United Nations Development Program

COUNTRY: Thailand

UNDAF Outcome 3: By 2011, Thailand ensures increased access to and utilization of effective prevention, treatment, care and support services for HIV/AIDS.

Expected CP Outcome: Developed national guidelines for MSM HIV prevention in Thailand.

Expected Output: (1) Identified best practices in MSM HIV prevention in Thailand as evidence for recommendation on the national guidelines for MSM HIV prevention in Thailand.
(2) Developed concept note in developing national guidelines for HIV prevention among MSM reflecting the frameworks, priority components, processes and end users.

Programme Period: 2010-2011	
CPAP Programme Component: ***Multi-Sectoral Response to HIV/AIDS***	
Project Title: ***A Road to National Guidelines for HIV Prevention among MSM in Thailand***	
Atlas Award ID:	00060374
Start date:	August 2010
End Date	May 2011
PAC Meeting Date	_____

AWP budget:	$35,000 (2010) $30,000 (2011)
Total resources required:	$ 65,000
Total allocated resources:	$ 52,000
o UNDP	$ 50,000
o UNESCO	$ 2,000
o Donor	_____
o Government	_____
Unfunded budget:	_____
o UNAIDS (TBA)	$ 13,000
In-kind Contributions	

Names and Signatories of UNDP Resident Coordinator and National Counterparts

UNDP	**National Implementing Agency**
Ms. Gwi-Yeop Son	**Dr. Somsak Akkasilp**
UNDP Resident Representative	**Deputy Director General** **For Director General**
Date: 17/8/10 **August 9 , 2010**	**Date:** **August 9 , 2010**

2. Executive Summary

This project is the first part of what intends to be two-phased programme that will lead to the development of national guidelines for MSM HIV prevention in Thailand as the programme's outcome. It was developed in regular consultation with UN family, MOPH, National HIV Prevention Taskforce under NAPAC, MSM network and members of civil society who will comprise the Project Advisory Board. Expected to run for 10 months and conducted in at least three regions, the project's major output is the report on the inquiry of best practices in HIV prevention among MSM in Thailand. The report shall map, review and analyze MSM HIV prevention strategies, guidelines, and tools including the resources for a corresponding strategy that were used in Thailand including lessons learned on a particular experience, including a section on Bangkok report that will be generated from the Bangkok MSM Meeting. First layer of analysis will focus on MSM programs and services available and resources for each type of service, second layer will be on available manual, guidelines and protocols used, and the last is comparing and contrasting the guidelines used in Thailand vis-a vis international standards. The main intent was to answer the questions: what works, what does not, and why. The result shall be used as an evidence and platform to anchor the recommendations on the content for the national guidelines for MSM prevention in Thailand. Another output will be the concept note on the actual development of national guidelines shall be agreed at this stage including the content: frameworks, components, level of usage; and process: stakeholders participation, procedures and timeline of the development of the guidelines. The project will be implemented by Bureau of AIDS, TB and STI-DDC-MOPH through the, with technical support from the technical working group including the UN family (UNDP, UNESCO, UNAIDS, WHO), MOPH-NAMC, , National HIV Prevention Taskforce under NAPAC, the MSM network and civil society groups who were involved in the implementation of MSM HIV prevention through the years. Major activities will include consultation with different stakeholders, conduct of the research on the MSM prevention in Thailand, roundtable discussions validating and promoting the result of the research, and preparatory activities determining the concepts for the second phase. MOPH-BATS shall develop the TOR of the research team and select the lead investigator and including some members of the research team that shall come from MSM network who understand the dynamics of the MSM HIV prevention work. Ending this phase will be the development of the concept note for phase 2 which is intended to be commence right after phase 1 is finished. At all stages of project implementation, the MSM network shall be engaged starting at the preparatory activities up until the entry to Phase 2.

3. Background and Rationale

When it comes to HIV and AIDS programming in Thailand, MSM prevalence is the country's inconvenient truth. MSM HIV prevalence remains at a crisis level, the highest prevalence among all MARPS registering at 30.8 % in Bangkok in 2008. It is the epicenter for HIV Infection within the Greater Mekong Sub-region, extending to other ASEAN countries, a case where the epidemic outpaces the prevention efforts.[1] TGs and MSM in urban areas of Thailand today are said to be twenty times more likely to be living with HIV than people in the general Thai population.[2]

In three decades of epidemic , Thailand registered success in curbing the infection most notably in sex work through the 100% national condom use programme and scaling up its ARV treatment program. The universal access scheme has steered the country's AIDS financing mostly on treatment, particularly on access to ARV. In the recent UNGASS report, 80-90% of HIV budget was domestically sourced underscoring the robustness of local health financing structures. However, the chunk of the budget was spent on treatment with a meager 14% going to prevention---majority of it came from international donors. This is reconcilable with the data putting MARPS prevalence rate way beyond the national prevalence. Pact Thailand's report on community care and support for MSM with HIV in Bangkok underscored that the lived experience of PLHIV and fieldwork experience of service providers demonstrated that MSM are not reached at the level needed to secure sustained population-level health.[3]

While the current National Plan for Strategic and Integrated HIV and AIDS Prevention and Alleviation 2007-2011 has identified MSM as a target group, as late as 2006, there was no mention of MSM as a priority group in Thailand's national AIDS Plan.[4] That situation resulted on amore generic type of ABC messaging approach to behavioral intervention, as the previous Global Fund Round focused on young people. The generalized messaging producing "safe" messages and services targeted at the general population that neglect the populations most at risk: sex workers and their clients, IDU and their partners, MSM and TG primarily. [5]

That being said, the inherent problem in HIV prevention among MSM is not only political or fiscal but its organic diversity. MSM is so diverse that while it possible to create a minimum standard we can apply for prevention strategy, real BCC intervention can only work if it factors in the underplay of different contexts and backgrounds. Programming behavior change communication among MSM need to understand the tricky layers of contingencies that constitute the building block of an MSM's persona:

gay-bi-hetero-transgender, top-bottom-versatile, open-discrete-closeted-curious, young-yuppie-old, urban-suburban-rural, paid-paying-either, rice-potato-maize-color blind, monogamous -its complicated-polygamous--- these are varieties of characteristics that influence an MSM's risk-taking propensities and vulnerabilities.

The MSM prevention strategies has organically evolved from different practices by NGOs and MSM communities who based it from prevailing international standards of their time. On a large scale, the formalization happened when the network of MSM-serving organization engaged Health Services Research to design and implement MSM prevention program. During 2008-9 the HIV prevention project for MSM and others with diverse sex lifestyles was implemented with support from the National Health Security Office (NHSO) through the Institute for Health Services Research, and approved by the subcommittee for accelerated AIDS prevention under the NAPAC. This project was the first and largest to implement through the network of 20 MSM organizations in ten provinces. It recruited and trained 1,100 peer leaders and reached 16,800 MSM. This project was the first successful collaboration among such a large and diverse network.[6] This design became the precursor of what is now used in the Global Fund Round 8 for MSM prevention. Outside the GlobalFund structure, there still exist strategies devised by different NGO and CBOs on MSM prevention.

More than ever, the need to scale up prevention activities for MSM is needed. The type of strategies for prevention for MSM being carried out in Thailand varies--- alongside the tools and standards--- which are dependent on the donor, capacity of the CBO, and their access to support. At this period, what describes the prevailing methodologies of those reaching MSM? Has it evolved in time? What can be considered as state of the art in terms of all the methodologies and tools being employed by the service providers? The answers to these questions will be a building block that will provide substantial inputs in the development of the contents of national guidelines for MARPS which is critical in crafting the National AIDS plan for 2011-2016.

In the current structure of Global Fund for AIDS, TB and Malaria Round 8, MSM portfolio is being handled by Rainbow Sky Association with 16 CBOs as sub-recipients from 26 CBO members of Rainbow Sky Association of Thailand scattered all over the country. They conduct community outreach and manage drop-in centers, provide condoms and lubricant to improve coverage of the target population. The major assumption is the wealth of skills of MSM HIV prevention at the outreach level are concentrated at these organizations with varying degrees of quality depending on the organization, peer

educators, and resources available to them. However, outside the MSM network structure, organizations including local government units doing HIV work encounter many MSM in their work realm, an area of skill they do not have sufficient capacity to deal with. In the last UNGASS meeting, several organizations have claimed to be reaching MSM, not because they programmatically targeted MSM but out of exigency as they regularly encounter them in their work. In the same breadth, hundreds of local government units provincial to tambon levels deliver AIDS prevention programs to all their constituents which inevitably led them to reaching MSM. If we are to maximize coverage and quality of MSM HIV prevention, it is therefore necessary to recognize that other organizations including LGUs can contribute in reaching MSM population especially in areas where MSM CBOs need support to reach out vast number of MSM. It is therefore necessary that guidance in terms of strategy and tools should be afforded to them, that their interventions actually are within the standards of our national strategy.

Doing so may help expand the coverage and maximize the national impact of MSM work given the limited resources for these. The Independent Commission on AIDS in Asia, employing a projective modeling aimed to determine the level of scale up required to avoid catastrophic infection rate determined that 60-80% coverage is required to make a difference. [7]

Coming up with blueprint of what comprise the minimum package for MSM HIV prevention (thematic contents, coverage per type of activity, messaging, and materials) requires a process that extensively look into what is currently available in the ground including the approaches, methodologies, tools and materials that reflect of what is the best behavior change intervention that can be pursued by the country. This can be reflected as guidelines which will guide donors, project implementers, NGO, CBOs and government units in their provision of HIV prevention services through behavioral intervention to MSM. This will help in ensuring quality and appropriateness of HIV prevention services to MSM and eventually arrest the new infection rate of MSM in Thailand.

Consistency with national and regional priorities. The Integrated National AIDS Strategy 2007-2011 for Thailand targets MARPs, as part of the 10 target groups. In 10 identified target groups the common measure identified was to "develop continual learning process and on sexuality, sexual activity and AIDS." By knowing how the previous and current HIV/AIDS strategy, and the components thereof, and analyzing the how these strategies is working to specific sub-populations or context of MSM, this will provide a learning opportunity for policy makers and implementers how to create a strategy appropriate to the MSM epidemic as of now. The process in itself will provide information how sexual behaviours

among MSM is evolving and changing across contexts and subpopulation, particularly on the way they access services.

The NSP 2007-2011 has identified MSM as a critical population and have proposed explicit actions on MSM particularly on prevention and care and support. Under Strategy 2 (Integration of prevention, care, treatment and impact mitigation). Vision Statement One indicates *"New infections in all population groups are decreased."* Under this, the very first MARP in the list is the MSM group. This project intends to contribute with evidence that will identify strategies and guidelines that worked, and provide guidance to planners and implementers that will ensure quality in terms of prevention activities. All this, at strategic level, is aimed at reducing the new infection among MSM. Relevant measures that this project will respond to are:

Measure # 4. Manage knowledge and public communication through peer groups and networking using comprehensive and diversified approaches. Important approaches identified under this measure are: *Improving knowledge management and public communication; develop media products from the data among peer centers; promote learning exchange forum and documentation of lessons at all level across all sectors.* [8]The specific approaches enumerated under this measure shall be covered by the project. Identifying the best practices in HIV prevention among MSM is a process that involve organizing set of information on HIV prevention strategy among MSM and crystallizing them to identify which is the most effective given the contexts and purview of the behavior change environment. Promoting learning exchange forum is benchmark activity to be covered in, where identification of what will be considered as best practices and building the recommendations on the national guidelines will require understanding of the lessons learned in the years of implementing HIV prevention among MSM in Thailand. The end users shall be gathered in a learning exchange forum discuss lessons when using particular strategy and tools in dealing with MSM in various contexts and sub-populations.

Measure #2. Provides information, counseling and treatment on AIDS and STI as well as VCT for MSM. An important approach and activities identified was to *increase friendly access to information, AIDS and STI services and VCT for MSM group by increasing media channels to provide services to a wide range of target groups including internet.* [9] The contention of this measure is to be able to maximize coverage MSM and ensure that the services afforded to them are of quality—friendly and sensitive to the particular needs of the MSM, TG and other subpopulations. What this project intends to be able to determine is how a particular strategy or intervention done among MSM and TG group are well serving

the group—effectively and efficiently. Identifying the best practice will tell us which among the available interventions are regarded as most effective and efficient ---why and how. The answer to the "why and how" will be a good source of input in terms of recommendations on how the guidelines for HIV prevention among MSM in Thailand

Minimum Package of Services . The efforts to ensure quality in MSM prevention reflected in standardizing prevention services have been a critical undertaking supported by technical experts at the international and regional fronts. These can be gleaned in the importance put by different regional consensus building and workshops that recommended minimum packages if services to MSM and TG. For Asia Pacific, the leadership for these initiatives came from close collaboration between UN family (UNAIDS, UNDP, UNESCO and WHO), USAID-US CDC and other international NGOs like FHI, AmFar, and Burnet Institute and the network of MSM and PLHIV particularly the APCOM and APN+. During the Asia Pacific Regional Consensus Meeting on Developing a Comprehensive Package of Services to Reduce HIV among MSM and TG Populations in Asia and the Pacific, Philippe Girault, Technical Advisor from Family Health International APRO noted that the term MPS is now shifting to the term Comprehensive Package. He noted that some of the implemented interventions of the MPS may contribute to changes sexual and health seeking behaviours but despite a significant increase from 2005 to 2007, access to MPS is still low.[10] The same meeting proposed key elements of comprehensive package: (1) HIV prevention, (2) Access to HIV treatment, care and support, (3) Enabling environment for prevention and care services and (4) strategic information. Under HIV prevention, there were four major sub-components that were recommended: (1) peer outreach, peer education and drop-in services, (2) Promotion of, and access to, the means of HIV prevention, (3) ST I prevention and treatment and other sexual health services and (4) H IV counseling and testing.

As early 2004, regional discussions that germinated the concept of comprehensive package of services from technical experts and country and MSM community representatives have ball rolled that provided a framework that provided guidance on how MSM interventions could be designed in many countries in Asia Pacific, including those implemented by Global fund for AIDS, TB , and Malaria. In 2009, several regional initiatives and a high-level consultation on MSM programming supported by USAID/HPI together with APCOM and UNDP were conducted including the Hong Kong conference that "recognised the need for a widely endorsed, single, comprehensive regional reference package to better inform national responses"; and "the implementation of a 'highly active' range of interventions was

recommended for settings with high HIV prevalence and incidence among MSM and TG".[11] The international guidance recommended by these international consultations will become a strong foreground when preparing the frameworks by which national guidelines can be built.

4. Project Results and Strategy

4.1.1 Goal :

Contribute in reduction of HIV infection among MSM

4.1.2. Outcome:

1. Developed the national guidelines and protocols for HIV prevention among MSM

4.1.3. Outputs:

1. Identified Best Practices in HIV prevention among MSM in Thailand as evidence for recommendation on the national guidelines for MSM HIV prevention in Thailand.
2. Developed concept note in developing national guidelines reflecting the frameworks, priority components, processes and level of usage.

4.2.1. Advocacy. The project intends mobilize the key cross-sectoral players in MSM programming in Thailand to build a consensus on the necessity to look into the available behavioral change interventions, services and tools on HIV prevention currently employed by frontline MSM outreach workers and counselors. This will include the MOPH, NAPAC, MSM network, international donors, NGOs and CBOs involved in the ground implementation of MSM prevention. Primarily, the project intends to be an input in developing national guidelines for MSM prevention. Another layer of advocacy is how to enjoin all the organizations from top to bottom to participate in the project that will allow them to share experiences and current outreach tools and resources and be incorporated in the study. To be able to forward a recommendation on the national guidelines for MSM prevention, two components have to be factored in: content and process. The content should pursue what are the minimum requirements in HIV Prevention among MSM Prevention in terms of type of activity, thematic contents, coverage per activity, messaging, and materials to be used and the corresponding resources that they entail. It will also look into the available guidelines and manuals employed by organization implementing MSM prevention. In terms of process, the key players including the donor community, MSM network, NGOs, CBOs should be actively engaged in determining the content, particularly in the process of identifying the state of the art.

4.2.2. Strategic Information. This project is designed to obtain information from close to decade of MSM HIV Prevention work in Thailand, some with roots as far as 23 years. The state of art in behavioral change intervention is, based on available evidence and study, reflects the most effective behavior change strategy that make use of what is considered best practice given the uniqueness of the target population in certain context and environment. When best practices are consolidated to reflect the effectiveness to different context and population--- and structured in manner that can be used as a reference to create a new product: strategies, policies or plan--- consolidated best practices information becomes , essentially, a state of the art.

Anent this, the project intends to map out strategies and guidelines and protocols previously and currently being used by NGOs, CBOs and local government units on HIV Prevention among MSM and its sub populations. The fundamental question will be: what works, what doesn't and why. In reviewing existing guidelines and SOPs, the inquiry will look into published, unpublished, on-going development, and even unwritten protocols and guidelines. The next layer of information to be looked into is the resource of each strategy and the cost accrued when fully utilizing the guidelines. Analysis will proceed, determining the reasons behind the guidelines, how the guidelines and protocols facilitate or hinder greater coverage and quality of MSM prevention work, including the cost-benefit question for a certain strategy. Next layer of analysis will be comparing the guidelines used in Thailand to prevailing international standards on MSM HIV prevention. These layers of analysis shall focus on answering the question: what MSM HIV prevention strategies and guidelines the implementers and other stakeholders would consider as the most efficient and effective in terms of coverage and quality and why; proceeding into determining which strategy works best for several sub populations of MSM group. Question of quality will be prime consideration, gauging from the implementers and their clients what are perceived as a quality requirement for a particular type of intervention or activity or tool. With these questions in mind, the full inquiry design shall be determined accordingly by the investigating team that shall be approved by BATS in consultation with technical working group. In the processing of carrying out the inquiry, as part of the process of literature mapping, a catalogue the available materials shall be developed with identified publishers, websites, and access points that policy makers, programme implementers and service providers among the MSM community can utilize to be able to facilitate information exchange and maximize usage of the information resources. It will include curriculum, manuals, modules, session guides and outreach tools and researches . The mapping out may also include studies and analysis done on tools or testing some cost-effectiveness of certain tools.

Bangkok MSM BCC Report. Integrating with concurrent efforts in finding out what strategy or behavioral intervention that effectively reach out , the project takes cognizance of the upcoming Bangkok MSM Meeting in October and the six-city consultation in Hongkong by November supported by regional offices USAID, UNAIDS, UNDP, FHI, Pact and MOPH and BMA. Using appreciative inquiry methodology in its city scanning process, these meetings will answer some questions that this project is also asking, hence the necessary integration and coordination. The Bangkok MSM Meeting will however focus on consultations in finding solutions to obstacles in its MSM HIV prevention program, and the initial findings from this study on Bangkok will serve as solid input to generate better informed consultation and, eventually decisions. The final report from this project will include a section on Bangkok as a result of the Bangkok MSM Meeting.

Table 1. Project Result and Corresponding Activities

Project Outcome	Project Outputs	Programme Activities
	Identifying the Best Practices in HIV Prevention among MSM in Thailand	
Developed national guidelines for prevention among MSM in Thailand	*1.Identified Best Practices in HIV prevention among MSM in Thailand as evidence for recommendation on the national guidelines for MSM HIV prevention in Thailand*	1. Series of consultative meetings 1.1. Consensus building, consultation with MOPH-DDC, MSM Network, and other critical stakeholders , TNCA, MSM Networks, Donor Community, BMA, implementing CSOs on Best Practices in HIV prevention among MSM in Thailand 1.2. Participation to Bangkok Meeting on MSM
		2. Inquiry on Best Practices in HIV prevention among MSM and exploring the potential guidelines for minimum standard for HIV Prevention among MSM in Thailand 2.1. Development of TOR for and selection of Lead Investigator 2.2. Developing Research Proposal 2.3. Orientation of Research Team 2.4. Data Collection and Analysis > Review program/strategy and resource > Review of manuals and guidelines > Comparison with International Standards and Guidelines > Mapping and Cataloguing of Literature for MSM prevention for Resource Guide 2.4. Validation of the data
		3. Roundtable Discussion on the Report on the Best Practices in HIV prevention among MSM in Thailand and exploring the potential guidelines for HIV Prevention among MSM 3.1. Meeting on Research Proposal 3.2. Preliminary Report

Project Outcome	Project Outputs	Programme Activities
		3.3. Final Report of the Best Practices in MSM HIV prevention with recommendation of the national standards for HIV Prevention for MSM in Thailand (three regions)
	2. Developed concept note in developing national guidelines for HIV Prevention among MSM in Thailand reflecting the frameworks, priority components, processes and end users.	4. Bridge Activities for Phase 2: Developing the National Guidelines for HIV Prevention among MSM in Thailand > Building Consensus: Identifying components, end users, level of usage; consultation and advocacy meetings; writing of project document
	Project Management	
	Project Monitoring and Reporting reports	Conduct of quarterly monitoring and reporting

5. Target and Beneficiaries

This project sees its targets as its beneficiaries too, hence the need for the process to be extensively participatory. The source of the data and are also the potential end users of the product. Target for this project are NGOs, CBOs and LGUs implementing an HIV Prevention among MARPs. Primarily, it targets policy makers and more specifically the government and non-agencies that are drafting the next National Strategic and Integrated AIDS Plan for 2012-2016, more specifically MOPH and NAPAC. It also targets frontline HIV prevention service providers that formally reach MSM and secondarily, it targets organizations and agencies that informally reach out MSM population.

As **partners**, the project recognizes the important participation of MOPH- DDC-NAMC, , National HIV Prevention Taskforce under NAPAC , UN family, GFATM actors and NGOs that design prevention in various context and the MSM networks.

As **end users,** this project is useful to the national government who are devising the National Strategic and Integrated AIDS Plan for 2012-2016 and among local government units that are starting to create a local response to MARPs. The project is also targeting those CBOs and NGOs that provide HIV prevention services for MSM. It is looking into other organizations who do not specifically target MSM

but in the course of their work regularly find MSM clients. These organizations can be those that work for SW, young people, mobile population, people in closed setting, and migrants. This can also be useful to school and faith based organization that interact with MSM group.

6. Duration

The project will last for 10 months, from August 2011 to June 2012. It is generally divided it into three stages. Preliminary processes include consultation with MOPH-DDC and NAC, technical inputs from UN experts, and initial conversation with civil society organizations including the MSM network.

Stage 1. **Preparatory Stage**. This will involve consultative meetings, mobilization of partners specially those who will be involved in the investigation process, securing and affirming commitments, and selecting the investigating team including preparation for their TORs.

Stage 2. **Implementation Stage**. Based on an agreed workplan, implementation stage will cover developing the research design, data collection, documentations, interview, small group discussions, consultations to validate results including participation to the Bangkok MSM BCC Meeting, advocacy meeting to promote the result, and developing recommendations to the framework and content of national guidelines for MSM HIV prevention in Thailand.

Stage 3. **Bridging Stage**. This stage intends to create an enabling environment in preparation of the second phase which is the development of the national guidelines for MSM HIV prevention in Thailand. At this stage, the concept note of phase 2 has to be approved with identified inputs for content: frameworks, priority components, end users, and process: organizations involved in writing, procedures and timeline in the guideline development. This may stage will conduct advocacy meetings and consultations within MOPH and NAC, MSM network, local government units, and civil society organizations.

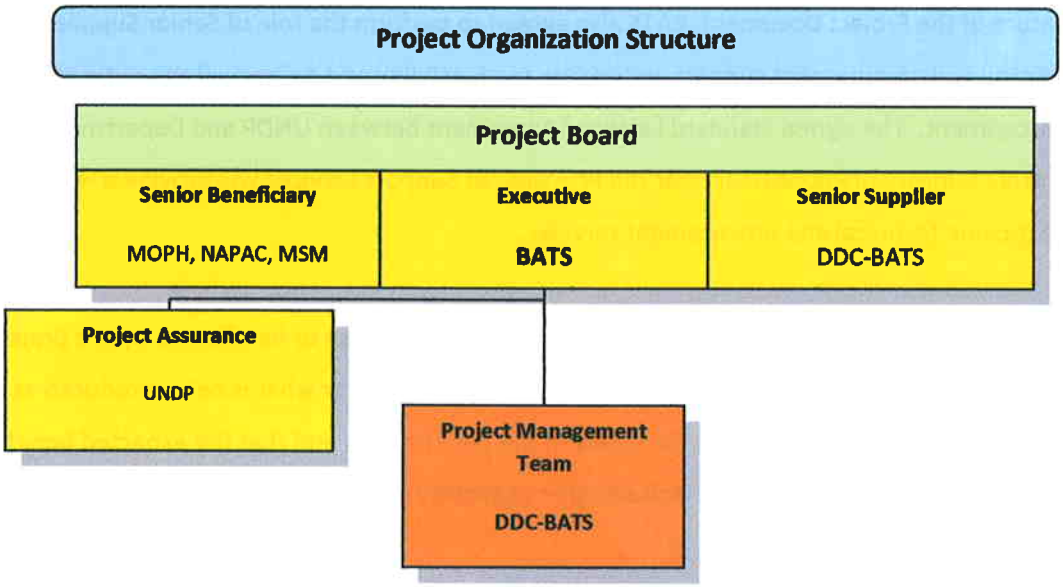
7. Locale of the Project

Primarily, the base of the project is in Bangkok. In the implementation phase however, there are at least three regions that will be covered. The investigation team shall include at the minimum three strategic

hub of MSM programming and its outlying areas: Bangkok, Chiangmai, and Phuket --- representing the regional grouping. On a smaller scale, additional areas attached to the regional hub may be identified by the MSM network which they consider as a strategic areas to collect information and data.

8. Management and Coordination

This project will be implemented through the National Execution modality (NEX) where Bureau of AIDS, TB and STI, Department of Disease Control, Ministry of Public Health will be the implementing partner. As the lead agency on this joint initiative and supported technically and financially by UNAIDS Secretariat and UNESCO, UNDP will provide the administrative support to the project. Therefore, this project will be administered and managed in accordance with the regulations and rules applicable to UNDP.



As part of continuous process of consultation, the structure and involvement of partners and stakeholders were identified though bilateral discussions initiated by UNDP Thailand and Bureau of AIDS, TB and STI, Department of Disease Control, Ministry of Public Health. This was to ensure the participatory process of engaging the stakeholders from the government, CSOs and many players in the MSM programming are integrated in the development of the project. There is also a recognition that the MSM Network will be engaged in the three stages of the project.

Project Advisory Committee. By the signature of the Project Document, the Bureau of AIDS, TB and STI, Department of Disease Control, Ministry of Public Health will be the executive of the Project Board. The Project Board is responsible for making executive management decisions for the project, including approval the activities under the Project Document, corresponding budget, technical feasibility of the project, and ensure the realization of project benefits to the project beneficiaries. The Project Advisory Member will represent the different stakeholders and partners of the project including network in UN agencies led by UNDP Resident Coordinator, representative from UNAIDS family including UNESCO and WHO, the Director of Bureau of AIDS, TB and STI, Department of Disease Control, Ministry of Public Health , the representative of the office of National AIDS Management Center, representative from National HIV Prevention Taskforce under NAPAC, and representatives from MSM national network particularly from Rainbow Sky Association of Thailand and Family Health International. The group will meet at least two times within the project cycle.

By the signature of the Project Document, BATS also agreed to perform the role of Senior Supplier to provide technical and procurement support and ensure the feasibility and delivery of the outputs under the Project Document. The signed Standard Letter of Agreement between UNDP and Department of Disease Control, Ministry of Public Health for the Provision of Support Services will provide a legal basis for UNDP to provide technical and procurement services.

Senior beneficiaries' role represents the interests of all those who will use or be affected by the project and its activities. The senior beneficiaries' responsibility is also to monitor what is being produced as per the work plan and ensure that it will meet the needs of the beneficiaries and that the expected benefits are materialized. The senior beneficiaries include other agencies from MOPH, the NAPAC, and the MSM network.

Implementing Agency. As to perform the role of Senior Supplier, Bureau of AIDS, TB and STI, Department of Disease Control, Ministry of Public Health will lead the project management team in close collaboration with the stakeholders to monitor the project management and coordinate the preparation of progress report which will be submitted to the members of the Project Board. Bureau of AIDS, TB and STI, DDC,MOPH shall be responsible in selecting research team and shall integrate the MSM network in the investigating team, particularly those who were previously involved in the implementation of the previous MSM prevention program. Bureau of AIDS, TB and STI, DDC, MOPH has

the authority to run the project on a day-to-day basis on behalf of the Project Board within the constraint laid down by the Project Board. The Project Manager is responsible for day-to-day management. The prime responsibility of the Project Manager is to ensure that the project produces the results specified in the project document, to the required standard of quality and within the specified constraints of time and cost. At least twice in a month, meeting between the UNDP and Bureau of AIDS, TB and STI, DDC,MOPH plus the lead investigator during the research period will be held to regularly monitor the planned activities and their corresponding budgets in the Project Document.

Technical Working Group. As a technical back-up to Bureau of AIDS, TB and STI, DDC,MOPH, organizations that helped steered the project plus other stakeholders shall be called to provide technical inputs to the implementation of the project particularly in the research process. The organization include UN family specifically UNDP, UNESCO, UNAIDS, and WHO, NAMC, Thailand-USA-Center for Disease Control, National HIV Prevention Taskforce under NAPAC, and members of MSM network. The group shall meet at least four times during the project cycle or as necessary as determined by Bureau of AIDS, TB and STI, DDC,MOPH as the national implementing partner.

Project assurance. The Project Assurance supports the Project Board by carrying out objective and independent programme oversight and monitoring functions. This role ensures appropriate project management milestones are managed and completed.

In line with the United Nations reform principles, especially simplification and harmonization, the Project Document will be operated with the harmonized common country programming instruments and tools, i.e. the UNPAD results matrix, M & E and the Harmonized Approach to Cash Transfer (HACT).

At the operational level, UNDP Programme Associate will be responsible for project administration using ATLAS system for timely and efficiently delivery of the activities and for effective financial monitoring under the Project Document.

11. Monitoring, Evaluation, and Reporting (Table 2)

Expected Results	Indicators (with baseline and indicative timeframe)	Means of verification	Collection Methods	Working Partner	Risks and Assumptions
OUTCOME Developed National Guidelines HIV Prevention among MSM in Thailand					
OUTPUT 1 Identified best practices in MSM HIV prevention in Thailand as evidence for recommendation on the national guidelines for MSM HIV prevention in Thailand.	By the end of the project Implementing partner selected Consensus built on the agenda of identifying the best practices in HIV prevention among MSM in Thailand Three consultative-meetings identifying the Best Practices in HIV prevention among MSM in Thailand One report on the best practices in HIV prevention among MSM in Thailand with recommendation on the national guidelines for MSM prevention in Thai and English including a section on Bangkok from Bangkok MSM Meeting	Contract Awarded TWG Report Progress Report Progress Report Copy of Best Practices in HIV prevention among MSM in Thailand	YR 1-Q3 YR1-Q3 YR 1-Q3-Q4 YR 2-Q2 YR 2-Q2	MOPH MOPH-MSM NETWORK MOPH	Resistance of stakeholders and respondents to fully participate in the investigation
OUTPUT 2 Developed concept note in developing national guidelines reflecting the frameworks, priority components, processes and end users.	Concept Note for Phase 2 with identified frameworks, priority components, and process in developing of the national guidelines for MSM prevention	Copy of the concept note for phase 2: Developing National Guidelines for MSM Prevention Thailand	YR 2-Q2	MOPH	

12. Legal Context

The Royal Thai Government and the United Nations Special Funds have entered into the Agreement to govern assistance from the Special Fund to Thailand, which was signed by both parties on 04 June 1960. Pending the finalization of the Standard Basic Assistance Agreement (SBAA) between UNDP and the Government, the Agreement will govern the technical assistance provided by UNDP Thailand under the Country Programme Action Plan (CPAP), which was signed between the Government and UNDP Thailand on 10 January 2007.

Under the UNDP-funded programmes and projects, the responsibility for the safety and security of the implementing partners 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 project 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 Project 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 Project Document.

Appendix A. **Workplan for A Road to National Guidelines for HIV Prevention among MSM in Thailand**

Activities	Indicators	Time Frame				Working Partner	Source of Funds	Budget Description	Amount
		2010		2011					
		Q3	Q4	Q1	Q2				
OUTCOME: Developed National guidelines for prevention among MSM incorporated in prevention work of CSOs and LGUs formally and informally reaching MSM									
Output 1 . Identified Best Practices in HIV prevention among MSM in Thailand as evidence for recommendation on the national guidelines for HIV prevention in among MSM Thailand. **Output 2. Developed concept note in developing national guidelines reflecting the frameworks, priority components, processes and level of usage**									
1. Series of consultative meetings 1.1. Consensus building, consultation with MOPH-DDC, MSM Network, and other critical stakeholders , TNCA, MSM Networks, Donor Community, BMA, implementing CSOs on Best Practices in HIV prevention among MSM in Thailand 1.2. Participation to MSM BCC Bangkok Meeting	Consensus built on identifying the best practices in HIV prevention among MSM in Thailand Three consultative-meetings identifying best practices in HIV prevention among MSM in Thailand					MOPH-DDC-BATS	UNDP	Meeting-Workshop	**10,000**
2. Inquiry on the best practices in HIV prevention among MSM and exploring the potential guidelines/protocols for minimum standard for HIV Prevention among MSM 2.1. Development of TOR for & selection of Lead Investigator 2.2. Developing Research Proposal 2.3. Orientation of Research Team 2.4. Data Collection and Analysis > Review program/strategy and resource > Review of manuals and guidelines > Comparison with International Standards and Guidelines	One report on the state of the art/ best practices and lessons learned in HIV prevention among MSM in Thailand in Thai and English >TOR for the Research Team > Approved research proposal					MOPH-DDC-BATS MSM Network	UNDP	Contractual Services, Research	**30,000**

Activities	Indicators	Time Frame				Working Partner	Source of Funds	Budget Description	Amount
		2010		2011					
		Q3	Q4	Q1	Q2				
>Mapping and Cataloguing of Literature for MSM prevention for Resource Guide 2.4. Validation of the data									
3. Roundtable Discussion on the Report on the Best Practices in HIV prevention among MSM and exploring the potential standards/ protocols for minimum standard for HIV Prevention among MSM 3.1. Meeting on Research Proposal 3.2. Preliminary Report 3.3. Final Report of the State of the Art of MSM prevention with recommendation of the national standards and protocol (in three regions)	Recommendation on the national guidelines for MSM prevention among MSM in Thailand in Thai and English					MOPH-DDC UNAIDS, UNESCO	UNDP UNESCO UNAIDS	Meeting-Consultation Printing	10,000
4. Bridge Activities for Phase 2: Developing the National Guidelines for HIV Prevention among MSM in Thailand > Building Consensus; consultation and advocacy meetings; identifying frameworks, priority components, process, end users & level of usage, procedures and timeline	Concept Note for Phase 2 with identified frameworks, priority components, and process in developing of the national guidelines for MSM prevention					MOPH-DDC-BATS UNAIDS	TBA	Meeting-consultation	5000
Sub Total 1									**55,000**
Miscellaneous									
1. Regular project monitoring and follow through and other miscellaneous cost	4 Monitoring Reports produced						UNDP		5000
2. Service, Audit							UNDP		5000
Subtotal 2									**10,000**
Grand Total									**65,000**
Fund Sources									
UNDP									***50,000***
UNESCO									***2,000***
UNAIDS (to be finalized)									***13,000***

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