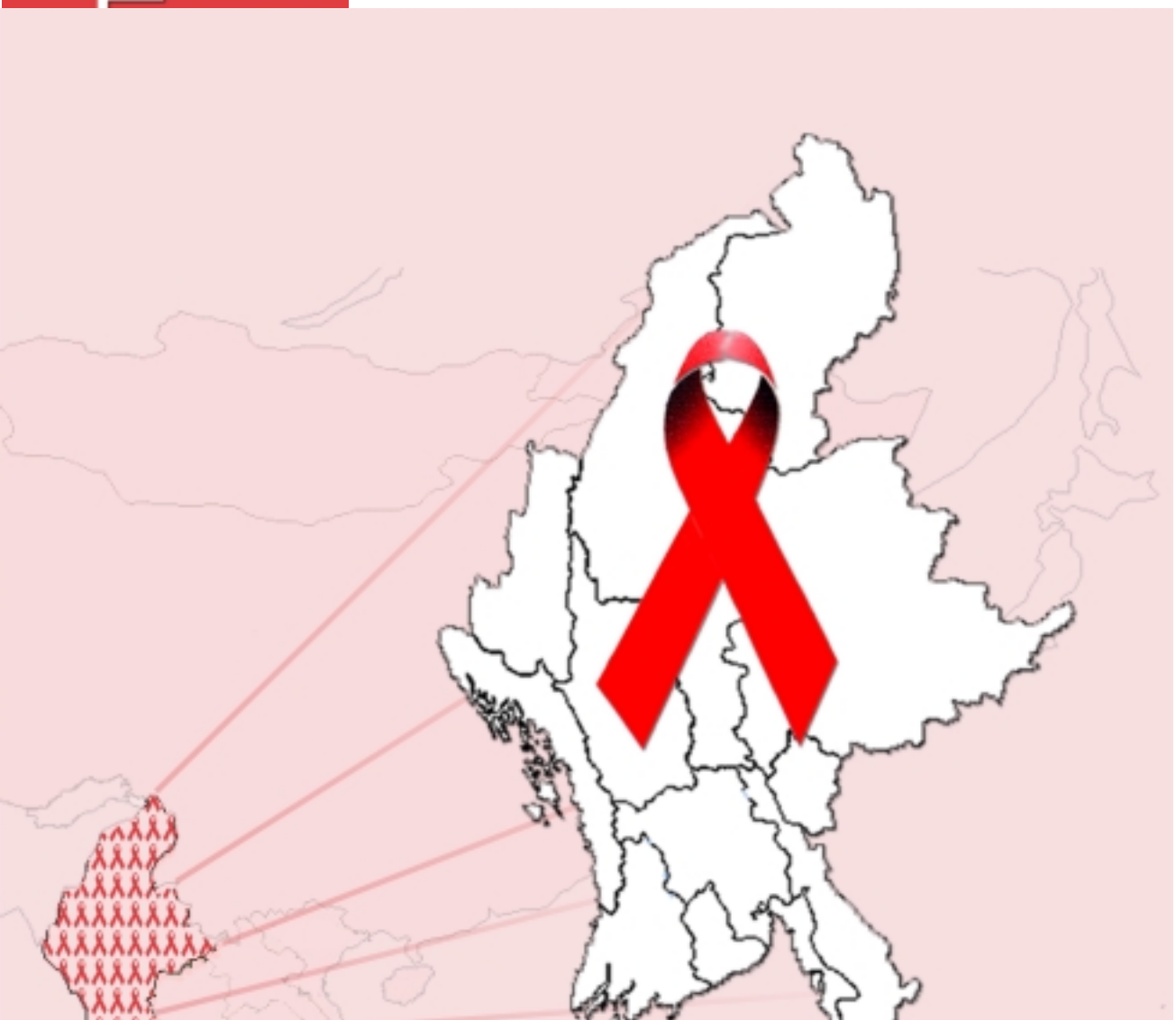
Theme Group on HIV/AIDS

JOINT PROGRAMME FOR HIV/AIDS:

MYANMAR 2003-2005



UNITED NATIONS EXPANDED THEME GROUP ON HIV/AIDS

JOINT PROGRAMME FOR HIV/AIDS:
MYANMAR 2003-2005

• UNAIDS Myanmar, 2003 •
(Revised April 2004)

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List of Abbreviations

AIDS	Acquired immunodeficiency syndrome
ART	Anti-retroviral Treatment
AUSAID	Australian Agency for International Development
BDCC	Behaviour development change communication
CBO	Community-based organisation
CCDAC	Central Committee for Drug Abuse Control
CIDA	Canadian International Development Agency
DFID	Department for International Development (UK)
EU	European Union
FHAM	Fund for HIV/AIDS in Myanmar
GFATM	Global Fund to Fight AIDS, TB and Malaria
HIV	Human immunodeficiency virus
IDU	Injecting drug user
IEC	Information, education and communication
JICA	Japanese International Cooperation Agency
M&E	Monitoring and evaluation
MWMP	Men with multiple partners
NAP	National AIDS Programme
NGO	Non-governmental organisation
NORAD	Norwegian Agency for Development
PLWHA	People living with HIV/AIDS
PMCT	Prevention of mother-to-child transmission of HIV
SIDA	Swedish International Development Agency
STI	Sexually transmitted infection
SW	Sex worker
TB	Tuberculosis
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNGASS	United Nations General Assembly Special Session (on HIV/AIDS)
UNICEF	United Nations Children's Fund
UNODC	United Nations Office for Drugs and Crime
USAID	United States Agency for International Development
VCCT	Voluntary confidential counselling and testing
WFP	World Food Programme
WHO	World Health Organization

Executive Summary

The purpose of the Joint Programme for HIV/AIDS: Myanmar, 2003-2005, is to strengthen the enabling environment and supporting capacity for prevention and care of HIV/AIDS in Myanmar. This will be done in support of the National Strategic Plan for the expansion and upgrading of HIV/AIDS activities in Myanmar 2001-2005, of the National Health Plan and of the operational plans of implementing partners for this period. The success of this programme will build towards the establishment of an effective multisectoral response to the HIV/AIDS epidemic and in the longer term the mitigation of the health and socioeconomic impact on the people of Myanmar.

The Joint Programme comprises five components based on priorities identified by implementing partners with the following key objectives:

1. *Individual risk of sexual transmission of HIV reduced*. This objective will be achieved by strengthening programmes that promote safe and responsible sexual behaviour and the consistent use of condoms. These programmes will be supplemented by making condoms more accessible and affordable and strengthening services for the prevention and management of sexually transmitted infections (STIs). The component aims to increase consistent condom use in non-regular sexual partner activity and an overall increase in the use of condoms at last paid sex.

2. *Individual risk of HIV transmission among injecting drug users and their partners reduced*. This objective will be achieved by establishing new harm reduction initiatives and strengthening existing ones, and improving access to and quality of drug treatment services. Expected results include percentage of injecting drug users (IDUs) sharing needles and injecting equipment reduced and percentage of injecting drug users using condoms at last sex increased.

3. *Knowledge and attitudes regarding HIV/AIDS among the general population, particularly young people, improved.* This component will increase the knowledge and attitudes of the general population, particularly youth and other specific target groups, about the modes of transmission and means of preventing HIV, perceptions of personal risk and improve attitudes regarding HIV/AIDS and towards those living with or affected by HIV/AIDS. This will be achieved by implementing public sector media campaigns, and specific behaviour development change communication (BDCC) interventions targeted at vulnerable populations.

4. *Access and quality of care, treatment, and support for people living with HIV/AIDS increased*. This component will be achieved by improving the availability of care protocols, training and supplies to services providers and by increasing access to services for the prevention of mother-to-child transmission (PMCT) of HIV and to voluntary confidential counselling and testing (VCCT) for the general population in clinical and non-clinical settings. Expected results include improved efficiency of referral systems and an increased number of people living with HIV/AIDS (PLWHA) who access a range of care and support services provided to standardised protocols and covering psychosocial support, home and community-based care, treatment for opportunistic infections, antiretroviral treatment, palliative care and an expanded access to voluntary confidential counselling and testing.

5. *Essential elements of the enabling environment for an effective expanded national response strengthened*. This component will be achieved through advocacy, improving monitoring and evaluation, capacity-building, and improved coordination. Because of the need to provide a safe environment in which other interventions can be implemented, core strategies to prevent transmission in health care settings will also be improved.

Monitoring and evaluation (M&E) is essential if the Joint Programme is to meet its objectives in the most effective and efficient way. A sound monitoring and evaluation system enables the tracking of progress in programme implementation and will provide the Expanded Theme Group with the means to adjust strategies as needed.

Using previous cost projections, the Joint Programme is broadly estimated to require US$88 million for implementation over the period 2003-2005. Responding to the complex and difficult situation of Myanmar, there is a multiplicity of funding modalities available to donors to fund HIV/AIDS prevention and care activities in the country:

(a) Fund for HIV/AIDS in Myanmar (FHAM);
(b) direct official development assistance funding through agencies in Myanmar;
(c) direct funding through individual agency core resources;
(d) funding through regional United Nations project mechanisms;
(e) funding through bilateral projects;
(f) global partnership agreements; and
(g) Global Fund for AIDS, Tuberculosis and Malaria (GFATM).

A range of different funding sources have been mobilised and, as of October 2003, more than US$48 million have been confirmed for support to the Joint Programme.

1 Programme Background and Rationale

1.1 HIV/AIDS Epidemic in Myanmar

HIV/AIDS is a national priority in Myanmar, as one of three priority communicable diseases identified by the Ministry of Health. In South-East Asia, Myanmar, as well as Thailand and Cambodia, have been identified by UNAIDS as the three highest priority countries.

2002 estimates from the Ministry of Health show 180,000 people infected with HIV, compared with estimates of 20,000 a year ago, while UNAIDS estimates a range of 170,000 to 420,000. Trends in official surveillance data from 2001 show increasing rates of HIV infection among key sentinel groups: sexually transmitted infection (STI) patients (20.5%), sex workers (33.5%), blood donors (1.1%), new military recruits (2.2%) and pregnant women (2.2%), with considerable in-country regional variation. Of the officially reported HIV cases, 30% are attributed to injecting drug use and 68% to sexual transmission.

Gender norms significantly affect an individual's risk and societal vulnerability to HIV/AIDS. In most societies, women and girls face heavier risks of HIV infection than men because their diminished economic, social and cultural status compromises their ability to choose safer and healthier life strategies. Dealing with gender-related factors that increase men and women's vulnerability to HIV is central to an expanded response.

The presence of heightened vulnerability and risk factors such as poverty, gender inequality, internal and external mobility, risk behaviours and a generalised lack of response capacity, coupled with an acknowledged high prevalence HIV rate, means that there is genuine potential for this very serious epidemic to grow out of control unless an effective coordinated response is urgently implemented.

1.2 Programme Approach

The Joint Programme for HIV/AIDS: Myanmar 2003-2005 (Joint Programme) is the result of an ongoing process of consultation undertaken since 2000 by working groups under the direction of the United Nations Theme Group on HIV/AIDS. In 2002, the United Nations Expanded Theme Group on HIV/AIDS (Expanded Theme Group) was established, to include other strategic partners such as government, donors and non-governmental organisations (NGOs) that are active in fighting the HIV/AIDS epidemic in Myanmar.

The purpose of the Joint Programme is to improve the enabling and supporting capacity for prevention and care of HIV/AIDS in Myanmar. The strategic intention behind the synthesis of priority areas of implementing partners' HIV/AIDS work programmes into a combined programme (building on the United Nations Joint Plan of Action 2001-2002) is to address HIV/AIDS in a systematic and comprehensive manner. The Joint Programme, as an extension of these plans, is therefore strategically intended to:

- support the implementation of interventions that decrease the spread of HIV and mitigate the impact of HIV/AIDS on individuals, families and communities;
- provide a commonly agreed framework for international support to the national response to HIV/AIDS and provide a point of reference for enhanced collaboration and coordination of the United Nations and other partners;
- maximise the utilisation of UNAIDS Programme Acceleration Funds and guarantee the implementation steps in each priority area where funds are not available from other sources;

- address gaps and intensify action across selected priority areas, in line with the objectives of the National Health Plan for HIV/AIDS;
- build national capacity for decentralised responses to HIV/AIDS through a range of key stakeholders and partners, both local and international; and,
- garner increased resources for an intensified response to HIV/AIDS.

During the latter half of 2002, implementing partners recognised the need to strategically prioritise interventions because of the level of resources available and the implementation capacity in Myanmar. This led to a prioritisation workshop held in October 2002, which identified four key priorities for the next three years:

1. targeted condom promotion and STI prevention and care;
2. injecting drug user (IDU) interventions;
3. awareness-raising for the general population with a focus on young people; and,
4. care, compassion and support for people living with HIV/AIDS (PLWHA).

This prioritisation process also identified the pace at which these priorities could realistically be taken to scale, and informed the development of the Joint Programme and the associated logical framework.

It will be important to approach the Joint Programme in a learning-by-doing manner. While it is necessary to undertake appropriate evaluations before scaling up, there is an urgent need to expand the response in Myanmar. The use of international and regional experiences, combined with collective local knowledge and consistent qualitative data, may be sufficient if tightly monitored and piloted.

1.3 Implementing Partners

Table 1 provides a list of current implementing partners involved in addressing HIV/AIDS in Myanmar.

Table 1: List of Implementing Partners

Government	Ministry of Health National HIV/AIDS Programme (NAP) Ministry of Education Ministry of Home Affairs Central Committee for Drug Abuse Control (CCDAC) Ministry of Labour Ministry of Social Welfare Ministry of Railways Ministry of Religious Affairs Ministry of Road Transport and Internal Waterways
International NGOs	Adventist Development and Relief Agency in Myanmar Aide Médicale Internationale Association Francois-Xavier Bagnoud Association of Medical Doctors in Asia Asian Harm Reduction Network Burnet Institute CARE Myanmar Marie Stopes International Myanmar Médecins du Monde Médecins sans Frontières Holland Médecins sans Frontières Switzerland PACT Initiative

	Population Services International Population Council Save the Children Fund UK Save the Children Fund US World Concern World Vision
National NGOs	Myanmar Anti-Narcotics Association Myanmar Baptist Convention Myanmar Business Coalition on AIDS Myanmar Council of Churches Myanmar Health Assistants Association Myanmar Maternal and Child Welfare Association Myanmar Medical Association Myanmar Nurses Association Myanmar Red Cross Society Myanmar Young Crusaders
UNAIDS Cosponsors	UNDP UNFPA UNICEF UNODC WHO WFP

2 Joint Programme Objectives (The Logical Framework)

Objectives	Verifiable indicators	Code*	Means of verification	Risks and assumptions
SUPER GOAL: To mitigate the socio-economic and health impact of HIV/AIDS in society				
GOAL				
Reduce HIV transmission and enhance the quality of life of PLWHA	- % of young people aged 15-24 years of age who are HIV-infected (UNGASS) - % of SWs who are HIV-infected - % of IDUs who are HIV-infected - % of infants born to HIV-infected mothers who are infected (UNGASS) - % of people still alive at 6, 12 and 24 months after initiation of antiretroviral (ARV) therapy - Orphans' school attendance (UNGASS)	G1 G2 G3 G4 G5 G6	Sentinel surveillance Routine service statistics Special survey	Gender concerns that limit opportunity for women as compared to men are addressed No further deterioration in economic conditions Sustained and improved financial inputs to the health sector
PURPOSE				
To change behaviour to reduce the transmission of HIV and to improve the health of PLWHA	- % of young people aged 15-24 reporting use of a condom during sexual intercourse with a non-regular sexual partner (UNGASS) - % of sex workers who report using condom with most recent client - % of IDUs using condoms at last sex (~UNGASS) - % of IDUs never sharing equipment in last month (~UNGASS) - % of MWMP reporting condom use at last anal sex - Number of people receiving ARV therapy (~UNGASS) - Number of HIV-infected pregnant women receiving ARV therapy to prevent mother-to-child transmission (~UNGASS) - Percentage of mother/baby pairs receiving nevirapine - % of youth (15-24) expressing accepting attitudes towards PLWHA	P1 P2 P3 P4 P5 P6 P7 P8 P9	Behavioural sentinel surveillance Base-+ end-line Routine service statistics Behavioural sentinel surveillance Base-+ end-line	Poverty alleviation strategies implemented to raise self esteem and decrease vulnerability to high-risk situations that exacerbate HIV transmission Realisation of human rights and fundamental freedoms for all is essential to reduce vulnerability to HIV/AIDS Implementing partners and international donors remain engaged

* Coding System for Joint Programme monitoring and evaluation

Objectives	Verifiable indicators	Code	Means of verification	Risks and assumptions
OUTPUT 1 (Component 1)				
Access to services to prevent the sexual transmission of HI improved	- Number of condoms distributed - % of STI male and female clients at health care facilities appropriately diagnosed, treated and counselled using standardised protocols (UNGASS) - Number of clients to STI services by age and sex	O1 O2 O3	Routine service statistics Health facility survey Routine service statistics	Condoms accessible Supportive legal environment available for condom promotion Education reaches target populations Community is accepting of interventions to reduce sexual transmission of HIV Clinic environments acceptable to target groups and personnel available Drugs available
OUTPUT 2 (Component 2)				
Access to services to prevent the IDU transmission of HIV improved	- Number of needles distributed to target group in last quarter - Total number of clients to IDU drop-in centres by age and sex	O4 O5	Routine service statistics	Supportive legal environment available for harm reduction Education acceptable and reaches target populations Community is accepting of interventions to reduce transmission of HIV among injecting drug users and their partners
OUTPUT 3 (Component 3)				
Knowledge and attitudes improved	- % of 15-24 year olds who correctly identify the three most common ways of preventing HIV/AIDS transmission (~UNGASS) - % of SWs who correctly identify the most common way of preventing HIV/AIDS transmission - % of IDUs who correctly identify the two most common ways of preventing HIV/AIDS transmission	O6 O7 O8	Behavioural sentinel surveillance / Base-+ endline	Education acceptable and reaches target populations Community is accepting of awareness messages Information, education and communication (IEC) materials approved in a timely manner IEC materials distributed widely Access to mass media available Access to workplaces available Environment established enabling PLWHA to be involved

Objectives	Verifiable indicators		Means of verification	Risks and assumptions
	- % of men with multiple partners (MWMP) who correctly identify the two most common ways of preventing HIV/AIDS transmission	O9		
	- % of 15-24 year olds who correctly reject the major misconceptions about HIV/AIDS transmission (~UNGASS)	O10		
	- % of SWs who correctly reject the major misconceptions about HIV/AIDS transmission	O11		
	- % of IDUs who correctly reject the major misconceptions about HIV/AIDS transmission	O12		
	- % of MWMP who correctly reject the major misconceptions about HIV/AIDS transmission	O13		
OUTPUT 4 (Component 4)				
Access to services for HIV care and support improved	- % of youth (15-24) who report accessing voluntary confidential counselling and testing (VCCT) in last 12 months.	O14	Behavioural sentinel surveillance / Base-+ end-line	Supportive legal environment available for activities and services including VCCT
	- % of SWs who report accessing VCCT in last 12 months.	O15		Community is accepting of interventions to provide care, treatment, and support for people living with HIV/AIDS
	- % of IDUs who report accessing VCCT in last 12 months.	O16		
	- % of MWMP who report accessing VCCT in last 12 months.	O17		
	- Number of clients by age and sex receiving HIV test results and post-test counselling	O18	Routine service statistics	Clinic environments acceptable to target groups and personnel available
	- VCCT acceptance rate among pregnant women, by age	O19		Quality control assured for testing
	- Number of people receiving home-based care	O20		Drugs available and appropriately stored and distributed in a timely manner
	- % of health workers with accepting attitudes towards PLWHA (under development)	O21	Special study	Environment established enabling PLWHA to be involved
				Confidentiality assured

Objectives	Verifiable indicators	Code*	Means of verification	Risks and assumptions
OUTPUT 5 (Component 5)				
Enabling environment and capacity-building	- National Composite Policy Index (UNGASS)	O22	Policy review	Geographic access assured
	- Amount of national funds spent by Government on HIV/AIDS (UNGASS)	O23	Policy review	Devolution of decision-making
	- Percentage of large enterprises/companies that have HIV/AIDS workplace policies and programmes (UNGASS)	O24	Special study	Partners willing and able to share data
	- % of schools with teachers who have been trained in life skills-based education and who taught it during the last academic year (UNGASS)	O25		Confidentiality assured
	- Number of mass media reports on HIV/AIDS	O26	Routine service statistics	
	- Evidence that gender issues are being addressed by implementing partners	O27	Special study	
	- Number of arrests of SWs or % of SWs who report that relationship with law enforcement authorities makes it harder for them to practice safer sex	O28		
	- Second generation surveillance data (prevalence and behavioural) including all high-risk groups	O29		
	- Evidence of M&E data being fed-back to implementing partners by Joint Programme	O30		
Implementation of activities	***Important process indicators***			
(Output 1)	- Number of service delivery points providing integrated STI services	A1	Special study	
(Output 3)	- Number of youth peer educators/outreach workers involved in project by end of quarter by age and sex	A2	Routine service statistics	
	- Number of SW outreach workers involved in project by end of quarter by age and sex	A3		

Objectives	Verifiable indicators	Code	Means of verification	Risks and assumptions
	- Number of IDU outreach workers involved in project by end of quarter by age and sex	A4		
	- Number of MWMP outreach workers involved in project by end of quarter by age and sex	A5		
	- Number of PLWHA peer educators/ outreach workers involved in project by end of quarter by age and sex	A6		
	- Number of IEC/BDCC material distributed to youth, SWs, IDUs by type	A7		
(Output 4)	- Number of service delivery points (antenatal care, STI and IDU clinics etc.) in private and public sectors, offering VCCT to standardized guidelines	A8	Special study	
	- Number and % of townships offering or referring for VCCT	A9		
(Output 5)	- Evidence that youth is meaningfully involved in design and implementation/ activities	A10	Special study	
	- Evidence that SWs are meaningfully involved in design and implementation/activities	A11		
	- Evidence that IDUs are meaningfully involved in design and implementation/activities	A12		
	- Evidence that MWMP are meaningfully involved in design and implementation/activities	A13		
	- Evidence that PLWHA are meaningfully involved in design and implementation/activities	A14		
	- Number of youth advocacy events conducted at all levels	A15	Routine project records	
	- Number of SW advocacy events conducted at all levels	A16		
	- Number of IDU advocacy events conducted at all levels	A17		
	- Number of MWMP advocacy events conducted at all levels	A18		

Objectives	Verifiable indicators	Code*	Means of verification	Risks and assumptions
	- Number of PLWHA advocacy events conducted at all levels	A19		
	- %/Number of people trained working with youth by type and sex	A20		
	- %/Number of people trained working with SWs by type and sex	A21		
	- %/Number of people trained working with IDUs by type and sex.	A22		
	- %/Number of people trained working with MWMP by type and sex	A23		
	- %/Number of people trained working with PLWHA by type and sex	A24		

3 Component Strategies of the Joint Programme

In developing the Joint Progamme, five components were identified, based on the outputs in the logical framework. For each component, sub-components and key strategies have been identified to support the achievement of the purpose and objectives of the Joint Programme. These strategies are not meant to repeat the level of detail that will be included at the implementing partner level, or to be prescriptive to the implementing partners as to what they should or should not do. As the systems approach to partnership develops, the process of developing the logical framework will become more robust and easier to map.

Component 1: Sexual Transmission of HIV

Sexual transmission of HIV/AIDS will be reduced by strengthening programmes promoting safe and responsible sexual behaviour and consistent use of condoms. These will be supplemented by making condoms more accessible and affordable and strengthening services for the prevention and management of STIs. The component aims to increase consistent condom use in non-regular sexual partner activity and an overall increase in the use of condoms at last paid sex.

Subcomponents		Strategies
1.1	Access to affordable condoms for sexually active men, women and young people increased	- Increase the number of condom sale outlets - Increase quality of and access to condoms through development of non-traditional condom outlets and informal distribution systems in communities and workplaces such as hairdressers, barbers, nightclubs - Continue to promote condom social marketing. - Develop interventions to target specific and difficult to access population groups - Encourage community-based condom distribution through peer educators - Ensure availability of condoms to sexually active urban youth, IDUs and partners, SWs and clients, prisoners, PLWHA and partners - Collaborate with local condom distributors and agents in promotion and marketing
1.2	Capacity of both private and public sector health facilities for prompt and effective management of STIs improved	- Ensure the adequate supply and effective distribution of STI drugs in the public and private sectors - Promote the development of youth-friendly health facilities in order to improve services for young people - Reproduce and disseminate STI treatment guidelines and manuals, including ongoing training on changes - Expand STI management services - Enhance capacity to provide STI treatment to incarcerated populations - Promote the use of STI facilities, especially among high-risk groups, at the first sign of infection - Develop VCCT services in the public and private sectors

Component 2: Injecting Drug Use

Reduced transmission of HIV among IDUs and their partners will be achieved by establishing new harm reduction initiatives and strengthening existing ones, and by improving access to and quality of drug treatment services. Expected results include percentage of IDUs sharing needles and injecting equipment reduced and percentage of IDUs using condoms at last sex increased.

Subcomponents		Strategies
2.1	Access to harm reduction interventions increased	- Develop IDU-friendly outreach programmes - Establish drop-in centres for IDUs and their partners - Develop/strengthen linkages between different services and service delivery points - Ensure easy availability of clean injecting equipment in pilot areas - Develop and disseminate locally appropriate guidelines and manuals - Ensure the availability of integrated services to address health and psychosocial needs of IDUs and their partners - Ensure the availability of integrated services for IDUs in incarcerated settings - Collaborate with the private sector to ensure the promotion of the use of clean injecting equipment
2.2	Access to and quality of drug treatment in institutional and non-institutional settings improved	- Implement pilot drug substitution programmes - Implement non-institutional-based drug treatment programmes - Expand and strengthen services for IDUs

Component 3: Knowledge and Attitudes

Component 3 will increase awareness of the general population, particularly youth and other specific target groups, of the modes of transmission and means of preventing HIV as well as perceptions of personal risk, and will improve attitudes regarding HIV/AIDS and those living with or affected by HIV/AIDS. This will be achieved by implementing public sector media campaigns and specific behavioural development change communication (BDCC) interventions targetting vulnerable populations.

Subcomponents		Strategies
3.1	Knowledge of modes of transmission, perception of personal risk, and attitudes regarding HIV/AIDS and those living with and affected by HIV/AIDS, improved among the general population	- Collaboration with and strengthening the capacity of media personnel - Research and identify knowledge gaps to develop key communication messages - Design and implement mass media interventions promoting safer sexual behaviour at national and regional levels, utilising local languages where necessary - Support and promote research aimed at understanding attitudes, behaviours and perceptions of risk around HIV prevention to enhance the efficacy of BDCC programmes - Implement public information and media campaigns that promote tolerance and compassion

Subcomponents		Strategies
3.2	Positive attitudes, safe sexual behaviour and practices in specific target groups improved, (includes consistent condom use and safe injecting practices for IDUs)	- Produce and disseminate information and communication materials for target populations (e.g. Sex Workers, Injecting Drug Users, Men with Multiple Partners, etc.) in order to heighten individual risk perception and promote healthy and responsible sexual behaviours, such as: a) abstinence outside of the regular relationship as a viable option; b) better understanding of sexuality, and delay of first sexual activity; c) mutual monogamy; d) consistent and correct use of condoms; e) reduction in the number of partners; and, f) early intervention for STI diagnosis and treatment - Engage local authorities in multi-sectoral committees to improve the effectiveness of safer sexual behaviour initiatives - Promote and normalise the use of condoms in addition to other effective contraceptive methods (dual protection) - Develop and support peer education programmes aimed at target population groups, including documentation and dissemination of best practices and lessons learned - Conduct small-group outreach activities promoting safer sexual behaviour among target groups as well as safe injecting practices among IDUs - Develop and incorporate HIV/AIDS prevention education programmes in institutional settings such as prisons (including safe sexual behaviour and safe injecting practices)
3.3	Awareness of HIV/AIDS among youth, improved	- Strengthen the coordinated approach to school programmes to include HIV prevention and awareness issues and messages - Expand reach of life skills programmes - Development of BDCC interventions with a focus on changing health-seeking behaviours - Development of appropriate education campaigns and BDCC for out-of-school youth - Develop and produce targeted IEC materials for specific audiences and in specific languages - Develop and implement work-based educational programmes - Develop population-specific targeted materials on HIV/AIDS prevention including traditional and other methods - Support community groups, including religious groups, in their ability to provide appropriate messages and responses

Component 4: Care, Treatment and Support for People Living with HIV/AIDS

Access to and quality of care, treatment and support of PLWHA will be enhanced by improving the availability of care protocols, training and supplies to service providers and increasing access to PMCT services and VCCT to the general population in clinical and non-clinical settings. Expected results include improved efficiency of referral systems and increased number of PLWHA accessing a range of care and support services, provided to standardised protocols and covering psychosocial support, home and community-based care, treatment for opportunistic infections, ARV treatment, palliative care and an expanded access to VCCT.

Subcomponents		Strategies
4.1	Quality and access to care and treatment services for PLWHA improved	- Establish a national basic package for care, and develop and disseminate guidelines and standards for the treatment and care of people living with HIV/AIDS - Enhance capacity of people living with HIV to access highest quality of care that they can afford - Establish PLWHA peer support groups - Enhance capacity for screening and diagnostics services for HIV/AIDS in the public and private sectors. - Strengthen capacity for providing care and support to children affected by HIV/AIDS, including orphans - Strengthen national capacities to provide effective counselling and psychological and social support to people living with HIV/AIDS and those affected by the disease - Promote and enhance the capacity of communities to develop care and support networks for people living with and affected by HIV/AIDS, including day care and hospice care - Develop and disseminate standards and guidelines for the safe and effective use of treatment for opportunistic infections and ARV treatment - Establish linkages between TB and HIV/AIDS programmes to ensure that all new TB cases have access to VCCT and all HIV-positive people are tested for TB and given access to free TB treatment as appropriate - Improve access to ARV medication for high-risk and vulnerable populations in public and private health facilities - Establish specialised public and private sector treatment facilities in selected areas - Design and implement the provision of a basic social benefit package for PLWHA in need, and support families to provide home-based care

Subcomponents		Strategies
4.2	Quality of and access to voluntary confidential counselling and testing services improved	- Strengthen capacity to provide VCCT in clinical and non-clinical settings by training contact investigators, public health workers, nurses, NGO-based personnel, school-based personnel and others in HIV counselling - Implement universal VCCT in all antenatal and STI clinics - Develop and disseminate standardised quality counselling curriculum(s) for both clinical and non-clinical settings - Develop and disseminate guidelines for ethical partner notification, which protect confidentiality and informed consent and clearly outline the limited circumstances under which it may take place without consent - Pilot and take to scale rapid testing facilities - Promote and foster ethical VCCT by NGOs, especially those that target high-risk populations, through training and capacity-building - Integrate counselling into reproductive health initiatives, especially those that target vulnerable populations such as young people, to strengthen the preventive aspect of VCCT
4.3	Caring, protective and supportive environment for people living with or affected by HIV/AIDS improved	- Include people living with HIV/AIDS in developing and implementing initiatives and activities - Ensure access to education, employment, health care, social health services, prevention programmes and support for people living with or affected by HIV/AIDS - Support local groups and individuals to develop strategies to combat stigma and social exclusion - Engage community leaders at the local level in the promotion of positive behaviour around HIV issues
4.4	Risk of mother-to-child transmission of HIV reduced	- Improve access to VCCT for all pregnant women - Empower women to have control over and decide freely and responsibly on matters related to their sexuality in order to reduce their vulnerability to HIV infection - Strengthen capacities of health care workers in public and private sectors to provide PMCT services including care and counselling through workshops, seminars and materials' development - Strengthen capacities of HIV-positive mothers and their families to access care and support services, including parenting skills, HIV prevention skills and services to reduce the impact of the virus on their lives

Component 5: Enabling Environment

Essential elements of the enabling environment for an effective expanded national response will be strengthened through advocacy, improving monitoring and evaluation, capacity-building, and improved coordination. Because of the need to provide a safe environment in which other interventions can be implemented, core strategies to prevent transmission in health care settings will also be improved.

Subcomponents		Strategies
5.1	Active support of opinion leaders for promoting a supportive environment for implementation of effective prevention and care activities increased	- Mobilise government leaders to play an active role in promoting HIV as a human rights and gender issue and in implementing the national HIV/AIDS plan - Mobilise leaders from all sectors of society to promote positive behaviour around HIV issues and to support the implementation of the Joint Programme - Broaden the active involvement of the private sector in the Joint Programme, including resource mobilisation - Foster and support inclusion of people living with HIV/AIDS in policy and programme planning - Strengthen and support partners in their advocacy on behalf of high risk and vulnerable groups e.g. IDUs, SWs, and people living with HIV/AIDS and their families - Support implementation of legal and social support services that protect against discrimination - Support and disseminate a review of the legal and policy framework applying a human rights and gender perspective to the HIV epidemic through the Expanded Theme Group - Document instances of discrimination around HIV/AIDS, and recommend policies and legislation to address these issues - Support initiatives for the legal protection of HIV-infected persons in schools, in the workplace, and in the health care system
5.2	Multi-sectoral and coordinated partnership for planning and implementation strengthened	- Foster participatory planning for the implementation of the Joint Programme - Develop key areas of involvement of partners based on the framework of the *M&E* plan - Strengthen the operations of partnership coordinating mechanisms on HIV issues - Continue to promote the value of and need for multi-sectoral coordination mechanisms on HIV issues - Foster and promote the integration of HIV/AIDS activities into the annual planning process of each partner - Implement reporting mechanisms of partnership activities to the co-ordinating mechanism - Support the development of HIV/AIDS policies in government and other sectors - Disseminate legal and policy initiatives to all stakeholders - Document and disseminate best practices and lessons learned on coordinated, multi-partner actions around the HIV epidemic

Subcomponents		Strategies
		• Support the development of HIV/AIDS policies in government and other sectors • Disseminate legal and policy initiatives to all stakeholders • Document and disseminate best practices and lessons learned on coordinated, multi-partner actions around the HIV epidemic
5.3	Availability and utilisation of data on programme impact, trends of HIV/AIDS over time and related behaviours driving the epidemic improved	• Conduct an independent evaluation of surveillance and reporting mechanisms, with recommendations on how to establish improved mechanisms to collect surveillance data from NGOs and the private sector • Develop an accurate, efficient, unified gender-specific and standardised reporting and surveillance system that includes private practitioners and laboratories, backed by a decentralised laboratory system and a centrally coordinated monitoring and evaluation unit, with clear systems for feedback to partners • Strengthen systems to ensure timely feedback of test results from testing facilities to clients • Conduct periodic surveys, case reporting, special studies, and assessment of syndromic aetiologies • Develop a system to update reporting and management information systems and link to the national Health Management Information System • Upgrade the quality assurance system to include HIV concerns • Strengthen second generation surveillance and links to serological and behavioural indicators • Carry out behavioural and reproductive health research in vulnerable communities and rural areas • Undertake evaluation of individual activities within the Joint Programme • Periodic refinement of indicators in the monitoring and evaluation framework • Ensure the availability of data to report against the UNGASS HIV/AIDS indicators • Incorporate data from second generation surveillance into both monitoring and programme development processes of the Joint Programme • Conduct an independent evaluation of the impact of the Joint Programme • Map high transmission areas, conduct systematic gathering of information unique or pertinent to each area, design targeted interventions accordingly • Strengthen decentralised laboratory capacity • Strengthen the National Public Health Laboratory as the national training and referral centre

Subcomponents		Strategies
5.4	Capacity for implementation of HIV/AIDS prevention and care activities expanded at all levels	• Increase engagement and development of private sector initiatives • Expand service programmes to marginalised groups and ethnic minority communities • Enhance the role of religious leaders and communities in HIV/AIDS prevention and care • Expand the role of local NGOs for direct service delivery and capacity-building programmes • Strengthen the capacity of the private and government sectors to implement workplace initiatives • Develop effective community participation and ownership of response efforts • Develop the capacity of each partner to participate effectively in the Joint Programme planning process • Enhance the capacity of each partner to mobilise resources for the coordinated response
5.5	Risk of HIV transmission in health care delivery settings reduced	• Enhance the capacity of health care workers in proper medical waste management and universal precautions, through training, workshops and seminars • Develop clinical guidelines and registry for post-exposure prophylaxis management • Guidelines on universal precautions for health staff developed or updated, and distributed • Ensuring adequate supplies and equipment for the prevention of nosocomial infections • Ensure the availability of ARV drugs in the health system for post-exposure prophylaxis and prophylaxis starter kits in all treatment facilities • Review and amend the national blood transfusion policy • Develop and disseminate national clinical guidelines for the use of blood and blood products • Ensure accessibility and availability of replacement fluids such as crystalloids and colloids for use • Develop standards and guidelines for the proper storage and transportation of blood and blood products to hospitals and treatment facilities • Develop guidelines and procedures to obtain informed consent of patients for the administration of blood and blood products • Maintain the quality of blood and blood product transfusion services • Strengthen the capacity of health care workers in blood safety, through training, workshops and seminars

4 Implementation Arrangements

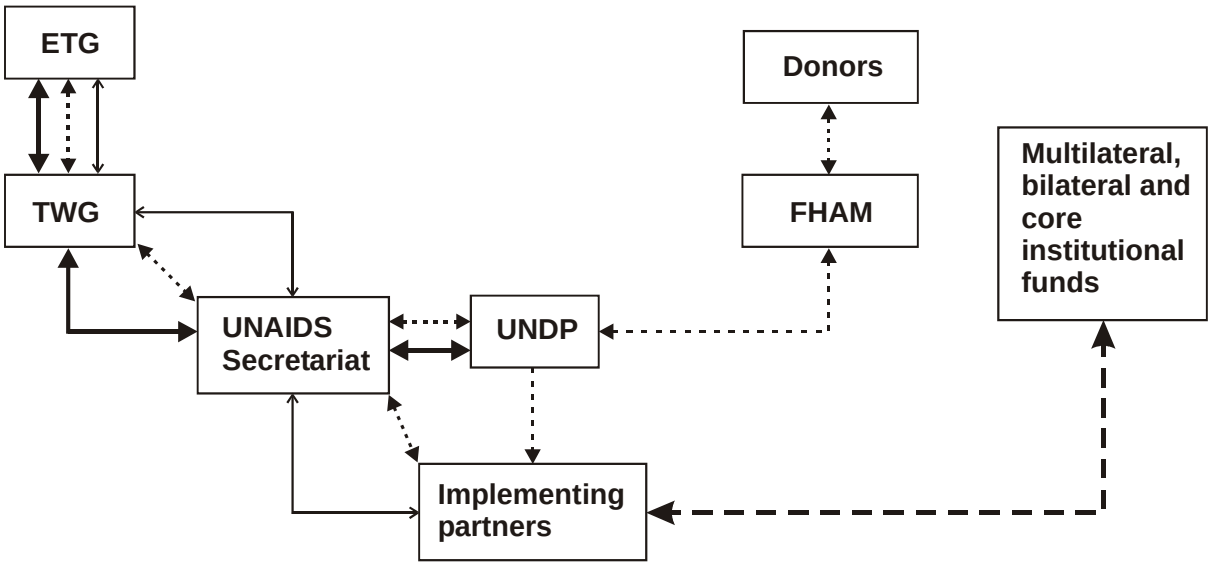
4.1 Management and Coordination Arrangements

It is expected that activities receiving support for implementation during the period 2003-2005 will be within the context of the Joint Programme. This requires a process for:

- establishing policies and priorities for programmes, based on changing needs
- directing funding to meet those priorities
- coordinating activities and funding
- reporting to donors and funding agencies
- monitoring and evaluation

Each implementing partner is financially and technically accountable for its work programme(s) to specified funding source(s) and head office, if applicable; it is guided by its individual organisational mandate and contractual obligations. A major objective of the Joint Programme is to maximise the cost-effective use of funding and resources, including minimising duplication in geographic and sectoral coverage and reporting mechanisms. This requires the involvement of all stakeholders. Figure 1 illustrates the management arrangements for the Joint Programme, and the relationships between different implementing partners and funding sources. It also shows the management coordination functions and relationships of the Expanded Theme Group, the Technical Working Group on HIV/AIDS (Technical Working Group) and UNAIDS Secretariat.

Figure 1: Management and Coordination Arrangements for the Joint Programme



Management and coordination

Monitoring and evaluation

Fund for HIV/AIDS in Myanmar

Multilateral, bilateral and core institutional funding and reporting

ETG Expanded Theme Group

TWG Technical Working Group

United Nations Expanded Theme Group on HIV/AIDS

The Expanded Theme Group acts as the policy body for the Joint Programme, including formulating and reviewing the Joint Programme and promoting its implementation. It will:

- approve the Joint Programme and subsequent revisions
- review monitoring reports provided by the Technical Working Group
- identify key gaps and constraints in the implementation of the Joint Programme
- advise donors of progress and needs
- ensure maximum coordination and collaboration across all HIV/AIDS activities

In order to undertake the above, the Expanded Theme Group will develop a comprehensive picture of national HIV/AIDS control efforts and results over time. The Expanded Theme Group provides a regular opportunity for transparency and dialogue at a senior level among organisations that support the national response to HIV/AIDS in Myanmar. The Expanded Theme Group meets quarterly to oversee successful implementation of the Joint Programme by ensuring effective coordination by all participants. Annex 1 provides details of the terms of reference and the composition of the Expanded Theme Group.

Technical Working Group on HIV/AIDS

The Technical Working Group provides technical guidance on the implementation of the Joint Programme. It will:

- develop and revise, as necessary, the Joint Programme
- provide technical guidance and coordination on the implementation of the Joint Programme
- establish and maintain a monitoring and evaluation framework for the Joint Programme
- review regular monitoring and evaluation information from implementing partners
- advise the Expanded Theme Group on policy and programme issues
- facilitate coordination between all implementing partners

The Technical Working Group is supported by five technical subgroups covering the five components of the Joint Programme. The role of the component subgroups is to provide a forum for review and coordination of the work of the implementing partners towards the achievement of the component objectives. The Joint Programme logical framework is strategic and provides a common basis for a series of more detailed logical frameworks and work plans for specific components that will be developed by the component subgroups. One of the first tasks of the Technical Working Group in implementing the Joint Programme is to develop and agree upon detailed terms of reference for these subgroups.

In undertaking its monitoring and evaluation responsibilities to inform the Expanded Theme Group, the Technical Working Group will actively seek to include as much information as possible to help understand the response to HIV/AIDS in Myanmar. Available information is to be analysed against the goals and objectives of the Joint Programme. Annex 2 provides details of the terms of reference and the composition of the Technical Working Group.

UNAIDS Secretariat

The UNAIDS Secretariat will be strengthened technically and managerially to perform a coordinating function under the guidance of the Expanded Theme Group and the Technical Working Group. The costs of this increase in technical and management capacity will be funded from the FHAM. The UNAIDS Secretariat will:

- provide the secretariat function for the Technical Working Group and the Expanded Theme Group
- support the Technical Working Group in maintaining a monitoring and evaluation system for the Joint Programme
- collect monitoring and evaluation data from implementing partners
- collate, aggregate and synthesise monitoring and evaluation data for the Technical Working Group on a six-monthly basis
- work with members of the Technical Working Group to prepare reports for the Expanded Theme Group

Annex 3 provides details of the terms of references and composition of the UNAIDS Secretariat.

4.2 Establishing the Monitoring and Evaluation Framework

The challenge for the Joint Programme is the initial lack of a standardised M&E strategy to monitor the efforts of multiple implementing partners, which are all at different stages of implementation of HIV interventions. Partners currently use different M&E systems and have varied levels of capacity to collect, interpret and integrate data into project management.

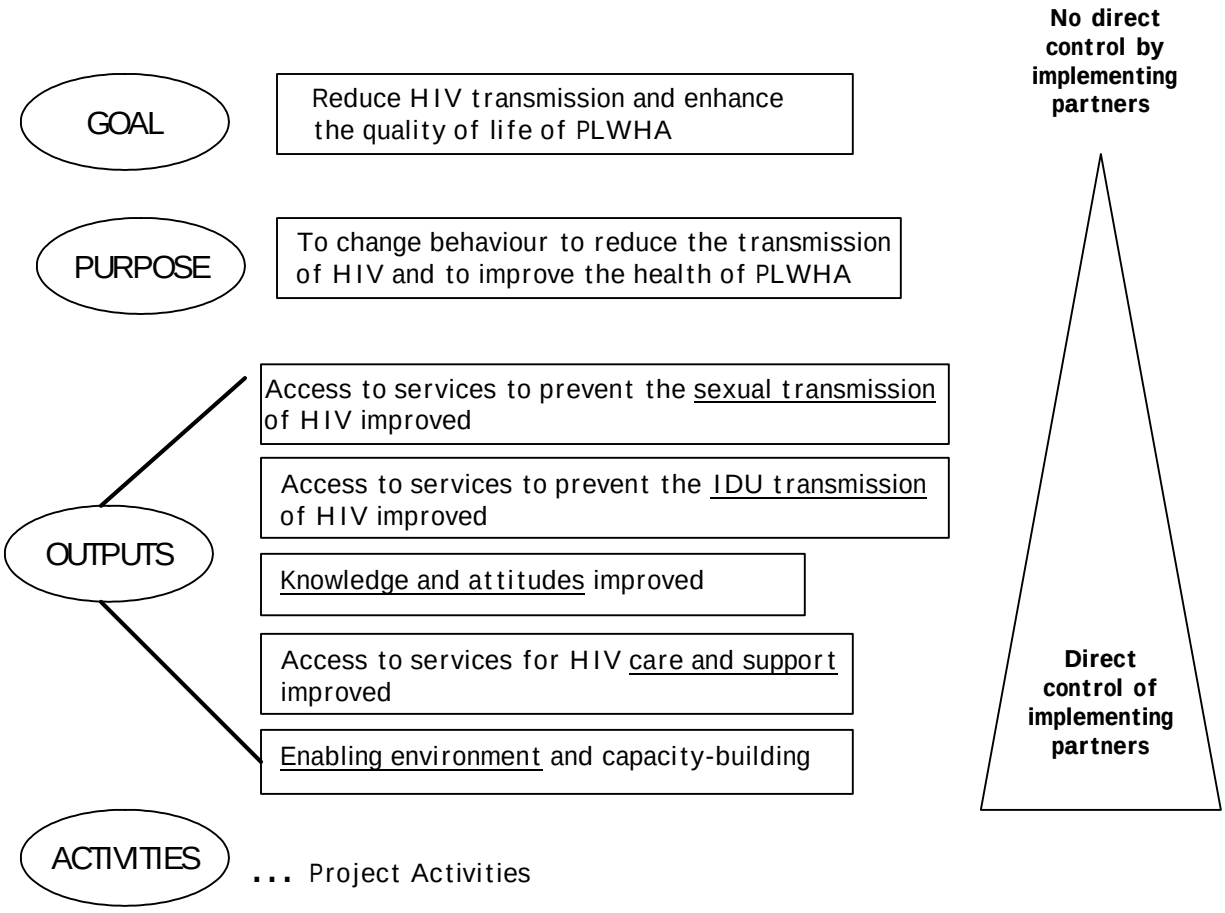
An M&E strategy for the Joint Programme has been designed as a major step towards creating a common basic data set with agreed definitions against which implementing partners will be requested to report. The Joint Programme ensures sound monitoring and evaluation by using both logical frameworks to summarise common objectives and an agreed set of core indicators to monitor progress.

The chart below shows the common objectives as specified in the first column of the Joint Programme logframe. When implementing partners achieve their objectives: ***improving access to services***, ***improving knowledge*** and ***creating an enabling environment***, the joint effect will result in less risk behaviour and improved health status. While individual projects have little direct influence on the behaviour at population level, it is at these higher levels that the joint effort of all projects will make a difference and will need evaluating. Implementing partners have direct influence on the implementation of their project activities and in delivering project outputs. Routine monitoring focuses on these lower levels.

For the Joint Programme logical framework to be fully functional as a basis for a comprehensive M&E system, it requires implementing partners to construct their own project logical frameworks that link with the Joint Programme logical framework. These nested logical frameworks use the same goal, purpose and outputs (including the corresponding indicators) as the Joint Programme logframe. This way of standardising across partners allows the Joint Programme to identify gaps and repetition in coverage.

Operational guidelines have been written to assist implementing partners in reviewing their own monitoring and evaluation systems in line with the Joint Programme's M&E system.

Common objectives: Joint Programme and implementing partners



The Monitoring and Evaluation Indicator Set

Core indicators for the Joint Programme were selected in close and extended consultation with members of the Expanded Theme and Technical Working Groups and implementing partners. While the selected indicators ensure that the Joint Programme can report on essential elements of the national response to HIV/AIDS in Myanmar, they also reflect standardisation with international indicators, including UNGASS. Detailed definitions of all core indicators are included in Annex C of the Operational Guidelines.

Annex 4 presents the core indicators of the Joint Programme logical framework according to the three major intervention areas: prevention of sexual transmission; prevention of IDU transmission; and treatment, support and care. The matrix below clarifies how the five outputs in the Joint Programme logical framework relate to intervention areas.

Matrix showing outputs in Joint Programme logframe relevant for implementing partners with projects in three key intervention areas

	Key Intervention Areas		
	Prevention of sexual transmission of HIV	Prevention of IDU transmission of HIV	Treatment, support and care of people living with HIV/AIDS
Access to services improved	OUTPUT 1	OUTPUT 2	OUTPUT 4
Knowledge and attitudes improved	OUTPUT 3	OUTPUT 3	OUTPUT 3
Enabling environment/ capacity building	OUTPUT 5	OUTPUT 5	OUTPUT 5

While improved access to services is presented as three separate outputs (1,2,4), improvement of knowledge and attitudes (output 3) and creating an enabling environment (output 5) cut across the three intervention areas.

The Monitoring and Evaluation Reporting Schedule

Responsibilities for data collection and the reporting frequency for each of the Joint Programme core indicators are set out in Annex D of the Operational Guidelines. Implementing partners will be requested to share monitoring information according to the logical framework and outputs they contribute to, irrespective of funding source. Data aggregated at Joint Programme level will be analysed and disseminated to the Technical Working Group and the implementing partners. The monitoring and evaluation data reporting and dissemination chart (Annex 5) highlights the coordinating role of the UNAIDS Secretariat in routine monitoring of inputs (expenditures) and results, in the regular compilation of data and in reporting back to all participants.

Key Steps in Making the Monitoring and Evaluation Framework Operational

The key steps in making the monitoring and evaluation framework operational include:

1. Recruit a Joint Programme M&E Officer to facilitate and coordinate the implementation of the Joint Programme M&E system as set out in the Operational Guidelines.

2. Review the data reporting system and indicators after a pilot phase (two data reporting rounds) to further clarify indicator definitions and data reporting formats.

3. Design a management information system with database for storage of data on core indicators allowing analysis of trends and presentation of results for dissemination.

4. The UNAIDS Secretariat will coordinate the training of key individuals in participating agencies. The M&E officer will provide on-the-job training to support partners with the implementation of the M&E system (commissioning assistance where necessary).

5. Nested logical frameworks, work plans and contracts of implementing partners will state which of the core indicators are being targeted and what results are expected realistically.

6. The Technical Working Group and the UNAIDS Secretariat will agree on a schedule and responsibilities for occasional verification of the monitoring and evaluation data, reported by implementing partners.

7. The monitoring and evaluation framework, indicator targets and reporting procedures will be reviewed annually and revised as necessary.

5 Financing the Joint Programme

In the complex and difficult situation of Myanmar, there is a multiplicity of funding modalities available to donors to fund HIV/AIDS prevention and care activities in the country: (a) Fund for HIV/AIDS in Myanmar; (b) direct official development assistance funding through agencies in Myanmar; (c) direct funding through individual agency core resources; (d) funding through regional United Nations project mechanisms; (e) funding through bilateral projects; (f) global partnership agreements; and (g) Global Fund for AIDS, Tuberculosis and Malaria.

The financial requirements of the Joint Programme are based on projections of the United Nations and Partners Joint Implementation Plan 2002-2003, which estimated that about US$34 million would be required to implement a comprehensive two-year plan to address the critical nature of the HIV/AIDS epidemic in Myanmar. At mid-2002, about 20% of that amount had been mobilised, resulting in limited small-scale activity in different sectoral and geographic areas.

Shifts in international approaches to HIV/AIDS in the region and Myanmar together with the ability of agencies in Myanmar to present a joint programme for funding have succeeded in securing new pledges for about US$30 million, to be made available in early 2003, to be disbursed over the period 2003-2005. In addition, a proposal was approved in October 2002 by the Global Fund to Fight AIDS, TB, and Malaria (GFATM) which requested about US$ 9 million for HIV/AIDS over this same period, of which approximately 45% will be allocated directly to government. Table 2 provides a list of funding sources for HIV/AIDS activities in Myanmar.

Table 2. Confirmed funding of the Joint Programme for HIV/AIDS, Myanmar, 2003-2005, as of 31 October 2003

Source	Amount US$
FHAM	
Norway	1,562,235
SIDA (Sweden)	4,760,000
DFID (UK)	15,700,000
Total	**22,022,235**
Bilateral funds	
Australia	3,750,000
Canada	303,001
European Union	5,844,809
Japan	2,753,132
Netherlands	536,306
Norway	214,739
Sweden	452,233
UK	1,413,450
USA	2,000,000
Total	**17,267,670**

Table 2	Contd.
Source	Amount US$
UN Core Funds	
UNAIDS	661,740
UNDP	195,869
UNFPA	1,973,705
UNICEF	1,591,542
WHO	320,000
Total	**4,742,856**
NGO Core Funds	
CARE	292,174
MSF	1,631,923
MdM	44,853
Total	**1,968,950**
Private Foundations	
Lucille and David Packard Foundation	140,000
Diakonia	20,000
NOVIB	241,071
Kadoorie Charitable Foundation	984,260
TEAR Australia	70,000
Other Foundations	1,226,910
Total	**2,682,241**
Combined Total	**48,683,952**

It is not possible at this time to map precisely the projected funding against each component. Analysis will be undertaken to determine which aspects of each component are already sufficiently supported and which activities remain under-resourced. However, at a macro level, an estimate has been made for the financing requirements and gap of the Joint Programme. Table 3 outlines the requirements, based on an analysis of implementing partner data as of October 2003. Based on these estimates, US$ 88 million will be required to implement the full Joint Programme, with a 34.1% funding gap of US$ 30.1 million.

Table 3. Funding requirements for the Joint Programme

Year	External resources available		Total need
	confirmed as at 31.10.2003	GFATM*	
2003	14,450,000		25,443,075
2004	15,400,000		30,500,000
2005	15,500,000	9,246,156	32,000,000
Total	48,684,000	9,246,156	87,943,075

* It has been assumed that the Global Fund Round 3 will be received starting from 2005

Annex 1: United Nations Expanded Theme Group on HIV/AIDS: Purpose and Terms of Reference

Purpose

The role and function of the Expanded Theme Group is to provide a regular opportunity for transparency and dialogue at a senior level among organisations supporting the national response to HIV/AIDS in Myanmar. The Expanded Theme Group meets quarterly to oversee successful implementation of the Joint Programme by ensuring effective coordination.

In addition, the Expanded Theme Group is to provide policy and strategic advice on the allocation of FHAM resources (financial accountability for these funds rests with UNDP). It provides this advice based on the routine assessment of progress and on specific requests from the Technical Working Group, ensuring that this support is coordinated and meets evolving priorities.

Terms of Reference

The Expanded Theme Group is responsible for policy advice to implementing partners and to donors and government. The Expanded Theme Group is to monitor overall progress of the Joint Programme, establish priorities for key activities, proactively identify constraints and design appropriate interventions and strategies to overcome them so as to ensure a well coordinated implementation. To do this, the Expanded Theme Group will:

- approve the Joint Programme for HIV/AIDS: Myanmar 2003-2005, and subsequent revisions
- identify new and emerging priorities
- identify appropriate measures to overcome constraints in implementing the Joint Programme
- facilitate mobilisation of required resources including financial monitoring
- promote effective management of resources
- advocate for enhanced political commitment and policy reforms
- improve transparency, coordination and collaboration with all partners working on HIV/AIDS
- review implementation of the Joint Programme, based on six-monthly progress reports prepared by the Technical Working Group
- share information on progress, needs and policy issues regarding implementation of the Joint Programme with stakeholders
- monitor the performance of the UNAIDS Secretariat

In addition to the above, the Expanded Theme Group has specific responsibilities in regard to the Fund for HIV/AIDS in Myanmar (FHAM), namely to:

- provide collaborative oversight of the effective management and implementation of the FHAM
- approve annual financial and programmatic reporting for UNDP to provide to donors who are contributing to the FHAM

In order to undertake the above, the Expanded Theme Group will develop a comprehensive picture of national HIV/AIDS control efforts and results over time.

Composition

The Expanded Theme Group comprises:

- Government (3)
- Donors (5)
- International NGOs (3)
- Local NGOs (3)
- United Nations agencies (UNAIDS cosponsors) (6)
- UNAIDS Country Coordinator

Operations

UNAIDS serves as the secretariat for the Expanded Theme Group and in consultation with the members of the group prepares background information, agendas and minutes of the meetings. UNAIDS also provides information and advice on the national application of and contribution to regional and global strategies. The Chair of the United Nations Theme Group on HIV/AIDS also chairs the Expanded Theme Group.

Annex 2: Technical Working Group on HIV/AIDS: Purpose and Terms of Reference

Purpose

The role of the Technical Working Group is to support the Expanded Theme Group by providing technical advice on all aspects of Joint Programme implementation. The Technical Working Group meets monthly to support the Expanded Theme Group by providing coordination and collaboration between implementing agencies and their activities.

Terms of Reference

The Technical Working Group supports the Expanded Theme Group by:

- developing the Joint Programme and revising as necessary
- advising the Expanded Theme Group on policy and programme issues
- advising on technical matters related to the implementation of the Joint Programme
- facilitating coordination between all implementing partners
- establishing and maintaining a monitoring and evaluation framework for the Joint Programme
- reviewing regular monitoring and evaluation information from implementing partners
- overseeing preparation of six-monthly progress reports by the component subgroups on implementation of the Joint Programme, based on agreed performance indicators

In addition to the above roles, the Technical Working Group has the following responsibilities specifically in relation to the Fund for HIV/AIDS in Myanmar (FHAM):

- approving and monitoring an annual resource allocation plan for activities funded by the FHAM
- approving and monitoring work programmes, including the technical content of contracts, of implementing partners who are receiving funding from the FHAM
- preparing annual financial and programmatic reporting, for review by the Expanded Theme Group, for donors contributing to the FHAM

In undertaking its monitoring and evaluation responsibilities to inform the Expanded Theme Group, the Technical Working Group will actively seek to include as much information as possible to assist in understanding the response to HIV/AIDS in Myanmar. Available information is to be analysed against the goals and objectives of the Joint Programme.

Composition

The Technical Working Group comprises:

- UNAIDS Country Coordinator (Chair)
- UN Co-Chairs of the Component Subgroups (5)
- INGO Co-Chairs of the Components Subgroups (5)
- National AIDS Programme representative (1)
- National NGO representative (1)

The Chair of the Expanded Theme Group will also be eligible to attend and also to act as Chair of the Technical Working Group in the absence of the UNAIDS Country Coordinator.

Component Subgroups

The Technical Working Group is supported by five subgroups covering the five components of the Joint Programme. The role of the component subgroups is to provide a forum for review and coordination of the work of the implementing partners towards the achievement of the component objectives. The Joint Programme logical framework is strategic and provides a common basis for a series of more detailed logical frameworks and work plans for specific components, which will be developed by the component subgroups. Membership will be open to representatives from interested agencies engaged in relevant areas of work. Two Co-Chairs (1INGO and 1 UN) will be selected. These will be individuals with a strong technical background who have the endorsement of their agency to undertake this function, given the requisite time commitments. One of the first tasks of the Technical Working Group in implementing this new Joint Programme will be to develop and agree upon detailed terms of references for these subgroups.

Annex 3: UNAIDS Secretariat: Purpose and Scope of Work in Relation to the Joint Programme

Purpose

The role of the UNAIDS Secretariat is to provide a central technical and management support capacity for the coordination and monitoring and evaluation of the Joint Programme. This includes supporting the work of the Expanded Theme Group and Technical Working Group with secretariat functions. To fulfill its role and functions, the UNAIDS Secretariat will receive additional technical advice and direction from the Technical Working Group and policy and strategic directions from the Expanded Theme Group.

Scope of Work

The UNAIDS Secretariat will be strengthened technically and managerially to perform a coordinating function under the guidance of the Expanded Theme Group and Technical Working Group. It will:

- provide the secretariat function for the Technical Working Group and the Expanded Theme Group
- support the Technical Working Groups in the establishment and maintenance of monitoring and evaluation arrangements for the Joint Programme implementation effort
- provide liaison with the component subgroups in their roles in relation to monitoring and evaluation, and planning
- collect monitoring and evaluation data from implementing partners
- collate, aggregate and synthesise monitoring and evaluation data for the Technical Working Group on a six-monthly basis
- provide monitoring and evaluation information to the Technical Working Group for regular review and feedback and share aggregated monitoring and evaluation information with all relevant stakeholders including implementing partners
- work with members of the Technical Working Group to prepare reports for the Expanded Theme Group

In addition to these responsibilities, the UNAIDS Secretariat will:

- provide effective coordination of management arrangements associated with the FHAM
- provide technical and operational support to the Technical Working Group and implementing partners receiving funding from the FHAM

The UNAIDS Secretariat will be strengthened to undertake the new technical and management support functions related to the Joint Programme and the FHAM. Additional secretariat members reporting to the UNAIDS Country Coordinator will include:

- a programme officer
- a finance officer
- an HIV/AIDS technical/monitoring and evaluation specialist

Annex 4	Joint Programme Monitoring and Evaluation Framework (Core Indicator Set)

Table 4.1: Core Indicators for interventions focusing on prevention of sexual transmission of HIV

	Inputs	Process	Outputs	Outcome /Impact
Access to services improved	Paid staff Volunteers Training Equipment Transportation Communication Commodities	• Number of service delivery points providing integrated STI services	• Number of condoms distributed • % of STI male and female clients at health care facilities appropriately diagnosed, treated and counselled using standardised protocols (UNGASS) • Number of clients to STI services by age and sex	• % of young people aged 15-24 years of age who are infected (UNGASS) • % of sex workers who are HIV infected • % of young people aged 15-24 reporting use of a condom during sexual intercourse with a non-regular sexual partner (UNGASS) • % of sex workers who report using condom with most recent client • % of MWMP reporting condom use at last anal sex
Knowledge and attitudes improved		• Total number of youth peer educators/outreach workers involved in project by end of quarter by age and sex • Total number of SW outreach workers involved in project by end of quarter by age and sex • Total number of MWMP outreach workers involved in project by end of quarter by age and sex	• % of 15-24 yr olds who correctly identify the (3) most common ways of preventing HIV/AIDS transmission (~UNGASS) • % of SWs who correctly identify the most common way of preventing HIV/AIDS transmission • % of MWMP who correctly identify the 2 most common ways of preventing HIV/AIDS transmission	

	Inputs	Process	Outputs	Outcome /Impact
		• Total number of PLWHA peer educators/outreach workers involved in project by end of quarter by age and sex • Number of IEC/BDCC material distributed to youth, SWs, IDUs by type • %/Number of people trained working with youth by type and sex. • %/Number of people trained working with SWs by type and sex. • %/Number of people trained working with MWMP by type and sex. • %/Number of people trained working with PLWHA by type and sex.	• % of 15-24 yr olds who correctly reject the major misconceptions about HIV/AIDS transmission (~UNGASS) • % of SWs who correctly reject the major misconceptions about HIV/AIDS transmission • % of MWMP who correctly reject the major misconceptions about HIV/AIDS transmission	
Enabling environment and capacity building		• Number of youth advocacy events conducted at all levels • Number of SW advocacy events conducted at all levels • Number of MWMP advocacy events conducted at all level • Evidence that youth is meaningfully involved in design and implementation • Evidence that SWs are meaningfully involved in design and implementation	• % of schools with teachers who have been trained in life skills based education and who taught it during the last academic year (UNGASS) • # of arrests of sex workers or % of SWs who report that relationship with law enforcement authorities makes it harder for them to practice safer sex • Evidence that gender issues are	

Table 4.2: Core Indicators for interventions focusing on prevention of IDU transmission of HIV

	Inputs	Process	Outputs	Outcome /Impact
Access to services improved	Paid staff Volunteers Training Equipment Transportation Communication Commodities		• Number of needles distributed to target group in last quarter • Total number of clients to specific (?) services by age and sex	• % of IDUs who are HIV-infected • % of IDUs never sharing equipment in last month (~ UNGASS) • % of IDUs using condoms at last sex (~ UNGASS)
Knowledge and attitudes improved		• Total number of IDU outreach workers involved in project by end of quarter by age and sex • %/Number of people trained working with IDUs by type and sex.	• % of IDUs who correctly identify the 2 most common ways of preventing HIV/AIDS transmission • % of IDUs who correctly reject the major misconceptions about HIV/AIDS transmission	
Enabling environment and capacity building		• Number of IDU advocacy events conducted at all levels • Evidence that IDUs are meaningfully involved in design and implementation	• Evidence that gender issues are being addressed by implementing partners	

Table 4.3 Core Indicators for interventions on treatment, care and support of people living with HIV/AIDS

	Inputs	Process	Outputs	Outcome /Impact
Access to services improved	Paid staff Volunteers Training Equipment Transportation Communication Commodities	• Number of service delivery points (antenatal care, STI and IDU clinics etc.) in private and public sector offering voluntary confidential counselling and testing (VCCT) to standardised guidelines • Number and % of townships offering or referring for VCCT	• % of youth (15-24) who report accessing VCCT in last 12 months. • % of SWs who report accessing VCCT in last 12 months. • % of IDUs who report accessing VCCT in last 12 months. • % of MWMP who report accessing VCCT in last 12 months. • Number of clients by age and sex receiving HIV test results and post-test counselling • VCCT acceptance rate among pregnant women, by age • Number of people receiving home-based care	• % of infants born to HIV-infected mothers who are infected (UNGASS) • % of people still alive at 6, 12 and 24 months after initiation of ARV therapy • Orphans' school attendance (UNGASS) • Number of people receiving ARV therapy (~UNGASS) • Number of HIV-infected pregnant women receiving ARV therapy to prevent mother to child transmission (~UNGASS) • Percentage of mother/baby pairs receiving nevirapine • % of youth (15-24) expressing accepting attitudes towards PLWHA
Knowledge and attitudes improved			• % of health workers with accepting attitudes towards PLWHA (under development)	
Enabling environment and capacity building		• Number of PLWHA advocacy events conducted at all levels • Evidence that PLHA are meaningfully involved in design and implementation	• Evidence that gender issues are being addressed by implementing partners	

Table 4.4: Core Indicators for National Policy on HIV/AIDS and monitoring and evaluation

	Inputs	Process	Outputs	Outcome /Impact
Enabling environment and capacity building			• National Composite Policy Index (UNGASS) • Amount of national funds spent by Government on HIV/AIDS (UNGASS) • Percentage of large enterprises/ companies that have HIV/AIDS workplace policies and programmes (UNGASS) • Number of mass media reports on HIV/AIDS • Second generation surveillance data (prevalence and behavioural) including all high risk groups • Evidence that M & E data being fed back to implementing partners by Joint Programme	

Annex 5: Monitoring Schedule for the Joint Programme

	Monitoring and evaluation data	Implementing partners (including NAP)	UNAIDS Secretariat	Technical Working Group	Expanded Theme Group
Inputs	Finance	Quarterly expenditure data for FHAM provided to UNAIDS Direct reporting to bilateral donors and other funding agencies according to contractual obligations	Quarterly expenditure data on FHAM forwarded to the Technical Working Group and UNDP Quarterly feedback on FHAM expenditure data to implementing partners	Quarterly expenditure on FHAM data reviewed Six-monthly and annual expenditure reports on FHAM provided to the Expanded Theme Group Third quarter review of expenditure data on FHAM for resource reallocation	Review six-monthly progress reports on expenditure data for FHAM Approve annual financial reports to FHAM donors
Process **Outputs**	Programme implementation Programme outputs	Quarterly process and output data for FHAM provided to UNAIDS Direct reporting to bilateral donors and other funding agencies according to contractual obligations	Aggregation of routine process and output data for FHAM and checking activities against work plans Quarterly process and output data for FHAM forwarded to the Technical Working Group Quarterly feedback process and output data for FHAM to implementing partners Six-monthly process and output data for FHAM forwarded to UNDP	Quarterly process and output data for FHAM reviewed Six-monthly and annual process and output reports on FHAM provided to the Expanded Theme Group External reviews of FHAM supported activities, if required	Review six-monthly FHAM progress reports on process and output data Approve annual process and output reports to FHAM donors

	Monitoring and evaluation data	Implementing partners (including NAP)	UNAIDS Secretariat	Technical Working Group	Expanded Theme Group
Outcomes	Behavioural surveillance and epidemiological research	Annual reports against Joint Programme components sent to UNAIDS	Routine monitoring of results against Joint Programme plans and inputs Annual reports against Joint Programme components sent to Technical Working Group Annual feedback	Performance review for FHAM activities Commission surveys of specific implementing partner activities Monitor progress in relevant Joint Programme outcomes Annual reports on Joint Programme outcomes forwarded to the Expanded Theme Group	Annual report on Joint Programme outcomes to donors
Impact	Biological surveillance and epidemiological research	Collect data according to epidemiological surveillance system and forward to UNAIDS annually	Routine monitoring of impact against Joint Programme plans and inputs Annual feedback Annually forward information on impact to the Technical Working Group	Monitor according to epidemiological surveillance system; Undertake or commission surveys as required Annual reports on impact forwarded to the Expanded Theme Group	Annual report to donors
Overall monitoring and evaluation system	All data	Component subgroup participation Annual reports shared with UNAIDS	Annual management information system output reports and feedback	Coordinate monitoring and evaluation framework Annual reports	Annual report to donors

Annex 6: Fund for HIV/AIDS in Myanmar (FHAM)

The FHAM is the channel through which bilateral donors, international financial institutions and private entities contribute funds to be used collectively to support the Joint Programme coordinated by the Expanded Theme Group. Donor funds received are pooled with no individual donor inputs tied to specific outputs. As of October 2003, a total of more than US$22 million has been pledged for the FHAM. A UNDP third-party cost-sharing modality is being used for the FHAM with all decisions on disbursal of funds taken at the Myanmar country level. Funding is disbursed directly to implementing partners for approved proposals as part of the resource allocation plan developed by the Technical Working Group.

Management Arrangements

As a third-party cost-sharing modality is being used, the UNDP Resident Representative is directly responsible and accountable to the donor(s) for the proper utilisation of resources provided, as well as for substantive and financial reporting as per standard UNDP requirements and/or Memorandum of Agreements that may be signed between a specific donor and the UNDP Resident Representative.

The Expanded Theme Group has responsibilities to provide collaborative oversight of the effective management and implementation of the FHAM and to approve annual financial and programmatic reporting for UNDP to provide to donors contributing to the FHAM.

The Technical Working Group has responsibilities for: approving and monitoring an annual resource allocation plan for activities funded by the FHAM; approving and monitoring work programmes, including the technical content of contracts, of implementing partners receiving funding from the FHAM; and, preparing annual financial and programmatic reporting for review by the Expanded Theme Group for donors contributing to the FHAM.

The UNAIDS Secretariat provides coordination of management arrangements associated with the FHAM as well as technical and operational support to the Technical Working Group and implementing partners receiving funding from the FHAM.

Financial Accountability

Financial accountability is exercised through a UNDP-administered third-party cost-sharing instrument. UNDP manages funds using established processes and contractual procedures. UNDP will work with the Technical Working Group on the preparation of annual financial reports. The annual report will be endorsed by the Expanded Theme Group prior to dissemination to donors. Standard UNDP audit procedures will be followed.

Reporting and Monitoring and Evaluation

Organisations will provide quarterly technical progress reports to UNAIDS for consolidation. These will be forwarded to the Technical Working Group for review. The Technical Working Group will prepare six-monthly progress reports for the Expanded Theme Group drawing on financial and output data. Annual reports will be prepared by the Technical Working Group for endorsement by the Expanded Theme Group prior to being sent to UNDP for dissemination to donors contributing to the FHAM.

The primary purposes of the monitoring and evaluation for the FHAM will be to ensure the effectiveness of interventions, as well as the proper utilisation and accountability of resources contributed. Activities funded by the FHAM will be covered by the monitoring and evaluation framework of the Joint Programme.

Annex 7: References

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2	CCM	GFATM proposal and budget breakdown	2002
3	CCM	Priority townships for GFATM	
4	GFATM	The Global Fund to Fight AIDS, Tuberculosis and Malaria. Guidelines for proposals	2002
5	GFATM	The Global Fund to fight AIDS, Tuberculosis and Malaria. Proposal form. Geneva	2002
6	Ministry of National Planning and Economic Development	Statistical yearbook	2000
7	Ministry of Health	National AIDS programme	2002
8	Ministry of Health	Health in Myanmar	2002
9	NAP	National AIDS/STI control programme in Myanmar, Department of Health, Ministry of Health	2001
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11	NAP - Zaw, Myint	HIV/AIDS activities in Myanmar, NAP presentation	2002
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16	UNAIDS	Results framework of implementing partner 2002-03 (Chart of components and sub-components)	2002
17	UNAIDS	Implementing partner 2002-03 programme activity list and detailed budget summary	2002
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28	UNAIDS	Country response information system, indicator database user guide. (CRIS)	2002
29	UNDP/UNOPS - Burrowes, Sahai	A Synthesis of social, behavioural and economic research studies on HIV infection and IADS conducted in Myanmar.	1996
30	UNAIDS	Provisional agenda. Workshop on strengthening monitoring and evaluation of national AIDS programmes in the context of expanded response, monitoring UNGASS doc. (CRIS)	2002
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32	WHO - Uhrig, Jamie	An Evaluation of the pilot 100% condom use programme in Myanmar. Final report, submitted to the UNAIDS Theme Group on HIV/AIDS in Myanmar	2002
33	WHO	Health in Myanmar, Myanmar health profile	2002
34	WHO	Global HIV/AIDS epidemic, current status, presentation	2002
35	WHO publication	Prevention of HIV in infants and young children, review of evidence and WHO activities	2002
36	Working documents (Workplans, indicators, logframes, proposals)	Médecins sans Frontières Holland CARE Population Services International Save the Children UK UNDP, UNFPA, UNICEF, UNODC, WHO World Vision	

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