

LEADERSHIP FOR RESULTS
UNDP's Response to HIV/AIDS



COMMUNITY CAPACITY ENHANCEMENT STRATEGY NOTE

The Answer Lies Within



HIV/AIDS GROUP • BUREAU FOR DEVELOPMENT POLICY • 2005

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Foreword

The world is at a critical juncture in its response to HIV/AIDS. The last couple of years have seen an increase in treatment and access to medications. However, in many countries, prevalence rates are not declining. One reason why is that we are still struggling to address the underlying causes fueling the epidemic's spread.

The Community Capacity Enhancement programme, or CCE, is an integral part of UNDP's Leadership for Results programme and is based on a methodology known as Community Conversations. The CCE programme is aimed at dealing with the underlying causes of HIV/AIDS, be they power relations, gender issues, stigma or discrimination. Most community methodologies rightly focus on awareness-raising and discussion; CCE focuses heavily on interactive dialogue on the epidemic's deeper causes and, through a facilitated process, community decision-making and action.

This publication outlines the rationale and strategy behind the CCE programme and provides a guide for its implementation.

I would like to express my profound gratitude to Moustapha Gueye for bringing this methodology to UNDP. Moustapha began working on community capacity issues while at ENDA (Environment and Development Action), and it was there, in collaboration with colleagues, the Salvation Army, and HOPE Worldwide that the CCE methodology was developed and the first documentation produced in collaboration with UNAIDS. Since then, the programme has evolved significantly. Moustapha has been a tireless advocate of Leadership for Results and has been the global expert and leader of the CCE programme.

I appreciate the dedication of Daouda Diouf and Thebisa Chaava, who, as the programme's senior experts and trainers, have helped guide the methodology and global implementation. I would also like to thank David Tiomkin for his contribution to programme design. Without his effort and meticulous follow-up, CCE would not have gone to scale.

The immense success of the programme would not have been possible without the vision of UNDP country office staff, in particular resident representatives, deputy resident representatives, programme officers and consultants who worked to ensure its success. This includes country offices in Botswana, Cambodia, Eritrea, Ethiopia, Ghana, Malaysia, Senegal, South Africa, Sudan and Swaziland.

This strategy note and implementation guide was produced by Moustapha Gueye, Thebisa Chaava, Daouda Diouf and David Tiomkin.



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1. Generating and Nurturing Community Conversations Nationwide

Rationale

The emergence of the HIV/AIDS epidemic has simultaneously affected communities¹ at many levels: sickness and death is combined with deepening poverty and widespread orphaning. The challenge was initially perceived as a health problem requiring a public health approach. But health services, and communities for that matter, were ill prepared to deal with an issue that encompasses the complex issues of sex, terminal illness and death. Innovative ways of working with communities to generate an effective and structured response had to be put in place.

HIV/AIDS results area:

Developing the capacity of individuals and communities to respond to the epidemic and to understand how their interconnectedness and individual attitudes and practices influence its spread.

What became clear early on was the incredible understanding and response that came forth from communities once knowledge of the science and epidemiology of HIV/AIDS was shared. Communities immediately began to recognize for themselves the values and actions that would have to change if what they were hearing about this new disease was true. They reflected on how it spread and caused disease throughout the body and in other individuals. They identified which behaviours and sociocultural practices would need to change if the epidemic was to be controlled.

This awareness came about through a process called ‘Community Conversations’. This series of facilitated dialogues contrasts with conventional approaches in which people are grouped together for awareness-raising lectures, often accompanied by the distribution of pamphlets or posters. Such approaches often leave communities with bleak, prescriptive messages that deny them the benefits of dialogue on how the community could be affected. Communities are oftentimes overwhelmed and feel a sense of hopelessness following such events. A common comment after awareness-raising campaigns on condom use has been, “if we do what they say, we’ll never have any more children.”

In contrast, Community Conversations promote human rights principles. Dignity of individuals and families is preserved and enhanced in an environment that encourages compassion, acceptance and accountability. Stigmatization, coercion and violence are avoided. UNDP has identified a core set of human rights principles that are guiding our response. These include equity, equality, non-discrimination, human dignity, non-violence,

¹ Community is defined as a heterogeneous group of people living and/or working together, sharing norms, values and concerns, with common systems and structures for leadership, problem-solving and communication.

participation, inclusion, accountability and responsibility. These principles are acted upon and promoted during Community Conversations.

The aim is not just to have people discuss a problem they know something about. It is to provide a platform for people to think through all the repercussions of a situation. It is meant to help people analyse the way their individual values and behaviours, and those of their family and neighbours, affect people's lives and to discuss them with others. Community Conversations create a space for mutual learning and result in new perspectives and creativity. They help reshape relationships in line with transformed values. They are an inclusive process for enhancing the capacity of all groups in the community, including people living with HIV. They make use of transformative tools and processes that generate hope through the exploration of concerns, possibilities and opportunities for addressing the complex challenges of HIV and AIDS. They also create clarity on what needs to be done. All of this is accomplished within a methodological framework with specific steps.

UNDP has implemented Community Conversations in a number of countries with very different social, economic and political situations – those with high and low prevalence rates, highly urbanized as well as rural areas, countries that are relatively high on the Human Development Index and others that are low. In all instances, this approach has brought about a fundamental shift in the way community work gets done, resulting in a series of actions and decisions that have arisen from communities themselves. It is an approach that can be used to deal with other human development challenges as well, including wealth generation, democratization and good governance.

Case Study One **Addressing Cultural Sexual Practices**

During one Community Conversation in Southern Africa, the community discussed the practice of widow cleansing. The purpose of the custom is to 'cleanse' or purify a woman after the death of her husband to prepare her for remarriage. This cleansing is thought to take place when the widow has sex with the men of her late husband's family. The community identified this practice as one that could potentially increase the spread of HIV. Through a facilitated conversation, the members of the community were able to agree on an alternative method of cleansing that was non-sexual in nature.

Linkages and Synergies

Community Conversations are the main methodology used in the Community Capacity Enhancement (CCE) programme. This programme, in turn, is an integral part of UNDP's Leadership for Results programme. CCE, along with programmes in Leadership Development, Arts and Media, and Development Planning and Implementation, are a set of initiatives that are mutually reinforcing. Each programme is linked to the others and unfolds in a systematic way over a three-year period. This programming link is not accidental. It is part of a strategy to take CCE to scale and multiply its effectiveness.

The Leadership Development Programme, for example, focuses on enhancing leadership potential at all levels of society to reverse the epidemic. It involves a six- to nine-month programme, integrating new tools, frameworks and models into leadership activities. Many of these same tools and frameworks have been integrated into the Community Conversations process. Furthermore, it is required that a substantial number of CCE trainers go through the Leadership Development Programme. This will enhance common understanding, build strategic partnerships and develop competencies.

Like other approaches aimed at stimulating and sustaining changes from within, Community Conversations require time, commitment, true partnerships and inclusion. Through this process, data are generated that represent the genuine concerns of individuals and the community, which must be reflected in national and decentralized development plans. Linking this data, and the community decisions that result from it, to these plans is critical to ensure that financial resources and infrastructure will be available and accessible to communities in a way that is institutionalized. Linking Community Conversations to these national processes does not mean that they will become bureaucratized. Rather, it is a way of ensuring that results emanating from the community can be acted upon in an effective way.

Similarly, linking Community Conversations to creative arts and media can facilitate community-to-community exchange and give wider public access to the results of this transformative process. Arts and media can be the vehicle for taking the voice of communities nationwide, which, in turn, will influence development practice, including the response to HIV/AIDS. In addition, the arts and media sector will generate new metaphors and stories that will become part of the culture, based on the vision of a future that people create for themselves and their children.

The following diagram illustrates how the various components of the Leadership for Results Programme are linked to each other:

Leadership for Results: A Set of Synergistic Initiatives



- A.**
 - CCE reaches finite numbers directly
 - Media can reach millions
 - Stories of community decisions and actions reflected in all media inspire change nationwide
- B.**
 - LDP reaches finite numbers directly
 - Media can reach millions
 - Media leaders participate in LDP
 - Stories of LDP regional projects and leaders reflected in all media inspire change nationwide
- C.**
 - CCE National Expert Team participate in LDP to enhance each initiative
- D–F.**
 - Integrate community conversations and voices in national and subnational strategic plans
 - National and subnational planners participate in LDP
 - Media reflect societal concerns that are integrated into national and subnational plans

“The socio-cultural exchanges that we have conducted in the Community Conversations have helped us to learn about female genital mutilation. We are now trying to teach people about the harmful practices that especially target women.”

**Female Community Conversations participant,
Hulegeba Kuke Peasants’ Association, Alaba Woreda, Ethiopia**

Partnerships

Community Conversations involve working with organizations already committed to prevention and care at national and decentralized levels. As a methodology that builds on existing partnerships and aims to strengthen the national response, it is critical to fully involve the National AIDS Councils, non-governmental organizations (NGOs), community-based organizations, donors and other United Nations agencies.

Working with Civil Society Organizations and Community-based Groups

The Community Conversations methodology goes much further than simply involving civil society organizations, community-based groups and other partners. Rather, it enhances the managerial and leadership competencies of these organizations and furthers their development. Moreover, it grounds these organizations, which will be implementing the CCE programme, in community-level action.

There are guidelines for choosing the organizations with whom UNDP will work – guidelines that are based on core human rights principles. The choice of community-based and civil society organizations should involve three criteria. First, they should be organizations that have worked with and have shown sensitivity to communities. Second, they should be organizations that are gender sensitive and have worked on issues related to women and girls. Finally, they do not need to have worked on HIV/AIDS issues before. But they do need to have worked on issues relating to the epidemic’s underlying causes.

There are three key components that make CCE such a successful programme:

- Its unique methodology
- The quality, dedication, mindset and values of trainers and facilitators
- The values of the community-based and civil society organizations that implement the programme

Guiding Human Rights Principles

We value...

human dignity, equality and equity, non-discrimination, participation and Inclusion
responsibility and accountability, non-violence

Guiding Principles

The following ways of working are fundamental to the enhancement of community capacity:

- Sensitivity to local, family and community experiences – working by invitation and commitment, not imposition;
- Facilitation rather than intervention of ‘experts’;
- Gender sensitivity, a focus on the participation and inclusion of women and girls, and addressing gender issues;
- Mutual learning (facilitators with community, community with facilitators, community with community, among community members, organization to organization);
- A grounding in universal human rights;
- Participatory approaches with space for listening, inclusion, agreement, and expressions of concerns;
- Team formation at the organizational and community levels for implementation;
- Respect for differences, mutual trust;
- Belief that communities have the capacity to identify needed changes, ‘own’ these changes and transfer change to other communities;
- Facilitation of Community Conversations as spaces for interaction, change and transfer;
- Working in partnership with non-governmental and community-based organizations;
- Willingness of facilitators to engage in a process of self-development.

Case Study Two Empowerment Through Knowledge

During one Community Conversation in Eastern Africa, the community discussed the local practice of ‘Festal Hakims’. This practice involves traditional healers, so called ‘plastic bag doctors’, who travel from one village to the other administering medical and healing procedures. Community Conversation participants realized through their discussions that the shared use of needles and blades by traditional healers could contribute to the spread of HIV. As a result of these conversations, Festal Hakims have now been forbidden by the Hamata Peasant Association. This decision arose from and was implemented by the community itself, and was not imposed by an outside organization or person.

Objectives

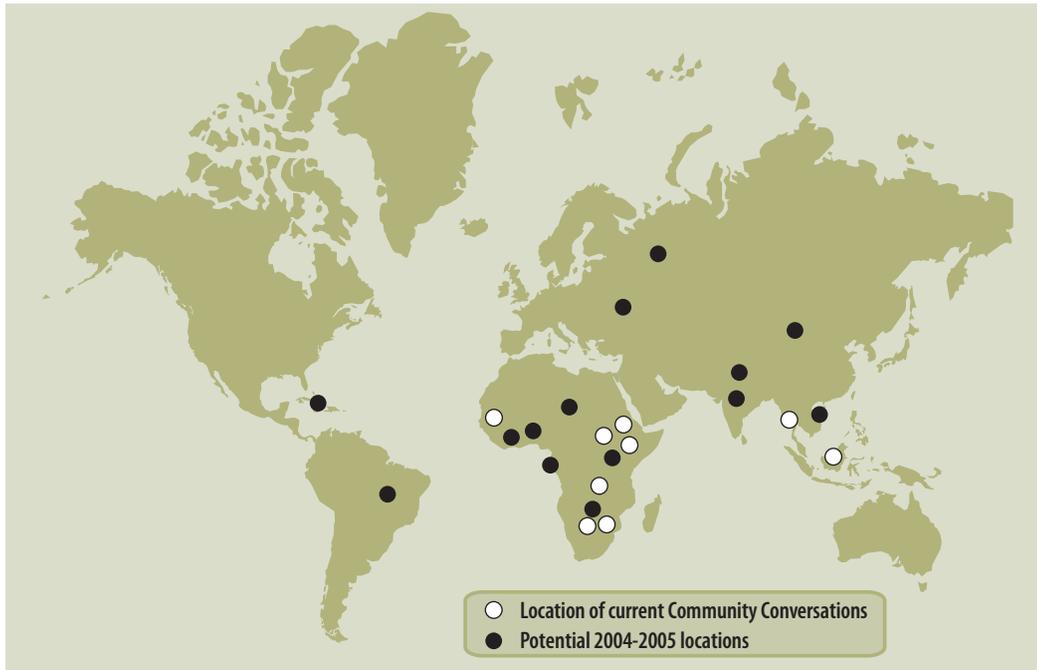
The main objective of Community Conversations is to generate a response to HIV/AIDS that integrates individual and collective concerns, values and beliefs and addresses individual and collective attitudes and behaviours embedded in social systems and structures.

Specifically, this approach aims to:

- Generate a deep understanding of the complex nature of the epidemic within individuals and communities, and to create the social cohesion that is necessary to create an environment for political, legal and ethical change.
- Support the development of self-esteem, self-confidence, tolerance, trust, accountability, introspection and self-management.
- Examine social contracts among various groups in the community – for example, between women and men, people living with HIV and those who have not been tested, the young and the old, the rich and poor – and to address girls' vulnerability.
- Build a pool of resource persons with transformative leadership abilities and facilitation skills in Community Conversations to scale up the community response to HIV and related development issues.
- Bring the voices of people into the national response, and integrate community concerns and decisions into national and decentralized plans with the aim of linking resources to individual and collective needs.
- Strengthen the capacity of non-governmental and community-based organizations to develop appropriate strategies for a response that places communities and individuals at the centre.

Expected Outcomes

- Increased number of community initiatives for prevention, home-based care, change in harmful traditional practices, reduction of stigma and discrimination, support for orphans, and voluntary counseling and testing.
- Women, men, girls, boys, local authorities, people living with HIV and others are increasingly involved in decision-making processes that affect their lives.
- Decision-making processes affecting the lives of these various groups increasingly reflect the concerns of communities through a process of active communication.
- Increased number of non-governmental and community-based organizations using Community Conversations to stimulate and scale up social change and to address other issues, such as governance, health, environment, agriculture and peace-building.
- Increased number of community decisions brought into the public domain by artists and media professionals.



Community Conversations: Methodologies and Tools

The Community Conversation approach is based on key distinctions, concepts, conversations, skills, frameworks and tools used to:

- develop individuals
- generate new insights
- create a new and complex understanding of HIV/AIDS
- shift perspectives
- stimulate deep reflection and introspection
- facilitate dialogue that leads to community decisions on changes needed in people's lives, values, attitudes behaviours and choices in the context of HIV/AIDS, health and development.

The integral framework (adapted from Ken Wilber), the organizational development framework (adapted from Likert/Emberling) and leadership conversations (adapted from Fernando Flores) are key methodologies of the Leadership Development Programme that have been integrated into CCE. In addition, CCE has its own unique tools, including storytelling, strategic questioning, historical timelines, mapping and transect walks.

2. Implementation Guidelines

For effective implementation of the CCE Programme, the following chronological implementation strategy has been developed for use by UNDP Country Offices.

The steps in the implementation strategies, described in detail below, include:

- Identify local partners
- Enrol various stakeholders and build relationships – first country visit (5 days)
- Prepare for the implementation phase
- Hold mutual co-learning sessions – second country visit (skills-building sessions)
- Facilitate Community Conversations
- Make follow-up and on-site support visits (5 days)
- Document the approach
- Organize programme-to-programme visits (community-to-community exchange)
- Hold resource network meetings for Community Conversations
- Host a national review, reflection and scaling-up meeting

1. Identify Local Partners

Community Capacity Enhancement is an approach that strengthens the capacity of non-governmental and community-based organizations to move beyond awareness-raising. It provides these organizations with the tools and competencies to facilitate community decision-making processes from within. Key partners will be NGOs with national coverage working with community-based organizations in specific locales. The UNDP country office will prepare the first visit of community development specialists by briefing them on the Community Conversations approach.

The CCE programme explicitly focuses on strengthening the capacity of civil society and community-based organizations - the groups that will be implementing the programme. There are guidelines for choosing organizations with whom UNDP will work – guidelines that are based on core human rights principles. These principles include, but are not limited to, the demonstrated capacity to work sensitively with communities, taking into account gender-related issues.

2. Enrol Stakeholders and Build Country Relationships – First Country Visit (5 Days)

The aim of this visit is to build relations with various stakeholders and to introduce the approach. It is also to build alignment and agreement on implementation. Specifically, the following will be achieved during the first visit:

- Develop alliances with local government leaders, non-governmental and community-based organizations, networks of people living with HIV, and other stakeholders involved in HIV/AIDS care, support and prevention;
- Visit local community organizations that have a focus or programming component related to HIV/AIDS. Discuss their past and ongoing programmes, strengths and weaknesses, successes and challenges;
- Share the methodology, concepts and skills with key stakeholders;
- Determine whether there is any duplication or implementation of the same approach;
- Agree on roles and responsibilities for a partnership to implement the Community Conversations approach;
- Ensure that there is a shared understanding of the process and way to move forward;
- Choose two to three anchor organizations (NGOs) with national or subnational coverage working on HIV/AIDS or on development issues with an HIV component, and six to nine local implementing organizations (community-based organizations) that will participate in the process;
- Reflect on community locations where each anchor organization will work during the implementation phase;
- Identify co-facilitators (four) who will work as part of the team in facilitating the skills-building workshops and guide the implementation, support and documentation phases;
- Identify a team for the organization of the skills-building workshop;
- Agree on a tentative schedule.

3. Prepare for the Implementation Phase

UNDP country offices should make necessary logistical arrangements:

- Prepare budget for the skills-building sessions;
- Select a workshop venue, which is accessible to participants and local communities and allows for field work during the session;
- Invite participants, municipal authorities and other stakeholders to attend the session;
- Identify site visit locations, preferably where there is an existing relationship with an already established organization where field work practice can take place.

4. Hold Mutual Learning Sessions - Second Visit (Skills-Building Sessions)

The second visit will consist of two skills-building sessions aimed at:

- Transferring skills, concepts, aptitudes and tools;
- Increasing understanding of the nature of the epidemic at individual, family, community and organizational levels;
- Stimulating group dynamics and partnership within organizations and among organizations and communities;
- Application by each individual or organization, reflecting on their concerns, vision, ways of working, activities within communities, expected outcomes and indicators, using a development planning/reflection framework;
- Facilitating the Community Conversations methodology and implementation of the approach.

There will be two sessions implemented:

- Skills-building session for trainers (10 days)
- Skills-building session for community facilitators (6 days)

Depending on the availability of participants, the first session could be followed by six weeks of practice in Community Conversations by the trainers themselves before the training of facilitators begins.

The content of the sessions will take into account specific aspects of the society and culture, the nature of the epidemic as well as the ways in which community responses to HIV have been addressed, and relationships among communities and organizations.

The methodology used during the workshops will be based on experiential learning and participatory processes including interactive presentations, group work, facilitation by participants, role playing, exercises, simulations, 'teach backs', field work and practice, debriefing and application by all participants.

5. Facilitate Community Conversations

An important component of this approach is the facilitation of Community Conversations by skilled and trained facilitators. Storytelling is often used to stimulate conversations. The process of creating a story, the manner in which it is told, the analysis and interpretation of the conversations are critical determinants of the outcomes. During the conversations, the facilitators must make sure that all perspectives are heard and respected. People have different visions of life, different ways of seeing and talking about the world, different concerns and interests. Often we do not note these differences and this diversity, and the perspectives of the dominant few are presumed to be those of the group. However, an effective response to the AIDS epidemic must be community driven, with each individual identifying, exploring and making decisions about what social change is needed. Everyone – the rich and poor, young and old, men and women – participates in the discussion and in the decision as to what changes are required. This inclusive process allows for respect, recognition and acceptance of differences, and strengthens the community or group's social capital.

There will be a minimum of two Community Conversations in each community location per month. Conversations are supported by local facilitators.

6. Make Follow-up and On-site Support Visits (5 Days)

Three follow-up support visits, five days each, will take place every 2 to 3 months or so over a 6- to 9-month period. An external expert will be made available to UNDP country offices during the first year to conduct these visits with the aim to achieve the following:

- Getting briefed by UNDP focal points and partner NGOs to understand developments on the local scene since the last visit;
- Collect and review reports and documentation;
- Discuss with focal point an activity timeline; ensure that the timeline is adhered to;
- Reflect with the trainers/facilitators on their insights regarding community capacity and their own concerns regarding HIV/AIDS;
- Reflect with trainers/facilitators on the distinctions, skills, tools and concepts they need to further understand and to develop in order to be better facilitators;
- Establish how the facilitation process has contributed to changes at the individual, organizational and community levels;
- Review with facilitators the use of skills/tools acquired in the training;
- Explore with community members and facilitators the process dynamics of Community Conversations;
- Identify other health and social development issues that have been highlighted as result of Community Conversations;
- Meet with various stakeholders on issues raised and decisions taken during Community Conversations;
- Provide two days of skills reinforcement with facilitators and trainers;
- Prepare a mission report;
- Debrief with UNDP country office.

7. Document the Approach

A documentation process that includes verbatim reports accompanies each step of this process. Photos, maps and other community-designed illustrations such as songs and drama are also used, deliberately respecting modes of documentation that are preferred by the community.

Documentation is an ongoing part of this approach. It must be conducted in a rigorous way starting from the first visit. It is a process that provides information on activities, outcomes, (including decisions and changes) and outputs, including community maps and timelines. Community Conversations require that documentation be in the form of a 'thick description'. A thick description is not about observing processes superficially.

It goes well beyond appearances, by:

- Presenting a detailed explanation of the context, emotions, social and power relations that enable people to work as a collective;
- Invoking personal feelings and emotions;
- Locating an experience within an appropriate historical context;
- Demonstrating the importance of an experience or the evolution of events for persons concerned.

In a thick description, sentiments, tone, actions and the significance of interactions among individuals are brought to the forefront.

8. Organize Programme-to-programme Visits (Community to Community Exchange)

While implementing Community Conversations, programme-to-programme visits will be organized as part of the learning and transfer process. These visits involve small teams going from one implementation point to another to share, observe and transfer knowledge, know-how and experiences. These visits are not evaluative, but are tools for strengthening the process and skills of facilitators as well as encouraging communities in their efforts.

9. Hold Resource Network Meetings for Community Conversations

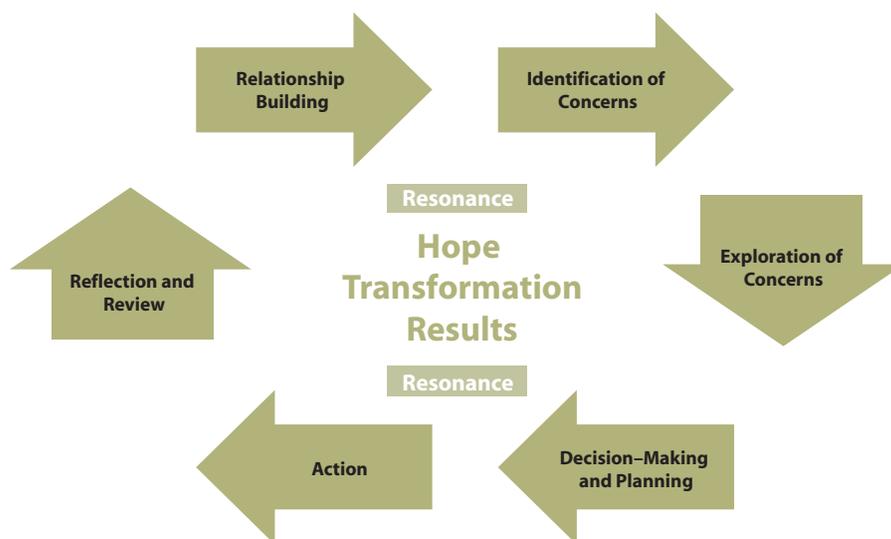
There will be an annual meeting that brings together key trainers and facilitators from various countries. As this work expands, UNDP expects to hold one meeting per region and a global meeting for South-South exchange. The meetings aim to achieve the following:

- Further develop 'self' along with leadership and facilitation competencies
- Expand the pool of resource persons for country support
- Provide a platform for mutual exchange and integration among the community and media, district planners, finance and leadership development experts.

10. Host a National Review, Reflection and Scaling up Meeting

After Community Conversations have been implemented for one year, a three-day facilitated experience-sharing workshop will be held in each country. The participants will come from all organizations that have been involved in the approach. This is an opportunity for stocktaking, capitalization of outcomes, setting up direction for scaling up and expansion of partnerships. The overall documentation of the approach will be presented. Participating communities will be represented.

3. Steps in Facilitating Community Conversations



Steps in Facilitating Community Conversations²

Relationship-building: In this phase, facilitators build a relationship of mutual trust, understanding and respect with the community, using skillful questioning, listening and observational skills. Participatory activities with communities also aid this process. It is critical that the facilitator develops an appreciation of community values and work from this understanding when helping communities to identify their own concerns.

Identification of community concerns: Community concerns are issues that worry or disturb the communities, triggered by their own perception of the problem. Communities are capable of identifying their own concerns and needs, but the facilitator should guide them using strategic questioning. If the facilitator imposes his or her views onto the community, this may not result in identifying the real concerns of the people. Consequently, any solution that evolves from such an imposition may not work.

Exploration of community concerns: Identified concerns are put through a rigorous exploration process using community-sensitive language and techniques (such as storytelling and mapping), guided by strategic questioning and listening. Exploration leads to a complex understanding of the underlying factors causing the identified concern.

Decision-making and planning: In this phase, communities make specific decisions for action, based on the concerns they have identified and the findings of their exploration. This is a planning phase, and communities are supported to apply the basic planning questions of ‘what, how, when, where and who’ to each decision made.

² Adapted from *Strengthening Community Responses to HIV/AIDS in West and Central Africa*, authored by the Salvation Army, Enda Tiers monde/Sante, HOPE worldwide, and UNAIDS. November 2001.

Action (implementation): Decisions taken consist of changes that must be implemented and sustained for an effective response. Action on decisions must involve as many community members as possible, so that the community assumes ownership of the process and ensures the sustainability of the solution.

Reflection and review: This is a facilitated reflection and review, not an evaluation, based on respect for the capacity of communities to identify their own changes and indicators of change. While reflection and review is a specific phase of the process, it is also a practice linking all the various phases of the process. Each community session should conclude with a reflection and summary of the day. The following session also begins with a recap of agreements of the previous community session.

Case Study Three Breaking the Silence

Community Conversations have begun in seven pilot provinces in Cambodia. Although the programme is still in the early stages, positive results have already been observed. Villagers have discussed their concerns about HIV/AIDS; for many people, this is the first time they have talked about these issues openly. Some common concerns included husbands traveling away from home for business, where they often become infected with HIV, young women traveling to work in garment factories, poverty, natural disasters such as floods, a lack of adequate treatment for people living with the virus, alcoholism and drug addiction, illiteracy and widespread unemployment. They also discussed prevalent attitudes about HIV/AIDS, including the general taboo against speaking openly about it, and various myths, including the notion that condoms contain the virus that causes AIDS.

The next phase of Community Conversations in Cambodia will focus on community decisions and actions related to the above concerns.

Resonance

This approach expands on the ability of communities to transfer and share lessons with other communities in their country as well as regionally and internationally. The process of transfer, once started, continues to share itself, from community to community, as well as among an ever-growing pool of skilled implementers and facilitators, contributing to a scaled-up response to HIV/AIDS.

Hope, Transformation, Results

The challenge of the methodology is to sustain hope, foster transformation and produce results. The proposed action often requires interface with other organizations and wider civil society, the changing of laws and the enforcement of human rights, including women's rights. There are also changes that require financial resources that may not be readily available at the community level, especially in the areas of care and support and mitigation of impact. This may necessitate an interface of Community Conversations with community documentation, community financing mechanisms and network development.

4. Three-Year Strategy

UNDP has developed a three-year strategy for the implementation of the Leadership for Results Programme. Below are high-level outcomes for each of the three years. Since CCE is linked with Leadership for Results, outcomes for all programmes are shown.

Outcomes for Year One	Outcomes for Year Two	Outcomes for Year Three to Four
<p>Enrolment, Ownership, and Programmes Initiated</p> <p>LEADERSHIP & CAPACITY DEVELOPMENT</p> <ul style="list-style-type: none"> ❑ Through Leadership Development Programme (LDP) forge partnerships among 100 -150 influential decision makers (from government, CSOs, arts and media, and private sector) who define and act on HIV/AIDS agenda ❑ 30 + innovative breakthrough initiatives undertaken and documented ❑ High level enrolment for ministers and their cabinet directors ❑ In-country dialogue to set agendas and take action ❑ Enrol government to define the national agenda in a transparent manner ❑ 50 national CCE trainers trained ❑ 10,000 individuals reached (by CBOs) through Community Capacity Enhancement (CCE) Programmes ❑ Empowerment of CO ❑ Partnership building <p>DEVELOPMENT PLANNING & IMPLEMENTATION</p> <ul style="list-style-type: none"> ❑ Key planners and policy makers from LDP initiate 10 institutional and sectoral ministry programmes ❑ Planners address key issues of governance and voice of people in policy and planning 	<p>Consolidation, Capacity Development and Ministerial Level Involvement</p> <p>LEADERSHIP & CAPACITY DEVELOPMENT</p> <ul style="list-style-type: none"> ❑ Deepen LDP to institutionalize organizational capacity development at all levels of society ❑ High-level ministerial enrollment in LDP ❑ Build capacity of 10-15 local LDP trainers ❑ Mechanism for LDP Alumni from Year 1 programme to connect to each other ❑ Commitment of government to UNDP efforts ❑ 350-450 influential decision makers acting on HIV/AIDS agenda ❑ 75 innovative breakthrough initiatives undertaken (multiplier effect) ❑ Through CCE, 125,000 individuals reached by CBOs ❑ 50 National CCE trainers developed from Year 1 ❑ Initiation of quality assurance activities ❑ Mainstream gender and HIV/AIDS into the work of CO. <p>DEVELOPMENT PLANNING & IMPLEMENTATION</p> <ul style="list-style-type: none"> ❑ Integration of community concerns into national strategic plans ❑ Mainstream gender, equity and human rights into planning and executive processes as well as into the media ❑ Access to resources by communities 	<p>Scale-up Nationwide, South-South Collaboration and UNDP Exit Strategy</p> <p>LEADERSHIP & CAPACITY DEVELOPMENT</p> <ul style="list-style-type: none"> ❑ 1,500 top decision makers through LDP acting on HIV/AIDS agenda (multiplier effect) ❑ 200 innovative breakthrough initiatives undertaken (multiplier effect) ❑ Mechanism for LDP Alumni from Year 1&2 programmes to connect to each other ❑ Institutionalize UNDP practices within government, CSOs, NGOs, and private sector (multiplier effect) ❑ Demonstrate policy changes as a result of UNDP efforts, including gender mainstreaming ❑ Government adapts Leadership for Results activities as their own platform ❑ Through CCE, 1,000,000 individuals reached by CBOs (multiplier effect) ❑ Fully-functioning coalitions of CSOs and CBOs undertaking CCE Programmes ❑ Vibrant coalitions of PLWHAs. ❑ Evidence that partners use LDP and CCE as the basis of their work. <p>DEVELOPMENT PLANNING & IMPLEMENTATION</p> <ul style="list-style-type: none"> ❑ Community and LDP concerns mainstreamed into government planning ❑ Government planning processes transparent, efficient and proactive

Outcomes for Year One	Outcomes for Year Two	Outcomes for Year Three to Four
<p data-bbox="126 535 522 560">Enrolment, Ownership, and Programmes Initiated</p> <p data-bbox="175 602 474 627">ADVOCACY AND COMMUNICATIONS</p> <ul data-bbox="100 651 483 829" style="list-style-type: none"> □ Key media practitioners from LDP generate breakthrough projects □ 20-fold increase in print and electronic coverage, bringing into the public domain (radios and other media) stories of leadership from all levels and advocating for gender equality and PLWHA rights <p data-bbox="196 1002 453 1028">PROGRAMME SUSTAINABILITY</p> <ul data-bbox="100 1051 529 1153" style="list-style-type: none"> □ Advocacy for HIV/AIDS as a development issues □ Enrolment of all stakeholders, national and UN partners □ Scale up strategy building from year 1 	<p data-bbox="654 535 953 586">Consolidation, Capacity Development and Ministerial Level Involvement</p> <p data-bbox="633 602 972 627">LEADERSHIP & CAPACITY DEVELOPMENT</p> <ul data-bbox="578 651 1019 869" style="list-style-type: none"> □ 150 most influential arts and media “movers and shakers” involved in UNDP resource-building activities and undertake breakthrough projects □ LDP results and CCE community concerns and decisions reflected in the media and broadcasted nation-wide □ 30-fold increase in coverage (from baseline) of leadership stories and advocacy for gender and PLWHA rights. <p data-bbox="672 1002 930 1028">PROGRAMME SUSTAINABILITY</p> <ul data-bbox="578 1051 1016 1248" style="list-style-type: none"> □ Apply Leadership for Results programmes to select MDGs and practice areas (e.g., governance, poverty, gender) □ Initiate dialogue to set-up coalitions external to UNDP to take on Leadership for Results programmes □ Funds mobilization □ New partnerships mobilized 	<p data-bbox="1097 535 1484 586">Scale-up Nationwide, South-South Collaboration and UNDP Exit Strategy</p> <p data-bbox="1141 602 1442 627">ADVOCACY AND COMMUNICATIONS</p> <ul data-bbox="1053 651 1498 822" style="list-style-type: none"> □ Community concerns mainstreamed into media □ New icons from artists evident throughout society □ Fully-functioning coalitions of artists and media □ 40-fold increase in coverage (from baseline) of leadership stories and advocacy for gender and PLWHA rights <p data-bbox="1162 1002 1421 1028">PROGRAMME SUSTAINABILITY</p> <ul data-bbox="1053 1051 1528 1284" style="list-style-type: none"> □ Exit strategy for UNDP with mechanisms for quality assurance □ Establishment of national coalitions to take on Leadership for Results supported by but external to UNDP □ Fully functioning and locally-supported resource network of experts in all key UNDP programmatic areas □ Funds mobilization □ South-south collaboration

Plan a strategy for documenting the three-year Leadership for Results Programme

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**

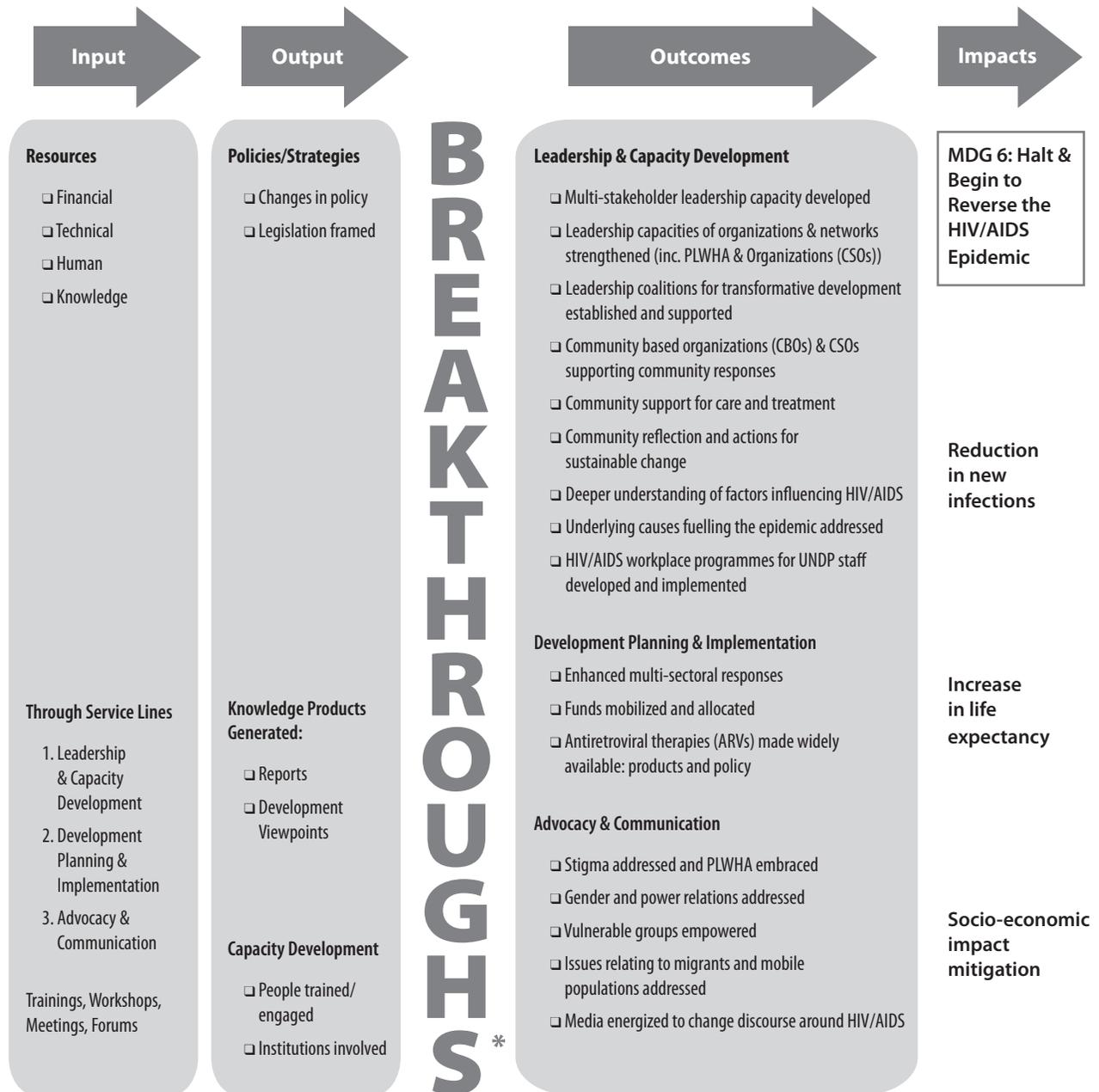
Responding to HIV/AIDS is one of UNDP's corporate priorities. UNDP works to create an enabling policy, legislative and resource environment for an effective response to HIV/AIDS, focusing on three service lines or areas of action: (1) Leadership and capacity development; (2) Development planning and 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 	<ul style="list-style-type: none"> <input type="checkbox"/> Amount of national funds spent by governments on HIV/AIDS, also specifying what is spent on women and girls <input type="checkbox"/> Country has developed gender-sensitive, multi-sectoral strategies to combat HIV/AIDS <input type="checkbox"/> Country has integrated HIV/AIDS into its general development plans with national, regional and local strategies for also addressing problems related to women and girls, and engaging them in the response <input type="checkbox"/> Health facilities capable of providing interventions for prevention & medical treatment for HIV- infected persons, and also including the needs of women <input type="checkbox"/> Increased utilization by women and girls of health facilities with capacity to deliver basic level counselling and medical services for HIV/AIDS <input type="checkbox"/> Data for people with advanced HIV infection receiving anti-retroviral combination therapy, disaggregated for men and women
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

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, Bjørg 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 Ofofu-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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