of staff fell to 20. Devolution to schools will increase the responsibility of teachers and school personnel for the sustainability of the project but it remains to be seen whether resources - both financial and human - will be made available at appropriate levels.

UNESCO Brasilia's contribution to the programme needs to be seen at two levels. On the one hand it is heavily managerial and administrative - e.g. selecting and hiring the managing consultant for the programme and maintaining an overview of the project's financial execution. On the other, the credibility that UNESCO enjoys in the national context has facilitated and legitimised the re-entrance of Paulo Freire's theories into popular education through an important set of practical policy applications.

This highlights the problem tackled elsewhere in this report of defining what UNESCO is precisely and what it actually does around the world. The São Paulo example suggests that to some extent UNESCO is seen as an international body that galvanises convergence around a set of broad values irrespective of national specificities (e.g. integrating health and education policies, or conceiving education as a practice that goes beyond the physical limits of the school). But it is also an organisation rooted at field-level whose credibility may allow its officers to facilitate an environment that is conducive to informal learning and innovative; and practical approaches to AIDS education.

### **Outcomes and Results**

Many of the achievements of this programme are still in-progress. So far it trained some 5,360 professionals (teachers, headmasters, school personnel). The sessions took place out of working-hours and on a voluntary basis, which might for instance help account for declining attendance over time. New parent associations linked to the programme were created in 12 schools, and student peer-groups in 36 schools. Under 'Let's make a deal', 60 schools set up committees for the distribution of condoms. The interviews we conducted suggest that all stakeholders are satisfied with the quality of pedagogic materials prepared by the associated NGOs.

The São Paulo programme is a typical instance of UNESCO Brasilia's enabling activities, where the office provides the administrative framework for programmes to happen. The programme was created, capacity among teachers and school personnel has increased and strengthened, knowledge has been disseminated, and a set of actors and networks have been mobilised in a multi-party response. Yet many of these 'administrative' actions, in the way they were implemented, were only possible because the UNESCO staff involved had specific and in-depth experience of HIV/AIDS and issues facing young people in relation to prevention. Much of this had been developed within AIDSII. Furthermore at the early structuring stage, the choice of a prominent consultant who introduced 'Freireian' principles of education and learning was a critical and direction-setting choice.

However, the office of UNESCO continued to be mainly focussed on administrative tasks rather than taking more proactive, knowledge-intensive initiatives. Programme managers interviewed for this evaluation reported that they would have liked to see UNESCO taking up a more proactive role in keeping up the programme's profile, to mobilise new partners and advocate the programme's approach with key authorities. It was also noteworthy that in supporting the project the office did not exploit the body of knowledge it has accumulated through its own nation-wide award for 'best preventative activities in schools'. This may be to do with the fact that UNESCO's office has to cope, like most city council AIDS education initiatives, with the tension between formality and informality. The more UNESCO's focus is on 'making things happen', the greater the room for the emergence of innovative, un-coordinated initiatives within and around the city council's bureaucracy. The more UNESCO moves towards greater formalisation, the larger the contribution it can make to the life of the programme and the greater its ability to advocate for its replication elsewhere, but the less the spontaneity and flexibility of local authorities to try out alternative approaches.

## **B. YOUTH WORKING GROUP**

### **Introduction**

A stated goal of the Brazilian AIDS strategy has been the engagement of marginalized and excluded groups in the national response. Underpinning this are theories of participatory democracy, bottom-up mobilization and social inclusion that have much purchase within the AIDS policy community in and around the Brazilian government. Hence the creation of formal and informal ties between the National AIDS Unit and groups representing identity-based sub-groupings of the population (e.g. people living with HIV/AIDS, gender-based advocacy groups, sex workers, and racial movements to name a few).

Engaging marginalised groups in public policy decision-making, however, often involves problems. There is a difficult balance to be struck between sustaining community mobilisation on the one hand and, on the other, the need to build up the skills and professional qualifications of those who represent their communities in the public policy sphere. Furthermore, those groups who become engaged in policy for the first time will probably need, at least at the earlier stages, a supportive environment where they can share experiences, learn from interaction, develop a sense of ownership, and negotiate procedures to reach internal consensus. Often the very legitimacy of their participation will have to be repeatedly advocated and justified within the wider society.

Those themes are encapsulated in the Brasilia office's approach to the place and role of youth organisations in the national AIDS response. The office initiated and co-ordinated activities to expand the scope of the response by bringing on board young people and youth organisations. The overall purpose of the initiative is to give both policy-makers and school professionals access to young people's views about the AIDS epidemic and the alternative ways that are currently available to deal with it.

### **The Youth Working Group**

In 1999 UNESCO/Brasilia designed a project to create a youth forum to inform the AIDS policies both of UN-system agencies working in the country and national authorities (from the federal government to school headmasters). The office advocated the initiative and negotiated its nature and scope with the existing relevant partners. It raised funds with UNAIDS/Headquarters, it shared logistical costs with other bodies and it contracted activities. The UNESCO office also led and organised workshops and it eventually published and disseminated their results.

A UNAIDS/Brazil Youth Working Group was therefore created with 7 young men and women between 18 and 24 years of age. The criteria for selection included age, enrolment in some form of formal education, regional and gender representation, and significant experience in the work of youth organisations. Two members came from NGOs working with AIDS. One was a leading broadcaster in a regional community radio, another worked in the production of youth-targeted television shows for those living in poverty in Rio de Janeiro, and yet another was involved with student-mobilisation through the arts.

Over two years the group met in five different locations for one-week workshops. In the initial meetings discussions concentrated on the terms of reference for the group, on getting to know each other, and on creating new channels of communication among its members and the UN agencies. Much of the debate in these workshops was about what the group could actually aspire to do and how best to achieve it. Later on the meetings became increasingly focused on the debate about policy alternatives and competing approaches to the epidemic. At the final stage the focus was on producing straightforward recommendations for government, local authorities, parents and school staff.

A good example of the manifold challenges to representing a group as wide and variegated as the 'youth' is the debate over the availability of condoms. One of the most contentious debates among group members was about whether condoms should be widely available in the school system or not. The group was divided among those who staunchly defended greater exposure to condoms in all public spaces and those who argued that greater access to condoms in the school would distress parents, upset school authorities and undermine the efforts of those who actually wanted the issue of AIDS to be brought out more straightforwardly in the school environment. The case study team were told in the course of interviews that this reflected a division between the group's members who came from urban areas and those who came from smaller, more traditional communities.

Youth Working Group meetings were scheduled to take place simultaneously with major national AIDS conferences in the country with the view to increase exposure and advocate for greater youth involvement in the national response. Facilitators included UN HIV/AIDS personnel, staff from the National AIDS Unit and the Adolescent Health Programme in the Ministry of Health, and an academic centre for public health studies in Brasilia.

One of the greatest difficulties in implementing the project was to keep debate alive within the group in-between face-to-face meetings. Although the Ministry of Health volunteered its web-space for group discussions, most of the young members did not have access to the internet in their own communities. Hence communication was centralised at the office of UNESCO and the opportunities for discussion were restricted.

The office of UNESCO could push for the youth group initiative in the first place because it was distinctively well situated to do so. First of all it presided over the UNAIDS Theme Group in Brazil between 1999 and 2000, a position that: allowed it to access a network of UN agencies and civil society organisations dealing with the epidemic in the country; it facilitated knowledge about the bidding procedures of UNAIDS/Geneva; and it helped legitimate and advocate in its quest to expand the scope of the national response. Additionally, the office built the case for the project on the back of a body of practice on youth-related programmes, research projects and expert knowledge on Brazilian youth.

This is a case where the credibility of UNESCO Brasilia in the national context and its previous experience in related areas allows it to initiate and manage a project in a field of expertise in which the office had thus far not been involved. The case also illustrates the strategic use of regular programme funds originated at Headquarter level, since the UNAIDS funds for this project worked as seed money to attract larger funds from the Brazilian government and UNDOC.

## **Outcomes and results**

The primary outcome is the publication of a booklet containing the views, preferences and recommendations of the group<sup>3</sup>. These are variously to do with improving the quality of life and education of the young, and widening their access to public health services and information. More specifically the proposals tackle the following areas:

- dealing with vulnerable populations
- drug abuse
- disseminating and widening access to information
- preventative education in schools
- AIDS in the work environment
- AIDS prevention and the mass media
- Young people living with HIV/AIDS

At one level the project's contributions were limited. We could not trace policy instances where the existence of the group and its recommendations clearly made a difference. Overall, youths still are not formally represented in the debates leading to the AIDS-related work and strategies of the UN agencies in Brazil and local government. UNESCO's own ability to mediate relations between youth and the policy community has been limited to disseminating the booklet to a wide audience.

At another level, however, the project had positive, unintended effects for its participants and organisers. For instance, in an interview conducted with two of the group's members we were told that the experience not only added to their professional qualifications, but also led to new and unexpected employment opportunities. In turn, within the office of UNESCO, project officers dealing with the initiative gained first-hand experience in the field of youth and AIDS, paving the way for UNESCO/Brasilia's project on youth networks between Brazil and Mozambique (see parallel case study).

## **C. YOUTH ACTIVITIES BETWEEN BRAZIL AND MOZAMBIQUE**

### **Introduction**

Since the early 1990s the Brazilian government has sought to make its own knowledge on social policy reform and innovation available abroad. The prime beneficiaries of Brazil's programmes have been the Portuguese-speaking countries of Africa and East Timor. This is part of a broader attempt by Brazil to put 'South-South cooperation' at the centre stage of the governance debates within the UN and its associated bodies.

As it has been shown elsewhere in this report, the National AIDS Unit has been very much part of this trend, with its external relations department maintaining regular cooperation programmes with countries in Africa and Latin America. More recently UNAIDS has encouraged and made itself available to co-sponsor a Brazil-based reference centre for training and education

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<sup>3</sup>AIDS: O que pensam os jovens. Políticas e práticas educativas. Cadernos UNESCO Brasil, 2003.

in HIV/Aids prevention and treatment. The main objectives of the centre will be to develop skills among workers in developing countries where the existing Brazilian experience might be relevant.

Many elements in the Mozambican context make cooperation for AIDS difficult to implement. This is one of the countries in Africa most affected by the epidemic. Internal migration in the aftermath of the 1992 peace settlement that put an end to two decades of civil war has posed major challenges for the public policy community. Infection rates among the young (15-24 years of age) oscillates between 17% and 21,5%. Unprotected sex remains the most common cause of transmission. Only 28% of Mozambican men reported condom use in their last intercourse. Approximately 70% of the girls and 60% of the boys do not know how to protect themselves against the HIV virus.

### **The Mozambique Project**

It is against this background that the office of UNESCO in Brazil suggested in 2002 that a project be launched to develop capacity in AIDS-focused youth organisations in Mozambique. The Brazil/Mozambique Exchange Programme is co-sponsored by UNAIDS, USAID, the offices of UNESCO in Brasilia and Maputo, and the Mozambican government. Its purposes are defined as follows:

- To establish an exchange programme between youth organisations in Brazil and Mozambique;
- To strengthen the capacities of the Mozambique National Youth Council and its provincial branches;
- To involve youths from both countries in tackling epidemic-related issues through the arts, and advocating for an understanding of preventative and supportive work that is based on artistic expression; and
- To fund-raise with the international community to set up systems for the circulation of information between civil society organisations in the two countries.

The current project runs for 3 years with an estimated budget of US\$ 300,000. The bulk of the funds originate from the United Nations Fund for International Partnerships (UN Foundation), and the remaining from USAID and UNESCO/Headquarters. The offices of UNESCO in Brasilia and Maputo designed, budgeted, fund-raised and deliver the programme.

The early stages of the project have sought to identify and organise a pool of partners in Brazil and Mozambique to take part in a system for the exchange of information, skills and experience. In Brazil a committee was created made up of a number of youth organisations based in the city of Salvador that focus on themes such as street violence, drug abuse, citizen security, personal responsibility, sex education and teen pregnancy through drama and music. By and large these groups derive their cohesion from race/identity-based understandings of social exclusion and injustice. Membership in these groups is predominantly black or mulatto, and running through their play scripts and song lyrics are callings for the recognition of Brazil's African roots.

The major partner on the Mozambican side is the local government, acting through its National Youth Council, the National AIDS Commission and the Ministry for Youth and Sports.

Also in Mozambique there are two civil society institutions that have been invited to take part of the programme and are now negotiating the terms of their participation with the UNESCO office in Maputo.

More specifically, the programme envisages the following lines of action for its first year:

- Listing and identifying youth organisations in three Mozambican provinces;
- Strengthening the Mozambique National Youth Council (e.g. financing the production of pedagogic material and national and international consultation meetings);
- Preparing the provincial branches of the National Youth Council to deal with grass-root youth organisations;
- Creating an environment within the National Youth Council that is conducive to establishing new partnerships.

### **Outcomes and Results**

It is still early to be talking about results but two preliminary workshops organised in Brazil and Mozambique began to establish an exchange programme between youth civil society organisations in the two countries.

In these workshops the young debated sexuality and HIV/AIDS; peer education methods; religion and the epidemic; race, identity and exclusion. They also explored alternative methods to use the arts as a tool for spreading AIDS-related messages. A questionnaire was used to map the current and future activities of the Mozambican youths. One Mozambican boy will spend a year in one of the participating Brazilian NGOs with the view to learning about the creation and running of youth-based organisations. Young people suggested that an internet system be set up to facilitate the exchange between all the participating bodies. The Mozambicans also suggested that a set of monitoring tools would be most helpful to keep track of the work conducted by youth NGOs in that country. In turn, the Brazilians highlighted that UNESCO Brasilia's Open Space programme in schools should be exploited to spread the preventive message across the school system.

In the course of interviews for this case study we were able to identify two areas where special UNESCO attention will be needed. First, the workshops illustrate a theme common in international cooperation that is traditionally associated with North-South cooperation rather than with South-South forms of exchange. The Mozambican youths reported that they felt underrepresented and patronised by the Brazilian counterparts. In the words of one of them 'it is as if the Brazilians are always trying to teach the Mozambicans.... And that makes the Mozambicans feel a little slighted'. Another Mozambican youth said that 'we also have useful experiences to tell (...) but we are not getting space for action (in the workshop)'. This might help explain why Brazilian participants of the workshop found the Mozambican boys and girls to be intimidated or, as one of them put it, 'inhibited and stressed'.

Second, whereas the quality of pedagogic materials used in the workshops was praised, young people were explicit about the need to revamp the preventive message so that it is meaningful, relevant and caught the attention of the young. They also said that the facilitators provided by UNESCO and USAID were helpful, and that they should have a role in helping the NGOs develop know-how and expertise in the field of HIV/AIDS. It is not clear, however,

how this expectation will be fulfilled. Also, it remains to be seen whether and how UNESCO and USAID will learn from their experience in the field.

In launching the partnership with the Brazilian NGOs, UNESCO Brasilia and USAID faced some difficulties. There were disagreements over the balance of responsibilities and benefits, and over administrative boundaries. Eventually all parties agreed that the two international agencies would retain their 'sponsor and organiser' capacities, while the NGOs would be responsible for the programme's 'pedagogic and artistic co-ordination'.

#### **D. DECENTRALISATION AND INSTITUTIONAL STRENGTHENING**

The new Brazilian Constitution of 1988 set out to develop an ambitious programme of policy decentralisation from the federal union in Brasília to 26 states, one federal district, and over 5,000 municipalities. Whereas policy guidelines remain in the hands of federal officials, a substantial portion of policy design and implementation is progressively devolved to local authorities. The drive towards greater decentralisation has been protracted due to a myriad of problems. These are often were about the need to develop capacity and train personnel at local level to deal with the daily workings of complex policies.

Since the mid and late 1990s the decentralisation push has picked up momentum, and the AIDS national programme has been singled out by many officials as a success story. The current model envisages that central government will design guidelines, regulate expenditures, and evaluate and control policy implementation. States and municipalities will implement policies and manage funds, as well as be the main interlocutors of civil society organisations. The Aids decentralisation model has been rolled out on a voluntary basis, with states and municipalities applying for decentralised funds if (and when) they want. At the time of writing there are autonomous state-level departments dealing with Aids in each state and in the major cities.

Part of the terms of reference for AIDS II was to contribute to decentralisation by way of strengthening capacity at state level. The current AIDS III, for instance, assumes that most of the authority over policy, finances and personnel lays with states. A difficulty observed in the implementation of decentralisation has been, however, the stark inequality among Brazilian states. It has therefore been difficult to find a decentralisation model to fit all. Individual states have had to design their own set of priorities and seek for federal support and funding accordingly. Unsurprisingly, the wealthier and most developed states have fared better, with many of the poorer states lagging behind significantly. But even the best equipped states have found it difficult to grapple with the many public sector constraints that they have to face. This has motivated São Paulo, Rio de Janeiro and Porto Alegre to sign up cooperation agreements with UNESCO.

#### **UNESCO's contribution to decentralisation**

UNESCO's involvement with Aids policy at state level is not part of the AIDS II plans nor it uses resources from that programme, but it follows from UNESCO's acquired expertise during its implementation. The agreements with the three states are best seen as offshoots of AIDS II that fall outside its remit and timeline, but are nonetheless 'consequences' of that programme.

The logic behind these state-level AIDS agreements is that UNESCO is in a privileged position to help states rehabilitate and strengthen public services, and develop a culture of public management that is user-oriented and focuses on results. This is about the management of transformation and collaborating closely with different political and administrative levels to build capacity. It puts an emphasis on management and logistics, the strand of technical cooperation where UNESCO tends to be responsive rather than initiative-taking. And yet, since decentralisation is to be accompanied by greater autonomy in training and educational practices, it is also expected that UNESCO makes a professional contribution.

Through these projects UNESCO has had an entry into the issue of policy decentralisation in Brazil more widely - a subject that appears in one way or another in most of the office's activities. The organisation is therefore in a unique position to learn lessons, systematise them, transfer good practices, identify pitfalls to be avoided, and help laggards and slow adopters.

At the moment, the current agreements set out to make a contribution in three major areas:

- Capacity development, especially the managerial capacity to run local programmes and bring together new expertise and project teams. This also includes training for professionals in the health sector;
- Change management, by helping ensure that the secretariats of health are well equipped, its staff trained, knowledge circulates, and there is capacity to take up burdens such as social communication that had been in the remit of federal authorities thus far;
- Technical know-how, to ensure that best practices feed the design of decentralised plans and that UNESCO's knowledge base can contribute to the definition of future state practices.

### **Outcomes and Results**

Since 2001, UNESCO and the city of São Paulo have worked on a US\$4 million project that has trained over 2500 people who work in the provision of public services across the city. The purpose is to increase capacity among city council staff. Furthermore, a state plan for advocacy and social communication was developed to disseminate information to the population at large. A seal of quality for pedagogic material delivered by the state is now a requirement for booklets and campaign material. The project also aims to restructure and modernise existing centres for public information, laboratory facilities, and the provision of testing and counselling. Yet another strand of the agreement foresees the systematisation of research conducted by municipal doctors, counsellors, and hospital practitioners who will have a centre for documentation and a network to disseminate findings and best practices about their HIV/Aids-related work. These activities are developed on the back of other initiatives taken by the city council to improve knowledge in the field of Aids, such as a series of courses on research methods for those studying the epidemic.

In 2003 UNESCO signed a similar agreement with the state secretariat of health of Rio Grande do Sul (US\$2.5 million). Here the focus is on training primary care workers as well as the medical teams that make up the community and family health programmes. There are other provisions dealing with developing and linking existing data banks, monitoring and evaluating prevention and assistance activities, and training the secretariat's staff. In Rio de Janeiro the

agreement with UNESCO includes designing a masters programme on municipal health management to city council staff. There is also a host of preventative activities involving grass-roots communities across town, and funds allocated for experience-sharing seminars and conferences.

Whereas it is still early to have a full summative account of achievements, it is possible to indicate emerging trends. Overall, in the field of cooperation for Aids with decentralised units UNESCO has responded to demands originating from counterparts. The bulk of the activities is determined by states, with the office facilitating implementation and delivery. This has been useful and it has indeed allowed things to happen in the life of the new state programmes. Activities are up and running, with teachers and state personnel being trained, and information being circulated. UNESCO was invited by these states because it was seen as well matched to the core activities of the decentralisation push.

But the work of UNESCO remains by and large concentrated on logistics and programme management. We could not find instances in which these agreements led to the exploring of UNESCO's distinctive knowledge and competencies. It was also noticed that the heavy training/pedagogic components in other UNESCO projects such as Profae (education of nurses) or Basic Care (community health) have yet to be integrated into Aids work at state level. In this, UNESCO still has to make full use of the opportunities to integrate Aids work with other activities it conducts in related areas, be it in Brasília or through its antennae offices.

It is telling that cooperation agreements have been signed with three of the most powerful states in the federation. Here UNESCO has a window of opportunity to learn lessons that could eventually be applied to the Aids programmes of weaker and poorer states as they progress towards gaining more autonomy from the National Aids Unit. Helping slow adaptors to develop capacity would be a niche in which the office is particularly prepared to contribute.