Participatory Functional Review and Stock Take of Regional Community Networks Serving Asia and the Pacific

June 20, 2014

Bangkok, Thailand

Prepared for UNAIDS in partnership with Regional Networks

Acknowledgements

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Abbreviations

7 Sisters	Coalition of Asia Pacific Networks on HIV/AIDS
BCA	Business Coalitions on AIDS
AIDS	Acquired Immune Deficiency
AINA	Asian Interfaith Network on AIDS
AFAO	Australian Federations of AIDS Organisations
AGM	Annual General Meeting
ANPUD	Asian Network of People who Use Drugs
APBCA	Asia-Pacific Business Coalition on AIDS
APCASO	Asia Pacific Coalition of AIDS Service Organisations
APCOM	Asia Pacific Coalition on Male Sexual Health
APN+	Asia Pacific Network of People Living with HIV/AIDS
APNSW	Asia Pacific Network of Sex Workers
APTN	Asia Pacific Transgender Network
CAG	Core Advisory Group
CARAM Asia	Coordination of Action Research on AIDS and Mobility in Asia
DFAT	Australian Department of Foreign Affairs and Trade
GFATM	Global Fund to Fight AIDS, Tuberculosis, and Malaria
HIV	Human Immunodeficiency Virus
ICAAP	International Congress on AIDS in Asia and the Pacific
ICWAP	International Community of Women Living with HIV Asia and Pacific
ILO	International Labour Organisation
IOM	International Organisation for Migration
KAP	key affected population
MoU	Memorandum of Understanding
MSM	men who have sex with men
NGO	non-governmental organisations
NSWP	Network of Sex Work Projects
PLHIV	people living with HIV
PUD	people who use drugs
RCNF	Robert Carr civil society Networks Fund
SOGI	sexual orientation and gender identity
SRH	sexual and reproductive health
TRIPS	trade-related intellectual property rights
tsfAP	Technical Support Facility Asia Pacific
UN	United Nations
UCO	UNAIDS Country Office
UNAIDS RSTAP	UNAIDS Regional Support Team for Asia and Pacific
UNDP	United Nations Development Programme
UNESCO	United Nations Organisation for Education, Science and Culture
UNFPA	United Nations Population Fund

UNICEF	United Nations Children's Fund
UNODC	United Nations Office on Drugs and Crime
WAP+	Women of Asia Pacific Plus
WAPN	Women of APN+
WHO SEARO	World Health Organisation: Regional Office for South-East Asia
WHO WPRO	World Health Organisation Regional Office for the Western Pacific
YKAP	youth key affected population

Executive Summary

I. Background

There are an estimated five million people living with HIV in the Asia and Pacific region with the majority residing in 11 countries (Cambodia, China, India, Indonesia, Malaysia, Myanmar, Nepal, Pakistan, Papua New Guinea, and Thailand). The HIV epidemic in the region is concentrated amongst key populations at higher risk: men who have sex with men, people who inject drugs, sex workers and transgender people, and the intimate partners of these groups. Although the nature of the epidemic has changed with many more people on antiretroviral therapy, there are old as well as new complex challenges for communities, including persistent and chronic levels of stigma and discrimination, combined with significant legal and social barriers for key populations to access HIV and related services. HIV testing, treatment, and retention in health care remains low in Asia and the Pacific amongst communities at greater risk of HIV and co-infections.

Civil society, and in particular community networks, have played an important role in the HIV response in Asia and the Pacific. Community activism has induced national leaders and donors to be more accountable for their commitment to HIV. UNAIDS has recognized the importance of the role of communities at national, regional and global levels. In this context, the leadership role of regional community networks on advocacy, community capacity building, partnerships, and in communications remains pivotal. Regional community networks addressing HIV are increasingly tasked with addressing complex and interlinked issues, including the intersection of HIV with other co-infections, non-communicable diseases, human rights, trade-related and intellectual property (TRIPS) rights, social protection, sexual orientation and gender identity (SOGI), legal frameworks and governance. Yet, regional community networks and their national partners face many challenges including inadequate funding, limited human resource capacities, poor organisational management skills, tokenistic representation, and a lack of strategy and undue pressure from other partners. As resources get ever more tight in the future, the regional community networks of Asia and the Pacific will need to develop practical responses on how to overcome the challenges and improve their meaningful involvement.

The **Participatory Functional Review and Stock Take of Regional Networks Serving the Asia and the Pacific Region** aims to understand the strategic contribution of 10 regional networks[1] (selected by UNAIDS) over the past five years, further develop their institutional arrangements and capacities to deliver on their mandates, and strengthen their relevance and effectiveness especially their value-added to national stakeholders, donors, and the general

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[1] UNAIDS preselected networks for this stock take. The Asia and the Pacific region has a strong history of networks which include the Asia Harm Reduction Network (AHRN), Asia Pacific Alliance for Sexual and Reproductive Health (APA), Coordination of Action Research on AIDS and Mobility (CARAM Asia), Purple Sky Network (PSN), amongst others.

public. As such the review provides the regional networks with an opportunity to take stock and determine how to better position themselves over the next 3 to 5 years in response to the changing landscape of HIV in the region and globally.

The objectives of the stock take are to:

- Review strategic contribution and effectiveness of regional networks in:
    - Community support and leadership development
    - Advocacy and programme influence in regional and country HIV response
    - Professionalization, harmonization and alignment of structures, policies, mechanisms, and activities for delivering HIV work against network mandate
- Assess UNAIDS and key partners' strategic engagement
- Develop a set of criteria for future institutional development – 'relevance note' for continued support and institutional strengthening

The regional networks included in the functional review and stock take are:

- Asia-Pacific Business Coalition on AIDS (APBCA)
- Asia Pacific Coalition on Male Sexual Health (APCOM)
- Asia Pacific Council of AIDS Service Organisations (APCASO)
- Asia Pacific Network of People Living with HIV/AIDS (APN+) including its programme on Women's Living with HIV (WAP+)
- Asia Pacific Network of Sex Workers (APNSW)
- Asia Pacific Transgender Network (APTN)
- Asian Interfaith Network on AIDS (AINA)
- Asian Network of People who Use Drugs (ANPUD)
- Coalition of Asia Pacific Networks on HIV/AIDS (7 Sisters)
- Youth LEAD

II. Methodology

The participatory functional review and regional stock take used a mixed method approach, which included (1) a desk review of information provided by the networks and that in the public domain; (2) appreciative inquiry of 68 persons, including staff, board, and key strategic partners; (3) two online surveys--one for national level partners (129 responses) and a second for strategic partners (87 responses) and (4) site visits to three countries (Cambodia, Indonesia and Nepal) identified by the Steering Group. A Steering Group, established for the participatory functional review and regional stock take, was comprised of the 10 regional

network coordinators. It held three meetings with varying levels of participation from the regional network coordinators. The first meeting initiated the process; a second meeting reviewed the methodology; and the last meeting examined the results. In addition, a separate and individual assessment was prepared and shared with each regional network coordinator.

III. Findings

Basic Network Information (including history)

All the networks in the regional network stock take (other than APBCA) arose through needs identified by communities, and were often launched at various regional AIDS conferences (i.e. International Congress on AIDS in Asia and the Pacific (ICAAP)). Most of them have been supported by UNAIDS through AusAID (now DFAT) with funding aimed at strengthening the civil society response to HIV in the region.

Governance and membership

All networks have by-laws or constitutions (APTN is developing these now and AINA does not have any as it is an ad-hoc network that gathers together at the regional ICAAP meeting). In most instances the political governing boards consists of individuals (linked to national organisations) who are nominated by a vote from the annual general meeting representatives, discussed below. Governing board members have set terms, which are renewable. The governing board works with the secretariat, and is also considered the bridging body to members of the AGM. It is responsible for sharing the outcomes of board meetings with the network constituency. Governing Boards are rarely selected on the basis of skills and their membership does not reflect the epidemiology of HIV in Asia and the Pacific. Although language is a critical barrier for participation, many members do not understand their roles' as caretakers of a larger network not only the secretariat. It is a challenge for the secretariat and the Governing Body to carry out meaningful engagement and participation, with transparency and accountability.

Since several networks are based in Thailand, they have chosen to register as a Thai Foundation to receiving funding. Others are registered as private limited companies. For the most parts, legal and political boards function independently of each other except for when there are tensions between the Secretariat and the political board.

Related closely to governance matters are the issues of representation and membership. It is not clear if the AGM is a body of representation of a community constituency or does it reflect membership in the regional network. In most cases, national networks or focal points are described as members but without any written terms on benefits or obligations of membership.

Communications and partnerships

Communications is a critical element of networks, and given that many key constituents of regional networks are not English-speakers, communications becomes even more important. Over 50% of respondents in the online national partners survey expressed that regional networks were providing information on a regular basis. However, most networks did not have a formal communications strategy. APCOM has developed a draft communications strategy. The majority of networks produced publications in partnership with UNAIDS and its Cosponsors as well as other partners (such as international non-governmental organisations and others). These reports, usually in English, were rarely synthesised into manageable and smaller bits of information that could be easily translated. Given the lack of resources most networks have not been able to address the language barriers, limiting participation of members of their national partners. Websites are mostly in English, and are not regularly updated and documents are listed but without structure and coherence. Most regional networks have a Facebook page that is used to disseminate information from the region to the members who have joined Facebook. Several networks have Twitter accounts, which are not very active. Regular communications and partnership exist with key external stakeholders, and UNAIDS and Cosponsors. Internal communications are weak, especially in the larger networks with project staff often feeling isolated in their specific units. Nonetheless, most networks have either one or three staff members that work closely in supporting each other.

Partnerships across networks at the regional level are ad hoc and opportunistic. National counterparts expressed that on issues coming from regional networks they were able to nationally mobilize members from various networks and organisations for activism especially on issues related to TRIPS and treatment access. Seven Sisters was set up as a platform for partnerships, but it is not used for advocacy and not all the regional networks are members. Seven Sisters has been instrumental in supporting the formation of new and emerging networks such as ANPUD, Youth LEAD and APTN. Partnerships between UNAIDS and regional networks tend to be supportive but in some cases are marked by delays in financial support that impact negatively on network operations. UNAIDS has provided core support to some networks, and project support to others. It has also provided technical support to several key population networks. These partnerships despite some difficulties and challenges have proven to be effective. UNAIDS Cosponsors support regional networks, and have pushed for joint publications on a number of issues. Their main concerns are the limited existing capacity of regional networks and the pressures on them, and the lack of a monitoring and accountability process to understand impact. Most key population networks have found a strong and committed Cosponsor; however, the people who use drugs network, ANPUD, remains on their own. Global network partnerships exist around projects, and are very much confined to financial transactions with very limited technical support. One exception is APNSW which is receiving support and mentorship from NSWP.

Operational management (human resources, finances and administration)

In some cases Human Resource and Workplace policies exist but evidence of how they are implemented is unavailable. Staff job descriptions and appraisals are needed; transparent measures for grievances and conflict resolution are an issue. Very few networks have developed an organogram of their structures as part of strategic planning process. Staff visas and work permits remain unresolved with individuals using personal ingenuity to resolve matters either through United Nations agencies or educational visas.

Each network has its accounting systems used for book keeping and tracking with a finance person. APN+ staff is providing support to ANPUD. Income and expenditures are not linked to an annual budget. For most networks, annual budgets are considered synonymous to funds that are guaranteed and not attached to an operational plan. The exception to this is APCOM that has an operational plan. Funding received from donors is not always clearly delineated as to which set of activities it is supporting. The Board treasurer is not engaged in oversight of financial structures and doesn't give input into the development of an annual budget. While registered organisations must go through an annual audit, this information was not shared for the purposes of this review and generally not accessible.

Strategic planning and programmes

Despite lacking detailed strategic plans, most networks have accomplished a lot on shoestring budgets. The few evaluations available noted the progress networks had made in terms of partnerships, communications, leadership, and in growing the network. Varying details of strategic planning documents exist from strategic directions to plans, some of which are ending now and some not until 2019. No operational plans or work plans for 2014 other than what was given to UNAIDS for core support were available. New projects which networks take on are not integrated into the strategic plan and for some it is unclear how they contribute to the overarching strategic goals and objectives of the network. There were no available secretariat staff work plans, though it appears that something must exist as staff have a good idea of what they need to do. The secretariats tend to administer programmes more than coordinate or facilitate member activities. A monitoring and evaluation (M&E) framework is lacking in all the networks. Youth LEAD has developed a general M&E plan and APN+ has undertaken M&E as part of a GFATM Project. Data is not being used to inform decision-making or identify priorities with projects and programmes operating in silos.

IV. Recommendations

The following recommendations are a synthesis of the complete set of recommendations, including to UNAIDS RSTAP, set out in **Section 5**.

The overarching conclusion and recommendations of the Participatory Functional Review and Stock Take of Regional Community Networks Serving Asia and the Pacific Region is:

Many of the regional community network problems stem from a lack of adequate funding for network activities, and thus networks follow and tailor their work towards project-based funding. Core support is therefore critical for networks to perform their 'network functions'.

But as funding winds down even further for HIV, donors, partners, and regional community networks will need to adopt a new approach that is simple, measurable, and understandable, highlighting their added value.

Over the next three to five years, regional community networks should clearly articulate their objectives and key actions that are linked to a proper monitoring and evaluation framework, a funding plan that is realistic, and budgeted expenditures for activities. Because accountability for action is shared across many partners, t these plans need to be flexible and adaptable to changing environments. Regional community networks should undertake rigorous annual evaluation of outcomes against objectives, but not through conventional means. Efforts to measure their impact should reflect a clear value added to national PLHIV and key affected population groups; the linkages to global and regional bodies; and alignment of advocacy priorities from national to regional, and eventually global policy forums. Networks are complex structures that organize knowledge, co-operation, sharing, and exchange in non-hierarchical ways, and donors should view them as systems rather than static bodies. The role of regional community networks as social change actors is not only their strength but also their weakness.

With this in mind, there are steps that regional community networks can take to professionalize and demonstrate through evidence their added value in the HIV response.

Governance and Management

• Governance: Need clear, transparent, and accountable processes with documentation and dissemination to member national networks and partners; need board members to clearly understand their roles and responsibilities; need integration of political bodies with formal legal structure.

• Membership: Determine criteria and process, duties and responsibilities between Secretariat and members, map capacity for more effective leveraging and south-to-south collaborations, and share list of members.

• Finances & Budgeting: Develop budgets; transparent financial reporting processes and financial controls. Engage board treasurer in financial processes; public audit tied to annual report.

• HR: Accessible, transparent, and implemented policies. Guidelines for staff in terms of workplace policies, including e-policy for working from home; staff appraisals; clear benefits; and in the event of staff resignation or termination explicit hand over procedures and processes.

• Visas and Work Permits: Thai corporate law including for foundations notes 4 Thais to 1 foreigner, and thus regional community networks registered in Thailand as a foundation should obtain legal work visas and work permits (critical given the current political environment and tightening of Thai immigration rules).

Programming

• Institutional Planning: Strategic plans should be turned into operational plans tied to M&E (need to capture intricacies of network impact); staff should have opportunities for exchange and discuss on regular basis (leak through the silos); reflect on what is actually meant by evidence-based planning; support members financially and engage in capacity enhancement and joint activities, include south-to-south collaborations.

• Communications: In regional networks, communications is as much an organisational and management function as it is of information exchange, and thus a communication strategy is needed given the intercultural nature and language barriers. Development of a regular communications, balancing branding with substantive exchanges on issues. In addition, there should be regular internal communications as a whole and not solely between staff person and Secretariat coordinator.

• Website and social media: Websites need to be updated, simplified, and promoted. A communication platform for shared information and understanding should be developed. Social media strategy needs to be defined and prioritized. This areas needs prioritization and investment as this is often the external face of networks to the greater public.

Partnerships

• Alignment of work plans with key strategic partners, and amongst regional networks on specific issue; form new partnerships and join coalitions broader than HIV.

• Facilitate and support with resources regional community networks to develop and implement a joint regional advocacy agenda on issues of common concern that require accelerated action such as free trade and intellectual property, legal protections and decriminalisation, article 377 sodomy laws in ex-British colonies, community-based testing and treatment, and scale up of services and better linkages to care for all key populations.

1   Introduction

Regional community networks of people living with HIV (PLHIV) and key affected populations (KAPs) of men who have sex with men (MSM), people who use drugs (PUD), sex workers, and transgender people play a central and strategic role in the Asia and the Pacific AIDS response. Since the beginning of the AIDS epidemic, regional networks have been organising their communities in advocating for equal and equitable access to HIV prevention, treatment, care and support. Alongside UNAIDS Regional Support Team of the Asia and the Pacific (UNAIDS RSTAP), regional networks have used their united efforts to intensify rights-based advocacy, reinforced the meaningful engagement of communities in regional and national policy development, and positioned communities to actively engage in and contribute to national response governance, strategic planning and programme innovation. With the availability of live-saving treatment the nature of the epidemic has changed, and regional networks have risen to the task by promoting rights-based programming, linking their communities to testing and the continuum of care, and continuing to address stigma and discrimination and legal barriers. More recently regional networks have brought to the forefront issues on legal and human rights of MSM, PUD, sex workers and transgender people, access to treatment and trade-related intellectual property rights (TRIPS), hepatitis C, youth and issues of consent, and access to sexual and reproductive health service for and the human rights of women living with HIV.

While the role of regional networks has been pivotal in the AIDS response, their future is at stake given the rapidly changing landscape of HIV epidemiology and donor support. There are significant resource constraints with donors asking for efficiency in performance and programming, and pushing many Asian countries to financially support their own HIV response. Given that the size of the HIV epidemic in Asia and the Pacific is relatively small, an estimated 5 million persons compared with sub-Saharan Africa that has 23.5 million people living with HIV with a prevalence of 4.9 percent, the region does not garner as much attention. The evolution of HIV community activists separating into key affected populations by identity or by issues has been invaluable but it has also created redundancies across networks. For these reasons and more the UNAIDS RSTAP is providing an opportunity for networks to take stock and find nodes of commonality, including

strengthening themselves internally and projecting a persuasive and powerful image of themselves over the next 3 to 5 years

The **Participatory Functional Review and Stock Take of Regional Networks Serving the Asia and the Pacific Region** aims to understand the strategic contribution of ten regional networks (selected by UNAIDS) over the past five years, further develop their institutional arrangements and capacities to deliver on their mandates, and strengthen their relevance and effectiveness especially their value-added to national stakeholders, donors, and the general public. Overseen by the regional community network leaders, the objectives include:

1. Review and take stock of each network's contribution to community leadership, advocacy, and programme influence in the regional and country HIV response.
2. Assess institutional capacity and effectiveness of current strategies, modalities, functions and mechanisms for delivering HIV work against network mandates at regional and country levels taking into account:
    a. Harmonization between structures, policies and programmes;
    b. Representation and robustness of governance and decision-making processes from national to regional levels;
    c. Quality and consistency of partnerships in addressing community priorities, particularly in delivering on the 2015 HLM targets;
    d. Revive and re-energize AIDS activism and sustain community response.
3. Use the findings to develop a set of recommendations that build on and strengthen the relevance and effectiveness of regional networks in particular on their ability to deliver on their mandates over the next three to five years.
4. Assess UNAIDS strategic engagement with regional network, especially their value-added with national stakeholders and community networks, including identifying underserved region networks that need to be engaged or disengaged.
5. Develop a set of guidelines for future institutional strengthening of regional networks.

The regional networks included in the functional review and stock take are:
1. Asia-Pacific Business Coalition on AIDS (APBCA)
2. Asia Pacific Coalition on Male Sexual Health (APCOM)
3. Asia Pacific Council of AIDS Service Organisations (APCASO)

4. Asia Pacific Network of People Living with HIV/AIDS (APN+) with a focus on Women of Asia Pacific Plus (WAP+)
5. Asia Pacific Network of Sex Workers (APNSW)
6. Asia Pacific Transgender Network (APTN)
7. Asian Interfaith Network on AIDS (AINA)
8. Asian Network of People who Use Drugs (ANPUD)
9. Coalition of Asia Pacific Networks on HIV/AIDS (7 Sisters)
10. Youth LEAD

The organisational maturity, development and financial sustainability of regional networks are not reflected by their chronological age. APCASO is the oldest. It was founded in 1992 with the mandate of strengthening the community-based response to HIV and AIDS. Soon after APN+ and APNSW were established in 1994, and seven years later in 2001 these two groups along with APCASO, Asian Harm Reduction Network, Asia Pacific Rainbow, and Coordination of Action Research on AIDS and Mobility in Asia (CARAM Asia) launched a coalition platform, 7 Sisters. In 2006, APBCA was launched in Melbourne, Australia, to support companies in managing the AIDS response in their business, and AINA was launched in Chiang Mai, Thailand, to build the capacity of faith-based networks at the national level. The following year, APCOM was established as a coalition of community-based organisations, non-profit organisations, government representatives and UN partners working together on male sexual health issues. APCOM registered as a Thai foundation in mid-2014. In 2008, people who use drugs gathered in Goa, India, formed ANPUD as a regional platform bringing together country level networks, organisations and individuals on the issue of drug use. Transgender women who wanted to break out of the MSM label launched APTN at the end of 2009, and Youth LEAD was established in the summer of 2010 responding to the needs of young key affected populations, and also registered as a Thai foundation in 2014. The most recent network is WAP+, an amalgamation of Women of APN+ (WAPN) and the International Community of Women Living with HIV in Asia and the Pacific. At the time of writing this report the current advisory board of WAP+ and positive women from 16 countries were meeting to discuss their strategic direction and established the International Community of Women Living with HIV Asia and Pacific (ICWAP).

2   Background

2.1   The HIV Epidemic in the Asia and the Pacific

There are an estimated five million people living with HIV (PLHIV) in the Asia and Pacific region with the majority residing in 11 countries: India (49% of HIV burden), China (15.1%), Thailand (10.8%), Indonesia (6.3%), Vietnam (5.7%), Myanmar (4.9%), Malaysia and Pakistan (2% each), Cambodia and Nepal (1.3% each), Papua New Guinea (0.8%), and the rest of the region (<1%).[2] The Asia and the Pacific epidemic is concentrated amongst key populations at higher risk: men who have sex with men, people who inject drugs, sex workers and transgender people, and the intimate partners of these populations. An alarming large proportion of the new HIV infections are estimated among young people between 15-24 years old (110,000 new infections in 2012), particularly amongst MSM.[3] Women also account for a growing proportion of HIV infections: from 21% in 1990 to 35% in 2009.[4]

2.2   Evaluative Framework[5]

Networks are increasingly important means of social organising, synergies, and activism, and are considered to have an impact that greater than the sum of its parts. As an organisational form they are considered different than not-for-profits or non-governmental organisations (NGOs) with the relationship among members viewed as fundamentally a social contract, a voluntary association of reciprocal accountability between members with participation at the core. Civil society forms or joins networks for a whole host of reasons: to increase access to information, expertise, and financial resources; to increase visibility of issues, develop shared practices, reduce isolation, and mitigate risks; to develop credibility and solidarity, to strengthen advocacy capacity and respond more effectively to complex

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[2] UNAIDS (2011). *HIV in the Asia and the Pacific: Getting to Zero.* Thailand. Regional Support Team. UNAIDS. In the 2013 UNAIDS Asia and Pacific Outlook Philippines was added as a 12th country.

[3] UNAIDS (2013). *Global Report on the AIDS Epidemic.* Geneva. UNAIDS.

[4] WHO and UNAIDS (2010). *Addressing Violence against Women and HIV/AIDS: What Works?* Geneva. WHO.

[5] This section is based on several key publications on networks. Wilson-Grau, R. and Nuñez, M. (2007). "Evaluating international social-change networks: a conceptual framework for a participatory approach." *Development in Practice* 17(2):258-271. Hearn, S. and Mendizabal, E. (2011). *Background Note: Not everything that connects is a network.* Overseas Development Institute. London. Taschereau, S. and Bolger, J. (2006). Networks and Capacity: a theme paper prepared for the study "Capacity, Change and Performance. European Centre for Development Policy Management (ECDPM).

realities; and to create new alliances, policy spaces, and means of negotiations with state and international institutions. In the AIDS response, the reasons for forming community networks were no different, and UNAIDS as an external actor played a role, at times quite significant, in the emergence of networks in the Asia and the Pacific.

Networks evolve in an existing context, which then shape their evolution. They form around an explicit set of values or purpose, and can often be supported by an identifiable entity described as a coordinator, secretariat, steering group or stewards. Moreover, this supporting entity could be modelled on a hierarchical organisational structure, but this mechanism that supports a network or links the member is *not the network*. The network is the people and the relationships between them. Donors when talking about supporting networks are usually talking about the secretariat or its role in coordinating a project. However, networks cannot be viewed in the same way as projects or organisations, and there is a different framework that needs to be applied to them. Hearn and Mendizabal (2011) suggest an approach to network analysis that combines four elements: purpose, role, functions, and form.

The **purpose** is the objective of the network, justifying its existence. The **role** is a measure of how the network will promote value among its members in the pursuit of the purpose. There are two archetypal roles: support and agency. In support networks, members act as independent agents but join the network to receive support that will make them more effective. In agency networks, members coordinate their efforts with other members to act together as agents of change and the secretariat itself can be tasked to act. The regional community networks in this assessment fall within this continuum, serving both roles of supporting members and as agents of change.

The **functions** describe what the network does, and **form** following functions describes the structural and organisational characteristics. The functions defined in the literature include: Knowledge management, communications, convening gatherings, amplification, facilitating actions and mobilising resources. To this list we have added solidarity, an important aspect of identity-based network of PLHIV and key populations. The four qualities and seven functionalities are presented in **Table 1**.

Table 1. A Conceptual Framework for Network Functionalities

Qualities	Functionalities
Democracy *Equity in the relationships and exercise of power/democratic management* **Diversity** *Strength resides in the variety of membership and their strategies to achieve a common goal* **Dynamism** *Ability to balance the contribution of members to strengthen internal democratic processes and facilitate proposals for actions through an effective alliance* **Performance** *The interactions between secretariat and members to achieve a common goal*	1. Building solidarity and collective voice 2. Knowledge management (filtering, processing and disseminating information) 3. Communications (promoting dialogue, exchange, and learning among members) 4. Convening and fostering consensus 5. Amplifying and advocacy on issues, putting pressure on stakeholders, enhancing members credibility 6. Facilitating actions through knowledge of local, national, regional contexts 7. Mobilising and rationalising the use of resources for members to carry out their actions and enhance capacity

(Source: adapted from Wilson-Grau and Nuñez, 2007)

This conceptual framework was adapted into a more detailed set of indicators and rating by the International HIV Alliance and the Australian Federations of AIDS Organisations (AFAO) and APCOM into network assessment tools. In addition, UNAIDS country office in Cambodia has developed a core competency tool that looks more closely in a qualitative manner at form including sections on governance, membership, communications, partnerships, organisational development and strategic planning and programmes. For this stock take, these two approaches have been combined to evaluate the past performance and challenges, and to suggest forward-looking recommendations aimed at building on and strengthening the relevance and effectiveness of regional networks in relation to value added to national stakeholders and community networks. The framework for this assessment is attached in Annex 1 (**Core Competency Framework**).

3 Methodology

The participatory functional review and regional stock take used a mixed method approach, which included (1) a desk review of information provided by the networks and that in the public domain; (2) appreciative inquiry of staff, board, and key strategic partners; (3) two online survey (one for national level partners and the other for strategic partners) and (4) site visits to three countries identified by the regional networks Steering Group. Information on WAP+ as a separate network situated within APN+ structures was provided in mid-May, and it was too late to include it in the online survey. However, all effort was made to include women's issues and concerns in the regional network stock take.

3.1 Document Reviews

All the regional networks and UNAIDS RSTAP were requested on the 23 March to provide a range of documents against a structured checklist, including governance documents; strategic frameworks/plans; annual work plans and reports; capacity and other assessments (institutional and other); evaluation reports; M&E plans/products; organisational and network organogram; staff and board directory (email and telephone); a list of national network partners and contact information; and a list of key strategic partners and key supporters (donors/organisations or individual supporters) with names with emails. The purpose of the desk review was for the consultants to review the networks and use the information to plan out the questionnaire and interview processes. The first deadline for disclosing documents was April 2 with a second one on May 2. While the draft desk review was completed by April 10, documents continued to be provided by networks and partners right through the course of the stock take. For the full list of documents reviewed see Annex 2 (**Bibliography**).

3.2 Key Informant Interviews

Regional Networks were asked to draw up a list of their board members, staff, and strategic partners over the past five years. Of these at least one board member and most staff were interviewed. In addition, regional UNAIDS staff and its Cosponsors (namely UNDP, UNFPA, UNESCO, UNICEF, UN Women, and WHO SEARO and WHO WPRO), global network partners, strategically engaged donors (such as the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFTAM) and Australian Department of Foreign Affairs and Trade (DFAT), and non-profits working in close collaboration with networks were interviewed. A

total of 68 in-depth interviews were conducted, and the list of interviewees is presented in Annex 3 (**List of interviewees**).

3.3   Online Surveys

Two online surveys were designed to explore the views and opinions of national network partners and stakeholder of regional networks. For the national network surveys participants were asked to consider what benefits were actually provided by regional networks, and what potential benefits should be provided. These were measured on the level of agreement or disagreement with several statements. For the key strategic partner online survey, participants were asked about the internal and external changes and effectiveness of regional networks, including perceptions of how successful they have been in the HIV response. In both surveys, participants were asked to list top three priorities for networks to consider for the next three to five years. The links to the surveys were sent to each regional network to share with their constituents through emails, list-serve, website, Facebook page, and twitter accounts. Only APCOM had a link to the online surveys on their website. Most regional networks reported that they shared it through emails or e-list. The link to the key strategic partner online survey was also sent directly to known strategic partners and disseminated by UNAIDS RSTAP. Results from both online surveys are presented in Annex 4 (**Online survey results**).

For the national network partner survey, there were 129 responses of which 35 were for APCOM, 17 for Youth LEAD, 16 for ANPUD, 15 for APN+, and <10 for others (**Figure 1**). Responses came mainly from national key population networks and organisations (n=59, 45%), national PLHIV networks and organisations (n=32, 24%), faith-based organisations and other NGOs (n=16, 13%) and individual community supporter or national advisors (n=19, 15%). Three participants did not define affiliation. Of the total respondents, 61% were males, 25% females, and 14 transgender. The mean age was 40 years with a standard deviation of ±12.5 years.

Figure 1. Online national network responses for each regional network (n=129)
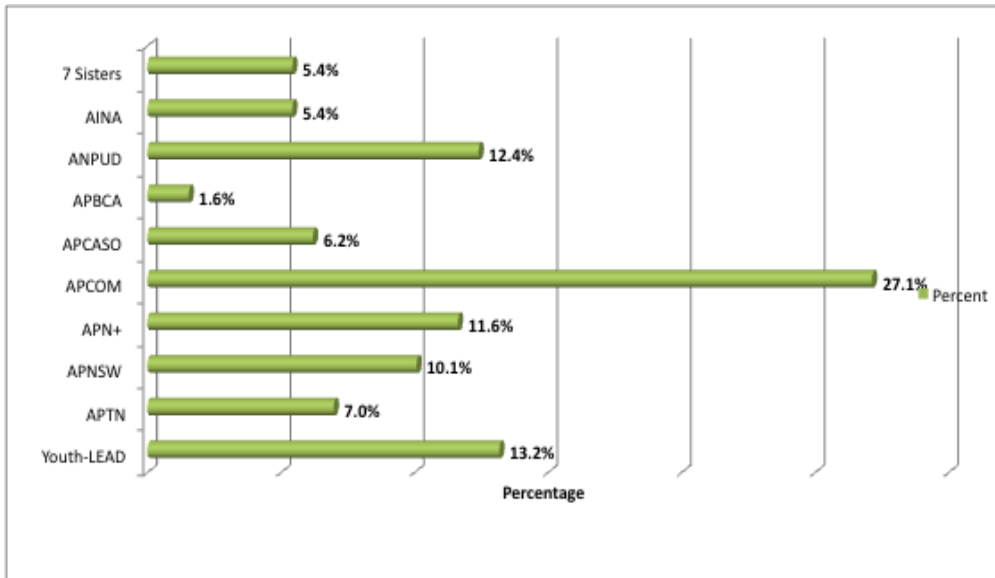
For the strategic partner survey, there were 87 responses with APN+ having the highest number (n=35) and APCOM the second highest (n=25) (**Figure 2**). The largest contribution was from the other category (n=30, 35%) that included advisors, consultants, and strategic donor partnerships. The next largest set of respondents were staff and board members (current and past) (n=26, 30%), UN regional and global staff (n=15, 17%), technical strategic partners which included PSI, TREAT Asia, FHI 360 amongst others (n=9, 10%), and global network partners (n=7, 8%).

Figure 2. Online strategic partner responses for each regional network (n=87)
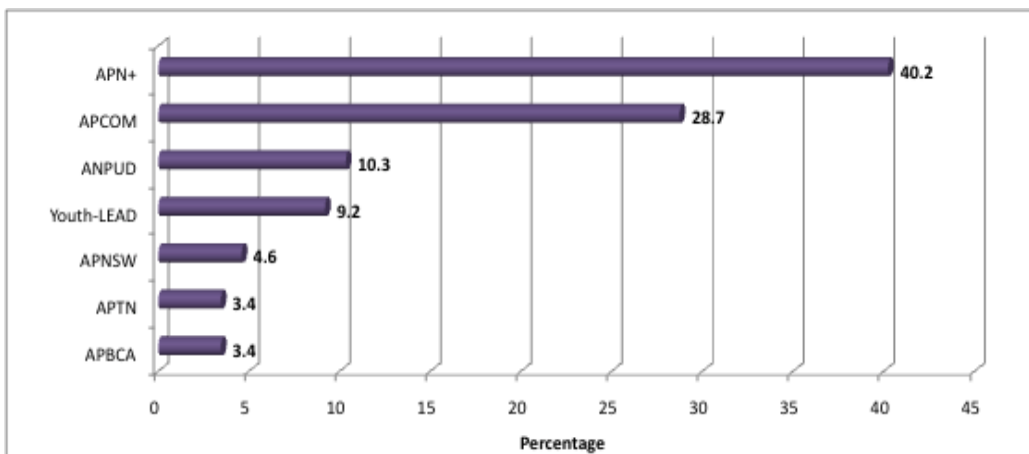
3.4   Country Visits

As part of the stock take, three country missions were undertaken: Cambodia (Andrew Doupe, May 19-23), Indonesia (Andrew Doupe, May 5-9) and Nepal (Sarah Zaidi, April 29-May 2). These missions were meant to give a better understanding of relationship, representation, engagement, community leadership development, and decision-making processes of regional networks from a national community perspective. The visit also aimed to assess regional networks' leadership and their relevance, effectiveness, and value-added for national stakeholders and community networks affiliated with regional secretariats. The missions were facilitated by UNAIDS country teams.

The national networks interviewed at the country level reflected the populations and issues addressed by regional networks: national networks focusing on key populations (people who use drugs, men who have sex with men, people living with HIV, sex workers, transgender, Youth LEAD Focal Points and women living with HIV), national business coalitions on AIDS, national interfaith networks and AIDS service organisations. In addition, government agencies such as the National Centre for AIDS and STD Control or equivalent, Ministry of Health, National AIDS Authority/Commission; along with UNAIDS and Cosponsors as well as relevant international and national NGOs were interviewed. The list of interviewees by mission is contained in Annex 3.

In both Cambodia and Nepal and to a lesser extent in Indonesia, the majority of interviews with national networks were group-based. When possible, those persons who served on governance boards of regional networks were interviewed separately. Each interview session lasted at least 1 hour and the group interviews 2-3 hours, and all those present were engaged in responding. A standard questionnaire format was followed:

- National network participants were asked to begin with the short history of the organisation, its governance structures, staff and programmes, relationship and engagement with its members and other national networks, and its association with regional networks including any support received and how national networks inputted into the regional priorities. When appropriate, questions on the role of international networks regarding support and engagement were also discussed.

- For strategic partners, including Government, UNAIDS and its Cosponsors as well as NGOs, questions focused on what support has been provided, how capacity has been strengthened as well as the strategy moving forward.

3.5   Limitations of Methodology

The strategies employed including the documents review, appreciative inquiries, online surveys and country visit were meant to encourage broad participation from regional network partners. Not all documents requested were received, particularly those associated with governance and operational management. Those that did come in often trickled in very slowly, and thus online searches were employed to retrieve documents in the public domain. The appreciative inquiries reached almost everyone (except for the board member of AINA and APBCA), and expanded to include several others who were not listed in the initial list of interviewees.

During country visits opinions were sought from national network partners but only from those that chose to participate. Even though invitations were given to a larger pool of individuals only those who chose to participate attended meetings. Several interviews were conducted in local language with translation into English leaving room for interpretation. For most parts participants were able to express views but perhaps not able to go into depth given the short duration of meetings (lasting on average 60 minutes with individuals to 120 minutes in groups). The country visits were only 5-days. For UNAIDS Cosponsors there was average representation in Cambodia, excellent in Indonesia, and a very poor turnout in Nepal.

The total numbers of responses for national network partners were disappointing given that the survey ran for over six weeks, and several regional networks list national partners in specific countries. For example, APN+ lists national network partnerships in 31 countries and only 15 responses were received of which several were from the same country. Youth LEAD only had 17 responses from its network of 56 focal point of young 18-29 year olds, and only two persons were under 25-years. The shortcoming of online surveys was that it was only in English, but it was quite a simple tool taking less than 15 minutes for completion. The online strategic partner survey was filled out by quite a substantial number of persons indicating good outreach and coverage.

4 Assessments and Analysis

The Robert Carr civil society Network Fund (RCNF) addresses critical factors for scaling up access to HIV prevention, treatment, care and support and protects that rights of key population. As a funding mechanism that supports networks, it has the developed the following definition:

> *A network is a group of organisations or individuals, who pool skills, experience, and resources, working towards a common goal.*
>
> *Regional network: A network that works toward achieving changes in policies or practices at the regional or sub-regional level. It is not sufficient to have members or activities in a couple of countries.*

Using this definition along with the functionalities, qualities and form of networks discussed in section 2, the information collected was analysed and finding presented broken into five sections:

1. Basic Network Information (including history)
2. Governance and membership
3. Communications and partnerships
4. Operational management (human resources, finances and administration)
5. Strategic planning and programmes

4.1 Basic Network Information and History

Basic information on regional networks is presented in **Table 2**. Most networks did not have a written institutional history and it was cobbled together from interviews and available information in proposals and online. Many of the networks (ANPUD, APNSW and Youth LEAD) are currently based in the offices of APN+. Seven Sisters and APTN are also expected to move in soon. It is expected that this arrangement will benefit all these networks by reducing costs and creating more integration. However, the downside to this is that there is no room for expansion including for APN+, and the quality of office space has been reduced after modifications especially for some of the newer networks.

Table 2. Basic Information on Regional Networks

Network	Year established	Legal registration	Location (total staff)	Mission (paraphrased)	Current Coordinator Name (Year started)
AINA	2005	No	Chiang Mai, Thailand (1 person)	Committed to the global of 3 Zeros	Rungrote Tangsurakit (2011)
APBCA	2006	2006 Registered charity in Australia	Melbourne, Australia (3 persons)	Ensure businesses in the region are committed to healthy workforce; halt and reverse HIV, malaria, and TB by 2015	Stephen Grant (2006)
APCOM	2007	mid-2014	Bangkok, Thailand (8 staff)	Coalition of MSM and TG advocating for inclusion in national responses to HIV, and increase in access to health services	Midnight Poonkasetwattana (2011)
APCASO	1992	2002, limited company in Malaysia	Kuala Lumpur, Malaysia (3 staff)	To strengthen community-based responses	Moi Lee Liow (2009)
APN+	1994	2002, Thai Foundation	Bangkok, Thailand (11.5 staff)	Working to improve quality of PLHIV through peer-led advocacy, leadership, communications, and capacity building	Shiba Phurailatpam (2007)
ANPUD	2008	2010, private company in Hong Kong	Bangkok, Thailand (1 staff)	To work with PUD so that voices heard and equal and meaningful participation in decisions	Anand Chabungbam (staff since 2010, Coordinator briefly in 2013, May 2014)

Table 2 (continued). Basic Information on Regional Networks

Network	Year established	Legal registration	Location (total staff)	Mission (paraphrased)	Coordinator Name (Year started)
APNSW	1997	2007, limited company in Malaysia	Bangkok, Thailand (3 staff)	To promote male, female, TG sex workers rights as human rights and reduce vulnerability to HIV	Tracey Tulley and Khythi Winn (2014) prior to them the late Andrew Hunter was the coordinator
APTN	2009	Not registered	Bangkok, Thailand (2.5 staff)	To enable TG to organise and advocate to improve health, protect human rights	Natt Karaipet (2013)
Seven Sisters*	2001	2012, Thai Foundation	Bangkok, Thailand (1.5 staff)	To raise awareness, collectively mobilize resources, and sustain participation of KAP	Malu Marin (2013)
WAP+ (ICWAP June 12, 2014)	2013	Launched as separate network, but was initially a network within APN+	Bangkok, Thailand (1 staff)	To increase solidarity and communications amongst WLHIV and to improve skills, knowledge, and opportunities to fully participate, and to advocate for rights	Nukshinaro (Naro) Ao (2013)
Youth LEAD	2010	2014, Thai Foundation	Bangkok, Thailand (3 staff)	To become the catalyst of change and empowerment for young key affected populations	Thaw Zin Aye (2010)

*Initially established by 7 regional networks as a collective body, it is now composed of 6 networks of which APN+, APNSW, and CARAM Asia are from the original founders and ANPUD, APTN, and Youth LEAD are new members. APCASO, which was one of 7 original founders, was asked to leave in 2009.

All the networks in the regional network stock take (other than APBCA) arose through needs identified by communities, and were often launched at the regional Asia and Pacific AIDS conferences (i.e. International Congress on AIDS in Asia and the Pacific, ICAAP). Most of them have been supported by UNAIDS through AusAID (now DFAT) funding aimed at strengthening the civil society response to HIV in the region.

4.2   Governance and Membership

Regional networks have a hub-and-spoke structure (**Figure 3**). At the centre is the 'SECRETARIAT' and it is linked to national level organisations and individuals. These organisations or individuals give the network its legitimacy. These groups[6] (national PLHIV or KAP networks, focal points and organisations) are considered members. They elect or select an individual to send or to participate face-to-face or online in Annual General Meeting (AGM), and have the voting right to elect a smaller governance body that supports the secretariat and provides oversight. The two exceptions are APBCA and 7 Sisters. APBCA is more like a non-profit with a network strategy and structure. It does not consider the national Business Coalitions on AIDS (BCA) as members, and these structures are not involved in its governance. Seven Sisters is a creation of regional networks, and they form the membership and amongst them elect 3-persons from the current six network coordinators to form the managing committee.

The Women of Asia Pacific Plus (WAP+) is a regional network that is under the APN+ umbrella. It was formed in 2012 as a merger between APN+ programme on Women (WAPN+) and the International Community of Women Living with HIV Asia and the Pacific. It has Core Advisory Group (CAG) of six persons, and its one staff is employed through APN+ but accountable to the CAG. For the past year, it has been it been in a tenuous relationship with APN+, lacking clarity on how its representation fits within the APN+ governance structure. During the preparation of this report (June 9-13), WAP+ was hosting a meeting of women living with HIV from 16 countries and announced the launch of ICWAP as an independent regional network of women living with HIV, reflecting the organic coming together of women. ICWAP intends to register as an independent network and will establish

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[6] AINA, APBCA, APCOM, APCASO, APN+, APNSW, APTN, ANPUD and Youth LEAD.

its secretariat in Bangkok. At this time its governance and decision-making structures were not available.

Figure 3. Generic Structure of Regional Networks – forms of relationships between region and national structures
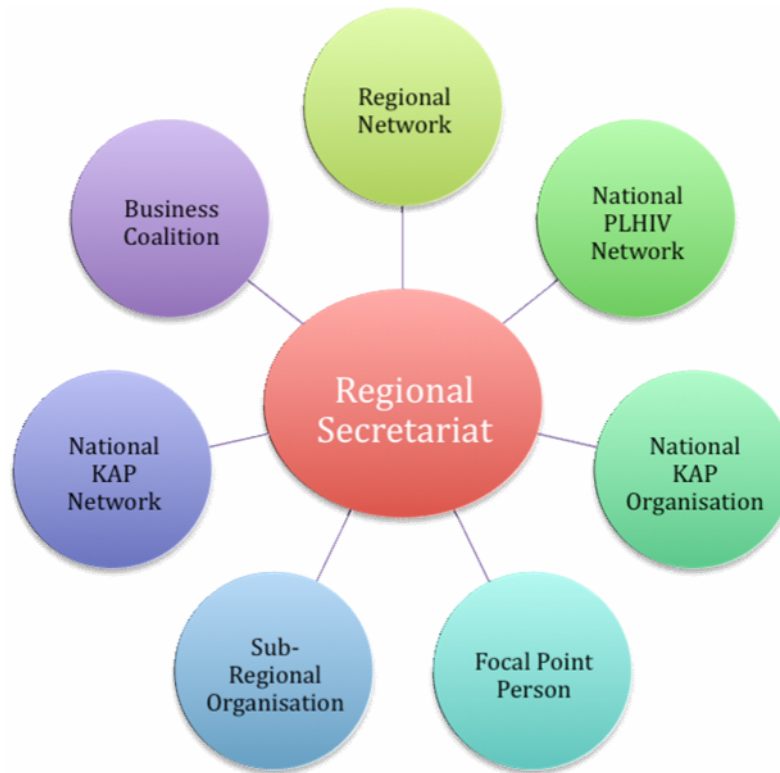
All networks have by-laws or constitutions (APTN is developing its now and AINA does not have any as it is an ad-hoc network meeting at ICAAP). In most instances they are individuals (linked to national organisations) who are nominated by a vote from those at an annual meeting. If there are not enough nominations then there is no vote and these individuals are appointed. Governing board members have set terms, which are renewable. The governing board works with the secretariat, and is also considered the bridging body to members of the AGM. It is responsible for sharing the outcomes of board meetings with the network constituency.

Formalised relationships on governance are a great achievement as a first step, especially for members of key affected populations that have limited capacity and experience. What is challenging for regional networks is how governance plays out in actuality. For

example, even networks with an outstanding constitution and code of conduct have experienced very difficult governance processes and transitions. Board meetings are often not documented, meetings minutes are rarely available and decisions taken through these processes are not shared with the larger constituency.

Information on current members of a governing body, including terms of reference or background is shared only in a few cases. For certain populations such as people who use drugs or sex workers whose behaviour is criminalized it may make sense to not disclose such information. Nonetheless, such appears that this information is not widely disseminated even amongst broader regional network membership.

Members of the governing body in several regional networks expressed that they had not seen annual budgets or expenditures; never formally evaluated the performance of the coordinator; or ever fully met all the programmatic staff. They did not set the salary structure of the organisation or the coordinator. Several expressed that their participation was tokenistic and others were not engaged. Many of them did not feel well informed about the regional HIV response, and learned from the secretariat updates.

On the other sides were those that mentioned that not only was board capacity lacking but also members did not have commitment beyond attending the meeting. It was expressed that the Governing Body did not take its role seriously, and was unable to support the network Secretariat. A few members stepped up to the task, but most served as a warm body basking under the accolade of 'board membership'. Some expressed that a weak board meant that the secretariat was strong, and vice versa.

Governing Boards are rarely selected on basis of skills. They do not reflect the epidemiology of HIV in Asia and the Pacific. Although language is a critical barrier for participation, many members don't understand their roles' as caretakers of a larger network not only the Secretariat. It is a challenge for the Secretariat and the Governing Body to carry out meaningful engagement and participation, with transparency and accountability. Nonetheless, of the 87 strategic respondents 56 (67%) expressed that governance and accountability had improved in the past five years; 12 (14%) said that it remained the same and 5 (6%) felt there had been a negative change. With respect to national network respondents (n=119), 61% agreed with the statement that decision-making within the network was transparent, 23% disagreed and 7% were neutral, and 9% did not answer.

Regional networks register for several reasons: to receive funding, to have legitimacy, and to avoid fiscal agents. Since the UN and several other development and international NGO partners are based in Bangkok, Thailand, regional community networks find it cost-effective to register in Thailand as a foundation. Several others are registered as private limited companies in other countries. Formal registration brings in another level of accountability but also complexity. Given that the purpose of registration is to receive funding, these legal boards are viewed as truly tokenistic and window dressing. There are exceptions where legally registered boards come from the members of the network and take their roles seriously as trustees. However in the majority of cases where an independent legal board exists there is rarely an attempt to bring it into contact with the political structures of the regional network. It is not clear if the legal board reviews the network's records or evaluates the regional coordinator's performance. There are certain fiscal obligations that the legal board must fulfil to continue with Thai Foundation status. For most parts, legal and political boards functional independently of each other except for when there are tensions between the Secretariat and the political board. In most cases, information on legal board members was not shared and these members were not interviewed.

Related closely to governance matters are the issues of representation and membership. It is not clear if the AGM is a body of representation of a community constituency or does it reflect membership in the regional network. In most cases, national networks or focal points are described as members but without any written terms on benefits or obligations of membership. There is no publicly listed criteria, process, or description on how an organisation or individual becomes a member and what entitlements this relationship brings. Yet on the online survey, respondents expressed that it was beneficial to be part of a regional network: 92% responded that it reaffirmed identity and solidarity, 91% said it developed leadership, and 87% indicated that it provided an opportunity to expand national networks.

In the online survey, respondents noted what kind of benefits they had received from national network (Figure 4). Seventy-two percent of respondents expressed that they received solidarity support, and over 50% expressed receiving advocacy, programme, and technical support. However, nearly 20 to 30% expressed that they did not receive any support. Given the small sample size it is not possible (or even meaningful) to disaggregate the responses according to network.

Figure 4. Percent of national networks respondents expressing benefit received from regional networks (n=129)
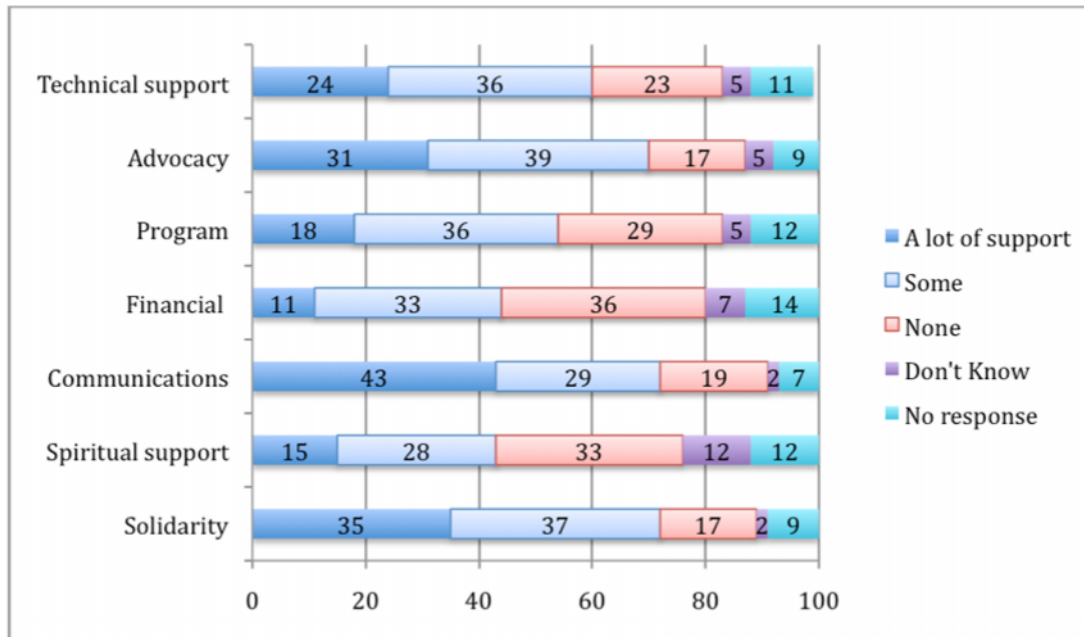
4.3   Communications and Partnerships

Communications is a critical element of networks. In this digital age, it is more than publications and involves sharing of information in real time. Given that many key constituents of regional networks are not English-speakers, communications becomes even more important. All networks produce publications as regional networks or in partnership with UNAIDS and its Cosponsors as well as other partners. These reports are rarely synthesised into manageable and smaller bits of information that can be translated. Some groups have made efforts to present information in accessible format including translations into local languages. But funding is difficult to obtain for such efforts. Networks also produce quarterly newsletters but without a dissemination strategy. E-list exists but again it is generally only those that can read or write in English who participate on a regular basis. Facebook pages now exist for most networks, and are used to post publications, announcements or information on events. Twitter accounts also exist but are for most parts nascent. Face-to-face meetings and phone calls through Skype or by telephone continue to be the preferred way of communication. Given the lack of resources most networks have not been able to address the language barriers, limiting participation. Websites are mostly in

English, and are not regularly updated including removal of outdated information. Documents are listed but without structure and coherence. In general, there is no communication strategy and for most regional networks it is not a priority unless linked to specific advocacy issues.

Regular communications and partnership exist with key external stakeholders, and UNAIDS and Cosponsors. There is often a staff person assigned to a network linked to either organisational strengthening or specific issues. The 7 Sisters platform members do not engage in joint strategising or collaborations, and there is limited communication. APBCA and AINA appear to communicate with national counterparts around the AIDS conferences. AFAO is also a key partner to APCASO and APCOM under the HIV Consortium for Partnership in Asia and the Pacific, a DFAT-funded (formerly AusAID) initiative. Through the same HIV Consortium, APN+ has been able to support eight partner organisations: AIDS Care China, Cambodian People Living With HIV Network, Estrela+ (Timor Leste), Fiji Network of PLHIV, Indonesia PLHIV Network (now defunct), Lao Network of People Living With HIV and AIDS, Myanmar Positive Group and Vietnam Network of Women Living With HIV (part of Vietnam Network of People Living With HIV). Partnerships have been helpful in mentoring and capacity strengthening of regional and national networks leadership, organisational development, and programmatic work.

Partnerships between UNAIDS and regional networks tend to be supportive but in some cases are marked by delays in financial support that impact negatively on network operations. Cosponsors work more directly with regional networks on programmes and projects. In the past few years, these collaborations have strengthened even if at times it has been difficult. But engagement tends to be patchy, and the relationship is often between individuals rather than institutions.

4.4   Human Resources and Financial Management

Regional networks vary in size with respect to staff numbers and financial resources. Other than APCOM, no regional network had an organisational budget for 2014. Funding that was secure was considered to be the same as the budget. Most networks had a financial policy in place with mechanisms for advances and claims. Each regional network did have a finance person, and some used the services of the APN+ finance officers. However, finances

were not well tracked and it was expressed that this area could improve for all the networks, especially in situations where funds for one regional network are being managed by another regional network. Not many regional networks knew what percent of funds were transferred to network partners for projects over the past year.

The work force in most networks is very small (around 1-3-persons), and the expectation is that staff work closely together and coordinate activities and travel. As such, there was no expressed need for written policies on personnel or workplace policies. For others workplace policies exist but it is not clear whether they are ever applied or monitored. In some networks there are no regular staff meetings or opportunities for staff to discuss across programmes. Staff members feel quite isolated working in silos. Several persons in interviews and the online surveys noted that management skills were weak and there was no clear accountability amongst staff and towards constituencies. Decisions were made without transparency or discussion, including with those who were meant to implement them or those considered as beneficiaries. Often meetings were held but then subsequent outcome or follow-up was not shared. Those interviewed in national settings also expressed that they were not sure of what the regional network secretariat was saying on their behalf at regional or international meetings. The national perception amongst constituent members was that staff and select board or individual members travelled extensively without any consultation with community or report back from such trips. In most cases, regional networks did not have a written record on meetings attended, purpose, and outcome.

Several staff noted that their terms of reference or job description did not really apply as they are asked to do a lot more and step in as needed by the organisation. Staff felt that there was no recognition of positive work, no annual appraisals, and salary increments were random and ad hoc. In some cases, the rapid staff turnover left large gaps, with no close out memos or overlap between old and new staff. The regional networks were not transparent on why staff departed, but this is an issue given the resources that go into building staff capacity. One technical issue for many of the international staff is to better understand the laws and regulations around Thai work permit and work visa. Several regional network staff continues to enter Thailand on tourist or education visas because they have been told that there is a 4 to 1 relationship of Thai staff to expat. Some have received support from UNAIDS and Cosponsors in facilitating their visas. And several are now looking into remedying the situation given the political situation.

Online responses and informant interviews expressed their concerns regarding the lack of accountability of the Secretariat, noting that the coordinator is accountable only to self. Others expressed that the coordinator and staff were doing a great job without much support and resources. Sixty-nine percent of strategic partners expressed that leadership was one of the strengths of the regional networks. It is apparent that coordinators and staff across all regional networks have too many responsibilities and there are very high expectations both from others and personal, and thus some decisions get made without transparency and consultation. But in most cases, regional network secretariats have worked very hard to support and collaborate with national network counterparts. Technical capacity is often lacking at both ends as well as UNAIDS, which makes the situation difficult but there is significant amount of goodwill all around.

The management of knowledge and institutional record keeping is an area where all networks can improve. There is no central depository for information (no internal hard drive or cloud storage), including for programmatic work. The files on actual activities and relationships built during the process reside within the staff person. When this person leaves there is a gaping hole of information and memory. The entire history then must be reconstructed. The departure of the coordinator can be very disruptive for the regional network as most information resides within this position including sensitive donor relationships and national level partnerships.

4.5   Strategic Planning and Programmes

Most networks have gone through a strategic planning process either recently or those whose plans are ending intend to go through one this year. Strategic plans often reflect strategic directions, and do not include many details on how the strategy will be carried forward or modified in response to implementation challenges. The Strategic Plans available for some regional networks along with their strategic priorities are presented below (**Tables 3 and 4**).

Table 3. Strategic Plans and Strategies for Regional Networks: APCASO, APNSW, and ANPUD

Networks	Strategic Plan Period	Strategic Priorities
APCASO	2010-14	1. Advocacy: CBOs/NGOs are more effectively influencing national, regional and international HIV policies.
		2. Capacity Building: CBOs/NGOs participate in meaningful, comprehensive and sustained manner.
		3. Partnerships & Networking: Strategic partnerships between CBOs/NGOs and key stakeholders are sustained and expanded.
		4. Institutional Strengthening: APCASO is stronger and more effective, and capable of achieving its mission and objectives.
APNSW	2009-14	1. Capacity building of members
		2. Establish APNSW as the organisation that promotes and protects HR of sex workers
		3. Expand and strengthen APNSW internal systems
		4. Review and advocate laws and policies that advance health & HR of sex workers
		5. Build and strengthen alliances and regional voices of sex workers
ANPUD	2013-15	1. Advocacy: policies and services for harm reduction, inclusion of PUD, end of punitive laws, access to treatment and expanding access to hep C treatment, overdose management, inclusion of women drug users.
		2. Partnerships: increase representation of PUD at national, regional, and global levels, partner with other affected communities, partner with UN and other donors.
		3. Communication: translation, website, e-list, develop small operational research platform, media strategy.
		4. Strengthen the network: increase the capacity of country-based drug user networks (prioritising countries with significant populations), provide financial and technical support, ensure participation of women and youth, facilitate peer-led, expert review of existing organisational tools to help country networks.
		5. Strong secretariat and board: increase staff, include M&E, and develop standard operating procedures.

Table 4. Strategic Plans and Strategies for Regional Networks: APN+, APCOM, Youth LEAD

Networks	Strategic Plan Period	Strategic Priorities
APN+	2012-16	1. Advocacy: use rights and evidence based and equitable approach on issues that matter to PLHIV.
		2. Leadership: Foster leadership among PLHIV and their networks, APN+ as role model, develop skills, promote accountability, and encourage exchange and better use of information.
		3. Strengthening: promote identity, develop strategic partnerships and improve capacity in leadership, governance, management and policy implementation.
		4. Communication: encourage and strengthen exchange of knowledge and information.
		5. Secretariat capacity building: develop APN capacity in areas of governance, management, communications, systems and policies that enable efficient and effective implementation of regional initiatives.
APCOM	2014-19	1. Advocacy for sexual health services for our communities: engage health policy makers, programme planners and service providers to scale up service delivery.
		2. Advocacy for an enabling environment for sexual health and supportive policies: create friendly legal environment for MSM and TG people.
		3. Gather, generate, and share strategic information for advocacy: ensure advocacy is evidence-based and relevant research findings are made available and accessible.
		4. Build a cadre of advocates: invest in emerging leaders and support current community leaders.
Youth LEAD	2012-15	1. Building Capacity of youth key affected populations (YKAPs): Leadership Skills, Organisational Development and Project Sustainability.
		2. Strengthening YKAP Networking and Promotion of Strategic Partnerships.
		3. Regional and National Level Advocacy: Influencing Laws and Policies leading to a better-informed programming.

There are clear areas of possible alignment across the strategic priorities of the regional networks. While strategic plans are available, it is not clear how closely they are followed, reviewed and revised. They are not linked to any measurable goals or resources.

The plans are rarely operationalised, and outcomes when specified are vague. The plans are not living documents and do not reflect the opportunistic programmes and projects which are currently being undertaken by some regional networks. There is no monitoring and evaluation attached to these strategic plans, and on the whole they are not living documents but an exercise that was done at one-point-in time. Strategic plans are general roadmaps used very broadly as guidance documents.

Very few work plans were shared, and those that were appear tailored to a specific donor. There is no comprehensive overview of what are the activities for a given year. Programmes are often developed based on available funding. For example, given that key populations (MSM, PLHIV, PUD, sex workers, transgender people and young KAPs) are criminalized in many countries of the region, it is surprising that no regional network had prioritized advocacy around the needs of people in detention settings, especially issues of access to health services (i.e. TB and HIV) and harm reduction services. The only exception was the criminalization and incarceration of PUD in a number of specific countries.

The piecemeal approach to programming is also reflected in the silo approach to management within the regional network. Each person has a share of the pie, and there is no sense of a shared understanding of the diversity and complexity of activities being undertaken by the entire secretariat staff in serving the strategic plan. Certain areas such as the Pacific and China are being left out of the priority list, and the challenges of multiple languages mentioned by all regional networks are not being addressed together given that many networks sit in the same office in Bangkok. This is paralleled by the absence of a regional network secretariat budget. It is entirely possible that regional coordinators are the best informed about the various pieces of the puzzle: financial, managerial, programmes, donor relations, governance, and national members. Their departure can be detrimental to functioning of the Secretariat and can result in setbacks.

Despite these shortcomings, regional networks have been able to move the regional agenda on a variety of critical issues such as intellectual property rights, free trade agreements, and access to treatment; awareness raising and advocating for treatment of hepatitis C; organising a parallel conference to the Washington, DC, IAC on sex workers; carving out a distinct and separate role of transgender people from the MSM community; organising community of people who use drugs in Vietnam; launching a successful set of trainings on developing new young leaders from key affected populations; introducing

information on HIV in the workplace; and supporting the organic formation of a network of HIV+ women. APN+ is the only regional network to serve as the Principal Recipient (PR) of a GFATM grant through which it has supported seven national networks with funding (40% of the $2.9 million grant is budgeted to be transferred to regional networks) and technical support. Under the New Funding Model of the GFATM, APN+ in partnership with APNSW, APTN, and ANPUD, has submitted an Expression of Interest (EOI) on building on the concept of its initial grant. APCOM, APCASO, and AFAO have also submitted an EOI on the issue of increasing national investment for HIV. Regional networks have over the past five years produced their own reports and manuals as well as collaborated closely with UNAIDS and Cosponsors on several critical publications.

5 Recommendations and Moving Forward

Regional community networks of PLHIV and key affected populations need core support in order to develop and perform their network roles. Based on the findings of the regional network stock take, a general set of recommendations is presented under three headings: Governance and Management (organisational development); Programmes; and Partnerships. In addition to this report each network has received an individual report of findings and recommendations.

5.1 Governance and Management

Governance
1. <u>Strengthen transparency and accountability</u>:

- Develop ToRs for each of the network's governance bodies (including skills based and representation associated with the epidemic; clearly define the relationship between the registered (legal) board, steering group/advisory group (political board), and AGM; ensure interfaces/cross over representation between each of these bodies; consolidate previous governance decisions; develop Codes of Conduct as well as an evaluation process for each of the bodies, including how board members engage and support the Secretariat outside of board meeting attendance). Disseminate board decisions and formal minutes to all national member organisations and post on website. Publicly post board members list, biographies, and duration of service.

- Develop a MoU between the registered Board (legal) and Steering Group/Advisory Group (political).

- Develop structures and mechanisms to monitor and evaluate networks leaders (Secretariat Coordinator) and governance structures (legal board, steering groups/advisory groups and AGM) to be responsive to constituent needs.

- As focal points/AGM representatives are network leaders at national level and accountability mechanisms for them should be developed.

- Develop processes for addressing language barrier in governance structures.

- Include staff in discussions with peak governance group on budgetary issues, in particular for projects that compose over 35% of the organisational budget.

2. Thai Foundation: Improve understanding of what are the implications and benefits of being registered as a Thai Foundation. APCOM has translated the legal documents for Thai Foundation registration and these should be shared amongst all networks which are a Thai Foundation or who are considering registering as a Thai Foundation. (The by-laws of a Thai Foundation are quite flexible allowing for sub-committees and advisory bodies, appointment of non-Thai members as well as having the framework for linking a steering group/advisory group to the Thai Foundation structure. The Thai Foundation board should be viewed as an integral part of the legal structure of the network.

3. Capture the institutional memory:
   - Ensure that decisions of the legal board, advisory group/steering committee and AGM are recorded and available internally with a summary available in the public domain i.e. posted on the website.
   - Develop a short handout for partners and stakeholders describing the network and its decision-making processes.
   - The Secretariat of each network should prepare a full institutional history, including key landmark decisions as well as disclosure of by-laws, policies and the governance structure, including membership criteria.

Membership

4. Criteria: Clearly state and disseminate the criteria for membership, including if/how other networks/organisations can join, including online processes. Address lack of references to countries and the limited engagement of people from the Pacific. Expressly define a balance between the sub-regions of Asia Pacific. Furthermore, 'youth' should be defined by the networks with explanation provided for whichever age range is selected.

5. Duties and responsibilities: Clarify duties and responsibilities between the Secretariat and network members, including providing capacity building, training, education of Focal Points/AGM members/national representatives on their roles and responsibilities. Provide a role for members, in particular founding members and ex-staff, to feel valued and part of the process i.e. utilize working groups, allocating tasks etc.

6. Membership list: Develop a complete and transparent membership list, particularly of national level organisations, and indicate when positions are vacant. Clearly indicate with which national networks the regional network is working or collaborating with on projects. Ensure that processes are functional online and that they are transparent.

7. Map the capacity of national networks and determine a support strategy, including:
   - Creating south-to-south linkages, support collaboration including around issue of capacity building of weaker national networks with a M&E framework. Discuss processes of south-to-south partnership with AGM and steering group/advisory group.
   - Provide technical support to a national network consistently through programmatic work with political support provided by the regional Coordinator. The Secretariat should measure, monitor and document its own capacity in being able to support members and governance bodies.
   - The legal board, steering group/advisory group and members should assist the Secretariat in supporting national networks.

8. Develop good practice: Document lessons learned from the dissolution of national networks (or equivalents) and experiences of successful networks (or equivalents) and

share to members and partners. Ensure coordinators are documenting their activities, achievements, and contacts for institutional growth and future institutional security.

Human Resources

9. <u>Organogram</u>: Each network should develop an organogram of existing staff as well as one of how the Secretariat would ideally operate with a supporting rationale, and raise funds to fill in position(s). Each position in the organogram should have an accompanying job description.

10. <u>Workplace and human resources policies</u>: Undertake externally reviews of workplace and human resources policies, including with the input of all staff and Governing Board approval. Develop a set of joint policies for all networks to implement and monitor with an annual report communicated to the legal Board. Policies should be accessible to programme/project staff. Issues that need to be addressed include but are not limited to e-work policies, staff appraisals, transparent measures for handling grievances and conflicts, enforcement measures, requirement for a close out memo along with all computer files prior to last salary and benefits being paid in the event that a staff member leaves his or her post, office hours and staff schedules.

11. <u>Staff Appraisal</u>: The Regional Coordinator in each network with the support of the advisory group/steering group should develop a process for staff appraisals, and provide copies of appraisals to legal board. For the appraisal of the Coordinator of each regional network the advisory group/steering group and Thai Foundation (or equivalent) should develop an evaluation process that includes inputs from staff and national partners, as well as the coordinator.

12. <u>Job descriptions</u> Ensure that job descriptions be developed for all posts with salary range being explicitly referenced to national or international pay scales. A regional network Coordinator's role in overseeing programmatic work as well as overall responsibility for a network should be clearly delineated and described. Policies for staff recruitment should be included in job vacancy notices.

13. <u>Visas:</u> Resolve the issue of visa and work permit issues for Thai Foundations. This issue has become critical given the recent political events in Thailand and the move to verify foreign nationals.

Finance & Administration

14. Strengthen accounting systems. In particular, effective financial controls and timely reporting to donors by host network are crucial for networks that are fiscally reliant on the host network. Specifically:

- Use a standard licensed accounting programme such as Quickbooks, and support training of finance staff.

- For project managers institute a training package on basic accounting practices, particularly those that will be managing Global Fund grants.

- Develop financial policy and guidelines, if not already developed and implemented, should be prepared and instituted. In discussion with staff that implements projects, develop policies for when contracts are breached by national partners and there are issues of fiscal accountability.

- Institute monthly financial statements from finance person aligned with project or organisational budget.

- Develop a process alerting responsible staff member(s) when donor reports are due and what financials are needed.

- Improve financial controls i.e. approving authority and review; quarterly review to board; strengthen accounting processes.

- Involve the board treasurer from both the Thai Foundation and political board in review of finances.

- Share financial audit with all stakeholders including donors, members, and staff.

5.2   Programmes

Institutional Planning

15. Strategic plan: For some networks, strategic plan/direction needs to be more detailed, linked to specific outcomes as well as to current work plans. Strategic plan should be revised, including when new funds and projects have been received or priorities changed i.e. it should be a living document with the strategy revised to include how new funding streams will support the existing objectives and should include substantive issues that a network intends to undertake in 2015-16. Networks need to ensure that their strategies, operational and work plans are aligned with and reflect both national and donor partner priorities. UNAIDS has designated 12 priority

countries in Asia Pacific, which account for over 90% of both HIV prevalence and incidence, namely: Cambodia, China, India, Indonesia, Malaysia, Myanmar, Nepal, Pakistan, Papua New Guinea, the Philippines, Thailand and Viet Nam.

16. <u>Operational plan</u>: The strategic plan should be translated into an operational plan linked to activities that are SMART and with a detailed budget. The plan should not be tied to potential donor funding but what the network intends to do. Networks have expressed that proposals developed with donor direction have had much more success at funding as compared with those that are written in absence of consideration donor priorities.

17. <u>Results- Based Management</u>: Donors should support and train network staff on results-based management framework to assess programme effectiveness, but with the understanding and sensitivity that the social changes and community partnerships that networks are engaging in are difficult to measure and may take years to emerge. The communities that networks are working to mobilize are not naturally suited and often marginalized, and thus logframes are not an ideal or reliable tool of performance. Changes in individuals and communities may be subjective and intangible. For example, building and increasing confidence in an individual or a group. If RBM framework is to be used then it should be innovative and linked to network characteristics rather than a tool that is convenient for donors and senior managers.

18. <u>Work plans:</u> Staff should develop annual work plans that should be periodically reviewed (i.e. twice yearly) and form the basis of staff appraisals linked to performance and achievements.

19. <u>M&E</u>: The networks should develop a common M&E framework with standardized indicators against which the progress of each network can be measured over time, in addition to M&E for discrete projects or programmes. The M&E framework should be link to each network's operational plan and include simple indicators regarding governance and membership, management (human resources, finance and administrations) and programmes (strategic planning and implementation, communications and advocacy, partnerships and resource mobilization). The M&E framework should also capture how a network is positively affecting national HIV responses. Regional networks need to strengthen their monitoring capacity so as to be able to support national networks.

20. <u>Evidence based programme and project planning</u>: Networks need to reflect on what is actually meant by evidence-based (what type of data, where is it coming from, what is its purpose and how will it be used). Data when and if available should be used to make decisions. Programmes and projects should be adopted and developed on the basis of transparent criteria.

21. <u>Establishing advocacy priorities</u>:

- Each network should reach membership consensus on 1-2 discrete advocacy priorities, including setting clear targets against which to measure success.

- Regional networks need to build a community of (regional) networks in order to amplify their voice and increase their impact. In addition to networks' discrete programming areas and advocacy issues, and based on each networks' priorities, the networks should align priorities and agree on joint programming and advocacy for 1-2 issues of common concern (whether at regional and/or sub-regional level). Issues of common concern identified include: sexual and reproductive health (SRH), adolescents, human rights (e.g. Criminal Law Section 377 – sodomy law in ex-British colonial countries), drugs and addiction, gender and violence (women, transgender, MSM and sex workers), mental health, social protection, intellectual property and TRIPS, migration and mobility, and people in detention settings. In order to manage joint activities, networks will need to adopt a division of labour, including appointing lead organisations on specific programming areas and advocacy issues. Networks will also need to identify partners, set clear targets against which to measure success over a 2-3 year period, and create transparency in the selection of countries or sub-regions in which to advocate.

22. <u>Circumscribing capacity</u>: No network has all the capacities required to undertake all priorities identified in its strategic plan. As such, networks need to map and assess what capacities they have and which can be outsourced or in sourced as required. Further, not all countries need to work in the Pacific region given the scope of the HIV epidemic and the populations affected. However, given the distance and cost of doing business, networks should look at joint staff position(s) in order to serve the needs of key populations in the Pacific. A joint strategy also needs to be developed for supporting and including China and East Asia.

Communications

23. <u>Communications strategy</u>: Develop a communications strategy and resource it properly. As part of communications plan, include with budget:

- Annual publications plan, internal communications, external communications (website and social media) and knowledge management strategy.

- Development of mechanisms and structure, including M&E component, for collecting information from national partners, analyzing and synthesizing it and amplifying information across membership, particularly to national level.

- A standard translation policy with a defined process for translating materials, especially for posting on websites. For example, leverage network members, particularly at the country level, and partners, including tsfAP, to facilitate systematic translation of materials.

- Development of regular communications i.e. prepare a quarterly newsletter updating stakeholders on what is new, including what is available on website, e-list and social media (only use platforms with translation facilities). Think of branding as the first step but keep to substantive content that is useful for partners.

- Preparation of a brochure about each of the regional networks for country level partners, including networks and organisations.

- Preparation of Board members and Secretariat staff bios along with a simple organisational flyer for distribution at meetings and conferences as well as to constituents.

24. <u>Website:</u> Update, simplify and reconstruct website including static areas such as governance and organize documents/publications coherently using intuitive headings to make navigation easier. Post summaries of key meetings. Networks should consider investing in exiting templates for building websites such as WordPress as compared with building customised websites. The website for each network should include at a minimum:

- an organogram of network;

- a governance section with ToRs of governance bodies along with the minutes/a summary of meetings and decisions;

- provide names and background information on registered Board Members and link their role to the network;

- names and affiliation of AGM members (serving term) unless posting these will compromise the safety of those named i.e. criminalized behaviours;
- Steering/Advisory Group information (title and serving term);
- national network partner organisations and the coordinator's name and contact details along with current organisational priorities
- if partnering with global networks, then contact information of partner and information should be shared; and
- staff should be mentioned with project responsibilities and contact information.

25. Social media: Link Facebook to website and use more effectively to engage partners, catalyze discussions on issues and encourage national networks to post, now there is a good translation function so can post in their own language. Delete Twitter if not using or use for events. Twitter accounts should be active around conferences, meetings, or campaigns. A social medial policy should be set so that members can participate but with a clear understanding of rules and code of conduct regarding sharing information.

26. Public relations: Regional networks should build the capacity of board and staff to engage external media and build confidence in public speaking. Staff should be encouraged to share and make presentations internally as part of building confidence as public speakers at meeting and other forums.

27. Improve internal communications:
- If not in place, weekly staff meetings should be instituted, documented and information shared among all staff;
- Communications documented and accessible by staff/ and as needed by board; and
- Develop and invest in a shared filing system on the cloud or an internal server.

28. Information collection: Strategize with board on how to collect information for building greater solidarity particularly addressing challenges such as language, culture, and socio-economic status. Institute a short e-newsletter that can be easily translated or prepare a summary of project updates that can be shared.

5.3   Partnerships

Regional Networks

29. Develop a Memorandum of Understanding (MoU): Prepare joint MoUs on partnerships between networks, include identification of joint activities and specific roles for each partner. For example, encourage partnering between national PLHIV and KP networks and Youth LEAD Focal Points to launch NEW GEN trainings and working with their leadership on sensitization on youth issues.

30. Programmatic alignment: Align work plans among the networks of key populations, in particular ANPUD, APN+, APCOM; APNSW, APTN, ICWAP, Youth LEAD. Address the challenge of adolescents (i.e. younger than 18 years of age) who are not being captured.

31. Shared costs: For networks housed by APN+, discuss and transparently decide on logistical, administrative and financial cost-sharing arrangements.

32. Shared platform: The UNAIDS RST AP has initiated a Civil Society Regional Partnership Forum for the HIV and key affected population regional networks that are based in Bangkok. The Partnership Forum serves a joint regional platform for action and advocacy. The overall aim is to strengthen the role of regional civil society organisations and to promote communication, collaboration, and coordination between CSO and the UNAIDS Secretariat in achieving the ten target agreed to at the *2011 United Nations General Assembly Political Declaration on HIV/AIDS*. Using the Global Funds Community Systems Strengthening Framework, regional networks can harmonize approaches and work together to highlight their value, identify distinct strategic priorities, and assign responsibilities and roles. Although UNAIDS RST AP has convened this Forum as facilitators, the viability and success of this Partnership Forum depends on the participation, engagement, and ownership by regional networks. Issues for joint advocacy over the next three years could include: trade and IP related issues on access to treatment, legal barriers common to the regions (such as drug detention centres, sodomy laws of ex-British colonies article 377), task shifting of programmes and services to community-led interventions, and/or addressing stigma and discrimination from country reports.

33. Leveraging strengths: Regional networks should when appropriate leverage their individual strengths and skills in supporting each other. In time of shrinking

resources, collaboration and efficiencies will be important. The Partnership Forum can serve as a vehicle for meaningful and supportive partnerships across networks. For example, a joint Communications position can assist all regional networks in developing a communication plan.

Technical Partners

34. Encourage and continue technical partnerships: Support for regional networks and their national partners is being provided by technical partners such as MSF, Treat Asia, PSI, Alliance, Save the Children, USAID flagship programmes and FHI 360. This support should continue and be expanded as needed particularly to support community research and impact.

35. Utilise tsfAP: The tsfAP is a partner which networks can and should engage to provide capacity building or to fulfil discrete needs. Specific areas of expertise which the tsfAP has the mandate to assist networks with include developing strategic, operational and work plans, budgets, and M&E frameworks; building the capacity of Secretariats and Governance Boards; and engaging resource people to facilitate south-south cooperation among the networks.

36. Collective strategy to DFAT: The networks should leverage their collective voice and develop a harmonized agenda of their two top priorities and what they believe should be funded over the coming 3 years i.e. 30 June 2018. As a priority action, the regional networks should develop such an agreed and unified position to be communicated in writing, signed by all networks, to DFAT prior to IAC 2014.

37. Collective strategy to the GFATM: Prepare a harmonized agenda of the networks' collective priorities for Asia Pacific through to 2018 with indicative budget and prepare a written note to be signed by all networks and communicated to the GFATM Executive Director.

UNAIDS and Cosponsors

38. Network strategy and partnership: Deliberate and decide on what the "real" need is for each network. To often regional networks have and are being engineered to cover emerging population priorities, manage projects or as a support organisation with a mandate of a 'networkesque' way of modus operandi. Before supporting the creation of new networks, UNAIDS should assess whether issues that are being raised can be

addressed through existing networks through the *strategic use of resources*. UNAIDS needs to develop a coherent strategy for civil society partnerships and regional networks. Partnerships should be considered as such, and not just a donor to grantee relationship.

39. Focus resources: Focus scarce resources (financial and technical) on regional community networks of KAPs and PLHIV. Given the scarcity of resources and the financial insecurities, core support to KAPs and PLHIV regional networks should be provided for two years, and linked to development of a biennium budget and network-wide M&E. Support community networks to develop a joint M&E framework, including indicators on what is the proportionate contribution being made by each funder.

40. New funding streams: Assist regional network to develop tools and strategies for resource mobilisation, including positioning networks to access resources from Robert Carr Network Fund, GFATM and bilateral entities such as DFAT.

41. Facilitate targeted support: Through tsfAP support networks to undertake results-based planning and budgeting. Ensure that networks develop a standardised and simplified set of indicators on the value that they add to the HIV response.

42. Communications: Bi-monthly meetings between regional networks and UNAIDS RST should be instituted (if not already in place) and over time should transform into joint meetings i.e. with all networks housed in APN+. These should be open to all staff, and documented for purposes of institutional capacity building and memory

43. Address language challenges: Given that language barriers are a systemic issue for many networks; UNAIDS RSTAP should support the development of mechanisms, systems and partnerships to provide translation services to the key population networks, in particular ANPUD, APNSW and APTN. The tsfAP is one potential source of support for this.

44. Amplification of national voices: Through the UCOs, assist national network to identify key concerns and issues that require amplification and advocacy under the umbrella of joint or individual actions by regional network. UCOs and RSTAP should link national networks (and their joint fora) to regional networks for shared advocacy.

45. Map Co-sponsor support: The Cosponsors should map the support provided to regional networks, and consider how they can be supported on a joint regional community-based research agenda to deconstruct and drill-down on key and emerging

issues for communities including the modalities of networks as service providers. Cosponsors given their broader mandate can also facilitate resource mobilisations on issues broader than HIV.

46. <u>Partnership Forum</u>: UNAIDS RST AP as the initiator of the Civil Society Regional Partnership Forum on AIDS should bring in other Cosponsors and leverage their resources for building the core activities of regional networks. It should support development of a work plan with metrics that can be reviewed on an annual basis. UNAIDS should also discuss its own expectations and outcomes from this process.

47. <u>Duty of care</u>: UNAIDS has supported the creation of many of the networks and has a duty of care at the country and regional levels to broker relationships with Cosponsors and other partners/donors working with key populations, including on issues broader than the HIV response i.e. SRH, adolescents, human rights, drugs and addiction, gender and violence (women, transgender, MSM and sex workers), mental health, social protection, intellectual property and TRIPS, migration and mobility, detention settings, information and communications technology, and governance and transparency.

Annex 1   Core Competency Framework

Participatory Functional Review and Stock Take of Regional Community Networks Serving Asia and Pacific

Assessment Form

Section I. Basic Network Information

- Name of network (acronym):

- Name, title, and duration of network coordinator:

- Year network established:

- Target populations served:

- Vision and mission:

- Legal registration (type, year, and location):

- Network structure:

- Current physical address:

- Current other staff (programme and administrative):

Section II. Network structure and history

Section III. Governance and Membership

1. Governing Body	Standard	Comments	Recommendations
1. Governing Structures	*Clarity in terms of structures, roles and responsibilities of members – detailed written ToRs*		
2. Registration name and mission	*Able to register with original name and mission*		
3. Registered board members reflect organisational mission, values and principles and are known to the greater membership	*Persons asked on legal board reflect the organisational mission and values*		
4. Registered board has by-laws and policies	*Legal registration by-laws and policies are translated for everyone in network to understand*		
5. Total number and length of term of registered board	*Role, numbers, and length of registered board and process of selection is transparent*		
6. General membership, annual general meeting, and governing board	*Clarity in structure and transparency in selection; information on representatives of AGM and smaller governance body is easily accessible, open, and updated (i.e. on website)*		
7. By-laws, policies, and procedures of AGM and governing board	*Transparent, approved, endorsed, and widely disseminated and updated as needed (available on website and translated as required)*		
8. Relationship between various governing bodies	*Memorandum of understanding between different governing bodies*		

	important decisions being jointly discussed, recorded and shared amongst them		
9. Shared understanding of Annual Governance Meeting (AGM) and Steering Group meeting	*Transparency in selection of members invited to participate, including all documents and minutes of meetings; meets regularly and results are shared (even when meeting is virtual)*		
10. Institutional memory, board packet and relevant materials	*Institutional memory of preceding 7 years (if applicable), minutes of meetings, and past decisions are available for new members of board and AGM*		

2. Membership	Standard	Comments	Recommendations
1. Criteria for membership	*Public guidelines on membership*		
2. Awareness by networks members of their roles, responsibilities, and entitlements	*Clarity in terms of roles and responsibilities of members and benefits of joining a regional network – written code of conduct or MOU between network members*		
3. Member information	*Clearly stated and updated member network list and contact information (available on website)*		
4. Leveraging network members skills and capacities	*Mapping of network partners and understanding of capacity*		
5. Secretariat capacity to support members	*Secretariat staff can support identified members needs and requests*		

IV. Communications and Partnerships

1. Communications	Standard	Comments	Recommendations
1. Use of internet	*Functional and up to date website, e-list, Facebook or other social media*		
2. Communication plan	*Developed and resourced communications strategy with staff and/or outsourced specialist*		
3. Publications	*Brochure, annual report, strategic plan, and other programmatic reports easily accessible and available*		
4. Internal communications	*Regular communications with staff, partners, and members including what means (email, Skype, phones, and meeting). Shared filing systems online through server or on cloud or hard copies*		
5. External communications and information sharing	*Regular communication with key external stakeholders, donors, partners on emerging issues through email, website, meetings, or other means*		
6. Use of social media for communications	*Regular use of Facebook, Twitter, and Google groups for sharing updates with (and from) members or partners*		
7. Information-sharing	*Mechanisms to systematically collect information from national partners, analyze and share across*		

		membership in a timely manner (including any national publications)		
8.	Information gathering and analysis	*Collection and processing of information for purposes of identifying new developments, key priorities, and strategic engagement from global, regional, and national level discussions*		

2. Partnerships	**Standard**	**Comments**	**Recommendations**
1. Partnership with other organisations including regional or global PLHIV or KAPs networks or organisations	*Memorandum of Understanding (MOU); clarity in terms of role and representation*		
2. UNAIDS	*Regular communication and timely support technical and financial*		
3. UNAIDS Cosponsors	*Regular communications and collaborative projects and/or participation in meetings*		
4. National level partnerships	*Support of national partners – technical, policy, project, advocacy, and funds*		
5. Defined roles in joint activities	*Participatory decision-making on projects with clearly identified roles and responsibilities, contractual obligations and deliverables*		
6. Mobilization on issues	*Mobilization of partners on advocacy and other campaigns national, regional or global*		

V. Human Resources, Finances & Administration, and Capacity

1. Human Resources	Standard	Comments	Recommendations
1. Secretariat	*Sufficient staff in core positions to perform core network functions including finance and administration*		
2. Policies – Workplace and human resources	*Comprehensive policies with clear understanding amongst staff, including benefits holidays, leave, e-working policies, disciplinary action, grievance measures and conflict of interest measures*		
3. Contracts, job descriptions & staff appraisals	*Clearly written ToRs and annual evaluation for permanent staff with contracts*		
4. CEO job description and appraisal	*Clear job description of network coordinator and process of appraisal by governing board or legal body*		
5. Transparent staff recruitment	*Recruitment of new staff through a competitive and transparent process using a standard template*		
6. Visas and work permits	*Organisation can understands and support work permit and visa processes and is able to get proper legal documents for work and necessary travel*		

2. Finance & Administration	Standard	Comments	Recommendations
1. Financial personnel and book keeping	*Qualified finance and admin personnel with record keeping mechanisms including accurate and prompt recording of all transactions, disbursements and balances with internal control system*		
2. Financial policy and guidelines	*Financial policy document that clearly spells out details for staff including management of fixed assets, procurement, travel DSA, meeting per diems etc.*		
3. Financial audit	*Annual organisational audit that is part of the records for legal and political board*		
4. Network office and operational facilities	*Office space is sufficient for staff to function with meeting room, internet access, and other network amenities (such as printing), support staff present,*		
5. Office hours and staff schedule	*Regular office hours with staff present, and updated/informed schedules of staff including holidays, sick leave, and working from home*		
6. Development of budget	*Annual or biennium budget for the network based on operational plan with amendments as required*		
7. Financial reporting to staff and donors	*Regular or timely availability of financial data for programme staff and reporting to donors*		

VI.   Strategic Plan, Operational Plan, and Monitoring

1. Institutional Planning	Standard	Comments	Recommendations
1. Strategic plan	*A 5- or 3-year strategic plan developed through a participatory process, periodically reviewed and evaluated*		
2. Operational plan	*Strategic plan developed into an operational plan (1 or 2 years) that is periodically reviewed and aligned with new projects*		
3. Work plan	*Staff has work plans based on operational plan and linked to SMART outcomes that are reviewed quarterly and refocused as needed*		
4. Monitoring and evaluation	*Network operational plan is accompanied by a monitoring and evaluation plan for the network and for specific projects*		
5. Evidence based programme and project planning	*Concrete indicators are used for to realign plans and for future strategic planning process*		
6. Advocacy priorities and partnerships	*Clear and defined advocacy priorities that include partners at regional or national level and clear targets for policy change*		

2. Credibility and Value Added	Standard	Comments	Recommendations
1. Community engagement, south-to-south partnerships, and networking	*Network leaders shape the agenda to the changing community context and needs, provide evidence on taking action, and actively voice community positions in decision-making forums, including evidence of community consultation to identify community-voiced need and building south-to-south connections*		
2. Accountability of network leaders	*Network leaders are responsive to staff, stakeholders and members*		
3. Mentoring of leadership	*Network prioritizes leadership development and promotion of capable staff, and also includes mentoring (internal and external) as an essential component of national network capacity building*		
4. Internal and external stakeholders' perception of the network	*National network partners/members believe that the regional network legitimately represents their issues and interests with all stakeholders, and is accurately representing community positions*		

This core competency framework for the Asia Pacific regional network stock take was based on the following resources:
1. Key informant interviews and regional network staff guidelines and online questionnaires developed by the consultants
2. UNAIDS Core Competency Framework
3. Alliance Rapid Assessment Tool and APCOM/AFAO Rapid Assessment Tool
4. GFATM Minimum Capacity Requirements for Principal Recipients

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- APN+GFR10- 2 Quarter
- APN+GFR10- Third PUDR Phase 1 – Final
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<u>Governance</u>

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<u>Governance</u>

Organisational Chart

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- Organisational Structure
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- Bylaws, December 2012
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Nepal

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Annex 3   List of Interviewees
*Interview questionnaires are available upon request

No.	Name	Affiliation
1.	Fatimah Abdullah (Selvie)	APNSW, Board Chair
2.	Eliot Albers	INPUD, Coordinator
3.	Vladanka Andreeva	UNAIDS
4.	Nukshinaro (Naro) Ao	WAP+ Coordinator, APN+ staff
5.	Thaw Zin Aye	Youth LEAD Coordinator
6.	Prempreeda (Prem) Pramoj Na Ayutthaya	UNESCO, APTN former board member
7.	Don Baxter	APCASO, Board of Trustees
8.	Prudence Borthwick	DFAT
9.	Tung Bui	YVC, former Coordinator
10.	Julia Cabassi	UNFPA
11.	Anand Chabungham (May 14)	ANPUD Coordinator
12.	Chris Connelly (May 19)	AFAO
13.	Meg Davis	GFATM
14.	Justus Eisfeld	GATE
15.	Stephent Grant	APBCA CEO (written response)
16.	Mauro Guarinieri	GFATM
17.	Rico Gustav	PSI, former staff APN+ (GFATM Project)
18.	Brianna Harrison	UNAIDS
19.	Asavari Herwardkar	INERALA
20.	Liz Hilton	EMPOWER
21.	Siriporn (Nok) Jaroenchaikun	Thai Lawyer (APCOM)

22.	Giten Khwairakpam	TREATAsia, ANPUD Advisor, former staff 7 Sisters
23.	Sushil Koirala	APN+ staff, GFATM Project
24.	Natt Kraipet	APTN Coordinator
25.	Moi Lee Liaow	APCASO Executive Director
26.	Tony Lisle	UNAIDS
27.	Daniel Marguari	Spiritia, APCASO Council of Representatives member
28.	Malu Marin	7 Sisters Coordinator
29.	Oldri Sherli Mukuan	Youth LEAD Board Member
30.	Satya Rai Nagpaul	APTN, Board Member
31.	Ed Ngoksin	GNP+, Staff Key Populations
32.	Dédé Oetomo	APCOM, Board Member
33.	Razia Narayan Pendse	WHO SEARO
34.	Zhao Pengfei	WHO WPRO
35.	Shiba Phurailatpam	APN+ Coordinator
36.	Midnight Pookasetwattana.	APCOM Executive Director
37.	Shirley Prabhu (May 13)	UNICEF
38.	Manuel da Quinta	UNAIDS
39.	Natisara Rai	National Association of People Living with HIV in Nepal (NAPN+), APN+ Steering Group and WAP+ Core Advisory Group member
40.	Inad Rendon	APCOM, staff
41.	Rhon Reynolds	GNP+
42.	Baby Rivona	Ikatan Perempuan Positif Indonesia (IPPI), Indonesia, WAP+ Core Advisory Group member
43.	Justine Sass	UNESCO
44.	Nashida Sattar	UNDP
45.	Umesh Sharma	ANPUD, Board Member

46.	Josephine Sauvarin	UNFPA
47.	Bettina Schunter	UNICEF, former staff
48.	Edmund Settle	UNDP
49.	Christine Stelliwig	ITPC Executive Director
50.	Omar Syarif	APN+ staff, former JYOTHI staff
51.	Rungrote Tangsurakit	AINA Coordinator
52.	Ruth Morgan Thomas	NSWP
53.	Inthira Tirangkura	UN Women
54.	David Traynor	GFATM
55.	Tracey Tulley	APNSW, Co-coordinator
56.	Kazuki Uji	UNDP
57.	David Valentine	PSI
58.	Aries Valeriano	UNAIDS
59.	Matthew Vaughn	APCOM staff
60.	Marta Vellejo	UNDP
61.	Roy Wadia	APCOM, Board Member
62.	Khthi Win	APNSW, Co-coordinator
63.	APN Steering Committee 1. Wangda Dorji (Bhutan) 2. Joana Radini (Fiji) 3. Aznan Abu Bakar (Singapore) 4. Jeanne Darc Truong (Vietnam)	APN+ Steering Committee

Country Missions Interviews

<u>Cambodia May 19-23</u>

1. Joint Forum of Networks of PLHIV and MARPs (FoNPAMs)
   - ARV Users Association (AUA)
   - Bandahn Chaktamouk (BC)
   - Cambodian People Living with HIV Network (CPN+)
   - CPN+ Positive MSM programme
   - Community of Cambodian Women Living with HIV (unavailable due to family illness)
   - Korsang
   - Women's Network for Unity (WNU)
   - Cambodian Prostitutes Union (CPU)
2. Cambodian Women for Peace and Development (CWPD)
3. SMARTgirl Programme
4. Cambodia Business Coalition on AIDS (CABA)
5. Youth LEAD Focal Point
6. HIV/AIDS Coordinating Committee (HACC)
7. Khmer HIV/AIDS NGO Alliance (KHANA)
8. National AIDS Authority (NAA)
9. National Center for HIV/AIDS Dermatology and STIs (NCHADS)
10. UNAIDS, UNESCO, UNFPA and WHO

<u>Indonesia May 5-9</u>

1. Fokus Muda
2. Jaringan Gay, Waria dan Lelaki yang berhubungan seks dengan Lelaki lain di Indonesia/ The Network of Gay, TG and MSM in Indonesia (GWL-INA)
3. Indonesia AIDS Coalition (IAC)
4. Ikatan Perempuan Positif Indonesia (IPPI)
5. Indonesian Business Coalition on AIDS (IBCA)
6. Indonesian Interfaith Network on AIDS (INTERNA)
7. ISEAN-HIVOS
8. National AIDS Commission (NAC)
   a. Dr Kemal Siregar, Secretary
   b. Dr Fonny Silvanus, Deputy Secretary, Programme
   c. Ms Irawati Atmosukarto, Research and International Partnership Coordinator
9. Organisasi Pekeria Seks Indonesia (OPSI)
10. Persaudaraan Korban Napza Indonesia (PKNI)
11. Spirita
12. UNAIDS, UNDP, UNICEF, UN Women, ILO and WHO

Nepal April 29-May 2

2. Blue Diamond Society (BDS, LGBTI)
3. Business Coalition on Aids in Nepal (BCAN)
4. Jagrithi Mahila Malasang Society (JMMS) Motivated Women's Big Agency (Sex Workers)
5. National Association of People Living with HIV in Nepal (NAPN+)
6. National Federation of Women Living with HIV
7. National Harm Reduction Association
8. National NGO Networks Group Against AIDS Nepal (NANGAN)
9. Young Persons from Key Affected Populations (YKAP)
10. Nepal Interfaith Movement
11. National Centre for AIDS and STD Control
    a. Dr. Diperda Rana Singh
    b. Dr. Hemant Chandra Ojha
    c. Mr. Shabmu Kafle
12. Ministry of Health and Population
    a. Dr. Parveen Mishra, Secretary of Health and Population and Chair of CCM
    b. Gokarn Bhatta, CCM Coordinator
13. Family Health International 360
14. Save the Children, Nepal
15. International Organisation for Migration (IOM)
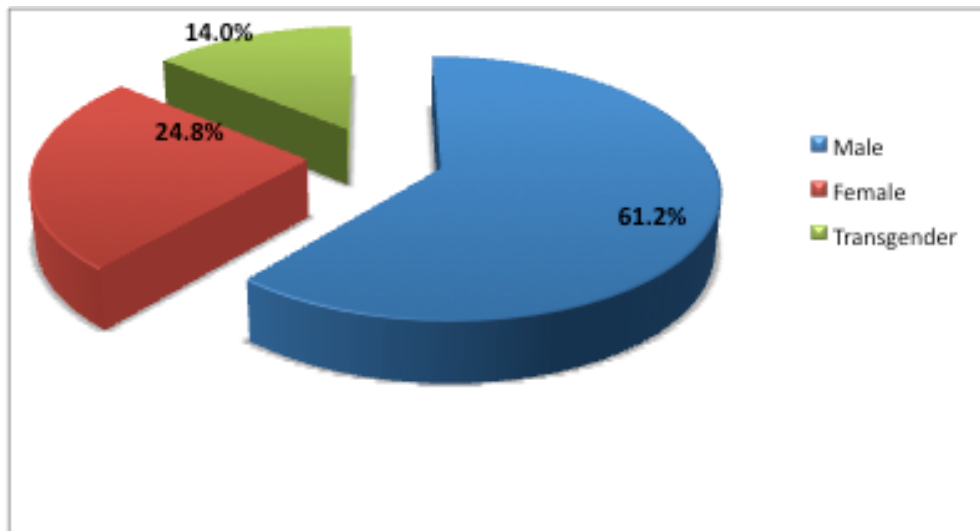16. UNAIDS and Cosponsors (UNFPA, UNODC, and WHO)
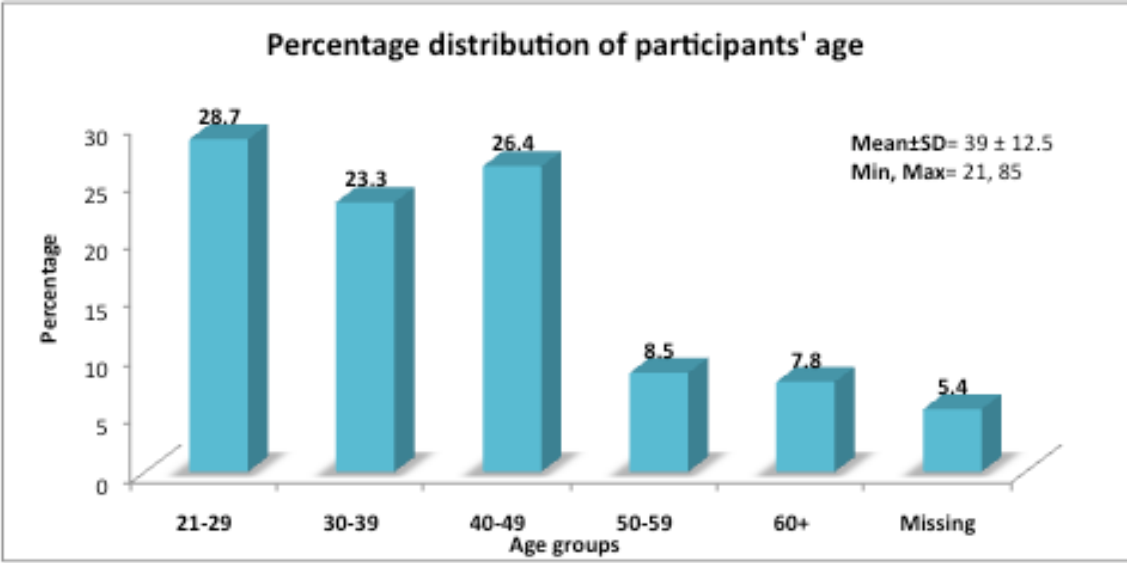
Annex 4 Online Survey Results

A. National Network Partner Survey Results:
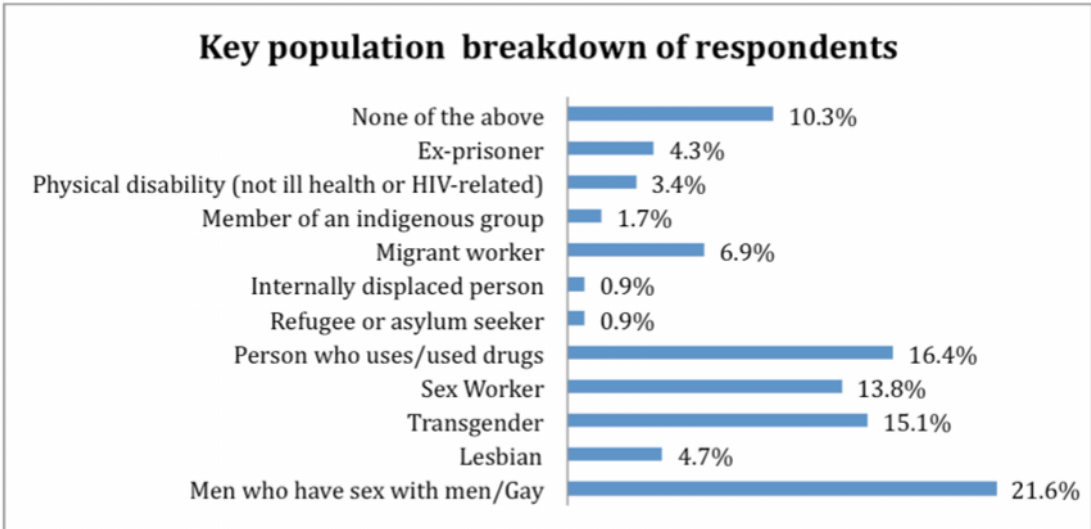
How did you hear about the online survey? N=141
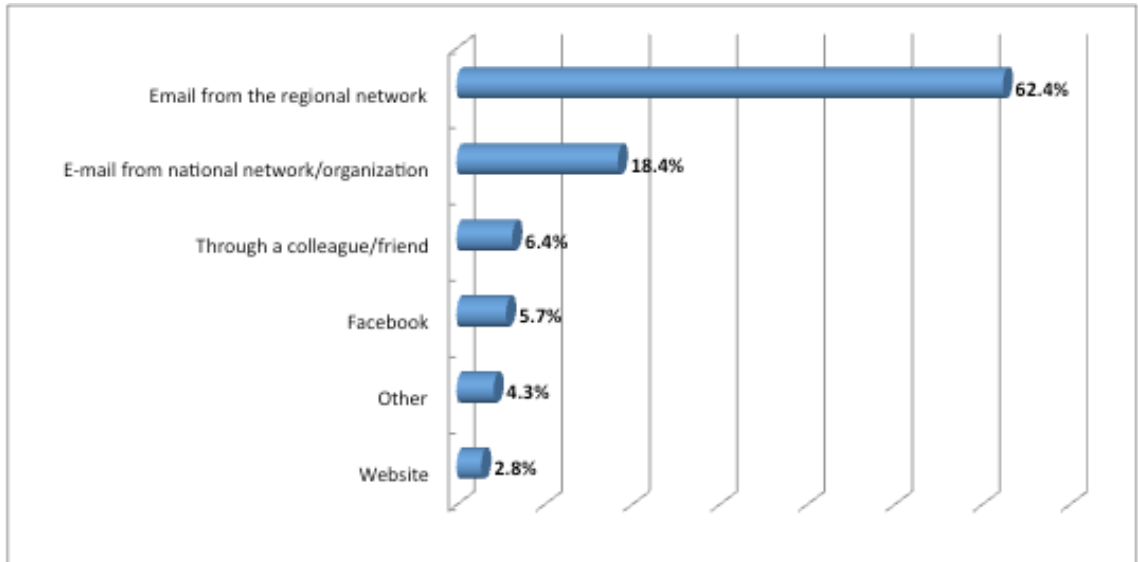
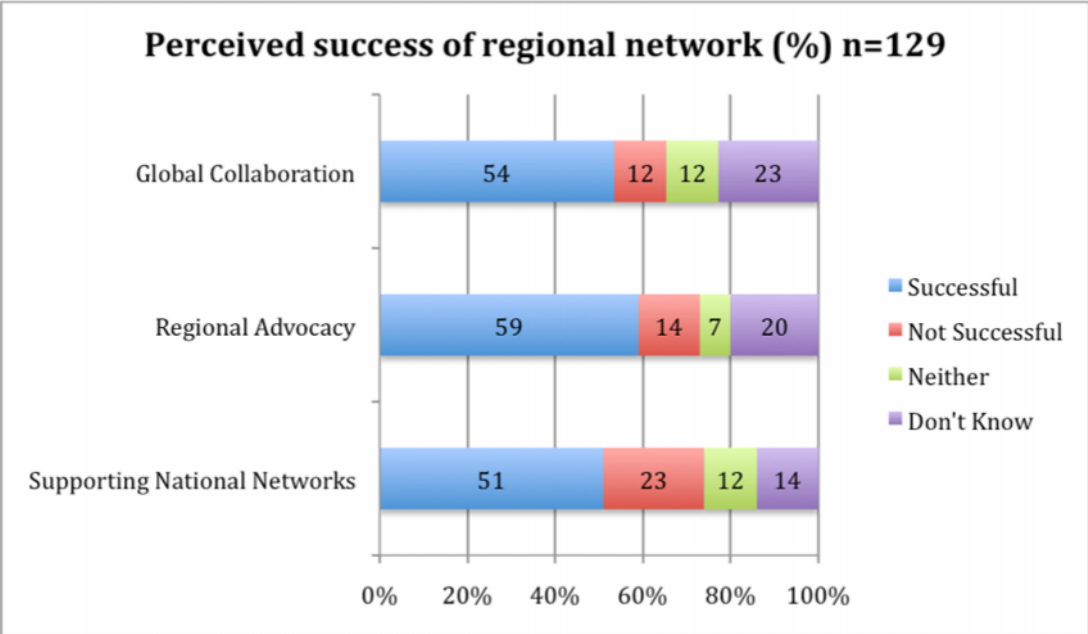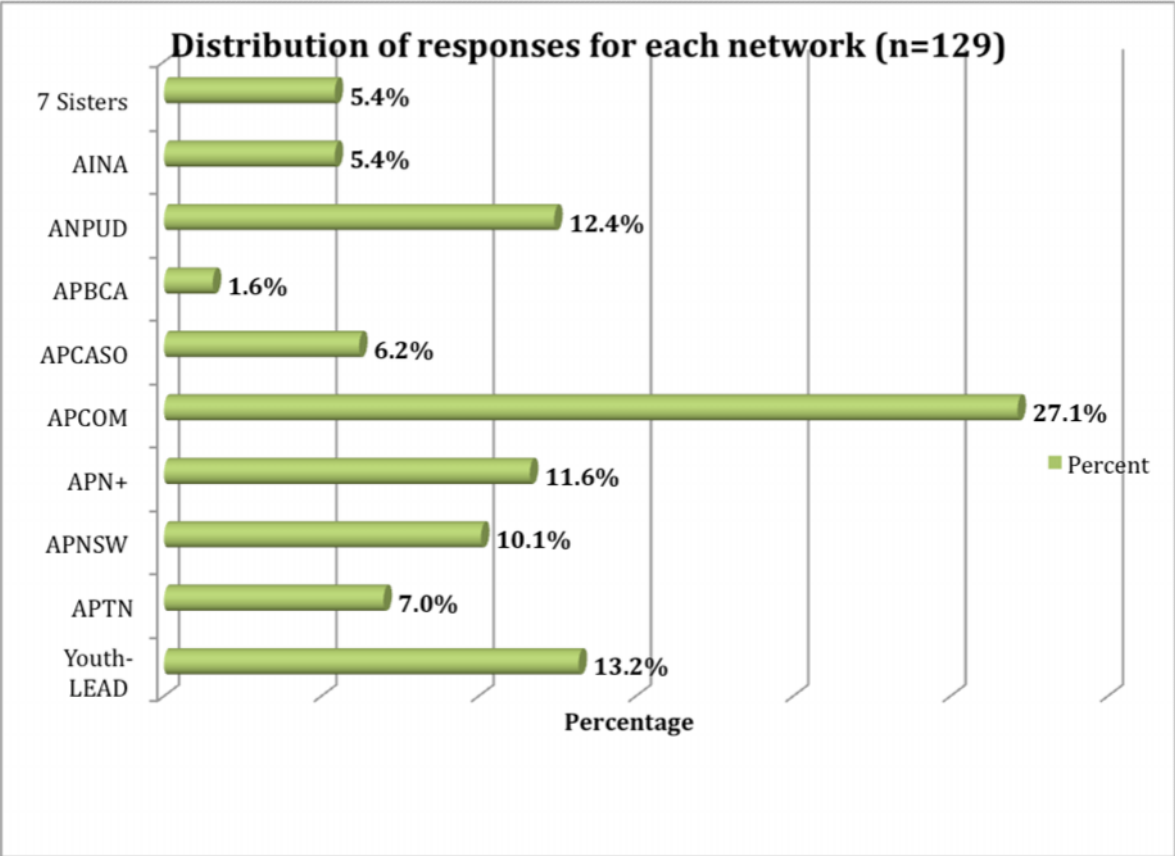
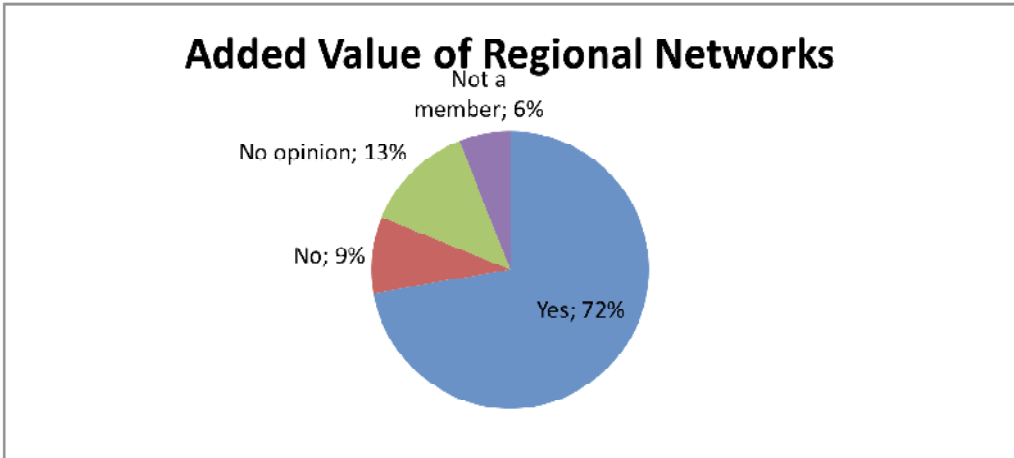Q2. Distribution of gender for respondents. N=141
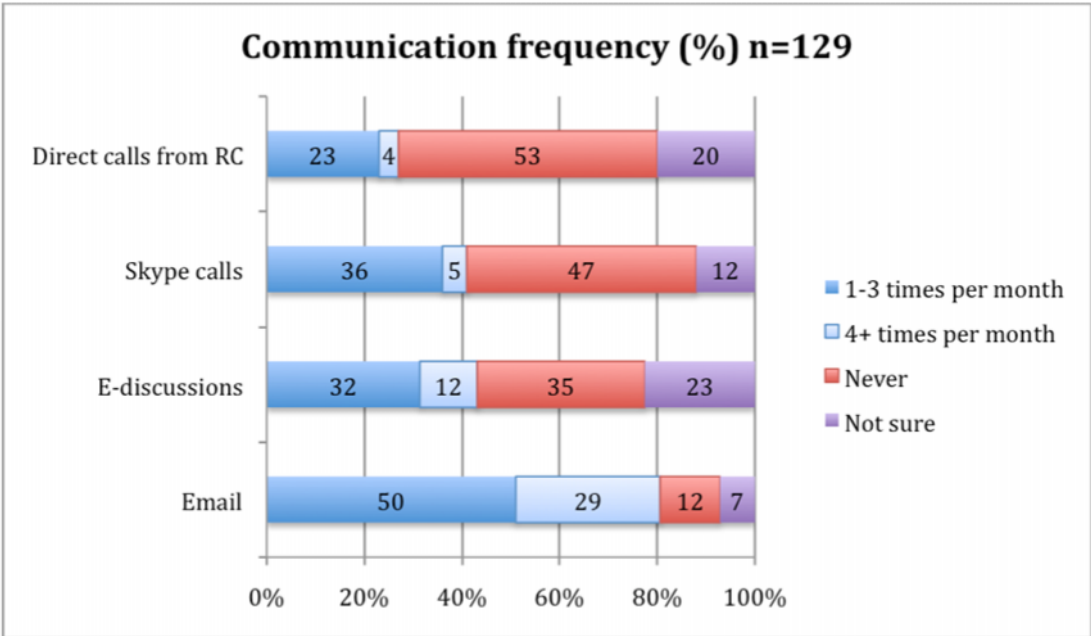
Mean Age: 39±12.5 years old

Founder of Regional Network: 19% (n=120)

Founder of National Network: 43% (n=119)

Distribution of responses for each network (n=129)
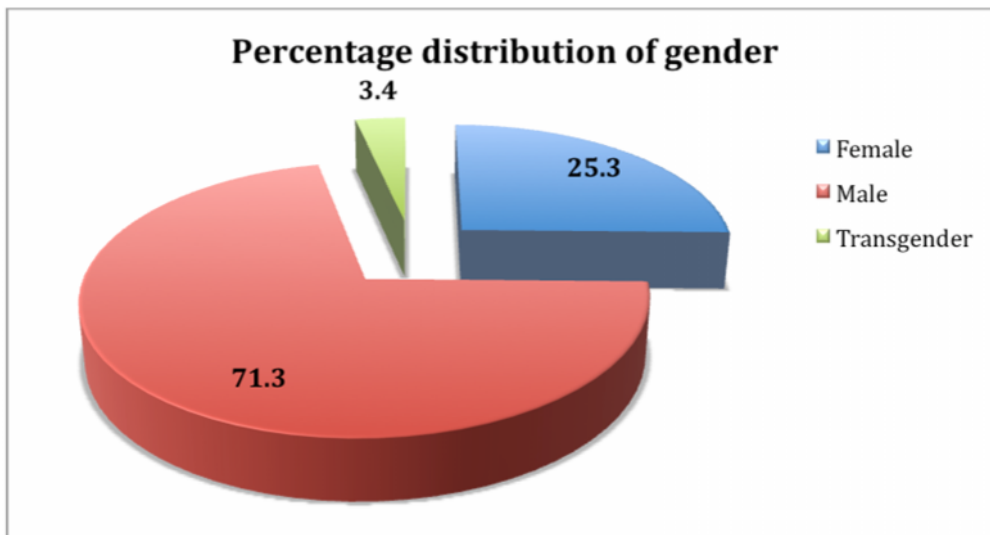
Network	Percent
7 Sisters	5.4%
AINA	5.4%
ANPUD	12.4%
APBCA	1.6%
APCASO	6.2%
APCOM	27.1%
APN+	11.6%
APNSW	10.1%
APTN	7.0%
Youth-LEAD	13.2%

Percentage

Perceived success of regional network (%) n=129

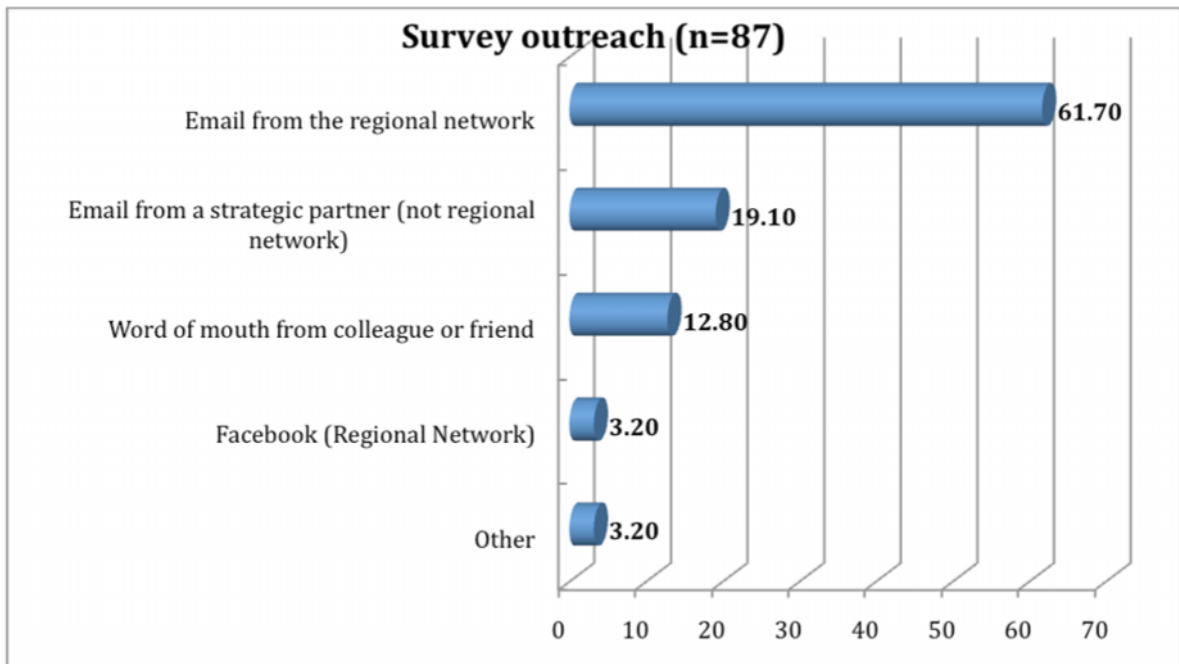|	Successful	Not Successful	Neither	Don't Know
Global Collaboration	54	12	12	23
Regional Advocacy	59	14	7	20
Supporting National Networks	51	23	12	14

Note: 1 in 5 persons don't have any knowledge on regional advocacy or global collaboration.

Communication frequency (%) n=129

	1-3 times per month	4+ times per month	Never	Not sure
Direct calls from RC	23	4	53	20
Skype calls	36	5	47	12
E-discussions	32	12	35	23
Email	50	29	12	7

Added Value of Regional Networks

Not a member; 6%
No opinion; 13%
No; 9%
Yes; 72%

STRATEGIC PARTNERS SURVEY RESULTS (n=87)

Survey outreach (n=87)

Source	Percentage
Email from the regional network	61.70
Email from a strategic partner (not regional network)	19.10
Word of mouth from colleague or friend	12.80
Facebook (Regional Network)	3.20
Other	3.20

Percentage distribution of gender

Female: 25.3
Male: 71.3
Transgender: 3.4

Percentage distribution of participants' age

Mean±SD = 41.95±11.68
MinMean, Max = 19, 99

Responses for each network (%)

Responses by partner (%)

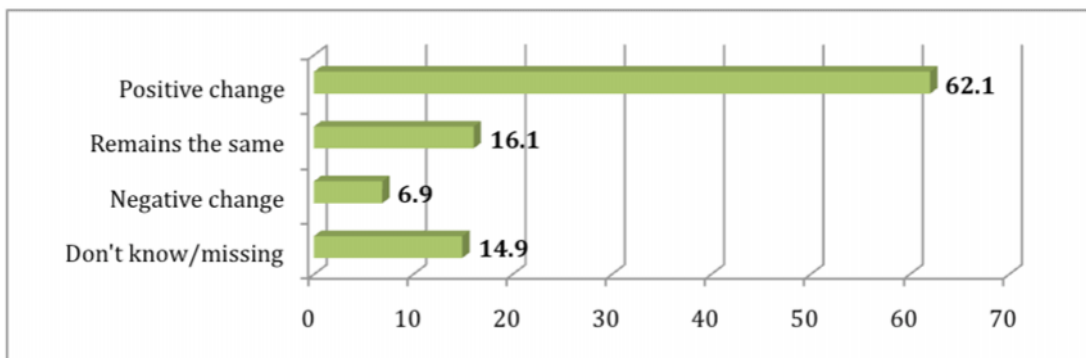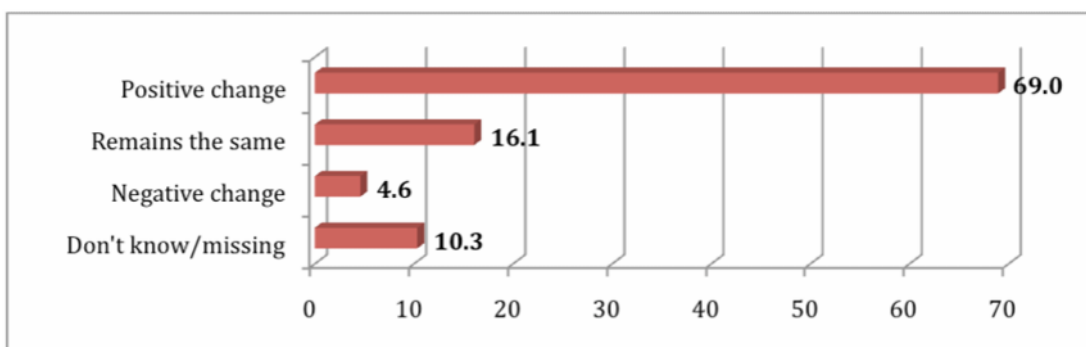| Partner	Percentage
Others (advisors, supporters)	35.6
Staff /Board (current/past)	29.9
UN	14.9
Global partner/fund	9.2
Tech Strategic Partner	9.2

Percentage

<u>Changes over the past five years in regional networks according to strategic partners</u>

Governance and Accountability

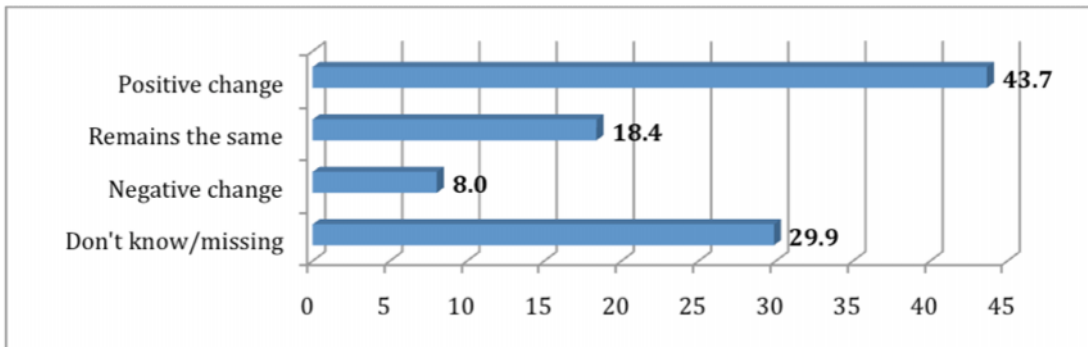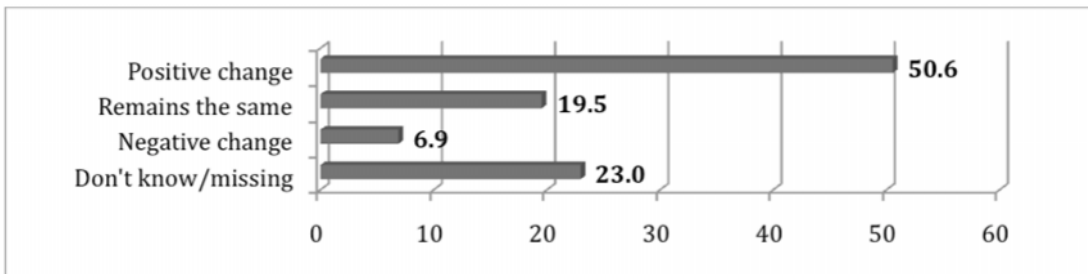|	Percentage
Positive change	62.1
Remains the same	16.1
Negative change	6.9
Don't know/missing	14.9

Strategic Planning

	Percentage
Positive change	69.0
Remains the same	16.1
Negative change	4.6
Don't know/missing	10.3

75

Operational Planning and Implementation

Category	Value
Positive change	62.1
Remains the same	19.5
Negative change	5.7
Don't know/missing	12.6
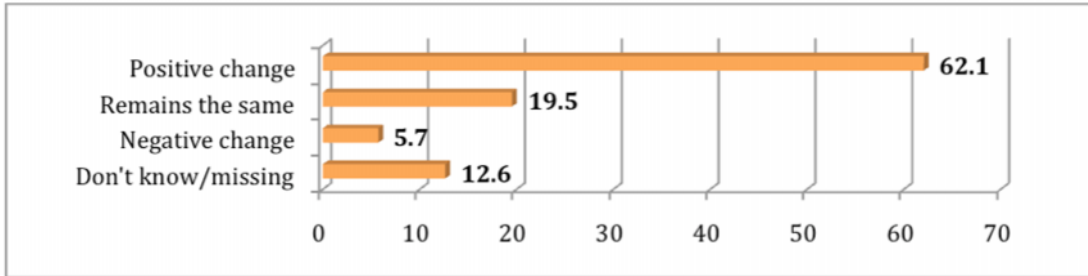
Policy Guidelines for Internal Operations

Category	Value
Positive change	43.7
Remains the same	18.4
Negative change	8.0
Don't know/missing	29.9

Communications

Category	Value
Positive change	50.6
Remains the same	19.5
Negative change	6.9
Don't know/missing	23.0

Budget and Financing

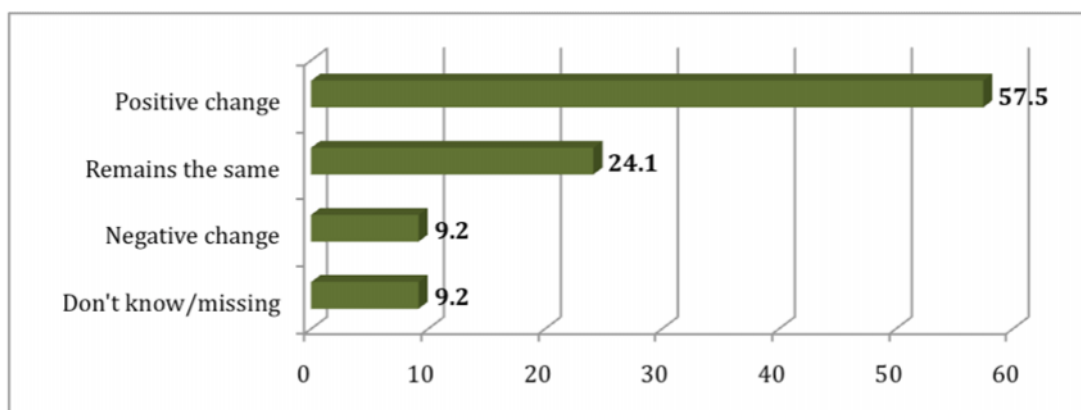| Category	Value
Positive change	43.7
Remains the same	17.2
Negative change	6.9
Don't know/missing	32.2
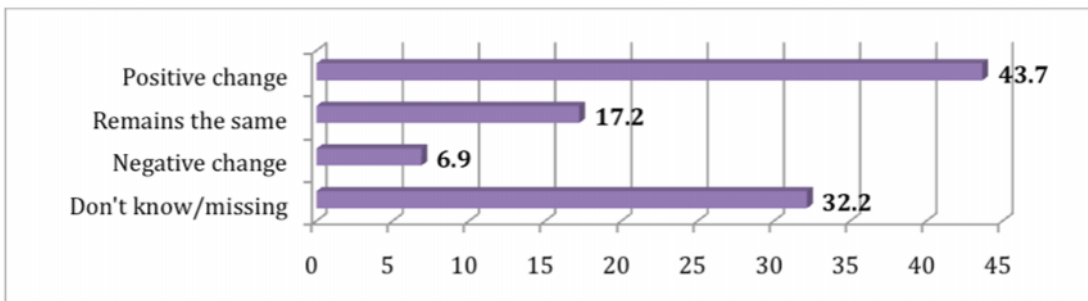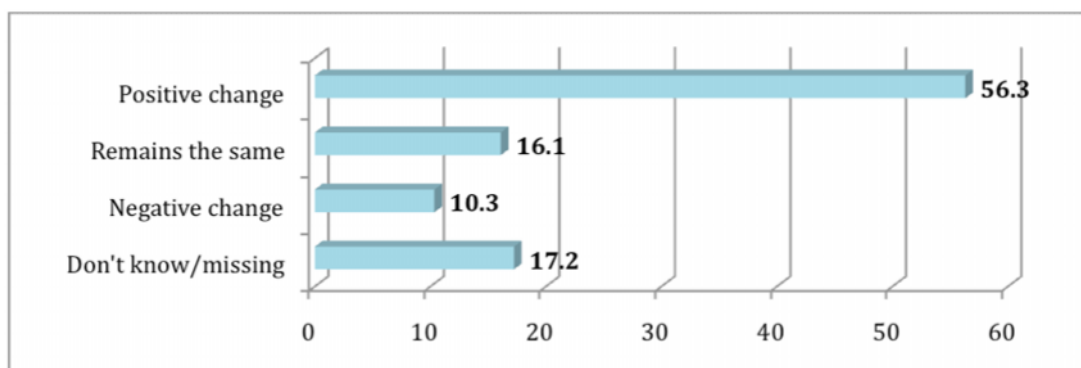
Fundraising

Staff (capacity and skills)

Ranking of five top priority areas for the regional network to deliver on over the next 3 to 5 years:

1. *Fundraising and supporting national networks: 22.3%*
2. *Influencing regional policy on HIV and key populations (MSM, SW, PUD, and TG): 20.9%*
3. *Governance and accountability: 13.0%*
4. *Organisational management and effective staff: 12.6%*
5. *Delivering on the strategic plan: 12.6%*

Areas in which regional networks provide support to national network