LEADERSHIP FOR RESULTS
UNDP's response to HIV/AIDS

UN
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**LEADERSHIP DEVELOPMENT PROGRAMME
IMPLEMENTATION GUIDE**

The Answer Lies Within

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Foreword

This document on transformational leadership development is one of several products the HIV/AIDS Group in the United Nations Development Programme (UNDP) has produced in early 2005.

The Leadership Development Programme aims to develop thousands of leaders around the world, and allow them to explore their own potential as well as the transformation of their organizations, institutions and societies. The programme provides sustainable solutions to the most pressing development challenges. It is based on the current best theories and practices for developing leadership, calling forth the capacity to initiate and maintain profound change.

To date, Leadership Development Programmes have been launched and carried out successfully in more than 30 countries, generating over 700 initiatives. They have created such resonance that UNDP now has to meet increasing interest and demand. This implementation guide facilitates the process of taking the programme worldwide with the aim of strengthening the capacities of individuals, institutions, governments, civil society organizations (CSOs), development agencies and communities to generate an effective response to HIV/AIDS and other development challenges.

The implementation guide is a tool that contains useful information for HIV/AIDS Group members, coaches, UNDP Country Offices and interested partners who will be rolling out Leadership Development Programmes.

I acknowledge UNDP colleagues – Resident Representatives, Deputy Resident Representatives and Programme Officers – and government partners in all countries where this programme has been implemented for their untiring efforts to foster partnerships, and create platforms for action and results through the Leadership Development Programme. These countries include Argentina, Barbados, Botswana, Cambodia, Cape Verde, China, Cuba, Dominican Republic, Ecuador, Eritrea, El Salvador, Ethiopia, Gambia, Ghana, Guyana, Haiti, Honduras, India, Jamaica, Lesotho, Malaysia, Nigeria, Nepal, Panama, Papua New Guinea, Russia, Senegal, South Africa, St. Kitts and Nevis, Sudan, Suriname, Swaziland, Togo, Trinidad and Tobago, and Ukraine.

I thank the world-class leadership consultants. These 15 extraordinary experts have demonstrated commitment and professionalism throughout the time they have worked with UNDP. I would like to particularly thank Allan Henderson, Joseph Friedman and Linda Gioja for their excellent contribution to this implementation guide.

My special thanks and congratulations to the members of the HIV/AIDS Group, our team at headquarters and in the field, who have decided to dedicate their expertise and invest their time to take up the unaddressed challenges relating to institutional inertia and the underlying causes that fuel the HIV/AIDS epidemic.

I express my profound gratitude to my colleagues Moustapha Gueye and Serra Reid for believing in this work, and for their courage to engage in this process with great professionalism, and Caty Fall Sarr for her commitment and for investing her energies to see results happen on the ground.

Moustapha, Caty and I produced this guide. The section on Arts and Media was prepared by Gulan Kripalani and the one on Development Planning and Implementation by Joseph Annan. Many thanks to all for the great work!

Monica Shar

Monica Sharma

Director
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1. Introduction

Leadership can be defined as the capacity to inspire others to action. Leadership, defined not as a noun but as a verb, is speaking and listening in a way that enables individuals participating in the conversation to act to create future life conditions that were not predictable at the start of the conversation. Leadership in this sense is critical for the development of individuals, organizations and societies.

UNDP's Leadership Development Programme is transformational, and contrasts with the prevailing notion that leadership is associated with high-profile public figures who make public speeches and attend high-level meetings. Instead of focusing on improving managerial capacities and styles, the programme includes theories and practices of distinction, leadership conversations for effectiveness in businesses and government, emotional intelligence competencies, and cognitive maps for understanding complexities and organizational development. Based on taking a stand and a commitment to producing results, it allows true leaders to take risks and overcome obstacles. It also empowers and strengthens the capacity to seek innovative responses and take effective actions.

The end result of transformational leadership is empowering others to take more initiative in their work, inspiring them to be more committed and building their self-confidence.

The international community has acknowledged that HIV/AIDS is the biggest development challenge human beings are currently facing and will most likely continue to face in the coming decades. The June 2001 United Nations General Assembly Special Session (UNGASS) Declaration of Commitment stressed: *"Strong leadership at all levels of society is essential for an effective response to the epidemic. Leadership involves personal commitment and concrete action."*

> The new leadership challenge is to perceive and actualize emerging opportunities. Real power or influence comes from the ability to recognize and adaptively respond to the patterns of change. The task of a leader is to recognize these emerging patterns and position herself/himself, personally and organizationally, as part of a larger generative force that will reshape the current landscape in order to achieve the sustainable results desired. The challenge for leaders is to develop 'knowledge for action'.
>
> **Chris Argyris**

A key principle central to this perspective is that leadership resides in every one – and therefore can be nourished and developed. Leadership in this new sense is not necessarily associated with rank and position, but is intrinsically associated with qualities such as spirit or energy, patience, perseverance, vision and innovation. It may be defined as shaping 'life-enhancing' conditions (Fritjof Capra), and is both deeply personal and inherently collective (Peter Senge). Transformational leadership as conceived and presented in the Leadership Development Programme (LDP) insists on crafting complex responses to complex challenges like HIV/AIDS. It involves individuals tapping into their sources of inspiration, and it involves collectives actualizing emerging futures. The work of great leaders in the 21st century is to enable these new social spaces to emerge.

Leadership can be further defined as the capacity to inspire others to action. Leadership in this sense is critical for the development of individuals, organizations and societies. Transformational leadership is a way of leading in which the leader is a learner, servant and teacher. S/he is a trail-blazer and mapmaker. S/he is concerned not only with improving conditions within existing frameworks and mindsets, but also with going one step further to design and lead processes that shift the frameworks and mindsets themselves.

Since 2002, working with leading practitioners, UNDP has initiated the Leadership Development Programme in over 30 countries–Argentina, Barbados, Botswana, Cambodia, Cape Verde, China, Cuba, Dominican Republic, Ecuador, Eritrea, El Salvador, Ethiopia, Gambia, Ghana, Guyana, Haiti, Honduras, India, Jamaica, Lesotho, Malaysia, Nigeria, Nepal, Panama, Papua New Guinea, Russia, Senegal, South Africa, St. Kitts and Nevis, Sudan, Suriname, Swaziland, Togo, Trinidad and Tobago, and Ukraine. The programme, which focuses on achieving results, brings together leaders from government, civil society, and the business sector to generate individual and collective commitment and breakthrough actions that respond to the epidemic, address its underlying causes and empower others to act.

Ultimately, the programme aims to develop thousands of leaders around the planet who are able to discover their personal transformation, as well as the transformation of their organizations, institutions and societies. These are leaders who are able to provide durable solutions to the world's most pressing challenges, including HIV/AIDS.

UNDP's Leadership for Development Programme is part of the LDP strategy, composed of four mutually reinforcing programmes[1] with specific goals that progressively build leadership and institutional capacity over a three-year period.

Leadership for Results: A Set of Synergistic Initiatives

A.
- ❑ CCE reaches finite numbers directly
- ❑ Media can reach millions
- ❑ Stories of community decisions and actions reflected in all media inspire change nationwide

B.
- ❑ LDP reaches finite numbers directly
- ❑ Media can reach millions
- ❑ Media leaders participate in LDP
- ❑ Stories of LDP regional projects and leaders reflected in all media inspire change nationwide

C.
- ❑ CCE National Expert Team participate in LDP to enhance each initiative

D – F.
- ❑ Integrate community conversations and voices in national and subnational strategic plans
- ❑ National and subnational planners participate in LDP
- ❑ Media reflect societal concerns that are integrated into national and subnational plans

[1] 1. The Leadership Development Programme, which develops individual and organizational capacities to take action and achieve results; 2. Development Planning and Implementation, which focuses on inclusive and empowering planning and implementation at national and local levels; 3. Community Capacity Enhancement, which addresses underlying socio-cultural causes and adds people's voices to policy; 4. Arts and Media, that transforms the discourse around HIV/AIDS and generates new icons for social change.

2. Conceptual Foundation

The Leadership Development Programme is based on the understanding that the level of learning necessary to develop transformational leaders goes beyond sharing theories, learning techniques or gathering information. Transformational leadership development is a process that actually works at a level deep enough to shift who people are, not just what they know.

The programme is for individuals who are ready and willing to expand their view of what is possible for themselves, their organization and their society. It is for individuals, no matter how well trained or credentialed, who are willing to be learners and engage in a process of profound personal growth, and who have a deep commitment to taking effective, urgent action.

The programme builds leadership competencies using theories and practices of distinction; conversations for effectiveness, action and results; emotional intelligence competencies; and mental maps for understanding complexities and organizational development. The methodology builds on the work of Daniel Goleman and Fernando Flores among others, as well as upon the thinking of Ken Wilber, Rensis Likert and Peter Senge.

Distinctions

A distinction is a phenomenon in the domain of *languaging* that generates an opening for action and a freedom to be.

Distinguishing is not defining. It is not dividing, separating or cleaving. It is an act of bringing something forth from an undifferentiated background, creating or generating something that has a possibility of occurring.

Distinctions organize and shape perceptions. Since behaviour flows from our perceptions, generating new distinctions is a powerful force for profound change and transformation. An example of a cognitive distinction is the term 'completion'. Until the experience to which the word 'completion' refers is distinguished from a similar experience that can be labelled 'finished', the experience cannot be perceived. Another way of saying this is that a distinction allows something to 'show up as missing'. Until then, it is merely absent.

Mental Maps

Mental maps are assumptions and frames of reference. Maps help us explain certain aspects of reality. They are about the way we see the world not in terms of our usual sense of sight, but in terms of perceiving, understanding and interpreting. The way we see things is the source of the way we think and the way we act (Covey). As human beings, we have many maps in our heads. Experiencing different ones will generate different perspectives of the same situation/reality, different attitudes and different behaviours. Some of the maps used in the Leadership Development Programme were developed by Likert/Emberling ('Five Evolutionary Levels of Organizational Development') and Ken Wilber ('Integral Framework')

Conversations

A conversation always consists of two distinct activities: speaking and listening. Talk all you want to, Fernando Flores says, but if you want to act powerfully, you need to master 'speech acts': language rituals that build trust between colleagues and customers, word practices that open your eyes to new possibilities. Speech acts are powerful because most of the actions that people engage in – in business, marriage, parenting – are carried out through conversation. But most people speak without intention; they simply say whatever comes to mind. Speak with intention, and your actions take on new purpose. Speak with power, and you act with power (Harriet Rubin). The Leadership Development Programme incorporates the practice of leadership conversations based on the work of Flores, including conversations for generating relationship, possibility, opportunity, action, accomplishment, clarity and appreciation.

Emotional Intelligence Competencies

Studies indicate that emotional intelligence is as important for leadership competence as technical knowledge and Intelligence Quotient combined. Emotional intelligence enables leaders to more effectively deal with their own internal responses and state of mind, as well as more effectively interact with others. It is not about emotions; in fact, intelligence for
decision-making is highly correlated with both individual and institutional success. In collaboration with Daniel Goleman and Richard Boyatzis, Annie McKee and Fran Johnston have developed a framework and practices that form the basis of profound positive change in individuals and in organizations. The four emotional intelligence competencies within the framework include: self-awareness, self-management, social awareness and relationship skills.

Breakthroughs

A breakthrough happens when one achieves something that was previously seen as impossible for the community one serves. During the Leadership Development Programme, participants in small teams form breakthrough initiatives that are laboratories for trying out new ideas and methodologies, and vehicles for producing measurable results. Breakthrough initiatives must fulfil certain criteria including: leverage, visibility and measurability, producing near-term results, going beyond 'business as usal' (e.g., reflecting velocity, productivity, innovation, effectiveness, participation, impact, efficiency).

> The definition of insanity is to do the same thing over and over again, and expect different results.
>
> **Rita Mae Brown**

3. Country Programme Roll–Out

The Leadership Development Programme is intended to support the national HIV/AIDS response and is situated within the framework of the national strategic plan. The programme is jointly implemented by UNDP and the national HIV/AIDS multisector coordinating body, with full involvement of the United Nations system as a strategy to boost implementation of UNGASS goals and the Millennium Development Goals (MDGs).

The programme which is facilitated by a leadership coach with extensive experience in developing leaders and organizations, is designed to be rolled out over three years. **Year One** is geared towards enrolment, ownership and launching. **Year Two** aims at consolidating, developing capacities and involving ministries. **Year Three** is the exit strategy year and involves nationwide scaling up and enhanced South-South collaboration. The scale-up strategy must allow for dialogue between influential decision makers and action on an HIV/AIDS agenda.[2]

Overall Objectives

The Transformational Leadership Development Programmes focus on specific results such as:

❑ Developing national capacity at the local level (with equal participation of women and men);

❑ Reinforcing civil society leadership to support the HIV/AIDS response at the local level (in equal numbers of women and men);

❑ Enhancing the Resident Coordinator System, the United Nations Theme Group (HIV/AIDS), and the United Nations Country Team

More specifically, the programme helps participants to:

❑ Design, take and follow through on effective action to achieve the four UNGASS goals of prevention, care, support and treatment, impact mitigation, and reduction of vulnerability;

❑ Move from process orientation to result oriented;

❑ Discover and invent ways to change attitudes and assumptions that perpetuate stigma, discrimination, denial, and silence;

❑ Learn how to shift people and organizations from resignation and paralysis to a sense of possibility and urgency for action;

❑ Enhance existing effective leadership qualities and acquire new skills and qualities to bring to bear on HIV/AIDS programming, such as how to increase ownership for intentions and results;

❑ Bring stakeholders together to form effective, results-oriented coalitions;

❑ Inform and empower the work on planning and implementation at national and sub-national levels.

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[2] See Annex III

Expected Results

Greater will, an initiative to create, and critical thinking about self and society emerge from the Leadership Development Programme. Emotional intelligence competencies develop. The ability to design strategic initiatives, projects and processes for durable change is exercised, in addition to the capacity to think, to speak compassionately, to listen, to inspire and to mobilize others into effective action on HIV/AIDS. New levels of relationship among people, organizations and institutions are created.

The specific outcomes that can be attained are:

❑ Breakthrough results;

❑ Creativity, innovation, and risk taking;

❑ Commitment to quality;

❑ Team effectiveness;

❑ Open and honest communication;

❑ Mutual understanding, respect and appreciation;

❑ Creation of a new future representing a new and better quality of life for individuals, institutions and communities.

Overview of the Leadership Development Programme
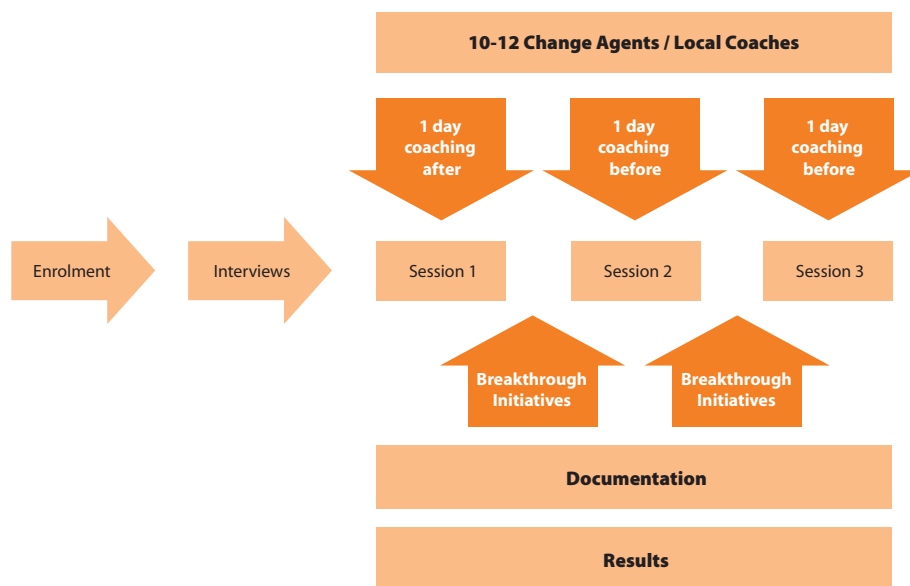
6-9 Months Programme 3 Sessions of 3 days 120-150 Participants

Enrolment

This phase happens during the first visit to a country. The main objective is to introduce the Leadership Development Programme and build a network of influential individuals from the UN, government, development partners, civil society and the private sector who will become engaged in standing for the vision of the programme to support breakthrough results in the response to HIV/AIDS.

The schedule of the enrolment visit involves a series of activities:

❑ Briefing meetings with UNDP staff including Resident Representatives and Deputy Resident Representatives, members of the UN Theme Group on HIV/AIDS, national HIV/AIDS coordinating body staff members, influential bilateral donors, selected ministers and permanent secretaries, and non-governmental organizations (NGOs), including women's organizations and groups of people living with HIV/AIDS. Such meetings include powerpoint presentations of the programme.

❑ A six-hour workshop to introduce selected distinctions and mental maps to inspire stakeholders, as well as to have them see the programme as an opportunity for themselves and their country, and commit to be full partners in the phases to come;

❑ A final debriefing session with UNDP staff, including the Resident Representative and Deputy Resident Representative, that should outline agreed next steps, including who will do what regarding local coordination of the programme and funding/fundraising.

> Great leaders develop the ability to pay attention to the 'attention' and 'listening' of people they are speaking to.

THE CHALLENGES OF ENROLMENT

The challenges reside in:

❑ Helping people see opportunity where there is resignation;

❑ Helping people who live and work in an environment where they often feel incomplete engage in a vision;

❑ Developing competencies and skills for speaking in potential partners' languages, and listening to oneself and to others;

❑ Learning to inspire and share, which is particularly difficult in organizations where the culture opposes listening, speaking and sharing in an authentic way.

The resource persons from the HIV/AIDS Group and UNDP Regional Bureaus should be:

❑ Great enrollers for Leadership Development Programmes;

❑ Excellent in design work (phase 1, phase 2, phase 3);

❑ Able to be counted upon;

❑ Sources of inspiration and managers of external resource persons;

❑ Able to set up a process to measure results and document processes.

When conducting enrolment **country visits,** the following **documents** must be shared with UNDP Country Offices, government officials, participants of the programme and others:

❑ Advocacy Pack

❑ Information Documents

❑ Human Development Viewpoints:

  – Leadership Development Programme

  – Community Capacity Enhancement

  – Development Planning and Implementation

  – Arts and Media

❑ Strategy Notes

  – Leadership Development Programme

❑ Leadership Development Programme Implementation Guide

❑ Strategic Results Framework

❑ HIV component of Multi-Year Funding Framework

❑ AIDS and HIV: Information for UN employees and their families

❑ Book on ' We Care'

❑ UNGASS Declaration

❑ Executive Board Agreement

Enrolment allows one to build partnerships, manage breakdowns, and ensure national ownership of programmes and initiatives.

Leadership Development Programme Themes

The Leadership Development Programme takes into account the following fundamental human rights values:

- ❏ Non-discrimination;
- ❏ Equality;
- ❏ Equity;
- ❏ Human dignity;
- ❏ Accountability;
- ❏ Participation;
- ❏ Non-violence.

In addition, it addresses major themes related to HIV/AIDS:

- ❏ Men and women assuming responsibility for safe sex;
- ❏ Incorporating learning to transform relationships in the family;
- ❏ Incorporating learning to transform the workplace;
- ❏ Overcoming institutional inertia and generating a response;
- ❏ Caring and care for those affected and infected;
- ❏ Addressing stigma and discrimination;
- ❏ Breaking the silence and dealing with denial;
- ❏ Issues specific to women, girls and HIV.

Interviews

Prior to large group sessions, the leadership coach meets with as many of the participants as feasible and conducts one-on-one and small group interviews.

Since the input of the interviewees will help tailor the programme to the country's specific needs, they should be chosen based on their understanding of the epidemic in their country, and their willingness to actively invest their time and energy to make the entire programme a success.

Letters of invitation must be sent, and interviews arranged in order to:

❑ Enrol and start building buy-in and generating a community of commitment for the launch of the programme;

❑ Understand and appreciate the current situation in the country;

❑ Have a sense of the key challenges, and provide a chance for participants to express their hopes and concerns for their country, their organizations, and their work on HIV/AIDS;

❑ Know what is happening in relation to the eight themes;

❑ Define results areas.

The leadership coach must produce a report of the interviews as a baseline with clearly *defined result areas* for the programme.

The knowledge and experience of the interviews should help:

❑ Discover 'what's missing' in the country and identify the country's unique strengths;

❑ Guide the programme's design so that it best provides an answer to the country's HIV/AIDS challenges;

❑ Allow the agenda to take into account the particular opportunities and needs of the country and the participating organizations;

❑ Identify specific results areas for the success of the programme.

In the interviews, it is critical to be aware that one will hear mostly interpretations; some empowering and some disempowering. It is critical not to believe these interpretations.

Overview and Summary of Sessions

By combining seminars, concrete initiatives, group management and coaching, the programme empowers participants to create for themselves a culture of trust, cooperation, communication and results. Based on country requests, one or two back-to-back programmes are delivered, with 120–150 participants in each group. Each programme consists of three, three-day sessions over the course of six to nine months. The six to eight week inter-cession period focuses on action–learning and application of methodologies through *breakthrough initiatives*.

The entire programme is about education, training, consultation and coaching. It produces immediate results and addresses urgent situations. But more importantly, it generates sustainable long-term results. This is particularly important in today's prevalent culture, which focuses on quick-fix, short-term solutions. Ultimately, the power of this programme is in giving people access to generate breakthroughs–unprecedented, unpredictable leaps in effectiveness that fundamentally alter individuals, organizations and societies.

A summary description of the sessions' content follows:

Session I: Making What Seems Impossible, Possible

Day One: Building the Foundation

By the end of day one, participants will begin to develop strong working/learning relationships with each other. They will have a good sense of the programme and a good coaching/educational relationship with the leadership coach. They will learn the distinction of **listening as the access to being** and initiate the practice of **listening to their listening.** They will be clear on the distinction of **breakthrough** and on the kind of learning essential to have breakthroughs **(don't know, don't know)**. This will entail an introduction to the **'three circles'** framework, describing the source of results and action. An introduction to the **leadership conversations for accomplishment** will be followed by practising the **conversations for relationship and for possibility.** Participants will engage deeply with the basic facts of the epidemic and participate in an experiential process concerning HIV/AIDS. The day will end in a mood of possibility.

Day Two: Critical Thinking and Creating Possibility

Participants will deepen their understanding of the distinctions of **'listening' and 'possibility'**, and practise listening to the listening and generating conversations for possibility. They will have begin to learn and work with the **Four Quadrants** model as a key tool in critical thinking, and to practice **distinguishing fact and interpretation** and deliberately creating empowering interpretations. Participants will starte to see that leaders help people build hope by helping them to recognize the ways of interpreting their problems that give them no power to act. Leaders create hope by helping people construct new ways of interpreting the same problems that give them openings for action. Participants will learn how to interrupt the **vicious circles** we all get imprisoned in, where everything that happens is interpreted in a way that merely reinforces our biases, prejudices and foregone conclusions. They will begin to understand the power of 'stand' and the ability to take a stand as the key leadership skill.

Day Three: From Possibility to Breakthrough Commitment

Participants will learn to create commitment statements that are inspiring and visionary, rather than merely talking about "fixing what is wrong." They will put together all the skills learned so far in the program to craft and declare breakthrough commitments that are genuine visionary stands. They will learn and practice the distinction "declaration" as the access to breakthrough, and practice speaking and listening for possibility. They will leave with a mandate to work together in their teams and a) share their vision widely and b) explore together how to translate that vision into a concrete initiative.

Session II: Being in Action

Day Four: Leadership Conversation

Participants will study the **emotional intelligence** and **Likert/Emberling models** and integrate them with the Wilber Four Quadrant map. They will s**elf evaluate for each sort of competency** and identify a developmental focus in each area that they would be willing to be coached on. They will learn a set of new distinctions and new practices to develop self-awareness and self-management, e.g.:

- ❑ Shift listening/speaking from **complaint to commitment;**
- ❑ Shift listening speaking from **blame to personal responsibility;**
- ❑ Shift listening/speaking from **what's wrong to what's missing;**
- ❑ **Completion**

They will be introduced to and begin to practice **coaching.**

Day Five: Designing Strategic Actions

Day five provides opportunities to learn the distinctions of high-performance and emotionally intelligent teams, and **form teams** at that level. Participants will learn new concepts in strategic design, and develop clear and powerful **breakthrough initiatives** with clear and measurable results/objectives. They will **stand publicly** for the results of their breakthrough initiatives.

Day Six: Breakthroughs, Breakdowns and Creative Tension

Participants will learn the difference in the **domain of something at stake versus nothing at stake.** They will be coached in meeting design and **management effectiveness, create action plans**, and **practice coaching** and receiving team coaching. **Breakthroughs lead to Breakdowns** and **Creative Tension**.

Session III: Generating and Sustaining Inspired Action

Day Seven: **Sustaining Momentum by Managing Conversations**

Participants will learn the practice of completing a cycle through **conversations for accomplishment.** They will learn and practice the **breakdown to breakthrough technology,** and be introduced to the distinctions of **enrolment** – the art of generating full partners for change.

Day Eight: **Dissolving Limitations to Inspired Action**

Participants will define the distinctions of **dialogue** and discussion, and practice dialogue. They will explore the distinction **'shared leadership',** and examine the ways men and women lead in that context. They will deepen the distinction and practice of inquiry as a means of generating shared leadership. The day will conclude with an **enrolment/registration** practicum and a new exercise: **Ending HIV/AIDS One Conversation at a Time.**

Day Nine: **Completing the Programme and Sustaining Transformational Development**

The focus will be on **completion, acknowledgement,** and on setting the teams up to continue to learn and produce results in their breakthrough initiatives. The participants will **self-evaluate** again. They will formulate **action plans** for the following months, and have a chance to **declare their personal breakthroughs** and their stands for their leadership in the future.

SUMMARY OF SESSIONS *

	SESSION 1 Making What Seems Impossible Possible	**SESSION 2** Being in Action	**SESSION 3** Generating and Sustaining Inspired Action
DAY 1	Building the foundation	Emotional Intelligence and, Emberling/ Likert models, and new distinctions and practices to develop self	Sustaining momentum by managing conversations
DAY 2	Critical thinking and creating possibility	Designing strategic actions	Dissolving limitations to inspired action
DAY 3	From possibility to breakthrough commitment	Breakthroughs, breakdowns and creative tension	Completing the programmme and sustaining transformational development

*1. It is important to conduct a discussion on HIV/AIDS facts (1 hour) before or after the second session.
 2. It is also important to conduct a session on gender (1 1/2 hours).

Breakthrough Initiatives

In between the three sessions of the Leadership Development Programme, participants identify real organizational or community issues to be the focus of special action-learning initiatives, for which they use concepts, tools and methods acquired during the workshops as vehicles for producing measurable results.

Breakthrough initiative teams meet at least once a month between the workshops and until the end of the programme. During these three-hour meetings, team members further develop their leadership competencies and skills in project design and management, conflict resolution, and conducting focused and effective meetings.

Breakthrough initiatives are not entitled to funding from UNDP. However, a way to reward them is to develop a system of awards for innovative initiatives, whether they have succeeded or not. Such awards could be offered on World AIDS Day to have more people learn about these innovations.

Criteria for breakthrough initiatives:

❑ *Leverage:* The initiative should make a significant contribution to addressing the HIV/AIDS epidemic, but doesn't have to be the most important concern.

❑ *Visibility and measurability:* The initiative should be high-profile, noticeable and quantifiable, in terma of its key results.

❑ *Relatively near-term results:* The initiative can focus on longer-term results, but needs to generate specific results in 6 to 12 months as well. It is wise also to target and plan earlier, interim accomplishments.

❑ *Not 'business as usual':* The initiative should require a breakthrough in at least one of the following: velocity, productivity, innovation, effectiveness, participation, impact and/or efficiency.

❑ *Not an 'add-on':* The initiative must be related to already existing concerns and commitments it must have wholehearted backing from top management.

Ensuring ownership by UNDP Country Offices and national partners is critical. One needs to:

❑ Make sure that key partners are enrolled within the Country Office;

❑ Communicate with the Resident Representative, the Deputy Resident Representative and the HIV/AIDS focal point in a clear manner, and clarify roles and responsibilities;

❑ Build capacities of HIV/AIDS focal points at the country level;

❑ Use the practice network to disseminate information about successful programmes and raise people's interest.

Participants

In most countries around the world, the national response to HIV/AIDS has been organized to include all sectors, public and private organizations, civil society and people living with HIV/AIDS. UNDP's role is to support a nationwide response that is multisectoral, gender sensitive and produces tangible results. This must be reflected in the choice of participants, which depends on the results that are to be produced (e.g., partnership building, 3 by 5 issues, etc.) *and determine to a great extent whether the Leadership Development Programme will succeed*. Participants will be required to attend all three sessions.

The following are criteria to help guide the choice of participants:

❑ 120–150 participants from UNDP, the UN, NGOs; CSOs; the government; the media; the private sector; the Country Coordinating Mechanisms of the Global Fund for AIDS, Tuberculosis and Malaria; youth; etc.;

❑ Currently in leadership or advocacy position;

❑ Personally committed to making a difference on the HIV/AIDS epidemic;

❑ Able to commit to entire process;

❑ Fluent in the official language in the country (French/English/Portuguese...) and applicable national language(s);

❑ National and district level representation;

❑ Representation of different ministerial sectors: finance/planning, health, justice, media, social welfare, education and others relevant to the country situation and UNDP;

❑ 50 percent women;

❑ 25 percent civil society;

❑ Meaningful participation of people living with HIV/AIDS (at least five per cent);

❑ Meaningful participation of senior media professionals in leadership positions (five per cent);

❑ About five to eight people from each entity (organization or ministry) to ensure a critical mass.

Obstacles are those frightful things you see when you take your eyes off the goal.

Hannah Moore

Change Agents

The practical application of leadership constructs and the refinement of breakthrough initiatives during the inter-cessions require facilitation, coaching and convening–hence, the need to appoint change agents chosen out of the participants. Participants will be divided into groups of ten, and there will be one change agent for every ten participants. Change agents should be drawn from different entities represented in the programme–government, civil society, the private sector and people living with HIV/AIDS. They will receive additional training on coaching and may be part of the Capacity Transfer Programme, which is aimed at developing leadership coaches able to deliver similar programmes. The following are criteria to help guide their selection:

❑ Fluent in the official language of the country and if possible in other national language(s);

❑ Professional experience in facilitation and/or consulting;

❑ Personally committed to making a difference in the response to HIV/AIDS;

❑ Deep appreciation of the value of diversity;

❑ Passion about learning and personal growth;

❑ Ability to accept and interested in feedback;

❑ Creativity and flexibility;

❑ Ability to commit to entire process;

❑ Half of the change agents should be women;

❑ People living with HIV/AIDS must be chosen.

Capacity Transfer Programme (CTP)

The sustainability, replication and expansion of the Leadership Development Programme require the development of local coaches able to facilitate, educate and lead work that is of the same depth. The ultimate goal of the Capacity Transfer Programme is to build the capacity in the developing world to design and lead programmes that develop transformational leaders.

The programme provides an intensive, transformational learning experience that improves the effectiveness of leaders and teams. It equips participants with important new skills for communication and leadership that can initiate powerful shifts in personal and team performance.

This programme results in the creation of a network of local coaches. They become the kind of advocates for transformational development whose speaking will inspire and influence individuals, institutions and communities to take *effective action*. At the end of the programme, participants will be fully equipped to promote and use a combination of cutting-edge methodologies to ignite hope, produce breakthrough results and engender transformation in the campaign to halt and reverse HIV/AIDS as well as in terms of issues related to achieving the MDGs.

The Capacity Transfer Programme encompasses three years of action learning, coaching and supervised leading of programmes.

Documentation

UNDP places great emphasis on documenting processes and the results of initiatives. This is particularly important for the Leadership Development Programme, which is a unique methodology that has been adapted from organizational transformation techniques and for the first time applied to development work. Documentation enables understanding of these new processes, methodologies and programmes, and demonstrates the outstanding results they have produced in the field. It further showcases the work done by the HIV/AIDS Group, and feed into the process of monitoring and assessing the achievments/impact of the programme. It provides information from which stakeholders in different regions and countries can learn.

Documentation starts at the beginning of the programme. The sources of information will be face-to-face or group interviews; various experiential exercises during sessions; breakthrough initiatives; and individual, organizational and societal transformations that are tracked as the programme unfolds.

Scale–Up Strategy

The scale-up strategy must inspire more people to action in wider geographic areas, without losing depth. It focuses on:

- ❏ Enrolling new partners within and outside the UN in order to generate ownership and institutionalization of the programme within government, local learning institutions and CSOs;
- ❏ Building a coalition of individuals and organizations with a shared commitment to generate a large movement for transformation;
- ❏ Developing capacity within arts and media professionals;
- ❏ Transferring leadership expertise and capacity for country-wide programme expansion and replication

Country Office Roles and Responsibilities

Close coordination and communication between the UNDP Country Offices and the HIV/AIDS Group in New York are key to the success of the Leadership Development Programme. Among the crucial musts at the country level are the following:

1. The Resident Representative and Deputy Resident Representative are present, as participants, for all sessions conducted for UNDP and the UN Country Team;

2. There is a single point of contact in the Country Office to coordinate requests, planning and logistics;

3. Everything associated with production (e.g., the confirmation of participants, venue and materials reproduction) is managed by the Country Office;

4. Eight to ten experienced, professional and bilingual local change agents are identified to coordinate the breakthrough initiatives between the sessions;

5. The participants enrol for the entire programme, including full engagement with the work assigned between sessions.

Together with the HIV/AIDS Group, the Country Office works on budgeting and allocating human and financial resources to facilitate the programme. It is equally important to engage the time and energy of the entire Country Office to make the leadership development process a success.

In addition, the Country Office leads:

❑ The selection of participants;

❑ The organization of interviews;

❑ The identification of facilitators;

❑ The management and coordination of logistics–this includes, but may not be limited to, travel arrangements, meeting rooms, seminar materials, food, lodging, etc.

4. Applications of the Leadership Development Programme

Media Participants to be Included in the Programme

While the Leadership Development Programme uses path-breaking methodologies that promote a transformed leadership within countries, only a finite number of people can be reached directly by it. This is where media can play an invaluable role - by scaling up the impact of these programmes and reaching millions of people with reports of the breakthrough initiatives, sharing of extraordinary decisions and actions taken by different stakeholders and through messages of hope, transformation and results.

Involving the media in the Leadership Development Programmes process is imperative in creating a critical mass: when the media picks up on and disseminates the breakthrough initiatives that LDP participants generate, or when they transmit stories of innovative partnerships and actions across the length and breadth of the country and region, their impact is multiplied several times over.

The participants of the Leadership Development Programmes should include senior media professionals from the mass media. Media practitioners from TV, Radio and Press wield enormous influence over their own organizations and society as a whole. Their inclusion in the Leadership Development Programme is a strategically critical one. These are the relatively small group of people in society who determine the content of all media and dictate
the nature and perspective of all the information society receives. Capacity building of this key group has wide ranging implications and repercussions – and can significantly change the discourse around HIV/AIDS in society.

OUTCOMES

The involvement of media participants in the Leadership Development Programme aims at achieving the following outcomes:

❑ Breaking the silence surrounding HIV/AIDS;

❑ Addressing underlying issues that fuel the epidemic;

❑ Generating new images, metaphors, icons and examples to promote the new type of leadership: role models who empower and nurture;

❑ Making visible and acknowledging the role of women's leadership in the response to HIV/AIDS, and in coping and caring for those infected and affected;

❑ Positioning people living with HIV/AIDS in productive, leadership roles;

❑ Motivating arts and media leaders to support social change and transformation;

❑ Forming networks and coalitions of artists and media practitioners to address HIV/AIDS and related issues;

❑ Improving the quality and quantity of media outputs (empowering language, no stigmatization, no sensationalism, repositioning desirable qualities in men and women, promoting human rights and gender equality, discussing women's issues, promoting testing and condom usage).

PARTICIPANTS

Participants should have a proven track record of commitment to social issues, and represent all parts of the country/region.

Media participants need to be:

❑ People in senior positions of responsibility, authority and influence;

❑ Heads/programme planners/chief operating officers of television and radio channels (public and private);

❑ Producers of popular television, cinema and radio programmes (public and private);

❑ Practitioners of popular 'traditional' media;

❑ Editors/senior managers of newspapers and magazines with high circulations (emphasis on local language publications);

❑ Key faculty of large communication institutes;

❑ Key practising professionals representing: journalists' associations, advertising associations, film and broadcast associations, etc.

Overall, participants should comprise half men and half women.
A special initiative involving the arts and media sector is part of UNDP's strategy in the response to HIV/AIDS.[3]

Development Planning and Implementation

An important lesson from the work done in several countries over the past few years is that the key actors/players need to be on board from the very beginning of any HIV/AIDS initiative. The authenticity of their commitment and support is a critical factor in how the entire programme moves forward and eventually succeeds.

There are six major players: the national HIV/AIDS council leadership and secretariat, key sectoral ministries, national and sub-national agencies (particularly service providers), international partners, the UNDP Country Office, and CSOs and influential individuals.

[3] For details of this strategy and implementation guide, please see the publication – 'Arts and Media Transforming the Response to HIV/AIDS – Strategy Note and Implementation Guide.'

RATIONALE

For a decade, many countries have instituted multisectoral national responses to HIV/AIDS. Despite the best of intentions and increasing resources, however, in many cases it has not been possible to create a *response implementation framework* that brings together communities, and private and government institutions to act in concert in effectively addressing the HIV/AIDS epidemic.

A failure to review and update strategic frameworks for implementation perpetuates the challenges that many countries face, such as:

- ❏ Designing HIV/AIDS frameworks that incorporate the underlying and multidimensional aspects of the epidemic, including stigma, discrimination, social norms, beliefs, institutional capacity and personal leadership;
- ❏ Ensuring the voice and needs of communities are heard and funded;
- ❏ Implementation based on genuine stand, commitment and clear accountabilities;
- ❏ Partnering with stakeholders at all phases of planning, implementation, monitoring and action;
- ❏ Addressing gender dimensions, leadership by women, legislation, etc.;
- ❏ Strengthening the capacity of institutions to transform the response to the epidemic;
- ❏ Monitoring as a process of empowerment, accountability, feedback and sustainability;
- ❏ Addressing impact, including caring for orphans, or the prevalence of woman–and child-headed households.

A persistent pattern that seems to dominate many societies confronting the epidemic is one of resignation, hopelessness, inertia and cynicism. The prevailing conversation sounds similar to the following: "Nothing is going to change. We cannot change the future or change the course of the epidemic. We don't have the right kind of leaders. It is hopeless and inevitable." In fact, being cynical and critical is seen as a sign of being realistic.

In the case of national strategies and their implementation, the key challenge is not just to enact legislation, agree on new policies, raise more resources or even formulate better plans, even though each helps the overall effort to address the epidemic. Instead, the key challenge is to convince individuals to take a personal stand to construct a different future and change the course of the epidemic. It is about kindling the flame of hope, and bringing about transformational change, meaningful results, confidence and self-trust. It is about changing the way 'business is done', energizing institutions, taking concrete action and demonstrating measurable results. It is to enable individuals and communities to change current reality and create a better future.

TRANSFORMING THE RESPONSE

A key mandate of UNDP is to assist countries in their development planning and in capacity development.

The aim of the Development Planning and Implementation programme is to assist countries in making their national HIV/AIDS response strategy an integral part of national development plans and processes, as well as part of each sector's accountabilities. Another aim is to strengthen the leadership capacities of the key players to generate measurable results. The programme's guiding principle is to address the underlying causes of the HIV/AIDS epidemic and the institutional inertia often experienced during national responses.

ENERGIZING DEVELOPMENT PLANNING AND IMPLEMENTATION

Given the challenges facing many countries, UNDP is offering a longer-term approach to help countries transform and energize current national strategies and their implementation. This approach is modified from country to country.

The Development Planning and Implementation programme consists of the following activities **over a period of two years:**

❑ Initial visit to enrol in and align the goals, results and roles/accountabilities;

❑ A five-day seminar with key stakeholders responsible for national strategies and their implementation, and their commitment to specific breakthroughs;

❑ Public documents to highlight commitments made, key conceptual frameworks and tools;

❑ A dynamic process to track and publicize progress, results, breakthroughs and best practices;

❑ A series of two-to-three day follow-up seminars every four to six months;

❑ Assistance to expand an adapted approach to different sectors/institutions and to the district or sub-national levels.

The design of the entire package of seminars and follow-up meetings is based on the assumptions that:

❑ The participants already possess a lot of experience and wisdom in formulating and implementing strategic plans;

❑ They have certain aspirations and dreams, and they have a commitment to changing the course of the HIV/AIDS epidemic;

❑ They and their institution have demonstrated some results but recognize the need for exceptional action by their institutions and communities to reverse the epidemic.

The seminars build a new type of institutional capacity for implementing agreed upon programmes and actions. The methodology ensures that participants engage in a deep and practical inquiry on key topics with regard to planning and implementation of projects and activities; hold discussions and dialogues with one another; challenge assumptions; analyse what has worked and what is missing; envision what is possible; and take personal stands as leaders in addressing HIV/AIDS. They form teams to focus on generating measurable breakthrough results in respective sectors/areas of work. These seminars demand the participants' best thinking, creativity, skills and commitment to extraordinary actions.

OUTCOMES OF THE DEVELOPMENT PLANNING AND IMPLEMENTATION PROGRAMME

The programme employs a *response implementation framework* that addresses the underlying causes of the epidemic. The framework is based on an iterative set of planning, implementation and development outcomes achieved through a combination of transformational methods and strategic management approaches.

1. Mainstreaming HIV/AIDS

The programme's primary role is to assist countries in incorporating HIV/AIDS-focused responses into national strategies, plans, budgets, accountabilities and actions. In other words, it is to ensure that HIV/AIDS is an integral aspect of all development planning and implementation from the national to the district and community levels. In particular, it will include:

    a. Mapping of trends and impact;

    b. Implementation of workplace programmes for HIV/AIDS;

    c. Development of human capacity for basic services;

    d. Each sector implementing and fulfilling their HIV/AIDS accountabilities;

    e. The United Nations Development Assistance Framework UNDAF, the UN Implementation Support Plans on HIV (UNISPs) and poverty reduction strategies.

2. An Approach Centred on People Living with HIV/AIDS

People living with HIV/AIDS are involved in all stages of planning and implementation. Legislation, policies and resources take into account their voices and concerns.

3. Community Voices and Involvement

The national and district level plans, budgets and their implementation make explicit efforts to include the voices, concerns and commitments of people at the community level.

4. Gender-Based Planning and Implementation

This focuses on legislation, policies and resources for girl's education and empowerment; woman–and child-headed households; social norms (inheritance, violence, harmful traditions); access to prevention, treatment and care; workplace programmes in the informal sector; women's leadership; etc.

5. Fund Utilization

Increased mobilization, utilization and timely flow of funds to decentralized units and communities are linked with accountabilities.

6. National Leadership

National HIV/AIDS authorities demonstrate genuine ownership and leadership in transforming the response to the epidemic by strengthening partnerships with key stakeholders, achieving exceptional implementation at a sub-national level, and continuously creating innovations and new know-how.

7. Decentralized Implementation

District level or decentralized implementation of strategies and plans is based on a personal stand and accountable leadership, a common vision, and partnerships with stakeholders that must lead to concrete actions and generate breakthrough results.

8. Tracking Changes

A dynamic process to track and publicize positive changes, results and breakthroughs that is used as feedback for decisions and actions.

There are three distinct parts in the first seminar:

❑ Part One

  - An experiential insight into the power of self and the capacity to generate new social realities;
  - Taking an authentic stand to create a new future in the country.

❑ Part Two

  - Understanding the current reality and deciding on new results in several key areas, such as community involvement, people living with HIV/AIDS, gender or fund utilization.

❑ Part Three

  - Defining and committing to breakthrough initiatives and concrete action

Advocacy, Networking and Partnership Building

As the UN's global development network, UNDP brings together forums of professionals from Country Offices, government partners, CSOs, the private sector and groups of people living with HIV/AIDS. Participants learn and exchange views on methods, mechanisms and systems, and support each other in forming strong coalitions of commitment to halt and reverse the HIV/AIDS epidemic. Through transformational methodologies, they shift their perspectives regarding their role in the response to HIV/AIDS and take a stand to make a catalytic difference in their countries and/or region.

This is particularly relevant during **sub-regional resource facility (SURF)** and **CSO partnership meetings,** where the following outcomes are expected:

❑ A deeper appreciation, understanding and shared commitment to the overall UNGASS Declaration and UNDP Corporate Strategy on and service lines for HIV/AIDS;

❑ Participants engage in a journey of personal transformation that includes a deepening awareness of 'self', healing harmful patterns of mind/emotions, developing emotional intelligence competencies and expanding their inherent potential as human beings;

❑ Participants from each country declares and commits to a specific strategy and set of breakthrough results to catalyse urgent actions;

❑ A stronger foundation for relationships is established among members of each team, among country participants, and between the UNDP Regional and Country Office;

❑ Mechanisms for knowledge networking are agreed upon.

Leadership Development Programme principles and methodology should be integral to all organizations' work planning meetings and retreats.

Team retreats are opportunities for reflection about past achievements, for learning and individual growth, and for envisioning the future through planning. The purpose of team retreats as practised by the HIV/AIDS Group over the years includes ways for team members to:

❑ Deepen their relatedness;

❑ Broaden their vision;

❑ Focus their commitment;

❑ Hone their skills;

❑ Further develop themselves as leaders in the response to HIV/AIDS.

The day-by-day progression of retreat exercises is specifically designed to embody an energizing approach to work planning. The agenda's daily work is organized around themes and based on a model for commitment-based planning:

Day One:	Completing the past-acknowledging what's been achieved
Day Two:	Exploring our commitments-what principles or values guide us? Taking a stand-what are our shared commitments?
Day Three:	Current reality-in light of our commitment, what is current reality?
Day Four:	Creating new possibilities-from commitment and current reality
Day Five:	Getting into action-create action plans to achieve our commitments

This approach to planning and implementation is based on the same theoretical model the HIV/AIDS Group employs to support governments, NGOs and civil society in their strategic efforts to reverse the HIV/AIDS pandemic. The basic components and conceptual frameworks underlying this methodology are integral to the HIV/AIDS Group's approach to policy and programme support.

5. Conclusion

HIV/AIDS strategies and actions, if they are to be successful, require not only an unprecedented social and political mobilization across all sectors, but also a deep transformation of norms, values and practices.

This implies asking different questions when we map current reality. Is every person, at every level, ready to speak openly about sexual relations and the unequal power relations within sexual relationships? Can we create safe spaces where people living with HIV/AIDS can come forward and be included? Can we honestly address collective denial of the epidemic and the fear that fuels it? Is it possible to effectively counter the misconceptions and stigma associated with HIV/AIDS? Are we willing to pursue alternatives for every one living with HIV/AIDS to have access to drugs and treatment?

It is possible to stem the tide and reverse the epidemic. But only if we do much more than understand the modes and patterns of transmission. We must evolve ways to make sure that the large-scale action called for in the UNGASS Declaration celebrates human potential and creates space for deeper transformation. Our watchword should be: reflection and dialogue in every sector, every process and at every level.

UNGASS challenged us to optimize our existing strategic initiatives and intensify our response in order to achieve specific goals. UNDP has an opportunity to take a stand and make a difference to reverse the threat of the HIV/AIDS epidemic, along with governments, CSOs, development agencies and communities.

ANNEXES

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

Annex I. UNDP Key Results Areas for Service Lines

Service Lines	Sample Outcomes and Outputs
Leadership and capacity development to address HIV/AIDS: UNDP provides support for national HIV/AIDS strategies that mobilize social and political leadership and action across all sectors. These strategies involve the promotion of a deep transformation of norms, values and practices, guided by the principles of participation, gender equality and human rights. UNDP also assists governments, community organizations, civil society and the private sector to develop capacity to address the underlying causes of the epidemic, and strengthens the capacity of communities for action, social mobilization and change. Core Results: ❑ Multi-stakeholder leadership capacity developed at individual, institutional and societal levels that generates breakthrough responses for reversing the course of the epidemic.* ❑ Individual and community responses to the epidemic developed addressing attitudes and practices that influence the spread of the epidemic.*	❑ Multi-stakeholder leadership capacity developed ❑ Leadership capacities of networks and organizations (including for PLWHA and CSOs) developed ❑ Leadership coalitions for transformative development established and supported ❑ CBOs and CSOs supporting community responses ❑ Community reflection and actions to address HIV/AIDS ❑ Community support for care and treatment ❑ Deeper understanding of factors influencing HIV/AIDS ❑ Underlying causes fuelling the epidemic addressed ❑ HIV/AIDS workplace programmes for UNDP staff developed and implemented
Development planning, implementation and HIV/AIDS responses UNDP promotes national development planning processes as multi-sectoral and multi-level engagements by governments, the United Nations and other partners. This involves the mainstreaming of HIV/AIDS into national development planning instruments, including national development plans and budgets; the PRSP process, HIPC and other debt processes; UNDAFs; country programmes; and sectoral studies. Core Results: ❑ Broad-based, multi-sectoral and multi-level response generated, integrating HIV/AIDS into national development plans and mainstreaming HIV/AIDS into key sectors and ministries.* ❑ Individual, institutional and societal capacities developed to effectively respond to the epidemic in crisis countries, high-prevalence countries, small island states and countries with other special circumstances.*	❑ HIV/AIDS mainstreamed into development planning instruments (national development plans and budgets, PRS/PRSPs, expenditure frameworks, and HIPC and other debt processes), CCA/UNDAF and Country Programmes ❑ HIV/AIDS mainstreamed into line-ministries and sectoral policy studies ❑ National AIDS Councils strengthened ❑ Multi-sectoral HIV/AIDS responses planned and implemented at national, sub-national and district levels ❑ HIV/AIDS aspects of CEDAW implemented ❑ HIV/AIDS strategy developed in emergency settings and response generated ❑ Strategies addressing the loss of work-force due to HIV/AIDS formulated ❑ Funds mobilized and allocated ❑ Antiretroviral therapies made widely available ❑ The RC System supported to implement CCA/UNDAF and UNISPs*
Advocacy and communication to address HIV/AIDS UNDP uses advocacy and communication to promote a deeper understanding of the epidemic, reduce its impact and reverse its spread. Areas of support include: communication strategies to address stigma, discrimination, and gender relations that render women and girls vulnerable to infection; advocacy for legal reforms; policy dialogue on prevention and impact mitigation; and formulation of anti-discrimination, legislation for people living with HIV/AIDS. Core Results: ❑ Enabling environment developed to achieve UNGASS goals and MDGs, addressing human rights, gender equality, and issues of vulnerability and silence that fuel the epidemic. ❑ Advocacy and Communications strategies created that develop a deeper understanding of the epidemic and its underlying causes, and address issues of vulnerability, stigma and discrimination.* ❑ Rights of People Living with HIV and AIDS (PLWHA) and vulnerable groups protected and promoted.	❑ National and Regional HDRs with an HIV/AIDS focus prepared ❑ Multi-stakeholder national policy dialogues to achieve UNGASS goals and create an enabling environment promoted to address prevention; treatment and care; socio-economic impact mitigation; mobile and migrant populations; and reducing vulnerability and vulnerable groups ❑ Round-tables on resource mobilization and high-level seminars on HIV/AIDS undertaken ❑ Legal reforms and formulation of anti-discrimination legislation for PLWHA and gender equality ❑ Communication strategies formulated to promote gender equality, and address gender dimensions of HIV/AIDS and stigma and discrimination against PLWHA ❑ Media and artists energized to change HIV/AIDS discourse

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

Annex II. UNAIDS 2006-2007 Unified Budget and Workplan UNDP Key Results, December 2004

I. KEY RESULT DESCRIPTION

Leadership and capacity of governments, civil society, development partners, communities, and individuals – including women, young people and PLWHAs – developed to respond effectively to the epidemic with increased commitments and partnerships/coordination.

Principal result to which the key result is linked

#3. Advocacy /leadership   #6. Prevention Programmes   #11. Family and community-based care

Achievement indicator(s) for key result

❑ Number of countries supported for multi-stakeholder leadership capacity developed at individual, institutional and societal levels that generates breakthrough responses for reversing the course of the epidemic.

❑ Number of communities supported for development of individual and community responses to the epidemic that address attitudes and practices that influence the spread of the epidemic.

Main Deliverables

❑ Demonstrable commitment and actions (rights/gender-based) of national partners in responding to the epidemic.

❑ Enhanced and expanded strategic initiatives and coalition/networks with civil society organisations, private sector and other stakeholders that creatively respond to the epidemic (in partnership with ILO, WHO, civil society and private sector etc).

❑ Increased capacity and commitment of communities to take decisions and actions to respond to the epidemic, including prevention, care and support especially for women and girls.

❑ Increased visibility and importance of HIV/AIDS for achieving MDGs.

Elements of the strategy to be used

❑ Develop capacity and leadership that promotes effective response based on participation, gender equality and human rights principles.

❑ Support leadership coalition and networks.

❑ Enhance community capacity by generating conversations and community decisions for action.

❑ Mobilise South-South collaboration networks for leadership and forums for exchange.

❑ Organize/assist multi-stakeholders events, national policy dialogues and high level seminars to promote creative ways to achieve the UNGASS goals and MDGs.

References

❑ UNDP/UNFPA Executive Board (DP/2003/32): Second multi-year funding framework, 2004-7

❑ Breakthrough: UNDP's Response to HIV/AIDS, June 2004

❑ UNDP Development Viewpoints and Practice Notes

II. KEY RESULT DESCRIPTION

Implementation of HIV/AIDS responses as multi-sectoral and multi-level national, district and community actions that mainstream HIV/AIDS (including gender issues) into national development plans/budgets and instruments – Poverty Reduction Strategies/Poverty Reduction Strategy Papers (PRS/PRSPs), Medium–Term Expenditure Framework (MTEF), and HIPC, etc – and into sector policies and programmes.

Principal result to which the key result is linked

#5. Country capacity: "the three ones"   #12. National action to alleviate impact   #15. Financial resources

Achievement indicator(s) for key result

❑ Number of countries supported to generate a broad based, multi-sectoral and multi-level response, integrating HIV/AIDS into national development plans and mainstreaming HIV/AIDS into key sectors and Ministries.

❑ Number of countries supported to develop capacity for sustainable access to ARV.

Main Deliverables (in 20 countries)

❑ Increased capacity of a single national HIV/AIDS authority to manage HIV/AIDS response.

❑ Enhanced National HIV/AIDS strategic planning processes and its implementation.

❑ Implementation of sub-national, including district level, comprehensive and gender-based HIV/AIDS responses.

❑ Countries in humanitarian and post-conflict situations are supported in planning and re-planning.

❑ Policy or strategy in place to promote comprehensive HIV/AIDS care, support, and access to HIV/AIDS-related medicines, with special emphasis on vulnerable groups.

❑ Convene the inter-agency mechanism Governance and Development Planning to develop a join UN system response.

Elements of the strategy to be used

❑ Develop capacity of National AIDS Councils as well as of national, sub-national and decentralized/local entities.

❑ Provide technical assistance for review/update/revision of the national strategic planning/budgeting processes and their implementation.

❑ Provide technical assistance for mainstreaming HIV/AIDS (in collaboration with ILO, World Bank, UNESCO, WHO, WFP, UNHCR, UNICEF, and Secretariat etc).

❑ Develop capacity of ministries of Trade and Health to adopt enabling policy and legislation to sustainably access ARVs for PLWHA.

❑ Promote South-South exchange of best practices in development planning and application of TRIPS for sustainably accessing ARVs.

References

❑ UNDP/UNFPA Executive Board (DP/2003/32): Second multi-year funding framework, 2004-7

❑ Global Project on Trade and Access to HIV/AIDS Drugs

❑ UNDP Development Viewpoints and Practice Notes

III. KEY RESULT DESCRIPTION

Stigma and discrimination reduced and rights of women, girls, and vulnerable groups better protected through advocacy, communication and legal reform.

Principal result to which the key result is linked

#2. Human rights #7. Women and adolescent girls #9. Programmes addressing vulnerability

Achievement indicator(s) for key result

❏ Number of countries supported to: develop an enabling environment for achieving the Millennium Development and UNGASS goals that addresses human rights, gender equality, and issues of vulnerability and silence that fuel the epidemic; and protect and promote the rights of PLWHA and vulnerable groups.

❏ Number of countries supported to create advocacy and communications strategies that develop a deeper understanding of the epidemic and its underlying causes, and address issues of vulnerability, stigma and discrimination.

Main Deliverables

❏ Deeper understanding of the epidemic and its underlying issues among opinion leaders, decision makers and key actors.

❏ Better protection and promotion of rights of PLWHAs, women, girls, and vulnerable groups by legal reform and formulation of anti-discrimination legislation, particularly as it relates to inheritance and property rights.

❏ Intensified and coordinated activities on cross border issues-mobility, trafficking etc.

Elements of the strategy to be used

❏ Develop and implement advocacy and communication strategies addressing underlying causes – stigma and discrimination, gender, and vulnerability; and legal reform and formulation and anti-discrimination legislation for PLWHA.

❏ Develop capacity of the arts, media, civil society, and private sector; and new or expanded partnerships with/among civil society, NGOs, PLWHAs, FBOs, business and philanthropic entities, and inter-governmental organisations for social change, policy development, legal reform, and advocacy/communications/actions addressing stigma and discrimination, gender, human rights, and protection of PLWHA, women, girls and vulnerable groups (in collaboration with ILO, UNODC etc).

❏ Organize national stakeholder consultations to address legal reforms or formulation of legislation for support and protection of the rights of PLWHAs, especially women.

❏ Promote/assist production of National and regional Human Development Reports (HDRs) with HIV/AIDS focus as a tool for advocacy and generation of dialogue.

❏ Develop an enabling legal environment that promotes the rights of PLWHA and women, and generate breakthrough initiatives that address the disconnect between legislation and practice related to women and inheritance laws and property rights, in partnership with UNIFEM and the Global Coalition of Women (ICRW, FAO).

References

❏ UNDP/UNFPA Executive Board (DP/2003/32): Second multi-year funding framework, 2004-7

❏ Breakthrough: UNDP's Response to HIV/AIDS, June 2004

IV. KEY RESULT DESCRIPTION

Human and institutional capacity built for improved HIV/AIDS programmes in least developed and/or worst affected countries.

Principal result to which the key result is linked

#10. Strengthening health systems for HIV/AIDS service delivery

#13. Conflict and disaster-affected regions   #16. Human and technical resources

Achievement indicator(s) for key result

❑ Number of countries supported to strengthen national capacity for development and implementation of initiatives financed by the GFATM.

❑ Number of countries supported to develop individual, institutional and societal capacities to effectively respond to the epidemic in crisis countries, high prevalence countries, small island states and countries with other special circumstances.

Main Deliverables

❑ Increased capacity of countries in crisis to respond to the epidemic – especially in critical sectors (health, education and agriculture etc) – in partnership with WHO, UNESCO and WB), with a special focus on the UNDP Southern African Capacity Initiative (SACI) covering 9 countries in the sub region.

❑ Least developed and/or worst affected countries" capacity built and systems strengthened to manage funding from donors in 30 countries.

❑ Countries in special circumstances – LDCs are supported intensively to accelerate their efforts to address HIV/AIDS and capacity to achieve MDGs.

❑ Special initiatives developed to address the epidemic in "new wave countries" including Nigeria, India and China.

Elements of the strategy to be used

❑ Accelerate human capacity development under SACI.

❑ Strengthen partnership with GFATM and UNAIDS to develop national capacity for implementation.

❑ Close collaboration with the UN for high-level support to countries in special circumstances – LDCs; and with UNESCO for small island states.

References

❑ UNDP/UNFPA Executive Board (DP/2003/32): Second multi-year funding framework, 2004-7

❑ Breakthrough: UNDP's Response to HIV/AIDS, June 2004

❑ Southern Africa Capacity Initiative (24th CCO paper)

V. KEY RESULT DESCRIPTION

The RC System supported to implement CCF/UNDAF and UNISPs and to strengthen partnership to enhance the principles of one national HIV/AIDS authority and one agreed national multisectoral HIV/AIDS action framework.

Principal result to which the key result is linked

#1. UN System Coordination   #4. Partnerships   #15. Financial Resources

Achievement indicator(s) for key result

❑ Number of RC system/UNCT supported for capacity development.

Main Deliverables

❑ Increased UN system's commitment and capacity at country level for technical assistance and action on HIV/AIDS.

❑ Improved and coherent joint UN annual support actions for national HIV/AIDS response.

❑ Improved donor and stakeholder coordination while ensuring national ownership.

❑ UNISP developed in selected counties

Elements of the strategy to be used

❑ Develop capacity of RCS/UNCT.

❑ Provide technical assistance to RCS/UNCT in integration of HIV/AIDS into CCA/UNDAF and in formulation of ISPs.

❑ Organize round table meetings for partnerships development and resource mobilisation in collaboration with government, donors and UN agencies.

References

❑ UNDP/UNFPA Executive Board (DP/2003/32): Second multi-year funding framework, 2004-7

❑ Breakthrough: UNDP's Response to HIV/AIDS, June 2004

❑ UNDP Development Viewpoints and Practice Notes

Annex III. Results Areas

SERVICE LINE 1

UNDP provides support for national HIV/AIDS strategies that mobilize social and political leadership and action across all sectors. These strategies involve the promotion of a deep transformation of norms, values and practices, guided by the principles of participation, gender equality and human rights. UNDP also assists governments, community organizations, civil society and the private sector to develop capacity to address the undering causes of the epidemic, and strengthens the capacity of communities for action, social mobilization and change.

Leadership Development Programme Results
Participants will:

❑ Become knowledgeable about HIV/AIDS, understand the underlying factors fuelling epidemic, and develop an increased ability to freely speak and think about HIV/AIDS as a phenomenon and as a human experience;

❑ Develop themselves as leaders who are engaged in taking their own performance and that of their organizations to the level of development required to meet the complex challenges of HIV/AIDS, and move from process orientation to results focus;

❑ Enhance their existing leadership qualities, acquire new skills and qualities to bring to bear on HIV/AIDS programming (such as how to increase ownership for intentions and results);

❑ Find in themselves and others new sources of hope, commitment and strength for sustained action;

❑ Generate successful breakthrough initiatives that will make an ongoing difference in the response to HIV/AIDS, and discover and invent new ways to change attitudes and assumptions that perpetuate stigma, denial and silence;

❑ Learn how to effect a shift from resignation and organizational paralysis to a sense of possibility and urgency for action;

❑ Engage in developing and forming effective partnerships, results-oriented coalitions and communities of practice;

❑ To have the programme and learning inform and empower the work on planning and implementation at national and sub-national levels.

Community Capacity Enhancement Results

❑ Increased number of community initiatives for prevention, home based care, change in harmful traditional practices, reduction of stigma and discrimination, support for orphans, voluntary counselling and testing;

❑ Women, men, girls, boys, local authorities, PLWHA etc, are increasingly involved in decision making processes affecting their lives;

❑ Decision making processes affecting the lives of women, men, girls, boys, local authorities, PLWHA etc., increasingly reflect the concerns of communities through a process of active communication;

❑ Increased number of nongovernmental organizations (NGOs) and community based organisations (CBOs) using community conversations as their approach to stimulate and scale up social changes; and address other governance, health, environmental, agricultural and peace building issues;

❑ Increased number of community decisions brought into the public domain by artists and media professionals.

SERVICE LINE 2

UNDP promotes national development planning processes as multi-sectoral and multi-level engagements by governments, the United Nations and other partners. This involves the mainstreaming of HIV/AIDS into national development planning instruments, including national development plans and budgets; the PRSP process, HIPC and other debt processes; UNDAFs; country programmes; and sectoral studies.

Development Planning and Implementation

These key results are medium-term outcomes to be achieved by countries, UN system and donor partners alike. They represent a synergistic set designed to prompt individual and agency actions that address the implementation and development challenges and institutional inertia that many national responses to HIV/AIDS currently face. Achieving the results depend heavily on forging meaningful multilevel partnerships for action, resolving authority and accountability issues and creating an environment of innovation. Actions towards these results are premised on tackling the fundamental and underlying causes that hinder progress on implementing agreed strategic priorities.

❏ HIV/AIDS Action mainstreamed

- a. Sectors: 1. Impact mapped 2. Internal workplace programmes implemented 3. Human capacity for basic services (health; WHO, 3x5, education, OVC support services, legal services) 4. External HIV/AIDS accountabilities to clients defined & fulfilled;

- b. HIV/AIDS *bidirectional* integration into National Development Plans, PRSP, HIPC, Common Country Assessment (CCA/UNDAF), etc. with a focus on financial & human resources planning;

- c. HIV/AIDS integrated into policies & initiatives of regional entities: e.g. Southern Africa Development Community (SADC), African Union (AU), New Partnership for Africa's Development (NEPAD), etc.

❏ District implementation action framed around a common vision & voice, financing of basic services, space for innovation & resources secured;

❏ Individual community voice, concerns and responses acknowledged and endorsed at the national level with direct and explicit resources allocated for local implementation;

❏ Problem-solving multilevel partnerships with development partners, national &sub-national for effective implementation in place;

❏ National AIDS Authorities influence decision making and innovation for exceptional action capacitated to own & lead implementation process.

❏ Gender power relations related to women & girls factored across all development planning and implementation results

❏ Timely resource flows to implementing partners and increased utilization of funds and accountability linked to results

❏ A response implementation process which documents evidence of dialogue, change in institutional norms, accountabilities and breakthrough results put in place

❏ Support to National and Sub-national planning and resource management for implementation

❏ Support for the implementation of "Two Ones" i.e. One National Authority and One National Framework for Action

SERVICE LINE 3

UNDP uses advocacy and communication to promote a deeper understanding of the epidemic, reduce its impact and reverse its spread. Areas of support include: communication strategies to address stigma, discrimination; and gender relations that render women and girls vulnerable to infection; advocacy for legal reforms; policy dialogue on prevention, impact mitigation; and formulation of anti-discrimination legislation for people living with HIV/AIDS.

Regional and National Human Development Reports

❑ Promote a deeper understanding of the socio-cultural and economic factors fuelling the spread of the HIV/AIDS epidemic and the impact of HIV/AIDS on human development;

❑ Promote effective strategies to reverse the spread of the epidemic that address individual, societal and institutional factors, including gender inequality and stigma and discrimination.

Arts & Media

❑ Arts and Media participants generate new images, metaphors and icons to help shift nationwide perceptions and actions around:

    i. A new kind of leadership based on values (this includes highlighting stories of unsung heroes and heroines who have demonstrated commitment and action in the response to HIV/AIDS);

    ii. Acknowledgment of the role of women in the response to the epidemic and the role of men who champion gender equality;

    iii. Acknowledgement of people living with HIVAIDS;

❑ Breaking the silence and denial surrounding HIV/AIDS – and bringing the underlying issues into the public domain;

❑ Integration of HIV/AIDS and related issues into the existing work of participants;

❑ Formation of networks/coalitions of artists and media associations to address HIV/AIDS.

Legislation

❑ *Inheritance*: enabling legislation that promotes and protects the rights of women to own and inherit property, and increased enforcement of women's property and inheritance rights

❑ *People living with HIV/AIDS*: anti-discrimination legislation to protect and promote the rights of people living with and affected by HIV/AIDS, including rights to education, employment and health care

Trafficking and Safe Mobility

❑ Legislation and policies to protect migrant workers and PLWHA;

❑ Increased acceptance of social and human identity of migrant groups within communities, in addition to economic identities;

❑ Integration of issues relating to trafficking, safe mobility, and HIV/AIDS into sectoral ministry plans and programme;

❑ Networks with CSOs, NGOs. Govt., Media etc. across state and country borders, addressing trafficking, safe mobility, and HIV/AIDS.

ACROSS SERVICE LINES

Resident Coordinator System

The Resident Coordinator (RC) System supported to implement Country Cooperative Framework (CCF/UNDAF) and UNISPs (Implementation Support Plans on HIV) and to strengthen partnership to enhance the principles of one national HIV/AIDS authority and one agreed national multisectoral HIV/AIDS action framework.

Main Deliverables

❑ Increased UN system's commitment and capacity at country level for technical assistance and action on HIV/AIDS.

❑ Improved and coherent joint UN annual support actions for national HIV/AIDS response.

❑ Improved donor and stakeholder coordination while ensuring national ownership.

❑ UNISP developed in selected counties.

THE GLOBAL FUND FOR AIDS, TUBERCULOSIS AND MALARIA

UNDP has an important role to play in countries that receive grants from the The Global Fund for Aids, Tuberculosis and Malaria. Through its extensive network of country offices, UNDP can contribute substantially to the successful implementation of approved proposals through capacity building support to Principal Recipients (PR) and other local implementing partners. In exceptional circumstances, where there may be no PR alternatives available, Country Coordinating Mechanisms (CCMs) and governments may request UNDP to assume PR responsibilities for implementation results and financial accountability. Generally, such an arrangement is to be temporary and time-bound, while UNDP provides the necessary capacity building support to one or more local PR candidates with the view that they will be phased-in as PRs to the GFATM programme grant agreement.

External:

❑ Operational and substantive capacity built for Principal Recipient, Sub Recipients, and CCMs to effectively implement national responses to HIV/AIDS, Tuberculosis and Malaria.

❑ Joint effective management and delivery of GFATM-financed grants as Principal Recipient and capacity built of national stakeholders to take over as Principal Recipient as part of an exit strategy.

❑ Sustainable partnerships (GFATM, CCMs, UN agencies, UN Theme Group for HIV (UNTG), UN Country Team (UNCT), RC system) fostered at country level to effectively implement co-ordinated and multi-sectoral national responses.

Internal:

❑ Country Offices' capacity built to mitigate risks and manage large volumes of funds and procurement for effective implementation of GFATM-financed grants and other future sources of funding.

Trade, TRIPS and Sustainable Access to ARVs

❑ Increased understanding by governments and CSO's of the implications of trade policies and patent laws for sustainable production of and access to ARVs, and commitment to take action.

❑ Institutional bottlenecks addressed and dialogue between key Ministries and Patent Offices facilitated so that access to ARV treatment can be rapidly accelerated and access sustainably secured.

❑ South-south partnerships of developing countries and CSOs established that advance best practice application of TRIPS (Trade Related Aspects of Intellectual Property Rights) provisions and national patent laws, and transfer knowledge on sustainable access and/or production of ARVs.

❑ Increased number of developing countries using best practice patent laws and enabling trade and health policy to sustainably access and/or produce ARVs.

❑ Contribute to the capacity development of national partners engaging GFATM resources to ensure full flexibilities of TRIPS are applied to ensure sustainable access to ARVs.

Annex IV. Outcomes of Leadership for Results Synergetic Study

Outcomes for Year 1	Outcomes for Year 2	Outcomes for Year 3-4
Enrolment, Ownership, and Programmes Initiated	**Consolidation, Capacity Development and Ministerial Level Involvement**	**Scale-up Nationwide, South-South Collaboration and UNDP Exit Strategy**

LEADERSHIP & CAPACITY DEVELOPMENT

❑ Through Leadership Development Programme (LDP) forge partnerships among 100 -150 influential decision makers (from government, CSOs, arts and media, and private sector) who define and act on HIV/AIDS agenda	❑ Deepen LDP to institutionalize organizational capacity development at all levels of society	❑ 1,500 top decision makers through LDP acting on HIV/AIDS agenda (multiplier effect)
❑ 30+ innovative breakthrough initiatives undertaken and documented	❑ High-level ministerial enrollment in LDP	❑ 200 innovative breakthrough initiatives undertaken (multiplier effect)
❑ High level enrolment for ministers and their cabinet directors	❑ Build capacity of 10-15 local LDP trainers	❑ Mechanism for LDP Alumni from Year 1&2 programmes to connect to each other
❑ In-country dialogue to set agendas and take action	❑ Mechanism for LDP Alumni from Year 1 programme to connect to each other	❑ Institutionalize UNDP practices within government, CSOs, NGOs, and private sector (multiplier effect)
❑ Enrol government to define the national agenda in a transparent manner	❑ Commitment of government to UNDP efforts	❑ Demonstrate policy changes as a result of UNDP efforts, including gender mainstreaming
❑ 50 national CCE trainers trained	❑ 350-450 influential decision makers acting on HIV/AIDS agenda	❑ Government adapts Leadership for Results activities as their own platform
❑ 10,000 individuals reached (by CBOs) through Community Capacity Enhancement (CCE) Programmes	❑ 75 innovative breakthrough initiatives undertaken (multiplier effect)	❑ Through CCE, 1,000,000 individuals reached by CBOs (multiplier effect)
❑ Empowerment of CO	❑ Through CCE, 125,000 individuals reached by CBOs	❑ Fully-functioning coalitions of CSOs and CBOs undertaking CCE Programmes
❑ Partnership building	❑ 50 National CCE trainers developed from Year 1	❑ Vibrant coalitions of PLWHAs.
	❑ Initiation of quality assurance activities	❑ Evidence that partners use LDP and CCE as the basis of their work.
	❑ Mainstream gender and HIV/AIDS into the work of CO.	

DEVELOPMENT PLANNING & IMPLEMENTATION:

❑ Key planners and policy makers from LDP initiate 10 institutional and sectoral ministry programmes	❑ Integration of community concerns into national strategic plans	❑ Community and LDP concerns mainstreamed into government planning
❑ Planners address key issues of governance and voice of people in policy and planning	❑ Mainstream gender, equity and human rights into planning and executive processes as well as into the media	❑ Government planning processes transparent, efficient and proactive
	❑ Access to resources by communities	

ADVOCACY AND COMMUNICATIONS:

❑ Key media practitioners from LDP generate breakthrough projects	❑ 150 most influential arts and media "movers and shakers" involved in UNDP resource-building activities and undertake breakthrough projects	❑ Community concerns mainstreamed into media
❑ 20-fold increase in print and electronic coverage, bringing into the public domain (radios and other media) stories of leadership from all levels and advocating for gender equality and PLWHA rights	❑ LDP results and CCE community concerns and decisions reflected in the media and broadcasted nation-wide	❑ New icons from artists evident throughout society
	❑ 30-fold increase in coverage (from baseline) of leadership stories and advocacy for gender and PLWHA rights	❑ Fully-functioning coalitions of artists and media
		❑ 40-fold increase in coverage (from baseline) of leadership stories and advocacy for gender and PLWHA rights

PROGRAMME SUSTAINABILITY

❑ Advocacy for HIV/AIDS as a development issues	❑ Apply Leadership for Results programmes to select MDGs and practice areas (e.g., governance, poverty, gender)	❑ Exit strategy for UNDP with mechanisms for quality assurance
❑ Enrolment of all stakeholders, national and UN partners	❑ Initiate dialogue to set-up coalitions external to UNDP to take on Leadership for Results programmes	❑ Establishment of national coalitions to take on Leadership for Results supported by but external to UNDP
❑ Scale up strategy building from year 1	❑ Funds mobilization	❑ Fully functioning and locally-supported resource network of experts in all key UNDP programmatic areas
	❑ New partnerships mobilized	❑ Funds mobilization
		❑ South-south collaboration

Plan a strategy for documenting the three–year Leadership for Results Programme.

Annex V. Agenda of Leadership Development Programme Sessions

SESSION 1. MAKING THE IMPOSSIBLE POSSIBLE

Day One Agenda: Building the Foundation

Time	Topic
8:00 – 8:30	Registration
8:30 – 9:30	Welcome Address and Opening Remarks: Ministers and National Aids Coordinating agency UNDP Resident Representative or Deputy Resident Representative
09:30 –10:00	Introduction of Programme Leaders
10:00 –10:30	Break
10:30 –11:00	Introduce UNDP HIV/AIDS specialist/co-leader of the program UNDP briefing on HIV/AIDS
11:00 –11:40	Distinguish **"Listening" of Leadership**
11:40 –11:50	Introduction on the Role of Participants Introduction on the Role of Change Agents
11:40 – 11:50	Integral Transformational Leadership
11:50 – 12:00	Background Relatedness among People
12:00 – 12:10	Set up introduction exercise at each table
12:20 – 12:55	Table introductions
12:55 – 1:00	Set up lunch assignment
1:00 – 2:45	Lunch
2:45 – 3:30	The Losses exercise
3:30 – 3:45	What is breakthrough
3:45 – 4:05	BREAK
4:05 – 4:45	Conversation for possibility
4:45 – 4:55	Homework
4:55 – 5:00	Complete the day

Day Two Agenda: Critical Thinking and Creating Possibilities

Time	Topic
08:00-08:30	Pairs and plenary sharing re: listening homework.
08:45-09:15	Possibilities Gallery Walk Plenary sharing: What are you learning about creating possibility?
09:15-09:45	Introduction of Integral Approach
09:45-10:15	Group Exercise: Possibility in 4 Quadrants Mapping current response to HIV/AIDS
10:15-10:35	Break
10:35-11:10	Conversation for Possibility
11:10-12:00	Key Leadership Competencies
12:00-01:30	Lunch
1:30-02:15	Distinguish empowering from disempowering interpretations
02:15-3:15	Vicious Circle
03:15-03:45	Break
03:45-04:15	The power of a stand
4:15-04:50	Exercise: 'Critical Thinking' applications
04:50-05:00	Homework
05:00	Complete the day

Day Three Agenda: From Possibility to Breakthrough Initiative & Commitment

	Topic
08:30–08:40	Reflection
08:40–08:45	Paired Sharing
08:45–09:45	Take sharing in plenary and map onto three circles model
09:15–10:15	Conversation for Opportunity and Breakthrough Initiative
10:15–10:45	BREAK
10:45–12:00	Formulating BTI Commitment Statements
12:00–12:30	Logistics set for the teams:
12:30–01:00	Declaration Process ❏ Breakthrough declaration process:
01:00–01:30	Session Completion ❏ Review intentions ❏ Paired Sharing: Insights, breakthroughs in thinking and possibility, observations and new knowledge that you want to explore more ❏ Plenary sharing
2:00	End

SESSION II. BEING IN ACTION

Day One: Leadership Conversation

Time	Topic
08:00 – 08:30	Registration
08:30-08:40	Welcome Participants and Logistics
08:40-09:10	Intentions for session
09:10-09:35	Break
09:35-09:50	In teams Review of Session I distinctions
09:50-10:05	Breakthrough Initiatives' commitment statement and individual quality stands
10:05-11:00	Emotional Intelligence framework
11:00-12:00	Building self-awareness and self-management
12:30-02:00	Lunch
02:00-02:15	Sharing from lunch assignment
02:15-03:30	Coaching module I
03:30-04:00	Break
04:00-05:00	Review Emotional Intelligence and Introduce the 5 levels developmental map
05:00-05:30	Taking Action
05:30	Complete the day

Day Two Agenda: Designing Strategic Actions

Time	Topic
08:30-08:35	Morning Reflection
08:35-08:45	Sharing insights, observations
08:45:0945	Taking Action
09:45-10:15	Break
10:15-11:30	Team creation process
11:30-12:30	Developing Breakthrough Strategies and Objectives
12:30-02:00	Lunch
02:00-02:30	Formulate Breakthrough Initiatives' strategies
02:30-03:30	Results/objectives/goal setting process
03:30-04:00	Break
04:00-04:10	Reasonableness Equation
04:10-05:00	Present results each team is committing to
5:00	Complete the day

Day Three Agenda: Distinctions, Breakthrough Initiatives, Breakthroughs and Creative Tension

Time	Topic
08:30-08:35	Reflection: What creates a sense of urgency
08:35-08:45	Sharing to distinguish "At Stakeness"
08:45-09:30	Review conversation pyramid and practice the Conversation for Action
09:30-10:00	Meeting effectiveness skill building session
10:00-10:20	Break
10:20-11:00	Create action plans between now and session 3
11:00-11:30	Coaching action plans
11:30-12:00	Present Action plans, group to group
12:00:12:30	Make promises for results to whole group
12:30:01:00	Revisit distinction breakthrough
01:00-01:45	Complete Session
01:45	End session

SESSION III: GENERATING AND SUSTAINING INSPIRED ACTION

Day One Agenda: Sustaining Momentum by Managing Conversations

Time	Topic
8:30-8:45	Intentions for the Session
8:45-8:50	Reflection: Problems or breakdowns
8:50-9:00	Distinction Sharing as a leadership skill
9:00-9:10	Paired Sharing from the reflection
9:10-9:20	Group Sharing
9:20-9:35	The art of Managing Conversations
9:35-9:45	Conversation Management
9:45-10:00	Make reports team by team on promised results
10:00-10:30	Practices that build energy and sustain/renew commitment #2
10:30-10:50	Break
10:50-12:30	Breakdowns to Breakthroughs
12:30-2:00	Lunch
2:00-3:00	Managing Breakdowns (cont.)
3:00-5:00	Enrolment module I
5:00	Complete the day

Day Two Agenda: Dissolving Limitations to Inspired Action

Time	Topic
8:30-8:35	Reflection on a desired vision, a desired future
8:35-8:50	Sharing: in pairs; in groups
8:50-8:55	Review yesterday's learning and go over flow of today
8:55-9:30	Shared leadership
9:30-10:15	Dialogue session I
10:15-10:35	Break
10:35-10:45	Discussion on Dialogue
10:45-10:50	Paired sharing.
10:50-11:00	Group sharing
11:00-12 :00	Dialogue session II
12:00-12 :30	Session II debriefing
12:30-2:00	Lunch
2:00-3:30	Practice session on Enrolment
3:30-4:00	Break
4:00-4:30	Dialogue: Explore practical impact of such conversations in this country
4:30-4:45	Debriefing on dialogues
4:45-5:00	Inquiry: who needs to be enrolled in your Breakthrough Initiative
5:00	Complete the day

Day Three Agenda: Sustaining Transformational Development

Time	Topic
8:30-9:00	Self Evaluation 2
9:00-9:30	Reflection
9:30-10:00	Program Review process
10:00-10:20	Break
10:20-11:00	Planning next two months in our Breakthrough Initiative
11:00-11:30	Present plans to coaches from other teams
11:30-12:00	Team declarations for results in next two months
12:00-12:30	Leadership stands process
12:30-1:00	Complete session – review intentions
1:00-1:15	Acknowledge and thank support staff
1:15-1:30	Person sitting across from you process
1:30	Complete the Programme

Annex VI. Response Timeline and Responsibilities 2004-2005

Leadership Development Programme	Enrolment	Enrolment	Interviews	Country Office Meeting	Date of first session	Date of second session	Date of third session
Documentation							

HIV/AIDS Group: Persons Responsible

Overall	Name of focal points
1. Leadership Development Programme	Name of facilitator
2. Development Planning and Implementation	Name of focal point
3. Community Conversations	Name of facilitator
4. Documentation	Leadership for Results officer

Annex. VII Draft Invitation Letter

August ___, 2004

Dear _____,

I am delighted to invite you to participate in UNDP's Transformational Leadership Development Programme for individuals with a commitment to halting and reversing the HIV/AIDS epidemic in our country. This programme has been delivered to several thousand men and women throughout the worldwho have been strengthened in their ability to inspire sustained committed action.

It has been said that the work of leadership is to make what currently seems impossible possible, and to make what is possible real. In other words leaders are concerned with the future. The sort of leadership this programme aims to stimulate is not limited to people with certain titles or authority because our country's future is everyone's concern. So if you wondering if this programme is for you, it is.

As you know the world in general and our country in particular is dealing with a complex epidemic for which there are no easy answers. We are offering this programme to stimulate new thinking, new actions and a new level of collaboration among all of us with the intention of catalysing a breakthrough in our efforts to halt and reverse the HIV/AIDS epidemic. We do not think this will be easy, but we do think it is possible.

What follows below is an overview of the programme and a list of outcomes you can expect to accomplish from your participation:

INSERT PROGRAMME OVERVIEW – include dates
INSERT INTENDED RESULTS

We look forward to working with you in the Transformational Leadership Development Programme.

Annex VIII. Leadership Development Programme Registration Forms

Name: _____ Organization: _____ Email: _____

Address: _____ Telephone: _____

UNDP's Transformational Leadership Development Programme (LDP) is aimed at individuals who have a commitment to halting and reversing the HIV/AIDS epidemic in Nigeria. The programme is being offered to stimulate new thinking, new actions and a new level of collaboration among all of us with the intention of catalysing breakthroughs in our efforts to respond to HIV/AIDS. The LDP is a 6-9 month programme that includes 3 workshops (3 days each), and breakthrough initiatives in between workshops. **Participants must commit to attending all 3 workshops and actively participating in breakthrough initiative teams**, which will be formed during the first session. The breakthrough initiatives will not receive any funding from UNDP.
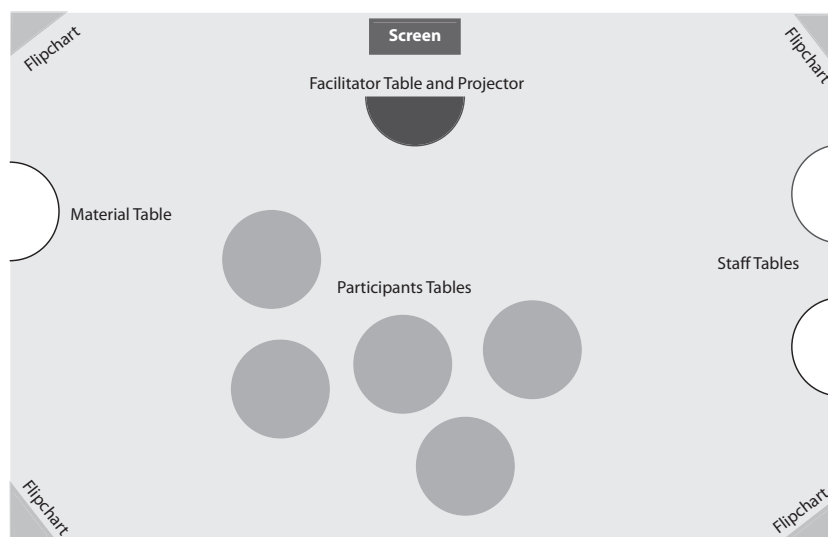
Please answer the following questions to apply to participate in the Programme. Please return this form to name of the person in charge of the organization (email address of the person in charge of the organization) by date or earlier. Thank you.

1. What is your view of leadership? In what ways do you see yourself as a leader? What are some accomplishments in this regard that you feel proud of?
2. What are some accomplishments you dream of?
3. What do you see you need to develop in yourself to make those accomplishments real?
4. At a personal level, what is your purpose in participating in the programme?
5. Why is the issue of HIV/AIDS important to you personally?
6. What gives you hope about this issue?
7. What in your view is necessary and sufficient to halt and reverse the epidemic in (country)?
8. Where is leadership missing or more effective leadership needed to supply what is necessary?
9. What to you would constitute a breakthrough in this country's response?
10. How would you describe your leadership style? What do you see as your leadership strengths? Weaknesses?
11. If the programme were an unqualified success for you, how would you describe the outcomes?
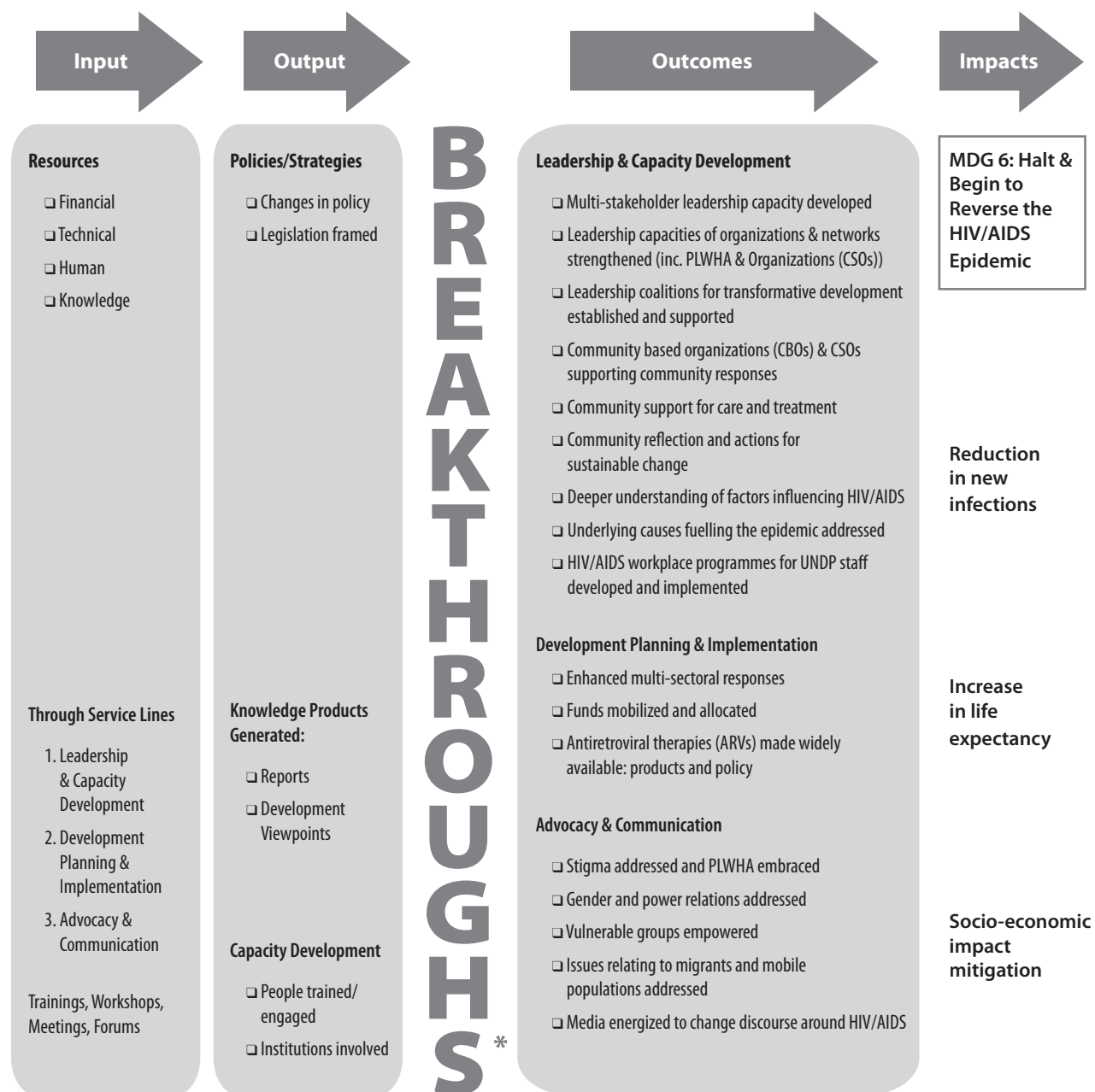
Annex IX. Production and Logistics Checklist

☑ Dates set	☑ Room booked	☑ Registration letters sent out

REGISTRATION FORMS AND QUESTIONNAIRES COLLECTED AND COLLATED IN ALPHABETICAL ORDER

☑ **Room set up cleared with programme leaders and with hotel liaison**

- ✓ room should seat the targeted number of participants with good sight lines for all
- ✓ good acoustics
- ✓ good natural light a plus
- ✓ good air conditioning essential
- ✓ round tables set up for 8-10 people each
- ✓ notebooks, pens and programme booklet on table
- ✓ rectangular materials table
- ✓ rectangular support staff table(s)
- ✓ rectangular a.v. person table.

☑ **Public Address system reserved**

- ✓ wireless clip on mics for leaders
- ✓ two or three wireless hand held microphones for participants
- ✓ microphones on each participants table

☑ **Book leader accommodations**

☑ **Participant notebooks and pens purchased**

☑ **Materials printed – get session list and copy from leaders 2 weeks prior to session**

☑ **Have capacity ready to print and copy materials during the programme, if needed**

☑ **Powerpoint Projector and screen reserved**

☑ **4 flip charts**

☑ **6 markers per table of 8 acquired**

☑ **Notebooks and pens purchased**

☑ **Name tags made with LARGE TYPE first names so leaders can read them**

☑ **Masking tape or other means of sticking charts up**

Annex X. Sample Room Set Up Diagram

Annex XI. Strategic Framework for Results: HIV/AIDS

WHAT CAN BE MEASURED?

Input → **Output** → **Outcomes** → **Impacts**

Input

Resources

- ❏ Financial
- ❏ Technical
- ❏ Human
- ❏ Knowledge

Through Service Lines

1. Leadership & Capacity Development
2. Development Planning & Implementation
3. Advocacy & Communication

Trainings, Workshops, Meetings, Forums

Output

Policies/Strategies

- ❏ Changes in policy
- ❏ Legislation framed

Knowledge Products Generated:

- ❏ Reports
- ❏ Development Viewpoints

Capacity Development

- ❏ People trained/ engaged
- ❏ Institutions involved

BREAKTHROUGHS*

Outcomes

Leadership & Capacity Development

- ❏ Multi-stakeholder leadership capacity developed
- ❏ Leadership capacities of organizations & networks strengthened (inc. PLWHA & Organizations (CSOs))
- ❏ Leadership coalitions for transformative development established and supported
- ❏ Community based organizations (CBOs) & CSOs supporting community responses
- ❏ Community support for care and treatment
- ❏ Community reflection and actions for sustainable change
- ❏ Deeper understanding of factors influencing HIV/AIDS
- ❏ Underlying causes fuelling the epidemic addressed
- ❏ HIV/AIDS workplace programmes for UNDP staff developed and implemented

Development Planning & Implementation

- ❏ Enhanced multi-sectoral responses
- ❏ Funds mobilized and allocated
- ❏ Antiretroviral therapies (ARVs) made widely available: products and policy

Advocacy & Communication

- ❏ Stigma addressed and PLWHA embraced
- ❏ Gender and power relations addressed
- ❏ Vulnerable groups empowered
- ❏ Issues relating to migrants and mobile populations addressed
- ❏ Media energized to change discourse around HIV/AIDS

Impacts

MDG 6: Halt & Begin to Reverse the HIV/AIDS Epidemic

Reduction in new infections

Increase in life expectancy

Socio-economic impact mitigation

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

Annex XII. Indicators for Measurement

OUTCOMES AND CHANGES IN DEVELOPMENT CONDITIONS

Outcome	Indicator
Leadership & Capacity Development	
❑ Multi-stakeholder leadership capacity developed ❑ Networks and coalitions strengthened ❑ Testing becomes a norm ❑ Community support for care and treatment ❑ Community-based organizations (CBOs) and civil society organizations (CSOs) engaged ❑ Community reflection and actions for sustainable change ❑ Deeper understanding of factors influencing HIV/AIDS ❑ Underlying causes fuelling the epidemic addressed	❑ Country has a functional national and sub national & multi-sectoral HIV/AIDS management body/processes, and includes substantive representation of women ❑ County has policy of promoting women as leaders in the response to HIV and AIDS ❑ Country has functional national & sub national HIV/AIDS body/processes that promote interaction for generating results among government, private sector and civil society, including 50% participation by women ❑ Country has functional national, sub-national and local mechanisms for involving community-based organizations and civil society for the response, including women's groups and PLWA. ❑ Increased number of community initiatives for prevention, home-based care, change in harmful traditional practices, reduction of stigma and discrimination, support for orphans, voluntary counselling and testing, and addressing women's issues and PLWHA ❑ Percentage of young people aged 15-24 who both correctly identify ways of preventing the sexual transmission of HIV and reject major misconceptions about HIV transmission; at least 50% of youth are women
Development Planning & Implementation	
❑ Enhanced multi-sectoral responses ❑ Funds mobilized and allocated ❑ Antiretroviral HIV therapies (ARVs) made widely available: products and policy ❑ Improved functioning of delivery systems, voluntary counselling and testing (VCTs), treatment centres	❑ Amount of national funds spent by governments on HIV/AIDS, also specifying what is spent on women and girls ❑ Country has developed gender-sensitive, multi-sectoral strategies to combat HIV/AIDS ❑ Country has integrated HIV/AIDS into its general development plans with national, regional and local strategies for also addressing problems related to women and girls, and engaging them in the response ❑ Health facilities capable of providing interventions for prevention & medical treatment for HIV- infected persons, and also including the needs of women ❑ Increased utilization by women and girls of health facilities with capacity to deliver basic level counselling and medical services for HIV/AIDS ❑ Data for people with advanced HIV infection receiving anti-retroviral combination therapy, disaggregated for men and women
Advocacy & Communications	
❑ Stigma addressed and people living with HIV/AIDS (PLWHA) embraced ❑ Gender and power relations addressed ❑ Vulnerable groups empowered ❑ Media energized to change discourse around HIV/AIDS ❑ Increased workplace programmes	❑ Country has a general policy or strategy to promote information, education and communication (IEC) on HIV/AIDS, and also addresses issues related to women and girls ❑ Country has laws and regulations that protect against discrimination of people living with HIV/AIDS, and laws that ensure women's rights to inheritance and property ❑ Country has a policy to ensure equal access for men and women to prevention and care, with emphasis on vulnerable populations

IMPACT ON THE HIV/AIDS EPIDEMIC

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

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

Annex XIII. Leadership for Results Documentation Guidelines

COMMUNICATING OUR WORK TO THE WORLD

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

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

1. How UNDP Strengthens National Responses

2. How core results are achieved through expected outcomes

3. How key drivers serve as rrameworks

4. Achievements of reach and scale

1. How UNDP strengthens national responses

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

2. How core results are echieved through expected outcomes

Service Lines / Core Results	Key Questions on Expected Outcomes
Leadership and capacity development to address HIV/AIDS Core Results: ❏ Multi-stakeholder leadership capacity developed at individual, institutional and societal levels that generates breakthrough responses for reversing the course of the epidemic. ❏ Individual and community responses to the epidemic developed addressing attitudes and practices that influence the spread of the epidemic.	❏ How has multi-stakeholder leadership capacity been developed ? ❏ How have leadership capacities of organizations & networks (inc. PLWHA & CSOs) been strengthened? ❏ How have leadership coalitions for transformative development been established and supported ? ❏ How have community-based organizations (CBOs) & civil society organizations (CSOs) supported community responses? ❏ How are communities supporting care and treatment needs? ❏ How are community reflections and actions leading to sustainable change? ❏ How is the deeper understanding of factors influencing HIV/AIDS being demonstrated? ❏ How are the underlying causes fuelling the epidemic being addressed? ❏ How are HIV/AIDS workplace programmes for UNDP staff being developed and implemented?
Development planning, implementation and HIV/AIDS responses Core Results: ❏ Broad-based, multi-sectoral and multi-level response generated, integrating HIV/AIDS into national development plans and mainstreaming HIV/AIDS into key sectors and ministries. ❏ Individual, institutional and societal capacities developed to effectively respond to the epidemic in crisis countries, high prevalence countries, small island states and countries with other special circumstances.	❏ How have multi-sectoral responses been enhanced? ❏ What funds have been mobilized and allocated (to whom)? ❏ How have antiretroviral HIV therapies (ARVs) been made widely available: what are the products and policies?
Advocacy and communication to address HIV/AIDS Core Results: ❏ Enabling environment developed to achieve UNGASS goals and MDGs, addressing human rights, gender equality, and issues of vulnerability and silence that fuel the epidemic. ❏ Advocacy and Communications strategies created that develop a deeper understanding of the epidemic and its underlying causes, and address issues of vulnerability, stigma and discrimination. ❏ Rights of People Living with HIV and AIDS (PLWHA) and vulnerable groups protected and promoted.	❏ How has stigma been addressed and PLWHA accepted and welcomed? ❏ How have gender and power relations been addressed? ❏ How have vulnerable groups been empowered? ❏ How are issues relating to migrants and mobile populations being addressed? ❏ How has media been energized to change discourse around HIV/AIDS?

3. How key development drivers serve as frameworks

6 Key drivers serve as frameworks for documentation

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

4. Achievements of reach and scale

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

Key questions to be addressed
❑ How many people are reached directly by the interventions?
❑ How many people are reached indirectly or what is the (estimated) potential reach of these interventions?

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

Annex XIV. Resource List for Leadership for Results

Books/Booklets/Communication Packages

- 'Achieving Exceptional HIV/AIDS Responses for Development,' UNDP Human Development Viewpoint, 2004

- 'Arts and Media: Transforming the Response to HIV/AIDS,' Gulan Kripalani, Shivaji Bhattacharya, Monica Sharma et al, UNDP, 2005

- 'Breakthrough: UNDP's Response to HIV/AIDS,' UNDP, 2004

- *Choices* Supplement – 'Access for All: UNDP Partnerships in HIV/AIDS and Development,' UNDP, 2004

- 'Committed Leadership Can Reverse the Course of the HIV/AIDS Epidemic,' UNDP Human Development Viewpoint, 2004

- *Community Capacity Enhancement Handbook*, Moustapha Gueye, Daouda Diouf, Thebisa Chaava et al, UNDP, 2005

- 'Community Capacity Enhancement Strategy Note,' Moustapha Gueye, Daouda Diouf, Thebisa Chaava et al, UNDP, 2005

- 'HIV/AIDS Corporate Strategy,' UNDP, 2004

- 'HIV/AIDS Thematic Guidance Note for National Human Development Reports,' Nadia Rasheed, Bjørg Sandkjær and Dace Dzenovska, UNDP, 2005

- 'Leadership Development Programme Implementation Guide,' Monica Sharma, Allan Henderson, Serra Reid, et al, UNDP, 2005

- 'Leadership Development Programme Strategy Note,' Monica Sharma, Allan Henderson, Serra Reid, et al, UNDP, 2005

- 'Leadership for Results Booklet,' UNDP Strategic Management Team and Executive Team Meeting, 2004

- 'Leadership for Results Catalogue,' UNDP, 2005

- 'Mobilizing Artists and the Media for HIV/AIDS Action,' UNDP Human Development Viewpoint, 2004

- 'Responding to HIV/AIDS: Measuring Results,' UNDP 2005

- 'Reversing the HIV/AIDS Epidemic is not Possible without Community Action,' UNDP Human Development Viewpoint, 2004

- 'Strategy Note and Guide on District Development Planning and Implementation,' Joseph Annan and Benjamin Ofosu-Koranteng, UNDP, 2005

- 'Strategy Note and Guide on National Development Planning and Implementation,' Joseph Annan, UNDP, 2005

- 'The Answer Lies Within – Leadership for Results: Arts and Media for Social Change,' UNDP, 2004

- 'UNDP HIV/AIDS Communication Package,' Bangkok Conference, UNDP, 2004

- *Voices of Change, Voices of Action. Transforming the response to HIV/AIDS: An Ethiopian Experience,* UNDP, 2003

- 'We Care Communication Package,' UNDP, 2004

Films/Videos

- *Mindwalk Directed* by Bernt Capra (based on the book The Turning Point by Fritjof Capra)

- *Everyday Creativity* by Dewitt Jones

- *What the Bleep Do We Know* by Mark Vicente, Betsy Chasse, William Arntz

- *Solo* by Mike Hoover

- *LDP Video* (Capturing the impact of LDP around the world) (UNDP internal video)

- *A&M film from South Africa* (UNDP production)

- *CCE Film from Ethiopia* (UNDP production)

- *We Care Video* (UNDP production)

Other References

- *Emotional Intelligence* by Daniel Goleman (and workbook) (Bantam, 1995)

- *Primal Leadership* by Daniel Goleman, Annie Mckee and Richard E.Boyatzis (Harvard Business School Press, 2002)

- *Leadership Without Easy Answers* by Ronald Heifetz (Harvard University Press, 1994)

- *How The Way We Talk Can Change The Way We Work* by Robert Kegan and Lisa Laskow Lahey (Jossey-Bass, 2000)

- *The Dance of Change* by Peter Senge (Doubleday/Currency, 1999))

- *The Marriage of Sense and Soul* by Ken Wilber (Random House, 1998)

- *The Web of Life* by Fritjof Capra (Anchor Books, 1996)

- *Global Mind Change* by Willis Harman (Warner Books, 1990)

- *Leadership in the Context of Emerging Worlds* by W. Brian Arthur, Jonathan Day et al (Summary paper on an Ongoing Research Project, McKinsey – Society for Organizational Learning 1999-2000)

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

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

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

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