

Development Account (Fifth Tranche)

PROJECT DOCUMENT

**06/07/B -Interregional cooperation to strengthen
social inclusion, gender equality and health
promotion in the Millennium Development Goals**

Economic and Social Commission for Asia and the Pacific

Bangkok, Thailand
March 2006

1. EXECUTIVE SUMMARY

Project title	Interregional cooperation to strengthen social inclusion, gender equality and health promotion in the Millennium Development Goals.
Duration	2 years (2006-2007)
Location	All regions
Executing agency	All regional commissions with ESCAP playing the coordinating role.
Collaborating agency	All regional commissions.
Funding from Development Account	US\$ 855,000

This project, which involves all five regional commissions, aims to enhance the capacity of member states in all five regions to design and implement development policies and programmes in a manner that substantially contributes to social inclusion, achievement of gender equality and health promotion. The targeted beneficiaries under the project are senior level policy makers in various economic and social ministries in member governments, as well as civil society entities. The project will contribute to this goal by providing policy makers with a set of additional targets and indicators within the existing MDG framework that would help them measure the progress made toward the Millennium Development Goals in a way that takes into account the empowerment of women, the inclusion of vulnerable social groups and the comprehensive functioning of health systems. The additional targets and indicators would also help capture inequities and disparities at the sub-national level and among social groups. This would allow midstream corrections in policies and programmes in MDG processes.

The project would also endeavour to make the process sustainable by providing a strong platform for knowledge management both during the course of the project and afterwards through the establishment of MDG knowledge hubs in each region and by bringing together “communities of practice” to contribute effectively to the process. The project would have a strong regional focus to cater to the diversity and varied needs of each region, while stressing on country level ownership at the stage of formulation of targets and indicators. Importance is also accorded to inter-regional sharing of experiences and good practices.

The project would be coordinated by ESCAP and implemented jointly by all the

regional commissions. The period of implementation would be 2006-07. The total budget requirement for the project would be US \$ 855,000.

2. Background

2.1 Introduction

In September 2000, 147 heads of State and Government, and 189 nations in total, committed themselves in the United Nations Millennium Declaration, to making the right to development a reality for everyone and to freeing the entire human race from want. They acknowledged that progress is based on sustainable economic growth, which must focus on the poor, with human rights at the centre. The objective of the Declaration is to promote "a comprehensive approach and a coordinated strategy, tackling many problems simultaneously across a broad front". To help track progress, the United Nations Secretariat and the specialized agencies of the UN system, as well as representatives of IMF, the World Bank and OECD defined a set of time-bound and measurable goals and targets for, *inter alia*, combating poverty, hunger, disease, illiteracy, environmental degradation and discrimination against women. Relevant indicators were also selected for use in assessing progress over the period from 1990 to 2015, when targets are expected to be met. The thrust of the MDGs on social issues is evident from the fact that five out of the eight goals are directly related to social issues (MDGs 2, 3, 4, 5 and 6) and all of the goals have an impact on or are impacted by crosscutting dimensions such as gender equality, social integration and health.

The UN Secretariat, Regional Commissions, Programmes and Funds operating under the UN, specialized agencies and Development Institutions such as the World Bank and the ADB have all come together in order to increase commitment and determination at national, regional and global levels for achieving the MDGs. Most of these organizations have reoriented their policies and programmes with a primary focus on helping countries towards achieving the MDGs.

Specific agencies and institutions constantly monitor the progress being made towards the achievement of the MDGs. A number of institutions and agencies have been conducting reviews and analyses related to constraints and opportunities on the path to MDG achievement. The reviews and progress reports present an opportunity for countries and the international community to take stock of progress made, to implement changes in policies and programmes in order to address inequities, disparities and inefficiencies.

Mid term reviews of the progress made towards achieving the MDGs have highlighted the need to measure the progress made towards the MDGs in a way that truly represents the empowerment of women and the inclusion of vulnerable groups in society and reflects the comprehensive functioning of health systems. These reviews also indicate that MDG targets and indicators, as they exist, may not clearly measure progress of countries with regard to inclusion of socially vulnerable groups such as the elderly and the disabled and for promoting gender equality. The indicators and targets do not track progress of countries toward improving health systems or health expenditures and in tackling emerging epidemics of non-communicable diseases or reproductive and sexual health issues (which also have implications for empowerment of women). Furthermore, the progress reported by many countries does not capture inequities and disparities among social groups and sub-national regions in reaping the benefits of actions taken by national governments towards achieving the MDGs. This uneven progress not only denies the rights of people it leaves behind, it also exacerbates structural problems and has a strong bearing on the pace and sustainability of national development.¹ Social inclusion is also a key element of a strategy to minimize social conflict and tap into the productive potential of minority groups that may otherwise feel alienated. This is especially important in regions such as Africa with diverse ethnic and demographic groups, economic inequality and social and political conflict. Hence, refugees, owing to war or environmental disasters; and young people, who may be recruited as “child soldiers” or join the growing numbers of street children, are also key vulnerable groups who need to be targeted for inclusion.

This interregional project provides a unique opportunity for developing region-specific additional targets and indicators to strengthen policies and programmes for inclusion of socially vulnerable groups and for promoting gender equality. It would also provide an opportunity to supplement existing targets and indicators related to health with additional indicators and targets covering areas vital to the achievement of the MDGs such as reproductive and sexual health, health systems and health financing and risk factors for non-communicable diseases. The project would build on the existing

¹ UNESCAP (2005)- A Future within Reach- Reshaping institutions in a region of disparities to meet the Millennium Development Goals in Asia and the Pacific.

capacities in all the Regional Commissions in identifying emerging social issues, especially those affecting the poor and other vulnerable and disadvantaged groups of people. It would also benefit from the expertise existing in these organizations for increasing awareness and understanding in member countries as to how issues such as population ageing, migration, gender and socio-economic determinants of health affect each country and region and the achievement of the MDGs.

2.2 Link to Programme Budget

This project falls under the framework of the biennial programme plans of the regional commissions as follows:

- **ESCAP:** The proposal is within the scope and priorities of the strategic framework, Programme 15: Economic and Social development in Asia and the Pacific, sub-programme 8: Social Development, including persistent and emerging issues.
- **ECA:** The proposal is within the scope and priorities of the strategic framework, ECA sub-programme 1 (Facilitating economic and social policy).
- **ECE:** The proposal is within the scope and priorities of the strategic framework, ECE sub-programme 4 (Economic cooperation and integration) and sub-programme 3 (Statistics) and Gender Focal Point.
- **ECLAC:** The proposal is within the scope and priorities of the strategic framework, ECLAC sub-programme 4 (Social development and equity).
- **ESCWA:** The proposal is within the scope and priorities of the strategic framework, ESCWA sub-programme 2, 6 and 7 (Integrated Social Policies, Statistical Coordination Unit and Centre for Women).

In regional commissions other than ECE and ESCWA, the project also addresses expected accomplishments (EAs) under a number of other sub-programmes. However, in order to maintain focus, only the key sub-programmes have been mentioned above.

2.3 Link to the MDGs and Development Agenda

The principal objective of the project is centered on strengthening the MDG process by providing supplementary targets and indicators which would result in improved tracking of progress made on achieving all the MDGs and particularly MDGs

1, 3, 4, 5, 6 and 8. It would also help in creating better awareness and enhanced priority accorded to other mandates such as the Programme of Action of the International Conference on Population and Development (ICPD), the Biwako Millennium Framework for Action, the Madrid International Plan of Action on Ageing, the Beijing Platform for Action, and the Convention on Elimination of All Forms of Discrimination against Women (CEDAW).

2.4 Lessons learned

Inputs received during intergovernmental and expert group meetings held in ESCAP and reports from projects implemented by the UN secretariat and specialized agencies have indicated that, while significant progress had been made by some countries toward achieving the MDGs, the progress made was uneven among sub-national regions and vulnerable social groups such as the disabled, the elderly, as well as women had not benefited fully from the progress. In fact, the disparities had increased in some countries, highlighting the need for orientating policies and programmes towards vulnerable groups and for advocating their cause by setting new priorities. Another common finding has been that a number of gaps exist with respect to health, gender and social integration and information is often limited to undertake any kind of meaningful analysis. Most national data are not disaggregated by gender or coverage of vulnerable groups and some issues such as violence against women may be considered by some governments as being too private or sensitive to collect.

In ECLAC, the experience has been similar as is brought out in the ECLAC Development Account project profile - 04/05E on “strengthening the capacity of Latin American and Caribbean countries to fulfill the Millennium Development Goals”. The need to take into account economic, cultural and social heterogeneity in the implementation of the MDGs has been highlighted along with complementing the MDGs by adjusting the indicators and targets used in light of the special characteristics of the ECLAC region. One of the expected accomplishments of the project is the adoption by ECLAC countries of an extended set of MDG indicators that are more suitable to the situation of the ECLAC region.

3. Problem analysis

Integration of socially vulnerable groups

Certain social groups do not enjoy equal access to all resources in society because they are subject to discrimination, marginalization and disadvantages. The MDGs do not explicitly incorporate issues of social integration whose inclusion into broader development agendas is critical for sustained social development and poverty reduction. For example, the present poverty measurement indicators do not measure the social dimension of poverty, as they do not assess the extent of integration of socially vulnerable groups in mainstream development processes. The measurement of progress in the achievement of MDG goals could be made more meaningful if the differential impacts of development at sub-national levels and among various social groups are measured. Though it has embraced many social development objectives, the MDG process still holds untapped potential for fostering social integration of socially vulnerable groups such as youth, refugees, the aged and persons with disabilities. Adoption of specific policy measures that enhance the access of vulnerable social groups to opportunities, particularly, basic social services, social safety nets and participation in decision-making and to productive assets such as land, capital and technology are important for the promotion of poverty reduction and inclusive societies. Equally important are also the elimination of physical and social barriers with special emphasis on measures to meet the special needs of those who face obstacles in participating fully in society. Analysis of the impact of factors such as employment, labour market structures as well as family structures in the context of the broader development agenda, and particularly the MDG processes, contributes toward social integration.

Ageing

The complex relationship between population and development, particularly the implications of changes in age structure as a result of decline in fertility and mortality levels, is another development dynamic that has not been integrated into the MDGs. The phenomenon of population ageing is emerging as a serious global developmental challenge, especially in the less developed countries. By 2015, it is estimated that 62

developing countries in the world will increase their elderly population – those aged 65 years or more – by more than 50 per cent. Addressing the living conditions of old adults is crucial to effectively reduce poverty and accelerate progress towards the achievement of the MDGs. Income poverty significantly affects households that include persons above the age of 60 years and is more prevalent in rural areas.² It is essential to incorporate the challenges posed by population ageing in the broader development agenda, including the MDG process.

Disability

As per an estimate, ten per cent of the world's population is disabled and seven out of ten persons with disabilities live in a developing or transitional economy. Persons with disabilities have similar needs for health, education and other social services as non-disabled populations but face serious challenges in securing access due to physical and social barriers. As a consequence, less than 10 per cent of children with disabilities attend school; unemployment rates among people with disability are three times more than those among non-disabled populations; and over 40 per cent of people with disabilities live in poverty.³

In spite of legislation, people with disabilities continue to experience discriminatory practices and deep-rooted stigmatization. Women with disabilities are among the most marginalized. The goals and commitments of the Millennium Declaration have not been disability inclusive to date. Actions proposed in the 2005 World Summit outcome to further achieve these goals and commitments will not contribute to sustainable and equitable development and eradication of extreme poverty and hunger unless these become disability inclusive and contribute thereby to progressive removal of barriers to full and effective participation by all citizens.

Gender equality and empowerment

There exist a number of gaps, shortcomings and ambiguities in the coverage of gender dimensions in the MDGs. Gender has been addressed in the MDGs primarily in

² www.un.org/esa/socdev/ageing/workshops/tz/ppt/undp.pdf

³ ESCAP (2002) Biwako Millennium Framework towards an Inclusive, Barrier Free and Rights-based Society.P-19

the context of goal 3 (promote gender equality and empower women) and goal 5 (improve maternal health). Indicators focusing on the following areas represent these goals: education, maternal health, and women's employment in the non-agricultural sector and women in public office.

There has been concern regarding the narrow focus of gender in these indicator areas. Gender is a crosscutting issue, yet the treatment of gender in the MDGs through a narrow focus in a small number of areas may diminish the crosscutting nature of gender. Gender specialists have made emphasis that gender in the MDG's should involve not only implementation of goal 3 but also that of all MDG goals. It has been felt that a gendered approach, including through the collection of gender-disaggregated data, can assist in elaborating requirements for achievement of many of the MDGs. The Beijing Platform for Action (BPFA) as a framework is comprehensive and, to a certain extent, reveals different priorities from those identified in the MDGs. For this reason, it has been strongly suggested that the MDGs draw from the BPFA in order to ensure the crosscutting nature of gender in all the goals.

There is a need to synergize and ensure complementarities between the MDGs and the other key women's developmental agendas (Beijing Platform for Action, Convention on the Elimination of All Forms of Discrimination against Women (CEDAW)). This would ensure that the various gender developmental agendas do not work at cross-purposes but rather are mutually reinforcing in an optimal way. Each offers distinct strengths. The MDGs have been cited as having opened a powerful space for dialogue between governments and donors and helped to generate political will. The Beijing Platform for Action offers a comprehensive platform for action ensuring the crosscutting nature of gender and establishing priorities that go to the fundamental and structural roots of women's human rights violations and inequities. CEDAW offers a framework for analyzing discrimination, a formal accountability process, and established routes for NGO participation. There has already been considerable work in developing CEDAW gender indicators working closely with the MDGs.

Health

There are three goals specifically on health, yet it is felt that the MDG indicators do not measure some key issues that have a bearing on health. As per WHO statistics, chronic diseases today account for 35 million out of the estimated 58 million deaths in 2005, and 80 per cent of these would occur in low- and middle-income countries. While on one hand, there are no indicators to measure progress in tackling the growing threat of non-communicable diseases as well as capacity to deal with newly emerging diseases such as avian influenza, there are also no targets or indicators which measure capacity of health systems to deliver good quality health services in an equitable manner. Indicators to measure financing of health services are also considered important to track progress towards the MDGs, yet these are likewise missing.

Good reproductive and sexual health underpins all the MDGs, especially MDG 1 (poverty), MDG 3 (gender equality), MDG 4 (child health), MDG 5 (maternal health), and MDG 6 (combating HIV/AIDS and other diseases). Universal access to reproductive and sexual health, including family planning, is the starting point for maternal health and critical for addressing the needs of the largest cohort of young people entering their reproductive years. These points have been reinforced by experts involved in the Millennium Project and in the Report of the UN Secretary General on the follow up to the Millennium Summit, "In Larger Freedom". Making reproductive health services accessible through health sector reforms and integration in primary health care services is also key to the achievement of the health related MDGs. Actual progress in women's ability to exercise their reproductive and sexual rights remains limited due to factors such as low levels of education and employment, socio-cultural and supply constraints. It has been found that access to good quality reproductive and sexual health services by the poor and socially vulnerable is also crucial for reduction of poverty.

The non-inclusion of issues related to social integration, gender empowerment and some aspects of health under MDG targets and indicators has significant implications for policy formulation in developing countries world-wide, including:

1. The MDGs are the most widely supported and comprehensive development targets that countries have agreed to and the omission of comprehensive indicators

- on social integration, gender equality and health may lead to less priority accorded to these issues, which are important for the broader development agenda.
2. The implementation plans prepared by some countries to achieve the MDGs often do not reflect within them clear strategies to address social integration, gender equality and aspects such as health promotion and health protection mechanisms.
 3. Regional disparities make the baseline for achievement of MDG goals different from region to region. Closer examination of countries appearing to have achieved MDG goals would show these countries actually lagging in progress if analyzed from the point of view of social integration and gender equality as well as comprehensive health indicators.
 4. The setting of new targets and indicators may also stimulate interest from countries, which hitherto have found that present MDG targets and indicators do not require any substantial efforts from them to be achieved.

3.1 User analysis

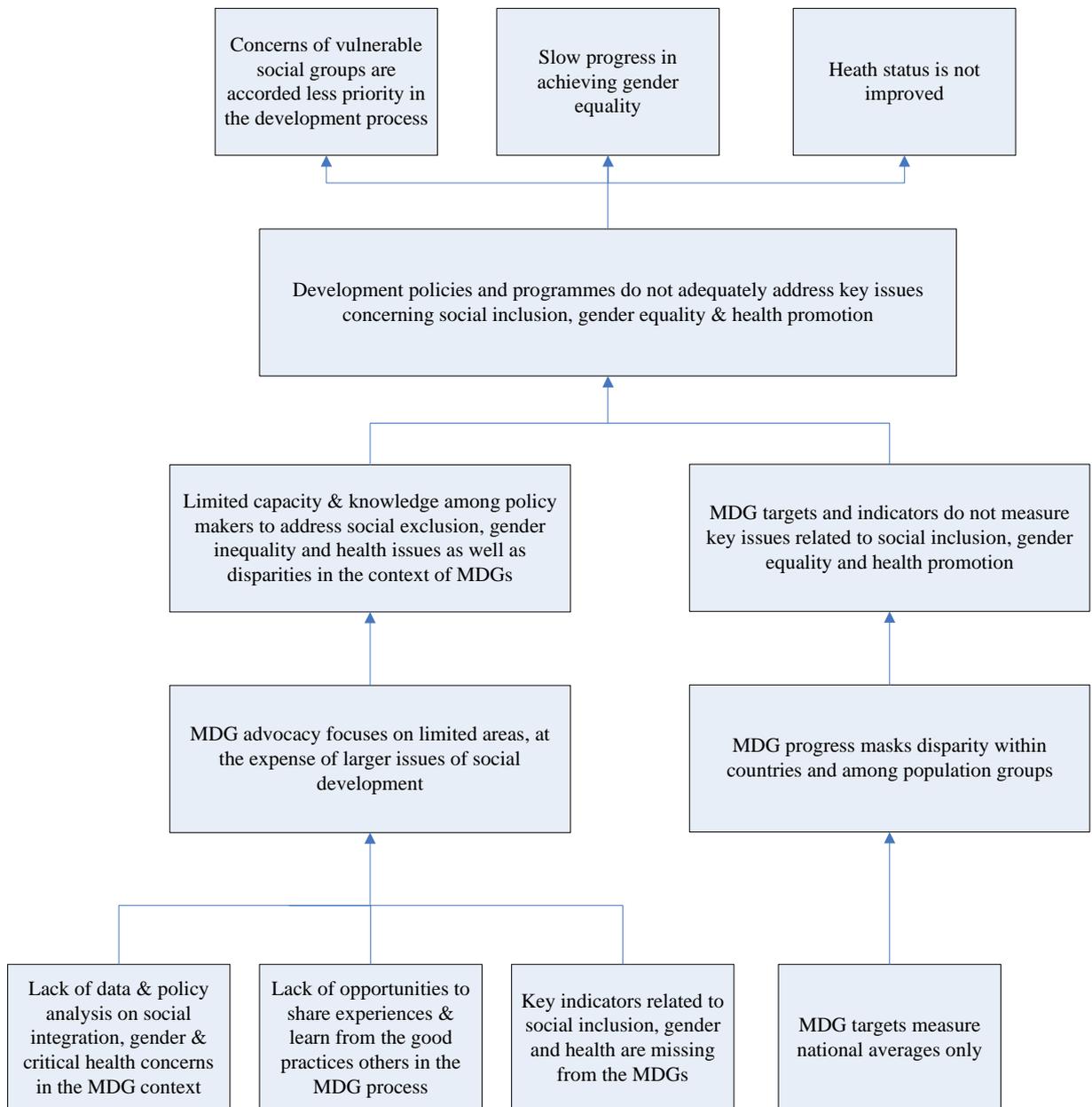
Project beneficiaries would include developing countries and transitional economy countries in the five regions represented by implementing regional commissions. Though entire regions are sought to be covered under the project, the focus would be on the least developed and developing countries within each region, especially those requiring special efforts in order to achieve the MDGs. For example, in the ECE, the project focus would be on countries in Central Asia and the Caucasus. In ESCAP, which is a large and diverse region, special attention would be paid to countries in South and South- East Asia as well as Pacific Island countries. This pattern would be followed in other regions also. However, issues such as gender equality and social inclusion are of concern in almost all countries, it would be ensured that the indicators are useful for application in all countries. Further, the selection of countries would also have to be made to ensure that the social, cultural and economic diversity of all countries in the region are fully captured in the process.

Targeted beneficiaries would be high-level public sector decision makers and senior advisors in the ministries of economic development, finance, health, planning, and

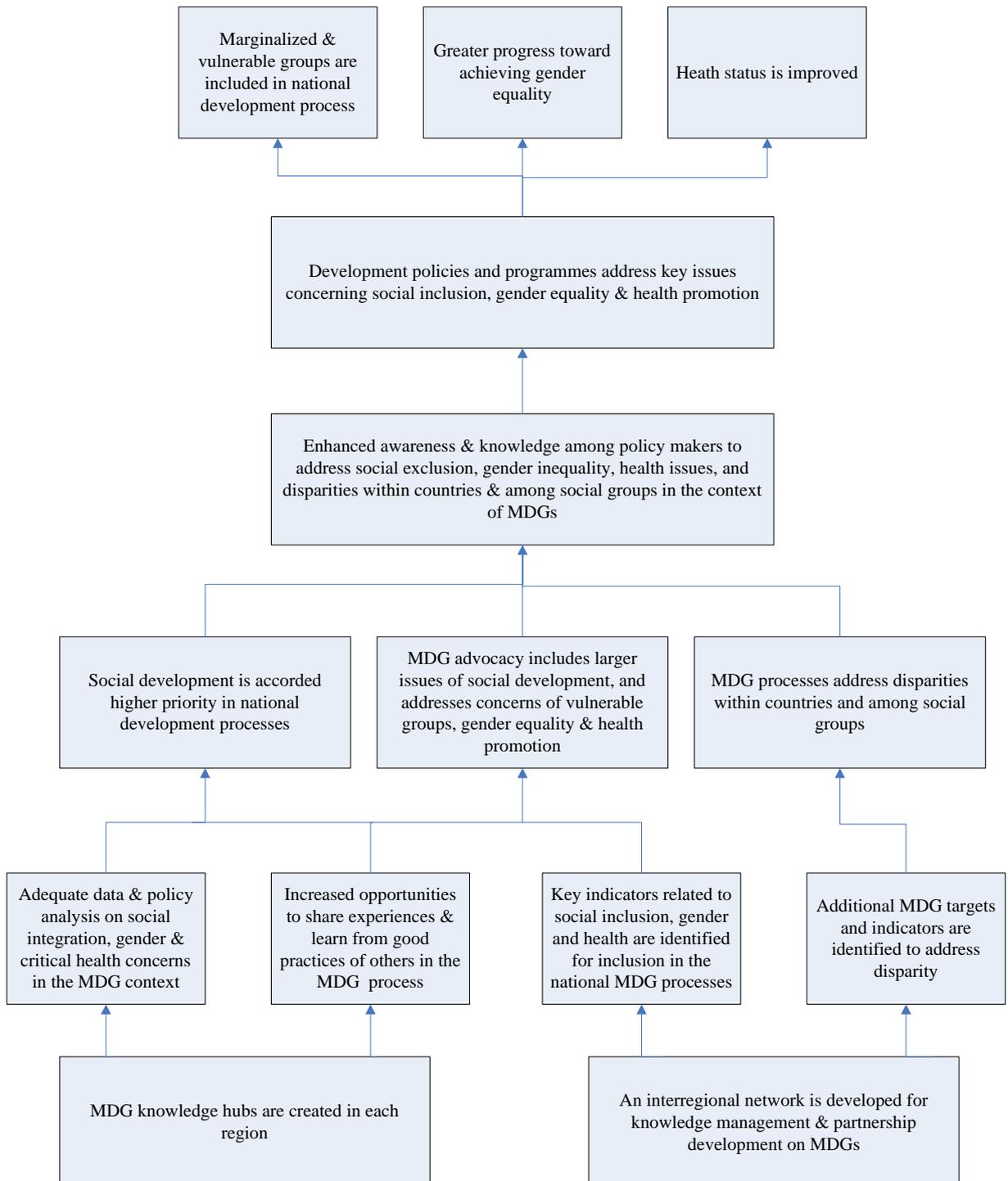
social development and women affairs. The project would be implemented in close collaboration with country level experts and it is expected that the targets and indicators that are developed would have strong country level ownership. This ownership would be vital for adoption of these additional targets and indicators in the process of national level planning processes.

Members of civil society organizations working on issues and topics relevant to this project would also be targeted beneficiaries. Their involvement would support their capacity development as well as enhance their ability to advocate for the adoption and integration of the new targets and indicators into national development planning and policy formulation.

3.2 Problem Tree



3.3 Objective Tree



4. Project Strategy: Objectives, Expected Accomplishments, Indicators and Main Activities

4.1 Overall Objective

To increase the capacity of Governments in the five regions to promote the social inclusion of vulnerable groups, gender equality and health dimensions in national development plans.

4.2 Expected Accomplishments

- A. Additional region-specific targets and indicators pertaining to health, gender equality, population and development, and socially vulnerable groups are identified or developed that facilitate the formulation of more comprehensive development strategies in the context and spirit of the MDGs.
- B. A stronger foundation for knowledge management in 5 regions is established for collecting and analyzing information and data related to additional MDG targets and indicators.

4.3 Indicators of achievement

By the end of the project:

- Region-specific targets and indicators pertaining to health, gender equality, population and development, and socially vulnerable groups are identified or developed and aligned with the MDG process.
- A network of MDG knowledge hubs is created that undertakes policy-oriented research and analysis on region-specific MDG-related targets and indicators and serves as a centre for creating national capacity for accurate data collection and analysis to facilitate formulation of effective MDG policies.

Within two years from the end of the project:

- The new targets and indicators complementary to the MDGs, developed as part of the project, have been discussed in at least one intergovernmental meeting in all the regions.

Within five years from the end of the project:

- At least one country in each region has adopted the new targets and indicators and incorporated them into the national policy planning process for the achievement of MDGs.

4.4 Main Activities

Development of additional region-specific targets and indicators

1. The project would be initiated by holding an *inception workshop* that would allow all regional commissions to agree on processes and protocols, preserving the flexibility to accommodate region-specific differences. The inception workshop would be convened via video-conferencing.
2. *Desk research and collation of existing research* available on integration of socially excluded groups, gender empowerment and health systems and their impact on the achievement of MDGs would be undertaken. This research would be done in a region specific manner and draw on regional and country reports and analyses prepared by UN bodies, specialized agencies, civil society organizations as well as academic publications.
3. *Consultants* would be engaged in each region to analyze existing reports and supplement the same with country level studies that may be available, and prepare reports with clear recommendations on areas that could be tracked through new targets and indicators. Separate reports may be commissioned covering social integration, gender and health. More areas could be covered depending on the requirements of each region.
4. *Communities of practice* would be created in a few select topical areas. E-mail/web-based discussion groups would be used in order to initiate discussions between experts from academia, government, civil society and other sectors working on social integration, health and gender. These discussion groups would be coordinated and made as vibrant as possible as the success of these groups would be key to the success of the project. It would be ensured that all points of view are well represented in the groups. There may be a number of groups depending on the importance that a region may accord to a particular topic.
5. The reports compiled by the consultants would be reviewed in *Expert Group Meetings (EGMs)*. The communities of practice would also be used to provide inputs to and to

discuss the reports of the consultants prior to the workshop. The thrust would be on providing a strong country level focus so that the outputs are useful and specific for the region. Specialized agencies, civil society organizations and academia would also be involved in the workshop.

The Expert group meetings would serve two key objectives. Firstly, the participation of experts from a wide range of countries and sub-regions would ensure that the proposed indicators and targets truly capture the diversity and variations that are seen in many regions. Secondly, the participation of country level experts at the EGMs would serve to create stronger ownership of the entire process at national level, which may lead to countries pro-actively taking steps to include the indicators developed at the end of the project into their development planning processes.

6. The reports of the consultants would be modified on the basis of the EGMs and further research commissioned if necessary and if funds are available. One or two EGMs may be held depending on the preference of the region. The indicators, modified as per the comments received would then be discussed through the e-mail/web-based discussion groups or through a second regional workshop.

7. The final project report would publish the findings of the project and the additional targets and indicators identified for possible inclusion into MDG processes. The report would be disseminated through the websites of all regional commissions and the UN secretariat.

Knowledge management

8. *Communities of practice* would be established in a few select topical areas through e-mail/web-based discussion groups as indicated above in paragraph (4) to facilitate exchange of views and knowledge between experts from academia, government, civil society and other sectors working on social integration, health and gender. This process would be continued under the charter of activities of the MDG knowledge hubs.

9. A stronger foundation for knowledge management in the five regions would be established for collecting and analyzing information and data related to additional MDG targets and indicators by the establishment of *MDG knowledge hubs*, one in each region. Institutions that are already working in the field of data collection on the MDGs would be given preference in order to ensure sustainability.

10. The process of selection of MDG knowledge hubs would be initiated in parallel to the work on indicator development through e-mail discussions with country experts, UN bodies and specialized agencies. A few sites would be short-listed. These sites would be discussed and finalized in the workshop.

Funding would be provided for the following knowledge management related activities:

- Design and launch of a website for disseminating the additional targets and indicators identified for possible inclusion into MDG processes.
- Collating and making available on-line research and literature on linkages between achievement of the MDGs and issues relating to social integration, gender empowerment and health.
- Maintenance of the *communities of practice* and their transformation into *knowledge communities* after cessation of the project, in order to provide continuous input on the implementation of programmes to achieve the additional targets and indicators.
- Commitment for producing yearly reviews of progress made on the additional targets and indicators.

Interregional coordination

11. One interregional workshop would be held at the end of the project in order to harmonize the processes between the regions and also to allow discussions and outcomes in one region to benefit from inputs from another region. The inception workshop would be conducted at the beginning of the project via video conferencing. The web discussion forums would also be structured so that experts and policy makers from different regions are able to exchange views and learn from experiences in other countries.

5. Monitoring and Evaluation

In order to monitor progress and evaluate outcomes of project activities, a set of verifiable indicators have been identified. These include:

By the end of the project:

- Region-specific targets and indicators pertaining to health, gender equality, population and development, and socially vulnerable groups are identified or developed and aligned with the MDG process.
- A network of MDG knowledge hubs is created that undertakes policy-oriented research and analysis on region-specific MDG-related targets and indicators and serves as a centre for creating national capacity for accurate data collection and analysis.
- **Means of verification:** Reports and websites of all regional commissions.

Within two years from the end of the project:

- The new targets and indicators complementary to the MDGs, developed as part of the project, have been discussed in at least one intergovernmental meeting in all the regions.
- **Means of verification:** Reports and websites of all regional commissions.

Within five years from the end of the project:

- At least one country in each region has adopted the new targets and indicators and incorporated them into the national policy planning process for achievement of MDGs.
- **Means of verification:** Review of policies at national level and reports from countries. In case, there is no regular reporting mechanism, a special survey could be carried out for the purpose, using the MDG knowledge hubs created under the projects.

An amount of US\$ 18,000 has been suggested as allocation for an external evaluation of the project, which would be done within 6 months from the end of the project. This evaluation would mainly focus on project activities and processes and would be too early to evaluate the impact of the project as such. Further impact analysis could be done as part of a separate exercise after 2 years.

6. External factors

Certain conditions beyond the control of the project must exist to fully achieve the project objectives and expected accomplishments/outputs. These include:

- The MDG process must continue to gain momentum, with countries aligning their developmental processes towards achieving MDGs.
- All other UN bodies and specialized agencies incorporate the new targets and indicators for measuring progress made toward integration of socially vulnerable groups, gender empowerment and health promotion into their work.
- Willingness of national institutions to adopt the new targets and indicators as part of national planning processes to achieve the MDGs.

7. Implementation arrangement

This is a joint project involving all Regional Commissions, viz, ESCAP, ECA, ECE, ECLAC and ESCWA.

ESCAP will be the lead agency for this project. It will be responsible for overseeing the design and implementation of the project. The other Regional Commissions will take lead roles in implementing project activities in their respective regions.

The role of UN bodies and specialized agencies, such as UN-DESA, UNDP, UNIFEM, UNFPA and WHO, will be primarily supportive. It will include provision of technical advice, selection of experts, advice on design and facilitation of EGMs, identification of MDG knowledge hubs, and providing inputs to the discussion groups, consultant reports and EGMs.

Within ESCAP, the Emerging Social Issues Division will lead the project with support from the Poverty Reduction Section, Poverty and Development Division and the Statistics Division.

Due to the interregional nature of this project, close coordination between regional commissions and specialized agencies in the planning, implementation and review phases is required. The funds allocated to this have been minimized. In addition to forming e-mail and web-based discussion groups, e-mail contact and video conferencing will be used for consultation and coordination.

Project Activity Flow Chart

