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Government of the People's Republic of China

United Nations Development Programme

**Addressing the Greater Involvement of People Living with HIV/AIDS and
Furthering a Multi Sector Response to HIV/AIDS in China
(GIPA II)
Programme Document**

Brief Description:

The primary purpose of the GIPA II programme is to focus on supporting the greater and meaningful involvement of people living with HIV/AIDS. This programme aims to provide support for addressing key challenges to China's AIDS response and to further enhance the capacity of key multi sector partners including government institutions, civil society, private sector and other strategic partners.

Country: People's Republic of China

UNDAF Outcome 4:

HIV/AIDS, TB and Malaria infection and disease rates are reduced, care and support for those infected improved and the rights of those living with HIV/AIDS protected.

CP Outcome:

8. Strengthened Leadership and coordination at all levels in place to respond to HIV/AIDS: legislation and strategic frameworks

CP Outputs:

8.1 Provincial plans include specific ideas to respond to HIV/AIDS
 8.2 Leadership, planning and coordination capacities built among officials at the national level and in the 20 piloted provinces.
 8.3 National/provincial key legislation revised

Implementing Partner:

(designated institution/Executing agency)

China International Centre
 for Economic & Technical Exchanges (CICETE)

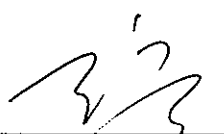

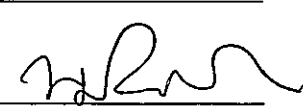
Other Partner(s):

(formerly implementing agencies)

Programme Period: 2007 – 2010 Programme Component: _____ Project Title: _____ Project ID: _____ Project Duration: 2007 – 2010 Management Arrangement: _____
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Budget US \$641,968 General Management Support Fee _____ Total budget: _____ Allocated resources: _____ • Government _____ • Regular US \$120,000 • Other: o Donor DFID US \$200,000 o Donor Stora Enso US \$50,000 (Private sector) TOTAL (private sector) US \$36,000 UNAIDS US \$79,968 • Parallel funding o Donor UNAIDS US \$96,000 o In-kind contribution CDC US\$10,000 o UNDP Regional Center in Colombo US \$50,000

Agreed by:

	Signature	Date	Name and Title
Government/Implementing Partner:		12/12.2007	Director General CICETE
UNDP:		21/12/2007	

Part 1a. Situation analysis

China's HIV/AIDS epidemic remains one of low prevalence overall, but with pockets of high infection among specific sub-populations and in some localities. In central China, a large number of people became infected in the mid 1990s due to unsanitary blood and blood plasma collection. In southern and western China, injecting drug use has burgeoned and HIV has taken root among this group, while sex work and injecting drug use have become increasingly linked. The situation is one of a confluence of multiple epidemics, each of which requires different response strategies. There are currently several million people who are at immediate risk of exposure to HIV, either through their own behavior or that of their partner.

Strengthened efforts are required to reduce HIV transmission among people most at risk and vulnerable groups, but significant gaps remain in establishing the empirical base necessary to identify the location of these groups and their risk behavioral profiles in order to design more effective targeted prevention programmes. Gaps include the lack of an adequate empirical base to identify at-risk and vulnerable population groups and the factors influencing their behavior, poorly designed interventions in terms of measurable results and the lack of rigorous evaluation to identify key lessons for scaling up responses. This is particularly true of young people and migrants in work environments that may increase their vulnerability to HIV transmission.

In terms of HIV prevention and efforts to reduce stigma and discrimination, both the national AIDS programme and UN sector support are characterized by relatively small-scale and insufficiently targeted interventions that have not achieved effective prevention outcomes.

In addition to financial disincentives in the current treatment and care system, the lack of trained personnel at the local level and the limited involvement of people living with and affected by HIV/AIDS are significant constraints. The provision of effective voluntary counseling and testing (VCT) services also remains a challenge, with considerable gaps remaining in the areas of confidentiality, consent and counseling.

Key issues:

The nationwide battle against HIV/AIDS has been powerful but effective leadership for HIV/AIDS prevention and management at the provincial, regional or local level is lacking, reducing the effectiveness of policy implementation. Even in the most badly affected areas, effective measures of HIV/AIDS prevention are in the experimental stage and scant attention has been paid to developing institutional or technical capacities and mechanisms necessary for reaching out to groups that present future risk.

Key to the overall national response is the area of strengthened national commitment with a sound policy framework, effective coordination and expanded response in all sectors. In terms of national policies, HIV/AIDS has exposed weaknesses in the health system that need to be addressed if they are to be implemented effectively. Unless action is taken quickly, core policies for AIDS prevention, treatment and care are unlikely to be achieved. Leadership commitment to carry out targeted interventions among the most at-risk populations at provincial level is weak. In some prefectures and in some government departments, leaders do not fully comprehend the dangers of HIV/AIDS and are not adequately equipped with the know-how to respond.

Gaps remain in establishing the empirical base necessary to identify the location of 'at risk' groups and their behavioral profiles in order to design more effective, targeted prevention programmes. These include weaknesses in the national surveillance system particularly in terms of the quality and consistency of behavioral surveillance surveys (BSS), the capacity of staff in collection and management of data, and interpretation of data. As a result, key decision makers are not receiving relevant and timely information about the epidemic and specific target groups. They lack the basis upon which to judge and budget for the most effective mix of interventions and targeting to reach most at-risk populations.

Systematic and rigorous assessment and evaluation of the effectiveness of pilot projects is lacking and scaling-up remains problematic. There are major challenges in the areas of programme management, coordination and monitoring of results. Key concerns are: poor estimations of resource needs; the degree to which funds allocated at the centre become available for their intended purpose at the target area; low priority given to monitoring and evaluation; and weak overall M+E capacity.

Improved strategies are needed to establish effective linkages that gain the confidence of target groups, such as through peers and NGO's, and to deliver clear messages and support services. The national policy framework emphasizes multi-sector response; the challenge remains to engage agencies outside the health sector. Mass media education has not been adequate in either scope or effectiveness. The majority of people living with HIV/AIDS are not aware of their status and HIV/AIDS awareness overall remains unacceptably low. National surveillance data indicates that 45.5% of injecting drug users share needles and syringes and 11% of drug users engage in high risk sexual activity.

Vulnerable and 'at risk' groups, such as adolescents and migrant workers are not adequately understood or effectively targeted. The mobility of people living with HIV is a key factor affecting the spread of HIV and there are significant difficulties implementing policy measures among the migrant population, estimated between 120 to 150 million. More focused preventative interventions including involving the Chinese business community, need to be developed.

1.b. National Response

In 2005 the government has taken further steps to strengthen its leadership in response to HIV/AIDS. Significant progress has been made in advancing government-led prevention, treatment and care response with multisectoral cooperation and strong societal participation. Steps have been taken to strengthen policy measures to standardize work in accordance with the law. Following an executive meeting of the State Council, each level of government is preparing action plans placing HIV/AIDS prevention, treatment and care among the key public health areas of the 11th Five Year Plan. Great advances have also been made in targeting key areas and implementing prevention, treatment and care measures through: strengthening HIV surveillance and testing; initiation of mass media to fight social stigma; scaling up of behavioral interventions and comprehensive prevention measures; actively treating patients with care and support services.

The State Council AIDS Working Committee Office (SCAWCO) is the broad-based multi sector national AIDS coordinating authority and a national monitoring and evaluation framework is currently being finalized. The central government has adopted a National Medium and Long Term Plan for AIDS Prevention and Control (1998-2010) and formulated the HIV/AIDS Control, Prevention and Treatment Action Plan (2006-2010). This is a nine

point plan which seeks to address key challenges. Several provinces have developed their own action plans to respond to the local situation. Within this framework the government has launched a series of multi sector information, education and communication (IEC) initiatives to raise awareness and reduce social stigma associated with HIV/AIDS.

Part 2. Strategy

The Chinese government attaches great importance to international development assistance including UNDP and its technical assistance to HIV/AIDS. Under the supervision of the Ministry of Commerce, CICETE continues to build its capacity in coordination and execution of UNDP assisted HIV/AIDS programmes in China.

Supporting people living with HIV/AIDS and building strong multisectoral partnership are critical to ensure an effective and sustain HIV/AIDS response. Therefore, building strong partnerships with multi sector partners including people living with HIV/AIDS, civil society, private sector and academia will be focus of this programme. The programme will support the government's overall efforts in responding to HIV/AIDS in three key areas:

1. The capacity and rights of people living with HIV and AIDS (PLWHA) and vulnerable groups is enhanced.
2. Deeper understanding of social and economic determinants of the epidemic generated and strategies developed with multi sector partners to mitigate the socio-economic impact.
3. Broad-based, multi-sectoral and multi-level advocacy and anti-stigma activities launched and sustained.

The Programme

UNDP and CICETE agree that the GIPA II programme will support China's overall response to HIV/AIDS and request related to the areas mentioned above, which are not covered by the current or planned HIV/AIDS programme. Specifically, the UNDP assistance under the GIPA II programme will help the government's efforts in fostering a closer HIV/AIDS response partnership with multi sector partners, ensuring greater support from civil society, the private sector and donors, and to building a stronger institutional capacity of the partners involved in UNDP/China cooperation for successfully achieving results. Therefore, these partners will be in a better position to provide strong and sustained support to the government's response to HIV/AIDS in China.

Activities

In support of the Government's response to HIV/AIDS and inline with UNDP's commitments to the United Nations Joint Country Programme on HIV/AIDS, the GIPA II programme will include activities carried out by key government agencies, civil society and academic institutions. These activities may include policy research, international forums, training workshops, organizational capacity building.

UNDP TRAC funding to the activities under the GIPA II programme shall not exceed US \$50,000 normally for each initiative. The criteria of identification and selection of sub-projects include:

- Activities should be consistent with the UNDP's global mandates on HIV/AIDS and China's development priorities, and have not been covered by ongoing or planned programmes;
- Activities do not cover equipment, long term training or language training. UNDP inputs could cover international and national consultants for domestic training/workshops and seminars, overseas missions or short-term training;
- Cost-sharing shall be encouraged when appropriate.

Partnership Strategy

Other Ministries and government institutions rather than the above listed may be involved in this regard, because of the need of continuous restructuring and adjustment of the government system and their adaptation to the new role under a socialist market economy.

National academic institutions, civil society organizations and donors are heavily involved in assisting the government through research on various thematic areas relating to HIV/AIDS. NGOs are also playing an increasingly important role in public issues in the on-going reform process. Therefore they are important partners.

Public Private Partnership is a very important component in the fight against AIDS. Their contribution to human development is essential to the success for China response to HIV/AIDS. China's private sector has made admirable contributions in recent years to nation wide efforts in HIV/AIDS prevention and awareness. The project offers another unique opportunity for a stronger public private partnership.

Part 4 – Results and resources framework

UNDAF Outcome 4: HIV/AIDS, TB and malaria infection and disease rates reduced, are and support for those infected improved and the right of those living with HIV/AIDS protected.			
Outcome indicator as stated in the Country Programme Results and Resources Framework, including baseline and target.			
Applicable MYFF Service Line:			
Partnership Strategy:			
Project title and ID:			
Intended Outputs	Output Targets for (years)	Indicative Activities <i>With attached project documents</i>	Inputs
The capacity, rights and understanding of social and economic determinants of people living with HIV and AIDS (PLWHA) and vulnerable groups is enhanced, and broad-based, multi-sectoral and multi-level advocacy and anti-stigma activities launched	1.1.1.1 Capacities of civil society organizations and people living with HIV/AIDS (PLWHA) strengthened;	1.1.1 Positive Speakers Group workshops convened;	1.1.1.1 DFID US \$80,000 Stora Enso US \$50,000 (private sector) TRAC US \$50,000 UNAIDS (parallel) \$96,000
	1.1.2 National UN Volunteers supported to build capacities of PLWHA organizations	1.1.2 Recruit National UNVs	1.1.2 TOTAL (private sector) \$36,000
	1.2.1 Policy proposals and policy research reported produced;	1.2.1 Social-economic Impact Study on HIV/AIDS	1.2.1 DFID US \$120,000 TRAC US \$50,000 UNDP Regional Center in Colombo (parallel) CDC (in-kind) US \$10,000 US \$50,000
	1.2.2 National MSM HIV/AIDS policy drafted, consulted and owned by the MSM	1.2.2 Sub-regional MSM consultation workshops conducted	1.2.2 UNAIDS US \$79,968 TRAC US \$20,000

	<p>communities</p> <p>1.3 Advocacy and Anti-stigma campaign carried out throughout China</p>	<p>1.3 Advocacy and Anti-stigma activities implemented</p>	
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Part 4. Management arrangements

The Ministry of Commerce is the government focal point responsible for management of international development assistance from foreign governments and UN agencies, *inter alia*.

China International Center for Economic and Technical Exchanges (CICETE) affiliated with the Ministry is the designated focal point for coordination, formulation and implementation of country cooperation programmes of UNDP. As the executing agency, CICETE will, in consultation with other relevant institutions and the UNDP country office, identify, approve, implement the proposed activities, provide support to ensure the results, and to ensure the successful completion of the programme.

CICETE and UNDP will be responsible for the overall management and results of the GIPA II programme and the daily implementation of the project according to the rules and regulations, Results Based Management (RMB) principles of UNDP and the NEX manual.

Due to nature of the project, each activity in the programme will be assigned a separate a project manager. The project manager is responsible for the day-to-day management of the project. The prime responsibility of the project manager is to ensure that the project produces the results specified in the project document, and to the required quality within the time frame and cost.

UNDP will take the role of project assurance by carrying out the objectives and independent project oversight and monitoring functions. The project assurance role will ensure appropriate project management milestones are managed and completed.

Financial Management

Atlas contributes to timely, efficient delivery of activities and effective financial monitoring to manage projects and the UNDP programme.

All cash transfers to an Implementing Partner are based on the AWP's agreed between the Implementing Partner and UNDP.

Cash transfers for activities detailed in the AWP's can be made by UNDP using the following modalities:

1. Cash transferred directly to the Implementing Partner:
 - a. Prior to the start of activities (direct cash transfer), or
 - b. After activities have been completed (reimbursement);
2. Direct payments to vendors or third parties for obligations incurred by the Implementing Partners on the basis of requests signed by the designated official of the Implementing Partner;
3. Direct payments to vendors or third parties for obligations incurred by UN agencies in support of activities agreed with the Implementing Partners.

Direct cash transfers shall be requested and released for programme implementation periods not exceeding three months. Reimbursements of previously authorized expenditures shall be requested and released quarterly or after the completion of activities. UNDP shall not be obligated to reimburse expenditures made by the Implementing Partner over and above the authorized amounts.

Following the completion of any activity, any balance of funds shall be reprogrammed by mutual agreement between the Implementing Partner and UNDP, or refunded.

Cash transfer modalities, the size of disbursements, and the scope and frequency of assurance activities may depend on the findings of a review of the public financial management capacity in the case of a Government Implementing Partner, and of an assessment of the financial management capacity of the non-UN Implementing Partner.

Cash transfer modalities, the size of disbursements, and the scope and frequency of assurance activities may be revised in the course of programme implementation based on the findings of programme monitoring, expenditure monitoring and reporting, and audits.

Resource mobilization efforts will be intensified to support the RRF and ensure sustainability of the programme. Mobilization of other resources in the form of cost sharing, trust funds, or government cash counterpart contributions will be undertaken to secure funding for the programme.

Additional Elements of the Project Document

Prior obligations and pre-requisites

There are no prior obligations for the approval of this project.

Approval of activities according to the criteria and process described in this project document is a pre-requisite for the approval of the project, which must be full-filled.

Part 5: Monitoring and evaluation

The Project will use joint participatory reviews of the national AIDS programme as its primary monitoring and evaluation modality.

The project will be subject to periodic review in accordance with the policies and procedures established by UNDP for monitoring project and programme implementation. Working level review can be carried out as agreed by the two parties when necessary.

Progress and Annual reports will be prepared by the Implementing Partner before the completion of each initiative, in accordance with UNDP policies and procedures. A final programme report will be prepared by CICETE and UNDP Programme Manager.

The communication and advocacy will be carried out in line with the nature of each activity and there will be no unified communication plan of the Programme.

Part 6. Legal context

This project document shall be the instrument referred to as such in Article 1 of the Standard Basic Agreement between the Government of the People's Republic of China and the United Nations Development Programme, signed by the parties on June 29, 1979. The host country implementing agency shall, for the purpose of the Standard Basic Assistance Agreement, refer to the government cooperating agency described in that agreement.

Part 7: Annexes

Part 1. Other agreements

Any additional agreements, such as cost sharing agreements, project cooperation agreements signed with NGOs¹ (where the NGO is designated as the “implementing partner”) will be submitted with activity proposal.

Part 2. Terms of reference/Job descriptions

If applicable, the Terms of reference or job descriptions for key project staff, e.g. national project director (NPD), national project manager (NPM), chief technical advisor (CTA), consultants will be submitted with activity project proposal.

¹ See Chapter 6 of the Programming Manual.



Annual Work Plan

China - Beijing

Award Id: 00048684
 Award Title: GIPA 2
 Year: 2008

Report Date: 9/12/2007

Project ID	Expected Outputs	Key Activities	Timeframe		Responsible Party	Planned Budget				
			Start	End		Fund	Donor	Budget Descr	Amount US\$	
00058943	GIPA 2	MSM Consultation	1/1/08	31/12/10	CPR-China International Centre	30000	UNAIDS	74500	Miscellaneous Expenses	74,368.00
		MSM Consultation Managen			CPR-China International Centre	30000	UNAIDS	75100	Facilities & Administration	5,600.00
		National UN Volunteers			CPR-China International Centre	04000	UNDP	74500	Miscellaneous Expenses	20,000.00
		Positive Talks			CPR-China International Centre	30000	PS	74500	Miscellaneous Expenses	16,740.00
					CPR-China International Centre	30000	PS	75100	Facilities & Administration	1,260.00
					CPR-China International Centre	30000	UKM	74500	Miscellaneous Expenses	37,200.00
					CPR-China International Centre	30000	PS	74500	Miscellaneous Expenses	18,600.00
					CPR-China International Centre	30000	UKM	75100	Facilities & Administration	2,800.00
					CPR-China International Centre	30000	PS	75100	Facilities & Administration	1,400.00
					CPR-China International Centre	04000	UNDP	74500	Miscellaneous Expenses	20,000.00
					CPR-China International Centre	04000	UNDP	71200	International Consultants	20,000.00
					CPR-China International Centre	30000	UKM	74500	Miscellaneous Expenses	83,700.00
			CPR-China International Centre	30000	UKM	75100	Facilities & Administration	6,300.00		
			CPR-China International Centre	04000	UNDP	74500	Miscellaneous Expenses	30,000.00		
TOTAL										337,968.00
GRAND TOTAL										337,968.00



Annual Work Plan

China - Beijing

Award Id: 00048684
 Award Title: GIPA 2
 Year: 2009

Report Date: 9/12/2007

Project ID	Expected Outputs	Key Activities	Timeframe		Responsible Party	Planned Budget				
			Start	End		Fund	Donor	Budget Descr	Amount US\$	
00056943	GIPA 2	National UN Volunteers			CPR-China International Centre	30000	PS	74500	Miscellaneous Expenses	16,740.00
		Positive Talks			CPR-China International Centre	30000	PS	75100	Facilities & Administration	1,260.00
					CPR-China International Centre	30000	UKM	74500	Miscellaneous Expenses	37,200.00
					CPR-China International Centre	30000	PS	74500	Miscellaneous Expenses	18,600.00
					CPR-China International Centre	30000	UKM	75100	Facilities & Administration	2,800.00
					CPR-China International Centre	30000	PS	75100	Facilities & Administration	1,400.00
		Positive Talks Management			CPR-China International Centre	04000	UNDP	74500	Miscellaneous Expenses	20,000.00
		Social Economic Study			CPR-China International Centre	30000	UKM	74500	Miscellaneous Expenses	27,900.00
					CPR-China International Centre	30000	UKM	75100	Facilities & Administration	2,100.00
		TOTAL								
GRAND TOTAL										128,000.00



Annual Work Plan

China - Beijing

Award Id: 00048684
 Award Title: GIPA 2
 Year: 2010

Report Date: 9/12/2007

Project ID	Expected Outputs	Key Activities	Timeframe		Responsible Party	Planned Budget			
			Start	End		Fund	Donor	Budget Descr	Amount US\$
00058943	GIPA 2	Positive Talks			CPR-China International Centre	30000	PS	Miscellaneous Expenses	9,300.00
		Positive Talks Management			CPR-China International Centre	30000	PS	Facilities & Administration	700.00
TOTAL						04000	UNDP	Miscellaneous Expenses	10,000.00
GRAND TOTAL						20,000.00			