

LEADERSHIP FOR RESULTS
UNDP's response to HIV/AIDS



**DISTRICT PLANNING AND IMPLEMENTATION
STRATEGY NOTE AND GUIDE**

The Answer Lies Within



HIV/AIDS GROUP • BUREAU FOR DEVELOPMENT POLICY • 2005

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Foreword

The drafting of this district-level strategy note and implementation guide was made possible by a group of development planners and experts brought together by the HIV/AIDS Group of United Nations Development Programme (UNDP) over a period of two years. The document is designed as a tool to assist the district or sub-national officials in planning and implementing development programmes that include HIV/AIDS. The approach aims at increasing the involvement of local people in decision making and shows how outcomes of decisions in a plan can be implemented with accountability. Finally, it reinforces monitoring and review processes as a key component of the planning and implementation process at the district/sub-national level.

The sub-national level may comprise the state, province, region, municipality, district, county, sub-district, parish or communes depending on the geography, political and administrative system of the country in question. In addition, this may depend on the autonomy and decision-making powers of decentralized entities, which vary considerably from country to country in terms of the extent of decentralization or devolution of authority and functions. Population characteristics also play a key role in the definition of the sub-national level. In countries where the population is high, for instance, Nigeria and India, the size of a district may be much larger than the entire population of other countries such as Swaziland or Botswana.

This document is tailored to smaller sub-national entities with the view that, large sub-national entities—such as those in China, India or Nigeria—will undertake the equivalent of the development planning and national strategic process. In this Guidance Note, the ‘the District’ is considered the most common decentralized entity for HIV/AIDS planning and implementation as well as local service delivery. Experience with the UNAIDS district response initiative indicates that this level is where community initiatives and local governance come together. The term ‘district’ will thus be used to represent the different ways by which they are referred to in various countries. District planning and implementation is an essential part of every national development response. As such, any attempt to strengthen the processes will be informed and in tandem with overall support to strengthen national development and strategic planning processes.

This document outlines general principles, strengths and challenges faced by many countries in addressing HIV/AIDS, and introduces holistic and empowering methodologies as a way of strengthening the district response to produce results that reverse the epidemic’s trend. It is dedicated to placing emphasis on implementation and scaling up responses with full engagement of government, civil society organizations (CSOs), faith-based organizations (FBOs), traditional authorities, people living with HIV/AIDS (PLWHA) and the private sector as equal partners in district decision making, resource allocation and review processes.

The purpose of this document is to place the individual at the heart of the district planning process and generate stakeholder accountability through the use of transformative leadership techniques. The district level is the anchor for influencing national policy and aligning community-led responses with national development planning processes. The document is to help move development efforts from a 'planning orientation' to 'response implementation at the decentralized level' in order to support the achievement of the Millennium Development Goals (MDG) and the goals of the Declaration of Commitment of the UN General Assembly Special Session on HIV/AIDS (UNGASS).

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1. District Planning and Implementation

Revisiting District Planning and Implementation Process

Planning is defined differently according to contexts. It is said to be the “deliberate social or organizational activity of developing a strategy of future action to achieve a desired set of goals for solving different problems in complex context. This is underpinned by the power and intention to commit resources to act as necessary to implement the chosen strategy”.

In recent times, planning has come to be seen as a much broader set of human activities, encompassing the provision of physical infrastructure as well as public and social services, including health, education, sanitation, shelter, and transport among others. Besides the technical, analytical and design components, planning is seen intensely as a political and value-laden activity.

The term *‘district planning and implementation’* in this document refers to the state-led processes by which decisions relating to the future social and economic growth of a geographically demarcated area are undertaken and closely linked to the national planning and implementation processes. In many countries, government ministries are given this responsibility, which usually occurs in yearly cycles. Statistics indicate clearly that existing district planning and implementation processes have not been able to cope with the development challenges, including HIV/AIDS in many African countries.

Rationale for Focusing on the District

The district represents the level where participation and empowerment of both individuals and communities is most feasible and is the level where opportunities for collective action and accountability are most likely. Key stakeholders (decentralized sectors and institutions) are also better able to interface with each other, and, more importantly, with the communities they serve. It is at this level that outcomes and impact can be measured directly. In this respect the role of local governments in bringing about innovation and in creating a supportive environment for implementation of development programmes, including HIV/AIDS responses is critical. Furthermore, the district authority provides opportunity for promoting linkages, and integrating the voices and choices of social groups and communities into local programmes.

Key District Planning Challenges

Responding to HIV and AIDS at the district level must be an inclusive, mobilizing and multi-sectoral process that involves decentralized government agencies, private-sector institutions and civil society. Current approaches and responses to HIV and AIDS do not always adequately address the twin problems of inclusion and empowerment of local stakeholders. Often, power relations limit the actions that communities and committed individuals can take.

Additionally, the established underlying causes of HIV and AIDS and poverty such as sexual abuse, alcoholism, stigma, discrimination, unequal access to resources by the poor and most vulnerable (particularly women and girls) remain key challenges in addressing issues of HIV and AIDS and poverty at the district level.

Most district HIV/AIDS responses are planned and implemented separately by government institutions, NGOs and other development partners. This traditional fragmented approach continues to raise additional challenges. Among them is how to de-emphasize the overreliance on separate responses and aim at a more comprehensive response based on shared understanding of a district's specific socio-cultural and economic drivers and impact from the epidemic. Processes for resource allocation and accountability for results are often not effective, while expected outcomes are hindered by poor coordination, duplication of efforts, and limited transparency of development practitioners. Additional challenges to sub-national planning and implementation processes include:

- How to sufficiently analyze the current and future impact of HIV/AIDS on various sectors, households and individuals.
- How to actively interact and engage government, civil society organizations and international partners in addressing HIV/AIDS issues at the district level.
- Provision of adequate human and financial resources for scaling up responses and supporting implementation at community level in a timely manner.
- How to institute and apply effective systems that ensure personal and collective accountability and guarantee results.
- The need to constantly sharpen the skills of key district decision makers and service providers in HIV and AIDS.

A Different Methodology for Individuals, Institutions and Communities

This approach to district-level planning and implementation is similar to that of the national level and is premised on the issue that a shift in current development planning processes, underscored by a deeper local leadership, is required. The key is to identify local capacity for implementation that can be **retained** over time. The ability to overcome the challenges listed rests on local authorities and development practitioners being able to inspire innovation and empower individuals, communities and institutions to take action based on clear goals and milestones. In addition, the methodology addresses root causes of the epidemic at the individual, community, institutional and societal levels and, as such, will bring about multi-stakeholder action. This methodology is expected to promote:

- Collective and deeper understanding of the underlying causes and impacts of the epidemic at the district level.
- Greater openness and questioning of the adequacy of the current district HIV/AIDS response, if any.
- Greater involvement and engagement of key stakeholders, including marginalized groups in decision-making processes.
- Development of a shared vision on how to address issues of HIV and AIDS that is based on local values and norms.
- Development of lasting partnerships and coalitions among government, CSOs, FBOs, traditional authority, PLWHA and the private sector for results.
- More accountability to the community by decision makers, implementing agencies and service providers.
- Flexibility and dynamism in the district planning and implementation process in line with the complex unfolding nature of the epidemic.

This approach helps to place the individual at the centre of the planning and implementation process as shown in Fig 1 below.

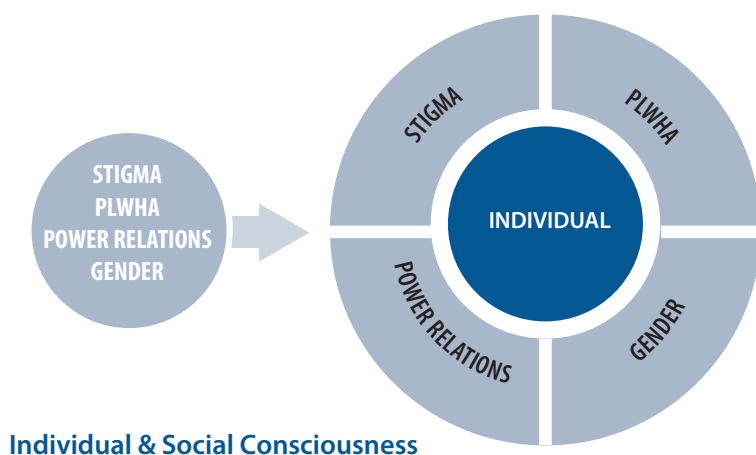


Fig 1.
Placing the individual at the centre of the district response

The basic principle here is that individual commitment and awareness of district development practitioners, decision makers, parliamentarians, traditional leaders, technical experts, social workers, etc. is critical for change, and the shift to a different way of planning and action that draws on the collective strengths of all.

The proximity of communities to local government provides for concerted multi-sectoral action, ensuring that community initiatives such as UNDP's Community Capacity Enhancement Process (CCEP) bring in innovation that deepen ownership and generate demand for HIV/AIDS action. Country experiences indeed confirm that given the right support, individuals, communities and institutions can influence the course of events by taking collective action to overcome challenges.

Uniqueness of this Methodology: Summary

The uniqueness of this methodology lies in the introduction of transformative leadership techniques (distinctions, insights and frameworks) that empower individuals to become agents of social change.

Specifically, it:

- Provides stakeholders with a complex understanding of the deep-seated causes and impacts of the epidemic.
- Allows for individuals to take a personal stand and promotes mutual commitment as a fundamental pillar for achieving breakthrough results.
- Places emphasis on individual, institutional and community change at the core of achieving accountable results.
- Promotes partnerships among government, CSOs, private-sector institutions and, more importantly, communities for sustainable action and results.
- Builds local capacity for scaling up of multi-sectoral responses.

2. Key Objectives

The main purpose is to strengthen the district planning and implementation processes by empowering and drawing on the experiences and commitments of people to make a difference through the use of transformational techniques. The longer-term objective is to reinforce district HIV /AIDS responses and ensure their integration into local development.

The Immediate Objectives:

- Build the capacities of a pool of in-country facilitators to assess, design and support HIV and AIDS responses in selected districts.
- Support participatory, multi-sector HIV/AIDS planning which results in comprehensive breakthrough strategies, activities and clear milestones for implementation.
- Facilitate an integration of local HIV/AIDS response that reflects community-level actions in local government planning and implementation processes.

3. Strategies

People are the most important asset of any country. As at the national level, strengthening the local planning and implementation systems is about engaging individuals to change their way of thinking, their attitudes, and ways of relating to others as stakeholders. In many countries, the district planning cycle reflects the national planning cycle, which in most cases is undertaken yearly. Although structures such as multi-sector HIV/AIDS district committees are found in numerous countries, their functions and operations are not always clear and many are inactive or not functional. These structures represent the entry point for strengthening district HIV and AIDS strategies.

The broad strategies outlined below are designed to provide lasting technical assistance for the integration of HIV/AIDS into district development through multi-sector planning and comprehensive community inputs. The core of this support, therefore, will be to build a committed cadre of local facilitators of planners, service providers and other development practitioners who support and influence district HIV/AIDS planning and implementation processes with transformation thinking and practice.

Developing Capacity for an Integrated Response to HIV/AIDS

This strategy will focus on building the capacity of a pool of in-country facilitators committed to using both strategic and transformative methodologies in planning processes and in using the skills acquired to support other planners and development practitioners at the district level.

Empowering Communities to Engage in District Planning and Implementation Processes

This involves strengthening district multi-sectoral entities/committees, including parliamentarians, elected community representatives, counsellors, assembly persons, traditional leaders, traditional healers, (with at least 50% women and CSO representation) to lead the response to HIV/AIDS more effectively. The strategy will achieve the following:

- Ensure that community representatives, opinion leaders and community facilitators in the multi-sectoral HIV/AIDS Team commit themselves to reporting back to their respective communities on district-level decisions.
- Use Community Capacity Enhancement Processes as a tool for obtaining community and vulnerable group inputs for district planning.
- Organize multi-sectoral planning processes that enhance leadership capacities of both community representatives and district actors.
- Select and train a cadre of in-country facilitators to support and strengthen district planning processes.

Promote National Advocacy for District Governance and Community Strengthening

This strategy aims to consolidate commitment of leaders at all levels—politicians from the national, district and community levels to:

- Institutionalize community and sub-national interface through annual working sessions, regular workshops and open fora and participation in leadership development programmes. This will involve collaboration with sector ministries, planning commissions, community/NGO/CSO/CBO, parliamentarians, opinion leaders and PLWHA.

Build Local Partnerships for Effective Implementation and Sustainable Results

- Involve more actively, the local arts and media, hoteliers, banks, mining companies, timber firms, trade unions, local industry, etc. in the district response to HIV/AIDS in the transformative planning process. The involvement of the arts and media will facilitate both the popularisation of the process and the providing of feedback on progress to ensure individual and collective accountability.
- Through UNDP's We Care Programme, the private sector will be supported to strengthen their workplace programmes, especially in the areas of stigma and discrimination and increased access to treatment.

Increasing Community Access to Resources for HIV/AIDS

- Facilitate dialogue for mobilization, re-allocation and re-channelling of resources to communities.
- Liaise with financial management experts to explore existing community funding mechanisms which can be strengthened.
- In collaboration with financial management experts, strengthen funds management systems (disbursement and expenditure tracking mechanisms) to enable PLWHA, CSOs and opinion leaders, etc. to access public funds for implementing local initiatives.

4. Core Principles and Values

The following core principles and values are common to all the components of UNDP's Leadership for Results (L4R) Programme. They also guide planning and implementation of district HIV/AIDS responses:

- Participation: Ensuring that sub-national planning and implementation processes are participatory and fully engages all relevant stakeholders (local government, sectors, NGO, CBO, CSO, PLWHA, opinion leaders and civil society actors).
- Roles and responsibilities: There will be clear roles, responsibilities of stakeholders to avoid duplication of efforts and waste of resources.
- Partnerships: Building partnerships between government, private sector and CSOs for a strengthened district planning, implementation and review processes.
- Non-discrimination: In the planning and implementation of HIV/AIDS responses, efforts will focus on ensuring non-discrimination of marginalized groups, girls and women and PLWHA.
- Human Rights and Dignity: Ensure that PLWHA and other marginalized groups, especially girls and women, are fully engaged in the planning and implementation processes and that their rights are protected at all times.
- Equality: Decision-making platforms will now have equal representation of both sexes, including offering equal opportunity to articulate and incorporate their views in plans and implementation processes.
- Equity: Ensure that resource allocation mechanisms reflect the needs of various institutions, groups communities and PLWHA.
- Non-violence: By principle, decision makers at the district level will formulate and ensure compliance with appropriate by-laws to deal with issues of sexual and domestic violence against girls and women.

5. Basic Indicators

Table 1. Summary of basic indicators to measure progress

STRATEGY	VERIFIABLE INDICATORS	MEANS OF MEASUREMENT
1. Planners and service providers able to design more empowering planning and implementation processes.	<ul style="list-style-type: none"> a. Number of district planning actors (Planners and Service Providers) trained and applying new techniques. b. Number of districts using transformative leadership techniques for multi-sectoral planning and implementation process. c. Extent to which the annual district planning cycle starts with stakeholder agreements on a personal and common stands and commitments. 	<ul style="list-style-type: none"> a. Training materials. b. Documentation of use of transformation techniques in the planning and implementation process. c. Reports showing compliance with agreed principles and implementation of new breakthrough initiatives.
2. Strengthen community capacity to engage in district planning and implementation process as empowered partners.	<ul style="list-style-type: none"> a. Number of community actors (parliamentarians, religious and traditional leaders, CSOs, NGOs) actively participating in the district planning, implementation and review processes. b. Quality of district planning meetings, monitoring and review process improved. 	<ul style="list-style-type: none"> a. Annual Programme reports b. Minutes of meetings and number of key decisions implemented.
3. Promote national advocacy and dialogue for approaches that address district governance and community issues.	<ul style="list-style-type: none"> a. Number of political and administrative leaders who have participated in the district planning for a, workshop and review processes. b. Commitment of political and administrative leaders to empowerment of institutions and communities. c. Number of national and district (including CSO) planning meetings held. 	<ul style="list-style-type: none"> a. Documentation of personal stories, testimonies and actions. b. District and media reports.
4. Build wider local partnerships beyond planning for effective implementation and sustainable results.	<ul style="list-style-type: none"> a. Number of alignment/review meetings held per year. b. Number of new partnerships built between different institutions (district, communities and CSOs and private sector) on key district priorities and resource allocation. c. Number of new workplace programmes in place in the private sector. 	<ul style="list-style-type: none"> a. Documentation and publicity of committed alignments made by the media. b. Quarterly district progress reports. c. Annual reports.
5. Ensure that innovative fund disbursement and accountability systems for increasing community access to resources are in place.	<ul style="list-style-type: none"> a. Number of communities that successfully and timely accessed and received funds both government and external sources. b. Feedback and accountability processes in use. 	<ul style="list-style-type: none"> a. Financial Reports

6. Expected Results

The results below are expected over the medium term:

- Pool of in-country resource persons trained and able to use transformative leadership techniques alongside planning and implementing of local HIV/AIDS activities.
- District HIV/AIDS planning and implementation process adopted that highlight the drivers and impacts of the epidemic and develop inclusive, empowering and gender-sensitive district responses.
- District planners, policy makers and representatives of service providers able to demonstrate clear understanding of the causes and impacts of the epidemic and willing to respond differently.
- Platform for regular dialogue between national and sub-national and community actors is provided.
- An integration into the district planning process that brings out the synergies in development, HIV/AIDS, poverty and other challenges and promotes partnerships for expanded and sustained action.
- Innovative fund disbursement and accountability systems are in place for channelling needed funds for community programmes in a timely manner.

7. Country Operational Guidelines

Methodological Steps to Guide Country-Level Implementation Process

The table below presents the key steps to guide country implementation processes. It is divided into five key phases, beginning with country-level enrolment and relationship building to supporting districts to collectively create the HIV/AIDS response. It ends with a consolidation and scaling-up phase where successes are shared by all stakeholders and service providers and documented while breakthrough initiatives are scaled up over a three-to five-year period.

Table 2. Key Steps

PHASE 1 (PREPARATION & NATIONAL LEVEL ENROLMENT)					
COMPONENTS	SPECIFIC ACTIVITIES	TIMELINE	WHO	TOOLS	OUTCOMES
1. Preparation & Country enrolment mission	a. UNDP Country Office Contact UNDP Country Office and brief CO and RR on: i. New UNDP vision and methodology for HIV and AIDS. ii. Identify focal person in UNDP or contract out	Month 1 10 day mission	HIV and AIDS Group/External Consultant & LDP Facilitator	Adapted Leadership for Results presentation	1. Alignment on methodology and mutual commitment 2. Country specific actions outlined e.g. how many districts etc. & road map for support
	b. Government and Development Partners i. Through the CO: - Identify and enrol key government partners including local government development planners, Planning Commission, representatives of government sector ministries, reps of national AIDS Coordinating Body, UNAIDS etc. ii. In close collaboration with government partners, select 2 districts for initial support				Adapted L4R presentation National Level Planning Guidelines/Documents Adapted L4R presentation National Level Planning Guidelines/Documents

PHASE 2 (DISTRICT LEVEL ASSESSMENT OF STRENGTHS & OPPORTUNITIES)					
COMPONENTS	SPECIFIC ACTIVITIES	TIMELINE	WHO	TOOLS	OUTCOMES
2. District Components HIV/AIDS Assessment	<p>a. Design and conduct appreciative inquiry to:</p> <p>i. Review of existing district HIV/AIDS documents, reports, poverty plans, development plans) and to discover and document key thematic HIV and AIDS issues, linkages, drivers of the epidemic in the selected districts, adequacy of current responses and,</p> <p>ii. Prepare inventory of all ongoing initiatives and implementers</p> <p>iii. Gain agreement on road map for district multi sector planning forum</p>	Month 2 3 weeks	Consultant/ In country Facilitation team	Appreciative Inquiry Techniques	<p>AI Report-Relationships built with key district actors</p> <p>Hope generated with new possibilities as the “people voices” are collected, Additional data generated including existing responses</p>
PHASE 3 (CO-CREATING THE DISTRICT RESPONSE)					
3. 1st Multi Sector Planning Forum	<p>a. Multi sector planning forum</p> <p>1. Day pre-training of in-country facilitators</p> <p>2. Conduct 3-day planning forum for multi-sector team to:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Discuss outcomes of Appreciative Inquiry/situation and response <input type="checkbox"/> Envision district goals <input type="checkbox"/> Take personal and collective stand <input type="checkbox"/> Gain collective understanding of drivers of epidemic <p>Identify district-specific priority areas and document breakthrough HIV activities with CCEP inputs, and define targets, expected results, success indicators</p> <p>Form steering committee for coordination of implementation and conduct 1 day post-in-country facilitator’s training to deepen their understanding on how to support other districts</p> <p>3. Design conversations to:</p> <p>Discuss and gain agreement of implementation arrangements including leadership, management systems, resources, roles and responsibilities and “mainstream” into local government development plan</p> <p>4. Validate multi sector plan in workshop with wide community participation</p> <p>5. Develop implementation schedule and financial tracking and reporting system definition of indicators and assignment of monitoring roles</p> <p>6. Liaise with financial experts to ensure innovative and timely access and disbursement of funds for implementation</p>	Month 3 7 days	Consultant In-country Facilitation Team/ LDP Facilitator	Leadership/ transformative techniques & frameworks	Revised plans of actions inclusive of breakthrough activities, outcomes of community and institutional consultations

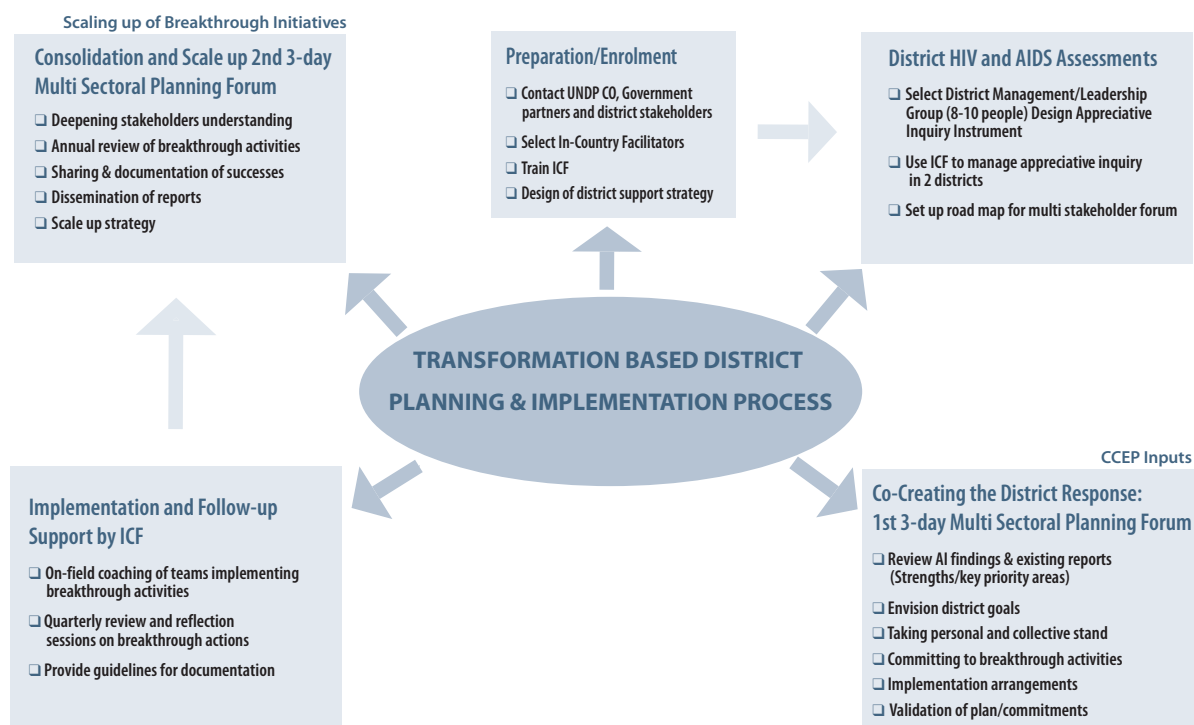
PHASE 4 (IMPLEMENTATION AND FOLLOW UP)

COMPONENTS	SPECIFIC ACTIVITIES	TIMELINE	WHO	TOOLS	OUTCOMES
4. Implementation and follow up support	<ul style="list-style-type: none"> <input type="checkbox"/> Provide field support for monitoring and quarterly district review and reflection sessions <input type="checkbox"/> On-field coaching support for implementing breakthrough initiatives <input type="checkbox"/> Provide guidelines for documentation of lessons learnt and disseminate progress and lessons learnt to all stakeholders 	Month 4-11 3 days every quarter	Consultant/ Local Facilitation Team	<p>Assessment Tools and Indicators Developed</p> <p>Activity and Financial Reporting Formats</p>	<p>Self assessments and achievements documented every quarter</p> <p>Documentation of breakthrough successes and impact of transformative methods on district HIV and AIDS integration and implementation documented and disseminated to all district stakeholders</p>
5. 2nd Multi - Sectoral Consultation & Planning Forum	a. Conduct 3-day planning forum to deepen the understanding of district level stakeholders in leadership transformation for multi sector planning and action	Month 7 3 days	Consultant/ Local Facilitation Team	L4R tools	Transformative techniques of district stakeholders deepened for scaling up of breakthrough activities and practice
6. Annual review and accountability session	<p>a. Conduct:</p> <ul style="list-style-type: none"> i. Annual review to assess over all progress and challenges ii. draft scale up strategy <p>*Participants will also include national level decision makers to promote national advocacy dialogue and policy</p>	Month 12 2 days	Consultant/ Local Facilitation Team	Self Reflection Tools Adapted from L4R	Annual achievements documented and disseminated

Fundamental Principles for Country-Level Support:

- ❑ Appreciative inquiry instrument will be designed by LDP coach and used by in-country facilitators to train local interviewers.
- ❑ Training of in-country facilitators to build competencies for scaling up without leadership transformation facilitators.
- ❑ With support from trained in-country facilitators, leadership coaches will only support two selected districts to undertake the five-stage transformative process.
- ❑ In-country facilitators will be used to scale up to other districts in the country with only quality assurance support from the leadership coaches in the second year.
- ❑ Key district stakeholders include: Representatives of NGOs, CBOs, CSOs, FBOs, traditional leaders, traditional healers, women's groups, youth groups, parliamentarians, elected community representatives, government-sector representatives, trade union representatives, etc.

Fig 1. Schematic presentation of detailed methodological steps to guide the Local Implementation Process



Detailed Methodology of Country Operational Plan

A. PREPARATION AND COUNTRY ENROLMENT

Purpose

1. Develop a common understanding among country stakeholders and to solicit documented mutual commitment to strengthening district planning processes with transformative techniques.
2. Identify and build the skills of a cadre of in-country facilitators to support and influence district planning and implementation of HIV/AIDS responses.

Steps

1. Set up a presentation meeting with core staff of the country office to brief them on L4R and associated distinctions and frameworks.
2. Identify and build relationships with UNDP focal point for HIV/AIDS.
3. In collaboration with the country office identify key government partners from NPCs, UNAIDS, government ministries, planning and other development partners, as well as key district-level staff, CSO, local NGO representatives, traditional leaders, etc (40-50 people).
4. Conduct one to three enrolment forums and solicit documented commitment for rollout.
Enrolment forum package will include:
 - Introduction by RR, Local Government Minister, etc.
 - Brief synopsis of the current response to HIV/AIDS focusing on existing strengths and key challenges.
 - Presentation of L4R emphasizing on strengthening district planning and implementation processes.
 - Presentation and practical training on key frameworks and distinctions necessary to strengthen district planning (Appreciative inquiry techniques, Integral model, Lickert's model, Conversations, Possibility, Learning and listening styles, Emotional intelligence and other key normative planning techniques).
 - Selection of two districts for initial support.
5. Organize a three-day training session on L4R tools and strategic planning process for selected in-country facilitators.

Outputs

1. Building of relationships and relevant partnerships among country office, government partners and district level actors.
2. Enrolment of all identified stakeholders in the L4R programme.
3. Documented commitments from stakeholders.
4. Pool of in-country facilitators trained and assembled.
5. Two districts selected for initial support.

B. DISTRICT ASSESSMENTS

Purpose

1. Conduct desk review of existing HIV/AIDS plans in the selected districts.
2. Draft an inventory of all ongoing HIV initiatives in the district, including coverage and types of programmes.
3. Provide all key stakeholders the opportunity to express opinion about HIV/AIDS initiatives in the district, including what is working, using the appreciative inquiry method.
4. Gain clearer understanding and initial documentation of district specific drivers of HIV/AIDS as well as existing planning challenges and strengths.

Steps

1. Select five of the trained in-country facilitators.
2. Design appreciative inquiry questionnaire for training at least 15 local interviewers (in-country facilitators will supervise the interview process).
3. Decide on number of stakeholders to be interviewed.
4. Conduct large-scale appreciative inquiry involving all identified stakeholders and selected members of the communities in the districts over one month.
5. Compile appreciative inquiry report.

Outputs

1. Appreciative inquiry report of the district outlining:
 - The peoples' hopes, aspirations and vision for HIV/AIDS in the next five years.
 - Inventory of current responses.
 - Existing strengths and challenges in the HIV/AIDS planning process and current response.
 - District stakeholder commitments.
 - Documented road map for rolling out transformative planning methodology.

C. 1ST 3-DAY DISTRICT MULTI-SECTOR PLANNING FORUM

Purpose

1. Share and discuss appreciative inquiry report.
2. Consolidate individual and collective commitments.
3. Map out the current situation and response.
4. Co-create the response by developing a comprehensive district strategy for HIV/AIDS with inputs from CCEP.
5. Document funding and management mechanisms.

ACTIVITY	OUTPUTS
Day 1 a. Brief opening address by district mayor b. Self introduction to at least 5 new participants c. Review of the last planning forum including: commitments and stand taken Vision and breakthrough activities Presentation of achievements in the implementation of breakthrough actions	<input type="checkbox"/> Renewal of commitments <input type="checkbox"/> Breakthrough successes identified
Day 2 a. Deepening of understanding of frameworks and distinctions b. Discussion on further application of frameworks and distinctions c. Challenges in practical application and how to overcome them	<input type="checkbox"/> Deeper understanding of frameworks <input type="checkbox"/> Key challenges addressed
Day 3 a. Going to scale: What does it take? b. Developing a 3 year scale up strategy	<input type="checkbox"/> 3 year scale up strategy

A leadership transformation expert will facilitate the two planning forums in each district with support from in-country facilitators

D. IMPLEMENTATION AND FOLLOW-UP SUPPORT BY IN-COUNTRY FACILITATORS

Purpose

1. Provide field support for the implementation of breakthrough initiatives.
2. Support quarterly district-level review and accountability sessions.
3. Provide guidelines for documenting lessons learnt and disseminate report to all stakeholders.

Steps

1. Maintain contact with district steering committee and all stakeholders implementing district plan of action.
2. Provide coaching assistance through one-on-one telephonic contact and other means.
3. Organize one-day quarterly review and accountability sessions for all 50-60 district representatives.
4. Document successes and challenges in a simple report and disseminate report to all district and national stakeholders.

Expected output

1. Quarterly progress report on breakthrough initiatives.

E. CONSOLIDATION AND SCALING UP OF BREAKTHROUGH INITIATIVES: 2ND DISTRICT MULTI-SECTORAL PLANNING WORKSHOP

Purpose

1. To deepen the skills of district actors in transformation and planning techniques.
2. Discuss scaled-up strategy for next three years.

Steps

1. Organize a 3-day planning forum for district-level representatives

PHASES	STEPS	MARK BY X	REMARKS
Preparations and country enrolment	<ol style="list-style-type: none"> 1. Initial contact with UNDP (Resident Representative) country office established 2. Core UNDP team enrolled in L4R 3. Focal Person in UNDP country office identified 4. Through UNDP Country contacts with Government Partners established and Government Focal Person identified including telephone (residential and office) and email 5. Multi sectoral Leadership Team at national level identified, selected and enrolled 6. Initial commitments form government obtained and documented 7. In consultation with UNDP and Government focal persons, 8-10 national and sub-national facilitators identified 8. Cadre of in-country facilitators trained over a 5 day period enrolled 9. 2-3 districts selected for support 10. Documents on the district planning processes obtained and studied 11. Venues and logistics required for training workshop determined 12. Training of trainers sessions organized 		
District Assessments	<ol style="list-style-type: none"> 1. Large appreciative inquiry conducted with support from In country facilitators 2. Appreciative inquiry report written 3. Alignment and commitments on road map for district multi sectoral planning forum gained 		
1st Multi sectoral planning forum	<ol style="list-style-type: none"> 1. Workshop designed and agreed on by UNDP and government partners 2. Transformative planning forum conducted (number where and when) 3. District stand taken and documented 4. Socio-economic, cultural and attitudinal drivers unpacked and documented as well as strengths in current responses 5. District specific priorities identified using inputs from CCEP 6. Breakthrough activities documented 7. Agreements reached on implementation plan 8. Multi sectoral plan validated 		

Steps (continuation)

1. Organize a 3-day planning forum district level representatives

PHASES	STEPS	MARK BY X	REMARKS
Follow up support by In-Country Facilitators	<ol style="list-style-type: none">1. Implementation schedule developed2. Indicators defined collectively3. Quarterly participatory monitoring executed4. Quarterly review and accountability sessions organized5. Plan for the documentation of district activities prepared6. Lessons, experiences and best practices documented and disseminated		
2nd Multi sectoral planning forum	<ol style="list-style-type: none">1. Additional transformative techniques provided2. Participatory annual reviews conducted and outcome used to scale-up response		

ANNEXES

- ANNEX I. UNDP Key Results Areas for Service Lines**
- ANNEX II. Strategic Framework for Results**
- ANNEX III. Indicators for Measurement**
- ANNEX IV. Leadership for Results Documentation Guidelines**
- ANNEX V. Resource List for Leadership for Results**

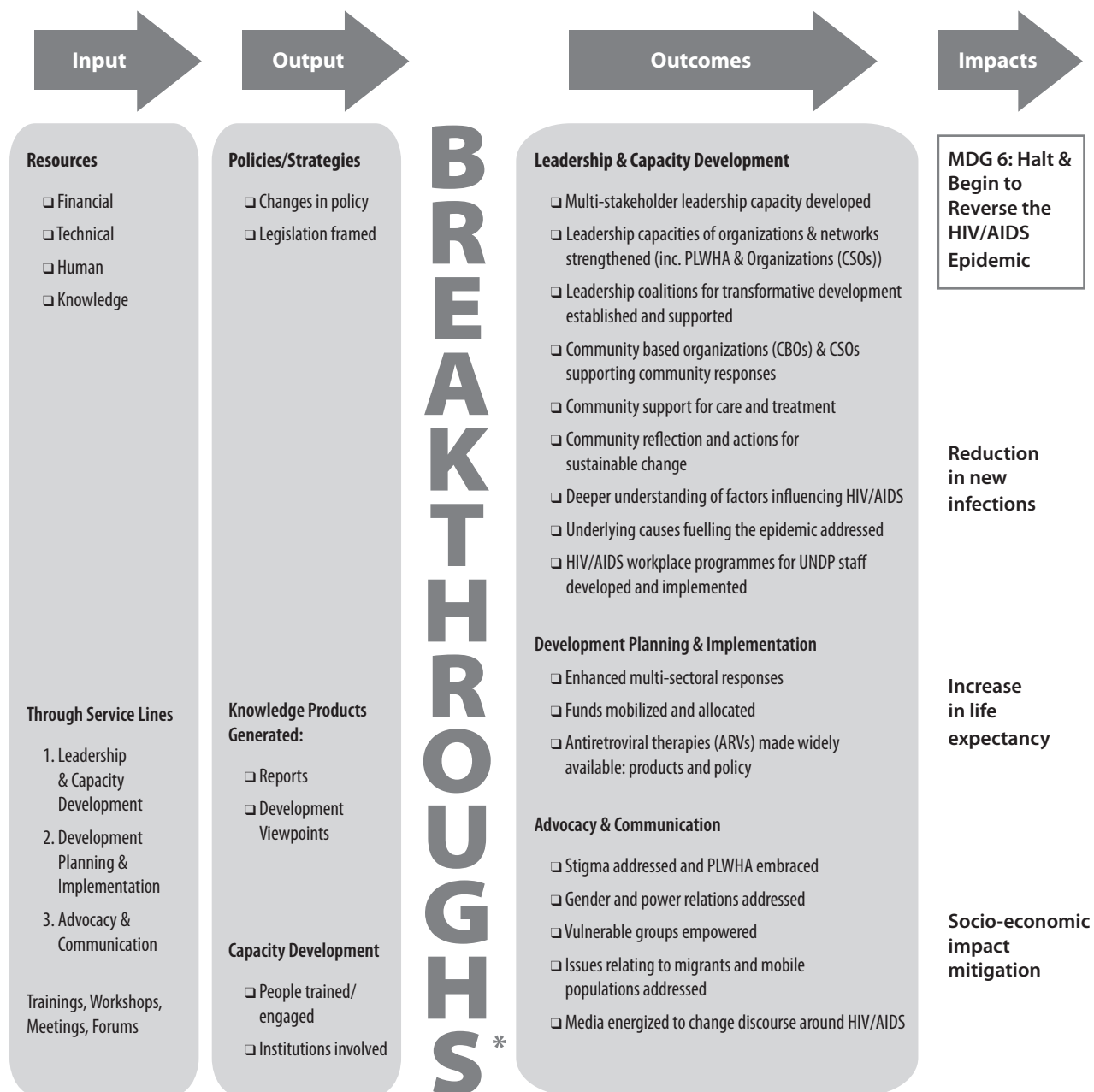
Responding to HIV/AIDS is one of UNDP's corporate priorities. UNDP works to create an enabling policy, legislative and resource environment for an effective response to HIV/AIDS, focusing on three service lines or areas of action: (1) Leadership and capacity development; (2) Development planning and implementation; and (3) Advocacy and communication. UNDP's **Leadership for Results** strategy incorporates four mutually reinforcing and synergistic components to advance implementation of the service lines and strengthen national responses to HIV/AIDS: (i) Leadership Development Programmes to develop the capacity of leaders from all sectors of society to take effective action to address HIV/AIDS; (ii) Community Capacity Enhancement programmes to empower communities to make decisions and actions to halt the spread of HIV/AIDS; (iii) Development Planning and Implementation initiatives promoting inclusive and empowering planning and implementation at national and local levels; and (iv) Arts and Media programmes focusing on changing the discourse around HIV/AIDS and empowering women and people living with HIV/AIDS. The following Annexes highlight key frameworks for measuring and documenting outcomes of service lines and of the Leadership for Results programme.

Annex I. UNDP Key Results Areas for Service Lines

Service Lines	Sample Outcomes and Outputs
<p>Leadership and capacity development to address HIV/AIDS:</p> <p>UNDP provides support for national HIV/AIDS strategies that mobilize social and political leadership and action across all sectors. These strategies involve the promotion of a deep transformation of norms, values and practices, guided by the principles of participation, gender equality and human rights. UNDP also assists governments, community organizations, civil society and the private sector to develop capacity to address the underlying causes of the epidemic, and strengthens the capacity of communities for action, social mobilization and change.</p> <p>Core Results:</p> <ul style="list-style-type: none"> ❑ Multi-stakeholder leadership capacity developed at individual, institutional and societal levels that generates breakthrough responses for reversing the course of the epidemic.* ❑ Individual and community responses to the epidemic developed addressing attitudes and practices that influence the spread of the epidemic.* 	<ul style="list-style-type: none"> ❑ Multi-stakeholder leadership capacity developed ❑ Leadership capacities of networks and organizations (including for PLWHA and CSOs) developed ❑ Leadership coalitions for transformative development established and supported ❑ CBOs and CSOs supporting community responses ❑ Community reflection and actions to address HIV/AIDS ❑ Community support for care and treatment ❑ Deeper understanding of factors influencing HIV/AIDS ❑ Underlying causes fuelling the epidemic addressed ❑ HIV/AIDS workplace programmes for UNDP staff developed and implemented
<p>Development planning, implementation and HIV/AIDS responses</p> <p>UNDP promotes national development planning processes as multi-sectoral and multi-level engagements by governments, the United Nations and other partners. This involves the mainstreaming of HIV/AIDS into national development planning instruments, including national development plans and budgets; the PRSP process, HIPC and other debt processes; UNDAFs; country programmes; and sectoral studies.</p> <p>Core Results:</p> <ul style="list-style-type: none"> ❑ Broad-based, multi-sectoral and multi-level response generated, integrating HIV/AIDS into national development plans and mainstreaming HIV/AIDS into key sectors and ministries.* ❑ Individual, institutional and societal capacities developed to effectively respond to the epidemic in crisis countries, high-prevalence countries, small island states and countries with other special circumstances.* 	<ul style="list-style-type: none"> ❑ HIV/AIDS mainstreamed into development planning instruments (national development plans and budgets, PRS/PRSPs, expenditure frameworks, and HIPC and other debt processes), CCA/UNDAF and Country Programmes ❑ HIV/AIDS mainstreamed into line-ministries and sectoral policy studies ❑ National AIDS Councils strengthened ❑ Multi-sectoral HIV/AIDS responses planned and implemented at national, sub-national and district levels ❑ HIV/AIDS aspects of CEDAW implemented ❑ HIV/AIDS strategy developed in emergency settings and response generated ❑ Strategies addressing the loss of work-force due to HIV/AIDS formulated ❑ Funds mobilized and allocated ❑ Antiretroviral therapies made widely available ❑ The RC System supported to implement CCA/UNDAF and UNISPs*
<p>Advocacy and communication to address HIV/AIDS</p> <p>UNDP uses advocacy and communication to promote a deeper understanding of the epidemic, reduce its impact and reverse its spread. Areas of support include: communication strategies to address stigma, discrimination, and gender relations that render women and girls vulnerable to infection; advocacy for legal reforms; policy dialogue on prevention and impact mitigation; and formulation of anti-discrimination, legislation for people living with HIV/AIDS.</p> <p>Core Results:</p> <ul style="list-style-type: none"> ❑ Enabling environment developed to achieve UNGASS goals and MDGs, addressing human rights, gender equality, and issues of vulnerability and silence that fuel the epidemic. ❑ Advocacy and Communications strategies created that develop a deeper understanding of the epidemic and its underlying causes, and address issues of vulnerability, stigma and discrimination.* ❑ Rights of People Living with HIV and AIDS (PLWHA) and vulnerable groups protected and promoted. 	<ul style="list-style-type: none"> ❑ National and Regional HDRs with an HIV/AIDS focus prepared ❑ Multi-stakeholder national policy dialogues to achieve UNGASS goals and create an enabling environment promoted to address prevention; treatment and care; socio-economic impact mitigation; mobile and migrant populations; and reducing vulnerability and vulnerable groups ❑ Round-tables on resource mobilization and high-level seminars on HIV/AIDS undertaken ❑ Legal reforms and formulation of anti-discrimination legislation for PLWHA and gender equality ❑ Communication strategies formulated to promote gender equality, and address gender dimensions of HIV/AIDS and stigma and discrimination against PLWHA ❑ Media and artists energized to change HIV/AIDS discourse

* Also a key result for UNDP under the UNAIDS Unified Budget and Workplan

Annex II. Strategic Framework for Results: HIV/AIDS



* Breakthroughs are generated through the decisions and actions that are outcomes of the Leadership for Results programme, including Leadership Development Programmes, Community Capacity Enhancement processes, Development Planning and Implementation initiatives, and Arts and Media programmes

Annex III. Indicators for Measurement

OUTCOMES AND CHANGES IN DEVELOPMENT CONDITIONS

	Outcome	Indicator
Leadership & Capacity Development	<ul style="list-style-type: none"> <input type="checkbox"/> Multi-stakeholder leadership capacity developed <input type="checkbox"/> Networks and coalitions strengthened <input type="checkbox"/> Testing becomes a norm <input type="checkbox"/> Community support for care and treatment <input type="checkbox"/> Community-based organizations (CBOs) and civil society organizations (CSOs) engaged <input type="checkbox"/> Community reflection and actions for sustainable change <input type="checkbox"/> Deeper understanding of factors influencing HIV/AIDS <input type="checkbox"/> Underlying causes fuelling the epidemic addressed 	<ul style="list-style-type: none"> <input type="checkbox"/> Country has a functional national and sub national & multi-sectoral HIV/AIDS management body and includes substantive representation of women <input type="checkbox"/> Country has policy of promoting women as leaders in the response to HIV and AIDS <input type="checkbox"/> Country has functional national & sub national HIV/AIDS body/processes that promote interaction for generating results among government, private sector and civil society, including 50% participation by women <input type="checkbox"/> Country has functional national, sub-national and local mechanisms for involving community-based organizations and civil society for the response, including women's groups and PLWHA. <input type="checkbox"/> Increased number of community initiatives for prevention, home-based care, change in harmful traditional practices, reduction of stigma and discrimination, support for orphans, voluntary counselling and testing, and addressing women's issues and PLWHA <input type="checkbox"/> Percentage of young people aged 15-24 who both correctly identify ways of preventing the sexual transmission of HIV and reject major misconceptions about HIV transmission; at least 50% of youth are women
	Development Planning & Implementation	<ul style="list-style-type: none"> <input type="checkbox"/> Enhanced multi-sectoral responses <input type="checkbox"/> Funds mobilized and allocated <input type="checkbox"/> Antiretroviral HIV therapies (ARVs) made widely available: products and policy <input type="checkbox"/> Improved functioning of delivery systems, voluntary counselling and testing (VCTs), treatment centres
Advocacy & Communications	<ul style="list-style-type: none"> <input type="checkbox"/> Stigma addressed and people living with HIV/AIDS (PLWHA) embraced <input type="checkbox"/> Gender and power relations addressed <input type="checkbox"/> Vulnerable groups empowered <input type="checkbox"/> Media energized to change discourse around HIV/AIDS <input type="checkbox"/> Increased workplace programmes 	<ul style="list-style-type: none"> <input type="checkbox"/> Country has a general policy or strategy to promote information, education and communication (IEC) on HIV/AIDS, and also addresses issues related to women and girls <input type="checkbox"/> Country has laws and regulations that protect against discrimination of people living with HIV/AIDS, and laws that ensure women's rights to inheritance and property <input type="checkbox"/> Country has a policy to ensure equal access for men and women to prevention and care, with emphasis on vulnerable populations

IMPACT ON THE HIV/AIDS EPIDEMIC

Impact	Indicator
<input type="checkbox"/> Reduction of new infections	<input type="checkbox"/> Percentage of young people aged 15-24 who are HIV infected, disaggregated by gender
<input type="checkbox"/> Increase in life expectancy	<input type="checkbox"/> Life expectancy at birth disaggregated for women and men and for people living with HIV/AIDS
<input type="checkbox"/> Socio-economic impact mitigation	<input type="checkbox"/> Ratio of current school attendance among orphans to that among non-orphans aged 10-14, disaggregated by gender

Adapted from UNAIDS: Guidelines on Construction of Core Indicators, August 2003

Annex IV. Leadership for Results Documentation Guidelines

COMMUNICATING OUR WORK TO THE WORLD

UNDP places great emphasis on documenting the processes and results of the Leadership for Results (L4R) programme. Documentation demonstrates the outstanding results L4R has produced and enables understanding of the unique methodologies used in the programme. Documentation also enables stakeholders in different regions and countries to learn from experiences and plan effective strategies for next steps for sustainability of efforts.

Some key documentation tools have been developed to position the Leadership for Results work in the overall UNDP context and align them to the Service Lines, UNDP Strategic Results Framework (SRF), Multi-Year Funding Framework (MYFF), MDGs and UNGASS goals. These are outlined below:

1. How UNDP Strengthens National Responses
2. How core results are achieved through expected outcomes
3. How key drivers serve as frameworks
4. Achievements of reach and scale

1. How UNDP strengthens national responses

Key questions to be addressed

- How do our approaches achieve the UNGASS Goals in the context of National Strategies?
- How do our approaches achieve the MDGs?
- How do governments/policy makers/development partners/stakeholders engage with our programmes?
- What is the cost of not doing the L4R programme? What happened that would otherwise not have happened without UNDP's inputs?

2. How core results are achieved through expected outcomes

Service Lines / Core Results	Key Questions on Expected Outcomes
<p>Leadership and capacity development to address HIV/AIDS</p> <p>Core Results:</p> <ul style="list-style-type: none"> ❑ Multi-stakeholder leadership capacity developed at individual, institutional and societal levels that generates breakthrough responses for reversing the course of the epidemic. ❑ Individual and community responses to the epidemic developed addressing attitudes and practices that influence the spread of the epidemic. 	<ul style="list-style-type: none"> ❑ How has multi-stakeholder leadership capacity been developed ? ❑ How have leadership capacities of organizations & networks (inc. PLWHA & CSOs) been strengthened? ❑ How have leadership coalitions for transformative development been established and supported ? ❑ How have community-based organizations (CBOs) & civil society organizations (CSOs) supported community responses? ❑ How are communities supporting care and treatment needs? ❑ How are community reflections and actions leading to sustainable change? ❑ How is the deeper understanding of factors influencing HIV/AIDS being demonstrated? ❑ How are the underlying causes fuelling the epidemic being addressed? ❑ How are HIV/AIDS workplace programmes for UNDP staff being developed and implemented?
<p>Development planning, implementation and HIV/AIDS responses</p> <p>Core Results:</p> <ul style="list-style-type: none"> ❑ Broad-based, multi-sectoral and multi-level response generated, integrating HIV/AIDS into national development plans and mainstreaming HIV/AIDS into key sectors and ministries. ❑ Individual, institutional and societal capacities developed to effectively respond to the epidemic in crisis countries, high prevalence countries, small island states and countries with other special circumstances. 	<ul style="list-style-type: none"> ❑ How have multi-sectoral responses been enhanced? ❑ What funds have been mobilized and allocated (to whom)? ❑ How have antiretroviral HIV therapies (ARVs) been made widely available: what are the products and policies?
<p>Advocacy and communication to address HIV/AIDS</p> <p>Core Results:</p> <ul style="list-style-type: none"> ❑ Enabling environment developed to achieve UNGASS goals and MDGs, addressing human rights, gender equality, and issues of vulnerability and silence that fuel the epidemic. ❑ Advocacy and Communications strategies created that develop a deeper understanding of the epidemic and its underlying causes, and address issues of vulnerability, stigma and discrimination. ❑ Rights of People Living with HIV and AIDS (PLWHA) and vulnerable groups protected and promoted. 	<ul style="list-style-type: none"> ❑ How has stigma been addressed and PLWHA accepted and welcomed? ❑ How have gender and power relations been addressed? ❑ How have vulnerable groups been empowered? ❑ How are issues relating to migrants and mobile populations being addressed? ❑ How has media been energized to change discourse around HIV/AIDS?

3. How key development drivers serve as frameworks

6 Key drivers serve as frameworks for documentation

Key Drivers for documentation frameworks	Key questions to be addressed
Develop national capacities	<input type="checkbox"/> How do our programmes develop national capacities?
Promote national ownership	<input type="checkbox"/> How do our programmes enhance national ownership?
Advocate for and foster an enabling policy environment	<input type="checkbox"/> How do our programmes advocate for and foster an enabling policy environment?
Advocate for South-South solutions	<input type="checkbox"/> How do we seek South-South solutions?
Promote gender equality	<input type="checkbox"/> How do our programmes promote gender equality?
Forge strategic partnerships	<input type="checkbox"/> How do our programmes forge strategic partnerships for results?

4. Achievements of reach and scale

Documentation needs to address strategic questions about the scale and reach of interventions

Key questions to be addressed
<input type="checkbox"/> How many people are reached directly by the interventions?
<input type="checkbox"/> How many people are reached indirectly or what is the (estimated) potential reach of these interventions?

Documentation of L4R needs to strike a balance between capturing inspiring, anecdotal experiences of participants and the sharper, strategic positioning our work requires. The transformational methodology of L4R has an impact on people's minds and hearts, while inspiring action to generate results. The challenge of effective documentation is to capture and record both the personal insights and the results they generate.

Annex V. Resource List for Leadership for Results

Books/Booklets/Communication Packages

- ❑ *Achieving Exceptional HIV/AIDS Responses for Development*, UNDP Human Development Viewpoint, 2004
- ❑ *Arts and Media: Transforming the Response to HIV/AIDS*, Gulan Kripalani, Shivaji Bhattacharya, Monica Sharma et al, UNDP, 2005
- ❑ *Breakthrough: UNDP's Response to HIV/AIDS*, UNDP, 2004
- ❑ *Choices Supplement – Access for All: UNDP Partnerships in HIV/AIDS and Development*, UNDP, 2004
- ❑ *Committed Leadership Can Reverse the Course of the HIV/AIDS Epidemic*, UNDP Human Development Viewpoint, 2004
- ❑ *Community Capacity Enhancement Handbook*, Moustapha Gueye, Daouda Diouf, Thebisa Chaava et al, UNDP, 2005
- ❑ *Community Capacity Enhancement Strategy Note*, Moustapha Gueye, Daouda Diouf, Thebisa Chaava et al, UNDP, 2005
- ❑ *HIV/AIDS Corporate Strategy*, UNDP, 2004
- ❑ *HIV/AIDS Thematic Guidance Note for National Human Development Reports*, Nadia Rasheed, Björg Sandkjær and Dace Dzenovska, UNDP, 2005
- ❑ *Leadership Development Programme Implementation Guide*, Monica Sharma, Allan Henderson, Serra Reid, et al, UNDP, 2005
- ❑ *Leadership Development Programme Strategy Note*, Monica Sharma, Allan Henderson, Serra Reid, et al, UNDP, 2005
- ❑ *Leadership for Results Booklet*, UNDP Strategic Management Team and Executive Team Meeting, 2004
- ❑ *Leadership for Results Catalogue*, UNDP, 2005
- ❑ *Mobilizing Artists and the Media for HIV/AIDS Action*, UNDP Human Development Viewpoint, 2004
- ❑ *Responding to HIV/AIDS: Measuring Results*, UNDP 2005
- ❑ *Reversing the HIV/AIDS Epidemic is not Possible without Community Action*, UNDP Human Development Viewpoint, 2004
- ❑ *Strategy Note and Guide on District Development Planning and Implementation*, Joseph Annan and Benjamin Ofori-Koranteng, UNDP, 2005
- ❑ *Strategy Note and Guide on National Development Planning and Implementation*, Joseph Annan, UNDP, 2005
- ❑ *The Answer Lies Within – Leadership for Results: Arts and Media for Social Change*, UNDP, 2004
- ❑ *UNDP HIV/AIDS Communication Package*, Bangkok Conference, UNDP, 2004
- ❑ *Voices of Change, Voices of Action. Transforming the response to HIV/AIDS: An Ethiopian Experience*, UNDP, 2003
- ❑ *We Care Communication Package*, UNDP, 2004

Films/Videos

- ❑ *Mindwalk Directed by Bernt Capra* (based on the book *The Turning Point* by Fritjof Capra)
- ❑ *Everyday Creativity* by Dewitt Jones
- ❑ *What the Bleep Do We Know* by Mark Vicente, Betsy Chasse, William Arntz
- ❑ *Solo* by Mike Hoover
- ❑ *Capturing the Impact of Leadership Development Programme Around the World* (UNDP production)
- ❑ *Arts and Media film from South Africa* (UNDP production)
- ❑ *Community Capacity Enhancement Film from Ethiopia* (UNDP production)
- ❑ *We Care Video* (UNDP production)

Other References

- ❑ *Emotional Intelligence* by Daniel Goleman (and workbook) (Bantam, 1995)
- ❑ *Primal Leadership* by Daniel Goleman, Annie McKee and Richard E. Boyatzis (Harvard Business School Press, 2002)
- ❑ *Leadership Without Easy Answers* by Ronald Heifetz (Harvard University Press, 1994)
- ❑ *How The Way We Talk Can Change The Way We Work* by Robert Kegan and Lisa Laskow Lahey (Jossey-Bass, 2000)
- ❑ *The Dance of Change* by Peter Senge (Doubleday/Currency, 1999)
- ❑ *The Marriage of Sense and Soul* by Ken Wilber (Random House, 1998)
- ❑ *The Web of Life* by Fritjof Capra (Anchor Books, 1996)
- ❑ *Global Mind Change* by Willis Harman (Warner Books, 1990)
- ❑ *Leadership in the Context of Emerging Worlds* by W. Brian Arthur, Jonathan Day et al (Summary paper on an Ongoing Research Project, McKinsey – Society for Organizational Learning 1999-2000)



UNDP is the UN's global development network, advocating for change and connecting countries to knowledge, experience and resources to help people build better lives. UNDP is on the ground in 166 countries, working with them on their own solutions to global and national development challenges. As they develop local capacity, they draw on the people of UNDP and its wide range of partners.

World leaders have pledged to achieve the Millennium Development Goals, including the overarching goal of cutting poverty in half by 2015. UNDP's network links and coordinates global and national efforts to reach these Goals. The organization's focus is on helping countries build and share solutions to the challenges of:

- Democratic Governance
- Poverty Reduction
- Crisis Prevention and Recovery
- Energy and Environment
- HIV/AIDS

UNDP helps developing countries attract and use aid effectively. In all its activities, UNDP encourages the protection of human rights and the empowerment of women.



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