

2. Executive Summary

This intervention is based on Joint Programme (JP) modality where UNDP, UNICEF, and UNAIDS Thailand will be incorporating efforts in terms of both substantive and financial supports. UNDP Thailand will provide managerial supports to its stakeholders and beneficiaries as well. The Department of Disease Control (DDC) under Ministry of Public Health (MoPH) will be the implementing partner who would be responsible to implement and operate the day-to-day management of the JP at both national and provincial level.

In Thailand, annual new human immunodeficiency virus (HIV) infections have been reduced by more than 80 per cent since 1991, the peak of the epidemic. Despite past successes in reducing the spread of HIV/AIDS, still the epidemic is evolving; there are clear warning signs of a new wave of infections; and the virus continues to spread unchecked among certain vulnerable groups. In this retrospect, this Joint Programme among different UN constituents including UN Thematic Working Group on HIV/AIDS in Thailand aims at enhancing GFATM Grant implementation in Thailand through local partner capacity building and improved multi-sectoral local response programming for AIDS.

Since multi-sectoral response at the local level was proven as one of the most successful approaches to address HIV and AIDS in Thailand, this Joint Programme opts for utilizing a decentralized multi-sectoral approach to capacity building through governmental, non-governmental and civil society organizations at the local level to achieve three inter-reliant programme objectives that are as follows.

- Ø capacity needs of local government organizations and GFATM funded partners (current SRs) assessed and programmes developed to address these needs,
- Ø Planning and implementation of a comprehensive local response to HIV improved through capacity development programme implementation, and
- Ø Local response policy and capacity development guidelines developed and disseminated to improve local response programming in Thailand.

As a co-sponsor of the Joint United Nations Programme on HIV/AIDS (UNAIDS) and a contributor to the United Nations integrated strategic plan for HIV/AIDS in Thailand, UNDP, UNFPA and UNICEF continue its ventures to be an active partner to address HIV/AIDS in Thailand, and will contribute to United Nations Partnership Framework (UNPAF) 2007-2011, outcome 3: "By 2011, Thailand ensures increased access to and utilization of effective prevention, treatment, care and support services for HIV/AIDS".

Based on spatial settings of this Joint Programme, UNAIDS, UNDP, and UNICEF will work together with the national counterparts in the decentralized AIDS capacity building programming specifically in two selected provinces: Lampang province in the Northern and Nakorn Phanom province in the North-Eastern region. At the provincial level, the project will target the Provincial Administrative Organization and key provincial civil society stakeholders, while at the sub-district level, both Tambon Municipality (ies) and Tambon Administrative Organization(s) will be targeted along with key local civil society partners and stakeholders.

Precisely, this Joint Programme, if made in a timely manner in the current context, will contribute to both an improved enabling environment for GFATM grant implementation within the local responses to HIV, as well as a more effective and scaled-up local responses to HIV based on improved technical and implementing skills and capacities of current and planned GFATM grant implementing partners. Indeed, the overall impact of the work being conducted under this project will be beneficial at both national and local levels in Thailand.

3. Situation Analysis

Thailand is on track to achieve most of the global MDGs in advance of 2015. Thailand has reduced poverty from 38 per cent in 1990 to 11 per cent in 2004, and the proportion of underweight children has fallen by nearly half. The majority of children attend school, and universal primary school enrolment should be achieved within a few years. Malaria is no longer a problem in most of the country, and annual new human immunodeficiency virus (HIV) infections have been reduced by more than 80 per cent since 1991, the peak of the epidemic. Real efforts are being made to achieve gender equality, and there is a continuous progress in improving lives in the peri-urban areas through addressing different facets of mobility and HIV vulnerabilities issues at the local level.

Thailand is regarded as having one of the most successful HIV and AIDS response, and much of this success is due to a multi-sectoral approach at the local level. This approach builds capacity through governmental, non-governmental and civil society organizations at the local level to improve HIV programme planning, budgeting and monitoring. According to UNDP Country Programme Action Plan (CPAP) 2007 – 2011, annual new human immunodeficiency virus (HIV) infections have been reduced by more than 80 per cent since 1991, the peak of the epidemic. In spite of these successes, persistent development challenges remain, particularly for certain groups and geographical regions. Prevention efforts to combat HIV/AIDS are faltering in Thailand, and there are warning signs of a resurgence of the epidemic. There are increasing HIV prevalence rates in many vulnerable groups and there is a concern that HIV programmes are becoming more passive. Vulnerable groups such as migrants, rural communities in the far north and south, and indigenous groups are not benefiting from the overall economic progress, as stated in the United Nations Common Country Assessment 2005.

Despite past successes in reducing the spread of HIV/AIDS, this is still a cause for concern in Thailand. The epidemic is evolving; there are clear warning signs of a new wave of infections; and the virus continues to spread unchecked among certain vulnerable groups. While Thailand has recently made progress in expanding access to HIV treatment, the overall national response has lost its energy, and current levels of prevention efforts do not measure up to the new realities of a shifting epidemic.

It is recommended that multi-sectoral response should be renewed and strengthened focusing on building capacities at the provincial and local levels for the implementation of a more inclusive, rights-based, gender-sensitive response to HIV/AIDS, with special focus on internally mobile populations and their home communities that are vulnerable

to HIV/AIDS. Furthermore, evaluations, including the WHO country programme review and the UNDP review of the 9th National Plan on HIV and AIDS Prevention and Alleviation, recommended that due to Thailand's decentralization policy, many local partners including the GFATM SRs, local community based organizations (CBOs), and local government organizations (LGOs) will require capacity building to ensure local ownership and sustainability.

4. Strategies including lessons learned and the proposed Joint Programme

Since multi-sectoral response at the local level was proven as one of the most successful approaches to address HIV and AIDS in Thailand, this Joint Programme opts for utilizing a decentralized multi-sectoral approach to capacity building through governmental, non-governmental and civil society organizations at the local level to improve HIV program planning, budgeting and monitoring.

4.1 Background/context

To date Thailand has received approval for four HIV grants from the GFATM (out of eight GFATM grants approved for Thailand). These four programmes focus on a diverse range of programmatic needs and gaps in the national response to HIV in Thailand, including: scaling-up access to antiretroviral therapy; enhancing care for HIV-infected mothers, their partners and children; and enhancing prevention, treatment, care and support initiatives for marginalized groups in Thailand, including most particularly youth, migrants and injecting drug users. Thailand is also the beneficiary of an initial CDC-PAF Grant, which will focus on the analysis of organizational, institutional and technical capacity development needs of GFATM implementing partners in Thailand, while at the same time improving the overall monitoring and evaluation systems and the enabling environment for responses in most at risk populations.

As a co-sponsor of the Joint United Nations Programme on HIV/AIDS (UNAIDS) and a contributor to the United Nations integrated strategic plan for HIV/AIDS in Thailand, UNDP, UNFPA, and UNICEF continues its ventures to be an active partner to address HIV/AIDS in Thailand, and will contribute to United Nations Partnership Framework (UNPAF) 2007-2011, outcome 3: "By 2011, Thailand ensures increased access to and utilization of effective prevention, treatment, care and support services for HIV/AIDS". In this regard, the work of relevant UN organizations, government and non-government institutions in Thailand will focus on three priorities to address HIV/AIDS:

- (i) Promoting broad-based policy dialogue and analysis. Under this component, policy dialogue and analysis will contribute to a truly multi-sectoral and rights-based response to HIV/AIDS, and to the integration of HIV/AIDS priorities into national, provincial, and local strategic development planning;
- (ii) Capacity building, focused on the provincial and local levels to foster a more inclusive, rights-based, gender-sensitive response to HIV/AIDS, with a special focus on internally mobile populations and their home communities.

- (iii) Fighting stigma and discrimination by supporting efforts to promote the respect and protection of the human rights of people living with HIV/AIDS and to fight stigma and discrimination in the public services and in society in general.

In these circumstances, enhanced GFATM Grant implementation in Thailand through local partner capacity building and improved multi-sectoral local response programming for AIDS are justifiably consistent with the current UN Partnership Framework for Thailand as well as key elements of the UN Joint Plan on AIDS 2007 for Thailand as approved by the Joint UN Team on AIDS and the UN Theme Group on HIV and AIDS. The scope of this activity is also complementary to the UN-CDC Country Strategy for Thailand under the CDC Global AIDS Programme, and would in particular draw on and scale-up learning and experience from the US-CDC supported initiative for an improved multi-sectoral local response currently being piloted with national partners in four provinces of Thailand.

4.2 Lessons Learned

As a result of further discussion and reflection on GFATM implementation challenges subsequent to the initial CDC-PAF grant to Thailand, it is evident that a further fundamental challenge to effective local programme implementation will be the process of decentralized decision making, planning and resource allocation currently underway within the Royal Thai Government, and the impact that this has and will have on the design, implementation and sustainability of an effective local response to HIV in Thailand. The current decentralization process has focused on decentralizing budgetary authority to the local level, but there has been little intention and effort to assist the local administrative organizations in preparing or developing the capacity to be able to receive and plan resources and tasks so as to effectively respond to HIV and AIDS. Many local administrative organizations feel that they are given more opportunities and resources but they are not necessarily confident and capable of planning actions to tackle the HIV and AIDS problems. During the last one and half years of the drafting process of the 10th National Plan for AIDS Prevention and Alleviation, the expression of these local administrative organizations have been heard and taken into considerations by all sectors.

4.3 The Proposed Joint Programme

In reference to the lessons learned, there are currently a series of complementary investments and programming being undertaken by the UN System partners, the Thai-US CDC Collaboration, the A-Squared partnership, and the existing GFATM grant partners to analyze and enhance the capacity of provincial and local actors in both the public and civil society sectors for the implementation of HIV prevention, treatment, care and support initiatives. These existing initiatives have just started in some provinces and more significant capacity development activities need to be done with provincial, district and sub-district administrative and implementing partners, in both the public, civil society and private business sectors. Standing on this retrospect, the focus of this proposed Joint Programme would be in two key provinces which are not yet direct beneficiaries of decentralized AIDS capacity building programming, while still being sites of current and future GFATM Grant implementation. After lengthy analysis and

discussion with local partners, these provinces are proposed to be: Lampang Province (site of GFATM programming) in the Northern region and Nakorn Phanom Province (site of GFATM programming and an UNPAF target province) in North-Eastern region. It is expected that lessons learned from other decentralized AIDS response initiatives (in particular those being undertaken by TUC and A-Squared) will inform the content and nature of the work and capacity building interventions in the selected target provinces for this programme.

This proposed Joint Programme, if made in a timely manner in the current context, will contribute to both an improved enabling environment for GFATM grant implementation within the local responses to HIV, as well as a more effective and scaled-up local responses to HIV based on improved technical and implementing skills and capacities of current and planned GFATM grant implementing partners.

In this joint programme, UNDP Thailand will provide managerial supports to US CDC/UNAIDS. UNICEF, and UNAIDS Thailand will be putting efforts in terms of both substantive and financial supports. The Department of Disease Control (DDC) under Ministry of Public Health (MoPH) will be the implementing partner who would be responsible to implement this JP at both national and provincial level.

This US CDC PAF funded Joint Programme will continue to organize consultation meetings and exchange forums on lessons learnt and experiences on decentralization and local capacity initiatives during its implementation. This project will help initiate more models of local governance in more provinces, thereby speeding scaling up capacity building. Technically, capacity building for both national and local implementing partners requires more effort and support at all levels. It is also expected that all lessons will bring about both technical lessons for helping other provinces to further help developing capacity in form of training or workshops. More importantly the project outcomes together with other initiatives mentioned will provide evidence based findings to help guide national policy.

5. Summary of Results Framework: The Work Plan & Budget

The proposed Joint Programme is clearly consistent with the current UN Partnership Framework for Thailand as well as key elements of the UN Joint Plan on AIDS 2007 for Thailand as approved by the Joint UN Team on AIDS and the UN Theme Group on HIV and AIDS. To ensure coherence in the UN's contribution to national development, the outputs of this Joint Programme will directly contribute to the UNPAF outcome 3, i.e. "By 2011, Thailand ensures increased access to and utilization of comprehensive of HIV prevention, treatment, care and support services".

This joint programme would set up a multi-sectoral team that will build up an interactive HIV learning network among Provincial Administrative organizations, Municipalities and Sub-district (Tambon) Administrative Organizations that will ultimately ensure GFATM programming more effective and sustainable.

Moreover, it aims at strengthening partnerships at field level between various partners and stakeholders through a coordinated approach to policy and technical knowledge development and dissemination. At the provincial level, the project will target the Provincial Administrative Organization and key provincial civil society stakeholders, while at the sub-district level, both Tambon Municipality(ies) and Tambon Administrative Organization(s) will be targeted along with key local civil society partners and stakeholders. It is believed that this could expand working concept of GFATM at a broader level.

Table 1: Summary of Results framework

UNPAF Outcome: By 2011, Thailand ensures increased access to and utilization of comprehensive of HIV prevention, treatment, care and support services								
Outcome of Joint Programme (if different from UNDAF outcome(s), corresponding indicators, baselines, means of verification, resources, risks and assumptions)								
JP Outputs	SMART Outputs and Responsible UN Organization	Reference to Agency priority or Country Programme	Implementing Partner	Indicative activities for each Output	Resource allocation and indicative time frame*			
					Q1	Q2	Q3	Q4
1. Capacity needs of Local government organizations and GFATM funded partners assessed and programmes developed to address these needs Indicators: - Local Capacity Needs Assessment Report -Stakeholder Consultation Report and Recommendations - Priority Capacity development modules, manuals, and tools developed	Capacity needs of 4 sub-district leveled, 4 municipal leveled, 2 provincial leveled local government organizations are identified through stakeholder consultation. US CDC/UNAIDS, UNAIDS Thailand	UNAIDS Country Programme Priority	Department of Disease Control (DDC)	1.1 Conduct Local capacity Needs Assessment and Mapping	USD 16,500			
				1.2 Hold multi-stakeholder Consultation to review Assessment Results and Recommend capacity development priorities and actions.	USD 12,000			
				1.3 Identify service providers, consultants and partners who will design and /or implement capacity development interventions, manuals and tools with local partners	USD 40,000			
2. Planning and implementation of a Comprehensive Local Response to HIV improved through capacity development programme	- Number of targeted local government organizations mainstreaming HIV programme reflecting local needs related	UNAIDS/ UNDP/UNICEF Country Programme priority	DDC	2.1 - Multi-sectoral Team formed in each Province to coordinate with local stakeholders - Set up a HIV learning network	USD 75,000			

<p>Indicators:</p> <ul style="list-style-type: none"> - Capacity Building Training and Mentoring activity reports - HIV learning network among local administrative organisations built up in each province - Local Response programme intervention and resource mobilization/ allocation plans developed and implemented. 	<p>to HIV and AIDS into local development plan.</p> <p>UNAIDS, UNICEF</p>			<p>among local stakeholders in each province</p> <ul style="list-style-type: none"> - Linkage between Prevention and Care activities facilitated through local multi-sectoral meetings and forums among provincial, district, and Tambon level administrative organizations - Local Partner Capacity Development training and Mentoring Programmes implemented based on priority needs identified. 				
				<p>2.2 Participatory Local Response Planning exercise held to identify local response priorities and develop implementation and local response allocations plans inclusive of all key stakeholders.</p>		USD 15,000	USD 15,000	
<p>3. Local Response Policy and Capacity Development Guidelines developed and disseminated to improve Local Response programming in Thailand</p> <p>Indicators:</p> <ul style="list-style-type: none"> - Project Board meeting reports and implementation action recommendations - Site/ exchange visit reports and key learning/ recommendations - Lessons Learnt 	<p>Lessons-learned and guidelines to mainstreaming HIV programme into local development policy developed in both provincial, district, and Tambon level administrative organizations</p> <p>UNAIDS, UNDP</p>	UNAIDS/ UNDP Country Programme priority	DDC	<p>3.1 Regular meetings of the Project Board to review implementation status and progress</p> <ul style="list-style-type: none"> -National consultant for capacity development programme monitoring, assessment and documentation 		USD 38,100		USD 38,100
				<p>3.2 - A Lessons Learnt Workshop organised ensuring all key stakeholders' participation</p> <ul style="list-style-type: none"> -Documentation of programme achievements and 				USD 27,383.17

report formulated and disseminated in local and national stakeholders including GFATM existing sub-recipients at project sites - Capacity Building and Local Response Policy guidelines, materials and modules developed and disseminated covering sub-district, municipality, and provincial administrative organizations				lessons learnt				
				3.3 Selected Provincial/District partner site visits to CDC-PAF, UN, TUC or A-Squared implementing partner sites.		USD 13,750	USD 13,750	
				3.4 Stakeholder Consultations held to develop and disseminate policy and capacity building guidelines for enhanced local response to HIV in Thailand.				USD 15,900
Total					USD 320,483.17			

*Resource allocation may be agreed at either output or indicative activity level.

The Work Plan and Budget (see Annex A)

Annual reviews:

The DDC, as Implementing Partner, and the participating UN Organizations (UNAIDS, UNDP, and UNICEF) will jointly conduct scheduled/annual planning and review meetings for all activities covered in the results framework, monitoring and evaluation plan and work plans covered by this joint programme. This will include an assessment of the risks and assumptions to determine whether they are still holding. A new work plan and budget will be produced with the necessary adjustments made based on the lessons learned from a review of the risks and assumptions and implementation progress achieved. The new work plan is approved in writing by the Project Board. However, any substantive change in the joint programme scope will require revision of the Joint Programme Document (JPD). The amendments will need to be signed by all parties in the Project Board meeting.

6. Management and Coordination Arrangements

Coordination:

The joint programme under the pooled funding management will be managed and coordinated by UNDP Thailand as managing agent, whereas the parallel funding will be managed by the UNAIDS Thailand and UNICEF. Therefore, on a day-to-day basis, UNAIDS Thailand and UNICEF will be required to manage its own activities within the Annual Work Plan. However, the DDC is responsible for the overall day-to-day management for the project.

Other UN agencies may participate in the programme implementation at later stage should their emerging projects/programmes are relevant/ contributed to the common UNPAF and CP outcome.

Cash transfer modalities:

Cash transfer modalities, the size and frequency of disbursements, and the scope and frequency of monitoring, reporting, assurance and audit will be agreed prior to programme implementation taking into consideration the capacity of implementing partners and can be adjusted in its course in accordance with applicable policies, processes and procedures of the participating UN Organizations. For the ExCom agencies, the provisions required under the Harmonized Approach to Cash Transfers (HACT) as detailed in their CPAPs or in other agreements covering cash transfers will apply.

7. Fund Management Arrangements

Under this Joint Programme, the participating UN organizations (UNAIDS, UNDP and UNICEF) agreed to use the combination of parallel and pooled funding modality with UNDP Thailand as the managing agent that will be responsible for managing the common work plan.

Since the project is a joint programme of US CDC/ UNAIDS, UNAIDS Thailand, UNDP Thailand, and UNICEF, a combination of parallel for UNAIDS Thailand and UNICEF and pooled fund management options for the US CDC/UNAIDS will be applied.

Pooled funding management

Under this project with the pooled funding management option, UNDP Thailand, as the managing agent for US CDC/UNAIDS, will establish a Project Board. A Project Board will set up to provide overall guidance, oversee the implementation, monitoring and assessment of the project and policy directions to the programme component on Multi-sectoral response to HIV/AIDS, and to approve the programme's Joint Programme and the corresponding budget for each year. Members of the Project Board include representatives from Thailand MOPH-US CDC Collaboration (Dr. Kimberly Fox), Ministry of Public Health, Department of Local Administration under Ministry of Interior, A-squared, UNAIDS, UNICEF, Thai NGO Coalition on AIDS (TNCA), King Prajadhipok Institute (KPI) and UNDP Thailand as the secretariat.

The Project Board will be chaired by the Permanent Secretary of Ministry of Public Health. The Project Board shall be held twice a year and/ or subject to necessity to review the progress and approve work plans, and make recommendations, when necessary, to improve the joint programme. As the managing agent, UNDP Thailand shall coordinate the preparation of semi-annual progress reports which are to be submitted to the members of the Project Board for review and guidance. Decisions of the Project Board are made through necessary arrangements for assurance function.

Department of Disease Control (DDC) under the Ministry of Public Health, as implementing partner, will operate the day-to-day management of the project and coordinate the preparation of semi-annual progress reports which are to be submitted to the members of the Project Board. DDC will also coordinate directly with the MDG and Human Development Analysis Manager of UNDP Thailand who will subsequently report to the Deputy Resident Representative of UNDP Thailand.

Paralleled funding management

DDC will implement the output 1 (see Annex A) through parallel funding management option. This funding of USD 10,000 is from UNAIDS Thailand. UNICEF will provide funding for output 2 (see Annex A) with the total amount of USD 10,000. Thus, DDC will be required to manage its own activity within the common workplan in liaison with UNAIDS Thailand and UNICEF.

8. Feasibility, risk management and sustainability of results

Based on the lessons learned, the following are potential risks that need to be taken under consideration for ensuring the effective results of this Joint Programme.

- (i) *Timeliness of producing results:* The timeframe of 13 months is relatively tight for the implementing partner to complete the planned activities in the two selected provinces (Lampang and Nakorn Phanom)
- (ii) *Multi-stakeholder partnership:* In order for the project to deliver results as planned, the collaborations among UN agencies, Department of Disease Control (DDC) under Ministry of Public Health (MoPH), Department of Local Administration (DLA) under Ministry of Interior (MOI) officials are very crucial.

Since DDC (i.e. the implementing partner) has an extensive network and experience of working closely with the key government agencies and the related CSOs in the field, it is anticipated that the above-mentioned risks can be mitigated as well as the activities carried out as planned.

Based on initial exploration and previous GFATM internal assessments of partner challenges, the needs that may arise in implementing this Joint Programme are likely to include following tentative issues respectively.

- Ø A lack of awareness and acceptance of AIDS as a development issue, leading to vertical rather than mainstreamed responses to AIDS in the local response and planning processes;
- Ø A shortage of technical knowledge and skills in terms of project planning and management, especially HIV-focused situation analysis, planning skills and AIDS budgeting as well as monitoring and evaluation; and
- Ø An absence of strong leadership and effective programmatic partnerships for a broad-based local response to AIDS. In this situation leadership and partnership building will be required to strengthen the local response to AIDS.

In order to identify such crucial needs, an assessment report will be formulated identifying needs and recommendations to address in the best alternative way. A consultation meeting report with key comments and suggestions will be finalized and used for improving the final version of this need assessment report and further designing of project activities at the local level. The broad participation of a large number of stakeholder partners will also be an output for this activity.

In support and sustainability of results of this Joint Programme at the provincial and local levels, the following non-exhaustible list of most immediate needs to be addressed has been provided in this regard.

- (i) Clear understanding of provincial, district and sub-district implementing partner and stakeholder capacity development needs, accompanied by an effective programme of local capacity development training and skills-building (including mentoring programmes as required) to address these needs. This will complement work already done and on-going under the Round 1 CDC-PAF grant to Thailand as well as on-going UN System and TUC interventions, as it will focus on additional implementing partners at the local level who would not have been covered by assessment and capacity building activities under the existing investments and programming.
- (ii) Local situation assessments which are developed through a comprehensive and participatory process. This will allow for the development of a more comprehensive and coordinated multi-sectoral local response (including the mobilization of provincial and local resources) in key provinces, by expanding and strengthening GFATM grant implementing partners and stakeholders as well as extending programme reach and impact.
- (iii) Investment in the development and dissemination of policy and local capacity development guidance and materials to expand and scale-up the provincial and local response to AIDS in Thailand. As a complement to the on-going CDC-PAF Round 1 programme, these additional resources will allow local partners to enhance and improve the quality and effectiveness of the local response to HIV in Thailand as a support to GFATM grant implementation at the local level. This would, in turn, further extend the reach and impact of GFATM grants by helping to create a more positive local environment and broader local commitment to the key programme interventions being promoted under the GFATM-financed initiatives at the provincial, district and sub-district levels.

9. Accountability, Monitoring, Evaluation and Reporting

As agreed upon the relevant stakeholders, overall monitoring of the Joint Programme will be the responsibility of UNDP Thailand, who will directly report to the Project Board. UNDP shall coordinate the preparation of 2 semi-annual progress reports in June 2008 and December 2008, respectively. The final substantive report will be submitted 10 days prior to the concluding meeting which is tentatively planned to be held in February 2009. The final substantive report includes project results, lessons learned, and recommendations. Furthermore, the DDC, as implementing partner, will submit financial reports on quarterly basis and progress reports on semi-annually.

The project will be subject to current UNDP Thailand monitoring and evaluation rules and procedures. The Project Board will serve as a major monitoring and evaluation mechanism of the overall Joint Programme.

Over the course of the project, the mid-term review and the concluding meetings of the Project Board will be organized.

- I. *Mid-term Review Meeting*: To be organized in June 2008 to review their work plans and the current situation.
- II. *Concluding Meeting*: To be organized in February 2009 to review final reports and discuss any lessons learnt.

Whenever it is necessary, the means of e-mailing correspondence will be used for the review process and meetings.

As stated, under this project, UNDP Thailand will establish a Project Board to oversee the implementation, monitoring and assessment of this activity and make any adjustment to implementation plans over time as required. UNDP Thailand will regularly report on programme achievements and progress to Project Board.

Programme process outputs will be measured and assessed as outlined above, with the Project Board assessing both quantitative as well as qualitative results achieved by the programme over the course of implementation. The overall outcome indicators to be used by the Project Board in evaluating this programme will include, though not necessarily be limited to, assessment of:

- Ø The level and quality of stakeholder participation in the provincial, district or tambon-level planning processes as a result of the capacity development training and mentoring provided; and
- Ø The extent and sources of local resource allocation and mobilization in support of the local response plans developed vis-à-vis "external" resources requested/required in order to implement the local response plans.

Financial and Operational Arrangements, Maintenance of Records, and Audit Requirements will be arranged as per the standard UNDP guidelines (see Annex B).

Table 2: Programme Monitoring Framework (PMF)

Expected Results	Indicators	Means of verification	Collection methods	Responsibilities	Risks & assumptions
Decentralized local responses to AIDS in Thailand are enhanced through improved capacity and skills to design and implement effective AIDS programming at the local level	By the end of the project, HIV programme reflecting local needs related to HIV and AIDS has been mainstreamed into local government development plan	<ul style="list-style-type: none"> - Local Capacity Needs assessment report - Priority Capacity development modules, manuals, and tools developed - Capacity building Training and Mentoring activity Plan formulated - HIV learning network among local administrative organisations built up - Local Response programme intervention and resource mobilization/ allocation plans developed and implemented - Lessons Learnt report formulated and disseminated in local and national stakeholders - Local Response Policy guidelines, materials and modules developed and disseminated 	<ul style="list-style-type: none"> - Review of documents and activity results every quarter - Focus group discussion with targeted local government every quarter - Project Board meeting reports and implementation action recommendations - Site/ exchange visit reports and key learning/ recommendations - Semi-annual substantive reports followed by a Final Report on the progress, activities, achievements and results of the Project prepared by DDC 	Department of Disease Control (DDC)	<ul style="list-style-type: none"> - Delay of delivery could be potential risk as the timeframe of 13 months is relatively tight - Collaborations among UN agencies, Department of Disease Control (DDC) under Ministry of Public Health (MoPH), Department of Local Administration (DLA) under Ministry of Interior (MOI) officials are very challenging

10. Ex Ante Assessment of Cross-cutting Issues

For assessing capacity needs of Local government organizations and GFATM funded partners (current SRs), the primal focus will be on the identification of common priority needs in regard to human rights and the formulation of capacity development tools, materials, and modules to address these needs. It is also feasible to practice that the existing training or learning innovations like manuals and materials will be explored, shared and used by the contracted trainers. However, if there is no existing tools or materials that fit to the needs, new materials or tools could be initiated eventually. In this regard, local service providers will be identified and contracted to carry out this work through standard UNDP subcontracting procedures.

It is anticipated as well that the needs assessment for addressing human rights will help not only identify capacity needs but also explore quantity and quality of the current SRs and local partners, including local government organizations of all types and levels such as provincial administrative organizations (PAO), city or tambon municipalities and tambon administrative organizations (TAO) as well as local CSO partners. This should include number of elected PAO, council, TAO council and elected municipality council as well as office staff subsidized under the central government's budget and local government's revenue.

Gender inequalities are a major driving force behind the AIDS epidemic. The different attributes and roles societies assign to males and females profoundly affect their ability to protect themselves against HIV/AIDS and cope with its impact. Reversing the spread of HIV therefore demands that women's rights are realized and that women are empowered in both national and local governing bodies. Gender considerations should be integrated into the conceptualization, designing and planning, implementation and monitoring & evaluation.

The capacity building needs will be met through structured training and mentoring programmes developed to suit GFATM SRs and local partner needs and situations. Local partners, including SRs will then undertake participatory local response planning. This will result in the documentation of provincial, district or sub-district HIV-related intervention priorities, leading to implementation plans (including resource allocation and mobilization plans). After the needs identified, the project will involve local partners and SRs in developing projects to implement activities to meet the identified needs. For example, if there is a need for HIV and AIDS awareness among local government organizations, the project could involve the current SRs to design awareness raising activities. If there is a need for technical training on AIDS budgeting for both SRs and local government organizations, the project will then need to develop a training programme for both SRs and LGOs.

This Joint Programme will be aiming to develop and disseminate a series of Local Response Policy and Capacity Development Guidelines to minimize capacity gaps of key institutions and partners in Local Response programming in Thailand. The progress and achievements of this programme will be documented and shared amongst programme stakeholders through a series of consultative review meetings and site visits in order to document lessons as well as provide guidance for the development of effective Local

Response planning throughout Thailand. Learning and experiences from UN-, TUC- and A-Squared-sponsored capacity development initiatives will also be shared and consolidated into this assessment and policy/guideline development exercise to maximize the learning and benefits of the various initiatives and efforts currently underway.

11. Legal Context or Basis of Relationship

Pending the finalization of the Standard Basic Assistance Agreement (SBAA) between UNDP and the Royal Thai Government, the Agreement between the United Nations Special Fund, signed between the Royal Thai Government and the United Nations Special Fund on 4 June 1960, will govern the technical assistance provided by UNDP Thailand under the Country Programme Action Plan (CPAP). The AWP, which forms part of the CPAP, constitutes together a project document as referred to the Agreement between the United Nations Special Funds and the Royal Thai Government.

12. Annex A

Work Plan for: **Enhanced GFATM Grant implementation in Thailand through local partner capacity building and improved multi-sectoral local response programming for AIDS**
 Period: **December 2007 – December 2008**

Annual targets	Activities	TIME FRAME					UN AGENCY	RESPON-SIBLE PARTY	PLANNED BUDGET		
		07 Dec	08 Q1	08 Q2	08 Q3	08 Q4			Source of Funds	Budget Description	Amount
JP Output 1:											
Capacity needs of Local government organizations and GFATM funded partners assessed and programmes developed to address these needs	1.1 Conduct Local capacity Needs Assessment and Mapping	x	x				US CDC/ UNAIDS, UNAIDS Thailand, UNDP, UNICEF	Department of Disease Control (DDC)	US CDC/ UNAIDS, UNAID Thailand	- National Consultant @ \$ 3000/mo for 3 months to conduct assessment and mapping exercise = \$9,000 - Local consultative & focus group meeting costs @ 500/meeting for at least 10 meetings = \$ 5000 - Assessment and Mapping report and printing @\$ 5/copy for 500 copies = \$2,500	16,500* <i>[* UNAIDS Thailand would provide USD 10,000 through parallel funding]</i>
	1.2 Hold multi-stakeholder consultation to review Assessment Results and Recommend capacity development priorities and actions.		x				US CDC/ UNAIDS, UNAIDS Thailand, UNDP, UNICEF		US CDC/ UNAIDS	- Two Day Stakeholder Consultation Meeting Package Costs 50 persons @\$30/day = \$3,000; Materials @\$7/person = \$350 - Transportation and per diem costs stakeholder consultation meeting \$ 275/day/person @30 persons =\$8,250; \$20/day/person @ 20 persons = \$400	12,000
	1.3 Identify service providers, consultants and partners who will design and/or implement capacity development interventions, manuals and tools with local partners		x				US CDC/ UNAIDS, UNAIDS Thailand, UNDP, UNICEF		US CDC/ UNAIDS	- National consultants @average \$4,000/ contract for estimated 10 contracts to develop and update (as needed) priority capacity building tools, manuals and materials =\$40,000	40,000

JP Output 2:											
Planning and implementation of a Comprehensive Local Response to HIV improved through capacity development programme	2.1		x				US CDC/ UNAIDS, UNAIDS Thailand, UNDP, UNICEF	DDC	US CDC/ UNAIDS	- National consultants @average \$7,500/contract for estimated 10 contracts to conduct local partner capacity development training and mentoring = \$75,000	75,000
	2.2 Participatory Local Response Planning exercise held to identify local response priorities and develop implementation and local response allocations plans inclusive of all key stakeholders.			x	x		US CDC/ UNAIDS, UNAIDS Thailand, UNDP, UNICEF		US CDC/ UNAIDS, UNICEF	- Support to local partners for local response participatory planning exercises@3,750/exercise for up to 8 events = \$ 30,000	30,000 <i>[* UNICEF would provide USD 10,000 through parallel funding]</i>
JP Output 3:											
Local Response Policy and Capacity Development Guidelines developed and disseminated to improve Local Response programming in Thailand	3.1 Regular meetings of the Project Board to review implementation status and progress			x		x	US CDC/ UNAIDS, UNAIDS Thailand, UNDP, UNICEF	DDC	US CDC/ UNAIDS	- National consultant for Capacity Development Programme monitoring, assessment and documentation @\$3,300/mon for 14 months = \$ 46,200	76,200

											- PAC meeting costs @estimated \$ 5,000/ meeting for 6 meetings = \$30,000	
	3.2 - A Lessons Learnt Workshop organised ensuring all key stakeholders' participation -Documentation of programme achievements and lessons learnt					x	US CDC/ UNAIDS, UNAIDS Thailand, UNDP, UNICEF		US CDC/ UNAIDS, UNDP	Programme and policy recommendations, Local Response Guidelines and capacity development modules finalized, translated, printed and distributed for 5,000 copies = \$20,383.17 Miscellaneous = USD 2,500 Micro assessment = USD 1,000 Auditing fees = USD 3,500	27,383.17	
	3.3 Selected Provincial/ District partner site visits to CDC-PAF, UN, TUC or A-Squared implementing partner sites.			x	x		US CDC/ UNAIDS, UNAIDS Thailand, UNDP, UNICEF		US CDC/ UNAIDS	-Support to local partners for learning and exchange visit participation @ \$ 275/day/person for 20 persons for 5 days = \$ 27,500	27,500	
	3.4 Stakeholder Consultations held to develop and disseminate policy and capacity building guidelines for enhanced local response to HIV in Thailand					x	US CDC/ UNAIDS, UNAIDS Thailand, UNDP, UNICEF			- One Day Stakeholder Consultation Meeting Package costs 100 persons @\$30/day = \$3,000; materials @\$7/person =\$700 -Transportation and per diem costs Stakeholder Consultation meeting \$275/day/person @40 persons = \$11,000; \$20/day/person@60 persons = \$1,200	15,900	
Estimated Total Programme Budget Requirement											\$ 320,483.17	
Estimated UNDP General Management Support (GMS)(5% of USD 305,771.76 from US CDC/UNAIDS)											\$ 15,288.59	
Total Planned Budget (USD 305,771.76 from US CDC/UNAIDS + USD 10,000 from UNDP Thailand + USD 10,000 from UNAIDS Thailand + USD 10,000 from UNICEF)											\$ 335,771.76	

Annex B

Financial and Operational Arrangements

1. In accordance with the Project Budget, UNDP has allocated and will make available to DDC funds up to the maximum of US Dollars **293,483.17** (Thai Baht equivalent at the UN operational rate of exchange). The first installment of US Dollars **133,500** (Thai Baht equivalent at the UN operational rate of exchange) will be advanced to the DDC within 30 working days following signature of the present Agreement. The second installment will be advanced to the DDC quarterly, when the Funding Authorization and Certificate of Expenditures (FACE) Form and other agreed upon documentation, as referenced in Reporting Requirements, below, for the activities completed have been submitted to and accepted by UNDP as showing satisfactory management and use of UNDP resources.
2. The DDC agrees to utilize the funds and any supplies and equipment provided by UNDP in strict accordance with the Project Document. The DDC shall be authorized to make variations not exceeding 20 per cent on any one line item of the Project Budget provided that the total Budget allocated by UNDP is not exceeded. The DDC shall notify UNDP about any expected variations on the occasion of the quarterly consultations. Any variations exceeding 20 per cent on any one-line item that may be necessary for the proper and successful implementation of the Project shall be subject to prior consultations with and approval by the Project Board.
3. The DDC further agrees to return within two weeks any unused supplies made available by UNDP at the termination or end of the present Agreement or the completion of the Project. Any unspent funds shall be returned within two months of the termination of the present Agreement or the completion of the Project.
4. UNDP shall not be liable for the payment of any expenses, fees, tolls or any other financial cost not outlined in the Project Work Plan or Project Budget unless UNDP has explicitly agreed in writing to do so prior to the expenditure by the DDC.

Maintenance of Records

1. The DDC shall keep accurate and up-to-date records and documents in respect of all expenditures incurred with the funds made available by UNDP to ensure that all expenditures are in conformity with the provisions of the Project Work Plan and Project Budgets. For each disbursement, proper supporting documentation shall be maintained, including original invoices, bills, and receipts

pertinent to the transaction. Any income arising from the management of the Project shall be promptly disclosed to UNDP. The income shall be reflected in a revised Project Budget and Work Plan and recorded as accrued income to UNDP unless otherwise agreed between the Parties.

2. Upon completion of the Project/ or Termination of the Agreement, the DDC shall maintain the records for a period of at least four years unless otherwise agreed upon between the Parties.

Reporting Requirements

1. The DDC shall provide UNDP with periodic reports on the progress, activities, achievements and results of the Project, as agreed between the Parties.
2. Financial reporting will be quarterly:
 - (a) The DDC prepares a FACE form and submits it to the UNDP Resident Representative no later than 15 days after the end of each quarter, in English.
 - (b) The purpose of the FACE form is to request a quarterly advance of funds, to list the disbursements incurred on the Project by budgetary component on a quarterly basis, and to reconcile outstanding advances and foreign exchange loss or gain during the quarter.
 - (c) The FACE form has been designed to reflect the transactions of a project on a cash basis. For this reason, unliquidated obligations or commitments should not be reported to UNDP, i.e., the reports should be prepared on a "cash basis", not on an accrual basis, and thus will include only disbursements made by the DDC and not commitments. However, the DDC shall provide an indication when submitting reports as to the level of unliquidated obligations or commitments, for budgetary purposes;
 - (d) The FACE form contains information that forms the basis of a periodic financial review and its timely submission is a prerequisite to the continuing funding of the Project. Unless the FACE form is received, the UNDP Resident Representative will not act upon requests for advances of funds from UNDP;
 - (e) Any refund received by the DDC from a supplier should be reflected on the FACE form as a reduction of disbursements on the component to which it relates.
3. Within two months of the completion of the Project or of the termination of the present Agreement, the DDC shall submit a final report on the Project activities and include a final FACE form on the use of UNDP funds, as well as an inventory of supplies and equipment.

Audit Requirements

1. The DDC shall submit to the UNDP Resident Representative in Thailand a certified annual financial statement on the status of funds advanced by UNDP. The Project will be audited at least once during its lifetime but may be audited annually, as will be reflected in the annual audit plan prepared by UNDP Headquarters (Division of Audit and Performance Review) in consultation with the Parties to the Project. The audit shall be carried out by the auditors of the DDC or by a qualified audit firm, which will produce an audit report and certify the financial statement as per the UNDP general standard.
2. Notwithstanding the above, UNDP shall have the right, at its own expense, to audit or review such Project-related books and records as it may require and to have access to the books and record of the DDC, as necessary.