



**UNDP Programme Initiation Plan**

Country: India

UNDAF Outcome(s)/Indicator(s): 1.5 Reduction in HIV/AIDS prevalence rate amongst vulnerable groups and improved quality of life for positive people

Expected Outcome(s) Policies and programmes implemented through multi-stakeholder approaches to protect the human rights of people affected by AIDS, reduce HIV related vulnerability of sexual minorities, and address the impact of AIDS on women and girls

Expected Output(s) Expand coverage and impact of national response among sexual minorities

Implementing partner: UNDP

Responsible parties: To be finalised from RFP process

**Narrative :** This programme initiation plan will contribute to the development of 2 projects, one on Stigma reduction and another on reducing HIV vulnerabilities of sexual minorities. This PIP will provide the key data and information on which the project outputs and strategies will be based.


Towards the development of the project on stigma reduction in India, this PIP will provide the baseline data on levels of stigma and discrimination in 18 states of India. This will be a first of kind study in India which will be useful for national and local partners as well.

Towards the development of the project on reducing HIV related vulnerabilities of sexual minorities in India, this PIP will provide systematic documentation on community mobilisation and collectivisation processes among sexual minorities and the lessons learnt thereof. The learnings from this enquiry will directly benefit the roll of the NACP3 strategy making HIV interventions community led and community owned; this will also aid better planning and implementation of HIV prevention programmes for this key populations.

Programme Period: **2008-2012**  
 Programme Component: **CPAP**  
 Project Title: **Preparatory Assistance to draw up programme framework for stigma reduction and HIV prevention among sexual minorities**  
 Project ID:  
 Project Number  
 Project Duration: **January 09-December 09**

Total Budget	
Allocated resources:	\$322,191
• Government	None
• Regular	\$322,191
• Other:	None
• In kind contributions	None
Unfunded budget:	None

**Agreed by (UNDP):**

  
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 Jerome Sauvage  
 Deputy Country Director

**Date:** 3 February 2009

**A. UNDP India proposes to support NACP3 during the period 2009-12 with specific technical assistance to NACO in order for the HIV response towards sexual minorities' issues to be more comprehensive and high impact. In preparation for developing a project towards this, the following start up activities have been undertaken and completed.**

- Analysis of the NACP3 document & the current status of the plan's roll out with specific reference to issues of sexual minorities as reflected in the report of the last Joint Review Mission undertaken by World Bank, DFID, USAID, GFATM and the UN.
- A review of the key findings and recommendations of the Asia AIDS Commission report recently released by the Prime Minister of India
- An analysis of the UNAIDS global report 2008 which specifically reviews country performance against commitments at the UN General Assembly Special Session (UNGASS) on AIDS and specific UNGASS indicators.
- A thorough literature review of available research on issues of Sexual Minorities (SM). Epidemiological data and trends, conference presentations and abstracts, capacity building tools, advocacy and communication methodologies, and so on.
- A 2 day intensive consultation (24-25 Oct 08, Delhi) with community representatives, donors, Government partners, INGOs and UN agencies to identify key strategic areas of support that remain to be addressed in the HIV response with specific reference to the needs of sexual minorities.

Our analysis and interactions mentioned above has pointed towards the need for the following areas for further work, for which we request funding assistance:

1. Documenting the history of the growth of collective action and community movement among the sexual minorities community. This will give us concrete examples of the processes that community groups have undertaken to achieve some degree of success in collectivisation, innovative advocacy, and social action to reduce stigma. This learning will directly feed into and support the goal of NACP3 to make HIV interventions community led and community owned.
2. Documenting the different models of HIV interventions implemented by Government and non government actors, over the past many years by in depth interactions with those who have participated in developing and implementing HIV interventions among MSM and TG populations. Some interventions have been within the framework of targeted interventions while others have tried combining this with other strategies. Very few of them are however well documented in terms of assessing the causal correlation between the specific intervention strategies used and results achieved, as well as lessons learnt. Gathering this existing knowledge that lies among MSM/TG community groups, implementing NGOs and activists will be a valuable resource to UNDP, sexual minorities community representative, government and non government planners and implementers.
3. Supporting on going processes of galvanizing the informal networks of sexual minorities groups to partner better with the government, establish advocacy platforms, and take strategic steps towards independent resource mobilization through sources such as the Global Fund.<sup>2</sup>
4. Supporting a national consultation on HIV related issues of Transgender population. This was a need expressed in the National consultation on Sexual Minorities issues led by UNDP in October 08. This request from the participants is based on the complex differences between different MSM and TG groups, who have recently been all clubbed together under the umbrella term Sexual Minorities. Transgender groups feel that discussions on Sexual

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<sup>2</sup> At the national consultation held in Delhi in October, the participants of the consultation selected Humsafar Trust (Mumbai) unanimously to lead them in this process.

Minorities often veers towards discussing only MSM issues, thus leaving out the complex HIV related issues that transgender populations may face.<sup>3</sup>

**B.** There are no available studies in India that specifically measure levels of stigma for different population groups. This impedes the development of focused stigma reduction programmes. Some recent studies postulate that HIV-related stigma is a complex construct with multiple dimensions. Therefore, a set of items or questions (as opposed to a single one) has been tested in some cases, to try to capture the complexity of each key dimension. UNDP proposes to undertake a comprehensive study

Based on the existing literature and data, this study proposes to measure stigma in four key domains: fear of casual transmission and avoidance of casual contact with PLHA; values and attitudes, including shame, blame, and judgment; the experience of stigma and discrimination (enacted stigma); and disclosure of HIV status. The first two domains are latent, or not directly observable, while the last two are manifest or observable.

The design of the study would be based on the advice available in the following documents: UNGASS Core indicators (2007), Guide to monitoring and evaluation of the national response for children orphaned and made vulnerable by HIV&AIDS (2005), ICRW study in Tanzania (2005) and a recent study by the British Red Cross (2007) and any other peer reviewed studies done in India and elsewhere.

The proposed study will be undertaken with a representative sample from the states of Bihar, UP, MP, Chhattisgarh, Orissa, Rajasthan, West Bengal, Tamil Nadu, Andhra Pradesh, Karnataka, Maharashtra, Gujarat, Kerala, Jharkhand, Manipur, Meghalaya, Mizoram and Nagaland.

## **2. Duration**

January 2009 to December 2009

**3. Deliverables:** This PA will help achieve the following, towards developing 2 projects, one on sexual minorities' issues and another on stigma reduction.

**A:** Activities related to sexual minorities undertaken in this PA will result in the following outputs:

1. A first of its kind published and peer reviewed documentation of the history of how collectives and community based organizations of sexual minority groups grew in India since the start of the Government's HIV response; the key learnings from the trends and processes there in, and policy and programmatic recommendations from community representatives.
2. A first of its kind dossier on the range of HIV intervention models implemented in India among sexual minorities' groups by different development actors; lessons learnt and possible ways forward both in terms of policy and programmatic recommendations.
3. Stronger self devised processes, products and platforms by an existing national network of community groups of sexual minorities; this will ensure the national network's greater and continued access to resources, political and social space for advocacy and capacities.
4. A clearer understanding of the very complex issues of the transgender community that has routinely remained on the margins of the HIV response; the consultation will for the first time provide a concrete set of recommendations to NACO and other development partners, for action on the issue.

**B:** The stigma study will be able to provide state and district specific levels of stigma, and levels of stigma disaggregated by gender and key population group. Some of these answers would provide actionable inputs that would help planners and managers engaged in stigma reduction programmes in particular and HIV prevention programmes in particular.

<sup>3</sup> Refer to attached report of the National consultation on Sexual Minorities held in delhi in Oct08

The target segments of research will be

- General population, both men and women, married and adolescents, who show prompted awareness of HIV/AIDS (That is those who say 'yes' to the question – Have you heard of HIV/AIDS?). They will be selected to represent all socio economic classes
- Key population- exact key populations to be covered in each state would be finalized in discussion with client
- Health care providers

Three sets of respondent profiling would be carried out

- Demographic profile- age, occupation, income, education
- Media habits- broad profile on exposure to TV and press
- Psychographic profile- on degree of conservatism and status of women

These profile dimensions are important for cross analyzing stigma indicators across these dimensions, to assess the differential of the attitudinal and enacted stigma by respondents of different profiles.

This analysis will answer questions such as:

- Is there a difference between younger and older adults on manifestation of stigma?
- How different are those with high media exposure from those with low media exposure?
- Do people with modern attitudes on some matters exhibit the same or lower stigma quotient, vs those that don't?
- Do persons who exhibit greater gender sensitive attitudes exhibit lower HIV related stigma?

Some other questions that may be answered through the research are as follows:

- What is the relationship between individual knowledge level and manifest stigma?
- Is it that a certain attitude formed remains invariant or takes a longer time and effort to change?

#### **4. Management Arrangements**

##### **4.1. Implementation Arrangements – Institutional Mechanisms & Monitoring**

The present Initiation Plan is developed to support the implementation of the CPAP (2008-2012), by providing India CO with information critical to the development of future initiatives, specifically on issues of Sexual minorities and HIV and HIV related stigma. The results of the documentation and the national consultations to be conducted under the Initiation Plan will serve as a basis to the development of new UNDP initiatives, to ensure that the CPAP is properly implemented and stated development results achieved. In order to lay the grounds to effectively support the Government under the CPD through the CPAP, it is deemed essential that preparation activities start immediately. The information gathered and data generated will not only help UNDP in designing project documents to work on issues of sexual minorities and reducing stigma but also help other UN agencies, NACO, development partners and others in their work.

##### **4.2. The Implementing Partner**

The project will be directly implemented by UNDP (i.e UNDP will be the Implementing Partner) in close cooperation and consultation with the relevant Government counterpart i.e. NACO.

UNDP will designate a Project Manager for the day-to-day management of the project. The UNDP Country Office will be responsible for all financial management, procurement and recruitment issues. UNDP recruitment and procurement rules will apply.

UNDP will sign a budgeted Annual Work Plan on an annual basis, as per UNDP rules and regulations.

#### **4.3. Project Steering Committee**

A Project Steering Committee (PSC) will comprise of designated representatives of the National AIDS Control Organisation, representative/s from the community of Sexual minorities and UNDP. UNDP Country Director/Deputy Country Director (DCD- Programme) will chair the PSC and be ultimately responsible for the project. The Assistant Country Director, HIV & Development, UNDP will be accountable for the quality of the deliverables of the project.

The PSC is responsible for project assurance (monitoring and oversight functions). The PSC will carry out the following functions:

- Ensure that all project goals and objectives are in line with national needs and priorities
- Ensure that the project goals and objectives are achieved in the defined timeframe;
- Review the project progress and suggest implementation strategies periodically;
- Review the project expenditures against activities and outcomes; and
- Endorse Annual and Quarterly Work Plans.

The PSC will be the group responsible for making, by consensus, management decisions for the project and holding periodic reviews. Project reviews by the PSC will be carried out on a quarterly basis during the running of the project, or as necessary. In order to ensure UNDP's ultimate accountability, the final decision making rests with UNDP in accordance with its applicable regulations, rules, policies and procedures.

**4.4 Technical Advisory Group (TAG)** will be constituted to ensure a robust and ethical study which will lead to usable outputs for program implementation for stigma reduction under NACP III. TAG will be responsible for guiding the stigma study and provide inputs at critical junctures. Members of the stake holders committee will include representatives from NACO, Civil Society organisations (PLHIV network, CSW network, MSM network, IDU).

Specifically, members of the TAG will assist the research process within the scope of the organization they represent

#### **4.5. Project Manager**

The UNDP designated Project Manager will be responsible for the day-to-day management and decision making of the project and will be accountable to UNDP and the PSC. S/he will prepare the detailed activity and monitoring plan based on the Annual Work Plan (AWP) and Budget and submit it to the PSC for endorsement. The Project Manager will ensure that the project produces the results specified in the project document, to the required standards of quality and within the specified constraints of time and cost. The Project Manager will prepare and submit to the Project Steering Committee the following reports/documents:

Annual and Quarterly Work Plans, Quarterly and Annual Progress Reports (substantive and financial), Issue Log, Risk Log, Quality Log, Lessons Learnt Log, Communications and Monitoring Plan using standard reporting format to be provided by UNDP.

#### **4.6. Project Assurance**

Project Assurance will be the responsibility of the UNDP ACD. The Project Assurance role will support the PSC by carrying out objective and independent project oversight and monitoring functions. This role ensures that the appropriate project management milestones are managed and completed.

#### **4.7. Audit**

The project shall be subject to audit in accordance with UNDP procedures, rules and regulations.

#### **4.8. Monitoring & Evaluation**

The PSC will monitor the progress of the project.

The Quarterly Progress Reports shall be submitted by the Project Manager to the PSC through the Project Assurance, using the UNDP standard report format available.

An Issue Log shall be activated in Atlas and updated by the Project Manager to facilitate tracking and resolution of potential problems or requests for change.

A Risk Log shall be activated in Atlas and regularly updated every quarter by reviewing the external environment that may affect the project implementation.

A project Lessons-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.

### **5. Monitoring Plan**

The component for drawing up the programmatic framework for sexual minorities will be implemented in partnership with key NGOs who represent the SM community in India. The stigma study will be contracted to a responsible party. They will be selected with due diligence and in line with UNDP rules and procedures. Subsequent to appraisal of financial and technical aspects of proposals from partners, and their contracting, monitoring will be undertaken as follows:

- The project steering committee will review and comment on the different stages of the process as agreed to by the committee.
- Documentation methodology will be examined to remove biases and ensure representation.
- A peer review of the products will be undertaken at final draft stage.

For the stigma study will also be guided by a small ethics committee consisting of experts of the subject, representatives of select key Population groups and NACO will set up to validate and monitor the research methodology, research tools and the data collection process.

**6. Tentative Budget** is \$ 322,191. (Details attached).



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**From:** K.Sujatha Rao [mailto:nacoasdg@gmail.com]  
**Sent:** Thursday, January 29, 2009 6:55 PM  
**To:** alka.narang  
**Subject:** Re: issues of sexual minorities and HIV

Dear Alka,

I am in receipt of your e-mail dated 23<sup>rd</sup> January and happy to note that you would be undertaking a follow up action on the consultation report on MSM and TG. I fully support your initiative. Do kindly let me know if NACO can do anything for you in this regard.

Regards,

On Fri, Jan 23, 2009 at 4:02 PM, alka.narang <[alka.narang@undp.org](mailto:alka.narang@undp.org)> wrote:  
Dear Sujatha,

As you would have noticed from the consultation report (shared on 16th January-attached), the MSM and TG community came up with a lot of suggestions and expectations. UNDP would like to work on some of these but before we even begin to articulate our strategy we are proposing to:

- a)document the range of HIV intervention models implemented in India among sexual minorities' groups by different development actors. This would provide us lessons learnt and possible ways forward both in terms of policy and programmatic recommendations;
- b)document the history of how collectives and community based organizations of sexual minority groups grew in India since the start of the Government's HIV response to better understand the key learnings from the trends and processes there in; and
- c) organise a consultation to get a clearer understanding of the very complex issues of the transgender community .

We count on your advice , guidance and support as we move forward on these initiatives.

With regards, Alka