



Kyrgyzstan

**United Nations Development Programme
in the Kyrgyz Republic**

Programme Document

UNDAF Outcome	C.2: All Vulnerable Groups exercise their rights to develop in a safe and supportive environment that provides protection from and care for HIV
Expected CP Outcome:	C.2.1. Contributions of relevant actors to human development dimension of the national HIV response within Three Ones Principles is improved
Expected CPAP Output(s):	<ol style="list-style-type: none"> 1. Vulnerability to HIV is reduced through the promotion of human rights and gender equality 2. The governance component of the national HIV response is strengthened 3. AIDS issues are mainstreamed in national development policies
Implementing partner:	The Government's Office of the Kyrgyz Republic

Brief Description

The UNDP Programme "Support to the Government to Respond to HIV in the Kyrgyz Republic Programme (Country Programme Action Plan 2005 – 2010)" significantly contributed to the improvement of multisectoral coordination mechanisms of the National HIV response according to the mid-term outcome evaluation conducted in November 2007. The national ownership of multisectoral approach increased and the Government of Kyrgyzstan reorganized the Country Multisectoral Coordination Committee in 2007.

The present Programme was designed to respond to changes in the multisectoral coordination mechanisms, to continue and bring to the successful end undertakings of the previous Programme and to focus primarily on sustainability and national ownership of the Programme outputs.

The Programme intends to support the Government in strengthening the contributions of relevant actors to human development dimension of the national HIV response within Three Ones Principles by reducing vulnerability to HIV (through the promotion of human rights and gender equality), strengthening the governance component of the national HIV response and mainstreaming AIDS issues in national development policies.

Programme Period:	2008-2010
CPAP Programme Component:	C.2.1
Programme Title:	Support to the Government to Respond to HIV
Atlas Award ID:	00044865
Start date:	01 April 2008
End Date:	31 December 2010
PAC Meeting Date:	4 June 2008

2008 AWP Budget:	\$ 318,665
Total resources required :	
Total allocated resources :	\$ 1,118,665
• Regular :	
• Other	
o Donor	
o Donor	
o Government	
Unfunded Budget	
In-kind Contribution	

Agreed by implementing partner: 

Agreed by UNDP: 

Signature date: 21.08.2008

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List of Acronyms

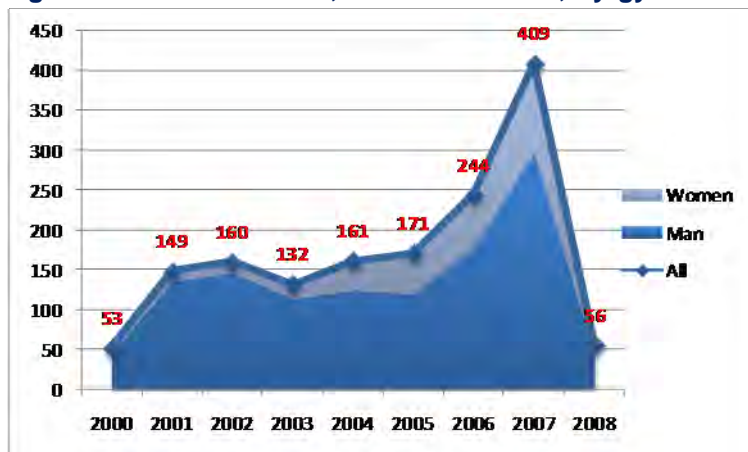
CDS	Country Development Strategy
CMCC	Country Multisectoral Coordination Committee
CP	Country Programme
CPAP	Country Programme Action Plan
CS	Civil Society
CSOs	Civil Society Organizations
ILO	International Labour Organization
LFA	Local Financial Agent
MoD	Ministry of Defence
MoEDT	Ministry of Economic Development and Trade
MoH	Ministry of Health
MoJ	Ministry of Justice
MoU	Memorandum of Understanding
N/A	Not Available or Not Applicable
NGO	Non Governmental Organizations
NPD	National Programme Director
NSC	National Statistics Committee
PLHIV	People Leaving with HIV
PM	Programme Manager
PMCC	Provincial Multisectoral Coordination Committee
PMU	Programme (Project) Management Unit
SBAA	Standard Basic Assistance Agreement
STD	Sexually Transmitted Diseases
STI	Sexually Transmitted Infections
ToR	Terms of Reference
The Unit	The Unit for Coordination of Activities in the Area of Socially Significant and Dangerous Infections, the Ministry of Health
UNDAF	United Nations Development Assistance Framework
UNDP	United Nations Development Programme
UNESCO	United Nations Educational, Scientific and Cultural Organization
VPM	Vice Prime Minister
WB	The World Bank

I. Situation Analysis

A. HIV epidemic in the Kyrgyz Republic

According to official statistics, HIV prevalence rate is 26.1 per 100,000 population in the Kyrgyz Republic (as of Dec 2007). 77.4% of people living with HIV (PLHIV) are 20-39 years old. Although the epidemic is still dominated by injecting drug use (72%), recent data indicates steadily increase in a share of HIV transmission through unprotected sex from 3% in 2001 to 23.6% in 2007.

Figure 1 HIV Incidence, 1987-2008 March, Kyrgyzstan



Source: AIDS Center, MoH (01/03/08)

Although the epidemic is still dominated by injecting drug use (72%), recent data indicates steadily increase in a share of HIV transmission through unprotected sex from 3% in 2001 to 23.6% in 2007.

A share of women among PLHIV has tripled for the last 6 years: from 9.5% in 2001 to 22.0% in 2007 (as shown in Figure 1 above). The majority of these women were infected by sexual partners - injecting drug users (IDUs).

registered as of March 2008, however experts estimate the number of PLHIV at 4,500.

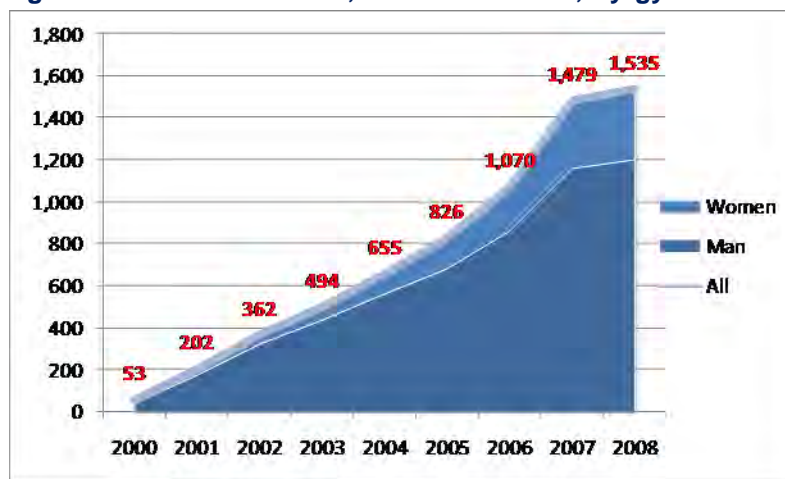
As to geographical distribution the epidemic is mostly concentrated in the south (Osh and Osh Oblast' mostly) and the city of Bishkek (59%).

According to the sentinel surveillance figures the HIV epidemic is primarily concentrated among injecting drug users reaching prevalence rate at 7.4%. However high

spread of sexually transmitted infections (STI) such as syphilis (e.g. 34.8% among sex workers (SW) and 23% among men who have sex with men (MSM) in 2006) denotes the threat of generalization of the epidemic. In addition, high spread of viral hepatitis C among injecting drug users (48.4% in 2006) and sex workers (4.5%) indicates that unsafe injection practices are pervasive among key populations at higher risk.

1535 HIV-infected are

Figure 2 HIV Prevalence, 1987-2008 March, Kyrgyzstan



Source: AIDS Center, MoH (01/03/08)

B. National response to HIV

National response to HIV in the Kyrgyz Republic represents an example of concerted efforts of the state, national non-governmental and international actors through multisectoral

coordination mechanism. Different aspects of the response are discussed below in corresponding sub-sections.

B.1. State Programme on AIDS

The national response to HIV is framed and guided by the “State Programme on HIV epidemic prevention and its social-economic consequences in the Kyrgyz Republic for 2006-2010” (hereinafter referred as to “State Programme on AIDS”). It was developed based on the assessment of the previous State Programme on AIDS (2000-2005). The assessment highlighted inter alia an importance of strengthening governance component of the national response through strengthening multisectoral coordination mechanism.

The current State Programme on AIDS consists of three components:

- 1) “Improving state policy in the field of HIV in the Kyrgyz Republic”
- 2) “Comprehensive targeted programmes for the most vulnerable citizens”
- 3) “Ensuring safe and accessible services under increased number of HIV and AIDS cases”

The Programme was developed through a participatory process with involvement of key stakeholders including development partners and civil society organizations (CSOs) and was approved by the Government of the Kyrgyz Republic (decree #498 July 6, 2006).

The State Programme encompasses five strategies aimed at improvement of the state policy on AIDS related issues as shown in the box above. A legal support to PLHIV and key populations at higher risk is proposed as one of the strategies under component #3.

The Country Multisectoral Coordination Committee (CMCC) chaired by the Vice Prime Minister is in charge of the oversight of State Programme’s implementation.

CMCC drafted a regulation for the Monitoring and Evaluation of the State Programme on AIDS being under consideration in the Government of the Kyrgyz Republic (GoK). Necessary technical instruments have been developed and capacity strengthening of key actors is needed to introduce the M&E system effectively as soon as the GoK approves the regulation.

The State Programme on AIDS is the main policy tool for the country to meet targets of the UN Declaration on Commitment on HIV (UNGASS on HIV 2001) as stated in the UNGASS Country Progress Report (on the Declaration of Commitment on HIV (2006-2007)). However, as it was revealed by the Mid-term outcome evaluation of the “Support to the Government to Respond to HIV in the Kyrgyz Republic Programme (Country Programme Action Plan 2005 – 2010)” (hereinafter referred as “to mid-term outcome evaluation) conducted in November 2007, the State Programme on AIDS is not integrated into the national development strategy despite the country’s determination to achieve the Millennium Development Goals (MDGs). The Country Development Strategy (2007-2010), developed through a participatory process and endorsed by the President’s Decree in 2007, does not contain a single reference to the national response to HIV. The Kyrgyz Republic National

State Programme strategies under component #1

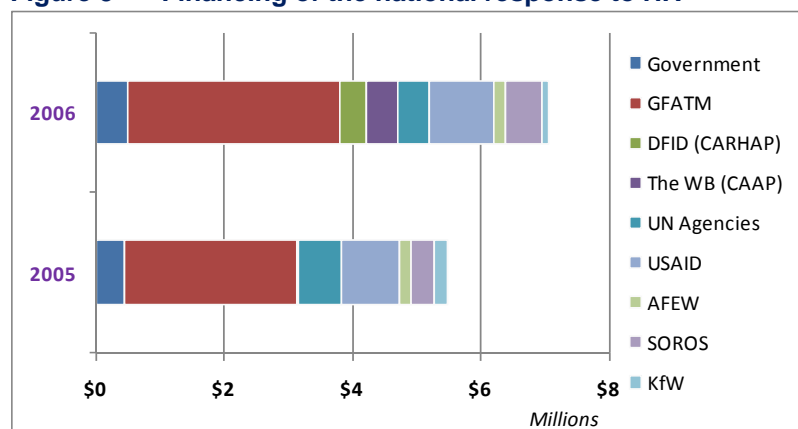
1. Coordination and Management of the State Programme for 2006-2010
2. Improving the legislation of the Kyrgyz Republic in the area of HIV and related problems
3. Involving citizens, communities and religious leaders in implementing HIV programmes
4. Developing HIV prevention programmes in force structures
5. Developing an information, education and communications policy

Health Care Reform Program “Manas Taalimi” for 2006-2010 is the only development strategy that makes such reference to AIDS related policy issues albeit from health sector prospective only. Considering multisectoral nature of HIV epidemic and national response (that is well recognized and demonstrated in the Kyrgyz Republic), such positioning of AIDS related issues in development policy is unfair and inadequate. It denotes that strategic policymaking practices in Kyrgyzstan are still weak and there is a need for strengthening the national capacity for a policy analysis that could benefit harmonization of development policies and integration of AIDS issues in development processes.

B.2. Role of development partners

Development partners play a significant role in the national response to HIV both in terms of financial and technical support. Since 2004, the Global Fund to fight AIDS, Tuberculosis and Malaria (GFATM) has become the main source of funding for the implementation of the

Figure 3 Financing of the national response to HIV



Source: Reports of donors/partners

State Programme on AIDS since the country received a grant in an amount of \$17 million. Financial resources allocated to the national HIV response have increased at least 5 times since then (from \$1,1 to \$5.5-\$7.1 million per annum in 2005-2006). As to changes in donor financing structure, more than the half of the resources were coming from the national budget and donors financed approximately 40% of the total resource requirements before 2004. After the GFATM entry, the share of the state budget decreased to 7-8%. Financing from three donor funded regional projects (DFID/CARHAP, USAID/CAPACITY and WB/DFID/CAAP) constituted a quarter of the total funds as shown in Figure 3 above.

Considering that majority of financial resources is allocated to preventive interventions to decrease unsafe behavior among key populations at higher risk a role of civil society organizations increased dramatically. They are best positioned to deliver preventive services and are more flexible to grow and meet the country needs in the national response to HIV. The dramatic increase in grants channeled via CSOs from different sources/donors created two needs:

- The need for better harmonization of donor support and coordination of implementation preventive programs
- The need for capacity building of grant recipients to absorb resources and ensure efficient and effective implementation

In response to the first challenge, all partners (both regional and national) demonstrated willingness to coordinate their efforts via a formal partnership (such as the multisectoral coordination mechanism) as well as more informal consultations and partnership arrangements. Although these attempts have never succeeded to streamline a grant management process (e.g. introduce a uniform application and reporting instruments) that until now imposes an additional administrative and technical burden on implementing actors, still the progress in the area of multisectoral coordination in Kyrgyzstan is generally well recognized. The UN Theme Group on HIV consisting of UNICEF, UNDP, UNODC, WHO,

UNAIDS, UNHCR, ILO, WB, UNESCO and UNFPA as a single coordinating body of the joint UN response to HIV in Kyrgyzstan can serve as a good example of improved harmonization and coordination of the support to the introduction of “Three Ones” Principles in the country. The UN Theme Group leads the preparation of a national strategic framework to streamline interventions of UN agencies and non-UN partners in accordance with the UNAIDS Technical Division of Labor and in line with the State Programme on AIDS.

The UNAIDS has supported the 1st National Forum of AIDS-service NGOs taken place in January 2008. As a result of the Forum, one of the follow up initiatives of CSOs working in HIV area was to establish a Coordination Council of AIDS-service NGOs. The Coordination Council was established by delegates representing major civil society actors at national and sub-national levels. Amongst other, the Coordination Council aims at the improvement of interaction between the non-governmental, governmental and international actors within the national response to HIV.

As to the second challenge, USAID launched a regional CAPACITY project to help national actors (both governmental and non-governmental) to absorb resources allocated by the GFATM and other donors more efficiently and effectively. Similar capacity strengthening efforts were carried out by other donors/projects (such as the WB/DFID/CAAP, DFID/CARHAP, and SOROS). If prominent results have been achieved in transfer of knowledge and technical skills still a lot has to be done in organizational development of national actors to improve their performance and ensure sustainability (operational, financial and organizational). In addition, the CAPACITY support ends in March 2009, WB/DFID/CAAP project lasts until 2010, and there are no clear exit strategies ensuring that capacity building functions are transferred to national or regional bodies and at least the current level of capacity strengthening efforts is sustained.

B.3. Multisectoral coordination mechanism

The country has more than 10 years experience of implementing multisectoral coordination mechanisms in the national response to HIV. The same year when the first National AIDS Programme (1997-2000) was endorsed (by Decree #507 of the Government of the Kyrgyz Republic), the National Multisectoral Committee on Prevention of HIV/STD established at the Government level and chaired by the Vice Prime Minister was created in 1997 (by the Decree #507 of the GoK).

The Committee has undergone through numerous organizational transformations since then, responding to the needs and developments of the national response to HIV:

- Year later, the functions of the National Multisectoral Committee on Prevention of HIV/STD were transferred to the Coordination Committee on the Reform of Health Care and Health Insurance; until 2001 the Committee was chaired by the State Secretary
- New structure and composition of the Republican Multisectoral Committee on Prevention of HIV/STD at the Government of the Kyrgyz Republic¹ was established in December 2001; it was comprised of 39 persons in total: representatives of NGOs (4), mass media (5), religious leaders (2) and sub-national authorities (9). The General Director of the RO AIDS (AIDS centre) served as a secretary. Four technical sectors were established under the Committee:
 - National policy

¹ Республиканский Многосекторальный Координационный Комитет при Правительстве Кыргызской Республики по профилактике СПИДа, инфекций, передающихся половым и инъекционным путем - РМККСБ

- Legislation and human rights
- Education, information and communication
- Epidemiology and prevention of HIV
- Country multisectoral coordination committee under the Government of the Kyrgyz Republic to fight HIV, TB and malaria (CMCC) was established in June 2005 through a merger of two existing bodies: Republican Multisectoral Coordination Committee and Country Coordination Committee on HIV, TB and Malaria. The Unit for Coordination and Monitoring in HIV area, in the Department of Social and Cultural Development, Prime Minister Office was established (with the support of UNDP) serving as a secretariat. Six technical sectors were established under this Committee to lead implementation of the State Programme on AIDS in relevant areas:
 - Sector on national policy and legislation implemented coordination of activities on development and introduction of proposals on improving the national policy to fight the epidemic by ensuring political and legal support of multisectoral approach to issues, related to prevention and treatment of HIV, tuberculosis and malaria;
 - Sector on health care and social protection organized epidemiological surveillance over the epidemic, defined the needs of beneficiaries, developed measures on prevention, treatment, care and rehabilitation of people, living with HIV (hereafter PLHIV), organized preparation of corresponding personnel for implementation of activities, developed measures on social protection of PLHIV, as well as representatives of vulnerable and hardly accessible groups;
 - Sector on information, education and communications developed and introduced training programs for all levels of training on issues related to prevention of the epidemic and healthy lifestyle, including organization of special programs for training of the personnel on these issues, promptly informed the general public about events, related to the epidemic, developed strategies on formation of tolerant attitude of the society to PLHIV, vulnerable and hardly accessible groups;
 - Sector on defense and law enforcement bodies organized activities to train personnel of law enforcement and defense bodies on issues of legislative framework and principles of development of prevention programs, as well as of interaction and protection of rights of PLHIV, vulnerable and hardly accessible groups;
 - Sector on execution of grants and programs functioned in the framework of implementation of GFATM grants to fight the epidemic based on multisectoral approach;
 - Sector on monitoring and evaluation implemented activities to develop and introduce unified system to monitor and evaluate programs and measures to fight with the epidemic. CMCC Secretariat coordinated activities of this Sector.
- The Secretariat (The Unit for Coordination and Monitoring in HIV/AIDS area, in the Department of Social and Cultural Development, Prime Minister Office) was abolished in June 2007 due to the reorganization of the Prime Minister's Office
- In August 2007 The Government reorganized the CMCC (Decree #372 (24/08/07) of the Government of the Kyrgyz Republic) merging it with the "Republican Emergency Epidemiologic Committee" transferring secretarial functions to two line Ministries: the Ministry of Health and Ministry of Agriculture, Water Resources and Processing Industry
- In September 2007, Secretarial and Coordination functions of the new CMCC were transferred to the Ministry of Health. The Ministry of Health established (Order #384, 01/11/2007) the Unit for Coordination of Activities in the Area of Socially Significant and Extremely Dangerous Infections (in response to the Decree #372 of the Government of

the Kyrgyz Republic) that assumed functions of the CMCC secretariat (hereinafter referred to as the Unit).

The mid-term outcome evaluation revealed variety of viewpoints among key stakeholders on the last reorganization of the CMCC. Although the majority of stakeholders were skeptical about the possibility of maintaining and enhancing multisectoral coordination by the line ministry there was no technical framework to assess a performance of the CMCC in terms of coordination and monitoring and determine whether or not this skepticism was groundless. In addition, the evaluation found that expectations and understanding of a multisectoral approach to the national response to HIV varies significantly among key stakeholders and despite the relatively long history of its implementation there was no agreed conceptual framework. At the same time almost everybody stressed a need for the introduction of a practical performance assessment framework that would inform key stakeholders and decision makers to improve the multisectoral mechanisms (with or without conceptual reframing of the multisectoral approach).

The country experience in application of the multisectoral approach to the national response to HIV is not limited only to functioning of the CMCC. Sub-national (oblast' and municipal) level Provincial Multisectoral Coordination Committees became functional in seven oblasts and the cities of Bishkek and Osh with UNDP and UNAIDS support. Other so-called "bottom-up" initiatives have been promoted within sectors, faith-based organizations, mass media and other CSOs with the support of UNDP and other partners. These undertakings combined with the national level multisectoral coordination mechanism are a significant step toward institutionalization of the multisectoral approach in the national response to HIV. However, there is **a need for further support to ensure national ownership and sustainability of critical components of the multisectoral approach.**

B.4. Achievements and challenges

The country has made a remarkable progress towards implementation of UNAIDS Three Ones Principles and Declaration of Commitment on AIDS:

- One coordination mechanism such as the CMCC at the national and sub-national levels is functioning enabling all key stakeholders including representatives of PLHIV and populations at higher risk to participate in design, implementation and oversight of the national response to HIV; the Government due to capacity building of development partners assumed stronger ownership of multisectoral coordination mechanisms and demonstrated responsibility to take lead on the improvement of governance component of the national response to HIV. At the same time, there is still a need for strengthening capacities of national actors to enable them to fulfill their functions more effectively and in a sustainable way.
- The State Programme on AIDS represent a unified HIV action frame prepared and endorsed by key stakeholders; however as a strategy document on HIV related issues it is not integrated adequately into country development strategy
- The unified national monitoring and evaluation system is in the process of development: CRIS system on M&E has been applied for collection, processing and analysis of data on national level; the draft by-law was prepared to introduce the unified monitoring and evaluation system; instruments such as manuals and reference materials have been adapted to local environment and applied to the national M&E system. However, the system needs further improvement and formal endorsement by the Government, further, capacity strengthening of key actors is required for the unified national monitoring and evaluation system to become fully functional and sustainable.

The national legislation has improved significantly meeting most of international standards in terms of protection of rights of PLHIV, key populations at higher risk and protection against stigmatization and discrimination. The Law on HIV in the Kyrgyz Republic (#149, 13/08/05)

was enacted in 2005 and served as reference point for further legislative initiatives. However, there is a gap in the legislation at the lower level (regulations, instructions, and procedures) to enforce new legal norms and enable PLHIV and key populations at higher risk to enjoy fully their rights.

Preventive programs are estimated to cover key populations at higher risk by 50%. In order to achieve and then sustain behavior change scaling-up of preventive interventions is required. That calls for the increase in the service delivery capacity of non-governmental organizations as well as state institutions. The GFATM approved a grant (for the 7th round) for supporting the nation response to HIV in the Kyrgyz Republic in the amount of \$28 million (effective 2009). Role of national actors (both governmental and non-governmental) in the management and utilization of resources is increasing leading to stronger national ownership and sustainability. There is still a need for increasing their organizational capacity to institutionalize fiduciary functions, ensure proper accountability and transparency of fund management.

Frequent changes in the Government as well as high turnover of key specialists in state agencies, mass media or civil society decrease effectiveness and sustainability of investments in human capital. It poses a challenge for the capacity strengthening interventions and efforts towards institutionalization of mechanisms of the governance component of the national response to HIV.

C. UNDP support to the national response

UNDP has been supporting the country in the national response to HIV from 1997 through different assistance mechanisms/modalities. For the last 2-3 years the support has been provided in accordance with the UNDP mandate defined by the Technical Division of Labour between UN agencies.

UNDP started provision of a “soft” assistance to the Government of the Kyrgyz Republic from the onset of the HIV epidemic in 1997 advocating for timely and adequate preventive interventions. Later the UNDP CO supported several new pilot interventions targeting high risk groups and helped NGOs to start delivery of AIDS-services.

The Government of the Kyrgyz Republic approached UNDP in 2004 with the request for a support in building a national capacity to coordinate and monitor the incoming foreign assistance in the HIV area and to coordinate a comprehensive national response to HIV.

In response to the Government’s request the UNDP CO assisted in creation of the Unit for Coordination and Monitoring in HIV area at the Prime Minister’s Office. The Unit served as a Secretariat for the Country Multi-sectoral Coordination Committee (CMCC) with revised organizational structure, composition and functions. The Unit also fulfilled the advisory role for the Vice Prime Minister, the Chair of the CMCC.

Through the Programme “Support to the Government to Respond to HIV in the Kyrgyz Republic Programme (Country Programme Action Plan 2005 – 2010)” UNDP Kyrgyzstan has been contributing to the achievement of the UNDAF 2005-2010 outcome C.2: “All Vulnerable Groups exercise their rights to develop in a safe and supportive environment that provides protection from and care for HIV”.

In the Country Programme Action Plan (CPAP 2005-2010) the Programme outcome is formulated as follows: “CP Outcome C.2.1.- Multi-sectoral approach for implementation of Three Ones principles for HIV functioning with the participation of the state, CBOs, religious leaders, mass media, people living with HIV and international partners”.

The mid-term evaluation concluded that the stated outcome was appropriate for the development situation and “the UNDP Programme significantly contributed to the positive change in terms of improving structural and functional aspects of the country multisectoral response to HIV and institutionalization of the “Three Ones” principles”.

The mid-term evaluation also found that the progress made by the Programme team toward stated outputs was impressive:

- **Output 1:** “The Prime Minister’s office is able to effectively coordinate and monitor the implementation of the third state Programme”
- **Output 2:** “Key media reporting about HIV is fact based and sensitive to vulnerable groups and PLHIV”
- **Output 3:** “Representatives of government, civil society and the private sector possess new leadership abilities to reduce the spread of HIV, stigma and discrimination”
- **Output 4:** “Policies and laws that protect the rights of PLHIV and vulnerable groups are drafted and its enforcement is monitored”

The Government’s decision to strengthen the multisectoral coordination of the national response to HIV through new organizational arrangements (described above) can be perceived as a success of capacity building efforts under output 1 and a decisive step toward stronger national ownership and sustainability. However, the restructuring of the CMCC called for the revision of organizational arrangements of the Programme as well as the mode and profile of capacity building support to the multisectoral coordination mechanisms.

UNDP’s efforts under outputs 2 and 3 has contributed to acceleration of bottom-up initiatives within the multisectoral approach through capacity strengthening of key actors such as representatives of sub-national authorities, line ministries, CSOs and mass media.

Finally the Programme has succeeded to benefit PLHIV and other key populations at higher risk with recent changes in the legislation through the improvement of subordinated legislation and access to legal services.

As noted by the mid-term evaluation, there was no exit strategy that defines how the achievements under outputs 2, 3 and 4 are sustained in terms of transferring capacity building functions to relevant national actors and institutionalization of provision of legal services to the PLHIV.

The recommendations of the mid-term evaluation are presented in the box above. A validity of the conclusions and recommendations of the mid-term evaluation were reaffirmed by key stakeholders during the consultations held for the preparation of the present Programme document.

The UNDP CO has played a role of fiduciary agent of the Principal Recipient of the GFATM HIV grant. In addition to fiduciary services, there is a need to strengthen the capacities of the GFATM HIV PIU staff in proper management of funds (financial and managerial accounting) and application of accountability practices meeting international standards.

Recommendations of the mid-term evaluation

- I. Continue UNDP programme’s support to the multisectoral response to the HIV epidemic in close cooperation with main partners and actors.
- II. Revise the results framework and propose technically sound indicators and targets for the outcome and outputs
- III. Formulate a clear exit strategy ensuring the sustainability and country ownership
- IV. Consider the possibility of consensus building among stakeholders by revisiting key conceptual and organizational aspects of the multisectoral approach through an open, transparent and participatory consultative process
- V. Prepare to support policy analysis capacity strengthening at the strategic decision making level.

D. Summary of the situation analysis

The situation described above can be summarized in terms of needs/problems that have to be addressed, challenges and opportunities that have to be considered in the design and application of interventions in the future and risks that affect desired results as listed below:

- ***Needs/problems***
 - Insufficient capacity of various actors to contribute adequately to the multisectoral response to the HIV epidemic
 - Weak monitoring of the implementation of the State Programme on AIDS
 - Insufficient integration of HIV in national development agenda/policies
- ***Challenges and risks***
 - Ambiguity among key stakeholders on key concepts related to the multisectoral approach to the national response to the HIV epidemic
 - Low sustainability and national ownership in some programmatic areas concerning the transfer of capacity building functions to relevant national actors
 - Changes in the government as well as high turnover of key specialists in state agencies, mass media or civil society
 - Possible decrease in capacity building support due to the end of some donor funding in 2009-2010 and absence of reliable exit strategies
- ***Opportunities***
 - Achieve synergy through increasing cohesion of UNDP work in areas of democratic governance, environment and sustainable development and poverty (including HIV)
 - Willingness of the Government to accelerate the implementation of the State Programme on AIDS through better coordination and monitoring of multisectoral interventions
 - Commitment of development partners to consolidate development assistance efforts through improved harmonization of support and coordination of interventions

II. Strategy

The current Programme design is a result of adjustments of the past operations (with more focus on sustainability, national ownership and stepping up partnerships) as well as an attempt to address the gaps identified by the mid-term outcome evaluation in November 2007. From a strategy point of view, the Programme intends to bring to a successful end most of undertakings in the past and at the same differs in terms of the focus, execution modality, clarity and logical setup of results.

The Country Programme Action Plan 2005-2010 outcome 2.1.1 has been revisited in order to:

- tailor it to the development context (strengthening its link to the UNDAF 2005-2010 outcome #2.1 “All Vulnerable Groups exercise their rights to develop in a safe and supportive environment that provides protection from and care for HIV/AIDS”), and
- Make it consistent with the technical requirements of the Results-Based Management model.

The Programme strategy was developed through intensive consultations with the major national partners and reflects results of discussions with development partners and key actors in the national response to HIV.

What is different in the proposed strategy?

- ✓ Shift of the focus:
 - from multisectoral coordination to a human development dimension of the national response
 - from administration of implementation to strategic development planning
- ✓ Sustainability and national ownership: feasible plan (instead of a “wish- list”) of moving toward national execution of the Programme interventions
- ✓ Clearly articulated exit strategy
- ✓ Better understanding of partnerships, more emphasis on a dialogue, advocacy and brokerage and building upon a comparative advantage of relevant partners in this policy dialogue
- ✓ Stronger logical relationships between results in the hierarchy of achievements
- ✓ Recognition of the risks and a technically sound strategy to manage them

A. Key approaches and principles

Formulation of UNDP strategy for the achievement of the revised CPAP outcome 2.1.1 was guided by:

- Conceptual and strategic frameworks such as:
 - UNAIDS Technical Support Division of Labour
 - United Nations Development Assistance Framework (UNDAF) of the Kyrgyz Republic 2005 - 2010
 - UNDP strategic plan, 2008-2011 “Accelerating global progress on human development” (17 January 2008)
 - UNDP regional priorities outlined in “A strategy for RBEC from 2008 to 2011”
 - UNDP Corporate Strategy on HIV
- Findings and recommendations of the mid-term evaluation
- Needs (gaps) expressed by stakeholders (including direct beneficiaries, partners, Programme staff) through consultations during the preparation of the present document

A.1. Guiding principles

The following principles underpin the proposed strategy:

- Build upon the achievements of the UNDP HIV/AIDS Programme (2005-2007)

It implies that most of previous efforts that proved to be effective and valuable will be continued although approaches might change toward ensuring national ownership and sustainability.

- Respond adequately to changes in the environment considering:
 - lessons learnt as outlined in the mid-term evaluation report

The mid-term evaluation highlighted several lessons that are instrumental for shaping future interventions. They call for increased visibility of UNDP, acceleration of an open dialogue on different aspects of the multisectoral approach, pro-activity of the UNDP CO team in brokerage, advocacy and coordination whenever the Programme implementation faces difficulties if risks are materialized, development of effective partnership strategies, focus on sustainability and national ownership of accomplishments, etc.
 - UNDP mandate in supporting multisectoral response to the HIV epidemic, based on the UNAIDS Technical Division of Labour

UNDP is expected to contribute to strategic planning, governance and financial management of the national response to HIV in cooperation with other UNAIDS co-sponsors (WB, UNICEF, ILO, etc.), namely in areas of “HIV development, governance and mainstreaming, including instruments such as CDS, and enabling legislation, human rights and gender”
 - UNDP corporate strategy priorities 2008-2011 and directions of the corporate strategy on HIV, namely contribute to:
 - Integrating AIDS concerns into national development processes in partnership with other stakeholders involved
 - Strengthening the governance component of AIDS responses
 - Reduction of vulnerability to HIV by promoting human rights and gender equality
 - Input into improved implementation of Global Fund programmes to tackle AIDS (in partnership with other stakeholders involved)
- Focus the support on capacity building for the multisectoral response:
 - maintaining flexibility to address the emerging needs for capacity building and policy advice and manage the programme related risks
 - Ensuring sustainability and national ownership of the achievements through the gradual transfer of capacity building functions to appropriate national bodies ultimately
- Mainstream HIV in UNDP country Programmes as well as achieve synergy via partnerships with other donors/programmes

A.2. Capacity building

Capacity building of key actors in the national response to HIV remains a cornerstone of the proposed approach. However, the proposed capacity building are not for the sake of capacity building per se. Rather, the capacity building efforts aim at the improvement of core functions of the national actors in different areas of the national response to HIV such as:

- Coordination and monitoring of multisectoral interventions
- Advocacy and public education on HIV related issues via mass media
- Breakthrough initiatives in different sectors and levels of government

- Organizational development for more efficient management of GFATM funds
- Integration of HIV in development policy agenda through improved, evidence based policy making

The capacity building efforts are considered as a basic condition for ensuring sustainability of Programme outputs. In distinction from the past experience the Programme intends to transfer most of capacity building efforts to relevant national actors and achieve the institutionalization of the provision of capacity building services. For this purpose the Programme will focus on capacity building of the eventual “Capacity builders” aiming at institutionalizing this within national structures

Under each Programme output a wide range of capacity building activities are planned – capacity building is a crosscutting issue and main modality of Programme activities from programmatic point of view. The capacity building activities will include but not limited to:

- Training of beneficiaries through thematic seminars and workshops
- Development through a participatory process of manuals/guidelines, as well as policy notes, technical reference documents, etc.
- On-job trainings (so called “learning by doing”) and mentorship (e.g. in case of breakthrough initiatives)
- Study tours and experience sharing (using partnerships with regional programmes as a vehicle)
- Development of training curriculum and integration into formal education system
- Knowledge and skills transfer through on-demand technical assistance
- Based on emerging country needs other activities may be undertaken

A.3. Sustainability and exit strategy

Sustainability of Programme outputs is the major challenge the Programme has to respond to. It is not enough to strengthen beneficiaries’ capacity only during the Programme lifetime; although an investment in human capital and organizational development is critical step toward sustainability. Key actors of the national response to HIV have to go a long way to perform efficiently and effectively. The need for continuous capacity building is expected to last many years as long as a demand on quality and effectiveness of their performance will not decrease in the foreseeable future. So the key actors will need to have an access to a variety of capacity building services.

Therefore, the Programme intends to build the capacity of the relevant national bodies to institutionalize the provision of these services whenever possible. From programmatic point of view, this strategy in general implies not just provision of capacity building support to beneficiaries by internal/programme technical teams, but:

- early identification of candidates among national actors that would host this function after the Programme ends
- transfer of the skills and knowledge to the identified national body that are necessary to take up and carry on the function
- development of tools, means and incentives (legal, administrative, financial) to promote the delivery of capacity building services

If successful, the Programme technical teams in charge of the provision of capacity building services will be replaced gradually by national actors that acquired necessary skills and knowledge and assumed the function (see the desired managerial arrangements in Figure 6 on page 59).

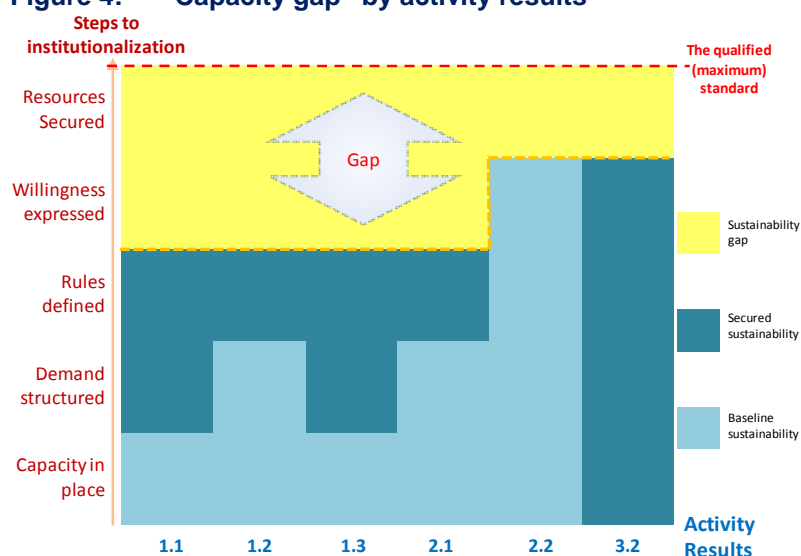
There are many barriers and risks the Programme has to cope with to implement the aforementioned strategy. It is not easy to identify an organization with appropriate basic capacity and potential, but it is much more difficult to find the one willing and committed to host and carry on these functions. Even if a qualified and committed body is identified and supported (in terms of knowledge/skills transfer) in the end it comes to availability of resources, both human and financial to sustain these functions. It is hard to predict whether the country (considering a pace of socio-economic development) can afford one or another capacity building service delivered for free by the Programme. An asymmetry in the ability to pay for and the demand on such services leaves little room for manoeuvre when the Programme comes to the end. As one out of few possible solutions the Programme may look for temporary financing from other sources (such as regional or in-country partnerships) for a period that is needed for the country to mobilize and allocate enough resources.

In some areas related to the protection of rights of PLHIV, the Programme intends to go even further than just the transfer of capacity building functions to a national body. There are all prerequisites in place for the Programme to strive for the institutionalization² of the protection of the rights of PLHIV:

- legal environment necessary to enforce the legal norms related to the protection of rights of PLHIV will be further improved;
- Programme beneficiaries will mature gradually as consumers of legal services – therefore the demand on quality legal services will persist
- relevant national body will be capacitated to deliver the legal or other needed public services directly or through other (market) arrangements

Therefore, institutionalization in terms of embedding a new practice as a norm in real life is considered as the highest qualification standard of sustainability the Programme could achieve ultimately. Risks (factors out of the scope of control of the Programme management) associated with the institutionalization are fully recognized (and discussed in the relevant section below), nevertheless the Programme will strive for attaining this high standard of sustainability as much as possible.

Figure 4: “Capacity gap” by activity results



Schematically this is shown in Figure 4 (above) - a phenomena of so-called “sustainability gap”. Conventionally, there are five steps necessary to meet “the qualified standard” – achieve institutionalization of one or another result. Light blue (grey) denotes current situation of accomplishments in terms of sustainability (progress to institutionalization). Baseline level for output 3 (activity result #3.2) is zero because it is a new

² “Institutionalization” in the given context implies that delivery of legal services by relevant bodies and use of these services by PLHIV becomes a social norm supported by legislation, financial and administrative incentives, consumer behavior, public opinion and is self-sustained in the long run

intervention. Activity result 2.2 corresponds to the “functioning of the Unit” and compared to other results is the most advanced in terms of sustainability. During next 2.5 years, the Programme can make a progress toward higher levels of sustainability (colored in dark blue or grey) even if it faces risks associated with the institutionalization. If any of these risks are materialized (for instance lack of financial resources as in the case of Activity Results #2.2 and #3.2), there will be a gap between achieved and desired levels of sustainability (colored in yellow or light grey).

The Output 3 is a new area, which was identified as a gap during the Programme mid-term outcome evaluation. It is expected that the activities here will go beyond the Programme cycle (2010), as this will include building the capacity of key-players in strategic analysis and planning to be able to provide high quality policy recommendation and policy advice services. The Programme intends to support the Government in mainstreaming AIDS issues into key country strategic documents.

A.4. Partnership strategy

Considering the lessons learnt in the past and UNDP strategic plan 2008-2011 an effective partnership strategy is needed for the UNDP CO and Programme teams for multiple purposes, namely to:

- Ensure stronger national ownership and sustainability of the Programme outputs (achievements)
- Achieve synergies (at best) and avoid duplication of interventions (at least) through joint planning and coordination of implementation
- Manage efficiently and timely Programme related risks in a dynamic environment with complex interactions between various actors
- Respond properly to the needs of key actors in the national response to HIV
- Facilitate long-term partnerships between national constituencies
- Promote exchange of experience and best practices through partnerships with regional programmes
- Mainstream AIDS issues in strategic planning, program design and implementation of programmes within UN family and with other development partners

There are several approaches and mechanisms to step up different types of partnerships and to pursue abovementioned goals.

A typology of proposed partnerships proposed by the strategy can be divided into three groups by their scope of application:

- Internal – with different programmatic areas of UNDP CO portfolio via joint planning, consultations and sharing of experience and resources
- In-country:
 - Via formal mechanisms (such as a MoU) with:
 - National partners that are critical for the implementation of the Programme
 - UN agencies on AIDS issues via UN Theme Group on HIV
 - GFATM and other donors financing the national response to HIV
 - Key national stakeholders through multisectoral coordination mechanisms at the national and sub-national levels
 - International Financial institutions (IFIs) and other development agencies supporting the country in the design and implementation of development policies

- Informal regular and/or ad-hoc consultations and meetings with state agencies, CSOs (preferably their associations/unions), implementing partners of donor funded programmes, academia and research institutions, etc
- Regional and global –
 - whenever possible via formal mechanisms or informally with the regional (Central Asia) programmes for:
 - coordination of capacity building efforts at the country level
 - getting better access to regional level processes that would benefit the programme beneficiaries (in terms of capacity building through regional experience sharing)
 - with UNDP COs and resource centers to facilitate knowledge transfer

Through closer interaction with UNDP Country Programmes that aim at the improvement of the design and implementation of long terms development policies the Programme will identify areas and specific activities to fit into the mainstream of UNDP led MDG related interventions. This will contribute to the alignment at the operational (programmatic) level and synergy at the UNDP programmes' outputs level.

The UNDP will continue an active engagement in the preparation of a joint UN work plan framework in HIV that is an effective instrument for coordination of HIV related interventions with UNAIDS co-sponsor agencies. Together with the UN Theme Group on HIV it will ensure effective partnership at strategic and operation level with most of development partners.

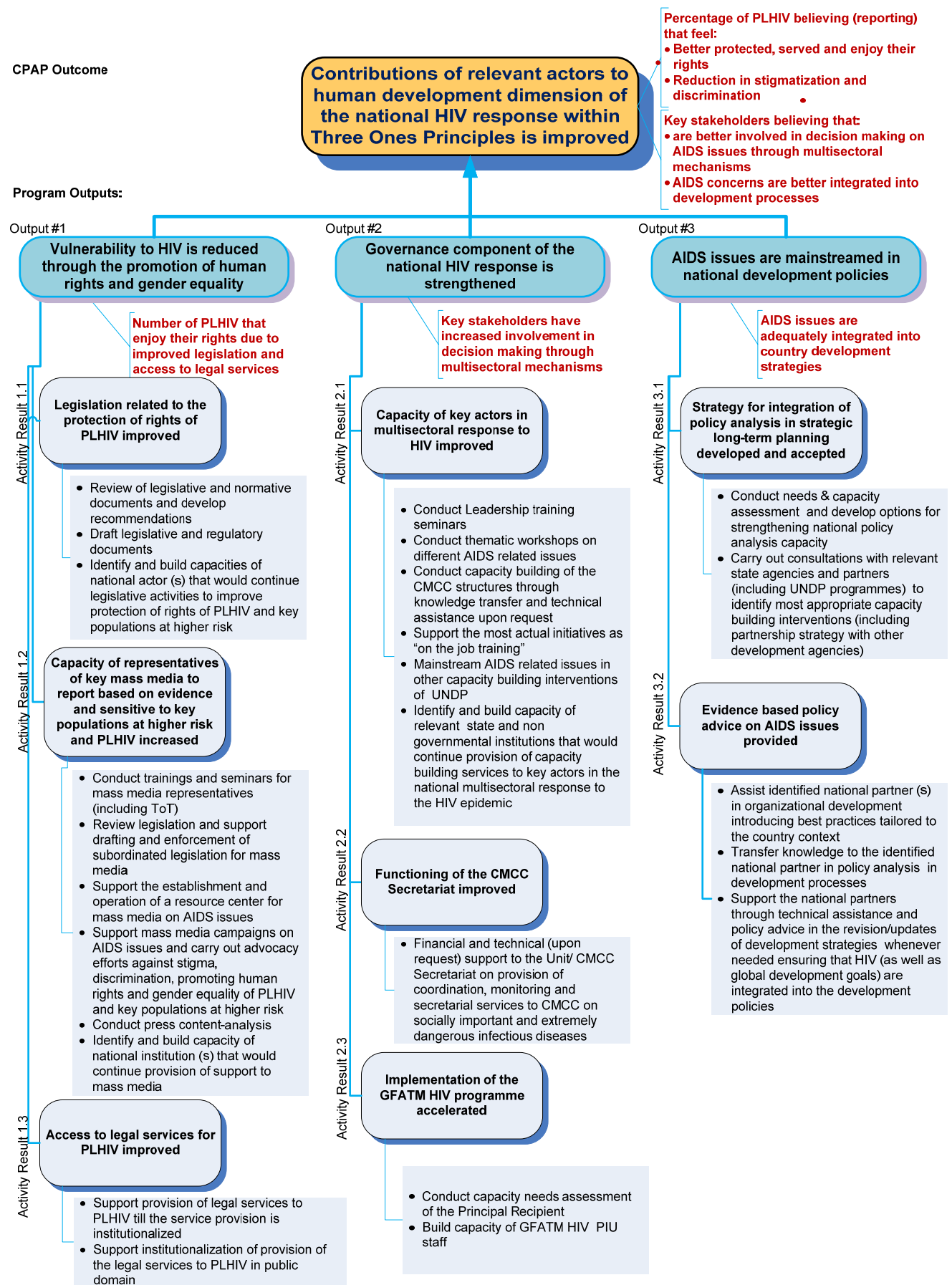
At the country level, a partnership, especially via formal mechanisms, is not considered as a one-time event of mutual expression of interests, commitments and/or expectations. Rather, it is understood as a continuous process of interaction between two or more actors necessary to:

- exchange directly a vision, concerns, ideas or concrete suggestions
- demonstrate or reaffirm willingness to solve problems or attain objectives jointly, share resources and experience, etc.
- identify problems/challenges jointly and get common understanding of its causes and solutions
- promote an open policy dialogue on AIDS issues, related to the governance component of the national response to HIV or to the mainstreaming of HIV in country development policies

Building up partnerships with regional programmes, particularly with the focus on capacity building of regional and national institutions in HIV area are of paramount importance to ensure sustainability and strong national ownership. The Programme might explore a possibility:

- to discuss and then to contribute to the elaboration of exit strategies of regional projects (e.g. CAPACITY) that end in foreseeable future due to termination of donor funding and possess valuable assets (in terms of experience, technical tools, human resources) that can be further used in the country
- to mobilize (or to help national partners to mobilize) additional financial resources from these projects such as the WB/DFID CAAP to provide support to partners (as a short and/or mid-term solution) to sustain functions transferred by the Programme

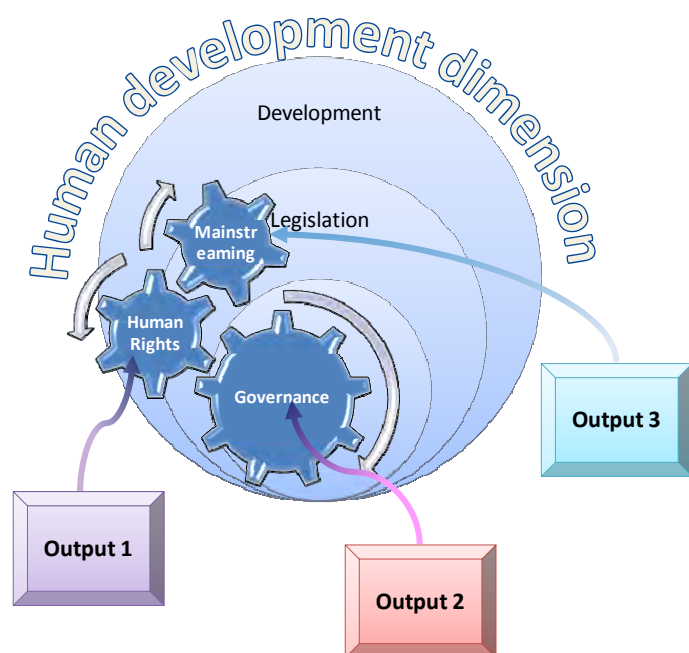
B. Description of Programme outputs



B.1. Contribution of outputs to the revised CP Outcome

In general, a “human development dimension” of the national HIV response (as framed by the UNAIDS division of labour and articulated in the UNDP Strategic Plan 2008-2011) includes those aspects of the multisectoral HIV related interventions that address development, governance, mainstreaming, legislation, human rights and gender related issues. The proposed strategy aims primarily at positive changes of three aspects of human development dimension of the national HIV response (corresponding to “gear shapes” in the illustration below):

- Human rights and gender
- Governance
- Mainstreaming



Proposed indicators (see section III “Results and resources framework” on page 30 and “Detailed monitoring and evaluation matrix” on page 49) capture exactly these features and are instrumental to measure changes as perceived by the PLHIV and key stakeholders of the national HIV response.

The Programme intends to deliver results under three outputs in order to achieve the CP Outcome 2.1.1 as shown schematically in the figure above. Grouping of interventions under and formulation of outputs corresponds to the abovementioned priority human development dimensions (as shown in the figure above):

- Output #1 “Vulnerability to HIV is reduced through the promotion of human rights and gender equality” addresses the first aspect (as listed above) of the human development dimension and contributes to the attainment of the CP Outcome through improving:
 - legislation on and advocacy of human rights and gender equality in HIV area, and
 - access to legal services of PLHIV (as well as other key populations at higher risk)
- Output #2 “The governance component of the national HIV response is strengthened” primarily addresses the second aspect of the human development dimension correspondingly through:
 - Supporting “bottom-up” initiatives promoting break through initiatives in different sectoral ministries and sub-national authorities as well as improving knowledge of HIV related issues among state and non-governmental actors
 - Performance based financial support and on-demand technical assistance to the CMCC
 - Capacity building of the GFATM HIV PIU staff in finance and managerial accounting
- Output #3 “AIDS issues are mainstreamed in national development policies” essentially addresses the issue mainstreaming HIV in development processes through building up in-country policy analysis capacity for country strategic planning and management.

Contributions of the Programme outputs to the human development dimensions of the national HIV response are not as straightforward as shown in the figure above. In reality Output #1 directs its efforts to the improvement of legislation, mainstreaming of AIDS issues in UNDP Programmes (capacity building activities) or local/sectoral development planning is addressed through Output #2 as well, and Output #3 contributes to the development aspect ultimately.

Strategically all three outputs are consistent with strategies of the State Programme on AIDS defined under component #1 (see section “B.1 State Programme on AIDS” on page 5) and address gaps identified in the situation analysis.

B.2. Output #1

The Programme intends to reduce vulnerability to HIV of PLHIV and key populations at higher risk through promotion of human rights and gender equality.

Interventions under output #1 are focused on:

- Legislation (related to PLHIV)
- Advocacy (on human rights and gender equality as they related to HIV and AIDS)
- Services (to PLHIV to protect their rights)

Activity results are formulated in correspondence with the focus areas:

Activity Result 1.1 Legislation related to the protection of rights of PLHIV improved

Activity Result 1.2 Capacity of representatives of key mass media to report based on evidence and sensitive to key populations at higher risk and PLHIV increased

Activity Result 1.3 Access to legal services for PLHIV improved and institutionalized

Legislative and normative documents will be reviewed in order to identify bottlenecks in the enforcement of human rights of PLHIV and key populations at higher risk; it might also include consultations with major national partners and/or relevant state bodies to define their needs. In the end, gaps in the legislation will be prioritized and recommendations to address these gaps will be formulated. This is not considered to be a onetime exercise – the Programme team will regularly monitor legislative initiatives (working closely with the Parliament) to detect timely changes that might affect human rights and gender equality issues related to HIV.

The legislation review will help to define and organize a work process for drafting legislative and regulatory documents. The Programme team will invite leading experts whenever necessary and will support relevant national bodies to draft a bill and/or subordinate legislation.

In parallel to legislative activities the Programme team, in consultation with national and international partners, will identify relevant national actors that will take over gradually responsibilities for the improvement of legislation concerning human rights and gender equality in the HIV area. A need for additional (to on-going “learning by doing” efforts) capacity building services will be defined and their capacity will be strengthened correspondingly.

The Programme will support key mass media in advocating the protection of human rights and gender equality through a wide range of interventions. Namely, the Programme intends to conduct a series of trainings and seminars for key mass media representatives including trainings of trainers (so called “ToT”). In parallel to that, the Program team will work on legal environment to enable mass media fulfil its role in advocacy and public awareness raising on AIDS issues professionally and effectively. It implies a legislation review, drafting and

enforcement of subordinated legislation. This exercise will be mainstreamed in the legislative activities (described above) whenever feasible.

The Programme will provide direct support to mass media campaigns for the advocacy against stigmatization, discrimination and the promotion of human rights of PLHIV and key populations at higher risk.

The Programme team, in partnership with key actors, will identify a national partner for the establishment of a resource centre for mass media on AIDS issues. The resource centre will provide an access to technically sound materials and information on AIDS issues whenever mass media representatives need. A primary criterion for the selection of the national partner would be its readiness and basic capacity to host and operate the resource centre. The Programme will invest in the national partner's technical capacity and provide means for the operation of the resource centre. At the same time, the Programme intends to identify a national partner for transferring mass media capacity building functions after the end of the Programme. Ideally, the same organization could host the capacity building functions in the future and run the resource centre during the Programme lifetime. In any case, the Programme intends to apply specific efforts for the transfer of capacity building functions as well as strive for securing resources for its sustainability.

In addition, the Programme team will conduct regular press content-analysis in order to a) identify gaps and needs (and then tailor training/capacity building efforts to them) and b) obtain information for monitoring and evaluation purposes.

Creation of a conducive environment by improving the legislation and promoting advocacy and public awareness on HIV related issues is important but not enough for the reduction of vulnerability to HIV. Therefore, the Programme will carry on the provision of quality legal services to PLHIV while focusing on its institutionalization. The interventions mentioned above already address two critical elements of institutionalization: rules (legislation, procedures) and structured demand on legal services among PLHIV. Therefore, the main challenge the Programme has to respond to is to ensure readiness of the public body (that formally assumes the responsibility for the protection of human rights of PLHIV and ensuring their access to legal services) and securing funding from public sources. The readiness of the public body depends on its motivations and technical capacity the Programme has to address. The Programme team will use all available advocacy tools using the multisectoral coordination mechanisms or other partnership schemes to ensure that financial needs are considered either in the state budget or at least in the costing of the next State Programme on AIDS.

B.3. Output #2

Interventions under output #2 are explicitly dedicated to capacity strengthening of key actors in order to enable them to fulfil their functions within the national HIV response more effectively and efficiently.

The main rationale behind grouping activity results and actions under this component is a profile of direct beneficiaries that calls for specific type of capacity building interventions:

Activity Result 2.1 Capacity of key actors in multisectoral response to HIV improved

Activity Result 2.2 Functioning of the Unit/CMCC Secretariat improved

Activity Result 2.3 Support is provided to improved implementation of GFATM funds

Thus, capacity building interventions under Activity Result 2.1 targets an audience that have specific roles in the multisectoral response to HIV such as representatives of CSOs, line ministries, sub-national authorities (mainly key “opinion makers”), other state agencies, etc. The strategy envisages a separate set of capacity building interventions mostly through

knowledge transfer and on-demand technical assistance to the CMCC structures (at the national and sub-national levels).

The second Activity Result 2.2 is dedicated to support the Unit through provision of performance based financial support to the Unit for Coordination of Activities in the area of Socially Significant and Extremely Dangerous Infections of the Ministry of Health (the Unit) in partnership with other players.

The third group of activities (Activity Result 2.3) benefits the Principal Recipient of the GFATM HIV funds through capacity building support and direct technical assistance tailored to its needs.

The Programme will continue its support to the promotion of leadership, especially among representatives of uniform service agencies through transfer of leadership skills (seminars) and mentorship (supporting most actual break through initiatives). The focus will be made on quality and sustainability of breakthrough initiatives originating within line ministries and/or in specific HIV related thematic areas closer to ultimate beneficiaries.

In addition to specific leadership initiatives the Programme team will organize capacity building workshops for a broader audience around HIV related themes such as gender, organizational development, role of faith based organizations in response to HIV epidemic, migratory population and AIDS issues, HIV prevention at work place, uniform services and AIDS issues, etc.

The Programme will be inclined to mainstream the abovementioned thematic capacity building efforts into other UNDP Programmes that have similar capacity building components through provision of training materials or direct delivery of trainings.

In distinction from the past operation the Programme team will strive for the sustainability of capacity building services in partnership with other key players: relevant national actors (a governmental institution or non-governmental organization) will be selected in accordance to their profile, basic capacity and willingness to host this function. Gradually the aforementioned capacity building services will be delivered through these national bodies that will contribute not only to the knowledge transfer but to promotion of their role and institutionalization of these services eventually.

Capacity building of the CMCC structures would differ significantly from the rest of capacity building services by its nature and work process:

- In terms of the nature, it will consist mostly of short term technical assistance (provided by the Programme team) in response to the technical requirements – similar to consulting services when a client identifies a need for external support in a certain functional area and outsources some services
- The technical assistance will be provided through a participatory process ensuring that skills necessary for similar exercise are transferred gradually to the client – the CMCC, thus decreasing its dependency on external support

Volume and type of capacity building efforts will be needs-driven: it will be provided only in response to a formal request of the CMCC for a certain technical assistance. That doesn't preclude the Programme team from helping the CMCC in the formulation of a ToR. However, this mode of capacity building ("demand-supply") is essential to:

- Ensure the managerial autonomy of the CMCC and particularly of the Unit
- Prevent as much as possible confusions (among key stakeholders) concerning roles of the Programme team and the Unit professional staff
- Minimize the creation of dependency on an external expertise that would undermine sustainability and national ownership of the Unit and CMCC eventually

By the introduction of a more distanced, “client-consultant” mode of interaction with the Unit and CMCC, the Programme adheres to the principles and strategies, specifically related to the exit strategy outlined in sub-section “A. Key approaches and principles” above:

- Institutionalization of the country multisectoral coordination mechanisms combining the performance based financial support (described below under Activity Result 2.2 in detail) with building the in-house technical capacity including experience in outsourcing technical assistance in case of need
- Gradual shift from the direct support to the coordination of multisectoral interventions to building up in-country capacity necessary for strategic planning and management of development policies related to HIV

From an operational standpoint, structured “client-consultant” capacity building services are time limited and linked to certain deliverables. The effectiveness of such a technical assistance is defined primarily by “client’s” satisfaction measured after the delivery of every single product (technical quality of deliverables can be scrutinized always by any stakeholder in addition to the direct beneficiary).

The Programme envisages provision of the following types of technical assistance:

- Support in review and analysis of technical documents (program reports/documents, research papers, international guidelines & methodologies) and preparation of background papers
- Support in elaboration of technical tools (such as manuals, guidelines, ToRs)
- Support in drafting legislation
- Process design and facilitation

Procedurally the Programme will provide technical assistance only in response to an official letter of request for technical assistance from the Unit with the terms of reference attached to it. The Programme team may invite external expertise in case of a need.

The Programme will not carry directly activities to deliver the Activity Result #2.2 “Functioning of the Unit/CMCC Secretariat improved” – it will be fully implemented by the Unit. The implementing agency will be responsible for the overall performance measured by a set of indicators (outlined in Annexes, “Detailed monitoring and evaluation matrix” under the corresponding activity result). The cooperation arrangements of UNDP and the Unit are also spelled out in the Management Arrangements, part D. The Performance targets for the Unit/CMCC Secretariat were prepared in consultation with the MoH and other partners. The Unit reports on meeting the performance targets (enclosed in Annexes B) on an annual basis. The Programme Board reviews the report on accomplishment of performance targets by the Unit and makes a recommendation about this component of the Programme (from revising the performance framework to revisiting managerial arrangements and design).

The Programme team will transfer knowledge and assets to the Unit necessary for the effective fulfilment of the Unit’s functions a period of two months from signing of this Programme Document. The knowledge transfer implies that:

- all materials (hardcopies and electronic versions), including official correspondence of the CMCC, by-laws, instructions, manuals, technical documents (reports, programs) are handed over to the Unit
- the Programme team/specialists meet with the Unit’s professional staff (in accordance with a preliminary agreed work plan of Unit’s activities) in order to :
 - introduce them to inventory of the materials/documents
 - explain how to use certain technical tools or run the process if the corresponding procedures are not written or are not clear enough

- share experience of handling challenging tasks

After completion of the knowledge transfer the Programme team may occasionally provide additional clarifications concerning only the materials handed over. Any other interaction between the Programme team and the Unit fall under the format of technical assistance as discussed above (under Activity Result 2.1).

The third Activity Result #2.3 consists of two types of actions: service provision and capacity building. The UNDP CO will continue provision of fiduciary services to the Principal Recipient of the GFATM HIV PIU. At the same time the Programme will, upon request from PR, carry out management review and capacity needs assessment of the GFATM PIU. UNDP will elaborate together with the Principal Recipient/PIU a plan of capacity building services based on findings of the assessment. Provisionally, the plan will include training skills building events and specialized trainings.

B.4. Output #3

The Programme intends to provide support in mainstreaming AIDS issues into national development processes. The President's Administration is the key body in the country, which is responsible for policy making and development of country development strategy. UNDP was approached by PA office with the request to support them in building technical capacities of the PA staff in policy analysis. UNDP agreed to offer its support in building capacities in strategic analysis aimed at provision of high quality policy recommendations and policy advisory services. In cooperation with other partners, the model would be developed which would be implemented for AIDS issues as a pilot and replicated to other areas afterwards.

Through building a policy analysis capacity the Programme jointly with other partners intends to help GoK, other national stakeholders and development partners to mainstream AIDS related issues into national development policies. The following types of interventions are envisaged by the proposed strategy: awareness rising of policy makers and advocacy of AIDS issues (through thematic seminars, workshops, and other advocacy events), direct technical assistance in terms of policy advice, facilitation of a policy dialogue, participatory assessment of the achievements of the present Country Development Strategy, etc.

Conceptually HIV mainstreaming does not refer to just "an insertion" of HIV section in one or another development strategy. From a MDG-based development planning standpoint it implies that AIDS issues are an integral part of the overall vision of national development and are reflected in a hierarchy of development policies correspondingly. In countries like Kyrgyzstan development processes are very dynamic requiring more frequent than usual assessment and revision of priorities, ways and means to attain development goals. Therefore, the "implantation" of HIV section in any development document is a temporary measure rather real HIV mainstreaming in development processes.

There are two strategy scenarios the Programme can use to attain the desired result:

- "Do as usual" scenario- mobilize internal and external expertise and get actively engaged in the next country development strategy preparatory process organized in ad-hoc manner by the Government and development partners, presumably in the end of 2009 or beginning of 2010. Despite expected tough competition between thematic areas there is still a good chance for HIV to be included in the priority list, especially if the MDG framework is used for drafting the development strategy
- "Innovative" scenario – initiate a process of building up a sound institutional framework for the participatory formulation, monitoring and evaluation of development policies; although this process is much longer than the duration of the Programme, it is possible to introduce a new practice of strategic long-term planning for achieving nationalized MDGs; in such a case a policy analysis capacity created in the country can supply key policy advice to the Government and lead the preparation of the next country

development strategy with active support of development partners and other stakeholders. HIV related issues as well as other MDG themes are most likely to be integrated in the document without ad-hoc external advocacy and technical inputs.

The second scenario is the preferred one due to several reasons:

- first of all, it corresponds to the guiding principles of sustainability and national ownership
- secondly, it is in line of with the UNDP corporate mandate and priorities in general:
 - support to institutional capacity building assisting countries to achieve internationally agreed goals
 - improvement of synergies across various development strategies and agendas, alignment of sectoral strategies and financial/investment programming with national development frameworks
- thirdly, this initiative can benefit other UNDP CO programmes (and vice versa) in the area of democratic governance, crisis prevention and recovery, environment and sustainable development and poverty reduction

From programmatic point, much more risks and challenges are associated with the preferred second scenario. In distinction from other Programme strategies (components) this strategy is more about opening opportunities than prescribing concrete steps and solutions. Its progress toward the desired output depends on the success of collaboration with traditional and non-tradition HIV partners and stability in the governance structures (for details see “Risk Analysis” in Annexes on page 55).

In case the development of the in-country policy analysis capacity for long-term strategic planning is delayed due to objective reasons, the Programme can switch temporarily to the first scenario (“do as usual”) and intervene in the country development strategy preparation (together with development partners) to ensure that AIDS concerns are adequately integrated in the major 5 year country development plan.

Activities necessary to achieve the results under the preferred strategy will go beyond the present Programme cycle and are grouped under the following activity results:

Activity Result 3.1 Strategy for integration of policy analysis in long term strategic planning developed and accepted

Activity Result 3.2 Evidence based policy advice on AIDS issues provided

The first Activity Result is critical for the evolution of the sound institutional framework for the design and implementation of long-term development policies. It starts with opening a dialogue with all stakeholders to formulate a common vision of and define roles of actors in the development of the policy analysis capacity in the country for strategic long-term planning.

The Programme intends to conduct a comprehensive needs and capacity assessment of national actors that are formally responsible for or can be involved in development policy design. Based on findings of the assessment and through intensive consultations with the national and development partners the Programme team will elaborate options for strengthening the national policy analysis capacity.

Illustratively this exercise can include the following activities:

1. Conduct key informant survey (in-depth interviews of relevant officials and representatives of development partners) to identify their needs and expectations
2. Study of current decision making and policy advice practices (through the review existing procedures as well as interviews with relevant state officials)

3. Make an inventory of national “think tanks”, academia and/or research institutions that are specialized in different aspects of policy analysis, identify the most appropriate institutions through consultations
4. Create a roster of professionals with experience in/knowledge of policy analysis
5. Draft needs & capacity assessment report that shows:
 - 5.1. Key aspects of the “demand” side
 - 5.2. Existing professional resources and experience/practice on the “supply side”
 - 5.3. Description at least two or three options for strengthening national policy analysis capacity

The Programme team will carry out consultations with relevant state agencies and partners to identify most appropriate capacity building interventions. This may include the following:

1. Organize and conduct the needs & capacity assessment report dissemination workshop (s)
2. Develop capacity building interventions scenarios including: plan of action, organizational arrangements, resource requirements (human, financial, knowledge/methodology) plus criteria for the selection of appropriate scenario
3. Present scenarios to the relevant state official (program partners among authorities) and select one out of proposed options
4. Draft a normative act if feasible to formalize obligations of parties and measures necessary to implement the selected scenario

Preparation of the joint strategy for the integration of policy analysis in strategic long-term planning may take at least 8 months and if successful, the Programme can move to the next stage – the provision of an evidence-informed policy advice to AIDS issues during the development of the next country development strategy. The following activities are expected to be carried out under Activity Result #3.2:

1. Assist identified national partner (s) in organizational development introducing best practices tailored to the country context:
 - 1.1. Develop a functional plan of the policy analysis/advisory unit including:
 - 1.1.1. Description of policy analysis products the unit is in charge to produce
 - 1.1.2. Description of functions and tasks that are necessary to produce the abovementioned policy products
 - 1.1.3. Define the most appropriate managerial arrangements/processes
 - 1.1.4. Define scope of work of key technical/professional staff
 - 1.1.5. Define expected/necessary external technical assistance (local and/or international)
 - 1.2. Assist the national partner in the selection of appropriate managerial/professional personnel
 - 1.3. Assist the national partner in drafting internal policies/procedure that are necessary to interact with other organizational/functional units of the national partner efficiently
 - 1.4. Assist the partner in the revision of the functional plan as well as policies & procedures whenever necessary

- 1.5. Provide technical assistance in organizational development whenever necessary
2. Transfer knowledge to the identified national partner in policy analyses in development processes
 - 2.1. Assist the national partner in the development of policy analysis glossary
 - 2.2. Define standards (requirements) for different types of policy analysis products (methodology)
 - 2.3. Assist (through on job training) in the development of specific policy analysis products such as background paper/policy note, policy research papers (including assessment reports of the implementation of national development strategies), policy recommendations, policy advices paper, etc
 - 2.4. Conduct study tours for key policy makers and policy analysis specialists as well as organize participation of the key professional staff in policy analysis and other related international events
3. Support the national partners through technical assistance and policy advice in the revision/updates of development strategies whenever needed ensuring that HIV/AIDS (as well as global development goals) are integrated into the development policies
 - 3.1. Provide technical oversight/guidance in the analysis and preparation of government strategies/development policies; in particular cases provide technical assistance whenever needed
 - 3.2. Assist in the organization of participatory events (e.g. round tables, workshops) to promote policy discourse on priority issues

In any case, activities under Activity Result 3.2 will be refined at the earlier stage when the strategy for integration of policy analysis in strategic long-term planning is developed and endorsed by the national and development partners. **In general, the list of activities in Output 3 should be considered to be illustrative rather prescriptive.**

In terms of timing it would be ideal to carry out all these activities by the end of 2010. However, the duration of the knowledge transfer (activity #3.2.2) to the identified national partners in policy analysis and its capacity building up to a sustainable level may take many years depending on the strategic plan (Activity Result #3.1). In any case, within the Programme lifetime it will be possible to provide at least technical assistance to this body to supply evidence-informed policy advice to the Government for the integration of HIV in the country development strategy. If activities #3.2.1 and #3.2.2 (see Results and resources framework on page 30) take longer than desired, the Programme will provide a technical assistance to the Government directly on HIV related issues during the country development strategy preparation in 2010 (i.e. switching partially to the “do as usual” scenario).

C. Contribution to UNDP strategic development results

The proposed strategy contributes ultimately to the achievement of all four results of “Development results framework” (of the UNDP strategic plan, 2008-2011) in key result area #1.3 “Mitigating the impact of AIDS on human development”:

“10. AIDS responses integrated into poverty reduction strategies, MDG-based national development plans, and macroeconomic processes”

Through building a policy analysis capacity the Programme intends to help GoK, other national stakeholders and development partners to mainstream AIDS related issues into national development policies. The present Country Development Strategy covers a period from 2007 to 2010. It is expected that preparation of a new development strategy starts in the 2nd half of 2009 (or beginning of 2010 at the latest). Regardless the progress in policy analysis capacity building efforts the Programme

will synchronize its activities into the policy (planning) cycle to ensure that AIDS issues are better integrated into the country development strategy. The following types of interventions are envisaged by the proposed strategy: awareness rising of policy makers and advocacy of AIDS issues (through thematic seminars, workshops, and other advocacy events), direct technical assistance in terms of policy advice, facilitation of a policy dialogue, participatory assessment of the achievements of the present Country Development Strategy, etc.

“11. Strengthened national capacity for inclusive governance and coordination of AIDS responses, and increased participation of civil society entities and people living with HIV in the design, implementation and evaluation of AIDS programmes”

The Programme intends to contribute to both elements of the development result directly or indirectly:

- Support to the CMCC, particularly to its Secretariat responsible for coordination and monitoring of the national response to HIV and sub-national multisectoral coordination committees will be continued in terms of capacity building (trainings and mentorship) and technical assistance in partnership with other projects/players (UNAIDS, CAAP/WB, CAPACITY/USAID, etc)
- Capacity building efforts will target key governmental and non-governmental actors including representatives of PLHIV helping them to get engaged effectively in the planning, implementation and oversight of the national response to HIV. The following types of activities are implied by the proposed strategy:
 - Trainings of civil society organizations and representatives of national and sub-national authorities in participatory planning, assessment of and provision of recommendations on the implementation of the State AIDS Programme
 - Training and direct support (through a resource centre) of mass media enabling them to advocate HIV mainstreaming, raise public awareness on AIDS issues

“12. Policies and programmes implemented through multi-stakeholder approaches to protect the human rights of people affected by AIDS, mitigate gender-related vulnerability, and address the impact of AIDS on women and girls”

The Programme intends to contribute to this result in two ways:

- Directly – by supporting the improvement of legislation toward better protection of human rights of PLHIV and access to legal services, advocating gender equality and reducing stigmatization and discrimination via mass media, civil society organizations, education institutions, etc.
- Indirectly:
 - By supporting the governance component of the national response to HIV through multisectoral coordination mechanisms enabling people affected by AIDS to influence policy decisions
 - By building capacity of CSOs as well as other actors in gender and HIV related issues

“13. Accelerated implementation of AIDS funds and programmes financed through multilateral funding initiatives, including the Global Fund to fight AIDS, Tuberculosis, and Malaria”

The Programme and UNDP intend to contribute to the achievement of this result through:

- Continuing the provision of fiduciary services to GFATM programmes
- Strengthening capacities of GFATM HIV PIU staff

III. Results and resources framework

Expected Outcome for the Country Programme Results and Resource Framework:				
C.2.1: Contributions of relevant actors to human development dimension of the national HIV response within Three Ones Principles is improved				
Outcome indicators for the Country Programme Results and Resources Framework, including baseline and targets:				
<ol style="list-style-type: none"> 1. Percentage of PLHIV believing (reporting) that: <ol style="list-style-type: none"> 1.1. Feel better protected, served and enjoy their rights 1.2. Feel reduction in stigmatization and discrimination 2. Key stakeholders believing that: <ol style="list-style-type: none"> 2.1. Are better involved in decision making on AIDS issues through multisectoral mechanism 2.2. AIDS concerns are better integrated into development processes 				
Baselines and Targets:				
Will be defined after the baseline assessment				
Applicable Key Result Area (from 2008-11 Strategic Plan):				
1.3 Mitigating the impact of AIDS on human development				
Partnership strategy: Multi-stakeholder partnership involving key actors including: Prime Minister’s Office, President’s Administration, Ministry of Health, CMCC, the Unit, national bodies participating in multisectoral response to HIV, civil society organizations, academia and research institutions, UN agencies, World Bank, USAID, DFID, Soros Foundation, regional projects working in the area of HIV response				
Programme title and ID (ATLAS Award ID):				
Support to the Government to Respond to HIV, 00044865				
Intended Outputs	Output Targets for years	Indicative activities	Responsible Parties	Inputs
Output 1: Vulnerability to HIV is reduced through the promotion of human rights and gender equality	Y1: N/A	Activity Result 1.1 Legislation related to the protection of rights of PLHIV improved:	Office of the Prime Minister Key line ministries CSOs UNDP	Contractual services (survey and legal services) Local consultants Events (e.g. round tables, workshops, seminars, etc.)
Indicator #1: Number of PLHIV and other key populations at higher risk that have improved access to legal services	Y2: N/A	1.1.1 Review of legislative and normative documents and development of recommendations 1.1.2 Draft legislative and regulatory documents 1.1.3 Identify and build a capacity of national actor(s) that would		
Baseline: (to be defined after the initial assessment of end-users of the legal services)	Y3: N/A	continue legislative activities to improve protection of rights of PLHIV and key populations at higher risk		

<p>Indicator #2: Percentage of key mass media representatives that report based on evidence and sensitive to key populations at higher risk and PLHIV out of estimated 70 representatives of key mass media TV and radio broadcasting on Russian and Kyrgyz informing population on HIV/AIDS issues</p>	<p>Y1: 20%</p>	<p>Activity Result 1.2 Capacity of representatives of key mass media to report based on evidence and sensitive to key populations at higher risk and PLHIV increased 1.2.1 Conduct trainings and seminars for mass media representatives (including ToT) 1.2.2 Review legislation and support drafting and enforcement of subordinated legislation for mass media 1.2.3 Support the establishment and operation of a resource centre for mass media on AIDS issues 1.2.4 Support mass media campaigns on AIDS issues and carry out advocacy efforts against stigma, discrimination, promoting human rights and gender equality of PLHIV and key populations at higher risk 1.2.5 Conduct press content-analysis 1.2.6 Identify and build a capacity of national institution that would continue provision of support to mass media 1.2.7 Support the Government in coordination of the work on organization of TV and radio programs to raise awareness on HIV/AIDS topic among population in Russian and Kyrgyz languages</p>	<p>UNDP National mass media partners Key line ministries Other key stakeholders of the national response to HIV</p>	<p>Consultants Trainers Events (e.g. round tables, seminars, etc.) Contractual services Publishing</p>
<p>Baseline: 15%</p> <p>Indicator 2.1: Number of TV and radio programs to raise awareness on HIV/AIDS topic among population in Russian and Kyrgyz languages</p>	<p>Y2: 35%</p>			
	<p>Y3: 45%</p>			
<p>Indicator #3: Number of subordinate legislation (by-laws) drafted are consistent with: • the rights-based approach • sensitive to gender issues</p>	<p>Y1: 4</p>	<p>Activity Result 1.3 Access to legal services for PLHIV improved and institutionalized 1.3.1 Support provision of legal services to PLHIV till the service provision is institutionalized 1.3.2 Support institutionalization of legal services provision to PLHIV in public domain</p>	<p>The government / line ministries Legal service providers Donor community CSOs representing PLHIV and key populations at higher risk UNDP</p>	<p>Contractual services Events (round tables, meetings) Publishing</p>
<p>Baseline: 2</p>	<p>Y2: 4</p>			
	<p>Y3: 4</p>			
<p>Output 2: The governance component of the national HIV response is strengthened</p>		<p>Activity Result 2.1 Capacity of key actors in multisectoral response to HIV improved</p>	<p>Partner line ministries (including uniform</p>	<p>Consultants</p>

<p>Indicator #2: Number and percentage of leaders that undertake HIV related breakthrough initiatives on HIV related issues in relevant sectors out of the total that underwent capacity building Baseline: 7 and %10</p>	<p>Y1: 9 persons and 10%</p>	<p>2.1.1 Conduct Leadership training seminars 2.1.2 Conduct capacity building thematic workshops 2.1.3 Conduct capacity building of the CMCC structures through knowledge transfer and technical assistance (on job training) upon the request 2.1.4 Support the most actual initiatives as “on job training” 2.1.5 Mainstream HIV related issues in other capacity building interventions of UNDP 2.1.6 Identify and build capacity of relevant state and non governmental institutions that would continue provision of capacity building services to key actors in the national multisectoral response to the HIV epidemic</p>	<p>services) National and sub-national authorities CSOs including faith-based organizations UNDP</p>	<p>Trainers Events (conferences, round tables, seminars, workshops) Study tours Contractual services Publishing Advocacy events</p>
<p>Indicator 2.1 Number of seminars and trainings in accordance with Work Plan</p> <p>Indicator 2.2 Number of regional specialists trained on capacity building of HIV/AIDS issues</p> <p>Indicator 2.3 Number of thematic and informational materials, brochures, guidelines for specialists</p>	<p>Y2: 13 persons and 10%</p> <p>Y3: 17 persons and 10%</p>			
<p>Indicators are in Annex B</p>		<p>Activity Result 2.2 Functioning of the Unit/CMCC Secretariat improved Financial and technical (upon request) support to the Unit on provision of coordination, monitoring and secretarial services to the Country Multisectoral Coordination Committee on socially significant and extremely dangerous infectious diseases</p>	<p>The Ministry of Health The Prime Minister’s office UNDP</p>	<p>Salary of 3 specialists Hardware, office furniture and supplies, utilities Communication Contractual services (for CMCC events) Publishing</p>
<p>Indicator #3: The Principal Recipient of the GFATM HIV funds demonstrates proper financial and managerial practices Baseline: (to be defined after the needs & capacity assessment along with targets)</p>	<p>Y1: N/A</p> <p>Y2: N/A</p> <p>Y3: N/A</p>	<p>Activity Result 2.3 Support is provided to improved implementation of GFATM funds 2.3.1 Conduct needs & capacity assessment of the Principal Recipient 2.3.2 Strengthen capacities of GFATM HIV PIU staff</p>	<p>UNDP Principal Recipient of the GFATM HIV Funds</p>	<p>Trainers Events Contractual services</p>
<p>Output 3: AIDS issues are mainstreamed in national development policies Indicator #1: AIDS issues are adequately integrated</p>	<p>Y1: N/A</p>	<p>Activity Result 3.1 Strategy for integration of policy analysis in strategic long term planning developed and accepted 3.1.1 Conduct needs & capacity assessment and develop options</p>	<p>UNDP Key governmental stakeholders</p>	<p>Consultants Researchers Contractual services</p>

<p>into country development strategies</p> <p>Baseline: NO</p>	<p>Y2: N/A</p> <p>Y3: Yes</p>	<p>for strengthening national policy analysis capacity</p> <p>3.1.2 Carry out consultations with relevant state agencies and partners to identify most appropriate capacity building interventions (including partnership strategy with other development agencies)</p>	<p>Development partners</p> <p>Academia / research institutions</p>	<p>Events</p>
<p>Indicator #2: Number of representatives of national institutions demonstrating knowledge and necessary skills for the provision of quality policy advice to key decision makers with emphasis on MDG goals (including HIV), rights based approach and gender equality</p> <p>Baseline: N/A (The baseline as well as targets for Y2 and Y3 will be set after the capacity and needs assessment conducted in Y1)</p>	<p>Y1: N/A</p> <p>Y2</p> <p>Y2: N/A</p> <p>Y3: N/A</p>	<p>Activity Result 3.2 Evidence based policy advice on AIDS issues provided:</p> <p>3.2.1 Assist identified national partner (s) in organizational development introducing best practices tailored to the country context</p> <p>3.2.2 Transfer knowledge to the identified national partner in policy analysis in development processes</p> <p>3.2.3 Support the national partners through technical assistance and policy advice in the revision/updates of development strategies whenever needed ensuring that HIV (as well as global development goals) are integrated into the development policies</p>	<p>UNDP</p> <p>Key governmental stakeholders</p> <p>Development partners</p>	<p>Consultants</p> <p>Contractual services</p> <p>Hardware, office supply</p> <p>Study tours</p> <p>Events (conferences, round tables, seminars, workshops)</p> <p>Publishing</p>

IV. Annual Work Plan

Indicative Annual Workplan with Budget for 2008-2010

Expected Outputs	Indicative Activities	Timeframe			Responsible Party	Indicative Budget						
		2008	2009	2010		Funding source	Budget Description	Indicative Amounts in USD				
								2,008	2,009	2,010	Total	
Output 1:	Activity Result 1.1 Legislation related to the protection of rights of PLHIV improved:											
Vulnerability to HIV reduced through the promotion of human rights and gender equality	Review of legislative and normative documents and development of recommendations	X	X	X	UNDP, national stakeholders	UNDP	Local experts	2,000	2,000	3,000	5,000	
	Draft legislative and regulatory documents	X	X	X	UNDP, national stakeholders	UNDP	Local experts	5,000	5,000	3,000	13,000	
	Identify and build capacities of national actor(s) that would continue legislative activities to improve protection of rights of PLHIV and key populations at higher risk	X	X	X	UNDP, national stakeholders	UNDP	Local experts, contractual services, study tours, service contracts	10,900	22,000	18,200	51,100	
	Assessment to define number of PLHIV and other key populations at higher risk that have access to legal services (to define baseline)	X		X	UNDP	UNDP		4,000		5,000	9,000	
	Activity Result 1.2 Capacity of representatives of key mass media to report based on evidence and sensitive to key populations at higher risk/PLHIV increased											
	Conduct trainings and seminars for mass media representatives (including ToT)	X	X	X	UNDP, national stakeholders	UNDP	Seminars,	12,800	12,800	12,000	37,600	
							Trainers,					
							Contractual services					
Review legislation and support drafting and enforcement of subordinated legislation for mass media	X	X	X	UNDP, national stakeholders	UNDP	Meetings, Consultants,	4,000	5,000	4,000	13,000		
						Contractual services						

	Identify and build a capacity of national institution that would continue provision of support to mass media	x			UNDP, national stakeholders	UNDP		500			500
	Support establishment and operation of a resource centre for mass media on HIV issues		X	X	UNDP, national stakeholders	UNDP	Equipment,		20,000	15,000	35,000
							Contractual services, Maintenance of resource centre				
	Support media campaigns on HIV issues and carry out advocacy efforts against stigma, discrimination, promoting human rights and gender equality of PLHIV and key populations at higher risk	X	X	X	UNDP	UNDP	Campaigns, Advocacy, Contractual services, Service contracts	25,000	26,000	16500	67,500
	Conduct press content-analysis	X	X	X	UNDP	UNDP	Contractual services	2,940	3,000	2,000	7,940
	Support the Government Office in coordination of work on organization of TV and radio programs to raise awareness on HIV/AIDS topic among population in Russian and Kyrgyz languages	X	X	X	UNDP	UNDP	Contractual services	12,700	12,600	9,500	34,800
	Activity Result 1.3 Access to legal services for PLHIV improved and institutionalized										
	Support provision of legal services to PLHIV till the service provision is institutionalized	X	X	X	UNDP	UNDP	Grant, contractual services	8,000	20,000	10,000	38,000
	Support to institutionalization of legal services provision to PLHIV in public domain	X	X	X	UNDP, national stakeholders	UNDP	Local experts, contractual services, study tours	2,000	8,000	5,000	15,000
							Total	89,840	134,400	103,200	327,440
Output 2: The governance component of the national HIV response strengthened Vulnerability to HIV reduced through the promotion of	Activity Result 2.1 Capacity of key actors in multisectoral response to HIV improved										
	Conduct Leadership training seminars	X	X	X	UNDP	UNDP	Contractual services, Seminars	6,000	15,000	5,100	26,100
	Conduct capacity building thematic workshops	X	X	X	UNDP, national stakeholders	UNDP	Contractual services, seminars	6,000	15,000	7,000	28,000

human rights and gender equality	Conduct capacity building of the CMCC structures through knowledge transfer and technical assistance (on job training) upon the request	X	X	X	UNDP	UNDP	Contractual services, Service contracts	13,400	18,400	20,000	51,800
	Support the most actual initiatives as "on job training" (breakthrough initiatives)	X	X	X	UNDP	UNDP	Local experts, contractual services, study tours	8,000	20,000	10,000	38,000
	Mainstream HIV related issues in other capacity building interventions of UNDP	X	X		UNDP	UNDP	Contractual services, seminars	500	4,000		4,500
	Identify and build capacity of relevant state and non governmental institutions that would continue provision of capacity building services to key actors in the national multisectoral response to the HIV epidemic	X	X	X	UNDP, national stakeholders	UNDP	Contractual services, service contracts	11,585	16,400	17,700	45,685
	Activity Result 2.2 Functioning of the Secretariat of the CMCC improved										
	Financial and technical (upon request) support to the Unit on provision of coordination, monitoring and secretarial services to the Country Multisectoral Coordination Committee on socially significant and extremely dangerous infections	X	X	X	UNDP	UNDP	General Operating Expenses	40,000	29,200	25,000	94,200
	Activity Result 2.3 Support is provided to improved implementation of GFATM funds										
	Conduct needs & capacity assessment of the Principal Recipient				UNDP						
	Build the capacity of the GFATM HIV PIU staff				UNDP						
						Total	85,485	118,000	84,800	288,285	
Output 3: HIV issues are mainstreamed in national development	Activity Result 3.1 Strategy for integration of policy analysis in strategic long term planning developed and accepted										

policies	Conduct needs & capacity assessment and develop options for strengthening national policy analysis capacity	X			UNDP		Contractual services	7,000			7,000
	Carry out consultations with relevant state agencies and partners to identify most appropriate capacity building interventions (including partnership strategy with other development agencies)	X	X		UNDP, national stakeholders		Meetings	5,000	4,000		9,000
	Support drafting of options and interventions for strengthening national policy analysis capacity, methodology and relevant regulatory documents		X	X	UNDP, national stakeholders		Contractual services, Consultants,		18,000	5,000	23,000
	Support to establishing of national database of policy analysis products and creation of roster of professionals in policy analysis area		X	X	UNDP, national stakeholders		Contractual services, Equipment		8,000	2,000	10,000
	Capacity building of national actor to strengthen policy analysis in strategic long term planning		X	X	UNDP, national stakeholders		Trainings, workshops, equipment, service contracts	24,550	47,200	50,200	121,950
	Activity Result 3.2 Evidence based policy advice on HIV issues provided:										
	Assist identified national partner(s) in organizational development introducing best practices tailored to the country context through development of functional plan of the policy analysis/advisory unit and providing of technical support		X	X	UNDP		Contractual services		6,000	2,000	8,000
	Transfer knowledge to the identified national partner in policy analysis in development processes through development of policy analysis glossary and standards for policy analysis products		X	X	UNDP, national stakeholders		Contractual services, meetings, trainings		15,000	10,000	25,000
	Strengthening knowledge of key professional staff in policy analysis area through conducting study tours, on job trainings, participation in relevant international events	X	X	X	UNDP		Study tours, trainings, local experts, service contracts	6,000	12,000	8,000	26,000

V. Management Arrangements

A. General framework

The Programme Document is a second phase of the Programme “Support to the Government to Respond to HIV” signed between the Government of the Kyrgyz Republic and UNDP on March 18, 2005 and is part of the Country Programme Action Plan 2006-2010 signed between the Government of the Kyrgyz Republic and UNDP on February 27, 2006.

The operational framework of the Programme document has been designed based on the Programme approach, while aiming at full-fledged national implementation modality over the long-term. In parallel with Programme implementation, both UNDP and Government will undertake various measures to strengthen capacity building within the Government machinery for achieving long-term sustainability. Some of the measures envisaged in this context are to increase national ownership, infuse greater commitment to development activities and internalize UNDP and donor inputs.

The capacity building efforts are considered as a basic condition for ensuring sustainability of Programme outputs. In distinction from the past experience the Programme intends to transfer most of capacity building efforts to relevant national actors and achieve the institutionalization of the provision of capacity building services. The proposed approach implies an open framework for capacity building efforts: although most of the planned capacity building interventions are predefined based on the past experience, the Programme is flexible enough to respond promptly to emerging needs for capacity building.

Sustainability and Exit Strategy, Monitoring and Evaluation Framework with detailed M&E Matrix, Programme Risk Log with the narrative part on Risk Management are included as separate parts of this document.

B. Roles and responsibilities

The Programme Board is a group of responsible for achieving consensus, programme management decision making in cases where the Programme Manager needs consultation including recommendations provided by the Executive Partner for approval of project plans and revisions in compliance with the UNDP rules and regulations.

In order to ensure UNDP’s ultimate accountability, Programme Board decisions should be made in accordance to standards³ that shall ensure best value to money, fairness, integrity transparency and effective international competition. The Programme Board should meet at least once a year, and more as found needed. The proceedings of meetings are to be recorded. In case a consensus cannot be reached, final decision shall rest with UNDP. The Programme Assurance acts as secretariat of the Programme Board with the responsibility to call meetings, distribute information and follow up on meeting recommendations. This group

³ UNDP Financial Rules and Regulations: Chapter E, Regulation 16.05: a) The administration by executing entities or, under the harmonized operational modalities, implementing partners, of resources obtained from or through UNDP shall be carried out under their respective financial regulations, rules, practices and procedures only to the extent that they do not contravene the principles of the Financial Regulations and Rules of UNDP. b) Where the financial governance of an executing entity or, under the harmonized operational modalities, implementing partner, does not provide the required guidance to ensure best value for money, fairness, integrity, transparency, and effective international competition that of UNDP shall apply.

is consulted by the Project Manager for decisions when Programme Manager tolerances (normally in terms of time and budget) have been exceeded.

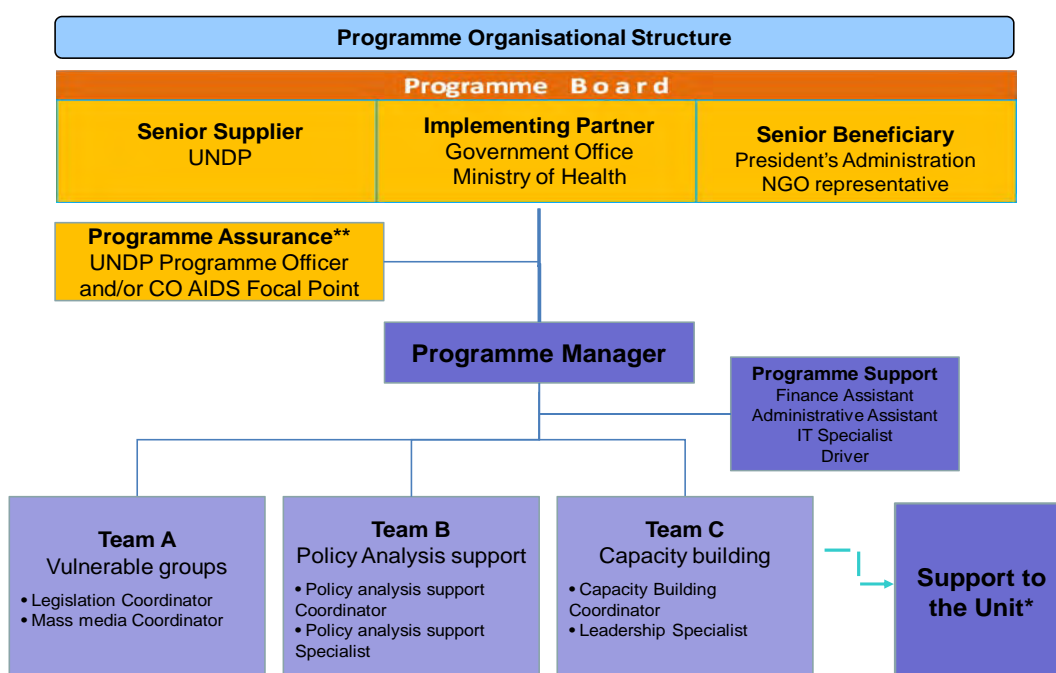
The Programme Board has the following responsibilities:

- Approve the annual work plans (AWP)
- Review annually Programme’s performance against targets set for activity results and outputs
- Revise the Programme design and/or organizational arrangements in case of a justified need

The Programme Board consists of:

- Vice-prime Minister Prime Minister on social affairs (Implementing Partner, National Programme Director)
 - Deputy Minister of Health, Chief Sanitary Doctor (So-implementing partner)
 - Head of Department, Social-Economic Development, President’s Administration (Senior beneficiary)
 - Representative of NGO (Senior beneficiary)
 - UNDP (Senior supplier)
- 1) An Executive: individual representing the Programme ownership.
 - 2) Senior Supplier: individual or group representing the interests of the parties concerned which provide funding and/or technical expertise to the project. The Senior Supplier’s primary function within the Board is to provide guidance regarding the technical feasibility of the project.
 - 3) Senior Beneficiary: individual or group of individuals representing the interests of those who will ultimately benefit from the Programme. The Senior Beneficiary’s primary function within the Board is to ensure the realization of project results from the perspective of project beneficiaries.

Figure 5: Programme organization structure



* The dotted line next to “Support to Secretariat” column means that the support will be provided in line with the provisions outlined in this Programme Document. The support does not entail any kind of supervision of Unit’s activities by the PMU staff. Review of performance indicators will be done through a Programme Board, following the procedures outlined in this Programme Document.

** Programme Assurance position is not funded from the funds of this Programme, it is funded from UNDP’s other resources

The Programme is implemented under the overall management of National Programme Director (NPD). Day-to-day management tasks are delegated to the Programme Manager.

Programme Manager is responsible for day-to-day management and implementation of the Programme. NPD delegates the day-to-day Programme operations to the Programme Manager (PM). As to day-to-day operations, the Programme Manager reports to UNDP Programme Assurance.

The Programme Manager is responsible for the delivery of results of the Programme (for all three outputs) and among other things, its major role is to:

- Ensure that the Programme produces the results specified in the Programme document, to the required standard of quality and within the specified constraints of time and cost
- Plan and organize Programme review meetings
- Provide technical feedback to the Programme Board
- Ensure that Programme activities are carried out within the financial limitations of the budget
- Supervise the technical and administrative support personnel and coordinating project activities with stakeholders.
- Coordinate activities between components (corresponding the Programme outputs)
- Assess on a regular basis the progress achieved under each output (component)
- Identify timely implementation problems and address them in a due manner
- Define a need for external (technical) assistance and ensure that ToRs correspond to UNDP guidelines
- Collaborate closely with other UNDP country Programmes and national/international partners and ensure linkages and coordination whenever feasible
- Organize preparation of the progress reports and submit to UNDP Programme Assurance and Programme Board for the review
- Manage implementation of the Programme document (including risk management)
- Ensure preparation and revision of the Annual Work Plans and Annual Programme Reporting

UNDP Programme Officer and/or UNDP AIDS Focal Point implement **Programme assurance role**, which supports the Programme Board by carrying out objective and independent Programme oversight and monitoring functions. This role ensures appropriate Programme management milestones are managed and completed. Programme assurance is to:

- Appraise the Programme deliverables via quality reviews
- Ensure that the Progress implementation is in-line with AWP
- Monitor the compliance with user needs and expectations
- Ensure maximum synergy with UNDP initiatives in other programmatic areas
- Maintain coordination at the programmatic level with professional staff of development partners working in the HIV area
- Strengthen internal and external communications
- Ensure that the right people are being involved

- Ensure that applicable UNDP rules and regulations are being observed and risk are being controlled
- Ensure that quality management procedures are properly followed (thorough visiting programme sites, interpreting and overseeing progress and technical reports, making arrangements for evaluation and audit, etc.)

C. Programme team

The Programme is implemented by three professional teams plus the admin support team.

The Team A (“Vulnerable Groups”) is responsible for the delivery of results under Output #1. It consists of the Legislation Coordinator and Mass Media Coordinator. From a technical point of view the Legislation Coordinator will focus on the institutionalization of legal service provision and transfer of legislative functions to a national body and be mainly in charge of the Activity Result 1.1, and the Mass Media Coordinator is fully in charge of implementation of Activity Result 1.2. In addition, the roles of Team A Coordinators includes implementation of all activities under the Output #1, drafting the relevant part of the progress reports and contribution to the elaboration of AWP.

The Team B (“Policy analysis support”) consists of the Policy Analysis Support Coordinator and a Specialist. It is envisaged that at the initial stage most of activities will be outsourced (e.g. the needs & capacity assessment). The Coordinator will be responsible for the elaboration of relevant ToRs, everyday supervision of the work conducted by contractor(s) and monitoring the progress. The team could be expanded based on the choice of the scenario for the integration of policy analysis capacity in strategic long-term planning. The Team Coordinator should implement all activities under the Output #3, draft the relevant part of progress reports and contribute to elaboration of AWP.

The Team C (“Capacity Building”) consists of Capacity Building Coordinator and Leadership Specialist. As far as the sub-component on the support to the Unit/CMCC Secretariat, it is fully managed and implemented by the Unit/CMCC Secretariat. The Programme is only in charge of monitoring the progress against performance targets of the Unit and processing of financial advances/receiving financial/narrative reporting. In addition to generic managerial tasks such as coordination of activities and achievements of the results, preparation of the quarterly progress reports and contribution to elaboration of AWP, the team members are fully responsible for implementation of respective Results under Output #2.

The **Programme Support** performs administrative, financial and organization support to the Programme Manager and staff for successful achievement of the Programme outcome. It is comprised of Administrative Assistant, Finance Assistant, IT Specialist and a Driver.

The composition of the Programme Team might change with the maturation of the Programme. As functions are gradually transferred to national bodies, the Programme teams may be replaced by national actors as shown in Figure 6 “Desired management arrangements by end of the Programme”.

D. UNDP Programme cooperation with Unit for Coordination of Activities in the area of Socially Significant and Extremely Dangerous Infections

The cooperation of the Programme with the Unit/CMCC Secretariat was explained in the B.3 Output#2 part of this document, whereby it states that the Programme team will not carry activities to deliver the Activity Result #2.2 “Functioning of the Unit/CMCC Secretariat improved” – it will be fully implemented by the Unit for Coordination of Activities in the area of Socially Significant and Extremely Dangerous Infections (The Unit). Provided that the Unit in its activities holds a wider multisectoral mandate, UNDP Kyrgyz Republic through this

Programme will financially and technically (based on the need) support running of the Unit and its activities to support the national multisectoral response to HIV. UNDP Programme team will have a partnership relationship with the Unit and its staff.

UNDP will support:

- Salaries of 3 professional staff to work in the Unit
- Running expenditures of the office (internet, utilities)
- Stationery and supplies to facilitate the work of Unit/CMCC Secretariat
- Basic office hardware and equipment for three professionals staff
- Other (basic expenditures related to conduct of CMCC meetings, arranging of CMCC technical working group meetings, etc.)

The Unit Head submits a written request to Programme Manager for a quarterly advance of 25% of the yearly amount with the indicative budget breakdown of planned expenditures (the total yearly amount in support of the Unit/CMCC Secretariat's activities is to be established on a yearly basis and should not exceed USD 40,000). The funds will be transferred to a special sub-account of the Ministry of Health upon receipt of such a request. The next instalment will be disbursed to the Unit upon receipt of the duly filled out financial report and a short narrative report. In case of a need for additional funds in support of the national multisectoral response to HIV, a request from MoH should be submitted to UNDP for review and decision regarding allocation of additional funding. The annual review of the Unit's performance indicators and their accomplishment will be conducted by the Programme Board and a decision on continuation of supporting of Unit's activities will be made at this review.

E. UNDP Country Office support

The UNDP Country Office may provide support services at the request of the Government. The UNDP Country Office may offer assistance with reporting requirements and direct payment. In providing such support services, the UNDP Country Office will ensure that the capacity of the Government Agencies is strengthened to carry out such activities directly.

Procurement of goods and services will be conducted in accordance with UNDP rules and regulations. The relevant provisions of the Standard Basic Assistance Agreement between the Government of Kyrgyzstan and the UNDP, including the provision of liability and privileges and immunities, shall apply to the provision of such support services. The Government will retain overall responsibility for nationally implemented Programme.

Any claim or dispute arising under or in connection with the provision of support services by the UNDP Country Office in accordance with this letter will be handled pursuant to the relevant provisions of the Standard Basic Assistance Agreement signed between the GoK and UNDP on 14 September 1992.

The UNDP Country Office will submit progress reports on support services provided and will report on the costs reimbursed in providing such services as required. Any modification of the present arrangements will be made through mutual written agreement of both parties.

VI. Monitoring and Evaluation Framework

A. Overview

Within the annual cycle:

- On a quarterly basis, a quality assessment shall record progress towards the completion of key results, based on quality criteria and methods captured in the Quality Management table below.
- An Issue Log shall be activated in Atlas (internet based UNDP information management system) and updated by the Programme Manager to facilitate tracking and resolution of potential problems or requests for change.
- Based on the initial risk analysis submitted, a risk log shall be activated in Atlas and regularly updated by reviewing the external environment that may affect the Programme implementation.
- Based on the above information recorded in Atlas, a Quarterly Progress Reports (QPR) shall be submitted by the Programme Manager to Programme Assurance, using the standard report format available in the Executive Snapshot.
- A Monitoring Schedule Plan shall be activated in Atlas and updated to track key management actions/events

Annually

- **Annual Review Report.** An Annual Review Report shall be prepared by the Programme Manager and shared with the Programme Board. As minimum requirement, the Annual Review Report shall consist of the Atlas standard format for the QPR covering the whole year with updated information for each above element of the QPR as well as a summary of results achieved against pre-defined annual targets at the output level.
- **Annual Programme Review.** Based on the above report, an annual Programme review shall be conducted during the fourth quarter of the year or soon after, to assess the performance of the Programme and appraise the Annual Work Plan (AWP) for the following year. In the last year, this review will be a final assessment. The report shall focus on the extent to which progress is being made towards outputs, and that these remain aligned to appropriate outcomes.

Detailed description of process and results (activity results, outputs and outcome) indicators, means of verification, responsible parties and frequency of measurement is given in Annexes (A. "Detailed monitoring and evaluation matrix" on page 49).

Information for most of performance indicators can be generated without additional efforts through a routine data collection and reporting procedures (mostly at action/process level). However, some output and all outcome indicators need a special assessment to collect necessary information. The assessment can be conducted in partnership with other development partners (as a module of a broader survey) that could help to generate additional quantitative and qualitative indicators. At least two assessments will be conducted: the baseline and final.

B. Quality Management for Programme Activity Results⁴

Output 1: Vulnerability to HIV is reduced through the promotion of human rights and gender equality

⁴ Will be revised in accordance with the revised Country Development Strategy

Activity Result 1.1	Legislation related to the protection of rights of PLHIV improved:	Start Date: Apr 2008 End Date: Dec 2010
Purpose:	Identify main bottlenecks in the execution of laws related to the protection of rights of PLHIV, address those gaps and strive for capacity building of a national body that assumes responsibility to improve the legislation in the future	
Description:	1.1.1 Review of legislative and normative documents and development of recommendations 1.1.2 Draft legislative and regulatory documents 1.1.3 Identify and build a capacity of national actor(s) that would continue legislative activities to improve protection of rights of PLHIV and key populations at higher risk	
Quality Criteria	Quality method	Date of assignment
Percentage of subordinate legislation on HIV related issues that are implemented out of the total drafted/adopted	<ul style="list-style-type: none"> Register of the Ministry of Justice Orders/decrees of the relevant authorities Expert review reports 	Annually (by the end of year)

Output 1: Vulnerability to HIV is reduced through the promotion of human rights and gender equality		
Activity Result 1.2	Capacity of representatives of key mass media to report based on evidence and sensitive to key populations at higher risk and PLHIV increased	Start Date: Apr 2008 End Date: Dec 2010
Purpose:	Continuous support to key mass media representatives in reporting on and advocating HIV related issues professionally and effectively	
Description:	1.2.1 Conduct trainings and seminars for mass media representatives (including ToT) 1.2.2 Review legislation and support drafting and enforcement of subordinated legislation for mass media 1.2.3 Support the establishment and operation of a resource centre for mass media on AIDS issues 1.2.4 Support media campaigns on AIDS issues and carry out advocacy efforts against stigma, discrimination, promoting human rights and gender equality of PLHIV and key populations at higher risk 1.2.5 Conduct press content-analysis 1.2.6 Identify and build a capacity of national institution that would continue provision of support to mass media 1.2.7 Support the Government Office in coordination of work on organization of TV and radio programs to raise awareness on HIV/AIDS topic among population in Russian and Kyrgyz languages	
Quality Criteria	Quality method	Date of assignment
Percentage of key mass media representatives that demonstrate an ability to report on AIDS issues based on evidence AND sensitive to key populations at higher risk (broken down by gender, types of media, administrative levels)	Report on skills/capacity assessment of mass media representatives	Annually (by the end of year)

Output 1: Vulnerability to HIV is reduced through the promotion of human rights and gender equality		
Activity Result 1.3	Access to legal services for PLHIV improved and institutionalized	Start Date: Apr 2008 End Date: Dec 2010
Purpose:	Ensure that PLHIV have access to quality legal services	
Description:	1.3.1 Support provision of legal services to PLHIV till the service provision is institutionalized 1.3.2 Support institutionalization of legal services provision to PLHIV in public domain	
Quality Criteria	Quality method	Date of assignment
Percentage of PLHIV that (broken down by gender, age and residence): <ul style="list-style-type: none"> Are aware of their rights and legal services they can use if needed Report no access barriers to legal services 	Report on the survey of beneficiaries / PLHIV	Annually or by the end of the programme

Output 2: The governance component of the national HIV response is strengthened		
Activity Result 2.1	Capacity of key actors in multisectoral response to HIV improved	Start Date: Apr 2008 End Date: Dec 2010
Purpose:	Increase performance of key actors in the national HIV response	
Description:	2.1.1 Conduct Leadership training seminars 2.1.2 Conduct capacity building thematic workshops 2.1.3 Conduct capacity building of the CMCC structures through knowledge transfer and technical assistance (on job training) upon the request 2.1.4 Support the most actual initiatives as "on job training" 2.1.5 Mainstream HIV related issues in other capacity building interventions of UNDP 2.1.6 Identify and build capacity of relevant state and non governmental institutions that would continue provision of capacity building services to key actors in the national multisectoral response to the HIV epidemic	
Quality Criteria	Quality method	Date of assignment
<ul style="list-style-type: none"> Number of persons that are motivated AND possess appropriate leadership skills 	<ul style="list-style-type: none"> Register of the Ministry of Justice Orders/decrees of the relevant authorities Expert review reports 	Annually
<ul style="list-style-type: none"> Number of persons that demonstrate better understanding of the following aspects of the national response to HIV epidemic: <ul style="list-style-type: none"> Gender Organizational development Role of faith based organizations in the response to HIV epidemic Migratory population and AIDS issues HIV prevention at work place Uniform services and AIDS issues 	<ul style="list-style-type: none"> Training reports (results of ex-ante and ex-post assessment of trainees) 	<ul style="list-style-type: none"> Quarterly
<ul style="list-style-type: none"> National actor is willing and capable to provide capacity building services to key actors in the national multisectoral response to the HIV epidemic 	<ul style="list-style-type: none"> MoU and/or letter of commitment 	<ul style="list-style-type: none"> By the end of the programme
<ul style="list-style-type: none"> Key (professional) staff of the Unit are satisfied with the technical support received 	<ul style="list-style-type: none"> Report on the end-user survey (satisfaction + needs assessment of the professional staff of the unit) 	<ul style="list-style-type: none"> Annually or by the end of the programme
<ul style="list-style-type: none"> Number of seminars and trainings in accordance with Work Plan 	<ul style="list-style-type: none"> Training reports Results of ex-ante assessment of trainees 	<ul style="list-style-type: none"> Annually
<ul style="list-style-type: none"> Number of regional specialists trained on HIV/AIDS issues 	<ul style="list-style-type: none"> Training reports Results of ex-ante assessment of trainees 	<ul style="list-style-type: none"> Annually
<ul style="list-style-type: none"> Number of thematic and informational materials, brochures, guidelines for specialists 	<ul style="list-style-type: none"> Thematic and informational materials Brochures Guidelines 	<ul style="list-style-type: none"> Annually

Output 2: The governance component of the national HIV response is strengthened		
Activity Result 2.2	Functioning of the Unit/CMCC Secretariat improved	Start Date: Apr 2008 End Date: Dec 2010
Purpose:	Support functioning of the CMCC and phase out as their capacity strengthens	
Description:	0 Financial and technical (upon request) support to the Unit on provision of coordination, monitoring and secretarial services to the Country Multisectoral Coordination Committee on socially significant and extremely dangerous infectious diseases	
Quality Criteria	Quality method	Date of assignment
Joint action/intervention plans in the area of HIV prepared annually and updated at least once per year	<ul style="list-style-type: none"> CMCC Web portal/site 	Annually
Reports on the achievement/progress of interventions in accordance with the joint plan in the area of HIV prepared and published annually	<ul style="list-style-type: none"> CMCC Web portal/site 	Annually
Reports on the progress of the implementation State AIDS Programme prepared and published twice a year	<ul style="list-style-type: none"> CMCC Web portal/site 	Annually

Output 2: The governance component of the national HIV response is strengthened Vulnerability to HIV is reduced through the promotion of human rights and gender equality		
Error! Reference source not found.	Support is provided to improved implementation of GFATM funds	Start Date: Apr 2008 End Date: Dec 2010
Purpose:	Support the implementation of GFATM HIV programme(s)	
Description:	2.3.1 Conduct needs & capacity assessment of the Principal Recipient 2.3.2 Strengthen capacities of GFATM HIV staff	
Quality Criteria	Quality method	Date of assignment
Financial management of GFATM HIV programme funds corresponds to international standards	Assessment report of the LFA	Annually

Output 3: AIDS issues are mainstreamed in national development policies		
Activity Result 3.1	Strategy for integration of policy analysis in strategic long term planning developed and accepted	Start Date: Apr 2008 End Date: Dec 2010
Purpose:	Contribute to the elaboration of a feasible vision and scenario of the introduction of evidence-based policy making framework for development processes	
Description:	3.1.1 Conduct needs & capacity assessment and develop options for strengthening national policy analysis capacity 3.1.2 Carry out consultations with relevant state agencies and partners to identify most appropriate capacity building interventions (including partnership strategy with other development agencies)	
Quality Criteria	Quality method	Date of assignment
National strategy on policy analysis capacity building developed and agreed by the Government and key development partners	Report on the national policy analysis capacity building strategy	Upon the completion

Output 3: AIDS issues are mainstreamed in national development policies		
Activity Result 3.2	Evidence based policy advice on AIDS issues provided:	Start Date: Jan 2009 End Date: Dec 2010
Purpose:	Ensure AIDS concerns are integrated organically in the development policies	
Description:	3.2.1 Assist identified national partner (s) in organizational development introducing best practices tailored to the country context 3.2.2 Transfer knowledge to the identified national partner in policy analysis in development processes 3.2.3 Support the national partners through technical assistance and policy advice in the revision/updates of development strategies whenever needed ensuring that HIV (as well as global development goals) are integrated into the development policies	
Quality Criteria	Quality method	Date of assignment
Number of policy notes, evaluations/analysis reports and recommendations on the development policies developed and provided to key decision/policy makers	Reports on policy products (advice) provided	Quarterly

VII. Legal Context

This document together with the CPAP signed by the Government and UNDP which is incorporated by reference constitute together a Programme Document as referred to in the SBAA and all CPAP provisions apply to this document.

Consistent with the Article III of the Standard Basic Assistance Agreement, the responsibility for the safety and security of the implementing partner and its personnel and property, and of UNDP's property in the implementing partner's custody, rests with the implementing partner.

The implementing partner shall:

- a) put in place an appropriate security plan and maintain the security plan, taking into account the security situation in the country where the Programme is being carried;
- b) assume all risks and liabilities related to the implementing partner's security, and the full implementation of the security plan.

UNDP reserves the right to verify whether such a plan is in place, and to suggest modifications to the plan when necessary. Failure to maintain and implement an appropriate security plan as required hereunder shall be deemed a breach of this agreement.

The implementing partner agrees to undertake all reasonable efforts to ensure that none of the UNDP funds received pursuant to the Programme Document are used to provide support to individuals or entities associated with terrorism and that the recipients of any amounts provided by UNDP hereunder do not appear on the list maintained by the Security Council Committee established pursuant to resolution 1267 (1999).

The list can be accessed via <http://www.un.org/Docs/sc/committees/1267/1267ListEng.htm>. This provision must be included in all sub-contracts or sub-agreements entered into under this Programme Document".

VIII. Annexes

A. Detailed monitoring and evaluation matrix⁵

Narrative summary	Objective verifiable indicators	Means of verification	Responsible agent	Frequency
CP Outcome 2.1.1: Contributions of relevant actors to human development dimension of the national HIV response within Three Ones Principles is improved	<ul style="list-style-type: none"> Percentage of PLHIV believing (reporting) that (broken down by gender and age groups): <ul style="list-style-type: none"> Feel better protected, served and enjoy their rights Feel reduction in stigmatization and discrimination 	<ul style="list-style-type: none"> Report on key informant survey (of PLHIV) 	<ul style="list-style-type: none"> National partner UNDP Development partners 	<ul style="list-style-type: none"> By the end of the programme
	<ul style="list-style-type: none"> Key stakeholders believing that: <ul style="list-style-type: none"> are better involved in decision making on AIDS issues through multisectoral mechanisms AIDS concerns are better integrated into development processes 	<ul style="list-style-type: none"> Report on key informant survey (of key stakeholders) 	<ul style="list-style-type: none"> National partner UNDP Development partners 	<ul style="list-style-type: none"> By the end of the programme
Output 1: Vulnerability to HIV is reduced through the promotion of human rights and gender equality	Number of PLHIV and other key populations at higher risk that report improved access to legal services	<ul style="list-style-type: none"> Reports of the legal service provider by types of services (needs), age group and gender Report on end-user survey of beneficiaries 	<ul style="list-style-type: none"> Component coordinator National partner (legal service provider) 	<ul style="list-style-type: none"> Annually End-user survey annually or by the end of the programme
	Number of subordinate legislation (by-laws) drafted are consistent with: <ul style="list-style-type: none"> the rights-based approach sensitive to gender issues 	<ul style="list-style-type: none"> Expert review report 	<ul style="list-style-type: none"> Component coordinator 	<ul style="list-style-type: none"> Annually
	<ul style="list-style-type: none"> Percentage of key mass media representatives that report based on evidence and sensitive to key populations at higher risk and PLHIV out of the estimated 70 representatives of key mass media 	<ul style="list-style-type: none"> Report on media monitoring 	<ul style="list-style-type: none"> Component coordinator 	<ul style="list-style-type: none"> By the end of the programme
Activity Result 1.1 Legislation related to the protection of rights of PLHIV improved	Percentage of subordinate legislation on HIV related issues that are implemented out of the total drafted/adopted	<ul style="list-style-type: none"> Register of the Ministry of Justice Orders/decrees of the relevant authorities Expert review reports 	<ul style="list-style-type: none"> Component coordinator National partner 	<ul style="list-style-type: none"> Annually
Activity actions:				
1.1.1 Review of legislative and normative documents and development of recommendations	Number of review /expertise opinions produced	<ul style="list-style-type: none"> Legislation monitoring /review reports 	<ul style="list-style-type: none"> Component coordinator 	<ul style="list-style-type: none"> Monthly
1.1.2 Draft legislative and regulatory documents	Number of legislative proposals prepared	<ul style="list-style-type: none"> Reports on legislative proposals 	<ul style="list-style-type: none"> Component coordinator 	<ul style="list-style-type: none"> Quarterly
1.1.3 Identify and build a capacity of national actor(s) that	The national partner(s) is ready (capable and willing) to carry on	<ul style="list-style-type: none"> MoU and/or letter of commitment of 	<ul style="list-style-type: none"> Component coordinator 	<ul style="list-style-type: none"> By the end of the

⁵ See note #4 on page 44

Narrative summary	Objective verifiable indicators	Means of verification	Responsible agent	Frequency
would continue legislative activities to improve protection of rights of PLHIV and key populations at higher risk	the legislative activities	the National Partner(s)	<ul style="list-style-type: none"> National partner 	programme
Activity Result 1.2 Capacity of representatives of key mass media to report based on evidence and sensitive to key populations at higher risk and PLHIV increased	1. Percentage of key mass media representatives that demonstrate an ability to report on AIDS issues based on evidence AND sensitive to key populations at higher risk and PLHIV (broken down by gender, types of media, administrative levels) 2. TV and radio broadcasting on Russian and Kyrgyz informing population on HIV/AIDS issues	<ul style="list-style-type: none"> Report on skills/capacity assessment of mass media representatives 	<ul style="list-style-type: none"> Component coordinator Programme specialist 	<ul style="list-style-type: none"> Annually
Activity actions:				
1.2.1 Conduct trainings and seminars for mass media representatives (including ToT)	Number of mass media representatives trained (broken down by gender, type of training)	<ul style="list-style-type: none"> Training reports 	<ul style="list-style-type: none"> Component Coordinator Programme specialist 	<ul style="list-style-type: none"> Quarterly
1.2.2 Review legislation and support drafting and enforcement of subordinated legislation for mass media	Number of legislative proposals made	<ul style="list-style-type: none"> Reports on legislative proposals 	<ul style="list-style-type: none"> Programme specialist 	<ul style="list-style-type: none"> Quarterly
1.2.3 Support the establishment and operation of a resource centre for mass media on AIDS issues	Number of mass media representatives using services of the resource centre	<ul style="list-style-type: none"> Performance reports of the resource centre (log of services provided) 	<ul style="list-style-type: none"> Programme specialist 	<ul style="list-style-type: none"> Quarterly
1.2.4 Support media campaigns on AIDS issues and carry out advocacy efforts against stigma, discrimination, promoting human rights and gender equality of PLHIV and key populations at higher risk	Number of mass media campaigns on HIV conducted/supported	<ul style="list-style-type: none"> Materials in mass media 	<ul style="list-style-type: none"> Programme specialist 	<ul style="list-style-type: none"> Annually
	Number of events (round tables, conferences, campaigns, etc.) devoted to the advocacy	<ul style="list-style-type: none"> Programme progress reports News in mass media 	<ul style="list-style-type: none"> Component coordinator 	<ul style="list-style-type: none"> Quarterly
1.2.5 Conduct press content-analysis	Number of articles / materials products reviewed	<ul style="list-style-type: none"> Report on media research 	<ul style="list-style-type: none"> Programme specialist 	<ul style="list-style-type: none"> Annually
1.2.6 Identify and build a capacity of national institution that would continue provision of support to mass media	Number of national organizations assessed, selected and supported to transfer capacity building service functions	<ul style="list-style-type: none"> Assessment reports Consultation/ meeting reports 	<ul style="list-style-type: none"> Component coordinator National partner (legal service provider) 	<ul style="list-style-type: none"> Quarterly
1.2.7 Support the Government in coordination of work on organization of TV and radio programs to raise awareness on HIV/AIDS topic among population in Russian and Kyrgyz languages	Number of recommendations	<ul style="list-style-type: none"> Performance reports 	<ul style="list-style-type: none"> Component coordinator Office of the Government 	<ul style="list-style-type: none"> Annually
Activity Result 1.3 Access to legal services for PLHIV improved and institutionalized	Percentage of PLHIV that (broken down by gender, age and residence): <ul style="list-style-type: none"> Are aware of their rights and legal services they can use if needed Report no access barriers to legal services 	<ul style="list-style-type: none"> Report on the survey of beneficiaries / PLHIV 	<ul style="list-style-type: none"> Component coordinator 	<ul style="list-style-type: none"> Annually or by the end of the programme

Narrative summary	Objective verifiable indicators	Means of verification	Responsible agent	Frequency
Activity actions:				
1.3.1 Support provision of legal services to PLHIV till the service provision is institutionalized	Number of legal services provided to the PLHIV (broken down by type of services, gender, age and residence of beneficiaries)	<ul style="list-style-type: none"> • Reports of the legal service provider by types of services (needs), age group and gender 	<ul style="list-style-type: none"> • Component coordinator • National partner (legal service provider) 	<ul style="list-style-type: none"> • Monthly
1.3.2 Support to institutionalization of legal services provision to PLHIV in public domain	Number of public legal service providers that are capable to deliver services to PLHIV	<ul style="list-style-type: none"> • Assessment report of public legal service providers 	<ul style="list-style-type: none"> • Component coordinator • National partner 	<ul style="list-style-type: none"> • By the end of the programme
Output 2:				
The governance component of the national HIV response is strengthened	<ul style="list-style-type: none"> • Percentage of leaders that undertake HIV related breakthrough initiatives on HIV related issues in relevant sectors out of the total that underwent capacity building 	<ul style="list-style-type: none"> • News in media • Reports on breakthrough initiatives 	<ul style="list-style-type: none"> • Component coordinator • Programme specialist 	<ul style="list-style-type: none"> • By the end of the programme
	<ul style="list-style-type: none"> • The Principal Recipients of the GFATM HIV funds demonstrates proper financial and managerial practices 	<ul style="list-style-type: none"> • GFATM programme assessment reports 	<ul style="list-style-type: none"> • GFATM Principal Recipient /PIU • Component coordinator 	<ul style="list-style-type: none"> • Annually
Activity Result 2.1				
Capacity of key actors in multisectoral response to HIV improved	<ul style="list-style-type: none"> • Number of persons that are motivated AND possess appropriate leadership skills 	<ul style="list-style-type: none"> • Register of the Ministry of Justice • Orders/decrees of the relevant authorities • Expert review reports 	<ul style="list-style-type: none"> • Programme specialist • National partner 	<ul style="list-style-type: none"> • Annually
	<ul style="list-style-type: none"> • Number of persons that demonstrate better understanding of the following aspects of the national response to HIV epidemic: <ul style="list-style-type: none"> ○ Gender ○ Organizational development ○ Role of faith based organizations in the response to HIV epidemic ○ Migratory population and AIDS issues ○ HIV prevention at work place ○ Uniform services and AIDS issues 	<ul style="list-style-type: none"> • Training reports (results of ex-ante and ex-post assessment of trainees) 	<ul style="list-style-type: none"> • Component coordinator • Programme specialist 	<ul style="list-style-type: none"> • Quarterly
	<ul style="list-style-type: none"> • National actor is willing and capable to provide capacity building services to key actors in the national multisectoral response to the HIV epidemic 	<ul style="list-style-type: none"> • MoU and/or letter of commitment 	<ul style="list-style-type: none"> • Component coordinator • Programme specialist • National Partner 	<ul style="list-style-type: none"> • By the end of the programme
	<ul style="list-style-type: none"> • Key (professional) staff of the Unit are satisfied with the technical support received 	<ul style="list-style-type: none"> • Report on the end-user survey (satisfaction + needs assessment of the professional staff of the unit) 	<ul style="list-style-type: none"> • Component Coordinator 	<ul style="list-style-type: none"> • Annually
	<ul style="list-style-type: none"> • Number of seminars and trainings in accordance with Work Plan 	<ul style="list-style-type: none"> • Training reports • Results of ex-ante assessment of trainees 	<ul style="list-style-type: none"> • Programme specialist 	<ul style="list-style-type: none"> • Annually
<ul style="list-style-type: none"> • Number of regional specialists trained on capacity building of HIV/AIDS issues 	<ul style="list-style-type: none"> • Training reports • Results of ex-ante assessment of trainees 	<ul style="list-style-type: none"> • Programme specialist 	<ul style="list-style-type: none"> • Annually 	
<ul style="list-style-type: none"> • Number of thematic and informational materials, 	<ul style="list-style-type: none"> • Thematic and informational 	<ul style="list-style-type: none"> • Programme specialist 	<ul style="list-style-type: none"> • Annually 	

Narrative summary	Objective verifiable indicators	Means of verification	Responsible agent	Frequency
	brochures, guidelines for specialists	materials • Brochures • Guidelines		
Activity actions:				
2.1.1 Conduct Leadership training seminars	Number of leaders that underwent leadership trainings (broken down by gender, type of organizational, administrative levels)	• Training reports	• Programme specialist	• Monthly
2.1.2 Conduct capacity building thematic knowledge workshops	Number of persons that underwent thematic workshops (broken down by gender, theme/ type of capacity built, type of organization, administrative levels)	• Capacity building training reports	• Programme specialist	• Monthly
2.1.3 Conduct capacity building of the CMCC structures through transfer and technical assistance (on job training) upon the request	Number of requests for capacity building / technical assistance addressed adequately	• Technical assistance reports • Formal communication with the MoH	• Component coordinator • Programme specialist	• Quarterly
2.1.4 Support the most actual initiatives as “on job training”	Number of people involved in breakthrough initiatives and supported	• Reports on breakthrough initiatives	• Programme specialist	• Quarterly
2.1.5 Mainstream HIV related issues in other capacity building interventions of UNDP	Number of consultative meetings or joint events related to the mainstreaming of AIDS issues	• Meeting /event protocols	• Component coordinator	• Quarterly
2.1.6 Identify and build capacity of relevant state and non governmental institutions that would continue provision of capacity building services to key actors in the national multisectoral response to the HIV epidemic	Number of national organizations assessed, selected and supported to transfer capacity building service functions	• Assessment reports • Consultation/ meeting reports	• Component coordinator • National partner (legal service provider)	• Quarterly
Activity Result 2.2				
Functioning of the Unit/ CMCC Secretariat improved	• Joint action/intervention plans in the area of HIV prepared annually and updated at least once per year	• CMCC web portal	• National partner (the MoH)	• Annually
	• Reports on the achievement/progress of interventions in accordance with the joint plan in the area of HIV prepared and published annually	• CMCC web portal	• National partner (the MoH)	• Annually
	• Reports on the progress of the implementation State AIDS Programme prepared and published twice a year	• CMCC web portal	• National partner (the MoH)	• Twice a year
Activity actions:				
2.2.1 Financial and technical (upon request) support to the Unit on provision of coordination, monitoring and secretarial services to the Country Multisectoral Coordination Committee on socially significant and extremely dangerous infectious diseases	• The web portal updated: ○ Calendar published monthly ○ Statistics published monthly ○ Digest of events published twice a month	• CMCC web portal	• National partner (the MoH)	• Monthly
	• Information bulletins in accordance with the standard/format published quarterly	• CMCC web portal	• National partner (the MoH)	• Quarterly
	• News/information distributed via email (mailing list) at least monthly	• CMCC web portal	• National partner (the MoH)	• Monthly
	• Percentage of the HIV related decisions of the CMCC	• CMCC web portal	• National partner (the	• Quarterly

Narrative summary	Objective verifiable indicators	Means of verification	Responsible agent	Frequency
	requiring follow up that are tracked <ul style="list-style-type: none"> Percentage of the CMCC meetings when protocols were published in accordance with the procedures Database of actors and resources in the area of HIV updated regularly 	<ul style="list-style-type: none"> CMCC web portal CMCC web portal 	MoH) <ul style="list-style-type: none"> National partner (the MoH) National partner (the MoH) 	<ul style="list-style-type: none"> Quarterly Twice a year
Activity Result 2.3 Support is provided to improved implementation of GFATM funds	<ul style="list-style-type: none"> Financial management of GFATM HIV programme funds corresponds to international standards 	<ul style="list-style-type: none"> Assessment report of the LFA 	<ul style="list-style-type: none"> LFA 	<ul style="list-style-type: none"> Annually
Activity actions:				
2.3.1 Conduct needs & capacity assessment of the Principal Recipient	<ul style="list-style-type: none"> Report on the needs & capacity assessment reviewed and endorsed by partners 	<ul style="list-style-type: none"> Protocol of the joint meeting (UNDP CO and partners) 	<ul style="list-style-type: none"> Component coordinator 	<ul style="list-style-type: none"> Upon completion
2.3.2 Provide training to the relevant staff of the Principal Recipient	<ul style="list-style-type: none"> Number of trainings provided to the relevant staff of the Principal Recipient 	<ul style="list-style-type: none"> Training reports 	<ul style="list-style-type: none"> Component coordinator 	<ul style="list-style-type: none"> Annually
Output 3: AIDS issues are mainstreamed in national development policies	<ul style="list-style-type: none"> HIV related issues are adequately integrated into the next Country Development Strategy Number of representatives of national institutions demonstrating knowledge and necessary skills for the provision of quality policy advice to key decision makers with emphasis on MDG goals (including HIV), rights based approach and gender equality 	<ul style="list-style-type: none"> National development policy documents Report on the capacity assessment of the national partner 	<ul style="list-style-type: none"> Component coordinator National partner (legal service provider) Component coordinator National partner 	<ul style="list-style-type: none"> By the end of the programme By the end of the programme
Activity Result 3.1 Strategy for integration of policy analysis in strategic long-term planning developed and accepted	National strategy on policy analysis capacity building developed and agreed by the Government and key development partners	<ul style="list-style-type: none"> Report on the national policy analysis capacity building strategy 	<ul style="list-style-type: none"> Component coordinator National partner 	<ul style="list-style-type: none"> Upon completion
Activity actions:				
3.1.1 Conduct needs & capacity assessment and develop options for strengthening national policy analysis capacity	Number of respondents interviewed during a key-informant survey	<ul style="list-style-type: none"> Needs & capacity assessment report 	<ul style="list-style-type: none"> Component coordinator 	<ul style="list-style-type: none"> Annually
3.1.2 Carry out consultations with relevant state agencies and partners to identify most appropriate capacity building interventions (including partnership strategy with other development agencies)	Number of key stakeholders that were consulted with	<ul style="list-style-type: none"> Protocols of consultative meetings 	<ul style="list-style-type: none"> Component coordinator 	<ul style="list-style-type: none"> Monthly
Activity Result 3.2 Evidence based policy advice on AIDS issues provided	Number of policy notes, evaluations/analysis reports and recommendations on the development policies developed and provided to key decision/policy makers	<ul style="list-style-type: none"> Reports on policy products (advice) provided 	<ul style="list-style-type: none"> Component coordinator National partner 	<ul style="list-style-type: none"> Quarterly
Activity actions:				
3.2.1 Assist identified national partner (s) in organizational development introducing best practices tailored to the country context	Number of respondents interviewed during a key-informant survey	<ul style="list-style-type: none"> Needs & capacity assessment report 	<ul style="list-style-type: none"> Component coordinator 	<ul style="list-style-type: none"> Annually
3.2.2 Transfer knowledge to the identified national partner in policy analysis in	Number of issues supported through technical assistance	<ul style="list-style-type: none"> Technical assistance reports 	<ul style="list-style-type: none"> Component coordinator National 	<ul style="list-style-type: none"> Quarterly

Narrative summary	Objective verifiable indicators	Means of verification	Responsible agent	Frequency
development processes			partner	
3.2.3 Support the national partners through technical assistance and policy advice in the revision/updates of development strategies whenever needed ensuring that AIDS issues (as well as global development goals) are integrated into the development policies	Number of national development policies revised/updated	<ul style="list-style-type: none"> National development policy documents (revised/updated) 	<ul style="list-style-type: none"> Component coordinator National partner 	<ul style="list-style-type: none"> Quarterly

B. Performance targets for the Unit/CMCC Secretariat⁶

Indicator	Baseline	Targets		
		2008	2009	2010
<ul style="list-style-type: none"> Information bulletins in accordance with the standard/format published quarterly 	Yes	Yes	Yes	Yes
<ul style="list-style-type: none"> The web portal updated: <ul style="list-style-type: none"> Calendar published monthly Statistics published monthly Digest of events published twice monthly News/information distributed via email (mailing list) at least monthly 	Yes	Yes	Yes	Yes
<ul style="list-style-type: none"> Percentage of the AIDS related decisions of the CMCC requiring follow up that are tracked 	100	100	100	100
<ul style="list-style-type: none"> Percentage of the CMCC meetings when members received relevant materials timely in accordance with the procedures 	100	75	100	100
<ul style="list-style-type: none"> Percentage of the CMCC meetings when protocols were published in accordance with the procedures 	100	100	100	100
<ul style="list-style-type: none"> Joint action/intervention plans in the area of HIV response prepared annually and updated at least once per year 	Yes	Yes	Yes	Yes
<ul style="list-style-type: none"> Reports on the achievement/progress of interventions in accordance with the joint plan in the area of HIV response prepared and published annually 	Yes	Yes	Yes	Yes
<ul style="list-style-type: none"> Database of actors and resources in the area of HIV response updated regularly 	Yes	Yes	Yes	Yes
<ul style="list-style-type: none"> Reports on the progress of the implementation State AIDS Programme prepared and published twice a year 	Yes	Yes	Yes	Yes

⁶ Performance indicators and/or targets are subject to a joint revision by UNDP and major partners over the time of Programme implementation

C. Risk Analysis

C.1. Programme risk log

Description	Date Identified	Type	Impact & Probability	Countermeasures / Mngt response	Owner	Submitted, updated by	Last Update	Status
1) Low quality/level of initial knowledge as well motivations of participants in leadership and capacity building/thematic trainings	06/03/08	Operational	"Return on investment" could be lower than desired (expected) P=3 I=4	Develop and pursue procedures for the selection of appropriate candidates (including ex-ante testing)				
2) Turnover of personnel in line ministries and/or state agencies	06/03/08	Operational	Decreases chances for breakthrough initiatives as well as affects "return on investment in human resources" P=3 I=3	Increase a number of participants/targets groups to minimize losses				
3) No adequate response from key policy/decision makers to breakthrough initiatives	06/03/08	Operational	Affects breakthrough initiatives and/or "bottom up" multisectoral response to HIV P=3 I=3	Apply vigorously "soft assistance" instruments such as consultations and advocacy (involving high level UNDP officials) Whenever feasible use mass media and regulations components for advocacy				
4) No financial support to breakthrough initiatives	06/03/08	Financial	Affects breakthrough initiatives P=2 I=4	Provide assistance (mentorship) in fund raising from public and non-public (private, business) sources Explore possibility of funding from partner programmes/donors				
5) Absence of an national agent meeting minimum requirements to host capacity building functions such as: own sustainability, ability and/or motivation to develop and mature, mobilize resource, management, etc	06/03/08	Strategic	Affects sustainability of the output P=2 I=5	Address the gaps among most appropriate organizations and support them to meet the minimum requirements				
6) Absence of willingness and/or commitment to host the capacity building functions even if all minimum requirements (described above) are met	06/03/08	Strategic	Affects sustainability of the output P=3 I=5	Identify another donor funded programme to temporarily host this functions and propose additional efforts to induce willingness/motivation among potential national actors				

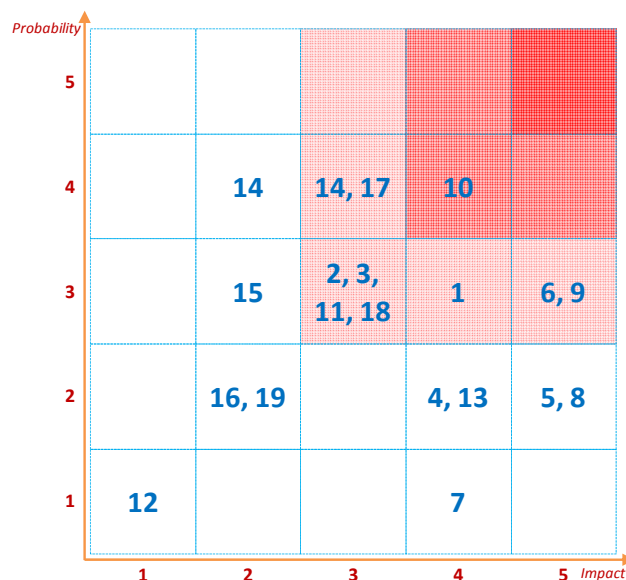
Description	Date Identified	Type	Impact & Probability	Countermeasures / Mngt response	Owner	Submitted, updated by	Last Update	Status
7) Lack of national/technical capacity necessary for quality drafting/revision of the legislation	06/03/08	Organizational	Affects sustainability of the output P=1 I=4	Identify additional technical expertise required and secure regional/international technical assistance				
8) Deterioration of the access to legal service on HIV due to the lack of funds or inability/unwillingness to deliver services to the PLHIV	06/03/08	Organizational	Affects effectiveness and sustainability of the output P=2 I=5	Increase the focus of advocacy efforts on the allocation of necessary public funds for the improvement of access to legal services for PLHIV Discuss with partners possibility of temporary uptake of the provision of legal services to ensure continuity of the access				
9) Failure of public services to fulfil their functions (due to lack professionals, motivations, administrative discipline and/or funds)	06/03/08	Organizational	Affects sustainability and national ownership P=3 I=5	Intensify capacity building efforts (exploring such possibilities through partnerships with other programmes) for public service providers Advocate for the increase in the allocation of public/budget funds to the legal service for PLHIV				
10) Absence of willingness and/or commitment of the identified public agent (e.g. Ombudsman's office) to become a champion of human rights PLHIV and key populations at higher risk	06/03/08	Strategic	Affects sustainability and national ownership (institutionalization of human rights protection for PLHIV) P=4 I=4	Identify from the beginning alternative carriers of this function Use mass media as well as partnerships with key players (national and international) to advocate national ownership of this function				
11) Changes in the Government	06/03/08	Political	Affects implementation as well as sustainability of the outputs P =3 I = 3	Might require changes in the organizational arrangements or revision of the program outputs				
12) Stakeholder relations	06/03/08	Strategic	Affects improvement of and sustainability of the national multisectoral response to HIV P =1 I =3	Apply "soft assistance" instruments such as advocacy, consultations and mediation with key stakeholders on top of formal relationships within CMCC format				
13) Process efficiency	06/03/08	Operational	Affects significantly performance of the CMCC in terms of coordination and monitoring P=2 I=4	In case of the poor performance of the Unit, the revision of the support and/or organizational arrangements might be required Continuously assist the Unit to define technical assistance / capacity building				

Description	Date Identified	Type	Impact & Probability	Countermeasures / Mngt response	Owner	Submitted, updated by	Last Update	Status
				needs and provide support tailored to the needs				
14) No common understanding of the multisectoral approach	06/03/08	Strategic	Affects opportunities for qualitative / substantive improvement of the CMCC mechanisms P=4 I=3	Support the national partner to initiate and engage actively in consultative processes with different stakeholders in order to arrive to a consensus on conceptual aspects of the multisectoral approach				
15) No clear understanding of and demand on policy advice in development policy making among high level officials	06/03/08	Strategic	Affects effective provision of policy advisory services P=2 I=3	Intensify learning measures including study tours in transitional countries to learn best practices				
16) Lack of advanced professional resources and or practices to rely on	06/03/08	Operational	Affects effectiveness, quality and sustainability of policy advisory services P=2 I=2	Negotiate with leading universities to develop special training courses (postgraduate facultative) to prepare relevant specialists				
17) Requests for a policy advice (or any policy product) are spontaneous with short notice	06/03/08	Operational	Affects organizational development and institutionalization of evidence based decision-making P=4 I=3	Whenever possible create in advance policy products (such as research papers, policy notes) to minimize negative effect on the quality of policy products produced urgently				
18) Key professional staff (if they are public servants) may become engaged in day-to-day tasks that absorbs most of their time/resources	06/03/08	Operational	Affects performance of policy analysis unit / effectiveness of the programme output P=3 I=3	Change organizational arrangements (including scope of works) Raise this issue with the administration of the partner to streamline functions between relevant functional/structural units				
19) Emergency due to the break out of HIV in a specific group	06/03/08	Operation	Changes in the priorities (at the operational level) of the national HIV response toward addressing the crisis and may slow down implementation of the programme P=2 I=2	Assist the key stakeholders (CMCC) in the development of a contingency plan in advance that enables more efficient and effective response to such emergencies				

C.2. Risk management

For the risk management purposes priority is given to the risks that are positioned in upper right quadrants on the risk assessment matrix below (numbers correspond to the order/numbering in the Programme risk log above):

Risk #10 “Absence of willingness and/or commitment of the identified public agent (e.g.



Ombudsman’s office) to become a champion of human rights of PLHIV and key populations at higher risk” has the highest probability to occur and strongest negative effect on one of Programme outputs (in terms of sustainability): if the risk is materialized almost all activities under activity results 1.1 and 1.3 will fail to sustain protection of human rights of PLHIV and other key populations at higher risk after the Programme ends. One of the solutions to mitigate the risk to use mass media as well as partnerships with key players (national and international) to advocate national ownership of this function. The risk can be partially reduced if the Programme identified from the beginning alternative recipients/carries of this function and in case of “failure” of the preferred one will try to switch to the alternative candidate(s).

Another 5 risks are located in relatively high “dangerous” zone (with probability or strength higher than average score 3):

- If the Programme is exposed to risk #1 “Low quality/level of initial knowledge as well motivations of participants in leadership and capacity building/thematic trainings”, that it is unlikely to produce activity result #2.1 and, hence, to fully achieve outcome #2; the most effective risk management solution could be to decrease the possibility of the risk by the introduction of procedures for the selection of appropriate candidates (including ex-ante testing); however, a high rejection rate of candidates might create tension between the Programme and national partners, therefore the Programme team has to balance between these two undesirable outcomes and reinforce partnership mechanisms to avoid misunderstanding and irritation of national counterparts
- Risk #6 “Absence of willingness and/or commitment to host the capacity building functions even if all minimum requirements (described above) are met” also affects (partially) output #2 and mainly activity result #2.1 – it won’t be possible to meet the qualified standard of sustainability in terms of the transfer of capacity building functions to a national body; it is hard to reduce the risk (possibility) but as a risk mitigation solution the Programme will try to identify another donor funded Programme to temporarily host this functions and propose additional efforts to induce willingness/motivation among potential national actors
- The risk #9 “Failure of public services to fulfil their functions (due to lack professionals, motivations, administrative discipline and/or funds)” affects the Programme outcome #1 (partially) and activity result 3.3 (fully). There are two solutions to mitigate the risk: 1) Intensify capacity building efforts (exploring such possibilities through partnerships with other Programmes) for public service providers and 2) Advocate the increase in the allocation of public/budget funds to the legal service for PLHIV
- Risk #14 “No common understanding of the multisectoral approach” is most likely to affect Programme outcome #2 if a) dissatisfaction of key actors with the overall performance of the CMCC increases or b) the Government together with other key stakeholders recognize that there is a need to fundamental substantial improvement of the multisectoral coordination mechanisms (vs. so called “marginal improvements”). In such a case the Programme has to support the national partner (the Prime Minister’s Office) to initiate and facilitate consultative processes with

different stakeholders in order to arrive to a consensus on conceptual aspects of the multisectoral approach

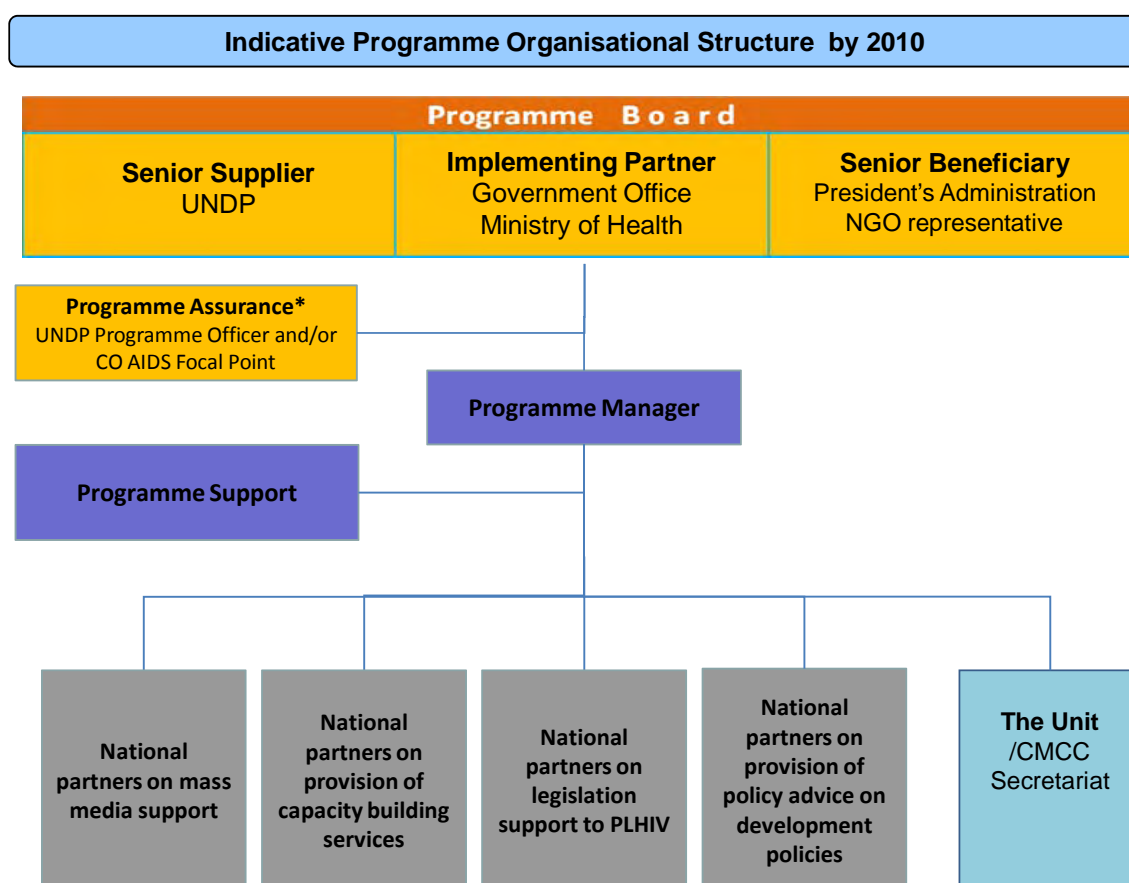
- Risk #17 is likely to materialize if a) the Programme succeeds in the development of a strong policy analysis capacity and b) the policy analysis functions are carried out by governmental structure (a structural unit of the Government with direct subordination to a relevant policy maker). It will be very attractive for the Government to use the capacity of this unit to meet daily needs (responding to urgent requests on ad-hoc basis). If materialized it will affect activity result #3.2 and outcome #3 (partially). One of the solutions to mitigate the risk is to create in advance (whenever possible) policy products (such as research papers, policy notes) to minimize negative effect on the quality of core functions and policy products (produced urgently)

D. Terms of References of key staff

Terms of References of key staff are enclosed in attachment

E. Illustrations

Figure 6: **Desired management arrangements by end of the Programme**



* Programme Assurance position is not funded from the funds of this Programme, it is funded from other UNDP's resources