**Meeting Minutes**

7th Country Coordinating Mechanisms Steering Committee Meeting

Multi-Country South Asia Global Fund HIV Programme (MSA-910-G02-H)

Pullman G Hotel

Pattaya, Thailand

9-10 March 2015

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On 9-10 March 2015, the Multi-Country South Asia Global Fund HIV Programme held its 7th Country Coordinating Mechanisms (CCM) Regional Steering Committee Meeting in Pattaya, Thailand. This was the second CCM Steering Committee meeting of Phase 2 of the programme, which launched in July of 2013 and is supported by the Global Fund to Fight AIDS, Tuberculosis and Malaria.

Some 50 participants attended the two-day meeting, consisting of representatives from national Country Coordinating Mechanisms as well as participants from all 11 programme sub-recipients, the Global Fund, UNDP and UNAIDS.

The Meeting Agenda and Participants List are provided in Annex. To access additional materials from meeting, including all presentation files, please visit <https://undp.unteamworks.org/node/484411>.

**Day 1, 9 March 2015**

# Opening and Introduction

To open the 7th CCM SC Committee Meeting, **Edmund Settle, Policy Advisor, HIV, Health and Development, UNDP Bangkok Regional Hub (BRH),** and **Midnight Poonkasetwattana, Executive Director, Asia-Pacific Coalition on Male Sexual Health (APCOM),** together gave welcoming remarks to the group. They welcomed all participants to the two-day meeting, reviewed the agenda and meeting objectives, and reiterated the important oversight role that the bi-annual CCM Regional Steering Committee (SC) Meeting plays for the programme in terms of programme activities, finance, management and coordination with national Country Coordinating Mechanisms in each of the eight programme countries as well as with regional programme partners.

Prior to Session 1, a film was shown to set the context for the upcoming two days. The film, called ‘[Neglected no longer: The men who have sex with men and transgender community in Pakistan’](https://www.youtube.com/watch?v=BqNz0t5GfJw), was developed by the programme in October/November 2014 to showcase the achievements of Naz Male Health Alliance, sub-recipient in Pakistan.

# Session 1: CCM Steering Committee Governance Issues

**Ian Mungall, Knowledge Management and Strategic Information Officer, UNDP,** led the participants through a review of the meeting minutes of the previous 6th CCM Steering Committee Meeting, held in June 2014. He noted the action items identified in each session and informed the group of what has since been done to address them. **Edmund Settle, UNDP,** then facilitated endorsement of the minutes by the Steering Committee.

The discussion subsequently shifted to reviewing updates to the Terms of Reference of the CCM SC and the TOR for the CCM SC Coordinator, which were an action item from the previous meeting. Discussion centered on the objectives of the Committee and responsibilities of the CCM members, UNDP BRH and sub-recipients. Both TORs were finalized with the inputs from the participants.

**Discussion:**

**Ruben F. del Prado, UNAIDS Country Coordinator for Nepal and Bhutan,** suggested stronger wording under the CCM commitments within the CCM SC TOR. Rather than “recommend alignment of regional and country level programming” he proposed to use “ensure alignment”.

**Rita Prasad, Programme Officer – Care and Support, NACO India,** inquired if there was likelihood of any gap in the programme during the process of renewal of the programme and whether this would potentially affect the CCM SC. **Edmund Settle** responded noting the possibility of a no-cost extension under the current grant, and explained that there should be no implementation gaps.

**Kousalya Periasamy, President of the Positive Women Network in India,** was interested in the possibility of also including positive women either under the eventual no-cost extension of the current grant, or under the renewed regional grant. Edmund Settle explained that this grant focused on the key populations of men who have sex with men (MSM) and transgender women. Other programmes and grants must cover this vulnerable group.

Moving to thepoint on enhancing the oversight role of the CCM over the SRs, as recommended at the last CCM meeting, **Manaj Kumar Biswas, BCCM Coordinator/GF BCCM Secretariat of Bangladesh,** shared the existing annual plan of visits in Bangladesh. **Edmund Settle** suggested that sharing of annual plans, as well as the agenda of the visits, in countries would be welcomed in the future.

**Sajid Ahmed, CCM Coordinator of Pakistan,** shared the good practice on regularly updating the SR’s dashboards.

Both **Karma, CCM Coordinator of Bhutan,** and **Shiva Lal Acharya, Coordinator of CCM Secretariat in** **Nepal,** stated their continuous commitment in working on systematic oversight development within their countries.

The last item of the session was to elect a new CCM SC Coordinator as the previous Coordinator, Mr. Imran Zali from the Pakistan CCM, had resigned. **Anna Chernyshova, Programme Manager, UNDP BRH,** facilitated a lively election process. The two nominated candidates were Dr. Sajid Ahmed, current CCM Coordinator of Pakistan, and Shiva Lal Acharya, Coordinator of CCM Secretariat in Nepal. The first round resulted in a tie between the two candidates forcing a tie breaking second round. In the second round, the representative of Nepal was selected as the new CCM SC Coordinator.

**ACTIONS:**

* The CCM Coordinator and Principal Recipient (PR) to incorporate comments and circulate the final CCM SC TOR.
* The CCM Coordinator and PR to incorporate comments and circulate the final CCM SC Coordinator TOR.
* PR to send the new Coordinator relevant documents, including the TOR, and create an email address for the position.

# Session 2: MSA Programme Progress Update 2014

The objective of this session was to update the CCM Regional Steering Committee on the progress of the programme since the last meeting (through the period of January to December 2014). Furthermore, the sessions provided an opportunity to share achievements, challenges encountered and general updates from the country sub-recipients and principal recipient.

**Principal Recipient**

**Anna Chernyshova, Programme Manager, UNDP BRH,** started the session with a presentation titled ‘Programme Snapshot as of March 2015’. She explained the main aspects of the programme for those members new to the CCM SC and programme, including its rationale, objectives, timeline, budget, etc. Anna also gave an overview of the HIV epidemic and policy and legal environment in the South Asia region.

Highlights of the year included: all sub-recipients are now under contract – 11 SRs of which nine are national and two are regional networks; the first implementation period received a rating of A2 (January-June 2014); the second implementation period (January-December 2014) achieved on average 99 percent of targets; there were substantial savings and efficiency gains; significant progress has been made in terms of capacity development of SRs; capacity building of community-based organizations has begun; five major regional activities were held; monitoring and evaluation efforts have shown strong improvement but challenges remain; and there has been strong information, communication and knowledge sharing.

Anna shared detailed slides on progress (targets and achievement percentages) and financial delivery for 2014. Low scores on some indicators can largely be attributed to the late contract signings of some SRs, namely those in India and Sri Lanka. As these SRs are now onboard we can expect improved scores in the next year. Also, she pointed out that the programme having achieved 99 percent of results with just 36 percent of the funds is an indication of money being wisely spent. Cost savings will be reprogrammed or put towards a no-cost extension should the programme go that route.

**Discussion:**

**Edmund Settle, UNDP,** intervened with a reminder to the group that it was important to understand that this grant also contributes to and benefits from other regional initiatives and outcomes. He gave the example of HIV and the law work under the grant (national consultations and legal reviews) that have greatly contributed to the discussions at the UN ESCAP Intergovernmental Meeting on HIV and AIDS in January 2015 in Bangkok. The funds, experiences and regional partnerships of the programme are contributing to broader regional initiatives that later circle back to benefit countries.

The session then proceeded with country level sub-recipient presentations with each following a similar template, consisting of an overview of their organization, overview of the HIV situation in the country, challenges encountered, successes achieved, and updates on achievement of indicators and financial delivery.

**Afghanistan**

**Abdul Rasheed, Executive Director, Youth Health and Development Organization (YHDO).** YHDO was established in 2009 and works in 8 out of 24 provinces in the country. Under this grant implementation is undertaken in just two provinces. On financial delivery, Abdul noted that overall 45.23 percent of the budget for 2014 was spent. With regards to capacity development, a total of 179 participants underwent training through a variety of trainings, including HIV and human rights; outreach and peer education; M&E; HIV surveillance and research methodology; STI management; HIV testing and counselling; HIV and the law; and stigma reduction.

There are a number of persistent challenges for programming in Afghanistan. In particular, Abdul noted stigma and discrimination associated with HIV and cultural and policy barriers to providing services for MSM, as well as difficulty in reaching high risk populations due to their mobility, inadequate government resources for the HIV response and barriers to condom distribution. In terms of successes, he highlighted the establishment of service delivery points for MSM and transgender people; linkages and networks that have been developed among the target communities; an MOU signed with the Ministry of Public Health to provide ART to their HIV positive clients ; improved data management systems; the organization of a ‘National MESS Workshop’; and reception of the award for International Human Rights Defender for 2013 for YHDO.

**Discussion:**

In response to a question from **Midnight Poonkasetwattana, APCOM,** on how YHDO promotes their service delivery sites so that people are aware and can access services, **Adbul** replied stating that they make use of community networks and the high rate of mobile phone usage to communicate with their target populations.

**Marc Saba, UNAIDS Country Coordinator for Afghanistan and Pakistan**, asked what is being covered by the capacity building efforts in Afghanistan. **Abdul** responded by explaining that they are working closely together with the National AIDS Programme. Capacity building has primarily focused on HIV and human rights aspects useful for civil society organizations.

**Manisha Dhakal, Executive Director, Blue Diamond Society (BDS)**, asked for information on transgender people – are hormones being made available, is counselling being provided, are outreach workers distributing condoms and lubricants, etc.? **Abdul** responded by explaining that in Afghan society stigma and conservative social pressures largely push transgender people to avoid publicly identifying. As such there is very little interaction with transgender people at the YHDO service centres. He also mentioned that as per the information available to YHDO, most of the transgender people migrated to Pakistan in fear of persecution.

**Bangladesh**

**Shale Ahmed, Executive Director, Bandhu Social Welfare Society (BSWS),** gave a background on BSWS, noting that the organization has worked since 1996 to address human rights and sexual health rights, and to provide a rights-based approach to health and social services for sexual minorities in Bangladesh. In his presentation Shale summarized the major activities conducted in 2014. Five out of seven indicators were either achieved or over achieved during the reporting period, with the other two being connected to activities that are postponed to 2015.

Challenges identified by BSWS that impacted programming included frequent change of dates of national level advocacy meetings due to stakeholder scheduling issues; legal barriers and unwillingness amongst stakeholders to frankly discuss MSM-specific needs and concerns; as well as ongoing political unrest. With regards to successes, Shale highlighted several key achievements: the first ever regional consultation on faith, sexual diversity, access to health and HIV was held in Bangladesh, resulting in development of action plans for eight countries; seven CBOs to achieved minimum capacity through capacity development efforts; completion of a media fellowship programme which resulted in 30 media stories produced; and organization of a country-wide Hijra Pride celebration jointly with the Ministry of Social Welfare and UNAIDS to commemorate recognition of third genders by the Government of Bangladesh, as well as a related consultation with policy makers.

**Bhutan**

**Wangda Dorji, Executive Director, Lhak-Sam**, started off with a background on the situation of MSM and transgender people in Bhutan. He noted there is a lack of awareness of MSM and transgender communities and their issues. Articles in the Penal Code technically criminalized sodomy, although in practice the laws are not widely enforced. These laws contribute to stigma and discrimination in society. As a result, it is likely that STIs and HIV infections are left undiagnosed and untreated.

Wangda shared an update on financial progress, noting that the total amount of the signed grant with Lhak-Sam was US$48,000. Out of the first disbursement of US$16,702, some 85 percent has been spent. With regards to challenges, Wangda referred to the many barriers that still need to be broken down in order to effectively address human rights, social issues and access to services for MSM and transgender people in Bhutan. However, despite this Lhak-Sam continues to move forward with advocating for change in Bhutan. MSM and transgender people are becoming more empowered and increasingly people are coming out publicly in society and calling for equality. Finally, Wangda thanked Blue Diamond Society for the knowledge exchange visit that they collectively undertook which was seen as being of practical benefit to Lhak-Sam, as a new but promising community organization.

**Discussion:**

**Ruben del Prado, UNAIDS,** intervened with a comment on stigma in Bhutan and the region. He stated that region-wide there is a great deal of misunderstanding of these populations and their way of life. Stigma is a result of lack of understanding. Other participants, including **Shankar Silmula, Programme Manager, APCOM**, and **Md. Azam E Sadat, Deputy Secretary, Ministry of Health and Family Welfare**, **Bangladesh**, echoed Ruben’s statement that stigma is a major impediment and is present throughout the region.

**Edmund Settle, UNDP,** pointed out that the Bhutan government recognized there was a lack of knowledge and data on these populations and stigma and discrimination. Over the past few years under this grant, size estimation studies and stigma at health care settings were undertaken to help address this. It is important that when governments request support in developing strategic information and agree to carry out the research that they also recognize that these populations exist in their countries.

**India**

**Hemangi Mhaprolkar, Project Director, Humsafar Trust.** Humsafar Trust is India’s first community based organization of sexual minorities and focuses on four thematic areas of health, advocacy, research and capacity building. Since joining the grant, Humsafar Trust has been very active in implementing activities.

Hemangi gave in-depth examples of some of the key activities considered successes thus far, such as trainings on sensitization of law enforcement agencies on HIV and human rights of MSM; capacity assessments and subsequent trainings of CBOs implementing targeted interventions to improve service delivery and organization development, some of which have been completed already and more are in the pipeline; orientation meetings with all State AIDS Control Societies (SACS) have successfully been completed. Hemangi also updated the group on progress on the city level mapping of health services to address HIV issues among MSM and transgender people, which is proceeding smoothly with five out of six activities now completed. On financial progress, she noted that the contract amount was for US$653,288, of which about US$43,257 has been spent to date.

Key challenges reported include overcoming logistical hurdles associated with covering such a vast geographical area; the need to negotiate with SACS on training dates and curricula, and the need for participants to travel to a central location for trainings; as well as the reality of participant drop-outs from trainings.

**Arumugam Vijayaraman, Deputy Director Programmes, Voluntary Health Services (VHS),** shared an overview of VHS, which is a multi-specialty hospital and research institute based in Chennai with experience in implementing HIV prevention projects, particularly in Tamil Nadu with transgender populations. Similar to the other India sub-recipient, VHS has been highly active in implementing activities since signing their contract with the grant. Arumugam gave examples of key successes that VHS achieved in 2014, especially the promising cooperation and support from National AIDS Control Organisation (NACO), SACS, UNDP, and the TG Welfare Board. In terms of financial progress, VHS has a total budget of US$854,703 under the grant. So far, US$192,305 has been received and US$96,396 spent up to February 2015.

**Discussion:**

**Edmund Settle, UNDP,** provided some background on the rationale for having two SRs in India. Originally there was one SR, but based on discussions with NACO and the Global Fund the decision was made to have two SRs with a division of labour amongst the two on target populations. He asked Arumugam if there has been any discussion with the national grant on partnering on certain activities. In response, **Arumugam** explained how VHS is partnering with states and organizations whom are not included in the national grant, and pointed out that VHS is not duplicating work of the national grant in any way.

**Nepal**

**Manisha Dhakal, Deputy Director, Blue Diamond Society (BDS).** Manisha gave an overview of the HIV situation and legal and policy environment background in Nepal, noting in particular the progress that has been achieved on legal recognition of LGBTI people**.** The update provided details on activities aimed at improving services through capacity building as well as creating an enabling policy environment.Five out of the seven indicators for BDS were achieved or over achieved in the reporting period ending December 2014.

In terms of key successes under the grant in 2014, Manisha highlighted the successful organization of the ‘South Asia Transgender and Hijra Consultation’, the health sector stigma training for health care providers, and the treatment as prevention training for PLHIV, MSM and transgender people. In addition, “Time Has Come” health sector stigma training package was translated into the local language for implementing in in-country trainings. She also noted the strong coordination with government, ministries, the National Human Rights Commission and health care providers. Amongst the challenges encountered were disruptive political unrest in the country and high turnover of staff. On financial progress, the contract amount to December 2014 is US$304,653 and amount spent totaled 87.9 percent.

**Discussion:**

**Ernest Noronha, Programme Officer, UNDP India,** praised the regional transgender and hijra consultation organized by BDS, noting it was the first time it has been possible to get so many governments and countries to join together to discuss transgender rights and health issues. He suggested organizing a follow up activity at the upcoming International Congress on AIDS in Asia and the Pacific (ICAAP) in Dhaka later this year to capitalize on the momentum that has been generated.

**Marc Saba, UNAIDS,** asked Manisha to elaborate on the resource centre initiative that BDS was running and suggested stronger collaboration with UNDP. In response, **Manisha** explained the centre holds a collection of resources such as journal articles, books, materials, videos, etc. sourced from Nepal, other countries in the region and internationally. University students visit and are being encouraged to do their dissertations on related issues.

**Harry Prabowo, Positive MSM Coordinator, APN+,** asked what the approach will be to convince the Nepal government to adopt the health sector training package/curriculum. **Manisha** replied by explaining that the modules have already been tested at the health sector stigma training. Government resource people attended the training and subsequent trainings that have been convened. Based on feedback from government the package will be adjusted to incorporate Nepal-specific issues and will then culminate by hopefully feeding into the national health sector training curriculum.

**Pakistan**

**Muhammad Osama, Programme Manager, Naz Male Health Alliance (NMHA).** Naz Male Health Alliance is the first non-governmental organization in Pakistan that works to improve the sexual health, welfare and human rights for MSM, transgender people and other sexual minorities and their partners. Under the grant, NMHA operates six service delivery sites for MSM and transgender clients as well as undertakes programming to build an enabling policy environment and demonstrate the need for scaled up HIV related services for these marginalized groups.

Osama shared data collected from NMHA’s service delivery sites. The findings showed 3.17 percent out of 8,920 people tested positive. A chart of the ‘Treatment Cascade’ was quite sobering – demonstrating significant leakage in the process of reaching target populations to getting PLHIV registered at government treatment centres and on ART.

In terms of achievement of indicators in 2014, seven out of nine were achieved or over achieved. Key challenges encountered included sustainability of the organization and services; socio-political and legal challenges; weak management information system (MIS) on service delivery; delays in procurement of health commodities; and late disbursement of funds to the SR. Key successes included the successful lobbying of governments of Punjab and Sindh provinces to recognize MSM and transgender people in their 5 Year HIV Strategic Plans; addition of MSM and transgender in NACP mapping and IBBS 2015; recognition of MSM and transgender as high risk populations in the Pakistan AIDS Strategy III 2015-2019; passing of the HIV control, treatment and protection bill in 2013 by the Sindh Assembly; and launch of a new NMHA project on human rights of LGBT people, contributing to sustainability of the organization. Financially, Osama reported that 50 percent of funds received in the reporting period were disbursed.

**Discussion:**

Discussion focused primarily on the treatment cascade data slide shared by Osama, which showed significant leakage. **Osama** clarified that the data on number of people reached actually includes duplicates. Further discussion was to be carried out in separate conversations.

**Aurang Zeib, National Programme Officer, UNDP Pakistan**, also pointed out that NMHA only operates in some cities in the country so the prevalence rates in their data may not match national rates.

**Sri Lanka**

**Madu Dissanayake, Programme Manager, Family Planning Association of Sri Lanka (FPA Sri Lanka).** FPA Sri Lanka is the most recent SR to join the programme, however they have experience with the Global Fund as they are also a Principal Recipient for a national round nine grant since 2013. She gave a brief overview of the HIV situation in her country, noting the HIV prevalence rate is low at 0.02 percent. Madu also presented the ‘Advocacy Development Model’ which FPA Sri Lanka implements in their advocacy work.

In terms of achievement of indicators, results were low owing to their recent contract signing (October 2014). However, prospects for the next reporting period were very positive as FPA was rapidly rolling out their activities. Key successes included identification of stakeholders willing to advocate on the programme’s issues; networking and partnerships developed with the Ministry of Justice and affiliated bodies; and CSOs were assessed and have begun taking part in organizational capacity building. Among the key challenges were delays in receiving funds from the PR; disruptions caused by the presidential election; and limited number of CSOs and NGOs working with MSM and transgender people.

**ACTION:**

* UNDP to lead discussion on possibly organizing an event at ICAAP later this year on transgender health and rights, in follow up to the regional consultation held last year.
* Treatment cascade results in Pakistan demonstrated the need to introduce new models of outreach testing and treatment follow up as a large number of patients are lost for testing and treatment

# Session 3: CBOs Capacity Development, Knowledge Management and M&E

The objective of the session, which was moderated by **Marc** **Saba, UNAIDS Country Coordinator for Pakistan and Afghanistan,** was to update the group on the progress of SR capacity development, knowledge management, strategic information and communications, and M&E.

**Sub-recipients Capacity Development Update**

**Nunlada Punyarut, Programme Analyst, UNDP BRH,** provided an overview of the capacity assessment process that has been undertaken for all SRs, including the rationale behind it in terms of risk management, some of the key approaches to address capacity, and shared identified outcomes and results of the process conducted as well as the way forward for 2015.

Nunlada explained the capacity development interventions that have been undertaken to mitigate risky capacity gaps that were identified in the SR assessments. There has been considerable progress made. Of note, all SRs have been officially registered in their countries and nearly all SRs have developed and submitted fraud and corruption policies. Furthermore, both YHDO and NMHA have developed storage and health product management standard operating procedures.

Moving forward into 2015, a number of initiatives are expected to improve capacity development. In-country grant support consultants are to provide full onsite verification for the PUDR and technical assistance on internal control frameworks. The programme management unit is also introducing annual ‘performance letters’ to the SRs modelled on similar letters issued by the Global Fund to PRs that contain praises and constructive criticism of performance in several core areas.

**Monitoring and Evaluation**

**Vipat Kurruchittham, M&E Analyst, UNDP BRH,** talked about the key challenges in monitoring and evaluation to facilitate better information getting into the hands of managers to help with informed decision making. Vipat has led several important improvements in the prgoramme’s monitoring and evaluation since he joined in August 2014. Three broad areas targeted for improvement were the management information system (MIS); unique identification codes; and quality assurance and data verification.

Vipat’s work on improving the MIS in Afghanistan and Pakistan has focused on attempting to make the system easier to customize, more user friendly and with built-in data validation at the data entry stage – all of which were lacking in the existing system in place. Unique identification codes are retained for service provision as there was no documented issues, but the codes were replaced with key information (full name, title, organisation) for trainings. Quality assurance initiatives have involved engaging UNDP National Programme Officers (Afghanistan, Bhutan, India and Pakistan) as well as colleagues from APN+ to regularly participate in SR activities to provide supervision and onsite data verification.

Going forward into 2015, Vipat seeks to strengthen SRs on their organizational M&E, especially on measuring and documenting advocacy work as well as making better use of their data.

**Update on Knowledge Management, Strategic Information and Communications**

**Ian Mungall, Knowledge Management and Strategic Information Officer, UNDP BRH,** updated the group on what has been accomplished in these three connected areas of work in 2014.Following a period of development and collecting feedback on drafts, in mid 2014 the KM and Communications Strategy was finalized. The strategy provides a framework for all KM and communications work under the programme.

Ian shared the key knowledge products produced under the grant in the reporting period, including [*A framework for media engagement on human rights, sexual orientation and gender identity in South Asia*](http://www.asia-pacific.undp.org/content/rbap/en/home/library/hiv_aids/a-framework-for-media-engagement-on-human-rights--sexual-orienta.html); [*Surveying Nepal’s sexual and gender minorities: An inclusive approach*](http://www.asia-pacific.undp.org/content/rbap/en/home/library/hiv_aids/surveying-nepal-s-sexual-and-gender-minorities--an-inclusive-app.html); [*Scan of law and policies affecting human rights, discrimination and access to HIV and health services by key populations in Pakistan*](http://www.asia-pacific.undp.org/content/rbap/en/home/library/hiv_aids/scan-of-law-and-policies-affecting-human-rights--discrimination-.html); and [*South Asia Regional Advocacy Framework and Resource Guide: HIV, Human Rights and Sexual Orientation and Gender Identity*](http://www.asia-pacific.undp.org/content/rbap/en/home/library/hiv_aids/south-asia-regional-advocacy-framework-and-resource-guide--hiv--.html) (updated) and national advocacy frameworks for India, [Afghanistan](http://www.asia-pacific.undp.org/content/dam/rbap/docs/Research%20%26%20Publications/hiv_aids/rbap-hhd-2014-afghanistan-advocacy-framework.pdf) and [Pakistan](http://www.asia-pacific.undp.org/content/dam/rbap/docs/Research%20%26%20Publications/hiv_aids/rbap-hhd-2014-pakistan-advocacy-framework.pdf).

Ian then presented the initiatives related to internal and external communications being employed with the goal of keeping stakeholders well informed of progress and effectively communicating results of the programme. These include a monthly ‘Upcoming Activities’ email; a quarterly newsletter; use of social media (Facebook and Twitter); the issuu.com digital publishing platform; a project webpage on UNDP Asia-Pacific’s website; regular news stories, success stories and press releases on the UNDP website and SR websites; and use of video to communicate results, demonstrated with the production of two short films on the achievements of NMHA in Pakistan.

In terms of knowledge management, one of the core components used by the programme is ‘Teamworks’ – UNDP’s internal knowledge management platform. Ian explained how the programme is utilizing a programme workspace on the platform to facilitate knowledge sharing amongst the country partners.

**Discussion**

**Ruben F. del Prado, UNAIDS,** made a point on M&E that emphasis must be placed on measuring outcomes that either brings about change that benefits the community being served or the country as a whole, rather than outputs, which are merely completion of activities.

**Day 1 Wrap-up**

**Anna Chernyshova, Programme Manager, UNDP BRH,** concluded with a short wrap-up of day 1, and thanked the participants for their constructive contributions.

**Day 2, 10 March 2015**

# Session 4: Regional Training and Advocacy Events, Way Forward

The objective of session 4, which was moderated by **Ernest Noronha, UNDP India,** was toshare experiences, feedback and lessons learnt from the major regional events that were organized in 2014, and to discuss ways forward and follow up activities in the programme countries.

**Faith and Sexual Diversity**

**Shale Ahmed, BSWS**, presented on the ‘Regional Consultation on Faith, Sexual Diversity and Access to Health and HIV’ which was held on 18-19 August 2014 in Dhaka, Bangladesh. The consultation brought together 40 participants from government, civil society and community, the UN family, INGOs, faith leaders and regional networks. It sought to explore issues on faith, especially in relation to sexual diversity and access to health. Furthermore, the meeting discussed psychosexual, mental health and religious issues for MSM and other sexual minorities, and issues around how gaps can be bridged between faith leaders, faith-based organizations and MSM/transgender communities using scripture, as well as empathetic dialogue that seeks to find mutual understanding and respect.

Key outputs of the meeting were development of detailed roadmaps by the delegations from Afghanistan, Bangladesh, Bhtuan, Nepal and Sri Lanka for short term and long term work with faith leaders in their countries.

**Discussion:**

**Abdul Rasheed, YHDO,** suggested that when working with faith based organizations and faith leaders that we focus on the strong points in religion that can be exploited, rather than focusing on the negatives. He pointed to the opportunities that exist that can help us to reduce stigma and discrimination and promote human rights.

**Harry Prabowo, APN+,** commented on the situation in his home country of Indonesia which is the largest Muslim state in the world. He stated that much can be learned from other countries and regions in this area. In follow up a [short film](http://www.being-me.net/stories-of-being-me/episodes/episode-06-jakarta-imam/) by B-Change Foundation and UNDP was shown about a gay Indonesian man named Imam Wahyudi who talks about the diversity of life in Jakarta and his views on faith and the commonalities of LGBT and the wider community.

**STI Treatment**

**Muhammad Osama, NMHA,** presented on the ‘Regional Training of Trainers on STI Syndromic Management’, held in Lahore, Pakistan on 8-12 September 2014 in cooperation with UNDP, UNAIDS and WHO. The workshop aimed to improve the technical knowledge of health care providers on STI syndromic management and the HIV treatment cascade, and to promote treatment that is non-stigmatizing and with appropriate confidentiality. The training brought together STI doctors from government health settings, Punjab AIDS Control Programme (PACPs) and CSOs from Afghanistan, Bhutan, Sri Lanka and Maldives.

Commitments were made by doctors attending the training, who work at government treatment centres in their countries, to work towards stigma free access to treatment for MSM and transgender people. Since the ToT, two follow up trainings have been organized in Pakistan in Lahore and Karachi.

**Discussion:**

**Ruben F. del Prado, UNAIDS,** intervened with a call for activities to influence health care sector curricula in countries, with particular focus on people who are being trained as doctors, nurses and health care professionals. We must go beyond merely doing sensitization trainings if we want to have impact.

**Stigma in Health Settings**

**Madu Dissanayake, FPA Sri Lanka,** presented on the ‘Regional Training of Trainers Workshop on Health Sector Stigma’, held in Bangkok, Thailand on 19-22 November 2014. The workshop was jointly organized by UNDP and WHO and facilitated by Dr. Donn Colby. It brought together participants from the health sector from all of the programme’s eight countries. Participants received in-depth training as master trainers using the [*The has Come: Enhancing HIV, STI and other Sexual Health Services for MSM and Transgender people in Asia and the Pacific*](http://asia-pacific.undp.org/content/rbap/en/home/library/hiv_aids/the-time-has-come.html)  training package developed by UNDP and WHO Southeast Asia Regional Office (SEARO) and WHO Western Pacific Regional Office (WPRO) in Phase 1 of the Programme.

It is expected the national trainers will expand and strengthen the capacities of health care providers to advocate for and support MSM and transgender HIV-related programmes and deepen understanding of the HIV prevention, care and treatment response for these key populations in each country. Participants were able to learn from the interventions in place in other countries of the region, which will be useful in modifying/designing local programmes. She also noted that capacity was strengthened to advocate to higher authorities about importance of changing policies and legal frameworks which will ultimately reduce the stigma and discrimination faced by these marginalized groups.

**Treatment as prevention**

**Omar Syarif, Programme Manager, APN+,** presented on the ‘Regional HIV Treatment Literacy Training of Trainers’ which took place 10-12 September and 29 September to 1 October 2014 in Bangkok, Thailand to kick off the Access to Treatment as Prevention and Treatment Literacy Programme – an activity being carried out by APN+. Representatives from sub-recipients from Bangladesh, Bhutan, India, Pakistan, Nepal and Sri Lanka attended. The workshop focused on building capacity of trainers who will carry out in-country work going forward. The overall objectives were to increase programme participants’ understanding on the concept and application of treatment as prevention (TasP) and knowledge of HIV treatment; develop capacity of MSM and transgender community members in the delivery of treatment information and treatment literacy activities; identify opportunities for community knowledge transfer on TasP and health rights; and develop strategies for improving access to rights-based comprehensive HIV-related services for MSM and transgender people. Participants developed action plans for customizing training curriculum materials and advocacy plans for use with community groups in their home countries.

Omar updated the group on progress since the initial ToT, which included ongoing support and technical assistance through country visits and e-consultations. Country trainings have been conducted in Bhutan and Nepal, with more planned in Afghanistan, Bangladesh and India in March 2015 and Pakistan and Sri Lanka later in the year. He also noted that there is a planned ‘Regional Consultation on Human Rights and Access to Treatment for MSM and Transgender People’ planned for May 2015.

**Transgender and Human Rights**

**Manisha Dhakal, BDS**, presented on the‘South Asia Transgender and Hijra Consultation’ which was held on 3-5 February 2015 in Kathmandu, Nepal and organized by BDS in cooperation with Asia Pacific Transgender Network and UNDP. The three-day consultation brought together over 70 participants, including transgender women, hijra and transgender men, civil society groups, government, national human rights institutions, development partners and HIV and health experts. The consultation provided a safe space for the transgender and hijra community to share their human rights and health challenges and discuss with government experts on solutions to advance their agenda. The participants called for more evidence-informed policy and laws to improve health, living conditions and overall well-being of their communities. Manisha shared lessons learned on the part of BDS, who were organizing such a large-scale regional consultation for the first time.

**CBOs Seed Funding**

**Harry Prabowo, APN**+, provided an update on the Advocacy Seed Funding Programme, an activity being monitored by APN+ under the grant. The initiative was launched on 25-26 September 2014 at a workshop in Bangkok, Thailand. The Seed Funding Programme provides both technical and financial support towards initiatives from local MSM and transgender groups. It focuses on development of an enabling policy environment at the local, sub-national and national level through support to community-driven advocacy initiatives. It aims to: document key issues related to MSM and transgender people, in particular those who are living with HIV; increase the awareness of local and/or national policy and decision-makers on issues related to MSM and transgender people, in particular those who are living with HIV; and highlight issues with local and/or national level policies that are in violation of human rights related to MSM and transgender people.

Harry updated the group on progress achieved thus far, noting that a set of guidelines on how to initiate seed grants at country levels has been produced and disseminated, and based on that the selection process is well underway in the countries. Sri Lanka has been the first to award grants to two local CBOs. Continued support will be provided through country visits and e-consultations.

**1st Meeting of the APCOM South Asia Strategic Information Advisors (ASASIA) Group**

**Shankar Silmula, Programme Manager, APCOM,** presented on the first meeting of ASASIA held on 7 February 2015 in Bangkok, Thailand. The advisory group consists of experts with a diverse range of qualifications and regional experience from different sectors including policy, research, programme development and organisational management, as well as APCOM and UNDP programme staff. The role of ASASIA is to function as a peer review for all the knowledge generated under the Multi-Country South Asia Global Fund HIV Programme, including knowledge products, research studies, strategic plans, etc. Additionally, ASASIA will contribute to the achievement of APCOM’s core mandate on development of strategic information and explore opportunities to strengthen strategic information beyond the programme.

The first meeting highlighted gaps in the areas of information in support of service delivery and research and strategic information. On service delivery, needs identified were: developing guidelines/SOPs to provide mental health counselling for MSM, transgender and Hijra communities; creating an enabling environment to facilitate community access to health services through structural interventions with Gurus, Jamaat, Deras and Gharanans; inclusion of young MSM, transgender and Hijra who are at risk under the service delivery programme and building linkages with other providers; and reaching out to include female sexual partners/partner notification of MSM in existing service delivery programmes. The next ASASIA meeting is scheduled for May 2015.

# Session 5: Expression of Interests for MSA grant continuation in 2016-2017

**Virginia MacDonald, Consultant**, presented on the results of the ‘SR Coordination Workshop’ organized over the two days prior to the CCM Regional Steering Committee Meeting. Present at the workshop were sub-recipients, UNDP and UNAIDS Country Coordinators. The workshop facilitated development of the overarching strategy, key outcomes and activities of a potential phase 3 of the programme. The EoI is due for submission on 1 April 2015 and will focus on goals, outcomes, broad activities and include a high-level budget summary. She noted that there is limited funding available for regional grants, so competition will be fierce.

The overall goal identified was to reduce the number of new HIV infections in MSM and transgender people in South Asia. She also shared the broad outcomes that were identified, including: more MSM and transgender people enrolled and retained in the HIV treatment cascade; decreased stigma and discrimination; resilient community systems; legal and policy environments conducive to service access; and availability of strong strategic information.

Next, Virginia led a group exercise with participants divided by country answering the following questions:

* Are the activities suggested supportive of your national programme?
* To implement these activities, what are the key entry points in your country?
* Do you agree on the strategy presented?

# Session 6: Way Forward. Country Presentations for EOI.

The objective of the session, which was moderated by **Dayanth Ranatunga, UNAIDS Country Coordinator Sri Lanka,** was to present the results of the previous group exercise and to prioritize the proposed interventions and way forward.

**Group exercise report back to the group**

**Sri Lanka**

**Madu Dissanayake, FPA Sri Lanka,** emphasized the need for priority interventions and partnerships and proposed a series of interventions in each of the following sectors to be undertaken as part of the Phase 3: health in partnership with the Ministry of Health; judiciary/justice in partnership with the Ministry of Justice; law enforcement with the Ministry of Justice; media with the Media Ministry, College of Journalism, Departments of Mass Communication in academic institutions, Independent Media of Sri Lanka, Press Council and related CSOs; education/youth with Ministry of Education in collaboration with Ministry of Health, National STD/AIDS Control Programme, Health Education Bureau, Family Health Bureau and Family Planning Association of Sri Lanka; and community with yet to be identified partners revealed through a mapping exercise.

**Pakistan**

**Muhammad Osama, NMHA,** underlined the lack of inclusion of MSM and transgender people in the national EoI and therefore the need for these key populations to be covered in the regional grant. MSM and transgender people are being left out of national grant proposals because of a lack of data on these populations that show them to be high risk groups. The key entry points for implementation were NACP and Provincial AIDS Control Programmes, particularly on strategic information. He also noted the importance of capacity building of stakeholders, as well as strengthening coordination and collaboration. Furthermore, he emphasized the need for strategic advocacy with the National Human Rights Institution.

**Afghanistan**

**Abdul Rasheed, YHDO,** presented on how priorities identified in the EoI are in line with national priorities. On ‘Outcome 1: Better coverage of quality HIV services for MSM and transgender people’ he noted these are in line with National Strategic Framework III priorities and suggested scale up of existing services as part of a public health approach and to engage with Independent Human Rights Commission for human rights promotion. On ‘Outcome 2: Decrease stigma and discrimination’ he focused specifically on the need for sensitization and training of media groups on HIV and human rights issues. On ‘Outcome 3: Communities are resilient’ he reiterated his earlier point of a need for cross border collaboration between Pakistan and Afghanistan to deal with mobile transgender people. On ‘Outcome 4: Legal and policy environment’ he noted the difficulty of legal recognition of transgender people in Afghanistan but suggested that there are opportunities to adapt and enforce protective laws.

**Nepal**

**Shiva Lal Acharya, Nepal CCM,** outlined the importance of community systems strengthening and linkages, as well as the need to institutionalize the achievements reached within already mobilized communities in Nepal. He proposed a series of entry points, including: review and reform of national laws and policies to make them LGBTI inclusive; to use the opportunity of current ongoing dialogue on Nepal’s Civil Code and Penal Code to ensure reforms are reflective of the gains that Nepal has made in the area of LGBTI rights and opportunities; and to document gender, sexuality and HIV related human rights violations and produce periodic reports to generate evidence informed advocacy material and actions.

**India**

**Ernest Noronha**, **UNDP India** and **Hemangi Mhaprolkar, Humsafar Trust,** gave support to the following commonly agreed priorities and noted their alignment with NACP IV: reducing the new HIV infections; providing comprehensive treatment, care and support for MSM and transgender people living with HIV; creating enabling legal, policy and social environments; and community systems strengthening. They also suggested to position India as a resource country to serve as an example for the rest of the region.

**Bhutan**

**Sonam Wangdi, NACP,** noted the proposed activities are in line with the national programme and agreed with the strategy. Given the lack of community networks, there is a need to focus on developing an enabling environment. He pointed out that legal reforms are important but more importantly is the need to change people’s minds in order to reduce stigma and discrimination. The national grant does not have funds to establish CBOs so this is an area where the regional grant can contribute. Learning from faith-based interventions from other countries will be useful, as will continued cross country knowledge exchanges on other programme areas. Sonam also stressed the need to enhance strategic information.

**Bangladesh**

**Shale Ahmed, BSWS,** informed that all activities under the programme will be aligned with national grant activities and supported by national stakeholders, as long as there will be no duplication on the service delivery component. To this end, the following interventions have been prioritized: ensuring sustainable and quality treatment, care and support for all PLHIV, including MSM and transgender people; capitalizing on the outcomes of the ‘National Consultation on HIV and Law’ regarding further legal and policy reforms; creating and sustaining evidence-based advocacy and community programmes; and conducting the stigma index and building the investment case based on epidemic modelling.

**APCOM and APN+**

Talking on behalf of the regional partners (APCOM and APN+) **Midnight Poonkasetwattana, APCOM,** flagged the following priority interventions under the agreed outcome areas: documenting and sharing best practices and results; organizing additional regional ToTs with health workers based on the UNDP/WHO health sector straining package to reduce stigma in health care settings; documenting success stories; training communities to ensure understanding and ability to participate in high level platforms such as the ESCAP processes; preparing analysis of human rights violation cases and developing advocacy campaigns; conducting peer-to-peer training for SRs; evaluating and enhancing internal capacities of SRs; creating a community experts resource pool; organizing training workshop on SOGI and sexual and reproductive health and rights; continual distribution of advocacy seed funding; working on resource mobilization and ensuring sustainability; preparing an overview of punitive laws; and providing technical assistance as needed.

The moderator, **Dayanth Ranatunga**, summarized the results of the group work and acknowledged that the members of the CCM Regional Steering Committee endorsed the proposed overarching strategy, key outcomes and strategies to be included in the EoI.

**Discussion:**

**Ruben F. del Prado, UNAIDS,** acknowledged the sense of ‘regional belonging’ and laudable efforts done by all of the SRs. While each country in this last session has given examples of country level interventions, he stressed the importance of highlighting the regional advantages of this grant if we are to be successful with the EoI. He recommended that the overarching principle of the upcoming EoI be based on the concept of social inclusion - meaning ‘no-one left behind’.

**Marc Saba, UNAIDS,** agreed that the project has achieved amazing results over a short period of time. He recommended to build upon the successes and try to avoid adding too much in the way of new changes/priorities. He also underlined the need to share existing strategic information (resources and tools) that have been developed to help with the HIV response and promote further south-south collaboration. Marc suggested that future SR activities be more focused and prioritized.

**Leo Kenny, UNAIDS,** congratulated UNDP BRH, and recommended consolidation of all the inputs received over the last few days, taking advantage of the momentum, and moving strategically forward. In addition, he underlined the fact that it will be difficult to achieve success with concept notes under the New Funding Model that include ‘wish lists’ that are not supported by evidence-based data. Finally, he pointed that there is still a lot of work to be done, particularly in respect to the re-emerging epidemic among MSM/transgender/Hijras.

**ACTIONS:**

* Virginia in collaboration with UNDP PMU team to complete the EoI and submit within 1 April. The CCM Regional Steering Committee and the sub-recipients will be updated on the progress with the EOI and the submission outcomes.

# Closing session

**Ruben F. del Prado, UNAIDS,** thanked all participants for their valuable participation in the two–day meeting and gave an opportunity for participants to voice their feedback before wrapping up the meeting.

**Anna Chernyshova, UNDP,** informed the group that all recommendations received will be taken onboard and included in the EoI and Concept Note development. She noted that the meeting minutes will be shared with all participants at the earliest.

# Annex 1: Participants List

**7th CCM Regional Steering Committee Meeting of the Multi-Country South Asia Global Fund HIV Programme**

**Pullman G Hotel,**

**Pattaya, Thailand**

**9-10 March 2015**

| **Government** | **Civil Society** | **CCM Coordinator/Secretariat** |
| --- | --- | --- |
| **Bangladesh** |
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# Annex 2: Agenda

**DAY 1, Monday 9 March 2015**

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| **TIME** | **TOPIC** |
| **8:30 – 9:00** | **Registration**  |
| **9:00 – 09:30****Moderator:**  | **OPENING & INTRODUCTION****Contextualizing the meeting**: Objectives, expected outcomes and introductionThe moderator will explain the goal and objectives of the meeting and will request participants to introduce themselves.**Opening Remarks*** **Nadia Rasheed**, Practice Leader, HIV, Health and Development, UNDP Bangkok Regional Hub
* **Philippe Creac’H**, Fund Portfolio Manager, Global Fund to Fight AIDS, TB and Malaria
* **Midnight Poonkasetwattana**, Executive Director, APCOM

**Midnight Poonkasetwattana,** Executive Director, APCOM |
| **9:30 – 10:30** | **Session 1: CCM Steering Committee Governance Issues**  |
| **Objective****Presenters and moderators:**  | * To review and endorse the 6th CCM Regional Steering Committee Meeting minutes and
* To follow up on recommendations of the last meeting in June 2014.
* To elect a new CCM Regional Steering Committee Chair. RSC CCM Chair Mr.Imran Zali from Pakistan CCM resigned.
* To hear updates from each CCM Coordinator on the SRs presentations at the CCM meetings, CCM oversight function, and information sharing from the MSA Programme during the reporting period.

**Edmund Settle**, UNDP Policy Advisor for the CCM Governance issues**Ian Mungall**, UNDP BRH Knowledge Management Specialist, for the follow up from the previous meeting |
| **10:30-10:45** | **TEA BREAK** |  |
| **10:45 – 13:00** | **Session 2: MSA Programme Progress Update for 2014**  |
| **Objective****Presentations****Moderator** | The objective of this session is to update the CCM Regional Steering Committee on the MSA grant progress since the last meeting, to share best practices and achievements in countries as well as challenges. 1. Programme Snapshot as of March 2015. **Anna Chernyshova,** MSA Programme Manager
2. Afghanistan – **Dr.Abdul Rasheed**, Executive Director, YHDO
3. Bangladesh – **Shale Ahmed**, BSWS, Executive Director
4. Bhutan – **Wandga Dorji**, Executive Director, Lhak-Sam
5. India – **Hemangi Mhaprolkar**, Programme Manager, Humsafar Trust
6. India – **Dr. Arumugam Vijayaraman**, Programme Manager, VHS
7. Nepal – **Manisha Dhakal**, Executive Director, Blue Diamond Society
8. Pakistan – **Muhammad Osama**, Programme Manager, NMHA
9. Sri Lanka – **Madu Dissanayake**, Director HIV and AIDS, FPA

Q&A Session with Presenters **Leo Kenny**, UNAIDS Country Coordinator, Bangladesh |
| **13:00 – 14:30** | **Lunch Break and Group Photo** |
| **14:30 – 16:00** | **Session 3: CBOs Capacity Development, Knowledge Management, M&E**  |
| **Presentations****Moderator** | The objective of the session is to update the meeting on the progress with sub-recipients Capacity Development, Knowledge Management and Monitoring and Evaluation.**Nunlada Punyarut**, Programme Analyst, UNDP BRH**Vipat Kuruchittham**, M&E Analyst, UNDP BRH**Ian Mungall**, Knowledge Management Specialist, UNDP BRH**Marc Saba,** UNAIDS Country Coordinator, Afghanistan and Pakistan |
| **16:00 – 16:15** | **Tea Break** |
| **16:15 – 18:00** | **Site visits in Pattaya to the community organisations**  |

**DAY 2, Tuesday, 10 March 2015**

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| **9:00 – 10:45** | **Session 4: Regional Training and Advocacy Events, Way forward** |
| **TIME** | **TOPIC** |
| **Objective:** **Presenter**:**Moderator:**  | To share experiences, feedbacks and lessons learnt from the regional events in 2014. To discuss way forward and follow up activities in Programme Countries.**Faith and Sexual Diversity**, Bangladesh – August 2014, **Shale Ahmed**, BSWS, Bangladesh **STI Treatment,** Pakistan, September 2014, **Muhammad Osama**, NMHA**Stigma in Health Settings – Madu Dissanayake**, FPA Sri Lanka**Treatment as prevention,** Bangkok**,** September 2014, **Omar Syarif**, APN+**Transgender and Human Rights,** Nepal, February 2015, **Manisha Dhakal**, BDS**CBOs Seed Funding** – update from APN+**1st Meeting, APCOM South Asia Strategic Information Advisors –** February 2015, **Shankar Silmula**, Programme Manager, APCOM**Ernest Noronha**, UNDP Programme Officer, India |
| **10:45 – 11:00** | **Tea Break** |
| **11:00 – 13:00** | **Session 5: Expression of Interests for MSA grant continuation in 2016-2017** |
| **Objective****Moderator** | The objective of the session is to agree on key priorities and activities for EOI in 2016-2017. The participants will be divided into groups to discuss their country priorities which will become part of the EOI.**Virginia MacDonald**, Independent Consultant |
| **13:00 – 14:00** | **Lunch** |
| **14:00 – 16:00** | **Session 6: Way forward. Country presentations for EOI** |
| **Objective****Moderator** | Each country will present results of their discussion and way forward in addressing remaining gaps* Afghanistan
* Bangladesh
* Bhutan
* India
* Nepal
* Pakistan
* Sri Lanka

**Dayanath Ranatunga**, UNAIDS Country Coordinator, Sri Lanka |
| **16:00- 16:30** | **Closing Session.**  |
| ObjectiveModerator | Participants will share their experience from the CCM Regional Steering Committee meeting and develop recommendations for the future.**Ruben del Prado**, UNAIDS Country Coordinator Nepal and Bhutan |