

**United Nations Development Programme
Project Revision**

**Project Title: HIV, Human Development and Mobility in Asia and the Pacific
(Substantive Revision: 2010-2015)**

Implementing Partner/Executing Entity: UNDP Asia Pacific Regional Centre
Responsible Parties/Implementing Agencies: UNDP Asia Pacific Regional Centre

This substantive revision addresses the recommendations made by the Advisory Board (28 March 2010) and the Project Steering Committee (31 March 2010). In the revised context, while addressing the human development, governance, human rights, and trans-border challenges of HIV/AIDS, special attention will be paid to issues of sexual diversity and the particular vulnerabilities of MSM, women and girls. The Programme will work in close partnership with the UNAIDS family, GFATM, UNDP COs, national governments, inter-governmental bodies and key CSOs. More specifically, the following changes to the Project Outputs and targets have been endorsed by the Project Steering Committee and incorporated in this revision:

- **Output 2 - To be revised to: Innovative responses developed on human rights, gender and sexual diversity that reduce the HIV-vulnerabilities of women, men who have sex with men and transgender populations; and empower people living with HIV.**

To cover the new areas in Output 2, an additional 3 targets are introduced to the existing 3.

- i) Leadership development of women living with HIV undertaken in at least two countries
- ii) Supportive legal environment created to ensure Universal Access for most at risk populations
- iii) At least 5 national assessments of barriers to prevention care and support on MSM in South Asia developed; capacities of the CCMs on MSM issues strengthened in at least 5 South Asian countries; UNGASS reporting on MSM increased and knowledge products on MSM access to service developed for the region

- **Introduce 2 new targets under output 3: HIV integrated into MDG based national strategies, plans and multi-sectoral responses in at least 6 countries.**

- i) At least 2 knowledge products and capacities of national and regional partners in 5-7 countries developed on integrating HIV into social protection schemes.
- ii) Strengthening the evidence base for social and economic impacts of HIV at the household level in at least 2-3 countries

- **Introduce a new target under output 4- Key stakeholders have access to strategic multi-country research, best practice tools and publications on HIV, Human Development, mobility and trafficking**

- i) Establish and facilitate a multi-agency Community of Practice (CoP) on HIV, gender and human rights.

Programme Period:	2010-2015
Project Title: HIV, Human Development and Mobility in Asia and the Pacific – Phase II	
Atlas Award ID:	00048472
Start date:	31 Mar 2008
Initial end date	31 Dec 2011
Extended to	31 Dec 2015
LPAC Date	26 May 2010

Core	USD \$ 1,500,000
Non-core	USD\$ 2,077,006(UBW)
	USD \$ 143,290 (Japan)
	USD \$ 67,330 (UNAIDS)
Unfunded	USD \$ 5,000,000 (GFATM) (this component needs to be extended to 2015)
Total allocation:	USD \$ 8,787,541

Abbreviations

ADB	Asian Development Bank
AIDS	Acquired immune deficiency syndrome
APCOM	Asia Pacific Coalition on Male Sexual Health
APRC	Asia Pacific Regional Centre
APN+	Asia Pacific Network of People Living with HIV
ASEAN	Association of South East Asian Nations
AWHRC	Asian Women's Human Rights Council
AWP	Annual Work Plan
BPAC	Bureau Project Approval Committee
CARAM Asia	Coordination of Action Research on AIDS and Mobility - Asia
CBO	Community Based Organization
CCM	Country Coordinating Mechanism
CSO	Civil Society Groups
GDP	Gross Domestic Products
GFATM	Global Fund to Fight AIDS, TB and Malaria
HIV	Human immunodeficiency virus
ICAAP	International Congress on AIDS in the Asia and the Pacific
ILO	International Labour Organisation
IOM	International Organisation for Migration
JBIC	Japan Bank for International Cooperation
MSM	Men who have sex with men
MDG	Millennium Development Goals
NFI	Naz Foundation International
PDA	Population and Community Development Association
PLHIV	People Living with HIV
PSI	Population Services International
PWN+	Positive Women's Network
RCB	Regional Centre in Bangkok
RCC	Regional Centre in Colombo
RPAC	Regional Project Approval Committee
SAARC	South Asian Association for Regional Cooperation
SPC	Secretariat of the Pacific Community
TG	Transgender persons
UNAIDS	Joint UN Programme on HIV/AIDS
UNESCO	United Nations Education, Scientific and Cultural Organization
UNODC	United Nations Office on Drug and Crime
UNHCR	United Nations High Commission for Refugees
UNRTF	UN Regional Task Force
UNIAP	UN Interagency Project on Human Trafficking
WB	World Bank

Introduction

Since its inception in 2008, the Regional Programme has considerably strengthened UNDP's lead role in addressing the development dimensions of HIV in the Asia Pacific region. In terms of migration and trafficking, the Programme has been successful in bringing together UNAIDS and cosponsors, governments, and regional institutions such as ASEAN and SAARC through a joint UN initiative; and new evidence-based inter-country and regional policy initiatives. The capacity of national and provincial AIDS Commissions as well as key sectors was strengthened in countries of critical importance (e.g. Indonesia, PNG and Philippines) for strong decentralised multi-sectoral responses. In a pioneering step, the Programme undertook large-scale multi-country studies on the socio-economic impact of HIV at the individual and household levels to guide impact mitigation steps, including appropriate social protection schemes. For the socio-economic empowerment of women living with HIV, innovative social enterprises that have inter-country and South-South learning potential were supported. On MSM and TG, the Regional Programme led the UN efforts by strengthening the capacity of national MSM networks and a regional coalition (APCOM); high level policy advocacy involving national governments, judiciary, NGOs, human rights institutions and media and resource mobilisation. The Asian costing tool developed by the Programme has been widely used for strengthening the multisectoral and enabling-environment aspects of strategic planning and costing across the region. The Programme also undertook systematic research to guide policy and programme interventions on mobility, trafficking, spousal transmission and MSM.

Key achievements in this context include:

- Mobility and trafficking: Launch of Joint United Nations Initiative on Mobility and HIV/AIDS in Asia (JUNIMA); High level court of women on HIV and trafficking in South East Asia.
- Women and HIV: Policy impact on spousal transmission through a high level symposium at the 9th ICAAP in Bali and support to national reports and responses.
- Knowledge products: HIV and Women in the Asia Pacific Region: A Development Practitioner's Guide (2008); The Threat Posed by the Economic Crisis to Universal Access to HIV Services for Migrants (2009). Study on the vulnerabilities of Asian Women Migrants in the Arab States and which has led to joint UN action and responses in 4 countries in the region.
- Socio-economic impact assessment: Studies undertaken in three countries (China, Indonesia and Cambodia); analysis of the impact of the financial crisis on people living with HIV and their households undertaken in India; and multi-country research on food security and HIV undertaken. Evidence from the studies guided policy dialogues at a high level symposium at the 9th ICAAP in Bali
- Socio-economic empowerment of women living with HIV: Supported sustainable social enterprises run by women living with HIV in India (two locations) and Cambodia under an innovative pilot titled "Women and Wealth". The products from this initiative, identified as a global best practice by Ford Foundation, are marketed by the networks of women living with HIV under the brand name, "WE" (Women Empowered).
- Capacity of national and provincial AIDS commissions strengthened in Indonesia, Philippines and PNG for strategic decentralisation of AIDS responses.
- Significant donor contributions received, including from UBW (UNAIDS), Japan and CIDA. The Regional Programme in 2010 will receive funding from GFATM as a sub-recipient of the GFATM project on addressing MSM issues in South Asia from 2010-2015.

Since 2008, certain rapidly evolving aspects of the HIV epidemics including issues on MSM, women and girls, human rights and socio-economic impact of the disease in the Asia Pacific region have emerged as formidable challenges. In this evolving context, the Advisory Board of the Regional Project for Asia and the Pacific met in Bangkok on 28 March 2010 to assess the strategy and ensure the continued relevance of the project.

The Advisory Board commended the Regional Project for its accomplishments to date and particularly noted the contribution made by the project in:

- Leading an effective Joint United Nations Initiative on Mobility and AIDS in South East Asia (JUNIMA) with strategic partnerships for policy impact across ASEAN Secretariat and member states (MOH, MOL, MOFA) /UN (UNDP, UNAIDS,ILO,IOM,UNESCO)/CSOs (APN+, CARAM Asia);
- Addressing emerging and cutting edge issues related to Women and HIV particularly In areas such as Women' Inheritance and Property Rights and Spousal Transmission;
- Building a consensus framework that comprehensively responds to issues of HIV and MSM in partnership with WHO, UNAIDS, USAID, APCOM;
- Developing an HIV MDG Costing tool for Asia in partnership UNAIDS and ADB and building capacity for incorporating into national strategic plans;
- Expanding the evidence base on Socio-Economic Impact of the epidemic in the region with in-depth country studies undertaken in partnership with local institutions; and
- Creating regional platforms for addressing sensitive issues such as migration, trafficking and sexual minorities- among Governments/CSO/UN which have in turn paved the way for innovative country action.

The Advisory Board endorsed the strategy, direction and continued relevance of the Regional Project. It also recommended that issues of human rights, gender and sexual diversity were sufficiently significant to warrant their specific inclusion in the Regional project Document. This substantive revision addresses the recommendations made by the Advisory Board.

I. SITUATION ANALYSIS

Important new data has emerged on the evolution of the epidemic in the region since the project was initiated in 2008. These include: an alarming increase in the rate of HIV infection among MSM and transgender (TG) populations; violence against women and their vulnerability in long term partnerships; the adverse impact of punitive laws on prevention and care efforts as well as on sexual minorities and marginalised populations; the socio-economic impact of HIV on people living with HIV and their households; and the impact of external shocks such as the financial crisis and food price inflation. The epidemics in the region are also characterized by severe stigma and discrimination, violation of human rights and extremely poor access to information and services including counseling, testing and life-saving treatment. These issues have also been highlighted by the Commissions on AIDS in Asia and the Pacific as well as at the International Congress on AIDS in Asia and the Pacific in 2009.

HIV, Women and Girls and Spousal Transmission

While about 70% of the people living with HIV in the region are men, there is a steady rise in the number of new infections among young women and monogamous wives who are often considered a low-risk group. From about 20 per cent a decade ago, the number of women newly infected with HIV now has risen to 30 per cent, reaching as high as 57 per cent in Papua New Guinea. About 39 per cent of the new infections in Thailand and 46 per cent in Cambodia are among women. According to the Report of the Commission on AIDS in Asia¹, more than 50 million women are vulnerable of infection by their spouses and partners. Women and girls also bear the brunt of the epidemic at the household level where the impact of the epidemic is most acutely felt. Although, the majority of women in the region have been infected through their husbands or long term spouses yet many women are forced to leave their homes when found to be positive and or when their husbands die from AIDS. Women in the region have limited access to ARV

¹ Redefining AIDS in Asia”, Report of The Commission on AIDS in Asia, Oxford University Press, 2008

and HIV services and stigma and discrimination associated with the disease makes them particularly vulnerable to abuse and violence.

Sexual Diversity and men who have sex with men

Among men who have sex with men, highly concentrated and severe HIV epidemics have emerged in urban areas across the region with prevalence rates ranging between 30.7 in Bangkok and 5.8 in Beijing. Yet, investments in HIV programming for MSM remains limited, ranging from 0% to 4% of the total spending for HIV programming in countries region-wide. Across the region, some 19 countries criminalize male to male sex, and in the majority of the countries, there is a lack of comprehensive HIV interventions for men who have sex with men. A 2006 survey of the coverage of HIV interventions in 15 Asia-Pacific countries estimated that targeted prevention programmes reached less than 8% of MSM, far short of the 80% coverage that epidemiological models indicate is needed to turn the HIV epidemic around.²

The Report of the Commission on AIDS in Asia³ notes the spread of HIV among MSM as a “fast growing epidemic”. According to the Report, high partner turnover with low condom use has led to a rapid rise of HIV prevalence. Social taboos and discrimination against same-sex relationships push the majority of MSM in the region underground and outside the reach of prevention and treatment services. The Commission on AIDS in Asia further notes that in the worst case scenario, 50% of all new infections will be caused by male to male sex by 2020.

Another worrying aspect of the epidemic is the hostile legal and social environment in the region; highly discriminatory stereotypes and myths; and violation of the rights of MSM and sexual minorities. These structural barriers significantly increase the vulnerability of MSM and TG to HIV and have an immense adverse effect on their health and human rights.

Socio-economic impact of the epidemic

The Report by the Commission on AIDS in Asia⁴ estimates the annual economic cost of AIDS on Asian households at about US \$ 2 billion. Each AIDS death results in a loss of at least US \$ 5,000 or 14 years of productive life calculated at a modest US \$ 1 a day. External shocks such as the recent price hikes in food and fuel as well as the financial crises lead to extremely vulnerable socio-economic conditions for people living with HIV and their households, calling for further analysis and action. The most significant factor concerning the impact of the financial crisis on people living with HIV is that even during normal times, they are under extreme socio-economic stress⁵. Volatile food prices, which have been rising steadily in the Asia Pacific region, makes the situation worse⁶. Urgent steps are therefore needed to assess and mitigate the impact of HIV on people living with HIV and their households with special attention to social protection and food security.

Intended beneficiaries

The Regional Project will benefit national governments, inter-governmental organizations such as ASEAN, SAARC and SPC, networks of people living with HIV, women living with HIV, men who have sex with men and transgender people in terms of enhanced capacity and resources, strategic policy and programme initiatives and cross-border collaboration and knowledge-sharing. The project will seek to strengthen the institutional capacities of national governments, intergovernmental bodies and regional CSOs to enable responses that are sustainable beyond the project period. It will benefit countries in the assessment, costing and design of multi-sectoral responses that address the development governance, gender and human rights challenges of the epidemic. Additionally, the governments and CBOs of South Asia will directly benefit from UNDP’s role as Technical Advisor for the South Asia GFATM regional grant on men who have sex with men and HIV.

² WHO, et al., “Priority HIV and sexual health interventions in the health sector for MSM & TG people in the Asia Pacific-Region”, 2010.

³ Redefining AIDS in Asia, 2008

⁴ Redefining AIDS in Asia”, Report of The Commission on AIDS in Asia, Oxford University Press, 2008

⁵ Preliminary data from ongoing studies on the socio-economic impact of HIV at the household level in China, Cambodia and Indonesia, UNDP

⁶ A preliminary study of the impact of HIV on poverty and food security among HIV-affected households in Asia: Hunger briefing paper series; UNDP 2009

II. STRATEGY

The UNDP Regional Programme on HIV, Mobility and Human Development is guided by the priorities and strategies laid out in the UNDP Strategic Plan and the UNDP Regional Programme for Asia and the Pacific 2008-2011 (RPD). The Strategic Plan sets the context of UNDP's role in the global HIV response with specific reference to integrating HIV/AIDS concerns into national development processes, strengthening the governance component of AIDS responses, and promoting human rights and gender equality. Built on these corporate strategic directions, the RPD acknowledges the need for special attention to the trans-border challenges of HIV with a view to mitigating the impact of HIV/AIDS on human development. As per the regional division of labour among the UNAIDS co-sponsors, UNDP is the designated lead agency in working on issues of MSM and women and girls.

In the revised context, while addressing the human development, governance, human rights, and trans-border challenges of HIV/AIDS, special attention will be paid to issues of sexual diversity and the particular vulnerabilities of MSM, women and girls.⁷ Based on the observations and recommendations of the Advisory Board and the Project Steering Committee⁸, in contribution to the overall project Outcome

“to create an enabling environment and develop capacities of the key regional and national stakeholders to respond to the human development, governance, human rights and gender and cross border challenges of HIV/AIDS, mobility, and trafficking.”

the following revisions to the Results and Resources Framework (RRF) for the Project Document will be made:

- 1) Output 2 - Innovative initiatives developed and implemented at regional and national levels that reduce the socio-economic vulnerabilities of migrants and trafficked women to HIV stigma and discrimination

To be revised to: **Innovative responses developed on human rights, gender and sexual diversity that reduce the HIV-vulnerabilities of women, men who have sex with men and transgender populations; and empower people living with HIV.**

To cover these new areas, additional 4 new targets to be introduced to the existing 3:

- i) Leadership development of women living with HIV undertaken in at least two countries
 - ii) Supportive legal environment created to ensure Universal Access for most at risk populations
 - iii) At least 5 national assessments of barriers to prevention care and support on MSM in South Asia developed; capacities of the CCMs on MSM issues strengthened in at least 5 South Asian countries; UNGASS reporting on MSM increased and knowledge products on MSM access to service developed for the region
 - iv) At least four legal reviews on punitive and discriminatory laws/policies in the region developed
- 2) Introduce 2 new target under output 3 - Key stakeholders have access to strategic multi-country research, best practice tools and publications on HIV, mobility and trafficking:

⁷ PI refer to the minutes of the Advisory Panel meeting, 28 March 2010

⁸ PI refer to the minutes of the Project Steering Committee, 29 2010

- i) At least 2 knowledge products and capacities of national and regional partners in 5-7 countries developed on integrating HIV into social protection schemes.
 - ii) Strengthening the evidence base for social and economic impacts of HIV at the household level in at least 2-3 countries
- 3) Introduce a new target under output 4 - Key stakeholders have access to strategic multi-country research, best practice tools and publications on HIV, Human Development mobility and trafficking
- i) Establish and facilitate a multi-agency Community of Practice (CoP) on HIV, gender and human rights.

The Project Steering Committee also noted that the revised output (output 2) will accommodate support to the multi-country initiatives on MSM and TG by UNDP in South Asia with funding from GFATM till 2015. In this regard, the Committee noted that since the duration of the GFATM project is until 2015, the particular component of the Programme would need to be extended through 2015 accordingly.

The revised Results and Resources Framework shows all activities and budgets that will be implemented from 2010-2015. These include outputs, targets and activities continued from the original Project Document as well as those that address the new outputs and targets of the current revision. For ease of reference, the new elements have been highlighted in bold.

To address these new elements of the project, strategic partnerships have been launched at regional and national levels. The UNDP Regional Project has entered into a partnership with GFATM and key civil society organisations to implement strategic initiatives for MSM and TG communities in South Asia through a Round 9 grant. On issues related to men who have sex with men and Sexual Diversity, the Regional Project has partnered with Naz Foundation International (NFI) and Population Services International (PSI) Nepal to design and implement a South Asia GFATM regional programme in seven South Asian countries. As the regional Technical Advisor, the regional programme will work with UNDP COs to implement advocacy initiatives, capacity building activities and strategic information production relating to reducing the vulnerabilities of HIV among this highly marginalized population. **At the country level activities will be implemented in close coordination with Civil Society (including National Human Rights Institutions) and UNJTs.**

The work on women and girls living with HIV will be implemented in partnership with UNAIDS and at the country level through the Joint UN Programme on HIV/AIDS. It will contribute to the goals and targets of the UNAIDS Accelerated Agenda on Women and Girls launched in 2010. The HIV Asia Pacific Community of Practice **is a UNDP cross practice (HIV, Gender and Governance)** interactive and dynamic knowledge network jointly implemented in partnership with UNDP, UNAIDS, UNIFEM, UNOHCHR, and APN+ in response to the challenges faced by the Asia Pacific countries on HIV, gender and human rights.

For the study on the socio-economic impact of HIV on people living with HIV and their households, the Regional Programme is partnering with the Institute of Information Control in Beijing and the National Centre for AIDS Prevention and Control (NCAIDS). In Indonesia, the Programme is partnering with the Central Bureau of Statistics, the national sample survey organization and networks of people living with HIV headed by JYOTHI, the national network of people living with HIV. In both the countries, the partnership will ensure capacity transfer in terms of methodology, questionnaire preparation, data collection and analysis to undertake country-wide studies on the diverse aspects of the socio-economic impact of HIV. The partnership will also ensure creative and effective dissemination of the findings and policy advocacy for strategic impact mitigation efforts with the government and other stakeholders.

Activities will be implemented in close collaboration with other UNDP Practice Teams notably, Gender (including the UN Joint project on Partners for Prevention); Governance, and MDGs.

Resource Mobilisation

Strategic partnerships have been developed for both funding and implementation of the additional areas of the project. These will continue to be nurtured throughout the project cycle in consultation with key donors, including bilateral, foundations and the GFATM.

III. RESULTS AND RESOURCES FRAMEWORK 2010-2015

<p>Intended Outcome as stated in the Regional Programme Results and Resource Framework: Enabling environment created and capacities of key regional and national stakeholders developed to respond to the human development, governance, human rights, gender and inter-country challenges of HIV/AIDS, mobility and trafficking</p> <p>Strategic Plan and Key Results Area: Mitigating the impact of HIV/AIDS on human development</p>				
<p>Outcome indicators as stated in the Country/ Regional/ Global Programme Results and Resources Framework: (i) Enhanced regional collaboration and institutional arrangements for multi-sectoral responses addressing the human development challenges of HIV migration, and trafficking in the Asia Pacific region (ii) Strengthened knowledge and evidence-base developed for rights-based, gender sensitive responses that address the nexus of HIV/AIDS, migration and human trafficking. (iii) Increased south-south cooperation for sharing and adapting emerging models of good practice on HIV, migration and human trafficking (iv) Increased in policy and Programme responses that address the human development challenges of HIV</p> <p>Baselines for each indicator: (i) Inadequate integration of coherent regional responses to the cross border, and human development challenges of HIV& mobility in Asia and the Pacific Region. (ii) Weak evidence base and strategic information on rights based; gender sensitive responses to HIV and mobility available to inform policy and programming choices (iii) Lack of systematic exchange of good practices on HIV, migration and trafficking (iv) Weak integration of HIV into MDG based national plans and strategies</p>				
<p>Partnership Strategy: Building on the collaboration established during the previous RPD, the Regional Programme will work closely with ASEAN and SAARC in strengthening regional collaboration and inter-governmental responses in policy, programmes and the implementation of both organization's strategies on mobility and HIV in each sub-region. Dialogue will be established with SPC to map and design an effective response on mobility and HIV in the Pacific .Additionally, and in close collaboration with UN partners (UNAIDS, ILO, UNESCO, IOM, UNODC, UNIFEM and UNICEF) and civil society groups, the Regional Programme will help establish two sub-regional joint initiatives, one in South East Asia by expanding the Joint UN Regional Task Force on Mobility (UNRTF) and the other in South Asia. Throughout the programme implementation cycle, the Regional Programme will work in close collaboration with UN agencies, other development partners such as ADB, JBIC, WB, the business sector and CSO's with a particular focus on networks of people living with HIV, migrants and trafficked survivors.</p>				
<p>Project title and ID (ATLAS Project ID): 00058655 Asia and Pacific HIV Human Development and Mobility</p>				
Intended Outputs	Output Targets for 2010- 15	Indicative Activities	Responsible parties	Inputs USD \$
Output 1. Regional and national				

<p>responses developed that enable the access of people on the move to HIV prevention, treatment, care and support services.</p> <p><i>Indicator:</i></p> <p>1.1 Number of regional organizations able to address HIV in the context of migration and trafficking</p> <p><i>Baseline:</i></p> <p>1.1 Insufficient capacity among inter-governmental organizations to address HIV issues in the context of mobility and trafficking</p>	<p>2011: Three inter-governmental organizations (ASEAN, SAARC and SPC) and their member countries are able to develop and implement multi-sectoral policy and programme responses that address HIV, migration, and trafficking</p>	<p>1.1.1 Organising consultations and training, to implement and evaluate the ASEAN HIV strategy (AWP-III) in the context of mobility and trafficking in partnership with UNAIDS, IOM, UNESCO (2008/9)</p>	<p>UNDP APRC</p>	<p>Prog: 15,000(UBW) 25,000 (UNAIDS)</p> <p>Personnel: 96,000 (Core)</p>
<p><i>Indicator:</i></p> <p>1.2 Number of joint UN initiatives established that integrate HIV issues in the context of safe mobility</p> <p><i>Baseline:</i></p> <p>1.2 Inadequate robust multi-country responses that integrate HIV prevention, treatment, care and support for mobile populations</p>	<p>2010: At least two (2) joint UN initiatives established to address mobility, trafficking and HIV</p>	<p>1.2.1 Expanding the UN Regional Task Force on mobility (UNRTF) into a joint initiative on safe mobility and HIV in south east Asia. (2009)</p> <p>1.2.3 Implementing joint initiatives on safe mobility, trafficking and HIV in South East and South Asia (2009-2011)</p>	<p>UNDP APRC</p> <p>UNDP APRC</p>	<p>Prog: 15,000(UBW) 22,330 (UNAIDS)</p> <p>Personnel: 96,000 (Core)</p> <p>Prog: 110,000(UBW) Personnel: 96,000 (Core)</p>

<p><i>Indicator:</i> 1.3 Number of activities within UNIAP (UN interagency project on human trafficking) that have integrated HIV issues</p> <p><i>Baseline:</i> 1.3 HIV issues are not integrated in UNIAP's activities</p>	<p>2011: HIV Integrated into existing trafficking responses in the region</p>	<p>1.3.1 Undertaking joint efforts with UNIAP to address the dual vulnerability of women to HIV and Trafficking in South East Asia (2008-11)</p>	<p>UNDP APRC</p>	<p>Prog: 60,000(UBW) Personnel: 96,000 (Core)</p>
<p><i>Indicator</i> 1.4 Number of regional dialogues conducted on sensitive issues related to HIV, mobility and trafficking</p> <p><i>Baseline</i> 1.4 Discussion of sensitive issues related to HIV, mobility and trafficking are at present discussed and addressed separately, and not on a consistent and regular manner.</p>	<p>2010: At least three (3) regional dialogues on sensitive issues relating to HIV, mobility and trafficking</p>	<p>1.4.1 Organising high level regional dialogues on sensitive issues including i) the human rights of cross border migrants and people living with HIV; ii) undocumented migrants and access to HIV services in source and destination areas; and iii) mandatory testing and deportation.</p>	<p>UNDP APRC</p>	<p>Prog: 30,000(UBW) Personnel: 96,000 (Core)</p>
<p>SUB TOTAL FOR OUTPUT 1: US\$ 777,330</p> <p>Core: US\$ 480,000 Personnel: US\$ 480,000</p> <p>Non core: US\$297,330 Programme Activities: US\$ 230,000 (UBW) US\$ 67,330 (UNAIDS)</p>				

<p>Output 2. Innovative responses developed on human rights, gender and sexual minorities that reduce the HIV-vulnerabilities of women, MSM and TG; and empower people living with HIV.</p> <p><i>Indicator</i></p> <p>2.1 Number of innovative initiatives addressing HIV and safe mobility that are incorporated on a regular basis in large-scale infrastructure projects</p> <p><i>Baseline</i></p> <p>2.1 Insufficient and inconsistent incorporation of HIV prevention and support in infrastructure development projects</p>	<p>2009: Innovative initiatives on HIV and safe mobility incorporated into at least two (2) large-scale infrastructure development projects</p>	<p>2.1.1 Designing and implementing minimum packages of HIV care and support for migrant workers in partnership with ADB and JBIC (2008)</p> <p>2.1.2 Designing and implementing HIV training and support for infrastructure personnel, mobile populations and surrounding local communities (2008-2009)</p>		<p>Personnel: 32,000(Core)</p> <p>Personnel: 32,000 (Core)</p>
<p><i>Indicator</i></p> <p>2.2 Number of innovative and promising approaches to trafficking prevention and mitigation tested and or documented”</p> <p><i>Baseline</i></p> <p>2.2 Severe socio-economic conditions that push people, particularly women and girls, into distress migration without informed choices.</p>	<p>2011: At least three (3) innovative responses established for the economic empowerment of positive women in migration and trafficking prone areas</p>	<p>2.2.1. Undertaking a mapping of areas prone to migration and trafficking, identify emerging ‘hot spots’ and prioritize areas for action.</p> <p>2.2.2. Designing and implementing initiatives for the economic empowerment of women in migration and trafficking prone areas with a special focus on positive women.</p>	<p>UNDP APRC</p>	<p>Prog: 20,000(U BW) Personnel: 32,000(Core)</p> <p>Prog: 143,290 (Japan) Personnel: 32000 (Core)</p>

<p><i>Indicator</i></p> <p>2.3 Number of training and advocacy events on social and legal issues held in the region that reduce the stigma and discrimination and violation of rights of trafficked survivors and people living with HIV</p> <p><i>Baseline</i></p> <p>2.3 Insufficient social and legal training and advocacy events initiatives in the region that address the high level of stigma and discrimination against people living with HIV, particularly women, and trafficked survivors</p>	<p>2011: At least three innovative responses implemented to reduce the stigma and discrimination and violation of rights of trafficked survivors and migrant returnees living with HIV</p>	<p>2.3.1 Providing capacity to networks of migrant returnees, trafficked survivors and people living with HIV for legal literacy and legal redress on issues such as stigma and discrimination, rights violation and inheritance and property rights (2008/9)</p> <p>2.3.2 Undertaking review of legal and ethical situation on mobility and HIV, with an emphasis on women, and organize technical consultations in partnership with CSOs on results (2008/9)</p>	<p>UNDP APRC</p> <p>UNDP APRC</p>	<p>Prog: 70,000(U BW) Personnel: 32000 (Core)</p> <p>Prog: 25004(UB W) Personnel: 32000(Co re)</p>
<p><i>Indicator</i></p> <p>2.4 Number of countries where leadership programmes for women and girls living with HIV are implemented; number of countries that include positive women's perspectives in MDG reporting</p> <p><i>Baseline:</i></p> <p>2.4 Limited leadership skills among positive women in the region. Limited involvement of positive people in national reporting including MDG reporting.</p>	<p>2011: Leadership development programs for women living with HIV undertaken in at least 2 countries; MDG reports published in 2 countries that include perspectives from positive women</p>	<p>2.4.1 Leadership development training workshops conducted of positive women in 2-3 countries</p> <p>2.4.2 Produce 2 country reports on HIV and MDGs with special focus on women and girls</p>	<p>UNDP APRC</p>	<p>Prog: 400000 (UBW) Personnel: 32000(Co re)</p> <p>Prog: 4000(UB W) Personnel: 32000(Co re)</p>
<p><i>Indicator:</i></p> <p>Number of technical consultations and knowledge products on HIV, MSM, trafficking, sexwork and women's</p>	<p>2011: Supportive legal environment created to ensure Universal Access for most at risk populations</p>	<p>2.5.1 High level regional meeting on HIV and technical consultation on HIV implications of punitive laws and challenges in implementation of laws</p>	<p>UNDP APRC</p>	<p>Prog: 70,000(U BW) Personnel:</p>

<p>inheritance and property rights</p> <p><i>Baseline:</i> Limited understanding in the region on HIV implications of punitive laws</p>		<p>that protect PLHIV in partnership with UNFPA and UNODC i) Legal MSM review ii) HIV and WIPR in South Asia iii) Sexwork and Trafficking;</p>		<p>32000 (Core)</p>
<p><i>Indicator</i></p> <p>Number of community assessment tools developed; number of CCMs of South Asian countries engaged in MSM in HIV programming; number of knowledge products developed addressing access to services in 5 countries in South Asia; number of South Asian countries reporting on MSM/TG in country UNGASS reports</p> <p><i>Baseline</i></p> <p>No existing assessment tools on the quality of services on MSM CSOs in South Asia. Currently CMMs of 2 in the region engaged on MSM programming issues. No national specific studies identifying the structural and social barriers to Universal Access for MSM. Limiting national reporting on MSM in UNGASS</p>	<p>2015: i) At least 5 national assessments of barriers to prevention care and support on MSM in South Asia developed; capacities of the CCMs on MSM issues strengthened in at least 5 South Asian countries; UNGASS reporting on MSM increased and knowledge products on MSM access to service developed for the region</p>	<p>2.6.1 Delivery of HIV related services for MSM and TG across South Asia improved</p> <p>2.6.2 Improve policy environment with regards to MSM, TG and HIV related issues across South Asia</p> <p>2.6.3 Improve strategic knowledge on MSM, TG and HIV related issues across South Asia</p>	<p>UNDP APRC</p> <p>UNDP APRC</p> <p>UNDP APRC</p>	<p>Prog: 1,666,666 (GFATM) Personnel: 125,000(U BW) Personnel: 32000 (Core)</p> <p>Prog: 1,666,666 (GFATM) Personnel: 125,000(U BW) Personnel: 32000 (Core)</p> <p>Prog: 1,666,666 (GFATM) Personnel: 125,000(U BW) Personnel: 32000 (Core)</p>

<p><i>Indicator:</i> Number of publications launched on the legal issue on MSM; number of workshops on HIV and resources estimation tool; number of reviews conducted on MSM and TG applications in the region</p> <p><i>Baseline:</i> Limited information on the legal impacts on criminalisation of MSM on HIV ; limited application of UN framework on MSM in the region iii) Limited understating of MSM and TG applications in the region</p>	<p>2011: i) At least four legal reviews on punitive and discriminatory laws/policies in the region developed</p>	<p>2.7.1 Launch of the legal study on MSM</p>	<p>UNDP APRC</p>	<p>Prog: 200,000(U BW) Personnel: 96,000(Co re)</p>
<p>SUB TOTAL FOR OUTPUT 2: US\$ 6,789,304</p> <p>Core: US\$ 480,000 Personnel: US\$ 480,000</p> <p>Non Core: US\$6,309,296 Programme Activities: US\$ 5,000,000 (GFATM) (this component will be extended through 2015) US\$ 829,002 (UBW) US\$ 143,290 (UBW) Personnel: US\$ 337,004 (UBW)</p>				
<p>Output 3. HIV integrated into MDG based national strategies, plans and multi-sectoral responses in at least 6 countries.</p>				

<p><i>Indicator</i> 3.1 Number of countries supported to build capacity for MDG-consistent needs assessment and costing and integration of HIV into national strategies and plans</p> <p><i>Baseline</i> 3.1 Absence of comprehensive plans and costing of HIV responses required to achieve the HIV target of MDG</p>	<p>2011: Comprehensive HIV/AIDS needs assessments and costing of HIV responses in the context of MDG carried out and HIV integrated in national strategies and plans in all MDG roll-out countries</p>	<p>3.1.1 Developing, publishing and updating the MDG-consistent HIV/AIDS needs assessment user guides and MDG-consistent HIV/AIDS costing model (2008)</p> <p>3.1.2 Developing national capacity for MDG-consistent HIV/AIDS needs assessment and costing and HIV integration into national plans through technical support to MDG missions and capacity development workshops in at least 3 countries</p>	<p>UNDP APRC,</p> <p>UNDP APRC</p>	<p>Prog: 6000(UB W) Personnel: 27,272(Co re)</p> <p>Prog: 40,000(U BW) Personnel: 27,272(Co re)</p>
<p><i>Indicator</i> 3.2 Number of countries supported to develop multi-stakeholder responses to HIV</p> <p><i>Baseline</i> 3.2 Dominance of health-centric approaches to HIV that do not address the cross-sector impacts for HIV</p>	<p>2011: Multi-sectoral Responses Addressing MDG - 6 Developed in 2-4 Countries</p>	<p>3.2.1 Developing national capacity for integrating HIV into multi-sectoral and or decentralised responses in at least 3 countries</p> <p>3.2.2 Empowering PLHIV to engage meaningfully in regional and national multi-sectoral responses to HIV</p>	<p>UNDP APRC</p>	<p>Prog: 110,000(U BW) Personnel: 27,272(Co re)</p> <p>Prog: 80,000(U BW) Personnel: 27,272(Co re)</p>
<p><i>Indicator</i> 3.3 Number of knowledge products made available to governments and CSOs to learn from best practice protection</p>	<p>2011: At least 2 knowledge products and capacities of national and regional partners in 5-7 countries developed</p>	<p>3.3.1. Documentation (mapping) of existing social protection schemes in key countries in the region</p>	<p>UNDP APRC</p>	<p>Prog: 40,000(U BW) Personnel:</p>

<p>schemes; number of countries and regional partners involved in the technical consultation</p> <p>Baseline: Social protection schemes tailored for the needs of PLHIV and their households is extremely sparse. Existing social protection schemes offer scope for strategic integration of HIV as some good practice examples show</p>	<p>on integrating HIV into social protection schemes.</p>	<p>3.3.2. Documentation of a good practice on social protection and HIV in India (and Thailand)</p> <p>3.3.3 Organise a regional technical consultation on social protection and HIV in partnership with the global HIV team and formulate recommendations for action</p>	<p>UNDP APRC</p> <p>UNDP APRC. Global HIV team</p>	<p>27,272(Co re)</p> <p>Prog: 30,000(U BW) Personnel: 27,272(Co re)</p> <p>Prog: 80,000(U BW) Personnel: 27,272(Co re)</p>
<p>Indicator: Number of Socio-economic impact studies completed and the number of countries covered; number of dissemination outputs/activities</p> <p>Baseline: Very little comprehensive scientific evidence on the broad-spectrum socio-economic impact of HIV on PLHIV and households in the region and limited impact mitigation efforts. .</p>	<p>2011: Strengthening the evidence base for social and economic impacts of HIV at the household level in at least 2-3 countries</p>	<p>3.4.1 Completion of the SE impact studies in Cambodia, China and Indonesia; support the analysis, peer review and drafting of the reports.</p> <p>3.4.2. Launch of the reports in China, Indonesia and Cambodia and dissemination through media, International AIDS Congress (IAC), Vienna etc</p> <p>3.4.3. Undertake a regional synthesis paper on the socio-economic impact of HIV</p>	<p>UNDP APRC</p> <p>UNDP APRC</p> <p>UNDP APRC</p>	<p>Prog: 30,000(U BW) Personnel: 27,272(Co re)</p> <p>Prog: 20,000(U BW) Personnel: 27,272(Co re)</p> <p>Prog: 40,000(U BW) Personnel:</p>

		3.4.4. Undertake a gender disaggregated analysis of the data from the country-level studies	UNDP APRC	27,272(Core) Prog: 40,000(U BW) Personnel: 27,272(Co re)
<p>SUB TOTAL FOR OUTPUT 3: US\$ 815,992</p> <p>Core: US\$ 300,00 Personnel: US\$ 300,000 (Core)</p> <p>Programme Activities: US\$ 516,00 (UBW)</p>				
<p>Output 4. Key stakeholders have access to strategic multi-country research,, best practice tools and publications on HIV, Human Development mobility and trafficking</p> <p><i>Indicator</i> 4.1 Number of publications that clearly articulate the inter linkages between migration, trafficking and HIV published and disseminated with key decision makers</p> <p><i>Baseline</i> 4.1 Insufficient research and substantive evidence that clearly articulates the inter linkages between migration, trafficking</p>	<p>2011: Three flagship publications on mobility, trafficking and HIV published and disseminated</p>	<p>4.1.1 Producing, publishing and disseminating a multi-country research study on the HIV vulnerability of women and girls trafficked into sex work (2008/9)</p> <p>4.1.2 Producing, publishing and disseminating a regional report on HIV,</p>	<p>UNDP APRC</p> <p>UNDP</p>	<p>Prog: 15,000(U BW) Personnel: 48,000(Co re)) Prog: 30,000(U</p>

and HIV		mobility and human development (2009/10)	APRC	BW) Personnel: 48,000(Core)
<p><i>Indicator</i></p> <p>4.3 Number of best practices, tools and models developed that address the critical issues of migration, trafficking and HIV</p> <p><i>Baseline</i></p> <p>4.3 Insufficient tools and models that clearly articulate the inter linkages between migration, trafficking and HIV</p>	2011: At least five (5) best practice, tools and models addressing the critical issues related to migration and trafficking in the context of HIV, developed	<p>4.3.1 Developing and promoting regional tools and guidelines on prevention, care and stigma and discrimination of vulnerable migrant populations (2010/11)</p> <p>4.3.2 Producing best practice publications on: (i) sex work organisations with successful HIV and trafficking prevention, and (ii) integrating HIV and mobility into infrastructure projects (2009)</p>	UNDP RCC	<p>Prog: 20,000(U BW)</p> <p>Personnel: 48,000(Core)</p> <p>Prog: 50,000(U BW)</p> <p>Personnel: 48,000(Core)</p>
<p><i>Indicator:</i></p> <p>4.4 i) Increased membership of the HIVAPCOP to 400 members ii) Facilitate at least 2-3 discussions/dialogues on issues relating HIV, human rights and gender</p> <p><i>Baseline:</i></p> <p>4.4 Limited coordination and knowledge sharing between people working on HIV, Human Rights and Gender issues, the first joint COP established in 2009 with a membership at a 190</p>	2011: HIV APCoP further developed and expanded,	4.1.1 Establish and coordinate a multi-agency Community of Practice (CoP) on HIV, gender and human rights.	UNDP APRC	<p>Prog: 50,000(U BW)</p> <p>Personnel: 48,000(Core)</p>

SUB TOTAL FOR OUTPUT 4: US\$ 405,000

Core: US\$ 240,000

Personnel: US\$ 240,000

Programme Activities: US\$ 165,000 (UBW)

GRAND TOTAL:

US\$ 8,787,626

Core: US\$ 1,500,000 (Personnel)

Non Core: US\$ 6,950,622 (Programme)

US\$ 1,740,002 (UBW)

US\$ 5,000,000 (GFATM)

US\$ 143,209 (Japan)

US\$ 67,330 (UNAIDS)

Non Personnel: US\$ 337,004

337,004 (UBW)

IV. MANAGEMENT ARRANGEMENT

DEX

The project will be implemented over a period of 45 months, commencing in 31 March 2008 and ending in December 2015. The project will be directly executed by the UNDP Asia Pacific Regional Centre (APRC). The APRCB will be responsible for the technical and financial management of the project, and for all fiduciary arrangements. The APRCB will partner with implementing agencies to achieve the results defined in the project's Results and Resources Framework (RRF).

The DEX modality is the preferred modality for the implementation of the project because it is the only modality that is applicable: NEX and NGO are too limited in scope for a regional project. The Regional HIV and Development Project has always been operated under the DEX modality since its inception in early 1990s.

In the context of the Regional Center restructuring exercise as well as to align with the global practice in other regions to co-locate UNDP's Regional HIV Team with that of UNAIDS, in 2009 RBAP management decided to shift the HIV Practice from Colombo to Bangkok. This revised version is aligned with the shift in management from Regional Center in Colombo to the Asia Pacific Regional Center in Bangkok.

The APRCB will establish a Project Steering Committee, chaired by the Deputy Regional Director for Asia and Pacific (see Annex 1 for Project Steering Committee's TOR). The Senior Beneficiary role will be the Regional HIV Advisory Panel, who will meet once year, four times during the project cycle, to review the Annual Work Plan. The project's day-to-day operations will be managed/coordinated by the Project Coordinator (see Annex 2 for Project Coordinator's TOR). The Project Coordinator will be supported by Project Support Assistant(s), who will be recruited to assist in coordinating the routine activities of the project and will report on a regular basis to the Project Coordinator (See Annex 3 Project Support Assistant's ToR).

Project Steering Committee

A Project Steering Committee will be established (see diagram below) to provide guidance to the project and the Project Coordinator. Periodic project reviews by the Project Steering Committee will be done in accordance with key reporting requirements of UNDP, i.e., annual reviews, a mid-term evaluation and a final evaluation.

The annual review reports will include detailed information on the status of project implementation and the achievement of project outputs and outcomes as outlined in the project's RRF. The detailed expenditure report will indicate expenses by category as outlined in the project budget (original or latest approved revision).

The Steering Committee will be consulted if and when the Project Coordinator's tolerances (in terms of time and budget) have been exceeded. These tolerances will be monitored by the Project Assurance Officer (Annex 5 Project Assurance TOR). Quarterly Progress Reports (QPRs), prepared by the Project Coordinator, will be reviewed by the Project Assurance Officer and consolidated for submission to Project Steering Committee meetings.

The Project Assurance Officer will have overall responsibility for project monitoring, risk management, quality assurance and for timely submission of reports to the Project Steering Committee.

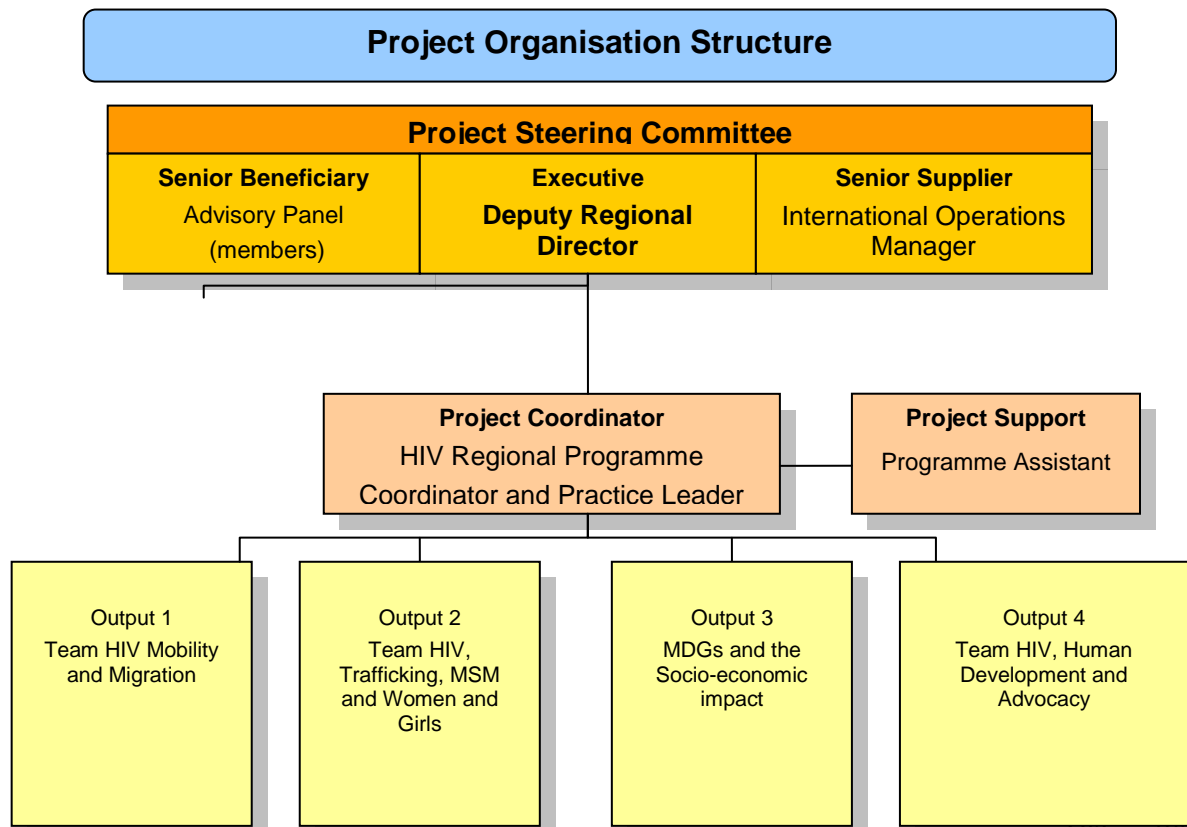
HIV Practice Advisory Board

The HIV Practice Advisory Board will meet four times during the course of the project implementation to provide overall direction and strategic guidance on the implementation of the project. The Advisory Panel

will include a mixture of senior, eminent persons engaged on HIV issues in the region, 1-2 government representatives and key constituencies engaged in the project.

Project Management Structure

Output teams of the project management structure has been revised based on the changes to the outputs



The following posts are currently supported by the HIV Regional project

- HIV Regional Programme Coordinator and Practice Leader – funded by Bureau of Development Policy
- Senior HIV Specialist and Advisor (P5)- funded by RBAP Core Budget
- Programme Specialist (P4) - funded by RBAP Core Budget
- Programme Specialist (P4) - funded by RBAP Core Budget

In addition to the support provided by these posts, two new posts have been added they include – see Annex A for the Terms of References

- MSM Programme Specialist (P4) – funded by UBW
- Programme Specialist (P3) – funded by RBAP Core Budget

VI. MONITORING FRAMEWORK AND EVALUATION

In accordance with the programming policies and procedures outlined in the UNDP User Guide, the project will be monitored through the following:

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 Coordinator 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 Quarterly Progress Reports (QPR) shall be submitted by the Project Coordinator to the Project Steering Committee 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 Coordinator and shared with the Project Steering Committee 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 Steering Committee 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.

VII. LEGAL CONTEXT

This regional project is directly executed by the UNDP Asia Pacific Regional Centre and located in Bangkok, Thailand. Project activities will be undertaken in those countries which have endorsed the project.

This project document shall be the instrument referred to as such in Article 1 of the SBAA between the Government of (country) and UNDP, signed on (date).

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

The executing agency 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 executing agency'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 executing agency 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.

For those countries which have not signed the SBAA, the following text applies

The project document shall be the instrument envisaged in the [Supplemental Provisions](#) to the Project Document, attached hereto.

Consistent with the above Supplemental Provisions, the responsibility for the safety and security of the executing agency and its personnel and property, and of UNDP's property in the executing agency's custody, rests with the executing agency.

The executing agency 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 executing agency'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.

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Quality Management for Project Activity Results (additional areas only)

OUTPUT 2: Innovative initiatives developed and implemented at regional and national levels that reduce the socio-economic vulnerabilities of migrants and trafficked women to HIV stigma and discrimination		
Activity Result 2.4 (Atlas Activity ID)	Leadership development programs for women living with HIV undertaken in at least 2 countries; voices of positive women and girls included in MDG reporting in 2 countries	Start Date: 1.06.2010 End Date: 31.12.2011
Purpose	To empower positive women and girls and ensure their voices are included in policy formulation and reporting	
Description	2.4.1 Support to leadership development of positive women in 2-3 countries	

	2.4.2 Technical backstopping to national networks of Women on HIV/MDG reporting;	
Quality Criteria Breakthrough initiatives developed by women's group feed into policy documents	Quality Method 2.4.1 Review of HIV policy documents	Start Date: 09.01.10 End Date: 31.12.11
Voices of women are reflected at the MDG Summit	2.4.2 Documentation from the MDG Summit 2010	Start Date: 09.01.10 End Date: 31.12.11
Activity Result 2.5 (Atlas Activity ID)	Supportive legal environment created to ensure Universal Access for most at risk populations	Start Date: 09.01.10 End Date: 31.12.11
Purpose	Increase in access for HIV Services for most at risk populations	
Description	2.5.1 High level regional meeting on HIV and technical consultation on HIV implications of punitive laws in partnership with UNFPA and UNODC i) Legal MSM review ii) HIV and WIPR in South Asia iii) Sexwork and Trafficking;	
Quality Criteria Countries in the region address punitive laws	Quality Method Review programmatic and policy documents	Date of Assessment Start Date: 09.01.10 End Date: 31.12.11
Activity Result 2.6 (Atlas Activity ID)	At least 5 national assessments of barriers to prevention care and support on MSM in South Asia developed; capacities of the CCMs on MSM issues strengthened in at least 5 South Asian countries; UNGASS reporting on MSM increased and knowledge products on MSM access to service developed for the region	Start Date: 09.01.10 End Date: 31.12.11
Purpose	To strengthen national reporting on HIV and MSM issues	
Description	2.6.1 Delivery of HIV related services for MSM and TG across South Asia improved 2.6.2 Improve policy environment with regards to MSM, TG and HIV related issues across South Asia 2.6.3 Improve strategic knowledge on MSM, TG and HIV related issues across South Asia	
Quality Criteria	Quality Method	Date of Assessment
HIV and MSM issues fed into national reporting mechanism	Review of national studies	Start Date: 09.01.10 End Date: 31.12.11
Activity Result	At least four legal reviews on punitive and	Start Date: 09.01.10

2.7 (Atlas Activity ID)	discriminatory laws/policies in the region developed	End Date: 31.12.11
Purpose	To increase knowledge of the negative impacts of punitive laws on comprehensive prevention	Start Date: 09.01.10 End Date: 31.12.11
Description	2.7.1 Launch of the legal study on MSM	
Quality Criteria Government in the region address issues on MSM and HIV on policy project and GFATM documents	Quality Method Peer review of policy including community consultations and high level events	Date of Assessment Start Date: 09.01.10 End Date: 31.12.11

OUTPUT 3: HIV integrated into MDG based national strategies and multi-sectoral responses		
Activity Result 3.3 (Atlas Activity ID)	3.3 At least 2 knowledge products and capacities of national and regional partners in 5-7 countries developed on integrating HIV into social protection schemes	Start Date: 09.01.10 End Date: 31.12.11
Purpose	To promote social protection for people living with HIV and their households to help reduce the impact of HIV on them	
Description	3.3.1. Documentation (mapping) of existing social protection schemes in key countries in the region 3.3.2. Documentation of a good practice on social protection and HIV in India (and Thailand) 3.3.3 Organise a regional technical consultation on social protection and HIV in partnership with the global HIV team and formulate recommendations for action	
Quality Criteria Availability of knowledge on social protection schemes in the region that can be replicated	Quality Method Revisions of social protection policy and projects in the region	Date of Assessment Start Date: 09.01.10 End Date: 31.12.11
Activity Result 3.4 (Atlas Activity ID)	3.4 Strengthening the evidence base for social and economic impacts of HIV at the household level in at least 2-3 countries	Start Date: 09.01.10 End Date: 31.12.11
Purpose	To strengthen policy advocacy for impact on mitigation	

Description	<p>3.4.1 Support completion of the SE impact studies in Cambodia, China and Indonesia; support the analysis, peer review and drafting of the reports.</p> <p>3.4.2. Support the launch of the reports in China, Indonesia and Cambodia and dissemination through media, International AIDS Congress (IAC), Vienna etc</p> <p>3.3.6. Undertake a regional synthesis paper on the socio-economic impact of HIV</p> <p>3.4.3. Undertake a gender disaggregated analysis of the data from the country-level studies</p>	
Quality Criteria Review of new evidence on the socio economic impact	Quality Method Its representation in IAC and journals.	Date of Assessment Start Date: 09.01.10 End Date: 31.12.11

OUTPUT 4: Key stakeholders have access to strategic multi-country research,, best practice tools and publications on HIV, mobility and trafficking		
Activity Result 4.4 (Atlas Activity ID)	Establish and coordinate a multi-agency Community of Practice (CoP) on HIV, gender and human rights.	Start Date: 09.01.10 End Date: 31.12.11
Purpose	To enhance effective knowledge sharing and networking in the region on issues of HIV, gender and human rights	
Description	4.4.1 HIV APCoP further developed and expanded,	
Quality Criteria Discussions on cutting edge issues that is able to influence policy and programmatic directions	Quality Method Feedback from network members and HIV focal points in the region	Date of Assessment Start Date: 09.01.10 End Date: 31.12.11

Annex1: Addition Support

TOR



UNITED NATIONS DEVELOPMENT PROGRAMME
JOB DESCRIPTION
HIV PROGRAMME SPECIALIST

I. Position Information

Location	Bangkok, Thailand
Practice Area	HIV/AIDS Development
Job code title/Level:	HIV Policy Specialist, Sexual Minorities
Post Level:	P4
Supervisor:	Regional HIV/AIDS Practice Leader & Programme Coordinator Asia and Pacific
Organizational Unit	Asia Pacific Regional Center (APRC)

II. ORGANIZATIONAL CONTEXT

Human rights violations and inequitable gender relations continue to fuel the spread of the HIV epidemic. Protecting the rights of people living with HIV and promoting gender equality are essential for reducing vulnerability to HIV and scaling-up national responses. UNDP supports countries in creating an enabling human rights environment to protect the rights of people living with HIV, women and vulnerable groups. The UNDP HIV/AIDS Practice in the Bureau for Development Policy's strategic outcome 11 focuses on Human Rights, Gender and HIV/AIDS. Under this outcome area, UNDP addresses vulnerability of sexual minorities (sexual minorities is a working phrase encompassing men who have sex with men and various transgender/intersex populations, among others, that are disproportionately affected by HIV) as part of its efforts to scale-up human rights and gender equality approaches in national, regional and global AIDS responses. Under the Global Task Team's division of responsibilities, UNDP has been designated as the lead UNAIDS Cosponsor for gender, men who have sex with men (MSM) and transgender populations.

Working with the HIV/AIDS Practice in BDP, and in collaboration with the Gender and Human Rights Cluster Leader and the Gender Advisor, this Sexual Minorities Policy Specialist will coordinate regional programming on sexual minorities including men who have sex with men and transgendered populations in the Asia region.

Practice Approach:

HIV/AIDS Practice

UNDP is a founding cosponsor of the Joint UN Programme on HIV/AIDS (UNAIDS). The UNAIDS division of labor provides the framework for UNDP's response to the AIDS epidemic. UNDP is responsible for leading the UNAIDS response in addressing the following:

Development Planning and Mainstreaming

AIDS responses are integrated into poverty reduction strategies, MDG-based national development plans and macro-economic processes.

Governance of the HIV responses

Strengthened national capacity for inclusive governance and coordination of HIV responses, and

increased participation of civil society organizations and people living with HIV in the design, implementation and evaluation of HIV programmes.

Human Rights and Gender

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, girls and other key populations, including men who have sex with men and transgender persons.

Country Implementation Capacity

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

Summary of Functions:

Policy Development and Advisory Services

Research and Content Development

Practice Advocacy

Management and Coordination

Detailed functions and results in line with UNDP Strategic Plan Results Framework:

Policy Development and Advisory Services (40%)

Support regional policy development and advisory services for MSM, transgender and HIV/AIDS programming;

Provide technical support to Country Offices, UN Country Teams and other beneficiaries in the area of MSM, transgender and AIDS in Asia to increase the quantity and quality of sexual minority activities at country level;

Provide substantive and technical support to scale-up integration of MSM and transgender issues in Asia;

Provide policy advice for advancing gender equality and equity through AIDS programming, with a focus on addressing men who have sex with men, transgender populations, sex workers and IDU in Asia;

Provide direct technical support to Global Fund and related sexual minority proposal development processes in Asia;

Research and Content Development (30%)

Advocacy and policy development of normative standards and approaches on sexual minorities and HIV;

Promote the integration of gender sensitive approaches into national development planning;

Promote and disseminate evidence-informed policies and practices in gender-sensitive HIV/AIDS initiatives;

Collaborate with gender and HIV focal points in other Regional Service Centres, Country Offices and the Global Practice on HIV/AIDS;

Contribute experience and expertise to the formulation of new policies, documenting practice and cross-practice experience and lessons learned;

Monitor regional trends, good practices and case evidence in gender and HIV including support to address the vulnerability of men to HIV, sexual and gender-based violence in order to provide technical leadership in the field;

Actively participate in the global and regional HIV/AIDS community of practice and in sub-practice activities in the area of gender equality;

Promote knowledge management to enrich the content base for AIDS response strategies by documenting practice experience, lessons learned, and replicable tools

from applied initiatives; and
Design and promotion of 'know your epidemic' tools linking MSM and transgender issues to gender issues.

Practice Advocacy (20%)

Maintain and develop regional partnerships in MSM, transgenders and AIDS;
Support the involvement of positive women's, men's, transgender and people living with HIV groups in the formulation and implementation HIV policies and programmes in Asia;
Enhanced partnerships with key civil society networks for advocacy activities, policy input and peer support amongst CSOs;
Promote global, regional and local partnering and exchange, through HIV/AIDS information and learning;
Support networking among partners, including the identification of external support providers; and
Support the communication of UN/UNDP policy positions and practice approaches to external support providers to ensure continuity and coherence in all collaborative efforts.

Management and Coordination (10%)

Work closely with the MSM Advisor in New York to develop work plans and monitor and report progress in line with the strategic goals of the HIV/AIDS Practice; and

- Enlist management solutions to troubleshoot programme delivery difficulties and share best practices.

IV. IMPACT OF RESULTS

The activities, outputs and results of this post are critical to the effective functioning of the HIV Team

TOR



UNITED NATIONS DEVELOPMENT PROGRAMME
JOB DESCRIPTION
HIV PROGRAMME SPECIALIST

I. Position Information

Location	Bangkok, Thailand
Practice Area	HIV/AIDS Development
Duration of Assignment	1 year with possibility of extension
Job code title/Level:	HIV PROGRAMME SPECIALIST
Post Level:	P3
Supervisor:	Regional HIV/AIDS Practice Leader & Programme Coordinator Asia and Pacific
Organizational Unit	Asia Pacific Regional Center (APRC)

II. ORGANIZATIONAL CONTEXT

HIV is one of the 5 core practices of UNDP. The Regional project on HIV, Human Development and Mobility in Asia and the Pacific is designed to create an enabling environment and build capacities of key regional and national stakeholders to respond to the human development, governance and human rights, gender and inter-country challenges of HIV/AIDS, mobility and trafficking. The project helps develop national and regional capacity for effective HIV responses that address the socio-economic factors that fuel the epidemic; reduce the spread and impact of the HIV epidemic on the people most affected with a special focus on women and sexual minorities; empower people living with HIV; and foster civil society participation in the AIDS response. The project is guided by the global division of labour among UNAIDS cosponsors and works in close partnership with the UNAIDS family, inter-regional bodies and their member governments. The Regional core HIV Team is located at RCB with out posted staff in the region.

Under the overall supervision of the Regional HIV/AIDS Practice Leader & Programme Coordinator, the HIV Programme Specialist will contribute to the smooth and effective implementation of the Regional HIV and Human Development project and multi-donor, multi partner initiatives.

2. Support to the Management of the Regional HIV/AIDS Project

- Assist in the day-to-day management and timely implementation of the regional project including development of the project work plan
- Assist in the monitoring and evaluation of the regional project and ensure that all reporting requirements are met
- Support in the organisation and preparation of mid-term and final project evaluations as required
- Support in the coordination of the meetings of the Project Steering Committee and the Advisory Panel

- Supervise research assistants, volunteers and interns as needed
- Coordinate Country Office missions
- Design organize and participate in workshops, meetings, conferences etc., relevant to the work of the project, including making presentations as appropriate
- Assist in facilitating dialogue with the key policy makers/government representatives from countries of Asia and Pacific for advocacy, knowledge networking and capacity strengthening on HIV and Human Development responses
- Stay abreast of all UNDP procedural requirements
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3. Support to Country Office and Regional partners

- Assist in the formulation and implementation of regional and responses related to HIV, human rights and gender
- Provide support to Country Offices and national partners in the formulation and implementation of initiatives in the area of HIV and Human Rights and Gender
- Assist the HIV Team in advising Country Offices and CSO's (where applicable) in the formulation and implementation of GFATM projects in the region especially where UNDP is the Principal Recipient or Sub Recipient
- Assist the HIV team in the review and assessment of UNDAF's and CCA's
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4. Contribute to knowledge management on HIV, and Gender

- Contribute substantively to the development of key knowledge products in the areas of HIV, governance human rights and gender
- Collect best practices from the region and ensure effective dissemination
- Develop and manage the roster of consultants and trainers and match Country Office demands with appropriate referrals

IV. IMPACT OF RESULTS

The activities, outputs and results of this post are critical to the effective functioning of the HIV Team with regard to management processes, Country Office support and development of Knowledge Products.

V. COMPETENCIES

Corporate Competencies:

- ❑ Demonstrates integrity and awareness of the UN's values and ethical standards
- ❑ Promotes the vision, mission, and strategic goals of UNDP
- ❑ Displays cultural, gender, religious, race, nationality and age sensitivity and adaptability

Functional Competencies:

Knowledge Management and Learning

- ❑ Promotes knowledge management in UNDP and a learning environment in the office through and personal example
- ❑ Actively works towards continuing personal learning and development in one or more Practice Areas, acts on learning plan and applies newly acquired skills

Development and Operational Effectiveness

- ❑ Ability to contribute to strategic planning, results-based management and reporting
- ❑ Ability to assist in formulation, implementation, monitoring and evaluation of HIV projects and projects, especially GFATM projects
- ❑ Ability to formulate and manage budgets, manage contributions and investments, manage transactions, conduct financial analysis & reporting
- ❑ Good ICT skills, demonstrated ability in ATLAS project management (preferably Prince 2 certified)

Management and Leadership

- ❑ Builds strong relationships with clients, focuses on impact and result for the client and responds positively to feedback
- ❑ Consistently approaches work with energy and a positive, constructive attitude
- ❑ Demonstrates good oral and written communication skills
- ❑ Demonstrates openness to change and ability to manage complexities

VI. Recruitment Qualifications

Education:	Minimum Master's degree in a related field such as sociology, social work, public health, international development with substantial experience in HIV/AIDS in the Asia and the Pacific
Experience:	<ul style="list-style-type: none">▪ At least 5 years of related project management experience in the region, in addressing HIV, human rights and gender issues▪ Strong experience in providing project management support in the area of HIV/AIDS in regional and national settings▪ Experience in designing and implementation of GFATM projects at the country and regional level▪ Experience in UNDP programming processes (CCA, UNDAF and Regional Programme Document) at the country and regional level
Language Requirements:	Proficiency in English is required and ability to work in Asian languages would be an asset

