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Outcome Evaluation of UNDP India's HIV and Development Programme

2007-2012

COMMISSIONED BY
UNDP INDIA OFFICE

Dr. Anita Rego, Pearls for Development

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The views expressed in this report are based on the information gathered by the author as part of the assessment and not necessarily those of United Nations Development Fund whose facilities were made available for the carrying out the evaluation. The author takes all responsibility for the contents of the document.

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Anita Rego

List of acronyms and abbreviations

ADR	Assessment of Development Results
AIDS	Acute Immune Deficiency Syndrome
BPL	Below Poverty Line
CBO	Community based organization
CHARCA	Coordinated HIV-AIDS Response through Capacity Building and Awareness
CPAP	Country Program Action Plan
CPD	Country Program Document
CSO	Civil Society Organization
DFID	Department for International Development
EESE	Employment, entitlements, solidarity and enterprise
FSW	Female sex worker
GFATM	Global Fund for AIDS, Tuberculosis and Malaria
GIPA	Greater Involvement of People with AIDS
HIV	Human Immuno Virus
HRG	High Risk Groups
IDU	Injecting drug users
ILO	International Labor Organization
IPC	Indian Penal Code
INFOSEM	Integrated Network for Sexual Minorities
INP+	Indian Network of Positive People
UDP	Integrated Tribal Development Plan
JUNTA	Joint United Nations Technical Assistance
L4R	Leadership for Results
LAMP	Leadership and Management Program
LFA	Legislative Forum on AIDS
LGBT	Lesbian, Gay, Bisexual and Transgender
MOLE	Ministry of Labor and Employment
MoPR	Ministry of Panchayat Raj
MoRD	Ministry of Rural Development
MoSJE	Ministry of Social Justice and Empowerment
MOTA	Ministry of Tribal Affairs
MoYouth	Ministry of Youth

MP	Member of Parliament
MSM	Men who have Sex with Men
NACO	National AIDS Control Organization
NACP	National AIDS Control Program
NALSA	National Authority for Legal Services Authority
NCEAR	National Centre for Economic
NERO	North East Regional Office
NGO	Non-Government Organization
NRHM	National Rural Health Mission
OI	Opportunistic Infection
PLHA	People Living with HIV and AIDS
PLHIV	People Living with HIV
PWN+	Positive Women's Network
RSACS	Rajasthan State AIDS Control Scheme
RSBY	Rashtriya Swasthya Bima Yojna
SACS	State AIDS Control Society
STI	Sexually Transmitted Infection
TG	Transgender
TRG	Technical resource group
TRIPS	Trade-related Aspects of Intellectual Property Rights
UID	Unique identity data
UN	United Nations
UNAIDS	Joint United Nations Program on HIV/AIDS
UNDAF	United Nations Development Assistance Framework
UNDP	United Nations Development Fund
UNEG	United Nations Evaluation Group
UNFPA	United Nations Population Fund
UNICEF	United Nations International Children's Emergency Fund
UNIFEM	United Nations Development Fund for Women
UN Women	UN Development Fund for Women
UNODC	United Nations Office of Drug Control
VIC	Village Information Center
WFPR	Work Force Participation Rate
WHO	World Health Organization
WTO	World Trade Organization

Executive Summary

UNDP HIV and Development unit supports the National AIDS Control Program, Government of India to reduce HIV and AIDS among vulnerable groups and uphold the rights of the marginalized communities, including sexual minorities and people living with HIV as agreed upon on by the Country Program Action Plan (CPAP). UNDP HIV and Development unit works with the at-risk populations such as migrants, men who have sex with men (MSM) and transgender (TG), and people living with HIV and AIDS (PLHIV) with a strategic thrust focus towards prevention of the spread of HIV and mitigating its impact. UNDP is the lead United Nations Organization for addressing dimensions of AIDS relating to development planning and mainstreaming; governance of AIDS response; and law, human rights and gender, including sexual minorities. The program contributes at three levels - national, for policy change; state, for enabling environment and advocacy; and districts, for decentralized access to services, stigma reduction and to gather evidence for policy advocacy.

The UNDP India Outcome Evaluation captures and demonstrates evaluative evidence of UNDP's contributions to development outcomes at the country level with the fourfold purpose of (i) providing substantive direction to the formulation of program and project strategies (ii) supporting greater UNDP accountability to national stakeholders and partners in India (iii) serve as a means for quality assurance for interventions at the country level; and (iv) contribute to learning at corporate, regional and country levels. The approach for the evaluation includes a desk review followed by qualitative assessment of outcomes on four areas, namely, relevance, effectiveness, efficacy and sustainability. In-depth interviews, focus group discussions and key informant interviews are held with various stakeholders including government counterparts, development partners, civil society organization, community groups and end users of the program both at National and State level as applicable. Field visits are made to Tamil Nadu and Rajasthan to get a direct observation and interaction with State teams and partners. Assessment is carried at strategic level, thematic programmatic level (project activities) and at programmatic level (non-project activities).

The Outcome Evaluation brought out some interesting learnings. UNDP HIV and Development program is considered as a respected and dependable partner of the National and State AIDS Control program. As a Technical partner, UNDP HIV and Development unit has supported NACO in providing strategic directions for the formulation and implementation of prevention programs for Transgender for GFATM Round 9. The pilot initiative on link worker in 25 districts has become the forerunner of sorts for mobilization of GFATM program for rural outreach. The facilitation of consultative processes of the civil society with the Planning Commission, NALSA and the NACP IV, Wada Na Thodo Abhiyan and the XII Five Year Plan is commendable and has strengthened work on social protection for greater access to services beyond HIV and generated a conducive environment for positive people and transgender to gain some of their civil and political rights. The UNDP HIV and Development work on stigma provided evidences on how stigma can impede access to services among the HRGs and those positive, helped identify gaps in programs and inform actions for concerted efforts for NACP III implementation and IV formulation.

The leadership program with positive women has brought in new capacities for advocacy and demand for services. UNDP HIV and Development program has responded substantially to sexual minorities, rural women and positive women within a gender dimension, nevertheless, some development partners and United Nations Organizations opine that UNDP HIV and Development program does not have an anchor and competence for gender work. For UNDP, their work on gender would not have been possible in the absence of an internal resource and competence; to them, their engagement on gender stems from their inner strength and expertise.

The mainstreaming units built within a coordinated approach along with social protection measures at NACO and in five states developed programs have overtime evolved uniquely in each state. The work with the government and ministries was strategic to sharpening focus on providing social protection to the marginalized communities and ensuring meaningful GIPA, nevertheless, mainstreaming has scope to provide for a greater leverage and involvement.

UNDP HIV and Development program is credited by partners for the concepts that they pick for research. Through mutually respectful partnerships, UNDP HIV and Development program brings in a strong analytical perspective to crystallize the idea and make it available for policy as tools for evidence, strategic directions and provide recommendations for policy

advocacy. However, UNDP HIV and Development program is opined to have greater expertise on piloting models that Governments could take over rather than as a strategic partner.

UNDP HIV and Development program is considered to have too large a mandate and the pointers for outcomes and results are not sharp. UNDP HIV and Development program is often opined to hold blurred lines between their mandates and Government's demands and position. Instead of aggressively advocating with the Government, they are viewed as waiting for opportune moments to negotiate on contentious issues or shelve the project if support is not forthcoming from the Government. This makes them appear less effective on negotiating with the Government counterparts.

Nevertheless, UNDP HIV and Development program is considered a valuable partner by communities who greatly appreciate the handholding support of UNDP HIV and Development unit. The value that they attach to partnership is evident at each point of their work and on sharing of ownership and credits. This has made them be considered as a sensitive and respectful partner across partners and within partnerships.

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Introduction

The outcome evaluation of the thematic practice area HIV and AIDS of United Nations Development Program (UNDP), India is an independent country-level assessment of development outcomes for the program cycle 2008 to 2012. Initiated in the year 2011, the Outcome evaluation is conducted through an external expert and intends to add value to the Assessment of Development Results (ADR) and to project plan processes. The Outcome evaluation assesses outcomes, outputs and impact of UNDP's development assistance in the Practice Area of HIV and Development as articulated by the Country Program Action Plan (CPAP) and the Country Program Document (CPD) for India, both covering the period 2008-2012. The evaluation draws from the overall provisions contained in the UNDP Evaluation Policy as well as the manual for Assessment for Development Results.

Background and context

This Outcome Evaluation comes at a decisive moment when the world commemorates 30 years of AIDS and the AIDS response. The world has begun to reverse the AIDS epidemic; the number of people becoming infected and dying is decreasing; for the first time in the last ten years, the resources needed to sustain the efforts are declining. Appreciably, the global resolve to achieve the Millennium Development Goals is only increasingly. Significantly, AIDS and MDG is gaining momentum as an approach for leveraging the gains made as of now. UNDP has asserted commitment thorough multi-sectoral strategies to address the underlying structural determinants that reduce vulnerabilities and access to care, thus moving beyond the traditional dichotomous response to HIV and AIDS.

Global estimates suggest that 30 million people have died, another 34 million are living with the virus and 7,000 new infections occur every day. Only 6.6 million people are put on treatment. Despite progress, nearly 10 million of the estimated 15 million people needing antiretroviral therapy are without access to treatment, making it absolutely critical to accelerate program delivery to reach universal access goals (WHO et al. 2010). "Getting to zero" is a call that is heard loud and clear. It requires deliberate efforts towards confronting deep-rooted social norms to protect women and children, re-examining archaic laws that overtly and subliminally rob people of their dignity and respect; exclusively promoting innovation in science, simplifying treatment and prevention and making money work is not sufficient enough.

In India, the rate of new HIV infections fell by more than 50 per cent between 2001 and 2009, double of the average decline in the world. The epidemic is on a downward trend at 1.3%; however in terms of figures, the country has 2.4 million people living with HIV/AIDS. Ten years of investments in evidence-informed programs has helped India to reach people who are at increased risk of HIV infection. Coupled with a concerted effort to reduce stigma and discrimination and to protect human rights by a watchful civil society and community participation, the country is closing the gap on access to HIV services for those people in greatest need, the progress though not at the required pace to ensure saturated reach.

India has also demonstrated impressive economic growth and renewed commitment towards people centric approaches. India is one of the top-ten performers globally in terms of income growth but loses 30 percent of its Human Development Index value when adjusted for inequality (2010 Global Human Development Report, The Real Wealth of Nations: Pathways to Human Development). Progress on MDG indicators are constrained, particularly in disadvantaged areas and for excluded groups; the India 2010 Global Human Development Report, The Real Wealth of Nations: Pathways to Human Development Report 2009 calls for redoubling the efforts to achieve the MDG goals of reducing hunger and malnutrition, improving access to sanitation and realizing gender equality. Furthermore, the marginalized people's power to assert their rights is further weakened by poor public management and reach of delivery systems at the local level.

The HIV/AIDS epidemic is enmeshed in the country's transformation and resonate the challenges it confronts through the trajectory of development. The HIV prevalence in India is low with the epidemic concentrated in most at risk population groups, i.e. female sex workers (FSWs), Men who have sex with Men (MSM), Transgender (TG) and Injecting drug users (IDUs). The estimated number of people living with HIV in India is 2.27 million HIV. The rate of new HIV infections fell by more than 50 per cent; however, there are some disturbing trends that are emerging. There is an increase in infections among MSM/TG, and IDUs. The average HIV seropositivity among MSM in selected sentinel sites in southern and north eastern states has remained at around

10% in the past few years. In 2006, HIV seropositivity among pregnant women was 1.39%, 1.36% and 0.94% in Manipur, Nagaland and Mizoram, respectively. A shift of epidemic from urban to rural areas and a concern on the rise in new infections in the districts in North India essentially driven by migration (Nandan and Bhattacharya, 2007) is strongly being witnessed. Obstacles such as stigma, discrimination and violence can hamper the achievement of universal access to HIV prevention, treatment and care services; these may be real or perceived. Human rights violations against women and most-at-risk groups such as men who have sex with men, people who inject drugs and sex workers can pose blocks in access to services. Overall, the capacities and the response from the government have been poor especially in the areas of service delivery and access to health and social protection; nevertheless, efforts are being made to improve the situation. Disrupting social structures and social marginalization are noted to have unfavorable effects on vulnerable individuals and families, worsening the impact of HIV or increasing risk to HIV. For an effective response, protecting the rights of people living with HIV and most at risk populations (Dhaliwal, Fuleihan and Harrison, No year), and promoting an approach that also emphasizes integrated health and development strategies that address key structural determinants of vulnerability (UNAIDS Si UNDP, 2011) are paramount.

India is increasingly realizing the need to depend on the tools of strengthened local communities and capacities of the government systems for driving responses and solutions. Instilling a renewing hope and re-energizing the AIDS movement, the NACP III, has focused on community led interventions and locating HIV priorities in the most-at-risk populations and with people living with HIV. Against this backdrop of positive steps, there is an urgent need to convert these commitments and resources into evidence based programs with measurable results and progress, with a focus on improving the quality and equity of service delivery. There is a critical need to push for inclusive programming with a focus on equity and social justice by addressing the rights of the disadvantaged. This will require continued and concerted efforts to strengthen capacity, forge new partnerships and develop holistic approaches.

Strategic positioning of UNDP HIV and Development program

The United Nations support to the Government of India as articulated in the United Nations Development Assistance Framework (UNDAF) to "promote social, economic and political inclusion for the most disadvantaged, especially women and girls" is closely aligned with the goals of the IIth Five-Year Plan and the MDGs. UNDP's Country Program Action Plan (2008-2012) developed and implemented in partnership with the Government of India supports efforts to reduce HIV/AIDS amongst vulnerable groups and upholds the rights of the marginalized, including sexual minorities and people living with HIV as agreed upon on by the CPAP. UNDP HIV and Development program works with the most-a-risk populations such as migrants, men who have sex with men, transgender and people living with HIV and AIDS with a strategic thrust focus towards prevention of the spread of HIV and mitigating its impact. Supporting National AIDS Control Organization (NACO) to achieve the desired results, UNDP HIV and Development program contributes technical support to addresses socio-economic, cultural conditions and norms that influence the drivers of the HIV epidemic. The UNDP India HIV and development program located within a rights perspective (a shift from the previously held mode as 'HIV Focal Point'), strategically focuses its work in tandem with the national program and the UNDAF in '25 high prevalence districts' in the 'low prevalence states,[1] and predominantly works around the radius of this geographical area. UNDP is the lead United Nations Organization for addressing dimensions of HIV and AIDS relating to development planning and mainstreaming; governance of AIDS responses; and law, human rights and gender, including sexual minorities with the primary goal is to reduce HIV and AIDS prevalence rate among vulnerable groups and improve quality of life for people affected by HIV and AIDS. UNDP HIV and Development unit purports to scale-up multi-sectoral responses by ministries through capacitating key ministries and identified stakeholders for effective and strengthened response. It also supports the Government strategy for mainstreaming of HIV within the larger development platform, predominantly non-health Ministries to integrate

[1] UNDP operates in 5 out of the 7 UNDAF states namely: Rajasthan, Bihar, U.P. Orissa and Chhattisgarh. Low prevalence means that HIV prevalence is less than 1 percent among the adult population.

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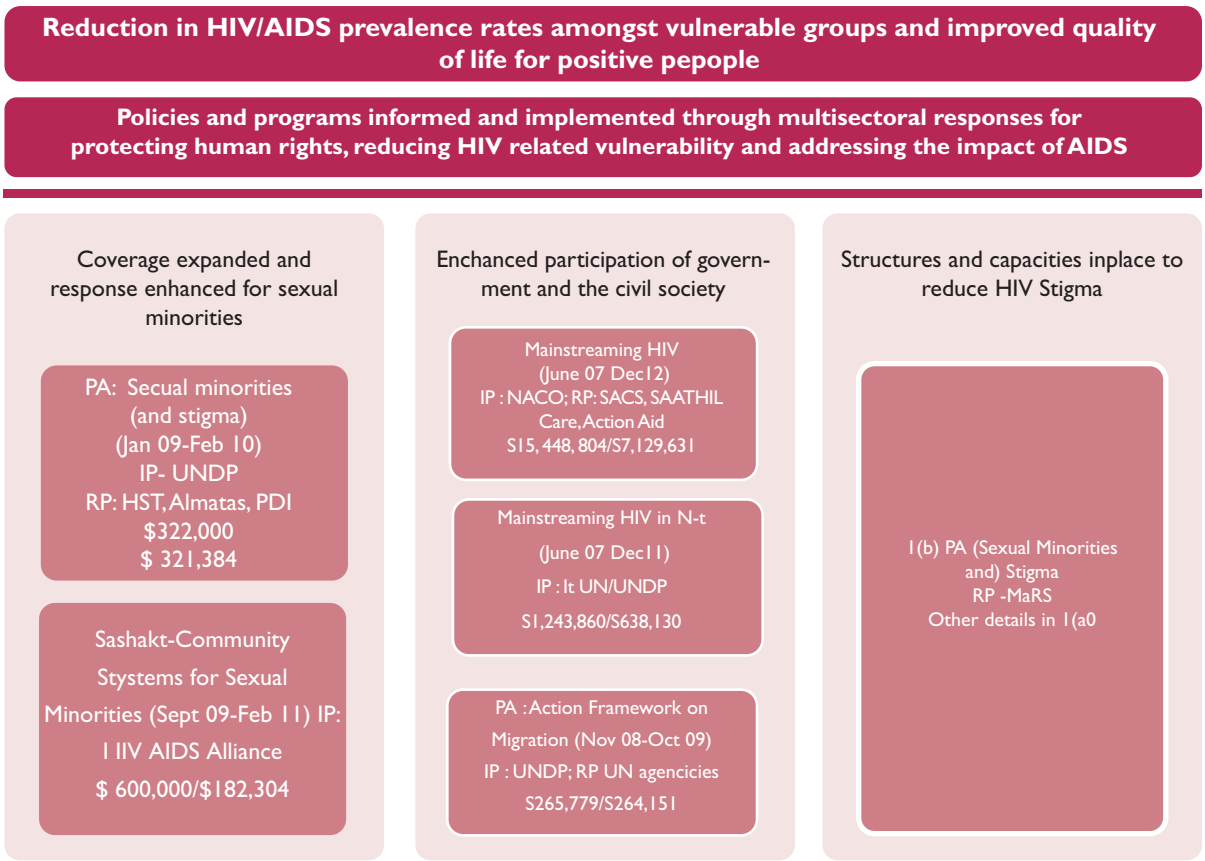
Figure 1: Program framework for 2008-2012



HIV prevention in their work and with nine state governments by generating an environment to address the underlying causes of HIV prevalence and to ensure social protection to people especially women living with HIV and AIDS.

Operational States

UNDP HIV and Development unit works in five of the UNDAF states, namely, Rajasthan, Orissa, Uttar Pradesh, Chhattisgarh and Bihar. In the UNDAF focus states, UNDP HIV and Development unit works at the 25 prioritized high prevalence districts[2] (categorized as A and B districts); these districts are low on also human development, governance and gender indices. In addition, it works in four states of the North East, namely, Manipur, Meghalaya, Mizoram and Nagaland[3] as part of JUNTA. As part of Sashakt project, they work in Maharastra, Tamil Nadu, Manipur, Uttar Pradesh and Orissa. The legal aid clinics provided services at Tamil Nadu and Andhra Pradesh.

Current focus and status of UNDP HIV and Development programs

UNDP HIV and Development unit has focuses on marginalized population i.e. people living with and affected by HIV (especially women and girls), men who have sex with men, transgender/Hijras and migrants for decentralized response and access. As a lead partner for the Joint UN program on issues relating to men who have sex with men and transgender people as a whole, within the context of its gender and human rights mandate, UNDP HIV and Development unit has developed and implemented a strategy to enhance work on men who have sex with men, transgender and HIV-related development issues within a larger development context. Building capacity of the MSM and TG and people living with HIV to form networks and collectives, and increasing access to HIV prevention, care and support services through engagement with government and non-governmental organizations,

[2] *Those districts where HIV prevalence is more than 1 percent in the general population*
[3] *The program reaches to the North East as part of the the joint UN project*

UNDP HIV and Development program strengthens community capacities to demand services, and a host of civil-society organizations to build their capacities to provide information and services on HIV to the most vulnerable and at-risk. UNDP HIV and Development unit's continued engagement with people living with HIV and AIDS, with a special focus on women, focuses on greater involvement of people living with AIDS and to take them to the next level of functioning through leadership building. The strategic focus is on strengthening capacities for local and therefore context-specific HIV responses, supporting initiatives to reduce HIV-related stigma and improving access to livelihoods and social protection for vulnerable groups.

UNDP HIV and Development unit engages with critical stakeholders to help create an enabling environment for marginalized groups, reduce stigma and promote human rights. It sensitizes service providers such as the police and locally elected Panchayat leaders about HIV/AIDS. It works with the government to formulate long term strategies to reduce vulnerability in districts with high out migration and to strengthen legal aid services available to communities and sexual minorities living with HIV. Through these clinics, PLHAs especially women have be able to address property issues, discrimination at neighborhoods and schools and access to social welfare services.

UNDP HIV and Development unit assists NACO and State AIDS Control Societies in addressing unsafe mobility and preventing HIV amongst migrants. UNDP HIV and Development unit also helps to expand the knowledge base and evidence informed interventions through supporting research, formulating strategies for program implementation and capacity building of functionaries and communities. The pilot initiatives serve as demonstration platform on which the Government can leverage and build upon.

The HIV and Development program contributes at three levels - national: for policy change, state: for enabling environment and advocacy, and district: for decentralized access to services, stigma reduction and to gather evidence for policy advocacy. UNDP HIV and Development unit has addressed knowledge gaps in the national programming and also got vital information requisite for effective programming. UNDP HIV and Development unit provides technical expertise embedded in NACO and SACS. UNDP HIV and Development unit also engages communities towards enhancing inclusion and access. Through the program, UNDP HIV and Development program builds capacities of individuals and institutions (inclusive of the government) for effective HIV responses.

HIV and Development portfolio forms 10 % of the overall budget of UNDP and in actual terms work out to be $19,093 million for the period 2007 to 2010. The year wise demarcation of budget percentage for the HIV practice area is fluctuating according to the annual work plans. The percentage partition increased over the last two years, however, in terms of actual outlays, the overall amount received by the HIV practice area has been coming down along with reduced overall budget received by UNDP. The expenditure has been fairly adequate for the period.

Previous evaluation and observation

The Mid-Term Review of the UNDP Country Program 2010 assured that UNDP HIV and Development program is on track and the progress is in the direction that it intended. UNDP has provided substantial and most valued policy support for several thematic areas such as gender and HIV, for greater involvement of people living with HIV, for programmatic and developmental focus on highly stigmatized communities (namely, transgender and men who have sex with men), development of a program framework for reducing HIV vulnerabilities of migrants, amending government schemes to make it inclusive for PLHIVs and the formulation of the fourth phase of the National AIDS Control Program. In a sector that is densely populated with interventions and actors, UNDP's HIV and Development program has been able to identify, and effectively occupy a unique niche where its contributions are recognized, valued and acted on. On the face of it, UNDP HIV and Development program principled support though small as it is in financial terms, is highly valued by partners in this program. UNDP HIV and Development program is considered as a trusted partner both by the Government, community groups and other development partners to be able to build this positive relationship with its counterparts and partners under this program.

On the areas for improvement, the Mid-term review emphasized on the need for reducing the factors that contribute to delays at various levels

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that slow down the pace of work on the ground. It thought that UNDP HIV and Development program needs to respond to the constantly evolving global debate around the efficacy of mainstreaming as a strategy (particularly in a situation of low incidence as in India), and the changing contours of the epidemic in India. It opined that balancing the needs and expectations of the community, development partners and governments has been a challenge. While influencing policies and structures and demanding for a package of strategies, they felt that UNDP HIV and Development program seemed over-ambitious with its limited resources to attempt to implement the entire package, from awareness-building to organizing, from environment-creation to legal reform, and from campaigns to policy consultations. It called for a sharper focus and more strategic positioning within the larger canvas of intervention on this issue, particularly in view of the possibility of even greater resource constraints. Apart from generating evidence on an invisible and silent issue, they suggested that UNDP HIV and Development program can invest to build the capacity of the concerned organizations to design and carry out advocacy campaigns on their own. Building on its work on stigma and social inclusion, they recommended that UNDP HIV and Development work with the relevant stakeholders to repeal laws, processes and practices and facilitate an enabling environment maximizing access of HIV related prevention and treatment services for all with an assessment of the impact on the quality of services and the level of satisfaction of users,

Subsequent to the UNDP midterm evaluation, UNDP HIV and Development program refined and repositioned its activities based on feedback and recommendation of MTR through an exercise for introspection and deliberation with Country and State teams. UNDP HIV and Development program decided to identify new policy and programmatic directions for the longer term by generating strategic information for better insights for NACP programming on Migrants, sexual minorities (TG consultations) and GIPA. UNDP HIV and Development unit decided to undertake a review of the existing mainstrearning project brief and restructure/ modify the brief, if required, in coordination with NACO. The Link Worker program due to be handed over to the Government as on 31st December 2010, was to be reviewed and if felt necessary, to overhaul the support to the Link Worker component. It was planned to document and disseminate the work done on Social protection. It was planned to capitalize on the opportunity to mainstream HIV work in the ongoing portfolio of other UNDP units especially Poverty and Governance.

Methodology

Scope of work

Specifically, the evaluation aims to capture and demonstrate evaluative evidence of UNDP HIV and Development program's contribution to development outcomes at the country level. This evaluation also takes into consideration the impact of the programs on cross-cutting issues identified in the CPAP such as gender equality and inclusion.

The underlying purpose of the outcome evaluation is to:

- Provide substantive direction to the formulation of program and project strategies
- Support greater UNDP accountability to national stakeholders and partners in India
- Serve as a means of quality assurance for UNDP HIV and Development program interventions at the country level; and,
- Contribute to learning at corporate, regional and country levels.

Scope of the evaluation

The evaluation is implemented at the end of the current program cycle of 2008-2012 and will contribute towards improving program implementation, provide inputs to the preparation of the new UNDP country program starting from 2013 and offer insights to the forthcoming United National Development Assistance Framework scheduled to start in the same year.

Evaluation framework and key questions

An assessment framework (see Appendix I) drawn from the ADR manual provided the framework for the outcome evaluation. The approach was highly participatory and exploratory to capture experiences, thoughts, ideas and opinions of the respondents. Evidences were gathered from the respondents as supportive documents. The observations and findings were validated and triangulated through multiple sources of information and through evidences. The findings were analyzed using an analysis frame for easy codification, comparison and consolidation.

The outcome assessor undertook field trips for interviews, group discussions, surveys and/or project site observations. For outcome evaluation, it is expected that two such field trips will be undertaken to geographical regions where UNDP HIV and Development program has a concentration of field projects.

Sampling frame

Table 1: Projects for field observation and learning

Sl. No	Projects	State
1.	Mainstreaming activity in RSACS	Rajasthan
2.	Link Worker program	Rajasthan
3.	District level network	Rajasthan
4.	Mainstreaming resource unit	Rajasthan
5.	Mainstreaming departments & partners	Rajasthan
6.	CSO forum	Rajasthan
7.	Legal aid clinic	Tamil Nadu
8.	Pilot project for Sashakt	Tamil Nadu
9.	Positive networks (INP+ & PWN+)	Tamil Nadu
10.	Leadership 4 Results	Tamil Nadu
11.	Livelihood project	Tamil Nadu

Evaluation methods and sources

The evaluation framework drew heavily from the Evaluation framework articulated by UNDP in the Manual for Assessment of Development Results[4]. The process involved:

- An initial discussion with the Evaluation team of UNDP and experts that set the ground for understanding the evaluation process.
- An orientation on the projects and programs by the HIV unit followed by subsequent discussions as needed
- Document review: The country office and the HIV practice team provided the necessary documents.

[4] *ADR Method Manual January 2011*

This included the CPAP, CPD, Annual action plans, project reports and studies, material developed and the comprehensive midterm review of the Country Program Action Plan (CPAP) completed in 2010.

- Stakeholder interviews to substantiate and develop on the information gained through the documentary review and to fill gaps identified in the evaluation matrix. The stakeholders included direct beneficiaries of the projects, the functionaries, agencies and experts directly and indirectly funded by UNDP HIV and Development program, individuals from governmental partners and community and non-governmental partner organizations that are involved directly or indirectly in UNDP HIV and Development program and worked in partnership including UN agencies, multilateral organizations, bilateral donors for achieving a common goal of mitigating the impact of HIV/AIDS (list of persons interviewed is provided in Appendix II.). The idea was to involve a broad range of stakeholders going beyond UNDP HIV and Development program partners with a design to identify and capture UNDP HIV and Development response towards addressing key development challenges on the practice area of HIV in the country. Around 73 individuals were directly interviewed individually or in groups.

  Visits were made to two implementation states, namely Rajasthan and Tamil Nadu. Rajasthan is one of the focus states for UNDP HIV and Development program. Several initiatives on the four thematic areas on UNDP HIV and Development work are in operations in the State of Rajasthan. One district, where joint and convergent activities are present along with state and district-level linkages was considered. Tamil Nadu is a state where concentrated efforts are visible as part of several initiatives of UNDP HIV and Development unit. Programs in the State of Tamil Nadu have been predominantly supported for both high risk group intervention roll out and for support to positive networks. New Delhi housed the National Government and several of the donor and bilateral organization and hence considered as the node for gathering information.

Table 2 Overview of data collection methods and sources

Data collection methods and sources		
Level	Method of data collection	Sources
Strategic level	• Individual interviews with stakeholders • Document analysis	• Personal contacts • Material provided by UNDP HIV and Development unit and ADR team
Thematic/ Programmatic level: Project activities	• Individual interviews with stakeholders • Group discussions during field visits • Document analysis	• Personal contacts • Observations and discussions during field visits • Material provided by UNDP HIV and Development program and ADR team
Programmatic level: Non-project activities	• Individual interviews with stakeholders	• Personal contacts

Phases of work

The Outcome Evaluation is conducted in accordance with the Evaluation Office policy. The evaluation phases and products are described below.

- **Defining the scope and focus of evaluation.** In this phase, terms of reference and the detailed plan of the main mission was outline. The Inception Report prepared was submitted to UNDP ADR Team and the Country Office.

- **Desk review.** A significant proportion of the secondary data was shared by the ADR team and the UNDP HIV and Development unit prior to commencement of this phase of the evaluation. This was reviewed to get a larger picture of the program and the activities prior to the field work. Subsequent to the field work, the documents were once again reviewed in the light of the primary data collected.

- **Data collection.** In this phase, primary data was collected through interviews, field visits and group discussions in the two States, namely, Rajasthan and Tamil Nadu. For the other States, telephonic interviews were conducted with people who have been directly involved in the projects, were critical stakeholders for the project or have information on the work done by UNDP HIV and Development unit, but not necessarily associated with it. National planners and policy makers from NACO were also interviewed.
- **Consultations with the HIV and Development Unit.** Perspectives of the UNDP HIV and Development Unit were captured on the work done by them. Validation of the factual information was done with the team.
- **Data analysis:** While the data analysis commenced in the data collection phase, a more in-depth data analysis was carried out following the main mission. A framework was developed which served the basis for the first draft of the report.
- **First draft report:** The first draft of the main report was developed and submitted to the UNDP Evaluation and ADR team. Factual information was relooked at and value additions were made to the report based on the feedback.
- **Revised draft report to the Country Office.** The first draft report was given a relook based on the comments received from the Evaluation team. The revised draft report was submitted to the Country Office. This report served as a base document for the ADR[5] section on HIV and Development.

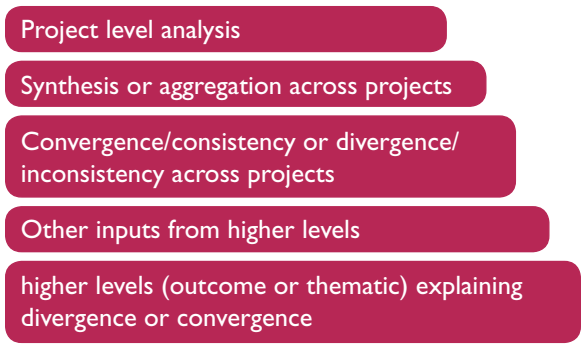
Evaluation Team composition

The details of the ADR and Outcome Evaluation team are provided in Appendix III. Each team member was responsible for a cross-cutting theme. The independent consultant for practice area HIV and Development worked closely with the Evaluation Task Manager Ms. Monalisa Misra and the HIV and Development unit for day to day management of the evaluation. The Evaluation Task Manager and the HIV and Development team served as the liaison between the independent consultant for practice area HIV and Development, the persons interviewed and the Country Office. UNDP provided the needed logistic support for the evaluation.

Analysis plan and process

The diagram below illustrates the process followed in the outcome evaluation for developing the story line[6].

Figure 2 Process for analysis



Ethical considerations

The Outcome evaluation India HIV and Development was conducted in adherence to the Norms and Standards[7] and the Ethical Code of Conduct[8] established by the United Nations Evaluation Group (UNEG) as well as the UNDPs Evaluation Policy.

Risks and potential shortcomings

The following risks were identified, with strategies proposed to mitigate these risks.

- **Disruption in the lead up due to civil society consultation for NACPIV deadline.** The civil society consultation process was lead by UNDP HIV and Development practice team and hence there was a risk of disruption in planned dates as certain government and nongovernmental officials were likely to be not available for interviews on

[5] ADR as an assessment uses benchmarks as strategic objectives and results as defined in UNDP strategic documents, country context and national development challenges and any other additional sources for assessment while outcome evaluation uses program outcomes as defined in program documents (e.g. CPD, CPAP) as bench marks for assessment. The ADR focuses on two cycles of program whereas the outcome evaluation is primarily meant for one cycle. The ADR is carried out by the Head Quarters while the Outcome evaluation is the responsibility of the Country Office.

[6] Modified ADR analysis framework drawn from ADR Manual January 2011

[7] http://www.uneval.org/papersandpubs/documentdetail isp?doc id =102

[8] http://www.uneval.org/papersandpubs/index.jsp?ret=true

the said days. It is therefore proposed that the field visits be planned well in advance and much before the process of the consultations.

- **High turnover of government officials.** There is a likelihood of a high turnover of senior government officials and those who are part of the mission activities and scoping may no longer be available. The incoming officials may not have the institutional memory regarding UNDP HIV and Development programs and may be unfamiliar with the proposed process. It was expected that the country office would monitored these changes in government stakeholders and make arrangements to ensure that the new incumbents as well as the officials who had participated in the UNDP HIV and Development activities were made for the Outcome Evaluation team to interview. Where feasible, the country office would take responsibility to brief the new incumbents about the outcome evaluation prior to the mission.
- **Changes in country office, government and project staff.** There is a possibility that in some programs the key staff members who were part of the UNDP HIV and Development program cycle activities are not currently on UNDP HIV and Development program positions or projects. They can provide valuable information and insights and the Outcome Evaluation consultant team would interviewed them as relevant.
- **Political climate in the country.** There is a likelihood of local and national political events and changes that are likely to disrupt the smooth flow of outcome evaluation work. It is therefore proposed that the field visits are planned keeping such untold eventualities.
- **Capacity of the national Reference Group.** The reference Group is potentially a good vehicle for promoting national ownership of the outcome assessment process and results. As membership is diverse (government, donor and civil society), it is essential that the Reference Group is given the necessary support to enable the members to participate and contribute meaningfully to the outcome assessment process. The secretariat support provided by the country office will take responsibility for the needed proactive support to the reference group.

India Outcome Evaluation Results

Introduction

UNDP HIV and Development unit has responded and aligned its approach to the National AIDS Control program in approach promoting an integrated program for prevention, care, support and treatment, keeping in view the primary goal of halting and reversing the epidemic over the next 5 years. The national Program Phase III saw a shift in focus through decentralized planning and implementation and mainstreaming to increase greater penetration by reaching the most-at-risk by advancing civil society participation. The National AIDS Control Program III (2008-2012) and CPAP (2008-2012) alignment brought in synergetic and meaningful gains in results both for UNDP HIV and Development program and the Country Plan. UNDP HIV and Development unit liaison with the Government for planning priorities for the National AIDS Control Program and harmonizes its plan to align with the Eleventh Five Year Plan and the Millennium Development Goals. The trapeze that UNDP HIV and Development unit skillfully balances to achieve internal commitments of UNDP as an organization, to respond to the UN mandate as a lead organization and within the larger MDG commitments and the demands made by the national governmental priorities has not been easy; yet the HIV team has skillfully maneuvered this path making itself most relevant to the Country program and to be acceptable to NACO. In their efforts to respond to the HIV epidemic, HIV and Development program locates the response on the development platform. This is meaningful and strategic to the National Government and to the communities who are vulnerable, at risk and affected; they are often found balancing priorities to build a suitable response for HIV as a development issue.

Situating critical focus in national program plan processes

UNDP HIV and Development unit is considered as an important and engaged partner in the national plan development process. UNDP HIV and Development unit is an accepted Technical Advisor to help NACO and the national government as a relevant partner in the third phase and in the formulation of the fourth phase of NACP. Specially, UNDP HIV and Development unit is called on to develop exclusive targeted interventions approach[9] for MSM and transgender within the NACP III for which UNDP HIV and Development unit works with other development partners. This required policy level advocacy, consultations and capacity building of states on community led interventions. UNDP HIV and Development unit has played an active role directly and through participation in the various technical resource groups (TRG) along with other development partners. Some of worth mentioning TRGs where UNDP HIV and Development unit played a part are the TRG on MSM, gender and mainstreaming.

UNDP supported the first-ever people's mid-term appraisal of the IIth Five-Year Plan and building on the success of this effort, the Planning Commission invited civil society groups to contribute to the preparation of the Approach Paper to the 12th Five-Year Plan. The Planning Commission used the UN-led online platform, the Solution Exchange, to initiate a consultation on HIV, an interaction that included development practitioners, civil society and the private sector. UNDP HIV and Development unit has taken lead to ensure civil society partnerships in the consultation process for the NACP IV and also supported two community consultations with PLHIV and TG and drafted recommendation; this was in addition to the consolidation of recommendations from the online civil society consultation. What makes it meaningful is the interface it has generated with critical policy and community players. It made possible for the inclusion of the MSM, transgender and the people living with HIV/AIDS as partners to the consultative process. The involvement of the communities of transgender, a 'visibly invisible' community, is the first ever effort in the history of the country. It led to broad basing the needs of communities, especially the Transgenders and the PLHAs, beyond the realm of HIV and AIDS and positioning their needs within the national plan process bringing in identity within the census enumeration[10], unique identity data (UID) and in legal dialogues and instruments.

Through the 'Wada Na Thodao' initiative, UNDP HIV and Development unit brought communities of alternate sexualities and positive networks to remind governments on the commitment made and the

[9] The Targeted interventions are primarily supported by BMGF at the National level and had a uniform approach for sex workers and MSM. UNDP HIV and Development program supported the exclusive approach for MSM/TG through the Shashkt project.

[10] UNDP worked closely with NACO for developing the backgrounder and formulated the request for inclusion of others category under the census and UID.

actions necessary to make progress on the promises.

Supporting the Assessment of India's Progress on MDG 3 and MDG 6 as part of a three-country initiative 'Hearing the Voices of HIV Positive Women', UNDP HIV and Development unit supported the PLHA groups to take stock of the progress on MDGs 3 Si 6. The findings were shared at the High Level Meeting on MDGs in 2010. The advocacy along with development of coordination and funding mechanisms for a multi-sectoral HIV response at local government level led to a situation analysis to identify critical issues related to women's vulnerability to HIV followed through consultations with the state networks from Indian Network for People (INP+) in the region and the Positive Women Network (PWN+).

UNDP HIV and Development units' role in bringing together individuals and groups holding divergent views and channeling them to a convergent action is noteworthy. The common platform generated through coming together of various players working with MSM and Transgender served as a determining step that evolved towards developing a common proposal for the Round 9 of the Global Fund for AIDS, Tuberculosis and Malaria for India as well as the region. With the involvement of community groups and the strong engagement with NACO and Government, UNDP HIV and Development unit can be credited for bringing in visibility and generating a new dimension in the thinking and decision making processes in the planners and policy makers on several critical issues and concerns for Transgender.

Noteworthy observation is that larger development partners[11] are not well versed with the work done by UNDP HIV and Development unit; this is in direct contrast with the opinions of the direct UNDP HIV and Development project co-partners. A lot of the work that UNDP HIV and Development carries out, for e.g. the work on livelihood and poverty or their advocacy with the national government on Rashtriya Swasthya Bima Yojna (RSBY), is often not widely known. Most of such initiatives are implemented at the States where they work. Many initiatives do not find forums within larger platforms; this is most likely what makes UNDP HIV and Development work only partially known within the larger development scenario. While there are processes for joint working with the larger and influential development partners, there are gaps in communication and understanding.

UNDP HIV and Development program can gain mileage by establishing more combined partnerships and voices for advocacy by meaningfully engaging developmental partners in the process and walking the path with those working on similar themes. One good effort of this kind has been for the repeal of Section 377 where UNDP HIV and Development unit mobilized community consensus for building momentum; an effort carried along with other UN partners especially UNAIDS. This however, does not undermine or negate that UNDP HIV and Development unit is credited for demonstrating great strengths in understanding the issues of the epidemic especially with disadvantaged groups especially the transgender, migrants and the PLHAs.

Contribution in policy and strategy formulation

UNDP HIV and Development unit supported in the development of several policy and strategy documents. Policy support was provided to NACO to develop national policies for gender and HIV; for greater participation of people living with HIV and development of a program framework for reducing HIV vulnerabilities of migrants. Their work with the invisible groups such as transgender and hijras resulted in the National Program developing an exclusive approach to the transgender. UNDP HIV and Development program's initial support for MSM program through Sashakt, a pilot project (2009-2011) became a forerunner to the Global Fund Project and resulted in developing robust prototypes for the GFATM project Pehachan. Mental health and gender counseling, that covered education on hormone usage and sex reassignment surgery, dealing with violence and reaching out to the spouses of MSMs was introduced for the first time in targeted interventions for MSMs. UNDP HIV and Development program support and engagement in tandem with other UN partners provided the actions towards decriminalization of same sex behavior and the withdrawal of section 377 built a facilitative environment for interventions. UNDP HIV and Development program enhanced community interface with the press, politicians, judiciary, civil society, police, religious groups and the CBOs as part of the efforts for withdrawal of section 377. The advocacy engagement of UNDP HIV and Development program for LGBT rights was continued even after the withdrawal of section 377. The UNDP HIV and Development program support

[11] *The larger development partners that are implied here are the bilateral, UN partners and other donor*

to the link worker scheme in 25 districts became the forerunner of sorts for mobilization of GFATM program for rural outreach; they supported design for scale, feasibility of approaches and provided valuable insights for leveraging resources.

Their work with the National Authority for Legal Services Authority (NALSA) is noteworthy; it placed stigma and discrimination witnessed by Transgender on a legal and development platform within a constitutional rights framework. The subsequent activities carried out jointly by NALSA and UNDP HIV and Development program brought critical stakeholders such as the Chief Justice of Supreme Court, prominent members of the legal fraternity and the State Legal Aid Authorities to deliberate and open up free legal aid services and to look at the human rights of the Transgender community. Transgender can now access free legal aid from the government. NALSA went further ahead and involved transgender community as resource persons for their in-house training; this could not have been possible without the interface that UNDP HIV and Development program had laid down between the transgender and NALSA and the support provided to understand the nuances of the transgender community.

UNDP HIV and Development program engagement on migration translated in developing a policy for targeted intervention for the migrants; they brought to National Program a sharpened approach that looked at source sites, destination points, transit locations and corridors of movement as distinct locales requiring different strategies. This was done through a series of well deliberated actions driven by evidence that helped understand source, destination and transit points and provided directions for carving interventions. UNDP HIV and Development program promoted migrant information centers[12] as information kiosks for people who moved from one place to another. These centers served as demonstration pilots for interventions at source and destination points; a few of them continue to operate beyond the project phase.

UNDP HIV and Development program started their initial work on insurance through a feasibility study at Gujarat as part of the previous cycle. UNDP HIV and Development program took forward this work and supported a feasibility study on financing for health insurance. Based on the models proposed under the study, UNDP supported two pilot initiatives for the poor in a) Karnataka- one with people living with HIV and the other with general population in partnership with National Insurance Si Karuna Trust, an NGO; and b) in West Bengal. In the Karnataka model, which was successful, wage loss was compensated for the first time and there were no exclusion. The Karnataka model influenced the design of the Yeshwani Scheme promoted by the Government of Karnataka. Building on the success of this model, UNDP HIV and Development program supported a feasibility study on insurance for HIV. In line with the study findings, two pilots were initiated in Karnataka: a) with general population and b) with PLHIV. UNDP HIV and Development program has brought learning from these models to support NACO in negotiating with the Rashtriya Swasthya Bima Yojna[13] (RSBY) and the Ministry of Labor. The Mainstreaming cell at NACO played an active role in dropping HIV from the exclusion list of RSBY. UNDP HIV and Development program has not maximized mileage by widely sharing their efforts and experiences including the leverage gained from the initial pilot.

UNDP HIV and Development program has also supported NACO to develop the gender policy with the focus on women and also helped weave gender as an important element within the various programs. UNDP HIV and Development program has worked with NACO and relevant line ministries/ departments to expand the scope and inclusion criteria of existing social protection schemes to be more HIV sensitive and reach out to the marginalized, especially women and girls.

Generally, UNDP HIV and Development program is credited as a partner who designs program prototypes well within national perspective; the government considers UNDP HIV and Development program work valuable as they build processes that make programs sustainable. This works well for the Government; the Government is less likely to park its monies' on innovation and

[12] Migrant Information centers are points at which migrants could source information on the destination and transit point thro ugh computer added systems. This point also provided information on HIV, service points for HIV in the destination and transit points prior to taking the travel to the destination point. It also provided information on livelihoods and places where they could go for employment, laws that are applicable to migrants and contract details. This centre was tie up with NUT which carried out a computer training institute and made the centers self sustained. Each migrant was given a booklet with basic information which they could carry along with them to they migrate.

[13] Rashtriya Swasthya Bima Yojna is a Central Government health insurance scheme for the Below Poverty Line (BPL) families in the unorganized sector. It was formally launched on October 1, 2007.

experimentation. UNDP HIV and Development program provides that edge to the Government, but ensures that the ownership of the program is laid with the government. They place people within the government to do things for the government, many a times routing the money through the Government. Using the tools of capacity building, UNDP HIV and Development program has transferred skills to the government. UNDP HIV and Development program takes the challenging path; the work is easier when it has to done directly; the flow of money and salaries to staff is assured.

While policy development happens through advocacy through multiple partnerships and engagements, UNDP HIV and Development program has demonstrable strength in engaging communities; moving communities for policy action. While UNDP HIV and Development unit is recognized for their work in influencing policy with MSM and Transgender and a few other areas, UNDP HIV and Development program is largely considered by the development partners as having credible expertise in supporting implementation projects[14] rather than as a policy advocate. On the other side, UNDP HIV and Development unit considers its work as bringing learning from the ground to inform, influence and feed into policy; an approach that has intertwine macro-micro dimensions into policy formulation. An example they consider as depicting the micro-macro linkage is their work with the PWN+ using a multi-pronged approach. UNDP HIV and Development program built capacities of PWN+ to carry out action research and based on the study motivated the positive women to present their case with the state departments for support; a capacity building carried out under the leadership program for positive women.

Sharing information by UNDP HIV and Development unit is reported by development partners as limited to a dissemination program; the HIV and Development unit opines that their approach is multi-layer. UNDP HIV and Development unit considers their approach to dissemination as located in multiple approaches and channels; some of them include getting voices of communities heard and placing issues with the Planning Commission. The advocacy approach that UNDP HIV and Development unit considers as useful and working for them is different from what the development partners think that UNDP HIV and Development unit should do.

UNDP HIV and Development unit can benefit from revisiting such perspectives in the light of the image it has built around itself. It needs to deliberate on how it wants to be viewed-a strategic thinker or as a partner for designing/implementing programs. The position that UNDP HIV and Development program considers as most appropriate should decide the necessary steps of action. While UNDP HIV and Development program approach in the present reflects the shift towards supporting government in policy development based on its readiness for change, UNDP HIV and Development program can gain greater leverage by taking much more proactive steps to take the implementation successes to a policy platform within UN joint actions and Governments. Again, it is also felt that there are commonalities of mandate among different partners and there is a perception that a multi-stakeholder analysis at national and regions can minimize overlaps on programs, a role that has to be played by NACO.

Building research evidence on critical issues

UNDP HIV and Development policy and program development is backed by strong research studies. UNDP HIV and Development program partners for research are organization with repute. Some of them are Pop Council, International Centre for Research on Women, Tata Institute of Social Science and the National Centre for Economic and Social Research. The "Five years into the product regime: India's response" under the auspices of the Intellectual Property and Access to Medicines Capacity Building Initiative", a cross-practice project between UNDP's Poverty Group and the HIV/AIDS, sought to support competence building in developing country and broader Southern capacity to sustainably access affordable HIV/AIDS drugs in the context of the implementation of the World Trade Organization (WTO) Agreement on Trade-related Aspects of Intellectual Property Rights (TRIPS) and intellectual property provisions in other trade agreements (e.g. bilateral and regional trade arrangements). This effort started in 2003 aimed to contribute directly to the achievement of MDGs 6 and 8 (and indirectly to MDG 1) by seeking to facilitate a policy environment in which generic drugs can be more accessible

[14] The pilot projects implemented by UNDP are referred to as implementation projects by the external development world. As a mandate, UNDP does not implement projects directly.

by those who need them, in particular poor and vulnerable populations. The study on universal access looked at context of women in sex work and wives of migrants. There is an opinion among the researchers that UNDP HIV and Development program also needs to consider vulnerable women from general community, thus providing a broad base and a structural dimension to inform on drivers of the epidemic that can be brought within the folds of intervention.

The UNDP HIV and Development units' study on stigma provided evidences on how stigma can impede access to services among the HRGs and those who are positive, helped identify gaps in programs and informed actions for concerted efforts for NACP III implementation and IV formulation. The study proposes to provide the baseline data on levels of stigma and discrimination in 18 states of India. This is the first of kind study in India which will be useful for national and local partners as well. The NCEAR study on macro and micro impact on social economics carried out in the previous cycle was a break through research and set the context for focusing on how gender burdens the impact of HIV and on household poverty. UNDP HIV and Development program supported development of a social security scheme for PLHIV, a step forward from the learnings on health insurance work carried in the previous cycle. UNDP HIV and Development program undertook a feasibility study for insurance for PLHIV and also commissioned a study on existing social safety nets for PLHIV.

The migration study and the compendium on migration provided epidemiological perspective and built evidences for policy, strategy and operational plan development that led to preparing the strategy for the targeted intervention for migrants. The study of social protection captured the schemes that are tweaked to reach out to the vulnerable and PLHAs in four states in the country. It identified the schemes that have been modified to make it more inclusive to the most-at-risk communities and people living with HIV and AIDS.

UNDP HIV and Development program support for research is made available at different levels; at the national level for building evidence on ideas that have potential for policy and program, with the communities to evolve themes for advocacy and converting them as potential areas for intervention and at the State to provide a thrust to the activities they can be undertaken as part of their programs.

Themes such as social protection and migration have evolved both, through the research evidences and learnings generated through the pilot interventions put in place by UNDP HIV and Development program. The combinations have resulted in influencing and building interlinking actions at the State level made available to the National Government for policy development.

UNDP HIV and Development program is largely credited by partners for the concepts that they pick for research. Through mutually respectful partnerships, UNDP HIV and Development program brings in a strong analytical perspective to crystallize the idea and makes it available for policy. An area of discomfort among the research and academic organizations who have partnered with UNDP HIV and Development program is that as partners of the study, they have remained stagnant within the realm of carrying out the research and are not involved in advocacy and formulation of policy. As researchers, they opine that they can provide value to the process and add value to make research contribution to serve as evidence, provide strategic directions and recommendations that can feed into policy advocacy. They are not in the know-how on where the results have led as they cease to be partners on completion of their part.

Generally, there is a sense that the advocacy carried by UNDP HIV and Development program is not strategized and intensified in line with the evidences generated. UNDP HIV and Development program loses out on an opportunity to maximize the benefit of having multiple players for taking forward agendas of importance. It is opined that UNDP HIV and Development program can derive greater results from timely documentation and dissemination through a strategic and thought through-vision. Even when the advocacy steps may be understood by the team, it is at times not clearly visible or appears fragmented to the external observer and hence leads to blurred understanding of their work and processes by other development partners.

While UNDP HIV and Development program has been respected for the research evidences and products they bring to the platform, well-meaning partners envisage a larger role for UNDP HIV and Development program and think that UNDP requires introspecting on what it is currently doing and stir a futuristic thinking. Increasing urbanization, changing scenarios, increasing education and development trajectories are placing a new set of

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challenges and changing the face of the epidemic and the vulnerabilities. If HIV in the country is in the most-at-risk population and the scenarios are dynamic, there is a need to respond to the newer dimensions in the drivers of the epidemic. Creating and building evidences that can propel the national program to respond to the dynamic environment may be useful and strategic. Some areas for convergences and synergies that could be considered are working with habitats, monitoring the epidemic through gender reflective epidemiology, working on violence against women and alcohol as a dimension in risk and wellbeing. There is also a need for studies on how HIV impacts or impedes access to services through the layers of exclusion faced by the dalits and scheduled tribes, who form a large part of the vulnerable, most at risk and affected communities.

UNDP HIV and Development units' overdependence on external agencies for research is opined by some as a lost opportunity for the organization to build capacity of internal staff to do research; UNDP HIV and Development unit does not considers its primary role as that of a research organization but to ensure quality assurance of their outsourced products and policy advocacy. UNDP HIV and Development unit may be limited by the staff strength and the short cycles of operations for its activities. Many of their projects are two year cycles which do not give much space and time to evolve and generate instruments, products and scalable models. It is noteworthy to mention here that when the thread of work has been longer, UNDP HIV and Development program has been able to demonstrate greater results and respect among partners. Such interconnected evidences and actions have provided broad based structural intervention.

Some areas of research work, such as disability and HIV, economic impact of HIV and health insurance have remained at the conceptual or at the level where it was field tested. The health insurance work and the economic impact of HIV have received wide acknowledgment and review at the state and national level. UNDP HIV and Development program can bring in more meaning and closure by opening dialogues at national level that can open doors for more concerted efforts on policy and actions for health insurance.

Research done by UNDP HIV and Development program is a part of the larger whole. On thematic areas that are intertwined with the work done by other United Nations and development agencies, the synergetic effect of the research studies carried out by UNDP HIV and Development program with other UN or development partners is not particularly seen. At times, this leads to a sense that these some of the researches of UNDP HIV and Development are adhoc, not strategically located and have not gone through an internal deliberation within JUNTA prior to carrying it out. While some part of the problem may lie within the complex web of administrative, operational mechanisms within the UN and the UN mandates, UNDP HIV and Development program may merit by actively partnering and finding mechanisms to weave the thread of joint programming with UN and other development agencies working on HIV. On those that have joint actions, it may be meaningful to strategize for participation from development partners.

Stigma reduction and enlisting/ generating community voice in policy and program

UNDP is the lead organization that has supported the National Government and National AIDS Control Organization for enlisting community voices and recommendations within the plan process. Community consultations were conducted both at regions and at national level for strengthening plan processes to ascertain key strategic areas for programmatic advocacy. Some of the noteworthy consultations are - consultations with sexual minorities (MSM, Transgenders and Hijras) and with PLHA networks, consensus building on GFATM Round 9 proposal, Twelfth five year plan, consultations for developing the prototype as part of Project Sashakt, and civil society consultations with communities and NGOs for inputs for NACP IV. These consultations provided a platform for dialogue for enabling expansion, strengthening and scaling up of strategies and programs, address specific issues concerning communities at risk and affected by HIV and deliberate on key policies and required actions.

Addressing stigma and discrimination is a cross cutting themes in almost all activities of UNDP HIV and Development work with communities and specifically addressed through the thirteen initiatives in different states. These programs have built in actions and activities to address stigma and discrimination. In addition, UNDP HIV and Development program has twenty four initiatives that directly contribute to generating an enabling environment for disadvantaged groups, namely,

sexual minorities, women and migrants. UNDP HIV and Development unit has given visibility to the stigma faced by communities and advocated for reduction of discrimination in various forums. UNDP HIV and Development program has carried out the study on stigma in 18 states. This is the first of kind study in India which will be useful for national and local partners. One of the fallout of this study is the constitution of a Committee on stigma by NACO. UNDP HIV and Development program has also constituted and convened a stakeholder group and is supporting design and the subsequent implementation of the national stigma campaign.

UNDP HIV and Development program has supported Indian Network of Positive people to set up or strengthen district level networks in the UNDAF and the North Eastern states[15], a challenge at that time as the epidemic was hidden or low and people did not want to come out in the open. When secrecy and coming out in the open for the fear of stigma and discrimination is high, UNDP HIV and Development program promoted positive speakers to share life stories. They also worked with faith based organization as part of NERO that helped in generating greater acceptance of the PLHIV within communities, supported mainstreaming and opened access to instrument of social protection.

The Joint UN program recognizes that women who are positive need a separate space and UNDP, UNIFEM and UNICEF came in with the idea of supporting positive women's network. In an arena where the voices of women are shadowed by the male leaders in the networks, UNDP HIV and Development program built a body of empowered positive women. Some of these capacitated positive women merged with the national and state network generating a space for positive women. A good example has been at Rajasthan where members of the State network have established as positive mothers association (PMA) and work alongside the district network for raising concerns of women. This merger did not deter UNDP HIV and Development program resolve to continue engagement and support the PWN+ network. In Gujarat, the handholding support provided to the positive women network evolved to build leadership for result oriented action and advocacy. The complementary support that UNDP HIV and Development program and UNIFEM (now UN Women) provided to positive women is worth mentioning and helped PWN+ to grow. This is an area where UNDP HIV and Development program needs to continue to work and make many more valuable inputs to achieve the goal; empowerment of positive women is now entangle with the layers of vulnerabilities that positive women face not just in the current state but also historically.

UNDP HIV and Development program has supported communities to represent at international forums, their handholding and confidence building is greatly valued. UNDP HIV and Development program has brought out life histories of MSM and transgender through a series named 'Bolo"[16] in three-time durations[17] as tools for advocacy and normalization. Opening the silences around alternate sexualities, UNDP HIV and Development program helped revive Bombay Dost the age old magazine for gay communities and supported to make it sustainable. UNDP HIV and Development program carried systematic documentation on community mobilization and collectivization processes among sexual minorities. This documentation on sexual minority interventions is a first of its kind dossier on the range of HIV intervention models implemented in India for sexual minorities' groups by different development actors and has captured the lessons learnt and possible ways forward both in terms of policy and programmatic recommendations. UNDP HIV and Development program also provided support to the Integrated Network for Sexual Minorities (INFOSEM) to galvanize the formal and informal networks of sexual minorities groups, to partner better with the government; establish advocacy platforms, and develop a strategic community led action plan towards repeal of Section 377 of the Indian Penal Code. UNDP HIV and Development programs' collaborative work with UNAIDS and other development partners was an important pivot to make this repeal take shape. The Rock4Life album, promoted as part of NERO, involved sensitization and efforts of eight bands from different states resulting in an album that can be used by the local bands in their concerts for spreading awareness on HIV and stigma.

[15] UNDP works in four states, namely, Manipur, Mizoram, Meghalaya and Nagaland as part of JUNTA in the North East. However, they support NERO on request in other States of the North East.
[16] Bolo means talk in Hindi
[17] Bolo is available in three presentations- as 30 minutes, 5 minutes and 30 seconds to reach out to different audiences and through varied channels.

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The NACP III brought in additional demands on the community. With the changing focus on community takeover of interventions, there is a new need that is emerging within communities. There is a call for new type of community leadership, a management that is more engaging, inclusive and assertive. There is need for communities to understand the processes such as accountability, governance, program management and finance management. There is a need for new leadership to emerge and provide space for younger generation to hold positions. Communities are looking forward to UNDP HIV and Development program to set up leadership skills for continued support to build and hone managerial and financial skills. As newer opportunities emerge such as spaces for community engagement in the Global Fund decision making process, there is a need for a body of leaders who are proactive, demonstrate reflective participation and ensure that their voices get heard. While UNDP HIV and Development program has succeeded in building the leadership of PWN and INP+ and made efforts for cultivating second and third generation of leaders who could take over and speak on issues of HIV, it is felt that UNDP HIV and Development program has a long way to go to make outcomes strong and visible on the ground. The arena within the networks continues to have only a select group of PLHA representatives visible at every forum. UNDP HIV and Development program has the opportunity to widen spaces in community leadership; the time is ripe to bring about new leaders and processes in place.

Overall, communities are most comfortable engaging with UNDP HIV and Development and see the benefits not just in terms of projects but beyond. They value the nurturance and the morale boosting or 'being there for them'. The seed money that community organization have got from UNDP HIV and Development program, though small, has helped most community based organization to move to the next level of functioning. UNDP HIV and Development program has built community motivation and will among communities to work towards community welfare and lead programs as partners within a larger process. The initial grants through UNDP HIV and Development program have helped communities gain mileage in garnering other grants and expanding their activities. Communities value the quality of engagement of UNDP HIV and Development program and cherish it.

UNDP HIV and Development program is seen as an organization that has made large investment for the reduction of stigma and has created a definite voice against discrimination. UNDP HIV and Development work is opportune to open doors to move forward towards building a national strategy on stigma reduction. However, this calls for synergies with the global initiatives on stigma, especially on the efforts that are going on towards development of a tool for measuring stigma.

Mainstreaming HIV in policy and programs

UNDP HIV and Development program supported mainstreaming units in five UNDAF states; each developed a program that evolved uniquely overtime. Charca, the joint UN project for district model of HIV interventions was the precursor for mainstreaming and provided lessons during the role out of mainstreaming initiatives. In the first two years of the mainstreaming roll out, UNDP HIV and Development program achieved the goal of sensitizing departments and corporate in the five operational states. Mainstreaming, as conceptualized in the beginning of the project, went through a change and evolved overtime to respond to the evidences that emerged on the epidemic. It is opined by other developmental partners that UNDP HIV and Development unit could have handled this transition better by actively engaging the partners. The results were not uniform across the states, there were high expectations for commitments from the corporate houses and industries and it did not translate into results that were hoped at the operational level. The study on mainstreaming carried out by UNDP HIV and Development program recommended future work to be focused on issues of greater relevance to the communities; only working on a few big corporate houses did not result in change. The energies of sustaining mainstreaming could not be continued only through training and capacity building. Simultaneously, the realities of the reduced numbers emerged and based on the recommendations of the headquarter missions, UNDP HIV and Development program reallocated resources ($15.448) for 'mainstreaming'. The technical support to government, nongovernment and private sector entities to engage with HIV issues as per the national program design was strategically reallocated to broaden the scope to include GIPA gender, MSM-TGs, stigma, evidence building. While the originally conceptualized mainstreaming had a drift at the national level; it gave birth to a refocused approach based on the new knowledge that came up.

UNDP HIV and Development program considered the work with the government and ministries as strategic to sharpening focus on providing social protection to the marginalized communities and ensuring meaningful GIPA. There was also a new understanding emerging that mainstreaming should be focused towards getting communities back into the folds of society. The NCEAR study on macro and micro impact on social economics and the gendering of the burden further substantiated the need to work at household level.

At its level, Government was putting in place mainstreaming personnel at the national and state level to carry forward the mainstreaming agenda. The national level technical team provided by UNDP HIV and Development program worked with the government departments. In the initial phase, they were made to sit with ministries and departments. The technical supports earlier placed at the ministries became a part of NACO and housed within. They worked towards ensuring social protection and inclusion of the marginalized communities in existing programs by making them HIV specific and/or HIV sensitive. UNDP HIV and Development program set up the state mainstreaming units along with the mainstreaming resource units in the five UNDAF states; these teams led state level administrative reforms at the states to make state policies sensitive to high risk groups and PLHIVs.

Social inclusion of, and access of services to, people living with HIV and AIDS

UNDP HIV and Development program worked on two parallel programs in 25 districts of the five UNDAF states; the link worker scheme and mainstreaming of socially excluded communities of relevance to HIV prevention and mitigation. UNDP HIV and Development program in the earlier work rolled out the 'Positive Development Manual' in seven local languages -Kannada, Malayalam, Marathi, Tamil, Telugu, Gujarat! and Bengali as a step towards enabling People Living with HIV Si AIDS (PLHA) groups to function more effectively. Continuing this work on strengthening district level networks for people living with HIV in five UNDAF states through the support of Indian Network of Positive People and the national network of women living with AIDS, Positive Women's Network, UNDP HIV and Development program empowered communities to be mainstreamed in the low prevalence districts.

Through the LAMP program and the Leadership for Results program (L4R), UNDP HIV and Development program strengthened leadership of select positive women through a training program with Xavier Institute of Management, Bhuvaneshwar. Under the L4R project, two cycles of training program supporting 91 leaders of the district-level networks of Positive Women. They were capacitated with the purpose of creating the necessary momentum towards sustained actions for ascertaining their rights. Trainees were supported to develop proposals, build advocacy skills and understanding on how to access programs of the Government. One of the PWN+ groups carried out a study to understand on the involvement of positive women in self help groups. Interestingly, the study suggested that positive women did not form a part of the SHGs and those who were members dropped out overtime for fear of stigma, ill health and inability to cope with the burden of loan repayment. Information on health insurance was not known to them and hence positive women were not part of government insurance schemes. Skill development opened dialogue on rights, accessing services and advocacy to make services amenable to positive women.

Through a partnership with NACO and State AIDS Control Societies, UNDP HIV and Development program funded legal aid clinics for people living with HIV in Tamil Nadu (5 districts) and Andhra Pradesh (two districts), to strengthen their legal rights and to increase their access to legal services. The clinics were supported with a legal counselor and a lawyer who helped in mediation, reconciliation and building access to legal services at the districts. PLHIVs in need of legal services, predominantly widows fighting destitution and poverty, were able to find solutions for maintenance, custody of children, fight stigma and discrimination and attain property rights. The Government now proposes to expanded the legal aid clinics in 200 A and B districts in the country. The program in Tamil Nadu is currently mainstreamed in the State AIDS program by increasing the legal aid clinics in 19 districts with a plan to expand it all districts and Andhra Pradesh is working towards extending the same within their program. The work of UNDP HIV and Development program with Nalsa opened the channels for free legal aid to transgender and Hijras communities through a national government order. UNDP HIV and Development program support enabled the transgender community to provide policy inputs for the 12th Five-Year Plan in coordination with Planning Commission which has also recommended

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a separate category for transgender in the Unique Identification Authority of India project[18].

Thirty five schemes and programs have been amended to integrate HIV concerns in existing programs of select national ministries and state governments. Ranging from free road transport for those on ART, subsidized food grain to PLHAs and grants for low-cost housing schemes, UNDP HIV and Development programs' efforts has support PLHIV to access entitlements and benefit from the additional support mechanisms introduced in schemes targeting the most vulnerable and marginalized at the State level. UNDP HIV and Development program has developed a list of key social protection schemes that could be accessed by PLHIVs in India along with the issues, challenges and recommendations, a valuable input to the Planning Commission and States. NERO has also scanned existing state welfare schemes in the North-East focused on gender and HIV followed by intense consultations with respective departments for increased inclusion and access.

Among the most visible of sexual minority groups, transgender remain largely invisible, isolated and subject to stereotypes. The recognition of legal, political and civil rights and the Census of India inclusion of transgender in the 'other' category[19] are outcome of advocacy by UNDP HIV and Development program either singularly and at times in partnership with NACO. Several of the social protection schemes of the Government are under the domain of the State and across the States there has been some transfer of learning on the initiatives and modification of schemes in the non UNDP states, it requires efforts towards bringing about uniformity of approach across all the states. UNDP HIV and Development program can take the efforts forward such that, irrespective of which state a PLHA belongs to, basic entitlements become his/her rights.

Mainstrearning of HIV in non-HIV policies and programs of the Government

Based on the evidences generated on economic impact of AIDS generated through the NCEAR study and the emerging field experiences on social protection and mainstreaming from the CHARCA project (both projects of the previous cycle), UNDP HIV and Development program initiated renewed efforts to advanced focus on mainstreaming HIV in other non-HIV departmental agendas. This effort brought about restructuring and/or broad-basing of policies in nine departments to incorporate services for PLHIV through the instrument of inclusive growth. The mainstreaming unit was able to engage and influence departments in rolling out government orders. The priority departments that took proactive steps are Women and Child Development department, NRHM, MoPR, the district administrative machinery including Zilla parishads, etc. UNDP HIV and Development program also actively engaged with MoRD, MOTA, MOLE, MoYouth, and MoSJE to address HIV issues. Most of these departments now have a section on HIV in their training programs for their functionaries and partners across the country, which has been possible through the active engagement of mainstreaming unit positioned at NACO. At the national level, departmental government orders were modified in nine major departments. Government orders for mainstreaming were released by tribal department, health, police, railways, education, law and justice, women and child welfare and rural and urban development.

At the five priority states (in the initial two years of mainstreaming project), where UNDP HIV and Development program had put up mainstreaming resource unit, the UNDP HIV and Development program funded mainstreaming staff influenced state governments in partnership with the SACS for making social protection schemes more inclusive for the affected communities. In the district of Rajasthan (and likewise in other UNDP supported states), 35 state government schemes were amended to include people living with HIV and thus strengthen social protection. Some of the amendments made were removing the age criteria in inclusion for HIV widows for pension, access to palanhar for families, considering people living with HIV as below poverty lines thus opening antyodaya and health services for BPL by families of PLHAs and so on. Furthermore, the Rajasthan mainstreaming unit formed a CSO forum where 150 NGOs who work on non-HIV issues made commitments to mainstream HIV in the programs with no cost to the Government.

The Link Worker Scheme made operation in the same districts as part of the mainstreaming

[18] UNDP supported in development of the concept and framework to be presented by NACO to the UID project.
[19] UNDP supported in development of the concept and framework to be presented by NACO to the Census department.

program reached rural women and youth with the gamut of HIV services. The link worker scheme was able to penetrate to reach the rural women and men who form the large crux of the population who are illiterate, migrating and often out of mainstream discussions. The communication material development by one of their link work interventions was replicated by NACO. UNDP HIV and Development program had to extend the link worker scheme on the request of the Government to align it with the project cycle of UNICEF supported LWS. The piloting of LWS by UNDP HIV and Development program has been considered as not a right strategy by other development partners and UN organizations. It is opined that joint negotiation as an UN body with both UNDP HIV and Development program and UNICEF strategizing in partnership could become more meaningful for the program. While UNDP HIV and Development program has transition the project to the Government, it is yet to be seen how the link worker schemes take shape in the future.

Overall, the mainstreaming efforts within the Government sector have resulted in greater understanding of the epidemic by different non HIV sectors and leveraging their schemes for the benefit of PLHIV. Shifting the focus to reach to vulnerable and affected population, the non-HIV programs have facilitated easier access to services by sharpening selection norms and expand reach to specific population groups, there is further scope to expand the mainstreaming efforts. The mainstreaming processes increased reach of programs to specific communities such as wives of MSM, IDUs,[20] migrants and spouse, truck drivers and spouses. The mainstreaming initiative is a step towards constructive change and generated a response that meets the basic needs of the affected families, especially the women.

Soliciting corporate collaboration for mainstreaming of HIV

As early as the late nineties, UNDP HIV and Development program initiated work on understanding the impact of HIV on development and advocating with the industry and corporate houses; businesses which by the very virtue of progress led to mobility of staff, critical to business and in turn brought about a new dimension to sex work operations. While ILO formed the critical player for work with the corporate, UNDP HIV and Development program also contributed through the mainstreaming efforts to engage major corporate houses for promoting actions for vulnerable and affected communities. Gujarat and Orissa formed the learning grounds where large players such as Reliance were instrumental in putting in place excellent initiatives. Corporate houses such as Reliance opened various schemes for the positive people. Reliance runs a 22 bed hospital with open doors for non-employees too where major and minor OIs are treated. In case of referrals, the cost is borne by Reliance. Reliance also provides nutrition support for their employees who are infected and other PLHIVs. Trade unions have become instrumental in spreading awareness on HIV and supporting infected employees.

However, overtime, UNDP HIV and Development program reprogrammed focus took a conscious decision to work with governmental public sector undertakings and vulnerable population. The energy among corporate was not forthcoming and there were enough evidences suggesting that the epidemic in India is not generalized but contained in specific high risk groups. Duplication of efforts of ILO work with the business houses bit did not make logical sense and UNDP HIV and Development program revised focus to engage itself with the Link worker scheme to increase penetration to vulnerable women and men.

UNDP HIV and Development program placed consultants in ministries but realized that there may not be an effective strategy. UNDP HIV and Development program experiences suggested that ministries should have their own focal persons to lead the process for sustained and continued engagement rather than having an external person directing operations. They withdrew these consultants and placed them at NACO. Development partners working on similar areas opine the placing of consultants at NACO is not necessarily thought of a better or thought through process. They think that placing of people in the ministries could have provided a better leverage; task force groups set up in the ministries could have been involved throughout the process; from planning to monitoring and evaluation. What is apparently observed is that both strategies had flaws. The gap in the approach was that NACO was pushing the ministries, but

[20] *At North east*

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the ministries could not connect and own their responsibilities. Ministries were not forthcoming to the required engagement and effort and allocate separate funding for HIV. The approach followed by the States wherein departments tweaked the mainstreaming initiatives to align with the existing responsibilities and overtime involve these interested departments to park their resources could in all likelihood have helped the process evolve overtime in the required direction.

Engaging nongovernmental sectors to maximize influence and reach

UNDP HIV and Development program has supported the National government to elicit greater participation of the community leaders, the NGOs and the self help groups. As catalysts for social change, UNDP HIV and Development program work with the media as part of NERO and mainstreaming project is two-way process, one on educating the media on the rights of PLHIV, ways of dealing with them and reporting on PLHIV and two on educating the PLHIV on how to deal with and how best to deal with the media in their advocacy efforts. As part of the NERO and Charca program, UNDP HIV and Development work with faith based organizations and positive networks opened doors for greater inclusiveness and for access to some of the social welfare schemes available with the religious bodies. The program has engaged local people which have facilitated networks to come together. UNDP HIV and Development program has worked on a well planned strategy for the involvement of journalist. The exercise involved a development of a training manual based on research evidences and hands-on guide for media and capacity building. This initiative helped in building responsible and community sensitive reporting by the journalist. Rural journalist association of India through the Rajasthan Mainstreaming unit developed informational messages and promotional material such as slogans on envelopes and stories of success in local print media at no cost. Mainstreaming work with the media helped in reducing negative reporting and encouraged responsible news reflection on most at risk populations and people living with HIV and AIDS. UNDP HIV and Development program through its mainstreaming partners have worked with NGOs working on non HIV theme areas, such as education, water, tribal development etc. At Rajasthan, they have formed a NGO forum who has integrated HIV within their existing programs. Furthermore, UNDP HIV and Development program has carried out videographer training which has helped networks to make short documentary videos for advocacy.

To emphasize, UNDP HIV and Development program, in the early phase of the epidemic created a tool for assess the impact of the HIV epidemic. In late 90s, UNDP had clear agenda to link development to HIV, a concern stemming from the consideration that industry as a sector that moves people. Hence, they carried out strong advocacy with business and corporate houses. Over the journey of working with governments, it is opined that UNDP HIV and Development program apparently has lost that focus. There is a common feeling that UNDP HIV and Development programs areas of work should be linked with the development process; it is diluted through the attention on specific issues. While mainstreaming as an activity has become a back bencher for UNDP HIV and Development program, it is interesting to note that at the State level, it is considered valuable both by the SACS and the affected communities. It has helped provide linkages to the people living with HIV and AIDS, the intensity of positive value addition that is experienced on mainstreaming as an initiative at the State level and among communities is not palpable at the national level. UNDP HIV and Development program needs to finds ways and means on where and why this divide is felt and how to bridge the gap that exists. It can be debated whether mainstreaming is required when the epidemic is stabilizing. At the ground, the value it has given at the States and communities questions this very premise where decisions on a program are driven by figures and economics. The kind of engagement that is required at political level for continuing mainstreaming is not there and there is a complacency set in. Nevertheless, UNDP HIV and Development program needs to take the learnings on how mainstreaming has supported in building an enabling environment through building confidence in PLHIVs ; the value it provides to communities makes it all the more important when their work on social protection emerges.

Advocating and establishing human development and rights agenda in national programs

UNDP HIV and Development program is specially positioned to focus on human development issues among the UN partners and has demonstrated

tremendous strength and position. UNDP HIV and Development program has provided the push for positioning issues such as gender, equity, migration and livelihood within the national program. UNDP HIV and Development program addresses the relevant developmental aspects that have a direct bearing on the HIV epidemic and thus selectively works on those issues that will bring in maximum advantage for prevention and mitigation within the available resources. UNDP HIV and Development program has situated and addressed human development issues within the program elements in their work on social inclusion, mainstreaming, gender and human rights; it is the underlying theme within their programs, human development agenda is perceptible in approaches though not necessarily loud.

Social inclusion of marginalized groups within national development agenda

Social inclusiveness is the outcome of UNDP HIV and Development work and many a times addressed through activities for reducing stigma and discrimination and promoting mainstreaming. Their work with transgender and PLHA networks did not end at HIV related needs; they facilitated discussion with the Planning Commission for explored considerations within economic development and with NALSA for legal positioning of transgender. The sensitization of NALSA officials resulted in opening access to free legal aid to the transgender. An off-shoot of this work has been the inclusion of 'others' as a category within the census enumeration. In the 'Wada na Thoda' consultation process, UNDP HIV and Development program highlighted on how the government is yet to achieve the commitments it has made as a signatory to various instruments. The Tribal Action Plan Operational guidelines that were recently finalized (yet to be printed) guides the formation of State Tribal action plan for 13 states covering 65 ITDP areas across 62 districts, thus making tribal communities a part of the national program.

UNDP HIV and Development program has supported the national network of PLHIV, PWN+, MSM[21] and TG to increase their capacities to set up or strengthened networks. They have proved invaluable in providing members better access to government schemes for HIV prevention and care, and in equipping them with necessary capacities and tools for sustained advocacy and rights-based dialogue with government. These networks have significantly improved participation of specific communities for responses at national and regional levels. UNDP HIV and Development program has also brought into the folds the Panchayats, the self help groups and several other organizations into the gamut of HIV work by supporting the national government to enhance their understanding on HIV and sensitizing them on how they could contribute. Through the link worker scheme rural women were brought into the folds of HIV interventions.

Interestingly, UNDP HIV and Development program has worked on the primary layer of social exclusion and bringing in inclusion. However, there are layers beneath the layers of social exclusion that need a different approach. To highlight, vulnerable groups and migrant communities show a higher representation of particular excluded groups such as (such as Dalits and Scheduled Tribes), the HIV program at the national level and UNDP HIV and Development program as well is yet to explore on how access and exclusion operates from this axis. UNDP HIV and Development program, having a long experience of working with these groups at the organization level, they could bring about an understanding from this angle and work modalities to reflect their needs within the program.

Gender

Within the UN system, UNDP HIV and Development program is identified as a reference for gender equality work with the Government of India; however, United Nations has an anchor for women through UN Women. UNDP HIV and Development program identifies gender as a strategic theme in their work and have supported NACO in bringing out a policy on gender with special focus to women. Their work on sexual minorities has positioned HIV interventions taking into consideration the nuances of gender. They have built leadership capacities of PWN+, an exclusive network for women who are positive. This is noteworthy given that the country response for HIV from a gender lens is in nascent stage. UNDP HIV and Development program has walked a long way to understand on how HIV affects men, women and sexual minorities differently and advocated for gender specific response. The knowledge product on Universal Access now for

[21] *As part of Sashkt project*

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women and girls examined the barriers that impede women's access to HIV services in particular for female sex workers and a wife of migrant men.

On the request of NACO, UNDP HIV and Development program once again worked on issues of rural women through the Link Worker Scheme, their earlier work being Charca. Unlike the Charca program which focused on general women, the link worker program has an agenda to reach the diffused vulnerable and at risk population to link them to services, The Link Worker program has penetrated into the rural community and increase awareness of rural women on HIV. UNDP HIV and Development program approach in the Link Worker program went beyond the national plan to address issues of social protection in communities. The program has helped states to link rural communities to services and reach to loss to follow up cases. The apparent observation is suggestive that condom normalization is setting in communities where link worker interventions are operational and those infected have access to health services and other social benefits. While it cannot be ascertained for sure that risk behaviors and condom usage in intimate partner is practiced, it is definitely considered for use among some of the sexual partners.

UNDP HIV and Development program contributed to the national response in reducing the risk and impact of HIV with a special focus on women in four states in the North eastern India through five year joint UN regional office program NERO. Women drug users who double up as sex workers traditionally did not get a space and a separate category; the NERO program with the support of UNDP HIV and Development program has been able to provide a special space through a drop in centre. Capacities of the district level PLHA networks have been built and efforts have been made to bring about women's membership in networks. While NERO is in the evolving stage, the Link Worker scheme has struggled with the challenge of translating its goal of addressing gender vulnerabilities and promoting women's empowerment into concrete programmatic action plans.

UNDP HIV and Development program can be credited for an inclusive approach where community members have formed a part of the team composition and to a great extent this may have facilitated successful strategies and continued engagement with communities. UNDP HIV and Development program has also looked at women who use drugs and are sex workers; it is too early to make any comments on it.

The importance of looking at gender as a comprehensive dimension within the national program is yet to evolve, UNDP HIV and Development program needs to take this opportunity head on and support national government to generate a gender responsive program as well as specific output or outcomes in programs. There is a generally held opinion on one end that UNDP HIV and Development program does not have a point person for gender, (a fact contended by UNDP HIV and Development program) and on the other that UNDP should get to the centre stage as a key monitor for gender and provide directions to the national program from a gender epidemiology lens. UNDP HIV and Development program has been vested with the mandate of gender and has done substantial work with sexual minorities, rural women and positive women; interesting, stakeholders also opined that UNDP HIV and Development program should ensure that a gender lens is truly used in the context of the communities and the epidemic. This contention can be better located given that UN has also positioned an exclusive organization to work on women. The roles between these two organizations could be further detailed out to maximize gains for women and clarify boundaries of work.

Human rights

UNDP HIV and Development program premise of human rights is located within the principle of 'no health rights without human rights'. UNDP HIV and Development program engagement with communities reflects a highly valued engagement and genuine participation with communities. UNDP HIV and Development program has located the focus for rights of the excluded groups with both the duty bearers and with the rights holders; the convergent effects has given the best results. Their civil society engagement is seen cutting across most of the themes that they work on, however, not at the expense of the community. Their initial work towards promoting greater involvement of people living with HIV translated in setting up of district level networks as part of the previous cycle. The exercise for national strategy development for MSM and TG targeted interventions has gone way ahead to address stigma and discrimination arising from both internal processes within an individual and rights violation from the external environment, one significant area being inclusion of

violence reduction in the strategy. UNDP HIV and Development program advocacy with government have supported in removing legal, policy and stigma and discrimination barriers. The work on social protection that is just emerging with evidences and the plan to develop a strategy for stigma reduction and pilot interventions models will provide direction for interventions at scale.

The legal aid clinics in two states supported through the PWN+ are a step towards opening access of social justice to the PLHIVs. The recently carried out activities on social protection schemes, covering the compendium on social protection, the four states study on utilization of social protection schemes relevant to people infected and affected by HIV and AIDS and the recent call for proposals for developing guidelines and innovations for HIV and AIDS related stigma in multiple domains reflect the evolutionary thought processes within UNDP HIV and Development program since the initial work on economic impact of HIV and AIDS. They give hope that UNDP HIV and Development program has some plan and thinking to take it forward. The Leadership training program for the PWN+ blended knowledge of HIV and developing initiatives, thus contributing to sustainable change. Taking forward their efforts for social justice, UNDP HIV and Development program can take a proactive role in pushing forward the HIV bill which is pending for a long time.

UNDP HIV and Development program built capacity of communities of positive people for legal literacy in six states[22]. A public hearing with the Women's Commission was carried out nationally. Positive Women were trained to write a case study and set up public hearing. This led to involvement of inter-sectoral departments and communities learn on the various schemes and their approaches. A vision document for women living in India was developed as early as 2004 and the departments in some of their operational districts at Tamil Nadu made commitment when communities asked them on what they will commit for positive people during elections. This opened a series of schemes for positive people, some of them being the widow pension, orphan and vulnerable children program and land for the landless people.

UNDP HIV and Development program needs to focus on what works and what does not work in policy engagement with government. In the context of responding to request of the Government on programs such as Link Worker, UNDP HIV and Development program should communicate with government on their primary mandate as providing directions through policy advocacy rather than implementing programs for Government. UNDP HIV and Development program will have newer opportunities as India moves ahead to achieve the MDGs; the country will need technical support to address the newer rights violations for e.g. access to ART and the strength that UNDP HIV and Development program has demonstrated can bring in newer dimensions to the program based on the country needs.

Poverty reduction

UNDP HIV and Development program predominantly makes operational poverty reduction as an integral outcome of all their activities; although it has put in place pilot initiatives for livelihood enhancement. UNDP HIV and Development program has developed innovations in livelihood in the states they support. UNDP HIV and Development program promotes livelihood as employment, entitlements, solidarity and enterprise (EESE). While enterprise may not be commonly applicable, the focus is on ensuring that entitlements through NREGA, employment through skill enhancement and solidarity as community networks are promoted. In Chennai, UNDP HIV and Development program has supported PWN+ to set up a design unit and home based livelihood options under the brand Social Light. The PWN+ unit at Chennai has opened up a company which carries out printing business. While this printing press has not expanded to include more positive women in its activities, it has some activities to reach a larger group of positive women. It has promoted home based small scale businesses, the products are sold through kiosk set up in exhibitions. UNDP HIV and Development program supported the national level study and consultation for developing strategies for Promoting Livelihoods for PLHIV and those Affected by HIV. The efforts on livelihoods are yet to initiate a policy dialogue and what is currently seen is on process outcomes rather than on results of efforts.

UNDP HIV and Development program approach on livelihoods as part of the tsunami program

22 Gujarat, Himachal Pradesh, Delhi, Maharastra, Tamil Nadu and Rajasthan. This is a project from the earlier cycle.

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focused on handholding the communities from initiation to the completion of project and hence was effective and translated into efforts. They worked on organic farming and setting up 'V Tea canteen' in District Collector's office. The UNDP HIV and Development program Mainstreaming Consultant at Meghalaya SACS has been able to mobilize 60 lakhs through the MP funds, a contribution through 60 MPs. The livelihood initiatives in Assam provide opportunities for cross-learning between India and Cambodia. Such pilots are tried out, however, these initiatives have not been evaluated and hence the effectiveness of the approach is difficult to gauge outcomes. Anecdotal experience suggests that models which are external to the government have greater challenges for sustainability. The combined work of UNDP HIV and Development unit along with the UNDP unit on poverty as part of Tsunami work has demonstrated greater outcomes suggesting that interdepartmental collaborations might bring more results. While livelihoods is not a well evolved strategy laid down through connected process, one sees a shift in thinking within UNDP HIV and Development program from economic impact to social protection and stigma reduction as a tool to address barriers. Enterprise is not considered as every person's cup of tea; and even when it is, the lesson learnt is that it requires greater hand hold. From the North

East experience, it is opined that selection of enterprise is critical; it has to be in keeping it line with demands of the market and the health status or abilities of the positive person. When such factors are not taking into consideration, it has been difficult to sustain it beyond project phase, for e.g. one of the enterprises that were selected for poverty reduction was piggery, this was a strenuous activity and did not sustain overtime.

To mitigate the downward spiraling of poverty in households with HIV, as part of mainstreaming project, several schemes have been modified to extend services to the PLHAs in the States where UNDP HIV and Development programs work. Some of them are balahar yogana, palanar scheme, mukya mantri jeevan raksha, free road transport to PLHIV, enrolment under BPL category for subsidized rations under Antyodaya Anna Yojana and low cost housing to poor families. Key pro-PLHIV-policy changes of the government resulted in modifying eligibility criteria. Social inclusion and stigma reduction initiatives brought people out of the closet and link themselves to some of the government services. The compendium on national and international models for income generation among PLHIVs is a resource that one can fall back on.

National energy on poverty reduction among people at risk or affected by HIV has been rather weak and when poverty reduction is thought of, it is not directed at HIV. With the National Livelihood Mission in the offing, UNDP HIV and Development program has the opportunity backed along with its competence, potential and capacity to advocate for addressing poverty among the vulnerable, most at risk and affected communities. UNDP HIV and Development program can proactively take the agenda to national level through a synergetic response with the other initiatives of UNDP on poverty reduction. Furthermore, building market linkages for the produce may help communities develop sustained livelihood programs. Nevertheless, the initial work of UNDP HIV and Development program on social protection has received international recognition and respect for NACO.

Partnership with the Government

UNDP HIV and Development program scores higher with a unique position on engagement with national program compared to other partners by the virtue of positioning HIV as a development agenda. UNDP has high level synergy and collaboration with the government and national priorities to make the program effective. They contribute to issues and concerns that do not necessarily form the priority focus for other players, yet critical to the program. UNDP HIV and Development program has been looked at as a trusted and highly respected partner whom the Government can fall back on without much hesitation. Their flexible approach and non-pressuring and engaging dialogue without preset agenda make them relevant to, and relied upon by, the Government. They are considered as flexible to change with the immediate priorities of the Government, yet prodding and pushing them to look at sustained process that will provide results and long lasting effects through policy and strategy development.

UNDP HIV and Development program activities have high ownership within governments, especially the work on migration and mainstreaming work. This ownership is facilitated by situating mainstreaming personnel at NACO and states, ensuring that day to day management of affairs is done by NACO/SACS and UNDP HIV and Development program operated

as a steering committee member and being available for technical support for strategizing, stock taking and improvement. UNDP HIV and Development program is considered to be honest and passionate. It demonstrates with high interest engagement and respect to those they work with. They are considered to be inspirational.

While NACO is burdened by day to day response management and in the context that most partners find it difficult to set priorities for a response action from NACO, UNDP HIV and Development program in its unique and neutral style of operations and alliance building has brokered critical issues for clearance and commitment from NACO. By the very nature of being a UN organization, it is limited and constrained by limited resources and processes; it becomes all the more challenging to demonstrate relevance and acceptance. The secret apparently is the methodologies they use; on one end toeing the line on some issues that are of importance to the government and on the other hand keeping the focus on the ultimate goal to be achieved.

While several critiques believe that UNDP HIV and Development program has become another agency doing work for the government and getting embedded in the responding Government priorities and pushes; it is opined by few that it should be seen as taking more proactive role. What is considered as their main limitation is what has worked for them and seeing their approach of dealing with NACO is a strength that has made them relevant. Yet, on some situations, the core mandate is overshadowed by the government mandate; at the same time UNDP HIV and Development program has got NACO to engage on issues of social protection and entitlements and let the government to take forward the initiatives at their level. To be able to achieve the results, it is suggested that UNDP HIV and Development program should make it clear to the counterparts on what is not UNDP HIV and Development program mandate especially in a context where sustainable development is all compassing. This would then throw clarity on what they will not do and this will narrow down decisions on what they would want to do and set targets and monitoring indicators accordingly. It is opined that UNDP HIV and Development program can benefit from having more specificity and concreteness in outputs and outcomes.

It is opined that UNDP HIV and Development program has had its own share of struggles and battles to face. On the demand of NACO, they had to enter into piloting implementation mode on the Link Worker scheme which put them on a tricky platform with the other UN agencies; for UNDP HIV and Development program it was a pilot initiative to inform the Government and to develop a prototype to reach to rural women. They had to extend the link worker program by a few additional months to align it with UNCEF link worker program completed; mainstreaming component is now a part of Government agenda. The JUNTA program in the North East is yet to enter into an agreement with the Government. On several initiatives such as the health insurance scheme, they are pushed back because of the need to align with the division of labor.

Critiques opine that UNDP HIV and Development program needs to push through the agenda set based on their long term vision through more assertive strategies focused technical arguments and saying what needs to be said. UNDP HIV and Development program needs to bring global dialogues and discussions relevant to the country to the centre stage. Critiques and well meaning people consider that UNDP engagement with the Link Worker scheme was not an appropriate decision for UNDP and Development program to consider. Technically, UNDP is implementing the program through the SACS and it is SACS who contract the NGOs to implement the program, the financial assistance is provided by UNDP HIV and Development program. Some persons who work closely with UNDP opine that UNDP consistently does bring contentious issues such as link worker scheme implementation to the discussion table with NACO. UNDP is largely dependent on the National Government on plan approval and receiving acceptance for the program; this makes it limiting for UNDP. Furthermore, the mandate for UN is to work within the contour of the Government policies.

Agenda such as livelihood for positive people have not become an up-front advocacy theme. Their work on such themes does not get adequately positioned and hence advocacy is postponed, let to simmer or shelved in the background for want of governmental priority focus. UNDP needs to internally introspect and find solutions on how they will effectively balance these realities but not compromise on positioning and working on most needed focus areas. While some other stakeholders believe that UNDP HIV and Development program could do much more on human development, National AIDS control

program is satisfied with the engagement of UNDP.

Human resources

UNDP has four staff members on roll; the team has delivered much more than the hands that they had. The most positive aspect is that two members in the team are long standing. Having a steady person heading the unit has made it much more comfortable for government and other partners to connect and relate to UNDP. Staff members, as perceived by those who directly interact with them, are said to hold high values stemming from an underlying belief on participation and on human development perspective. Partners opine that UNDP HIV and Development units' work engagement is professional; occasionally they may have slipped on continuing the thread of communication. Their partnerships demonstrate equality, solidarity and respect. They are open to perspective and value each viewpoint, freedom, shared responsibility, tolerance and respectful. Overall, people working with them feel a sense of bonding and can related on an equal plane. There is a belief that the people at UNDP are there for us. Their practices are considered as fair and are played on an even ground for everyone concerned.

The work on the MSM and TG moved sufficiently well; associates attribute the progress of UNDP to the recently recruited staff members. UNDP's approach of inclusive approach of recruiting community persons into the team is greatly appreciated; it has been a practice for UNDP HIV and Development program and was also seen in their GIPA work.

UNDP is overstretched on manpower, what has been provided is only in the recent times. They have demonstrated high achievements with shoe string staff. One criticism has been that the shortage of technical anchors, the trend is seen to be changing in recent times. Participation on national level and for strategic purposes is difficult when one is short staffed and some staff members are on projects. Having additional staff members in the team is considered to be the factor in the recent spike and improved delivery of goods and products. It is opined that UNDP HIV Si development team desperately needs to add more staff members on board, especially those with some significant experience on the thematic areas they work on, staff who hold cross country exposure and personnel who has the ability to impact policy and technical assistance. In the global economic drown trend, there is feeling that UNDP may not have much control over this situation.

In the districts and the other funded position provided to NACO and SACS, the responsibility of managing these human resources lies with the Government. NACO has been provided with a mainstreaming team and senior technical experts for prevention. The government is at an advantageous platform, personnel prefer to be on UN positions as they give a better bandwidths or added value to personnel. These extra hands are considered valued and effective; there is good ownership and active engagement of their activities within the system. But the challenge here is on how to ensure that national and district technical teams are on a fair terms where salaries are paid on time, have opportunities for capacity building and exposure to good practices and periodic reviews by the government; a practice seen in the manpower funded through donors or directly appointed by NACO through donor funding. Such staff members have to expand their horizons by self motivated approaches to maximize existing knowledge and innovate to deliver results. UNDP can think of process of ensuring ongoing capacity enhancement of the teams place with the government through their internal resources or through negotiations with the government.

Administrative

Overall, UNDP has an administrative system that is considered to be comfortable for their direct recipients. The team is thought to be facilitative and proactive to sort out any bottlenecks. They have a good fit with government and partners. Partners opine that they hold sound contracting processes. Partners are given analytically feedback and are involved in plans as well as processes. They walk carefully through the inter-agency boundaries and do not upset colleagues and partners.

In general, they are considered good managerially as well as in internal administrative processes. They are regarded for their high levels of direct partnerships; organizations prefer to bank on the support given by UNDP. Relationships are professional, yet there is an element of personalization. People and organizations opine that there is an atmosphere of supportiveness; it is not tokenistic but genuineness on purpose and cause. They move beyond organizing workshops and consultations; being there to help people take it forward. It is the whole team that is supportive. For communities, it is many a time a first time

situation and it means a lot when they are assisted by simplifying processes, procedures and behaviors. They hear voices of community, address the issue and build the strategy on what has to be achieved. There is flexibility and willing to change course of action when needed.

UNDP money flows to the governments for the programs, there are some bottlenecks which are often beyond the control of UNDP. UNDP make good start ups on them, but the bureaucracy of the Government creates challenges in timeliness or makes implementation time shorter.

UNDP HIV and Development unit mechanisms for field level quality assurance mechanism are weak; there is an apparent disjoint from the understanding at the field level and what is perceived at the field. District staff report that visits by UNDP staff members and the national team from the mainstreaming units is not seen as substantial by the States. However, monitoring of the activities is constrained in the absence of adequate staff members in position.

Ironically, there is in stark difference in how UN and other large development organizations working on the same platform or in association think about UNDP's administrative and managerial skills. UNDP is not considered too easy to work with or considered to be working in the true spirit of partnership. Many a times, they have an adhoc style of working and do not make efforts to include development partners working on similar issues when they are of mutual interest and importance. Paradoxically, the participation of other larger agencies working on common areas of work in the UNDP activities has been dismal; at times it appears as though they are kept dark of the events that are taking place under the leadership of UNDP HIV and Development program. An illustrated example is that during the work with NALSA and with the Planning Commission, the other UN and development partners were not provided needed information on activities to participate actively. It is difficult to keep either sides responsible for such happenings and there exists channels to discuss and communicate to each other and it is not clearly understood why such wide gaps in communication persists. In all probability and with the interest of finding solutions to the communication gaps, it may be more practical for UNDP and the organizations that experience difficulties sit across the table to resolve issues when such issues crop up. What is not clearly evident is a mechanism (informal or semi-formal) where such issues are mutually sorted with immediacy so as to cultivate a congenial environment of mutual trust, learning and sharing. This call for an interagency collaboration and coordination initiatives beyond formal meetings where work get discussed and issues resolve. Nevertheless, UNDP has strong internal organization capacities which they need to leverage through collaborative efforts.

UNDP synergies with United Nations

As the lead agency, UNDP as an organization receives funds that need to be transferred to other UN agencies. UNDP has been the fund channel for other UN programs and in many situations has shown good abilities, especially on the NERO program and the work related to migration. Partners have positive interaction on the NERO program and UNDP has been able to harmonize the approach for implementation. UNDP operations have found acceptable modalities for transfer of these funds within the procedures and systems of the contracting agency; some agencies opine that they alter processes for example, the way fund channeling procedures are followed as anchors for the fund transfer process. UNDP as an organization and as the lead agency had procedures and modalities that are very different from other agencies and some efforts have already gone in to sort these issues out and this may have to be further looked at to make it more facilitative.

UNAIDS is the facilitator for coordination of the UN inter-agency activities, it promotes knowledge exchange and sharing among UN organizations in the country. UNDP has shared its work plans and worked out joint actions and the processes for collaborative functioning. Yet within this positivity, there are heart burns. On several areas of work, there is no convergence in work and at times there are overlaps and a feeling that information is not shared.

The link worker scheme is considered as a decision taken unilaterally by UNDP HIV and Development program. UNDP HIV and Development program used its internal core resources for implementing link worker scheme. Traditionally, affiliate organizations of the United Nations do not get into implementation role; it is opined that when UNDP HIV and Development program was pressurized by the Government to pilot the Link Worker program,

Dr. Anita Rego, Pearls for Development

they did not use the JUNTA platform to work out a strategy to respond to the government. It is opined that unilateral and non-coordinated decision carried out by UNDP HIV and Development program on link worker scheme made it knotty for other UN agencies when similar demands were made on them.

There is some contradiction noticed as link worker scheme is supposedly a JUNTA program. UNDP HIV and Development program opines that the issue including design of the link worker scheme was discussed at JUNTA meeting where the Additional Secretary, NACO was a special invitee. The discussion and subsequent actions culminated with UNDP HIV and Development program (for three years) and UNICEF (for five years) supporting Link worker program in 50 high prevalence districts in total. Government made a request to UNDP HIV and Development program to further continue it for two more years; the Government had planned to implement the link worker program in 14 districts which did not take off. However, for UNDP HIV and Development program, the long term engagement of UNICEF on the Link Worker program for 5 years meant that they had to extend the program for two additional years especially when NACO was not as yet ready to take on the additional districts onto their plan. Currently, UNDP has completed the process of transition of the Link worker program to the Government; there is some work being done to explore if the NRHM platform can be considered as a plausible platform for convergence. UNDP HIV and Development program is exploring possibilities of Asha[23] taking the position of the link worker at the village level, a step which other UN partners believe was started too late in the day. While UNDP HIV and Development program is working out an option through a joint project with Mamta to explore possibility of making the Asha the point person for HIV, the process involved other partners such as WHO and UNAIDS and hence UNDP HIV and Development program, it is understood, required additional efforts which as seen as delays by those involved. It is recommended that contentious issues such as this could be discussed within the UN systems for a solution at the meeting of Heads of UN affiliates on priority, which apparently is not regular.

In one sense, UNDP HIV and Development program is perceived as having not been effective in planning an exit strategy where government takes ownership and makes program sustainable. Some UN partners opine that when UNDP HIV and Development program takes up implementation projects for NACO, it becomes very difficult to weave a transition plan for the Government to follow; NACOs decisions are responses for the immediate needs and pressures rather than thought through strategies with a long term perspective. What is apparently seen is that the Link worker scheme did not have a clear plan following transition to the Government. Sustainability becomes an issue and hence how one negotiates with NACO needs thinking through and NACO needs to be guided for what they should do and what they can expect from UN organizations following transition as transition support.

UN organizations have implemented joint programs; the approach has been different in the two projects. CHARCA, a project of the previous cycle, operated on the principle of lead and thematic agencies. While the lead agencies were responsible for basically implementing the project at the district level (including development of work plans and detailed budgets, development of agreements, technical supervision and coordination of the monitoring and evaluation of the contributions of all the partners, including report writing); the thematic agencies worked with the lead agencies at the district level, provided technical support, assisted in implementation and piloted initiatives. The NERO project had a different approach. Work plans and decisions about strategy were taken jointly and funds routed through the same channel.

NERO has not yet got the official authority to be the 'NACO' for the region as also a Head who can take decisions leading to delay in implementation. The active Legislative Forum on AIDS (LFA) in Meghalaya is jointly facilitated by UNAIDS and UNDP HIV and Development program supported SACS expert. UNDP HIV and Development program has positioned personnel at the NERO office as well as at the states under the JUNTA program; the other partners do not have a similar approach. NACO (user) has found merit in the joint-UN initiative and found it very useful; but this has not guaranteed sustainability and efforts are on to get NERO to

[23] Asha is the volunteer for the National Rural Health Mission of Government of India. She is provided incentives for achieving certain necessary health actions by the end user.

be integrated as part of NACP IV. While the UN agencies have helped NACO set up its north-eastern regional office; the UN partners including UNDP HIV and Development program has helped NERO in their planned activities. UNDP HIV and Development program is credited for having placed proficient local candidates and that has given greater acceptance with the Government and partners to make work smoother.

While NERO has been a positive experience, UNDP HIV and Development program is considered to be territorial on some areas of work that they do; for example, gender work is contentious and apparently is a result of overlapping mandates. It is opined that UNDP Health and Development program could have handed over the work on gender especially on women to UN Women; there is feeling that UNDP HIV and Development unit has some discomfort to do this transition. On the other side, the Government has involved UNDP HIV and Development program to support them in gender work when the support from other partners was not in the way they desire. Another discomfort with UNDP HIV and Development unit is that they are considered to work relatively in isolation without taking into cognizance what other agencies are doing. Some UN partners consider the efforts of UNDP HIV and Development programs as wasted energy. For example, there is no synergy between the World Health Organization work on MSM and the UNDP HIV and Development work on MSM. Hence, the work done by UNDP HIV and Development on MSM and TG not maximized leverage for generating a better response to the epidemic.

Generally, partners are either not fully aware or informed on the work done by UNDP HIV and Development unit and hence could not make comments on several contexts. There is a sense that some decisions with relevance to other UN partners have been taken uncoordinatedly. In their work with Planning Commission work, and on advocacy meeting on women in sex work on drugs and legal issues, the other UN organizations were not involved even though they would have liked to have partnered; indeed, the joint action plan maintains joint responsibility on some of these themes. UN partners report being particularly challenged when UNDP HIV and Development program does things without consulting or doing things on their own. Partnering, as opined by UN partners, is perceived to help increase the strength and expand horizons of UNDP HIV and Development program in the larger arena and it could help bring in much larger resource to the table.

Some UN partners opined that UNDP HIV and Development program does not have specific focus areas that can be identified as their core focus area of work. Hence, it appears as though their areas of work are diffused and generic. Many UN partners do not see a link between core mandate of UNDP HIV and Development program and the activities that they carry out. UNDP HIV and Development program as a human development anchor and analysis agency needs to take responsibility for the analysis on the impact of policies, context of convergence and how it fit into the government schemes. On the other hand, UNDP HIV and Development program is considered by some UN partners as to be driven by the agenda set by the Head quarters e.g, MSM and gender agenda, and it is on those themes that UNDP HIV and Development program delivers the most. One of UN partner opined that health is not the primary agenda of UNDP HIV and Development program, yet they do a lot of work. On the other hand, UNDP HIV and Development program reports that they are now expected to go beyond HIV and talk about Health and Development. There are inter-UN body overlaps in roles which breeds competitiveness and discomfort; at times challenging work boundaries. This calls for an internal soul searching exercise within UNDP HIV and Development program and the United Nation Organization as a whole; this may be unavoidable given the interlinking mandates, nevertheless, they could be minimized.

UNDP HIV and Development program is considered to work on several areas and are spread too thin. They are opined to work on areas where they do not have the capacity to deliver or have needed staff members in place an example cited being gender but refuted by UNDP HIV and Development unit. It is often felt that the time taken for grounding an activity from the time of initiation is too long and hence making is less efficacious; however lessons have shown that they do take off when once grounded as observed in the North East program. On the mainstreaming project the phase I closure was not planned efficiently. Development is too broad an agenda and intervening on such huge platforms is like slipping into the sea. UNDP HIV and Development program is caught between the all compassing agenda of Human Development, which is often understood differently by different people and stakeholders. UNDP HIV and Development unit, as

opined by some UN counterparts, has not been able to have the experience and the confidence to state their focus and interest areas and the areas that they cannot take on as their areas of work during the joint UN meetings.

On the positive note, UNDP HIV and Development program is appreciated for its linked activity with the Global commission on law and HIV. It is considered as well promoted and supported regionally and globally. UNDP is very engaged on the New York office initiated work on intellectual property rights on HIV medicines as part of free trade agreements. The recent meeting is considered very successful and demonstrated a good example of how an agenda can be positioned and led. The joint effort of the Headquarters and regional office demonstrated the strength in approach.

Some UN partners perceive that UNDP HIV and Development program has relationship with national agencies on its' own. They take some actions without placing it within the joint team; however, there are joint AWPs for JUNTA. UN partners have expressed the desire to leverage as a good UN joint capacity, advance agenda and celebrate achievements as a team. It is also felt that this UNDP style of functioning is not just local, but is ingrained in the culture of the organization as a whole. Coordination and collaboration between UNDP regional office and Country office on the international projects is more of knowing what each other are doing; it is not about contributing to the process. It is opined that UNDP HIV and Development program needs to establish working arrangements more strongly so that the learnings from the regional programs become more relevant locally and see continuity in through the annual plan process. To illustrate, the follow up work on access to care study carried out by the regional office did not get reflected in the country HIV and Development program.

While the concern on UN as an organization among stakeholders is beyond the scope of this evaluation, it has some relevance in the context of UNDP HIV and Development program as a part of the larger UN umbrella. There is an overall sense in the external environment that the UN approach is fragmented, they are seen as pushing a mandate rather than working as a team. Each UN organization has gone to the government on their own agenda. It is opined that the Joint UN initiative is weak and they function without embedding in the government system, something which UNDP HIV and Development program has managed well. The call for a unified approach is often heard but not distinctly visible; each agency goes to the negotiating table with its own agenda. A unified approach and dealing could probably provide better leverage with the country. This can help to do better with limited resource and make the UN relevant to the national government and to other stakeholders. All UN agencies face the challenge of having to respond to adhoc demands and long term development objectives of the government. External partners opine that there is a lack of clarity of roles among UN partners.

Balancing prevention with impact mitigation to get a development impact broader and strategically different from the other players is in itself a mammoth task. Many issues get partly covered by the larger agenda of UNDP HIV and Development. It may be fruitful to understand and unravel the divergence in thinking between the consumers of the services, partners of the program including community groups and other organizations and the UN as an organization.

Conclusions and Recommendations

Achievements and outcomes

UNDP CPAP (2008-2012) and the National AIDS Control Program m (2008-2012) have demonstrated synergetic alignment that contributes to meaningful gains for results both for UNDP and the Country Plan. UNDP HIV and Development program response on the development platform is meaningful and strategic to the National Government and to the communities who are vulnerable, at risk and affected. UNDP HIV and Development program has made significant contributions through the development of a series of connected activities such as evidence building, robust pilots, intervention prototypes, policy level advocacy, civil society consultation for momentum building and bottom up advocacy and capacity building. Within a rights framework, a participatory approach and community leadership and empowerment, social protection and mainstreaming of HIV programs strived towards bringing invisible and marginalised groups to the mainstay of societal relationship.

There are strategic results many of which cannot be quantified; the value that it provides is beneficial. UNDP HIV and Development program develops knowledge products which are outputs at one front but many a times serve as evidence gathered for advocacy and policy change. The advocacy and policy change are the essential tools that make UNDP HIV and Development program efforts sustainable through the instruments of the government. The capacity building has ensured that there are well equipped and knowledgeable individuals who continue to deliver irrespective of UNDP HIV and Development program engagement. The common platform generated through coming together of various players as a determining step has help evolve partnerships with press, politicians, judiciary, civil society, police and religious groups and contribute towards building a facilitative environment for interventions.

Ascribing the entire gamut of final development outcomes and results to UNDP HIV and Development program interventions is usually difficult; it is fundamental to the way UNDP HIV and Development programs are designed and made operational. Other organizations such as the Government, other international organizations, NGOs and communities are involved. There may be other external factors (e.g. policy environment) may play a role and the mechanisms triggered by UNDP HIV and Development interventions may be complex. Thus, in most cases, it will not be possible to attribute the results solely to UNDP HIV and Development program but it may be possible to identify the contribution made by UNDP HIV and Development program which augment the contributions made by other partners to achieve a certain outcome. Nonetheless, UNDP HIV and Development program has taken leadership role in some activities for which the credits are theirs and in other situations, UNDP HIV and Development program is viewed to provide an assistive role. This difference is made to represents the extent to which observed development effects can be attributed to a specific intervention or to the performance of UNDP HIV and Development program taking into account of other interventions (anticipated or unanticipated) in the sector.

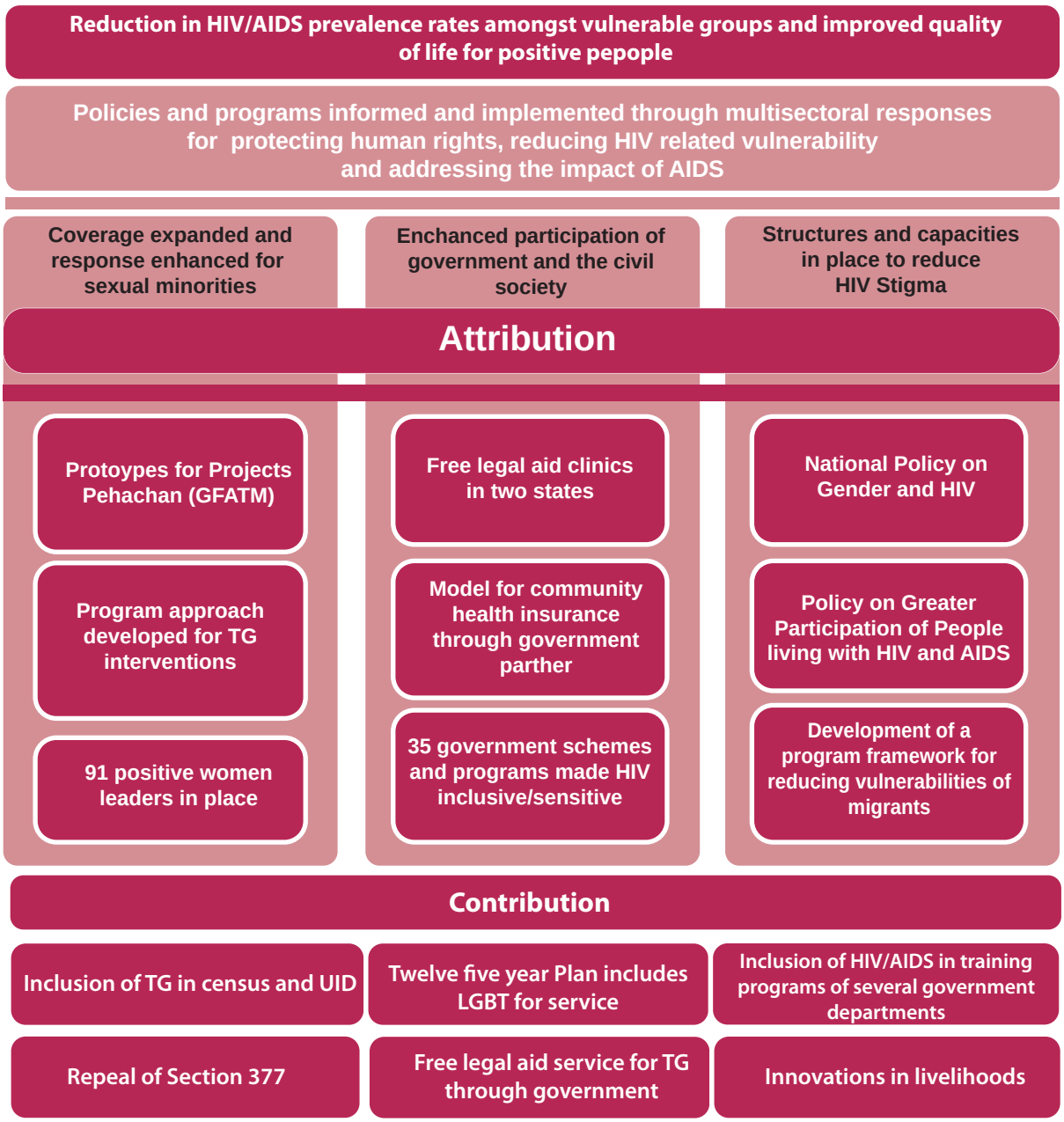
In the context of mapping their outcomes in the figure given below, a difference is made on what outcomes could be primarily attributed to UNDP HIV and Development program and what UNDP HIV and Development program has only contributed. In this context, attribution refers to those changes or results achieved that can be primary credited to the work that is principally carried by UNDP HIV and Development program. Contribution is referred to as credits of observed changes or results achieved that can be assigned to the joint efforts of UNDP HIV and Development program, agencies such as government and other larger organization working closely together with UNDP HIV and Development program for the achievement of results.

It is acknowledged that this division of credit does not imply that there was no support from other stakeholders. It is the degree of difference that is captured to facilitate understanding on outcomes and the degree of credits. These successes do come with the share of recommendations to make the program much more robust and valuable to the various stakeholders involved.

Recommendations

1. UNDP HIV and Development program is an effective UN agency to work with the government and should continue to engage with the government and provide technical expertise to strengthen, influence and add value to the national HIV and AIDS program. It is recommended that UNDP HIV and Development program consider areas of priority for the Government as its primary agenda while

Figure 3 Outputs and outcomes



carrying out continued and stronger advocacy on issues that are of prime importance to the epidemic and to the community using the their strength as an UN body and using that advantage to the optimum. The work on stigma reduction, social protection and mainstreaming has demonstrated results and should be moved to the next levels of functioning. UNDP should continue to bring in global dialogues and discussions to the national program to make it robust, strategic and technically sound.

2. UNDP HIV and Development program approach of supporting innovations has added value to the National program and the prototypes developed as part of innovations have given an edge to the national program. However, UNDP HIV and Development needs to focus on their mandate as a strategic contributor through well planned process, clearly iterated actions and measurable outcomes.

3. UNDP HIV and Development program has done some initial work on multiple

marginalization and linking them to civil, legal and political rights and reduction of exclusion. There is greater scope for UNDP HIV and Development programs to expand the base of work as a fulcrum for achieving equity and social justice for people at risk and infected in addition to achieving the commitments made on the MDGs. Linking up with other initiatives such as NRHM-HIV convergence for health rights and access to legal justice as part of legal reform process are some emerging opportunities. These results could be further through strengthening through inter-unit convergence.

4. UNDP HIV and Development program can add value to the critical area of building livelihood opportunities for PLHIV by taking forward the work that they have done until now through internal partnership with the poverty unit of UNDP HIV and Development program. The National Livelihood Mission which is in the process of institutionalisation may be a good fulcrum to anchor on. UNDP HIV and Development concept of EESE is promising and could help in amalgamating social protection, empowerment and livelihoods as an integrated approach within a rights based, gender and empowerment framework.

5. GIPA and leadership building of communities have found value and now has to be enhancing keeping in the background the changing contours of the demands on communities and groups. The NACP III and the other programs such as GFATM have placed newer and larger demands on communities and their organization. Democratic governance, accountability and transparency are challenges that community organization are required to respond; they require capacity enhancement for which communities are looking at UNDP HIV and Development for support. UNDP HIV and Development unit could expand their leadership program to build the cadre of community leaders with these competences.

6. Intervention cycles on thematic areas should at least be for a period of 5 years that would nurture interlinked activities and actions for a substantial period of time to lead to specific and concrete outcomes that can be measured over time for achievement. Staff strength should be relooked at in the light of the program plan and quality assurance requirements.

7. It is recommended that UNDP Health and Development unit look at their communication channels to strength and engage multiple partners and the UN organizations in ways which makes it more engaging and contributory to the program processes and activities. It should meaningfully relook at the expanding the gamut of partnerships in advocacy through deliberate actions for connecting with various stakeholders who have been a part of the various actions related to the advocacy process or have a common mandate.

Appendices

Appendix 1: Assessment framework

1.1: Evaluation criteria and key questions

Basic contact data

Institution	Department	Interviewee/Position
Date	Time	Location
Other Persons present	Team members present	Notes by
Project/Program focus		

Examples of questions (adapted to respondent's contexts

A. ASSESSMENT OF THEMATIC AREAS INCLUDING PROGRAMME RESULTS

A.1 RELEVANCE

- How has UNDP supported or contributed to national policies or strategies? In which areas? Via which types of projects or other forms of advice? Can you provide specific examples of good contributions?
- Has UNDP followed good practices in its development work? Why or why not? Can you provide specific examples of where UNDP approaches were appropriate, well-needed and fit with national efforts? Where there were problems or challenges?

A.2 EFFECTIVENESS

Projects (in relation to specific thematic areas or program outcomes)

- What activities have been undertaken under the UNDP project(s) you are familiar with? What short-term outputs have been produced? What longer-term effects were produced?
- Was the project linked to government activities or activities of other agencies? How well were they coordinated?
- Were there significant unexpected results or achievements that you know of? What were they, at different levels?
- What has been the scope or reach of the projects and their benefits? Who has been affected (either positively or negatively)?
- Has the UNDP project made a difference via this project? Within in a limited area or in this thematic area or sector overall? To whom? In what way?

Capacity development

- Did the project/program have a capacity development objective? Were needs identified? Were some left out?
- Has the project/program been effective in developing capacities of those involved?

Program

- Are you familiar with the broad range of activities supported through UNDP under its latest programming

framework? What do you think of UNDP's program overall?

- Overall, what have been the results or effects from the activities you know about? **Other**
- Who have been the main beneficiaries of UNDP's work in the project you are familiar with? At what level (ministry-wide, specific departments or units, others for whom services or benefits were indirectly provided)?
- Have any benefits been realized via this project for the poor, disadvantaged groups, rural communities, women, or others with specialized needs in the country?
- Has any significant event occurred affecting project/program outcomes? How well did UNDP adapt to these circumstances or changes?

A.3 EFFICIENCY

- To your knowledge, how well did UNDP use its human and financial resources? Were resources used well? Were funds received on time? Why or why not? Were projects approved and launched in a timely fashion? Why or why not? Please provide specific examples ...
- Are UNDP procedures and processes easy to understand? What types of reporting were required, and were they submitted on a regular basis? Why or why not? Did the plans and reports required from UNDP add to the burden of implementing partners or beneficiaries in any way? Please provide examples...
- Are you familiar with the monitoring and evaluation arrangements for UNDP's project/program? How well did M&E work (in your opinion) and what effects did they have on the project in which you were involved?

A4. SUSTAINABILITY

- Were the project/program achievements maintained and expanded overtime?
- What was learned from the UNDP-assisted project/program? Have any knowledge and lessons been used?
- Would you say there is a high degree of national/local ownership of UNDP-assisted projects/programs? Why or why not? How could national ownership be improved?

B. ASSESSMENT OF UNDP STRATEGIC POSITIONING

B.I STRATEGIC RELEVANCE & RESPONSIVENESS

- Did the UNDP project/pro gram support the government's development goals and strategies?
- Is UNDP's project/program aligned with government plans, procedures, and policies?
- Did UNDP design the right project/program to meet the needs of the stakeholders? Why or why not? What could have been done differently?
- Were there obvious or critical gaps that the UNDP project/program did not address? What were they?
- Did the UNDP project/pro gram respond to significant changes happening in the local/country/ regional/ global context? In what ways did adaptation take place? What trade-offs were there (that you know of) between short-term response and support for longer-term initiatives? What could have been done differently?
- Was the project/program adequately adapted to changes in local conditions? Provide examples ...

B.2 COMPARATIVE ADVANTAGES

- Was UNDP able to offer any global expertise from the broader UN system? From other resident or non-resident UN agencies? If so, what was offered and how did this benefit the projector beneficiaries?
- Did UNDP offer any assistance in brokering south-south exchanges? If so, what were the effects and benefits of these at different levels? What could have been done differently?
- What evidence have you seen of cooperation and coordination among UNDP and other UN agencies? Has

this added value to anything that UNDP has done, or to your specific project?

- (Optional - for UNDAF partners only) What types of programmatic or project-level coordination took place between UNDP and your agency? Can you provide specific examples of interagency cooperation or coordination that reduced duplication or produced development synergies?
- How well did UNDP play a coordination role among donors, CSOs, NGOs,the private sector, and other partners? What were the effects or benefits or this coordination role? Provide specific examples ...

B.3 PROMOTION OF UN VALUES

MDGs

- How did UNDP contribute to the achievement of the MDGs in the country? What specific initiatives, projects, interventions or advice was UNDP able to offer towards fulfilling MDG aims? How has this made a difference to the country's overall development and/or commitment to the MDGs?

Gender

- Was the project or program based on a gender analysis, targets and resources? What effects were realized in terms of gender equality, if any (provide examples)?
- Were women and men distinguished in terms of participation and benefits within specific projects? Were there clear gender strategies provided and/or technical advice on gender mainstreaming issues?

Equity

- Were specific vulnerable groups helped by UNDP's intervention? If so, how (provide examples)?
- Were the rights of indigenous people addressed in the project/program? If so, how? **Other**
- What type of policy dialogue has UNDP been able to undertake on human development issues in the country?
- What coordination or alignment in policy dialogue with other agencies has taken place?
- What have been the effects, benefits or spin-offs from UNDP's role in policy advice or dialogue (provide examples if possible)?

C. ANY OTHER POINTS YOU WISH TO MAKE NOT COVERED BY THE ABOVE QUESTIONS OR TOPICS

1.2 Analysis template Basic contact data

Institution	Department	Interviewee/Position
Date	Time	Location
Other Persons present	Team members present	Notes by
Project/Program focus		

A. ASSESSMENT OF THEMATIC AREAS INCLUDING

(Coding)
If using codes, please read related section **below**

PROGRAMME RESULTS

A.1 RELEVANCE

- Relevance of objectives — Interviewer memos/notes
- Relevance of approaches
- Other areas

A.2 EFFECTIVENESS

- Progress towards outcomes (project/program) — Interviewer memos/notes
- Reach/scope
- Poverty/equity dimensions
- Other areas

A.3 EFFICIENCY

- Managerial efficiency — Interviewer memos/notes
- Programmatic efficiency
- Other areas

A.4 SUSTAINABILITY

- Design — Interviewer memos/notes
- Implementation : capacity development and ownership
- Up-scaling
- Other areas

B. ASSESSMENT OF UNDP STRATEGIC POSITIONING

B.I STRATEGIC RELEVANCE & RESPONSIVENESS

- Relevance against national development priorities
- Relevance of UNDP approaches — Interviewer memos/notes
- Responsiveness to changes in context
- Balance between short-term/long-term response
- Other areas

COMPARATIVE ADVANTAGES

- Corporate networks and expertise
- Coordination and role-sharing in UN system (including UNDP associated funds) — Interviewer memos/notes
- External partnerships and south-south
- Other areas

PROMOTION OF UN VALUES

- Policy dialogue on Human Development Issues — Interviewer memos/notes
- Contribution to gender equality
- Equity issues
- Other areas

OTHER OBSERVATIONS

Appendix II: List of persons interviewed

S.No.	Name	Interview focus	Date and time	Method used
Government				
1.	Adesh Chaturvedi, Coordinator, Capacity Development for Local Governance (CDLG), Panchayati Raj (UNDP), Rajasthan	Mainstreaming of HIV in Panchayati Raj activities	15th June 2011 11.00 - 12.15	Face to face dyadic interview
2.	Ajay Veer Singh, Professor, Indira Gandhi Panchayati Raj Nd Gramin Vikas Sansthan (IGPR&GVS), Rajasthan	Mainstreaming of HIV in Panchayati Raj activities	15th June 2011 11.00 -12.15	Face to face dyadic interview
3.	Aradhana Johri, IAS, Additional Secretary (AS), National AIDS Control Organization (NACO), New Delhi	UNDP support to NACO	13th Oct2011 13.30 -14.30	Face to face interview
4.	Ashish Verma, Project Officer, State Mainstream ing Unit (UNDP), Rajasthan State AIDS Control Society (RSACS), Rajasthan	State Mainstreaming Unit	15th June 2011 10.00 - 11.00	Face to face interview
5.	G. K. Pradhan, Incharge, Family welfare program, Indian Railways, Rajasthan	Mainstreaming of HIV in railways	15th June 2011 13.30 -14.30	Face to face group interview
6.	Mayank Aggarwal, Director (Media & Communication), Press Information, Ministry of Information and Broadcasting, New Delhi	NACO and UNDP collaborative work on mainstreaming	6th June 2011 18.00 - 18.45	Face to face interview
7.	Palani Venkatash, Mainstream ing Officer, Tamil Nadu State AIDS Control Society (TNSACS), Tamil Nadu.	Legal aid and mainstreaming activities	16th June 2011 9.00 - 10.00	Face to face interview
8.	Pavan Shetty, Technical Support Unit (TSU), UNFPA - Rajasthan State AIDS Control Society (RSACS), Rajasthan.	TI and mainstreaming convergence	13th June 2011 17.00 - 17.15	Face to face interview
9.	Pradeep Sarda, IAS, Project Director, Rajasthan State AIDS Control Society (RSACS), Rajasthan	Mainstreaming initiatives of state	13th June 2011 16.30 - 17.00	Face to face interview
10.	Rosenara Huidrom, Team Leader, North East Regional Office (NERO)-National AIDS Control Organization, Assam.	UNDP support to NERO and social protection	17th June 2011 10.00 - 11.00	Face to face interview
11.	Sarwat Naqvi, Mainstreaming Officer, Chattisgarh State AIDS Control Society (CSACS). Chattisgarh	Mainstreaming activity	17th June 2011 18.00 - 19.00	Telephone interview

S.No.	Name	Interview focus	Date and time	Method used
12.	Sharath Chandra, Member-Secretary, National Legal Services Authority, New Delhi	Legal support and other services for TG	9th June 2011 11.00 - 12.00	Face to face interview
13.	V. K.Gupta, Nodal officer, Indian Railways, Rajasthan	Mainstreaming of HIV in railways	15th June 2011 13.30- 14.30	Face to face group interview
14.	Venkateshan, Social Worker, Legal AIDS Clinic, Tamil Nadu State AIDS Control Society (TNSACS), Tamil Nadu	Legal aid cell activities	16th June 2011 14.00 - 15.30	Face to face interview
UN Organizations				
15.	Arvind Mathur, National Program Coordinator, UNFPA, New Delhi	Sexual minorities, Link worker, UN Synergy	9th June 2011 10.00 - 11.00	Face to face interview
16.	Ashok Row Kavi, MSM Expert, UNAIDS& Chairperson, INFOSEM	MSM/TGwork, INFOSEM	29th June 2011 19.00 - 21.00	Face to face interview
17.	Asa Anderson, Senior Program Officer, UNAIDS, New Delhi	UN Synergy, NERO and macro perspective on UNDP work in India	8th June 2011 14.00 - 16.00	Face to face group interview
18.	Charles Franklin Gilks, Country Coordinator, UNAIDS, New Delhi	UN Synergy, NERO and macro perspective on UNDP work in India	8th June 2011 14.00 - 16.00	Face to face group interview
19.	Cristina Albertin, Regional UNODC Representative for South Asia , UNODC, New Delhi	UN Synergy, NERO and macro perspective on UNDP work in India	9th June 2011 11.15 - 12.00	Face to face dyadic interview
20.	Debashis Mukherjee, Technical Officer , UNODC, New Delhi	UN Synergy and NERO	9th June 2011 11.15 - 12.00	Face to face dyadic interview
21.	Iwonne Cameroni, Chief of HIV Program UNICEF, New Delhi	UN Synergy, NERO and macro perspective on UNDP work in India	8TM June 2011 13.00 - 13.45	Face to face interview
22.	Lincoln Chowdhary, Program Officer, UNAIDS, North East	UN Synergy, NERO	27th Oct 2011 11.00 - 12.00	Telephone interview
23.	Nandini Kapur Dhingra, Senior Program Coordinator, UNAIDS, New Delhi	UN Synergy, NERO and macro perspective on UNDP work in India	8th June 2011 14.00 - 16.00	Face to face group interview

S.No.	Name	Interview focus	Date and time	Method used
24.	Tushi Ilimlong, Project Officer, UNDP, North East	NERO and UN joint initiative collaboration	27™ Sept 2011 14.00 - 15.00	Telephone interview
International organizations				
25.	D. Dhanikachalam, Operation Director, TAST-DFID, Futures Group, New Delhi	Work in partnership with UNDP in different capacities	9th June 2011 13.30 - 15.00	Face to face interview
26.	Meera Misra, Country Coordinator, International Fund for Agriculture Development (IFAD), New Delhi	Macro perspective to UNDP work	18th Oct2011 11.00 - 12.00	Telephone interview
27.	Sabina Bindra Barnes, Human Development Adviser, DFID India, New Delhi- 100016	Joint review meetings, macro perspective on UNDP work, MSM/ TG	8th June 2011 11.00 - 12.00	Face to face interview
28.	*K.* Sudhakar, Senior HIV/AIDS Advisor, *Center for Disease Contro/ (CDC),* New Delhi	Macro perspective on UNDP work	18th Oct 2011 10.00 - 11.00	Telephone interview
Indian NGOs, CBOs and Consultants				
29.	Abraham K. K, President, Indian Network For People Living With HIV/AIDS (INP+), Chennai	GIPA, Legal aid services, Leadership, District Level Networks	17th June 2011 14.30 - 15.30	Face to face interview
30.	Anita Anusaya, Health Officer, UNICEF, Orissa	Mainstreaming Resource Unit and Link Worker scheme	20th Oct 2011 11.00 - 12.00	Telephone interview
31.	Antony, Director, Roman Catholic Diocesan Social Services Society (DISHA) RCDSSS and State CSO forum, Ajmer	CSO forum	14th June 2011 15.30 - 16.30	Face to face interview
32.	Ash Pachuri, Founder Director, Centre for Human Progress (CHP), New Delhi	Macro perspective on UNDP work and media studies	20th Oct 2011 19.00-20.00	Telephone interview
33.	Ashok Rau, Executive Trustee & CEO, Freedom Foundation, Bangalore	Health Insurance and macro - perspective on UNDP work	17th Oct 2011 10.00 - 11.00	Telephone interview
34.	B. L. Jalaan, Convenor, Rural Journalist Association of India, Rajasthan	Mainstreaming in RJI activities	15th June 2011 12.30 - 13.15	Face to face interview
35.	Bazo Kire, Incharge Medical Officer Mobile ICTC, Kohima, North East	Independent perspective on NERO-UNDP	20th Oct, 2011 14.00 - 15.00	Telephone interview

S.No.	Name	Interview focus	Date and time	Method used
36.	Bhanu + Social Light, Positive Women Network (PWN+),Chennai	Livelihood program (printing)	17th June 2011 12.00 -13.00	Face to face dyadic interview
37.	Bibodini Mishra, State Coordinator, Mainstreaming Resource Unit, Action Aid, Orissa	Mainstreaming	20th Oct 2011 10.00-11.00	Telephone interview
38.	Bitra George, Country Director, FHI India, New Delhi	GIPA policy, Stigma & discrimination efforts & Professional and thematic interface	8th June 2011 15.00 - 16.00	Face to face interview
39.	Brajesh Dubey, President, Rajasthan Network of Positive People (RNP+), Rajasthan	Mainstreaming, District level network and Policy outcomes	13th June 2011 10.30 - 13.00	Face to face interview
40.	Christy Abraham, Asia Regional Director, Action AID, Bangalore	Mainstreaming Resource Unit and Link Worker scheme	16th Oct 2011 15.00 - 16.00	Telephone interview
41.	Community Stakeholders, Link Worker & Supervisor, Link Worker Scheme (LWS) Srinagar Block, Ajmer	Link Worker Scheme field activities	14th June 2011 11.30 - 14.30	Face to face group interview
42.	D. K. Changani, General Secretary, All India Trade Union Congress (AITUC) , Rajasthan	Mainstreaming with trade unions	15th June 2011 14.30 - 15.30	Face to face interview
43.	Daxa Patel, General Secretary, Gujarat Network Positive People (GNP+), Gujarat	Positive networks, Gujarat Networks, Access to treatment	7th June 2011 13.00 - 14.00	Face to face interview
44.	Hari Mohan, Independent Consultant, New Delhi	Mainstreaming work, macro perspective to UNDP work	14th Oct 2011 10.00 - 11.00	Telephone interview
45.	Harlal, Outreach Worker, Aide et Action, Rajasthan	Link Worker Scheme	14th June 2011 10.30 - 11.30	Face to face group interview
46.	Indumathi Ravishankar, Program Director, South India AIDS Action Program, Chennai	Sashakt	17th June 2011 16.00 - 17.00	Face to face interview
47.	Kaushalya, President, Positive Women Network (PWN+), Chennai	Leadership for Results Projects; Social Light	17th June 2011 12.00 - 13.00	Face to face dyadic interview
48.	Krishna Gautam, Senior Program Manager, Mamata, Rajasthan	Mainstreaming Resource Unit	13th June 2011 14.30 - 15.30	Face to face interview

S.No.	Name	Interview focus	Date and time	Method used
49.	L. Ramakrishnan, Country Director, Programs and Research, Solidarity and Action Against The HIV Infection in India (SAATHII), Chennai	Mainstreaming	17th June 2011 10.00 - 11.00	Face to face interview
50.	Laxmi Narayan Tripathi, Founder and Chairperson of Astitva, Mumbai	consultations and collaborations with NACO, NALSAforTGs	8th June 2011 12.00 - 13.00	Telephone interview
51.	Manoj Aggarwal, Freelance Consultant, Uttar Pradesh	Charca program and Mainstreaming	20th Oct 2011 14.00 - 15.00	Telephone interview
52.	Mission sister of Ajmer, Asha Niketan, Ajmer	CSO forum and Care centre	14th June 2011 16.30 - 18.00	Face to face group interview
53.	Mohammed Rafique, Deputy Director, Technical & Program Support, Mamta, New Delhi.	Macro perspective on UNDP work	17th Oct 2011 10.30 - 11.30	Telephone interview
54.	Nahid Mohammed, Training Officer, SAATHII, Rajasthan	Mainstreaming Resource	15th June 2011 15.30 - 16.00	Face to face interview
55.	Mona Balani, President, Positive Mother's Association (PMA+), RNP +, Rajasthan	Mainstreaming and PLHA	13th June 2011 10.30 - 13.00	Face to face interview
56.	Niranjan Saggurti, Associate: HIV and AIDS Program, Director: Knowledge Network Project, HIV and AIDS Program, Population Council, New Delhi 110003	Migration	6th June 2011 14.00 - 15.00	Face to face interview
57.	Padma, Member, People Women Network (PWN+), Hyderabad	Leadership through L4R process	19th Sept 2011 10.00 - 11.00	Face to face interview
58.	Peer Educators and community members, Social Welfare Association for Men (SWAM), Chennai	Piloting Sashakt, TG Consultations	17th June 2011 18.00 - 19.30	Face to face interview
59.	S. Peppin, Professor, Rural Management, Xavier Institute of Management, Bhuvaneswar, (XIMB), Orissa	Leadership program	10th June 2011 17.00 - 18.00	Telephone interview
60.	Priyanka, State Training Officer, Link Worker Scheme (LWS), Aide et Action (AEA), Jaipur	Link Worker Scheme	14th June 2011 9.30 - 10.30	Face to face interview
61.	Rama Devi, Member, Positive Women Network (PWN+), Hyderabad	Leadership through L4R process	19th Sept 2011 11.00 - 12.00	Face to face interview
62.	Ramesh Paliwal, Counsellor, TABBAR, Jaipur	Migration Information Centers activities	13th June 2011 17.30 - 18.30	Face to face interview

S.No.	Name	Interview focus	Date and time	Method used
63.	Ravi Verrma, Asia Regional Director, ICRW Asia Regional Office, New Delhi	Migration study, Stigma reduction work, MTR NACP IV deliberation	6th June 2011 12.00 - 13.00	Face to face interview
64.	Samarajit Jana, Independent Consultant, Kolkotta	UNDP support to NACO and Taha project	19th June 2011 17.00 - 17.30	Telephone interview
65.	B. Sekar, Director, Social Welfare Association for Men (SWAM), Chennai	Piloting Sashakt, TG Consultations	17th June 2011 17.00 - 18.00	Face to face interview
66.	Selvi, Member, Tamil Nadu Network of Positive People (TNP+), Legal aid cell, Tamil Nadu	Legal aid cell activities	16th June 2011 15.30 - 16.30	Face to face interview
67.	Shashikanta Malik, Project Manager, Action Aid, Orissa	Mainstreaming Resource Unit and Link Worker scheme	15th Oct 2011 11.30 - 12.30	Telephone interview
68.	Shiv Narayana, Founder Director, Catalyst Management Services, Bangalore	Mainstreaming, Link worker, NACP 3	15th Oct 2011 15.00 - 16.00	Telephone interview
69.	Sonal Mehta, Program Director, Alliance, New Delhi	Pilot for GFATM Rd 9, Sashakt project	7th June 2011 16.00 - 17.00	Face to face interview
70.	Sunil Mehra, Executive Director, Mamta, Health Institute for Mother and Child, New Delhi	NACP formulation, Link worker prototype, Gender policy	7th June 2011 14.30 - 15.15	Face to face interview
71.	Supervisors, Link Worker Scheme, Aide et Action, Rajasthan	Link Worker Scheme	14th June 2011 11.30 - 12.15	Face to face group interview
72.	Vimla Nadkarni, Professor, Centre for Health and Mental Health, Tata Institute of Social Sciences, Mumbai	Social protection, Transgender policy development and Mainstreaming	10th June 2011 16.00 - 17.00	Face to face interview
73.	Vivek Anand, CEO, Humsafar Trust, Mumbai	MSM/TG, Technical support for sexual minorities programs, Sashakt, Bombay Dost, Bolo, Comic strip story, Kashish,	10th June 2011 14.00 - 15.30	Face to face interview

Appendix III: Evaluation Team

ADR Evaluation team	
Team Leader	Jayati Ghosh
Team Members	Anand Akundy Suman Sahai
Team Advisor	Gus Edgren
Task Manager (UNDP Evaluation Office)	Juha Uitto
Research Assistant (UNDP Evaluation Office)	Elizabeth de Leon Jones
Country Office Outcome Evaluation Team	Anita Rego Premila Nazareth Satyanand Vishaish Uppal

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About UNDP

UNDP is a solution oriented, knowledge based development organization, supporting countries to reach their own development objectives and internationally agreed goals, including the Millennium Development Goals (MDGs), UNDP partners with people at all levels of society to help build nations which can withstand crisis, and drives and sustain the kind of of growth which improves the quality of life for everyone. UNDP's mandate has four pillars: poverty reduction and the MDGs; democratic governance; crisis prevention and recovery; and environment and sustainable development. UNDP supports countries to bring about transformational charges in their development status. Working for sustainable human development for all, they help billd capacities for sustained development and respond to emerging development needs. Going forward, UNDP works through its global networks to links ideas and best practice with nations and communities which are seeking solutions to their development challenges, consistent with the goal of empowering lives and building resilient nations. Their neutrality in approach and the long term in country presence makers it a trusted partner in human development.

UNDP believers 'human development' it about expanding the choices available to people in order to live valuable lives. Economic growth is important, but it is truly only a means for enlarging those choices. A fundamental part of expanding those choices is building human capabilities, the range of things that people can achieve in their life. UNDP believes strongly that people's well being and their quality of life is the most important measure of whether 'development, both as beneficiaries and as drivers, as individuals and in groups. People must be empowered with the tools and knowledge to build their own communities, states and nations.

UNDP concentrates on interventions that have strong multiplier effects for reducing poverty and achieving the MDGs: Investment in women and girls, targeted actions in social protection and employment creation and local development and energy access for the poor.

UNDP belivers that nations cannot be resilient without empowered people who have the tools and knowledge they need to achieve success. UNDP also believes people will be less served by nations and institutions that are unable to withstand crises and provide for their people.

Empowered communities
Resilient Nations