

<p>Target (year 1)</p> <ol style="list-style-type: none"> At least 2 countries supported with local/sub-national level HIV responses At least 1 joint initiative strengthening the cooperation between state and non-state actors in the region 								
<p>Output 3: Human rights based and gender sensitive AIDS responses addressing stigma and discrimination of key populations at risk (including women and sexual minorities) and people living with HIV supported, including Universal Access to essential services through trade-related aspects of intellectual property rights (TRIPS) flexibilities. (ECIS HIV Outcome 11)</p>	<p>3.1 Rights, Law and stigma</p> <ul style="list-style-type: none"> - Support legal review focusing on human rights monitoring and implementation of HIV legislation in Moldova and Ukraine - Support creation of database of laws and regulations on MARPS and criminalization of transmission 	X	X	X	Regional HIV/AIDS team, select Country offices, BDP HIV/AIDS group, UNAIDS	UBW (5,000)	International consultant, Local Consultant, Miscellaneous	5,000

<p>00073786/ RBEC RPD focus area 18b.</p> <p>Baseline 3.1: Limited data on the application of HIV legislation or monitoring of the rights of PLHIV</p> <p>Indicator 3.1: Human rights monitoring of PLHIV improved</p> <p>Baseline 3.2: Limited programme activities involving HIV transmission among women</p> <p>Indicator 3.2: Number of COs supported with activities involving HIV transmission among women/gender sensitive HIV programmes</p> <p>Baseline 3.3: MSM activities focused at country level with only ad hoc regional coordination</p> <p>Indicator 3.3: Number and level of regional coordination activities among MSM</p> <p>Baseline 3.4: One national consultation on IP and access to essential medicine has been conducted to date</p> <p>Indicator 3.4: Number of national consultations conducted to address the implications of IP upon access to essential medicines.</p> <p>Target (year 1)</p> <p>1. At least 2-3 countries supported with the strengthening of human rights monitoring and implementation/review of</p>	<p>3.2 Gender and Sexual diversity</p> <ul style="list-style-type: none"> - Technical advisory and financial support to National Networks of Women living with HIV, MDG reporting and COs with HIV related CEDAW reporting - Develop Policy Brief on HIV in intimate relationships - Regional consultation to establish a multi-stakeholder coalition addressing HIV among MSM - Finalize and distribute Regional Policy Brief on HIV among MSM - Develop Joint 27 country review of MSM epidemiology and policy context 	<p>X</p>	<p>X</p>	<p>X</p>	<p>Regional HIV/AIDS team, select Country offices, BDP HIV/AIDS group, UNAIDS, National Networks of Women, WHO, MSM civil society groups at country and regional levels, USAID</p>	<p>UBW (120,000) TRAC (8,000) RPF (7,000)</p>	<p>International consultant, Local Consultant, Travel, Printing, Miscellaneous</p>	<p>130,000</p>
<p>3.3 IP, innovation and Access to Treatment</p> <ul style="list-style-type: none"> - Support national consultations on IP and access to HIV medicines via the COSF 	<p>X</p>	<p>X</p>	<p>X</p>	<p>X</p>	<p>Regional HIV/AIDS team, select Country offices, BDP HIV/AIDS group, Open Society Institute (OSI)</p>	<p>UBW (16,000)</p>	<p>International consultant, Local Consultant, Travel</p>	<p>16,000</p>

<p>HIV legislation</p> <p>2. Organize/support at least 2 gender/sexual diversity related events</p> <p>3. At least 1 country supported with follow-up activities from regional consultation on access to essential medicines and IP rights</p>									
<p>Output 4: Strengthened CO and national partner capacity for implementation of programmes financed through multilateral initiatives, including Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM). (ECIS HIV Outcome 12) 00073787/ RBEC RPD focus area 18d.</p> <p>Baseline 4.1: Limited number of regional knowledge products and learning events to enhance capacity development via Global Fund grant implementation</p> <p>Indicator 4.1: Number of regional knowledge products and learning events to enhance capacity development via Global Fund grant implementation</p> <p>Target (year 1)</p> <p>1. At least 1 regional knowledge product and/or learning event for capacity</p>	<p>4.1 Collaboration for enhanced Capacity Development for and through multilateral programme implementation.</p> <p>- joint support missions with BDP Global Fund Support Unit to COs involved in Global Fund implementation</p> <p>- Collaboration with BDP Global Fund Support Unit in producing a Capacity Development knowledge product and regional meeting for UNDP COs engaged with Global Fund implementation. Explore possibility for pilot stand alone project proposal to Global Fund.</p> <p>- joint support missions with the World Bank for Central Asia AIDS Project (CAAP) implementation supervision.</p>	<p>Regional HIV/AIDS team, Global Fund unit at BDP HIV/AIDS group, GFATM, Select country offices implementing or supporting Global Fund grants, World Bank and Regional Project Management Unit, Central Asia AIDS Project (RPMU)</p>	<p>UBW (5,000)</p>	<p>Travel</p>	<p>5,000</p>				

V. MANAGEMENT ARRANGEMENTS

The Regional HIV/AIDS project will be implemented by the UNDP (DEX) via Bratislava Regional Center HIV/AIDS Regional Team (HIV/AIDS Practice Team Leader, Regional HIV/AIDS Policy Advisor and KM HIV/AIDS Analyst), in close consultation with the country offices and HIV/AIDS community of practice. The project will balance activities among the three main areas of work including advisory services and programme support to Country Offices, knowledge management and regional programming. The programme will support face to face meetings, workshops and trainings but will also ensure the use of innovative forms of sharing information and best practices through the community of practice network.

Core funding for the programme derives from two sources, the regional share of biannual UNAIDS Unified Budget and Work-plan (UBW) allocations and regional TRAC. Direct management of the UBW funds has been decentralized from the BDP HIV/AIDS Group to the BRC. This project document represents the unified strategy and work-plan integrating both UBW and TRAC funds. In this way, combined resources are leveraged and duplication minimized.

The above strategy will be implemented through a three-level approach, with two dimensions of country office support activities, regional programmes and direct funding to COs via the COSF:

- Policy advice and technical support to Country Offices in the region:

Demand-driven, but at the same time employing proactive approach anticipating development trends and challenges; supporting the design and implementation of project/programmes; provide innovative and relevant capacity development responses for governance challenges; assisting country offices with policy reform efforts of national governments and other.

- Knowledge management and the Community of Practice:

The programme will continue to follow a systematic approach to knowledge management including: identify and collect knowledge (through good practices, lessons learned); codify and share knowledge (through knowledge products/publications well-promoted); apply knowledge (e.g., through provision of advisory services, capacity development opportunities). The community of practice (CoP) will continue to serve as the key mechanism for knowledge exchange, and to identify regional needs thematic areas (e.g. HIV and intimate relationships, mobile populations and HIV) and prepare relevant capacity development response strategies.

- Regional Programming

There are number of challenges which are not restricted to national borders and hence require a regional response. Through regional projects, the HIV/AIDS Regional Programme will pursue two objectives: (i) address issues of regional nature through partnerships and exchange of expertise, knowledge and know-how; (ii) support the application of capacity development tools and methodologies thus taking advantage of economies of scale and mitigating resource shortages.

- Country Office Support Facility

This facility enhances both the coherence and relevance of our regional presence as well as promotes more responsive interventions at the country level. The seed funding and programming opportunities develops CO capacity and offers partnership opportunities. The proposal guidelines align the country activities with the strategic directions prioritized by UNDP globally and regionally.

Estimated Overall Budget and potential Funding Source/s:

Based on expectations for similar UBW allocations to that of the 2008-2009 biennium, which slight envisaged cuts the two year programme envisages an indicative budget of **857,000**, - USD (57,000, - USD - TRAC, 800,000 USD - UBW). Actual UBW allocations for second year of biennium, however, will not be confirmed until end 2010/early 2011.

Brief description of the inputs to be provided by all partners

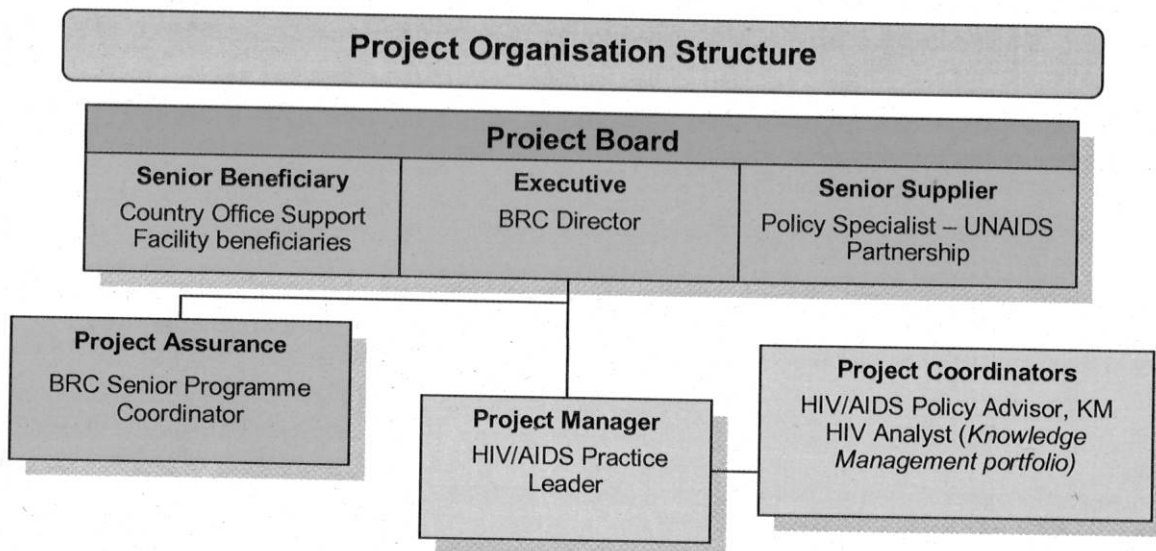
Additional resource mobilisation will be sought via partners such as the Austrian Trust Fund, Czech Trust Fund, Slovak AID and UNAIDS, as well as others. Envisaged parallel financial contribution for the two year programme from The Czech Trust Fund is 150,000,- USD and Slovak

AID is 10,000,- USD in the form of direct support to the Country offices in the region. An estimated USD\$4 million in parallel resources will be delivered via the Central Asia AIDS Control Project, with a nominal GMS recovery in view of Regional Team support to the project. Partnerships will include cooperation on substantive matters and where possible resource mobilization. Cooperation with other Regional Centres (especially the Regional Centre in Bangkok) will be further strengthened. Finally, cooperation and partnerships with other Practices at the Centre will be nurtured including the Poverty Reduction, Gender and Democratic Governance practices.

Beneficiaries and Stakeholders:

The beneficiaries of the HIV/AIDS Regional Programme will include UNDP Country offices and their staff (members of the HIV/AIDS network), national policy makers and local governments, civil society organizations and people living with HIV.

As a co-sponsor of UNAIDS, the UNDP Regional Programme will continue to closely cooperate with other UN agencies and UNAIDS secretariat according to the Division of Labour.



VI. MONITORING FRAMEWORK AND EVALUATION

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 and updated by the Project Manager to facilitate tracking and resolution of potential problems or requests for change.
- Based on the initial risk analysis submitted (see annex 1), a risk log shall be activated in Atlas and regularly updated by reviewing the external environment that may affect the project implementation.
- Based on the above information recorded in Atlas, a Project Progress Reports (PPR) shall be submitted by the Project Manager to the Project Board through Project Assurance, using the standard report format available in the Executive Snapshot.
- a project Lesson-learned log shall be activated and regularly updated to ensure on-going learning and adaptation within the organization, and to facilitate the preparation of the Lessons-learned Report at the end of the project
- 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 Project Manager and shared with the Project Board and the Outcome 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 Project Review.** Based on the above report, an annual project review shall be conducted during the fourth quarter of the year or soon after, to assess the performance of the project and appraise the Annual Work Plan (AWP) for the following year. In the last year, this review will be a final assessment. This review is driven by the Project Board and may involve other stakeholders as required. It shall focus on the extent to which progress is being made towards outputs, and that these remain aligned to appropriate outcomes.

Quality Management for Project Activity Results

Output 1: Enhanced capacities of countries in the region to mitigate socio-economic determinants and impact of HIV through multi-sectoral mainstreaming, including better understanding of linkages between MDG 6 and related MDGs.		
Activity Result 1 (Atlas Activity ID)	1.1. Development Planning and Mainstreaming 1.2 HIV and MDGs 1.3 Socioeconomic determinants and Impact mitigation	Start Date: April 2010 End Date: December 2011
Purpose	Capacity of Country Offices and countries to effectively report on MDG 6 (HIV, Tuberculosis, Malaria), assess the impacts and socioeconomic determinants of HIV and mainstream AIDS into PRSPs enhanced	
Description	<ul style="list-style-type: none"> - Provide support to Joint PRSP Programme follow-up activities via COSF - Develop study on the costs, effectiveness and impact of programmes in the region - Provide backstopping support to countries for MDG reporting - Provide support to countries with the development of new UNDAFs and CPAPs - Develop paper assessing progress to date on MDG 6 and key linkages with other MDGs - Provide support to CO involvement in regional study via COSF - Support development of study on the socioeconomic determinants of HIV in the region 	
Quality Criteria <i>how/with what indicators the quality of the activity result will be measured?</i>	Quality Method <i>Means of verification. what method will be used to determine if quality criteria has been met?</i>	Date of Assessment <i>When will the assessment of quality be performed?</i>
1. Number of countries supported to integrate HIV into PRS processes, UNDAFs and CPAPs	Feedback from country offices on the support provided (reports)	End of first year
2. Number of countries supported with MDG reporting that analyze linkages with MDG 6 and across MDGs	Feedback from country (responsible authorities) and country offices on the support provided (reports)	End of first year
3. Number of KM products developed	Feedback from participants on use of knowledge products	End of second year

Output 2: Sub-national and local capacities for effective governance of HIV responses enhanced, including strengthened CSO and PLHIV roles in advocacy and service delivery.		
Activity Result 1 (Atlas Activity ID)	2.1. CSO-Government partnerships and local HIV responses 2.2. Leadership development and community capacity enhancement	Start Date: April 2010 End Date: December 2011
Purpose	Supporting local authorities to better engage in the HIV response and conducting strategic regional interventions to promote the capacity of Civil Society Organizations	
Description	<ul style="list-style-type: none"> - Support Ukrainian CO to implement decentralized HIV responses and other country (TBC) via the COSF - Conduct assessment of viable models for public financing of civil society action - Conduct backstopping and support country Leadership Development Programme (LDP) work with Positive Women Association also via COSF - Activities related to the Vienna International AIDS conference, Besedka community activities, sponsoring the participation of community leaders from region, CoP meeting 	
Quality Criteria <i>how/with what indicators the quality of the activity result will be measured?</i>	Quality Method <i>Means of verification. what method will be used to determine if quality criteria has been met?</i>	Date of Assessment <i>When will the assessment of quality be performed?</i>
1. Number of local and sub-national level HIV responses supported and capacity building initiatives conducted	Feedback from country offices on the support provided (COSF report)	End of second year
2. Civil Society Organizations supported with participating in Global AIDS conference and follow-up activities/initiatives	Level of engagement of civil society organizations at "Besedka" during the AIDS conference in Vienna – based on evaluation report /feedback from civil society leaders	End of first year/End of second year

Output 3: Human rights based and gender sensitive AIDS responses addressing stigma and discrimination of key populations at risk (including women and sexual minorities) and people living with HIV supported, including Universal Access to essential services through trade-related aspects of intellectual property rights (TRIPS) flexibilities.		
Activity Result 1 (Atlas Activity ID)	3.1 Rights, Law and stigma 3.2 Gender and Sexual diversity 3.3 IP, innovation and Access to Treatment	Start Date: April 2010 End Date: December 2011
Purpose	Countries supported with human right monitoring and implementation of HIV legislation, integration of gender and sexual diversity initiatives into AIDS response and projects and ensuring the access to essential medicines for HIV treatment	
Description	<ul style="list-style-type: none"> - Support legal review focusing on human rights monitoring and implementation of HIV legislation in Moldova and Ukraine - Support creation of database of laws and regulations on most at risk populations (MARPS) and criminalization of transmission - Technical advisory and financial support to National Networks of Women living with HIV, MDG reporting and COs with HIV related CEDAW reporting - Conduct expert meeting on HIV transmission in intimate relationships - Develop Policy Brief on HIV in intimate relationships - Regional consultation to establish a multi-stakeholder coalition addressing HIV among MSM - Finalize and distribute Regional Policy Brief on HIV among MSM - Develop Joint 27 country review of MSM epidemiology and policy context - Support national consultations on IP and access to HIV medicines via the COSF 	
Quality Criteria <i>how/with what indicators the quality of the activity result will be measured?</i>	Quality Method <i>Means of verification. what method will be used to determine if quality criteria has been met?</i>	Date of Assessment <i>When will the assessment of quality be performed?</i>
1. Number of countries supported with the implementation of human rights monitoring and HIV legislation initiatives in the region	Feedback on quality of policy advisory services/COSF support provided	End of first year
2. Number of countries engaged in expert meeting on HIV transmission in intimate relationships and corresponding knowledge produced developed and disseminated	Feedback from expert meeting on HIV in intimate relationships and use of Policy brief	End of second year
3. Regional level consultation on MSM to establish a multi-stakeholder coalition addressing HIV among MSM conducted	Feedback from consultation to establish a multi-stakeholder coalition addressing HIV among MSM (event report) and use of Policy brief	End of first year
4. Number of countries supported with conducting activities facilitating the access to essential medicines for HIV treatment	Feedback from countries and country offices on quality of supported provided – evaluation of missions, meetings	End of first year

Output 4: Strengthened CO and national partner capacity for implementation of programmes financed through multilateral initiatives, including Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM).		
Activity Result 1 (Atlas Activity ID)	4.1 Collaboration for enhanced Capacity Development for and through multilateral programme implementation.	Start Date: April 2010 End Date: December 2011
Purpose	Strategic advisory support provided to countries implementing multilateral programmes in the region	
Description	<ul style="list-style-type: none"> - joint support missions with BDP Global Fund Support Unit to COs involved in Global Fund implementation - Collaboration with BDP Global Fund Support Unit in producing a Capacity Development knowledge product and regional meeting for UNDP COs engaged with Global Fund implementation. Explore possibility for pilot stand alone project proposal to Global Fund. - joint support missions with the World Bank for Central Asia AIDS Project (CAAP) implementation supervision 	
Quality Criteria <i>how/with what indicators the quality of the activity result will be measured?</i>	Quality Method <i>Means of verification. what method will be used to determine if quality criteria has been met?</i>	Date of Assessment <i>When will the assessment of quality be performed?</i>

1. Number of regional knowledge products and learning events to enhance capacity development via Global Fund grant implementation	Feedback from country offices on quality of support provided – evaluation meetings	End of second year
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VII. LEGAL CONTEXT

This regional project document shall be the instrument referred to as such in Article I of the Standard Basic Assistance Agreement (SBAA) between the Governments participating and the United Nations Development Programme.

VIII. ANNEXES

Annex 1 – Risk log

#	Description	Date Identified	Type	Impact & Probability	Countermeasures / Mngt response
1	Willingness of governments in the region to engage in HIV substantively and financially	January 2010	Political	Difficulties with implementing activities/initiatives and lack of ownership P=3 I=3	Effective communications on the important and long term impact of the epidemic and partnership building
2	Countries in the region are willing to adopt evidence-informed best practice policies relevant for low level and concentrated epidemics	January 2010	Political	Even with resources available, responses are ineffective due to inappropriate policy mix P = 3 I = 3	Continued discussions will be held with relevant national stakeholders and representatives of the Country Offices
3	Countries in the region remain politically and economically stable in order to keep or make HIV a priority area	January 2010	Political	Loss of political leaders/decision makers commitment due to the change of governmental representatives and main players P = 2 I = 4	Continued discussions will be held with relevant national stakeholders and representatives of the Country Offices
4	Donors will continue to finance/support the Regional Programme	January 2010	Financial	Lack of complementary resources to implement all activities of the programme P=3 I=2	Share information on regional activities with potential donors (new and those that we have been working with in the past)
5	The UNDP role as UNAIDS co-sponsor is clearly understood and actively pursued by Country Offices	January 2010	Operational	The Regional Team would have difficulties implementing project activities and most importantly engaging all relevant COs P = 2 I = 2	Effective communications to the Country offices on UNDP's key role in the response and the priorities and planned activities of the Regional Programme

6	Continued availability of Core resources (TRAC & UBW) for proposed activities	January 2010	Financial	Lack of core TRAC resources to implement activities of the programme P=4 I=3	Regular meetings with senior management at the BRC to inform about the financial needs of programme
7	Knowledge and best practices shared through the network (including KM products) are used by target groups	January 2010	Operational	Limit the dissemination of best practices and knowledge which will negatively impact the effectiveness of projects implemented at the national level P = 2 I = 4	Use of the HIV/AIDS network to share best practices and organize face-to-face meetings every 2 years to ensure team building among the HIV/AIDS practitioners

Annex 2: Terms of Reference: Regional Consultant for HIV and MSM in Eastern Europe and the CIS

Post Title: Regional Advisor for HIV and MSM in Eastern Europe and the CIS

Dates: 20 March – 20 June 2010

Duration: 15 working days in this period

Duty Station: Home-based

Deadline for applications: 15 March 2010

Background information

Sex between men is thought to account for between five and 10 percent of HIV infection globally. Many regions now identify men who have sex with men (MSM) as constituting a significant percentage of new HIV cases. Though data is limited, a growing body of research suggests that men who have sex with men in Eastern Europe and the CIS are also at a dangerously elevated risk of contracting HIV. Surveys in many cities of the region suggest prevalence rates up to 10 times higher among MSM than in the general populations.

The epidemic among MSM remains largely hidden due to the underreporting of sexual transmission of HIV among MSM in official statistics. In addition, policy and programme challenges exist which hinder the development and implementation of effective national HIV responses based on appropriate, comprehensive interventions, and leaves MSM even more vulnerable to HIV infection.

Strengthening the knowledge base and improving the implementation capacity for the prevention and treatment of HIV among MSM and transgender populations should be considered a priority for all countries and regions as part of a comprehensive effort to ensure universal access to HIV prevention, care and treatment.

Men who have sex with men still face severe challenges of social stigma and structural discrimination throughout much of Eastern Europe and the CIS. Experiencing discrimination not only affects physical and mental well-being, but also impedes access to HIV prevention, testing, treatment and care. Openness and improved national HIV surveillance is crucial and only attainable through societal and personal acceptance and disclosure of sexual behaviour. Restrictive legislative environments in some countries hinder effective HIV service provision to MSM. In fact, sexual acts in private between consensual adults of the same sex are still criminalised in two of the region's states.

Effectively addressing MSM in HIV prevention and treatment is essential for an effective overall HIV response.

Objectives

UNDP, as lead UNAIDS Co-sponsor agency for HIV and men who have sex with men, together with WHO and UNAIDS are planning a series of initiatives to address the response needs outlined above in 2010 (see draft Partnership Outline for 2010 attached). The objective of this consultancy is to lead the preparation process for part C of this outline, conducting a Regional Consultation on HIV and MSM which, among other outcomes, may result in the creation of an ongoing Regional Coordination and Advocacy Mechanism. While the initiative will be inclusive of the entire EE/CIS region, priority will be placed on the CIS/Russian speaking countries for maximum effectiveness in addressing the greatest gaps vis-à-vis HIV and MSM responses.

c) Regional Consultation/Sustainable Coordination and Advocacy Mechanism

The ability to raise the profile of dialogue on MSM and HIV issues has remained largely ad hoc within the context of periodic regional and international conferences. Yet, as experience in other regions has shown, the Asia and Pacific especially, an ongoing sustainable mechanism for broad based coordination and advocacy across countries is instrumental in achieving real progress in the response to HIV. This can also lead to additional resource mobilisation for the issue at the regional level.

A regional consultation will be held that will further the broad base dialogue generated in the context of the regional/international conferences, explore the feasibility of establishing a sustainable regional advocacy and coordination mechanism, and help further disseminate the knowledge products produced,

UNDP's work in the field will be guided by the UNAIDS Action Framework for Men who have Sex with Men (MSM) and Transgender (TG) People and will address two of the prime objectives of the Action Framework: (1) strengthening the evidence base for MSM and transgendered people and (2) improving the human rights situation of MSM and TG people.

Duties and Responsibilities/Expected Deliverables

Under the direct supervision of UNDP Regional HIV Programme for Europe and the CIS, with input from WHO-EURO and UNAIDS RST for EE/CA focal points, the incumbent will perform the following functions with deliverables:

1. Conduct a review of similar regional initiatives, including the APCOM experience in Asia www.msmasia.org.
2. Identify key stakeholders in the EE/CIS region to address HIV and MSM. This list should include civil society actors, Government, private sector and international organisations, including donors and multi-lateral organisations.
3. Prepare the Terms of Reference for a Planning Group to help plan the Regional Consultation and select/invite participants.
4. Plan and organise a schedule of working meetings/on-line communication among Planning Group members.
5. Design and implement an advocacy strategy to build broad awareness and support for the initiative with key stakeholders.
6. Support UNDP/WHO/UNAIDS in identifying and planning the logistical arrangements for the Regional Consultation.

The consultancy scope and specific activities/deliverables will be carried out in close contact with the UNDP Regional Team and any necessary changes accommodated as requested.

Duration of the assignment

The consultancy is to be home-based though may require some travel and/or teleconferences with partners in various countries in the region. The consultant is also expected to keep the UNDP Regional HIV Team updated on progress and findings.