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AIDSTAR-Two Central Task Order Trip Report

Honduras: May 11-22, 2009

June 15, 2009

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About the Project

The AIDSTAR-Two Project is a three-year Task Order working to identify, adapt, package, disseminate, and encourage the use and institutionalization of best practices that will enable HIV & AIDS implementing partners, local and regional networks, and USG field offices to access the right practice at the right time, for the right cost, to address the right performance gap across the prevention-care-treatment continuum. The overarching strategic objective of the AIDSTAR-Two Honduras program is to reduce HIV incidence among the key most at-risk populations (MARPs), including men who have sex with men (MSM), transgendered/transsexual individuals, Garifuna, and commercial sex workers (CSWs).

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Travelers and Dates

- John Berman (Project Director), May 11-15, 2009
- La Rue Seims (Monitoring and Evaluation Advisor), May 11-15, 2009
- Martha Rodriguez (Human Resources Staffing Specialist), May 11-15, 2009
- Lauren Bailey (Administrative Coordinator), May 11-22, 2009

Executive Summary

The AIDSTAR-Two Project recently mobilized a team of Management Sciences for Health (MSH) staff to travel to Honduras to develop a detailed implementation plan (DIP) based on the year-one work plan and to assist with project start up activities. The following trip report breaks down each key objective or deliverable as outlined in the scope of work (SOW) and includes information on key activities undertaken to accomplish the deliverable, the results or conclusions drawn, and next steps or recommendations. Several of the listed objectives/deliverables will be completed by Lourdes de la Peza, MSH Capacity Building Expert, on her TDY to Honduras (June 8-19, 2009).

Objectives and Deliverables

- DIP based on the AIDSTAR-Two Honduras Year One Work Plan
- Draft monitoring and evaluation (M&E) framework and Performance Monitoring Plan (PMP)
- Finalized memorandum of understanding (MOU) with The Global Fund Principal Recipient (PR), CHF International
- Completed orientation for Chief of Party
- Completed capacity assessment of NGOs receiving Global Fund assistance
- Draft RFA for first round of AIDSTAR-Two Honduras grants
- Establishment of basic project infrastructure (office space, bank accounts, initiation of local procurement etc.)
- Recruitment of key host-country positions
- Development of staff training plan

The diverse objectives of the trip were mirrored by the composition of the team, including John Berman, AIDSTAR-Two Project Director; La Rue Seims, M&E Advisor; Martha Rodriguez, Human Resources Staffing Specialist; and Lauren Bailey, Administrative Coordinator. The Project staff closely collaborated with the newly hired Chief of Party Dr. Licida Bautista and the Director of Finance and Administration Mr. Luis Suarez.

Trip Objectives and Deliverables

Detailed Implementation Plan (DIP)

Activities Undertaken to Accomplish Deliverable

John Berman, La Rue Seims, and Licida Bautista worked closely together in a series of workshop meetings May 11-14 to develop a DIP based on the project work plan and results framework (per the three Intermediate Results [IRs] of enhanced organizational capacity to deliver prevention and care services, improved enabling environment to facilitate access to prevention and care services, and provision of prevention and care services through NGOs). From outside of Honduras, Lourdes de la Peza also contributed to the development of procedures and the schedule for the initial capacity assessment of the Global Fund-supported NGOs.

The DIP process broke down project objectives into detailed activities and tasks, including timing, prerequisite activities, and person(s) responsible.

Results/Conclusions

Based on the DIP workshop outcomes, Ms. Seims developed a Microsoft Project Schedule (Annex A) outlining activities from May to December 2009. This will serve as an important tool for project management, tracking, and progress reporting both with in-country staff and the AIDSTAR-Two team in Washington, DC.

The development of the DIP served as an opportunity to orient Dr. Bautista to the project objectives and assure that the AIDSTAR-Two staff in Washington and Honduras has a shared vision and understanding of programmatic objectives, activities, and priorities.

Next Steps and Recommendations

Dr. Bautista and AIDSTAR-Two Washington staff will initially co-manage the Microsoft Project DIP, but when additional staff are hired and trained in Honduras, they will manage and update the plan in-country. Mr. Berman and Dr. Bautista are currently discussing which staff members will be tasked with the ongoing DIP management.

Draft M&E Framework and PMP

Activities Undertaken to Accomplish Deliverable

Ms. Seims developed a preliminary PMP based on the AIDSTAR-Two Honduras work plan, and did so in conjunction with the DIP process to ensure full alignment. She and Dr. Bautista discussed the PMP and added indicators that NGO sub-grantees will measure, only including relevant indicators that at least a sub-set of the NGO sub-grantees could realistically measure. Ms. Seims referenced the PEPFAR

Indicators Reference Guide FY08 Planning for definitions, especially for the indicators to be measured by NGO sub-grantees.

During the planning phase, Ms. Seims met with several M&E specialists or other relevant stakeholders in Honduras, including Francisco Armenta, Global Fund PR, CHF International/M&E; Karla Zepeda, PAHO/M&E; Dr. Rudy Molinera, MOH/M&E; Tomasa Sierra, MOH/M&E; and Inge Jacobs, Global Fund PR, CHF International.

Results/Conclusions

Ms. Seims developed the PMP (Annex B) and aligned it with the DIP (organized per three IRs). With input from US- and Honduras-based staff, Ms. Seims developed PMP indicators that measure both output and outcome-level indicators according to the work plan deliverables. She also defined indicators data sources, estimated targets, and frequency of measurement.

Ms. Seims met with relevant stakeholders and worked closely with Dr. Bautista to ensure the PMP included adequate indicators to be measured by the NGO sub-grantees. The close involvement of the COP in this process will help ensure full alignment and consensus between all involved project staff and stakeholders.

Next Steps and Recommendations

Several PMP indicator targets remain to be determined; Dr. Bautista will finalize these targets.

Finalized MOU with Global Fund PR, CHF International

Activities Undertaken to Accomplish Deliverable

Mr. Berman and Dr. Bautista met CHF Director Milton Funes and Global Fund staff on May 14 to discuss ongoing collaboration and to finalize the MOU between CHF and MSH/AIDSTAR-Two.

Results/Conclusions

Representatives from MSH/AIDSTAR-Two, CHF, and the Global Fund signed the final MOU (Annex C) on May 14. This represents a great opportunity both for the individual projects and for the donors to see their work and investments scaled up and closely coordinated for greater health impact.

Next Steps and Recommendations

Per the MOU agreement, AIDSTAR-Two and CHF staff will closely collaborate in-country as well as through their offices in Washington. USAID and the Global Fund will remain very involved in this process. The MOU in full is attached (Annex C); key agreements include that AIDSTAR-Two will support the capacity-building of NGOs supported by Global Fund/Honduras, and that both Global Fund/Honduras and AIDSTAR-Two endorse the social mobilization framework as the principal strategy to

address structural drivers of the AIDS epidemic in Honduras, and will collaborate on the implementation of social mobilization activities.

Completed Orientation for Chief of Party

Activities Undertaken to Accomplish Deliverable

John Berman and La Rue Seims oriented Dr. Bautista through a variety of trainings as well as through her close involvement of programmatic planning activities, including the DIP, PMP, and MOU with CHF. Martha Rodriguez provided formalized orientation and trainings on several topics, including MSH overview, policies, and procedures; Staff Performance Plan, Review, and Development (PPRD) process; and MSH internal and external website and resources.

Results/Conclusions

Ms. Rodriguez delivered the formal MSH orientations, and Mr. Berman and Ms. Seims oriented Dr. Bautista to the AIDSTAR-Two Project, especially through the DIP planning and PMP process. Dr. Bautista is now nearly fully oriented and able to manage the project and staff following MSH and USAID protocols and regulations and per the technical objectives and goals of the project.

Next Steps and Recommendations

In the initial months, Dr. Bautista will continue to receive support from AIDSTAR-Two and MSH technical staff. She will also travel to the MSH Cambridge office this year for a full new hire orientation and additional meetings with AIDSTAR-Two Project and other staff members.

Completed Capacity Assessment of NGOs Receiving Global Fund Assistance

This activity will be completed by Lourdes de la Peza during her upcoming TDY (June 8-19), per the SOW.

Draft RFA for first round of AIDSTAR II Honduras grants

This activity will be completed by Lourdes de la Peza during her upcoming TDY (June 8-19), per the SOW.

Establishment of Basic Project Infrastructure*

Activities Undertaken to Accomplish Deliverable

Lauren Bailey worked closely with Dr. Bautista and JSI/AIDSTAR-One staff to identify and lease office space. Staff from the two projects also collaborated to reach agreement on financial responsibility regarding office space, renovations, shared staff, etc.

* Includes office space, bank accounts, initiation of local procurement, etc.

Ms. Bailey worked with AIDSTAR-Two headquarters and in-country staff to identify procurement needs and issue requests for quotes (RFQs) for a variety of office procurements, including local architects to renovate the office space. An inventory was also taken of all items currently in the COMCAVI *Comunicando Cambio para la Vida*—this project’s predecessor) office that may be transferred to the new office.

Ms. Bailey and Mr. Suarez also completed other administrative tasks such as meeting with staff from the accounting firm Grant Thornton to arrange temporary funds transfers and disbursements while MSH is pending registration in Honduras, and meeting with Ms. Maria Romero of USAID/Honduras to begin the Honduras Government tax exemption form.

Results/Conclusions

A shared office for AIDSTAR-One and AIDSTAR-Two was identified and leased with the first four months of rent paid in full. AIDSTAR-Two and AIDSTAR-One arranged terms on May 20 to pay rent, utilities, and other shared positions (receptionist and security service) proportionally based on the square footage occupied by each project. (AIDSTAR-One is responsible for one-third of shared expenses while AIDSTAR-Two is responsible for two-thirds.)

Four architects came to the office on May 19 and delivered responses to an RFQ for office renovations. The architects toured the building and received copies of the office floor plans; the vendor will be selected based on price and availability (Annex D).

RFQs were issued for office furniture and equipment, and 12 months of security services (Annex E). Security providers submitted quotes, and the project staff in Honduras is currently waiting on quotes for the office furniture and equipment. When quotes are received, Ms. Bailey will work with in-country staff—namely Mr. Suarez—and MSH headquarter procurement staff to ensure all procurements adhere to MSH and USAID regulations.

Grant Thornton will set up a dedicated bank account for AIDSTAR-Two, receive funds wired from MSH headquarters in Cambridge, and make disbursements as directed by the AIDSTAR-Two Honduras Director of Finance Mr. Suarez. Ms. Bailey and Mr. Suarez finalized and submitted the tax exemption form.

Next Steps and Recommendations

AIDSTAR-Two Arlington staff will finalize costing and present JSI/AIDSTAR-One with a flat monthly fee to include JSI/AIDSTAR-One’s monthly portion of rent, utilities, receptionist salary, and security services.

Vendors will be selected on a competitive basis based on price and availability for all RFQ procurements. Mr. Suarez and AIDSTAR-Two Washington staff will work closely with Mr. Marlon Guzman of Grant Thornton for accounting services until MSH receives registration status in Honduras.

Recruitment of Key Host-Country Positions

Activities Undertaken to Accomplish Deliverable

Ms. Rodriguez continued recruitment activities initiated from MSH headquarters and with local assistance from the MSH ULAT Project (Local Technical Assistance Unit) staff and Dr. Bautista. Ms. Rodriguez's activities included further advertisement of open positions; conducting interviews of candidates for multiple positions; collecting updated CVs, biodatas, and reference information for selected candidates; and negotiating salary offers with potential staff.

Results/Conclusions

Ms. Rodriguez was able to continue and expand recruitment efforts and identify candidates for several key positions (Annex F).

Next Steps and Recommendations

Ms. Rodriguez will continue to work with the AIDSTAR-Two staff to finalize recruitment and hiring efforts for the project in the timeliest manner possible. She will also continue to coordinate with AED staff regarding any current COMCAVI staff who will be hired by the AIDSTAR-Two Project.

Development of staff training plan

Ms. Rodriguez is in the process of developing the staff training plan which will be implemented July 1, 2009.

Annexes

- A. DIP
- B. PMP (January 1 to September 30, 2010)
- C. MOU
- D. Renovation Price List
- E. Procurement List
- F. Staffing List

AIDSTAR II/Honduras Project

Performance Monitoring Plan (PMP)

January 1st -September 30th, 2010

IQC No. GHH-I-00-07-00068-00; Task Order No. GHH-I-01-64-70¹ (Global)



¹ This project is funded by the United States Agency for International Development (USAID), Bureau for Global Health (GH), Office of HIV/AIDS (OHA) under the HIV/AIDS Support and Technical Resources Sector II (AIDSTAR II) Indefinite Quantity Contract (IQC).

Background

Under the global HIV/AIDS Support and Technical Resources Sector II (AIDSTAR II) Indefinite Quantity Contract (IQC), Management Sciences for Health (MSH) will increase the ability of U.S. Government (USG) country teams, local civil societies, and host governments to provide critical HIV/AIDS services under the President’s Emergency Plan for AIDS Relief (PEPFAR). A nine-month work plan has been proposed for USAID/Honduras with the objective of reducing HIV incidence among key Most at Risk Populations (MARPS). The objective will be accomplished with three intermediate results: (1) enhanced organizational capacity of local organizations to deliver prevention and care services; (2) improved enabling environment to facilitate access to prevention and care services; and (3) establishing a grants management infrastructure to provide prevention and care services through local organizations.

Goals of the Performance Monitoring Plan (PMP)

This Performance Monitoring Plan (PMP) will be used to monitor and report on the overall performance of the AIDSTAR II/Honduras project in meeting its expected results and targets for each intermediate result (IR). The indicators detailed in the table below will help measure both output and outcome-level results according to the deliverables contained in the work plan. Indicators have been defined, along with data sources, estimated targets and frequency of measurement.

AIDSTAR II/Honduras Performance Monitoring Plan Indicators

| Indicators | Definitions | Data Source(s) | Target |
|---|--|---|-------------------------------------|
| IR 1: Enhanced Organizational Capacity to Deliver Prevention and Care Services | | | |
| # of organizational assessments conducted of NGOs supporting MARPs, by funding source. | This refers to organizations whose functioning has been assessed under AIDSTAR II using organizational assessment tools. Funding sources include USAID and the Global Fund. | Project Reports | 7 Quick Start 21 Focus Groups |
| # of NGOs receiving direct grant support from AIDSTAR II/USAID to enhance organizational capacity. | This will include any organization receiving a direct cash grant, regardless of the level of funding. | Grants Management Records | 7 |
| # and % of NGOs who have improved their organizational functioning after receiving direct grant support through | # of organizations who have improved their organizational functioning based upon application of assessment tools at the beginning of the capacity building process and six months afterwards as a proportion of the organizations that received direct | Results of self-report tool application | 7/100% |

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| AIDSTAR II | grant support | | |
| # of teams and # of participants from Honduras in the Virtual Leadership Development Program (VLDP) | The VLDP combines the use of the internet, printed materials, and face-to-face work to strengthen the capacity of health teams to identify and address health challenges. Rather than giving a few top level managers off-site leadership training for one to two weeks or more, the VLDP trains up to 12 teams of four to 10 people virtually over the course of 13 weeks. The VLDP requires approximately four to six hours of individual commitment per week. Team members work independently on the VLDP web site with additional support from the program workbook. They also participate in on-site team meetings within their organizations throughout the program. During the VLDP, each team plans and develops an action plan that addresses a real organizational or programmatic challenge facing them. | TrainNet | 12 teams 120 participants |
| # of teams that report that their work climate has improved as a result of a VLDP | Work Climate will be measured during the VLDP with application of the Work Climate Assessment Tool | TrainNet with specific follow-up | 12 |
| # of workshops and # of participants of workshops held for NGOs supporting MARPs | MARPs include men-who-have-sex-with-men (MSM); transgender/transsexual; Garifuna; and commercial sex workers (CSWs). | Workshop reports | 2 workshops 40 participants |
| # of local organizations provided with technical assistance for strategic information activities. | A local organization is defined as any entity whose headquarters is in a country or region served by the Emergency Plan. As such, the majority of the entity's staff (senior, mid-level, support is comprised of host country and/or regional nationals. "Local organizations" refers to both governmental and non-governmental (NGOs, FBOs, and community-based) organizations. Technical assistance (TA) is defined as the identification of need for and delivery of practical program and technical support. TA is intended to assist local organizations including capacity to design, implement and evaluate HIV prevention, care, and treatment programs. TA should include regular technical communications and information dissemination sustained over a period of time. TA can | Project records. | TBD |

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| | <p>be provided through a combination of strategic approaches and dissemination strategies, including individualized and on-site peer and expert consultation, site visits, ongoing consultative relationships, national and/or regional meetings, consultative meetings and conferences, conference calls and web-casts, development and implementation of training curricula.</p> <p>Provision of technical assistance for strategic information refers to activities that aim to strengthen HIV/AIDS surveillance, HMIS and M&E. Examples include providing local organizations with technical assistance in the following areas: developing or improving M&E models, methods and tools for collecting, analyzing, dissemination and using data; establishing or improving information systems; developing or improving program monitoring, planning and or conducting targeted program evaluations including operations research; monitoring and dissemination best practices to improve program efficiency and effectiveness; and/or improving data quality.</p> <p>Strategic information includes HIV/AIDS surveillance, health management information systems, and monitoring and evaluation.</p> | | |
| <p># of local organizations provided with technical assistance for HIV-related institutional capacity building.</p> | <p>A local organization is defined as any entity whose headquarters is in a country or region served by the Emergency Plan. As such, the majority of the entity’s staff (senior, mid-level, support is comprised of host country and/or regional nationals. “Local organizations” refers to both governmental and non-governmental (NGOs, FBOs, and community-based) organizations.</p> <p>Technical assistance (TA) is defined as the identification of need for and delivery of practical program and technical support. TA is intended to assist local organizations including capacity to design, implement and evaluate HIV prevention, care, and treatment programs.</p> <p>TA should include regular technical communications and</p> | <p>Project records.</p> | <p>TBD</p> |

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| | <p>information dissemination sustained over a period of time. TA can be provided through a combination of strategic approaches and dissemination strategies, including individualized and on-site peer and expert consultation, site visits, ongoing consultative relationships, national and/or regional meetings, consultative meetings and conferences, conference calls and web-casts, development and implementation of training curricula.</p> <p>TA for institutional capacity building may cover the following:</p> <ul style="list-style-type: none"> • Strategic Planning: organizations that have a Board of Directors, mission statement, and strategies for the short- and long-term (5-10 years), including diversification of funding sources and ability to write their own grant proposals; • Registration: organizations that are officially registered as legal entities; • Financial Management: organizations that have a practical accounting system in place and are able to account for all expenditures in accordance with USG and in-country audit requirements, analyze unit costs, make financial projections, and track expenditures against budgets; • Human Resource Management: organizations with an established personnel system with checks and balances, for recruiting, paying, retaining, training, and supervising adequate numbers of staff at all levels of the organization; • Networks Development: local networks established/strengthened that deliver prevention, care and treatment services, monitor implementation, and report results; • Commodities, Equipment and Logistics Management: organizations that have established a system to access commodity needs, account for donated product, ensure adequate drug supply at all times, and eventually procure and purchase supplies, equipment, and drugs for HIV/AIDS | | |
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| | <p>prevention, care and treatment services; and</p> <ul style="list-style-type: none"> • Infrastructure Development: laboratories, clinics, and classrooms improved or renovated to provide HIV/AIDS training or services. | | |
| IR 2: Improved Enabling Environment to Facilitate Access to Prevention and Care Services | | | |
| Problems analysis conducted to identify key social norms/barriers to prevention and care services to MARPs | This problems analysis, although it will result in a single report, will likely involve a workshop as well as a number of meetings with key stakeholders and representatives of MARPs. | Problem identification report | 1 |
| # of sector-specific action plans that address norms/barriers to MARP programming | <p>The following are illustrative of the steps needed to develop Action Plans:</p> <ol style="list-style-type: none"> 1. Meet with VCT clinic staff to discuss MARP concerns/issues – including staff beliefs, practices. 2. Help VCT clinic staff understand needs, rights of MARPs. 3. Solicit their views on role of health professionals, and their need to serve all populations. 4. Secure commitment to action plan to improve services for MARPs. | Action Plans | TDB |
| # of NGOs receiving direct grant support from AIDSTAR II/USAID for social/community mobilization activities. | This will include any organization receiving a direct cash grant, regardless of the level of funding. | Grants Management Records | 3 |
| # of meetings held to align sector-level plans addressing norms/barriers to MARP programming | These meetings will provide an opportunity for representatives to meet, discuss their strategies, and propose join activities, wherever possible. | Meeting minutes | TBD |
| Change in social norms towards MARPS. | <p>MARPS include men-who-have-sex-with-men (MSM); transgender/transsexual; Garifuna; and commercial sex workers (CSWs).</p> <p>This study is likely to be qualitative in nature and involve focus groups.</p> | Study report. | 1 |
| # of individuals directly trained | Training refers to new training or retraining of individuals and | Online system | Targets will |

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| <p>in HIV-related community mobilization for prevention, care, and/or treatment, by funding source.</p> | <p>assumes that training is conducted according to national or international standards when these exist.</p> <p>A training must have specific learning objectives, a course outline or curriculum, and expected knowledge, skills and/or competencies to be gained by participants.</p> <p>This indicator will be measured for both USG and Global Fund-supported NGOs.</p> <p>Community mobilization activities include:</p> <ul style="list-style-type: none"> • Identify social groups and mapping existing formal structures or networks in order to encourage or promote HIV prevention, care and/or treatment interventions and services, such as counseling and testing, PMTC, HIV care, and anti-retroviral treatment. • Building trust with the community by providing a forum to discuss their perceived needs for HIV prevention, care, and/or treatment interventions and services. • Developing communication around social networks to engage in dialogue with the community which encourages or promotes HIV prevention, care, and treatment interventions and services. • Creating media and events that expose community members to new ideas, involving them in problem solving, encouraging innovations which promote HIV prevention, care, and/or treatment interventions and services. | <p>or sub-grantee quarterly and annual reports; training records for GF-supported NGOs</p> | <p>be proposed and tracked by each sub grantee.</p> |
| IR 3: Provision of Prevention and Care Services through Local Organizations (see also IR 1 and IR2) | | | |
| <p># of grant wards make after a competitive process</p> | <p>This will include any organization receiving a direct cash grant,</p> | <p>Grants Management</p> | <p>7</p> |

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| | regardless of the level of funding. | System | |
| # and % of grant-supported NGOs whose quarterly report is reviewed and who have been given specific feedback on their quarterly report within 2 weeks of submission | This will include any organization receiving a direct cash grant, regardless of the level of funding. | Grants Management Records | 7/100% |
| # and % of grant-supported NGOs whose annual/end-of-project report is reviewed and who have been given specific feedback on their quarterly report within 4 weeks of submission | This will include any organization receiving a direct cash grant, regardless of the level of funding. | Grants Management Records | 7/100% |
| # and % of grant-supported NGOs given specific technical assistance by type and duration of assistance | This will include any organization receiving a direct cash grant, regardless of the level of funding. Categories of assistance to be defined after problems analysis. | Grants Management Records | TBD/TBD |
| # and % of grant supported NGOs developing a PMP | A PMP will consist of SMART indicators related to the SOW for each sub-grant. | Grants Management Records | 7/100% |
| IR3 Indicators for Sub-Grantees | | | |
| # of individuals directly trained to promote HIV/AIDS prevention through abstinence and/or being faithful | Training refers to new training or retraining of individuals and assumes that training is conducted according to national or international standards when these exist. Abstinence and/or being faithful are defined below as any of the following: Activities or programs that promote abstinence: <ul style="list-style-type: none"> • Importance of abstinence in reducing the prevention of HIV | Online system or sub-grantee quarterly and annual reports | Targets will be proposed and tracked by each sub grantee. |

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| | <p>transmission among unmarried individuals;</p> <ul style="list-style-type: none"> • Decision of unmarried individuals to delay sexual activity until marriage; • Development of skills in unmarried individuals for practicing abstinence; and, • Adoption of social and community norms that support delaying sex until marriage and that denounce forced sexual activity among unmarried individuals <p>And/or:</p> <p>Activities or programs that promote being faithful:</p> <ul style="list-style-type: none"> • Importance of being faithful in reducing the transmission of HIV among individuals in long-term sexual partnerships; • Elimination of casual sex and multiple sexual partnerships; • Development of skills for sustaining marital fidelity; • Adoption of social and community norms supportive of marital fidelity and partner reduction using strategies that respect and respond to local customs and norms; and, • Adoption of social and community norms that denounce forced sexual activity in marriage or long-term partnerships. | | |
| <p># of individuals directly trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful.</p> | <p>Training refers to new training or retraining of individuals and assumes that training is conducted according to national or international standards when these exist.</p> <p>Other behavior change beyond abstinence and/or being faithful includes the targeting of behaviors that increase risk for HIV transmission such as engaging in casual sexual encounters, engaging in sex in exchange for money or favors, having sex with an HIV-positive partner or one whose status is unknown, using drugs or abusing alcohol in the context of sexual interactions, and using</p> | <p>Online system or sub-grantee quarterly and annual reports</p> | <p>Targets will be proposed and tracked by each sub grantee.</p> |

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| | <p>intravenous drugs. Women, even if faithful themselves, can still be at risk of becoming infected by their spouse, regular male partner, or someone using force against them. Other high-risk persons or groups include men who have sex with men and workers who are employed away from home. This could include targeted social marketing and/or the promotion of condoms to these high-risk groups.</p> | | |
| # of individuals directly trained in counseling and testing. | <p>Training refers to new training or retraining of individuals and assumes that training is conducted according to national or international standards when these exist.</p> <p>A training must have specific learning objectives, a course outline or curriculum, and expected knowledge, skills and/or competencies to be gained by participants.</p> | Online system or sub-grantee quarterly and annual reports | Targets will be proposed and tracked by each sub grantee. |
| # of individuals trained in HIV-related stigma and discrimination reduction. | <p>Training refers to new training or retraining of individuals and assumes that training is conducted according to national or international standards when these exist.</p> <p>A training must have specific learning objectives, a course outline or curriculum, and expected knowledge, skills and/or competencies to be gained by participants.</p> <p>HIV/AIDS-related stigma can be described as a “process of devaluation” of people either living with or associated with HIV and AIDS. This stigma often stems from the underlying stigmatization of sex and intravenous drug use – two of the primary routes of HIV infection. Discrimination follows stigma and is the unfair and unjust treatment of an individual based on his or her real or perceived HIV status or being perceived to belong to a particular group.</p> | Online system or sub-grantee quarterly and annual reports | Targets will be proposed and tracked by each sub grantee. |

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| | <p>Stigma and discrimination reduction activities may include:</p> <ul style="list-style-type: none"> • Enhancing practical knowledge to reduce fear of casual transmission; • Providing a safe forum to discuss sensitive topics (sex, death, drug use, inequity); • Finding a common language to talk about stigma; • Strengthening the capacity of people living with HIV and AIDS to challenge stigma in their lives; • Providing comprehensive, flexible tools for organizations to strengthen staff skills and develop or strengthen interventions to reduce HIV-related stigma; and • Developing a system to compile and address reported acts of discrimination. | | |
| # of individuals directly trained in HIV-related institutional capacity building. | <p>Training refers to new training or retraining of individuals and assumes that training is conducted according to national or international standards when these exist.</p> <p>A training must have specific learning objectives, a course outline or curriculum, and expected knowledge, skills and/or competencies to be gained by participants.</p> | Online system or sub-grantee quarterly and annual reports | Targets will be proposed and tracked by each sub grantee. |
| # of individuals reached indirectly through community outreach that promotes HIV/AIDs prevention through abstinence and/or being faithful. | <p>Community outreach is defined as any effort to affect change that might include peer education, classroom, small group and/or one-on-one information, education, communication (IEC) or behavior change communication (BCC) to promote abstinence and/or being faithful. For the purposes of being counted here, community outreach does not include large-scale public gatherings.</p> <p>Abstinence and/or being faithful are defined below as any of the</p> | Online system or sub-grantee quarterly and annual reports | Targets will be proposed and tracked by each sub grantee. |

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| | <p>following:</p> <p>Activities or programs that promote abstinence:</p> <ul style="list-style-type: none"> • Importance of abstinence in reducing the prevention of HIV transmission among unmarried individuals; • Decision of unmarried individuals to delay sexual activity until marriage; • Development of skills in unmarried individuals for practicing abstinence; and, • Adoption of social and community norms that support delaying sex until marriage and that denounce forced sexual activity among unmarried individuals <p>And/or</p> <p>Activities or programs that promote being faithful:</p> <ul style="list-style-type: none"> • Importance of being faithful in reducing the transmission of HIV among individuals in long-term sexual partnerships; • Elimination of casual sex and multiple sexual partnerships; • Development of skills for sustaining marital fidelity; • Adoption of social and community norms supportive of marital fidelity and partner reduction using strategies that respect and respond to local customs and norms; and, • Adoption of social and community norms that denounce forced sexual activity in marriage or long-term partnerships. | | |
| <p># of individuals reached indirectly with community outreach HIV/AIDS prevention programs that are not focused</p> | <p>Community outreach is defined as any effort to affect change that might include peer education, classroom, small group and/or one-on-one information, education, communication (IEC) or behavior change communication (BCC) to promote abstinence and/or being</p> | <p>Online system or sub-grantee quarterly and annual reports</p> | <p>Targets will be proposed and tracked by each sub</p> |

| | | | |
|--|---|--|--|
| <p>on abstinence and/or being faithful.</p> | <p>faithful. For the purposes of being counted here, community outreach does not include large-scale public gatherings.</p> <p>Other behavior change beyond abstinence and/or being faithful includes the targeting of behaviors that increase risk for HIV transmission such as engaging in casual sexual encounters, engaging in sex in exchange for money or favors, having sex with an HIV-positive partner or one whose status is unknown, using drugs or abusing alcohol in the context of sexual interactions, and using intravenous drugs. Women, even if faithful themselves, can still be at risk of becoming infected by their spouse, regular male partner, or someone using force against them. Other high-risk persons or groups include men who have sex with men and workers who are employed away from home. This could include targeted social marketing and/or the promotion of condoms to these high-risk groups.</p> | | <p>grantee.</p> |
| <p># of service outlets indirectly providing counseling and testing.</p> | <p>A service outlet refers to the lowest level of service. For example, with regard to clinical activities, the lowest level for which data exists should be a service outlet such as a health center, hospital, clinic, stand-alone VCT center, or mobile unit.</p> <p>Counseling and testing includes activities in which both HIV counseling and testing are provided for those who seek to know their status (as in traditional VCT) or as indicated in other contexts (e.g. STI clinics, diagnostic testing, etc.). This indicator excludes service outlets that provide counseling and testing in the context of preventing mother-to-child transmission.</p> | <p>Online system or sub-grantee quarterly and annual reports</p> | <p>Targets will be proposed and tracked by each sub-grantee.</p> |
| <p># of individuals who indirectly received counseling and</p> | <p>This indicator requires a minimum of counseling, testing, and the</p> | <p>Online system or sub-grantee</p> | <p>Targets will be proposed</p> |

| | | | |
|--|----------------------------|------------------------------|----------------------------------|
| testing for HIV and received their test results. | provision of test results. | quarterly and annual reports | and tracked by each sub grantee. |
|--|----------------------------|------------------------------|----------------------------------|



Memorandum of Understanding

Between

Management Sciences for Health (MSH), as the prime contractor for AIDSTAR II in Honduras

and

CHF, as Principal Recipient (PR) for Global Fund activities in Honduras

Overview:

Management Sciences for Health (MSH), as the prime contractor for AIDSTAR II in Honduras; and CHF, as the Principal Recipient (PR) for the Global Fund in Honduras; recognize the opportunity for and importance of aligning their respective HIV/AIDS related programs. Representatives of MSH and CHF have developed the following list of areas of co-implementation and/or coordination to which they will commit. This list may be amended over time as new opportunities for collaboration are identified.

1. Capacity Building of for Non Governmental Organizations

- a. Management Sciences for Health (MSH) will, through the AIDSTAR II project, and subject to the availability of resources under the AIDSTAR II program, provide assistance to NGOs receiving support from the Global Fund/Honduras program by:
 - Conducting needs assessments;
 - Developing capacity building plans;¹
 - Implementing virtual capacity building programs.
- b. CHF will, subject to the availability of resources and approval from the Country Coordinating Mechanism, make resources available to complement MSH/AIDSTAR II's objectives to implement NGO capacity building programs in addition to those described in (a) above.
- c. MSH will, with additional resources as described in (b) above:
 - Conduct needs assessments;
 - Develop capacity building plans;
 - Build the capacity of NGO recipients through workshops, seminars or other forms of participatory learning.

2. Social Mobilization to address structural barriers to HIV/AIDS Programming in Honduras

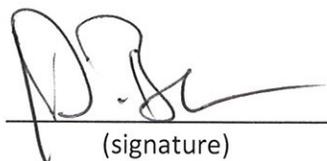
- a. MSH and CHF endorse the social mobilization framework (see attachment) as their principal strategy to address structural drivers of the AIDS epidemic in Honduras.
- b. MSH and CHF will collaborate on the implementation of social mobilization activities, including, but not limited to:
 - Joint planning exercises, leading to the development of a common implementation plan;
 - Identifying elements of the common implementation plan that can be funded and executed by the respective organizations/programs;

¹ Capacity building assistance will be tailored to individual organizations or networks, and may include a variety of issues including, but not limited to: leadership and management; governance; fund raising (proposal writing); and HIV related technical interventions.

- Sharing any and all research, project reports or other findings/results related to the social mobilization process;
 - Meeting jointly, wherever possible and appropriate, with key stakeholders such as: the Government of Honduras, representatives of Most at Risk Populations (MARPs) etc.;
 - Sharing any and all relevant information collected during "Analysis" phase;
 - Sharing all project reporting, programmatic and financial, as it relates to the social mobilization component.
3. MSH/AS2 will make communications expertise available to assist in the development and/or delivery of MARP specific communications materials as required by CHF/GF sub-recipients, as resources allow, or with additional financial support from CHF.
4. MSH and CHF will appoint contact persons to facilitate CHF/MSH collaboration. A draft outline of their responsibilities for this collaboration is attached in Annex 2).

Accepted by:

For MSH



 (signature)

Project Director, AS II

 (title)

May 14, 2009

 (date)

For CHF



 (signature)

Country Director

 (title)

May 14, 2009

 (date)

Annex 1

Social Mobilization Framework

Social Mobilization Process:

Overview of Five Phases

| | 1. Analysis | 2. Engagement | 3. Alignment | 4. Implementation | 5. Evaluation |
|-------------------|--|--|---|---|---|
| Activities | <ul style="list-style-type: none"> Facilitated meeting with <u>core group of stakeholders</u> | <ul style="list-style-type: none"> Facilitated meetings and planning with <u>each sector</u> | <ul style="list-style-type: none"> Facilitated <u>inter-sectoral meetings</u> Sharing strategies, and lessons learned | <ul style="list-style-type: none"> Sector level mobilization Amplification Campaigns | <ul style="list-style-type: none"> Assessment of process and results |
| | Outcomes | <p><u>Action Plan</u> :</p> <ol style="list-style-type: none"> Identify Social norm. Campaign Objectives Outcomes. Sector Partners. Next Steps Steering Group. | <p><u>Sector Level Action Plans</u> :</p> <ol style="list-style-type: none"> Expression of Commitment. Activities Budget Support Plan | <p><u>Inter-Sectoral Alignment</u> :</p> <ol style="list-style-type: none"> Joint statement of mission. Joint Activity Plans Accountability Structures | <p><u>Social Change</u></p> <ol style="list-style-type: none"> Healthier actions and behaviors. New public perception of "norm" |

Annex 2

Draft Scope of Work for CHF/AS2 Liaison Position

Draft Scope of Work for CHF/AS2 Liaison Positions

1. Objectives

- a. Assure regular and active communications between the Global Fund and AIDSTAR II programs;
- b. Report to both partners on each organizations' progress with respect to activities described in the MSH/CHF Memorandum of Understanding (MOU);
- c. Identify opportunities for additional or enhanced MSH/CHF collaboration;
- d. Identify any resolve barriers encountered by either organization in the execution of activities covered under the MSH/CHF MOU;

2. Responsibilities

- a. Document and share information related to each organizations' internal planning and implementation of activities covered under the MOU;
- b. Hold periodical briefing session attended by MSH/CHF leadership and technical staff;
- c. Participate, jointly, in meetings with relevant external partners including: MOH, civil society, private sector etc. that are related to activities covered under the MOU;
- d. Collaborate on the identification and resolution of any constraints/barriers encountered by either partner.

Annex D. Renovation Price List

| Vendor | Drywall & doors | Electrical and Communications Installations | Paint | Total AIDSTAR TWO | AIDSTAR ONE | Grand Total |
|------------------|-----------------|---|------------|-------------------|-------------|-------------|
| Francisco Rubio | 149,864.00 | 231,831.42 | 56,129.20 | 437,824.62 | 52,529.25 | 490,353.87 |
| Luis Rivera | 84,248.51 | 296,811.00 | 121,055.89 | 502,115.40 | 252,170.77 | 754,286.17 |
| Blanca Servellón | 149,690.00 | 264,288.75 | 114,576.00 | 528,554.75 | 142,550.00 | 671,104.75 |
| Allyson Padgett | 98,893.90 | 103,869.35 | 123,904.88 | 326,668.13 | 152,950.70 | 479,618.83 |

Annex E. Local Procurement List

Equipment Required

| ITEM | PRECIO UNITARIO | CANTIDAD |
|---------------------------------|------------------------|-----------------|
| Laptops: Tamaño pantalla: 14.1" | | 8 |
| Laptops: Tamaño pantalla: 12.1" | | 2 |
| Desktop | | 8 |
| Proyector Multimedia | | 2 |
| Memorias USB | | 16 |
| Scanners | | 2 |
| Impresoras | | 2 |
| TOTAL | | |

Furniture Required:

| Item | Cantidad |
|----------------------------------|-----------------|
| Silla Semi-Ejecutiva | 21 |
| Silla Ejecutiva | 8 |
| Silla de espera | 38 |
| Silla recepción | 1 |
| Escritorio Recepción | 1 |
| Escritorio en L con tres gavetas | 12 |
| Mesa redonda 1 Mt | 3 |
| Mesa redonda 1.20 Mt | 2 |
| Mesa Conferencia 4 mts largo | 1 |
| Gabinete con puerta de persiana | 3 |
| Archivadores 4 puertas (negro) | 19 |

Annex F. Staffing List

| Employee Name | Position Title | Status |
|-------------------------------------|-----------------------------------|---|
| Luis Suarez (COMCAVI) | Dir. Finance and Grants | 1 de Julio |
| Perla Alvarado (Current ULAT staff) | Sr. Communications Manager | 1 de Julio |
| Arturo Kafati | Capacity Building Advisor | 1 de Julio |
| Francisco Armenta | Monitoring and Evaluation Advisor | 1 de Julio |
| Egla Canales (COMCAVI) | Finance & Human Resources Mgr | 1 de junio (solo con 50% del tiempo hasta finales de Nov) |
| Fressia Cerna | HIV/AIDS Advisor | 15 de Junio |
| Monica Palencia (COMCAVI) | Sector Coordinator | 1 de Julio (100% de su tiempo) |
| Italia Valladares | Sector Liaison | 1 de Julio |
| Dacia Ramirez | Sector Liaison | 1 de Julio |
| Glenda Duron (COMCAVI) | Finance & Grants Assistant | A partir del 1 de Agosto (50% de su tiempo todo agosto y septiembre) |
| Ana Maria Acosta | Receptionist | 1 de Julio |
| Juan Francisco Nuñez (COMCAVI) | Driver | A partir del 1 de septiembre (con 50% de su tiempo hasta 30 de nov) |
| Gloria Marina Medina (COMCAVI) | Cleaner | A partir del 1 de Julio (100%) |