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AIDSTAR-Two
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AIDSTAR-Two Project Annual Performance Report



October 2011-September 2012

Project Year 4

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Acronym List

AIDSTAR	AIDS Support and Technical Resources
ART	Antiretroviral Therapy
BCC	Behavior Change Communication
BPHP	Business Planning for Health Program
CBKEN	Capacity Builders Knowledge Exchange Network
CBHR	Capacity Building in Health Round Table
CBO	Community-Based Organization
CCM	Country Coordinating Mechanism
CCPPZ	Cervical Cancer Prevention Program in Zambia
CIDRZ	Centre for Infectious Disease Research in Zambia
COTR	Contracting Officer's Technical Representative
CSO	Civil Society Organization
CSW	Commercial Sex Worker
EE	Eastern Europe
FBO	Faith Based Organization
FHI	Family Health International
HES	Household Economic Strengthening
HIS	Health Information System
HSS	Health Systems Strengthening
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome
ICT	Information and Communications Technology
JSI	John Snow, Inc.
KE	Knowledge Exchange
KM	Knowledge Management
LDP	Leadership Development Program
M&E	Monitoring and Evaluation
MARP	Most-At-Risk Population
MOHSW	Ministry of Health & Social Welfare
MOST	Management and Organizational Sustainability Tool
MOU	Memorandum of Understanding
MSH	Management Sciences for Health
MSM	Men who have Sex with Men
NACP	National AIDS Control Program
NACOPHA	National council for People Living with HIV and AIDS
NGO	Non-Governmental Organization
NASW	National Association for Social Workers
OGAC	Office of the US Global AIDS Coordinator
OVC	Orphans and Vulnerable Children
PBF	Performance-Based Financing
PEPFAR	President's Emergency Plan for AIDS Relief

PLHIV	People living with HIV
PMP	Project Monitoring Plan
PMTCT	Prevention of Mother-To-Child Transmission
PY	Project Year
PWID	People who inject drugs
RFP	Request for Proposals
SOW	Scope of work
STI	Sexually Transmitted Infection
STTA	Short Term Technical Assistance
TA	Technical Assistance
TAYOA	Tanzania Youth Alliance
TB	Tuberculosis
TDY	Temporary Duty
TOT	Training of trainers
TWG	Technical Working Group
UNAIDS	Joint United Nations Program on HIV/AIDS
UNDP	United Nations Development Program
USAID	United States Agency for International Development
USG	United States Government
VCT	Voluntary Counseling and Testing
VLDP	Virtual Leadership Development Program
WCRP	World Conference of Religions for Peace
WHO	World Health Organization

Executive Summary

The U.S. President's Emergency Plan for AIDS Relief (PEPFAR) was created in 2003 to advance global treatment, prevention and care for those living with or affected by HIV/AIDS. The AIDSTAR-Two Project, supported by the Global Health Bureau/ Office of HIV/AIDS, was launched in October 2008 with a mandate to contribute to stronger and more sustainable, country-led HIV/AIDS programs, organizations and networks by offering systematic capacity building and identifying and sharing proven practices of HIV/AIDS organizational capacity building to magnify impact.

This report covers the activities and results of Project Year 4 (PY4) of the AIDSTAR-Two Project, from October 1, 2011-September 30, 2012. The AIDSTAR Project extends from October 2008- September 2013. Led by Management Sciences for Health (MSH), the AIDSTAR-Two Consortium also includes International HIV/AIDS Alliance; Cardno Emerging Markets USA, Ltd; Health and Development Africa; Initiatives, Inc.; Save the Children; and Religions for Peace. In PY4, a new partner organization joined the project, the Human Sciences Research Council based in Durban, South Africa, bringing its expertise in cutting-edge research with orphans and other children to support AIDSTAR-Two's mission. In addition, the Children's Institute at the University of Cape Town was engaged to work with AIDSTAR-Two on social services workforce strengthening research. Select highlights during PY4 included:

- Technical work to support local HIV/AIDS implementing organizations in 10 countries: Honduras, Namibia, Tanzania, Malawi, Morocco, Algeria, Tunisia, Lebanon, the Democratic Republic of the Congo, and Ukraine
- Enhanced content and increased visitors to the Capacity Building Knowledge Exchange Network: By the end of the year, CBKEN had 9,674 unique visitors from 165 countries, nearly a two-fold increase in users accessing the site since the end of PY3.
- An increase of visitors to the OVCSupport.net, which had 88,777 unique users from 199 countries, an 18% increase in users over PY3. In the past year, users downloaded more than 81,500 documents from the site's library.
- Through the Web-based LeaderNet platform, a total of 869 local capacity builders from more than 60 countries took part in virtual seminars on governance, country ownership, and human resource management.
- In addition, through the OVCSupport.net platform, AIDSTAR-Two held five webinars on OVC-related topics that reached 186 participants, who learned from experts on topics such as household economic strengthening, early childhood development, maternal mental health, and HIV status disclosure.
- A total of 135 participants from 12 Asian countries and the United States took part in the People Who Inject Drugs Regional Workshop in Vietnam
- The convening of a one-day consultation on Performance based initiatives (PBI) in conjunction with the USAID-funded HS20/20 project, which resulted in enhanced knowledge and skills for 32 USAID Washington colleagues who provide support to local missions on PBI initiatives.
- Collaboration with the Ho Chi Minh City Provincial AIDS Council that resulted in a five-year strategic plan for the council's work with men who have sex with men.
- Ten (10) health care professionals from Botswana and Kenya were trained on how to develop and implement cervical cancer screening and treatment programs for HIV-positive women in their countries.

These results as well as other achievements are described in more detail in the report that follows.

I. Introduction

The AIDS Support and Technical Assistance Resources (AIDSTAR)-Two project is pleased to present the Program Year 4 Annual Report. This report provides information on activities and results during the period October 1, 2011 to September 30, 2012.

A five-year contract (2008-2013) funded by USAID through the Office of HIV/AIDS, AIDSTAR-Two contributes to stronger and more sustainable national HIV/AIDS programs and organizations by offering systematic organizational capacity building assistance to local HIV/AIDS implementers. These implementers include non-governmental organizations, civil society organizations (CSOs), national AIDS commissions, HIV/AIDS networks, ministries of health and social welfare, and Global Fund Country Coordinating Mechanisms and Principal Recipients, all delivering HIV/AIDS programs and services at the country level, advocating for needed services and an end to stigma and discrimination and human rights abuses or supporting overall HIV/AIDS policy and programming. AIDSTAR-Two also provides on-going technical support to various Technical Working Groups of the President's Emergency Plan for AIDS Relief (PEPFAR) that strive to strengthen the capacity and knowledge of local organizations and institutions and in-country PEPFAR teams by disseminating overall information and best practices in the fight against HIV/AIDS through guidance documents, technical assistance, workshops, supported websites, technical papers, and other mechanisms.

During Program Year (PY) 4, AIDSTAR-Two continued to provide capacity building support to several HIV/AIDS implementing organizations in Honduras, Namibia, Tanzania, Malawi, Morocco, Algeria, Tunisia, Lebanon, the Democratic Republic of the Congo, and Ukraine, bringing the total number of countries where AIDSTAR-Two has offered support to local implementers to 16, including earlier support provided to implementers in Guatemala, Jamaica, Vietnam, Burundi, Mexico and El Salvador.

Figure 1. Total number of countries (16) where AIDSTAR-Two has offered support to local implementers



During PY4, the project also provided direct support to the PEPFAR Regional Caribbean team. In PY5, AIDSTAR-Two anticipates reaching local implementers in at least eight additional countries, including Tajikistan, Kazakhstan, Kyrgyzstan, South Sudan, Lesotho, Armenia, Azerbaijan, and Georgia.

This is a critical time for strengthening local HIV/AIDS organizations. National and international organizations and institutions have made enormous contributions in addressing the HIV/AIDS epidemic in the last several years, and significant support from international donors has helped turn the tide. The number of people being infected and dying is decreasing and millions are on treatment. But there is still much to do. The prevalence rate is creeping up in some countries and rates remain high among most at risk populations. New infections occur daily; five people were newly infected in 2010 for every three people starting treatment. Stigma and discrimination remain rampant in many countries. Between 2001 and 2010 the number of people receiving antiretroviral treatment increased 22 fold. However, as of December 2010, about nine million people eligible for treatment were not receiving it; and treatment coverage for children was considerably lower than the overall coverage for people of all ages – 28% versus 36% in 2009 (UNAIDS 2011).

The everyday business of addressing the HIV/AIDS epidemic – focusing on prevention, sustaining people on treatment and reaching the millions needing treatment, providing care, support and other services to PLHIV and others affected by the epidemic, improving outreach to vulnerable populations, advocating against stigma and discrimination, monitoring the epidemic closely, monitoring and evaluating the impact of programs, and advocating for greater national budgets, policy support, and donor coordination – is increasingly in the hands of local policy makers and implementers. While the first phase of the President’s Emergency Plan for AIDS Relief (PEPFAR) 2003-2008 focused on responding to the emergency, the second phase of PEPFAR is focused on strengthening the local implementing organizations and institutions responsible for improving outcomes and sustaining the response.

Facilitating the long-term sustainability and strengthening the systems of these local institutions help support country ownership. PEPFAR investments in some countries are gradually transitioning from support of direct clinical care and treatment services to systems strengthening, prevention, and other activities. USAID, a critical PEPFAR partner, is promoting multi-faceted procurement reform under USAID Forward, and Objective 2 under USAID Forward specifies an increase in direct funding to local partners. USAID is placing increased emphasis on local capacity development at the local mission level. These shifts and transitions make it all the more imperative to strengthen local institutions and organizations to improve their financial, programmatic, and institutional sustainability, and in some cases, to receive donor funding directly.

AIDSTAR-Two works with local organizations to strengthen their governance structures, enhance the management and leadership capacity of staff at different levels, and build stronger management systems in monitoring and evaluation (M&E) and reporting, financial management, planning, grants and project management, human resource management, and revenue generation. AIDSTAR-Two also focuses on HIV/AIDS technical strengthening with local partners in areas including outreach, prevention, counseling and testing, care and support and advocacy. Across organizations, the results to date have included improved financial management, grants management and monitoring and evaluation systems, the latter yielding timely reports and data used for course corrections. Business plans have been developed that have leveraged additional funding for the organizations; organizations have improved their communication materials and communication skills; strengthened the reporting of their results; and strengthened the role and involvement of their boards of directors. Managers and staff are also producing other organizational changes as a consequence of leadership development programs. By the end of PY4, AIDSTAR-Two had provided technical support to 88 CSOs, 1 national AIDS commission, 1

PEPFAR regional body, 4 USAID Missions, 2 Ministries of Health, 2 Global Fund Principal Recipients, 1 CCM and 4 local HIV/AIDS networks over the life of the project. In PY5, AIDSTAR-Two will reach other new implementing partners.

In PY4, AIDSTAR-Two continued to raise awareness of the importance of organizational capacity building in local HIV/AIDS implementing organizations at the global and regional levels. AIDSTAR-Two stresses that *how* organizations are strengthened is as important as *what* type of strengthening is done, and advocates for demand-driven, institution-owned, participatory capacity building (rather than the more traditional supply-driven approaches to capacity building). AIDSTAR-Two advocates for different approaches that may produce better capacity building results. Capacity Building 2.0 demand-driven approaches include performance-based contracts or grants with incentives for achieving or exceeding targets, on-site coaching and mentoring, and working on one challenge at a time. In addition, the project supports clearer understanding of roles and responsibilities in capacity building with local organizations and agreements established through contracts and MOUs, greater involvement of organizational leadership, facilitation of peer exchange and support visits, and south-to-south dialogue.

In PY 4, AIDSTAR-Two addressed the need for organizational capacity building and institutional strengthening and new approaches to capacity building at various meetings and conferences, including the meeting of the Regional AIDS Training Centre (RATN) in Nairobi in May 2012, the USAID Local Capacity Development Summit in June 2012, the International HIV/AIDS conference in July 2012, events sponsored by the Capacity Building Roundtable in D.C. (now called the Local Capacity Building Network), and virtual seminars targeting local implementers.

Organizational capacity building approaches, tools, articles, manuals, and eNewsletters were disseminated through the AIDSTAR-Two website, the Capacity Building Knowledge Exchange Network (CBKEN). CBKEN also sponsored virtual seminars on internal management, leadership, and governance topics. By the end of PY4, CBKEN had close to 10,000 unique users and there were 189 tools and resources on the website from a wide variety of organizations. Bi-monthly eNewsletters covering management, leadership, and governance topics were sent to thousands of implementers, and two virtual seminars reached over 600 people. AIDSTAR-Two's second Website – OVCsupport.net – had a cumulative total of over 88,000 unique users by the end of PY4, bringing OVC information and best practices to users through Webinars, research eNewsletters, and the site's library (that includes tools, approaches, articles, manuals and best practices).

Led by Management Sciences for Health (MSH), the AIDSTAR-Two project received highly valuable support during PY4 from its partner, the International HIV/AIDS Alliance, particularly in the Middle East, North Africa, and Eastern Europe. In addition, the Human Sciences Research Council (HSRC) based in Durban, South Africa provided on-going support for the eResearch newsletter disseminated by OVCsupport.net, which reached thousands of OVC donors, implementers, and policy makers. Save the Children began planning dissemination of the Early Childhood Development Essential Package in Lesotho. AIDSTAR-Two began planning a technical brief on the social service workforce with the University of Cape Town. Key consultants, who are experts in performance-based financing, technical support for Global Fund local entities, advocacy, and orphans and children made vulnerable by the HIV/AIDS epidemic, supported the project.

This report provides information on activities and results during PY4. The section that follows gives a picture of the progress to date for each subtask. Subsequent sections of the report review progress on the project's performance monitoring plan, project management, and project financial information.

II. Progress Towards Results

This section of the report is organized according to the tasks in the AIDSTAR-Two contract. The mandate of Task 1, according to the contract, is to “Promote best practices modules in capacity building.” The expected result is “effective programmatic approaches in capacity building are defined, analyzed, and put into practice.” Task 2 focuses on HIV/AIDS Networks, and Task 3 on Field Support.

Task 1

The activities under Task 1 are clustered in two main areas:

- **Foundational activities:** Foundational activities help to establish the identity of AIDSTAR-Two as a systematic organizational capacity building project that contributes to the body of knowledge on capacity building best practice, and promotes knowledge exchange in this area.

Foundational activities in PY4 included participation in the capacity building in health roundtable (now called the local capacity development networks), the Capacity Building Knowledge Exchange Network (CBKEN) Website (www.aidstar-two.org), and production of technical briefs, case studies, and virtual and face-to-face seminars on topics related to organizational capacity building.

- **Technical and logistical support to PEPFAR Technical Working Groups:** In PY4, this included targeted capacity building activities implemented with the TWGs, including capacity building workshops and conferences on various topics (e.g., OVC, HIS, Care & Support for HIV Positive Women, and People Who Inject Drugs), information dissemination and knowledge exchange in priority areas, and assessment and advisory activities.

Project Foundational Activities

AIDSTAR-Two identifies, develops, packages, and disseminates proven practices and provides technical leadership in organizational capacity building. The table on the following page summarizes PY4’s foundational activities, followed by updates on each of these activities.

Table 1: Foundational Activities in PY4

<i>Title</i>	<i>Summary</i>	<i>Results</i>
1.Capacity Building Knowledge Exchange Network (CBKEN)	AIDSTAR-Two's Website for knowledge exchange for local implementers, providing tools, resources, virtual seminars, e-Newsletters, CB Roundtable activities.	9,674 unique users of CBKEN from 165 countries, over 600 local implementers participating in virtual seminars, technical briefs and tools distributed to over 7,000 people, and 189 tools and other resources available on the Website. AIDSTAR-Two published a technical brief on country ownership and capacity building and presented examples of organizational capacity building that showed impact at conferences and meetings.
2.Strategic Partnership with the Regional AIDS Training Centre (RATN) in Africa	In addition to direct support to local implementers, AIDSTAR-Two provides technical support to RATN, a network of 30 African organizations.	AIDSTAR-Two provided critical input to an African capacity building regional effort, spearheaded by RATN, in terms of strategic directions and calling attention to the importance of organizational capacity building and institutional strengthening.
3.Technical Brief CSOs/health system strengthening	AIDSTAR-Two has produced four technical briefs on organizational capacity building issues. This fifth technical brief in the series is in draft and will be completed in early PY5.	AIDSTAR-Two has contributed to the discussion about the role of CSOs in HIV/AIDS and the health sector, current issues, and the support needed to continue to be a vital player in the response. Local CSOs play a huge role in the HIV/AIDS response.
4.NGO/CSO case studies	AIDSTAR-Two conducted case studies of three NGOs in Latin America, Africa and Asia in PY4 and is producing an overall summary paper and the three case studies that will be available in early PY5.	There is widespread interest in organizational sustainability in USAID and PEPFAR. These case studies will be widely disseminated and will be the topic of one of the discussions in the AIDSTAR-Two PY5 discussion series. The cases illustrate factors related to organizational sustainability and raise questions about how to further support strengthening in the coming years.

Subtask 1: Capacity Building Knowledge Exchange Network (CBKEN)

Progress toward results: summary of activities, achievements, and results since last report:

Key result: During PY4, the Capacity Building Knowledge Exchange Network (CBKEN) was enhanced with the addition of new content, including tools and technical resources in grants management, risk management, governance, and other areas. By September 30, 2012, CBKEN had 9,674 unique visitors from 165 countries, up from 151 countries last year. This represents almost a two-fold increase in users accessing the site since the end of PY3, an appreciable increase for a new development Website. There are currently 189 tools, manuals, and papers in CBKEN’s resource database, organized according to the AIDSTAR-Two organizational capacity building framework.

In PY4, CBKEN hosted two seminars on MSH’s virtual leadership discussion and exchange platform, LeaderNet. LeaderNet seminars allow for significant interaction among the participants, and between facilitators and participants; exchanges that promote increased understanding of the content and provide opportunities for local implementers to learn from one another. The first seminar in PY4, on the topic of Governance in Civil Society Organizations, was held February 27 - March 2, 2012. Three hundred and forty six (346) participants from 62 countries took part in the seminar, and exchanged ideas, information, and experiences on the topics and readings.

The second seminar, on Country Ownership and Organizational Capacity Building, was held April 30 - May 4, 2012. Two hundred and eighty (280) participants from 47 countries participated in this seminar, and participants posted over 350 times in the discussion room. Many provided interesting insights on their view of “country ownership” and what the term means for CSOs. The top non-US countries participating in the seminars in PY4 included Nigeria, Kenya, Afghanistan, Tanzania, and Uganda.

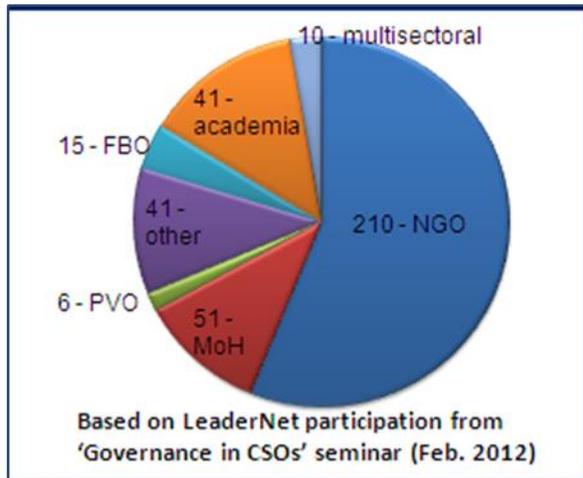


Figure 2: AIDSTAR-Two LeaderNet participation by organization

The first LeaderNet seminar was oriented toward local civil society organizations who deliver HIV/AIDS services to millions of people. The second seminar was oriented to all local implementers – public and private. Figure 2 at left illustrates that the project is reaching its primary target audience – local implementing organizations – through these interactive seminars.

Participant evaluations from both seminars indicated user satisfaction; 100% of the respondents said that the discussions were ‘very useful’ or ‘useful’ for their work, and 98% of respondents said they acquired skills or knowledge that they can apply in their work.

Comments from seminar participants are provided on the following page.

Select comments about LeaderNet Seminars

"I found this seminar as a vehicle of new thinking. Not doing business as usual!"

– A participant from Ethiopia (Country Ownership Seminar)

"I learned the need of engaging all stakeholders in my project....With this, the stakeholders will feel respected, they will own the activity. This will enhance sustainability of the project, transparency and good governance. I plan to share what I have gained through making a presentation to my work mates."

– A participant from Kenya (Country Ownership Seminar)

"The lesson on the involvement of stakeholders or social participation was very informative and gave me a practical insight as how we could involve the communities that we serve. I will incorporate ideas generated by fellow participants into our programmes particularly as people were drawing from personal experiences."

– A participant in Honduras (Governance Seminar)

AIDSTAR-Two draws participants to the CBKEN Website and the virtual seminars by disseminating bi-monthly eNewsletters on leadership, management, and governance topics prior to the virtual events. AIDSTAR-Two produced a technical note for the governance eNewsletter that described the four critical elements of sound governance for CSOs. The project also developed technical notes for eNewsletters on grants management (May-June 2012) and risk management (July-August 2012). Technical notes are short documents on a specific management, leadership and governance topic that are featured as the lead article in the bi-monthly eNewsletters. A prominent international NGO requested the support of the author of the last technical note in the risk management eNewsletter to help them restructure their new risk management system. Many others have commented on the utility of the newsletters.

The six bi-monthly eNewsletters (by month distributed and topic) in PY4 included:

- September/October 2011: *Monitoring & Evaluation for CSOs*
- November/December 2011: *HIV/AIDS Service and Advocacy Networks*
- January/February 2012: *Governance in CSOs*
- March/April 2012: *Country Ownership and CSOs*
- May/June 2012: *Grants Management for CSOs*
- July/August 2012: *Risk Management for CSOs*

The eNewsletter is now sent to 5,500 readers worldwide, and its reach grows with every issue. One week after the eNewsletters are sent, AIDSTAR-Two staff analyze the data and trends associated with the number of eNewsletters opened, bounced back, and the number of "click throughs" that shows which links were most popular. Generally, 18% of those receiving the eNewsletter open it, which is considered a high number for mass emails sent to a large population.

In PY4, CBKEN introduced the Capacity Building eAlert, which is sent out to the CBKEN listserv when an important news article is released or a new capacity building resource is published. The eAlerts are sent bi-monthly, during the months when there is no eNewsletter, and more frequently in the event of a late-breaking news article or resource. The alerts are generally very brief, highlighting 1-3 news articles or resources. Four eAlerts were sent out in PY4; the topics and contents are listed below.

Table 2: AIDSTAR-Two eAlert distribution in PY4

Topic	Contents	Date
Gender News	<ul style="list-style-type: none"> • USAID's New Gender Policy • New PEPFAR Gender & HIV/AIDS Fact Sheet • Moving Toward Gender Equitable Health Organizations 	March 2012
USAID Forward	<ul style="list-style-type: none"> • USAID Forward: Progress during Year 1 • Implementation Tips for USAID Partners 	May 2012
AIDSTAR-Two Blog Series	<ul style="list-style-type: none"> • Organizational Capacity Building: the Key Link to "Turning the Tide" on HIV/AIDS • Co-Creation: An Essential Ingredient for Strengthening Local Capacity and Promoting Ownership 	August 2012
AIDSTAR-Two Interview Series	<ul style="list-style-type: none"> • Voices of Local Capacity Building Leaders 	September 2012

AIDSTAR-Two also produced a technical brief (a more in-depth paper than the technical note) in preparation for the LeaderNet seminar on country ownership. Entitled *Country Ownership and Organizational Capacity Building: Beyond Principles to Practices*, the brief outlines key practices and approaches that can be used to strengthen country ownership, and the required shifts in behavior among donors, countries, and implementing partners that are working together to strengthen local institutions and organizations. The brief was the fourth in the series of technical briefs produced by the AIDSTAR-Two project since PY2. As described below in Task 3, the fifth brief on CSOs and their role in HIV/AIDS and the health sector and health system strengthening was completed in draft form in PY4 and will be published in early PY5.

To date, AIDSTAR-Two has produced the following five organizational capacity building technical briefs:

- 2010: Challenges Encountered in Capacity Building: A Review of Literature and Selected Tools
- 2011: Organizational Capacity Building Framework: A Foundation for Stronger, More Sustainable HIV/AIDS Programs, Organizations & Networks
- 2012: Systematic Organizational Capacity Building: Tackling Planning and Implementation Challenges
- 2012: Country Ownership and Organizational Capacity Building: Beyond Principles to Practices
- 2012 (forthcoming): The Role of Civil Society Organizations in Health System Strengthening

AIDSTAR-Two made three presentations on capacity building approaches at the USAID Local Capacity Development Summit in June 2012. The Project presented two posters at the International HIV/AIDS conference in July 2012, one highlighting work in Eastern Europe (assessment of service gaps for MSM, service guidelines, and capacity building of NGOs) and the second, submitted by the Alliance, on AIDSTAR-Two's work with Colectivo Sol, a NGO in Mexico.

Current challenges and proposed solutions:

AIDSTAR-Two will use funding in the pipeline for maintaining CBKEN in PY5. AIDSTAR-Two staff members are discussing the issue of CBKEN sustainability after the AIDSTAR-Two project ends in September 2013. AIDSTAR-Two submitted a proposed sustainability plan to the COR team in PY4 that included ideas for the continuation of the resource/tool database. Tools, resources, and other contents in the CBKEN

database can be offered to Knowledge 4 Health's leadership and management toolkit, as well as the Leadership, Management, and Governance (LMG) Project's Website.

Anticipated activities/plan for next six months:

AIDSTAR-Two will continue to distribute bi-monthly eNewsletters and eAlerts. Proposed topics for PY5 include resource mobilization, CSOs sustainability, project management, financial management, and organizational communication, all topics solicited by users. The project plans to conduct two LeaderNet seminars in January and April 2013 on CSO organizational sustainability (based on the NGO case studies) and demand driven capacity building. AIDSTAR-Two will continue to strengthen CBKEN as a technical resource through the addition of new content on the site including a 25% increase in organizational capacity building tools/resource in the first two quarters. At present, 30 new tools are under review.

Subtask 2: Strategic Partnership with the Regional AIDS Training Network (RATN) to Promote Country Ownership of Organizational Capacity Building:

Progress toward results: summary of activities, achievements, and results since last report:

Key result: AIDSTAR-Two provided critical input to an African capacity building regional effort, spearheaded by RATN, in terms of strategic directions and calling attention to the importance of organizational capacity building and institutional strengthening.

Since the inaugural *HIV/AIDS Capacity Building Partners Summit* that took place in Nairobi, Kenya (March 2011), attended by the AIDSTAR-Two Deputy Director/ Capacity Building Advisor, the project has maintained a strategic connection with RATN, the organization that provided coordination and secretariat support for the summit. RATN, in collaboration with its CSO partners, is providing much needed leadership to enhance and promote wider ownership of the capacity building agenda in Eastern and Southern Africa. Although progress may at times appear slow, iterative, and unpredictable, one thing is clear: this group is emerging organically to serve as an important regional forum for implementers and practitioners from a variety of HIV and health related CSOs to provide thought leadership and to gather, disseminate, and exchange information, ideas, and proven practices in capacity building interventions as the basis for policies and strategic directions. Ultimately, the group would like to build regional consensus around the future direction of capacity building in health, and identify approaches to scale-up what works.

In PY4, AIDSTAR-Two provided advisory and financial support to RATN to hold a regional consultative technical meeting in May 2012 in Nairobi. The project helped with the review of the meeting concept paper and agenda development and made a panel presentation on country ownership and organizational capacity building. The meeting was attended by 51 people (including RATN staff) from six countries in the region. The majority of the participants were from RATN partner organizations. Representatives of USAID E/Africa, GRZ, Global Fund, and UNAIDS as well as Pact, JSI/NuPITA, and AIDSTAR-Two were also present. The meeting reviewed progress made by different sectors in addressing HIV capacity building in relation to the resolutions made at the last Capacity Summit (March 2011). The group also discussed and identified three to five priorities to determine future directions in capacity building for HIV and health in light of the changing environment and increased need for local capacity building in the region. An action plan was developed to clearly map the way forward and clarify responsibilities for implementing and tracking capacity building aligned with the identified priorities under the following four themes:

- Capacity building advocacy
- Technical programmatic service delivery support
- Management systems
- Leadership and governance

Participants at the consultative meeting also agreed on a new name and organizational model for the partnership: *Regional HIV and Health Capacity Building Partnership*.

Current challenges and proposed solutions:

None

Anticipated activities/plan for the next six months:

AIDSTAR-Two does not have funding to continue support to this group in PY5. RATN and partners have announced dates for the next regional summit: March 19 - 21, 2013 in Johannesburg, South Africa. The proposed theme is *Evidence of the Impact of Capacity Building on the HIV Response*. Several committees have been established with Chairs and Co-Chairs, and TORs and timelines have been developed. One of the committees will focus on Resource Mobilization. The group is looking to raise 60% of the summit costs, and the remainder will come from donor sources.

Subtask 3: Technical brief on CSOs and Health Systems Strengthening

Progress toward results: summary of activities, achievements, and results since last report:

Key result: The fifth technical brief in the AIDSTAR-Two Organizational Capacity Building series is on the topic of the role of civil society organizations (CSO) and health system strengthening.

The term CSO is a broad, inclusive category of organizations that includes any organization that functions outside of the state and operates on a non-profit basis. Included in this category are Non-Governmental Organizations (NGOs). CSOs have played and continue to play an enormous role in health service delivery throughout the world, providing more than 50% of the health services in some countries. CSOs provide a large volume of HIV/AIDS services and also play a key role in advocacy and overall support to PLHIV and other most at risk populations. Much of the health systems strengthening (HSS) literature and initiatives focus on strengthening public sector institutions. This technical brief focuses on the critical contribution of local CSOs to the HIV/AIDS response, discusses capacity increases, raises concerns about sustaining their response, and proposes mechanisms to continue support to CSOs working in HSS and other areas. The first draft of the paper is complete, and the final version will be completed in PY5.

Current challenges and proposed solutions:

None

Anticipated activities/plan for the next six months:

The technical brief will be concluded, sent to reviewers and finalized in early PY5.

Subtask 4: NGO case studies

Progress toward results: summary of activities, achievements, and results since last report:

Key result: AIDSTAR-Two completed three NGO case studies in PY4. These will be published in early PY5 and widely disseminated.

There is widespread interest in organizational sustainability in USAID and PEPFAR. Organizational sustainability will be the topic of one of the discussions in the AIDSTAR-Two PY5 discussion series. The cases illustrate factors related to organizational sustainability and raise questions about how to further

support strengthening in the coming years. The case studies also focus on the impact of capacity building investments, especially through USAID-funded projects, on the achievement of sustainability measures in these organizations.

Case studies on three NGOs were developed: ASHONPLAFA in Honduras, TASO in Uganda, and KHANA in Cambodia. The case studies focus on the following factors related to organizational sustainability:

- mission and vision
- strategies, structures, and systems
- monitoring and evaluation practices
- strategic partnerships and external relations
- management, leadership, and governance practices and competencies that contribute to institutional, programmatic, and financial sustainability

The data collection took place in August and September 2012 in the three countries. The findings were consolidated into a primary document which was sent to the COR team for review.

Current challenges and proposed solutions:

None

Anticipated activities/plan for the next six months:

The primary document, the three case studies and the Executive Brief will be completed in early PY5.

Health System Strengthening Technical Working Group

Table 3 provides an overview of the health systems strengthening core funded activities in PY4, followed by a brief status update on each activity.

Table 3: Health System Strengthening TWG Activities

<i>Title</i>	<i>Summary</i>	<i>Results</i>
1. Performance-based financing consultation	AIDSTAR-Two and the HS2020 project planned and implemented an important consultation meeting for USAID on this topic and provided major technical input	Thirty two USAID Washington colleagues are more equipped to provide technical support to missions on Performance based initiatives as a consequence of this technical consultation.
2. Technical Support to Ho Chi Minh Provincial AIDS Council (PAC)	AIDSTAR-Two assisted the PAC to use causal pathway analysis to strategically plan	The Ho Chi Minh City Provincial AIDS Council produced a five year MSM strategic plan based on evidence from application of causal pathway methodology.
3. MSM ICT Brief	This brief illustrates how ICT can effectively be used in HIV prevention efforts for MSM	This technical paper increases awareness of how ICT can be used for HIV/AIDS prevention for MSM.
4. Causal Pathway Guide	This Guide was produced as the final product of PY3 activities whereby AIDSTAR-Two developed causal pathway methodology to analyze the HIV/AIDS epidemic in Vietnam and Jamaica and examine whether programming matched the needs of Most at Risk Populations in those countries. This Guide can be used by donors as well as National AIDS commissions, Ministries and other local implementers to assure smart, evidence based investments in service delivery and health systems strengthening support for those most affected by the epidemic.	A guide that explains clearly how to apply Causal Pathway methodology is disseminated widely.

Subtask 1: Performance-based Financing/Performance based Initiatives Consultation

Progress toward results: summary of activities, achievements, and results since last report

Key result: Thirty-two (32) USAID Washington colleagues are more equipped to provide technical support to missions on Performance based initiatives as a consequence of this technical consultation.

USAID interest in and support for performance based financing (PBF)/performance based initiatives (PBI) in the health sector is growing. Incentives are being incorporated into an increasing number of USAID bilateral programs, while USAID/W supports PBI through various global mechanisms. AIDSTAR-Two collaborated with the HS20/20 Project to assist the PBI Interest Group to convene a one-day consultation in Washington, DC on PBI with PBI technical experts associated with USAID global projects, who presented on panels and shared their expertise at the meeting. The meeting achieved the following objectives:

- Understand and document the range of PBI programs that USAID is supporting in the health sector
- Identify operational challenges that Missions encounter and develop options to address them
- Identify tools and approaches that can be shared to improve USAID Mission capacity to support PBI programming in health
- Identify next steps for improving Mission capacity to support PBI programming.

Thirty-two (32) people from USG and implementing partners attended the event and generated insightful discussions and practical ideas for taking forward the work of the PBI group. Earlier in PY3, AIDSTAR-Two produced a PBF Guide which was disseminated to missions and local implementers and is also on the AIDSTAR-Two Website. The Guide was one of the resources at the meeting.

Current challenges and proposed solutions:

None

Anticipated activities/plan for the next six months:

None. This activity was concluded in PY4.

Subtask 2: Technical support to the Ho Chi Minh City MSM delegation and the Provincial AIDS Council

Progress toward results: summary of activities, achievements, and results since last report:

Key result: The Ho Chi Minh City (HCMC) Provincial AIDS Council produced a five-year MSM strategic plan based on evidence from application of causal pathway methodology.

Following the six-city Asia MSM meeting that AIDSTAR-Two participated in Hong Kong in December 2011, the project offered direct technical assistance to the HCMC delegation (one of six participating delegations) to ensure that they developed and completed their action plan. This follow-up support was agreed upon before the meeting. AIDSTAR-Two concluded its capacity building support to the HCMC MSM delegation and the Provincial AIDS Council (PAC) in February 2012, conducting a workshop in HCMC to develop the HCMC PAC MSM five-year plan. The workshop, held February 13-18, was attended by 33 people. All materials including the final plan have been sent to the USAID office in HCMC and other stakeholders. Prior to the workshop, AIDSTAR-Two assisted the PAC with understanding and applying causal pathway methodology in order to assure that the activities in their five-year plan aligned with evidence of what works and which populations require the most support.

Current Challenges:

None

Anticipated activities/plan for the next six months:

None. The activity was concluded in PY4.

Subtask 3: Technical Brief that examines strategies employed for reaching MSM with electronic HIV/AIDS prevention media messages**Progress toward results: summary of activities, achievements, and results since last report**

Key result: AIDSTAR-Two was asked to develop a Technical Brief that examines strategies that have been employed for reaching MSM with electronic HIV/AIDS prevention media messages. The final technical brief was shared with the MARPs Technical Working Group for their review and comment in 2012. AIDSTAR-Two finalized the technical brief after receiving USAID feedback and disseminated it. This technical paper increases awareness of how ICT can be used for HIV/AIDS prevention for MSM.

Current Challenges:

None

Anticipated activities/plan for the next six months:

The activity was concluded in PY4.

Subtask 4: Causal Pathway Guidelines**Progress toward results: summary of activities, achievements, and results since last report:**

Key result: AIDSTAR-Two developed a guide for HIV/AIDS and health system program implementers to use in making evidence-based decisions about programmatic and health systems strengthening interventions.

Interest in applying causal pathway methodology to systematically understand the interactions across the “4 Knows” (know your epidemic, know your context, know your response, know your cost) and to program with a stronger evidence base is growing. Realizing that the project’s work in Vietnam and Jamaica in PY 3 provided an excellent practical example of the application of causal pathway methodology in a country setting, AIDSTAR-Two developed a guide for to support evidence-based decision making by HIV/AIDS and health system program implementers. The guide was submitted to USAID for input mid-way through PY4. The guide will be distributed in early PY5.

Current Challenges:

None

Anticipated activities/plan for next six months:

This activity was concluded in PY4.

Orphans and Vulnerable Children Technical Working Group

Throughout PY4, AIDSTAR-Two collaborated with the OVC TWG on the activities listed in the table on the following two pages and described more fully in this section of the report.

Table 4: Orphans and Vulnerable Children TWG Activities

<i>Title</i>	<i>Summary</i>	<i>Results</i>
1.PL 109-95	AIDSTAR-Two provided supported for the PL109-95 Social Protection seminar in Washington DC in PY4.	Forty-four (44) people from USG agencies improved their understanding of social protection programs for orphans and vulnerable children.
2. OVC Forum	AIDSTAR-Two, in conjunction the PEPFAR OVC TWG and other key stakeholders, hosted the five-day PEPFAR Forum on Orphans and Vulnerable Children in Washington, DC in PY4.	Sixty-seven (67) USG participants worked together to discuss the draft OVC guidance that was later issued in July 2012.
3.OVCsupport.net	AIDSTAR-Two OVC Website for policy makers, implementers, donors and others had 67,000 unique users at the end of PY4. Various improvements were made to the site and a Webinar series was planned and implemented.	At the conclusion of PY4, the site had over 88,000 unique users, an 18% increase in users over the previous year. Almost 200,000 documents were downloaded from the site since PY2. One-hundred-and-eighty-six (186) people participated in Webinars and 243 participated in a virtual seminar that they found extremely useful and cutting edge.
4.OVC e Research Newsletter	The “What’s New in Research?” eNewsletter reached 3,500 people every month in PY4 from January through September 2012.	Nine editions of the monthly “What’s New in Research?” were distributed to over 3,500 people each month.
5. OVC Lesotho Early Childhood Development essential package roll out	Planning for rolling out the Essential Package for addressing the needs of young vulnerable children among implementers in Lesotho took place in late PY4. The Training of Trainers will occur in October 2012	Planning for the rollout in Lesotho of the Essential Package for Early Childhood Development is complete.

<i>Title</i>	<i>Summary</i>	<i>Results</i>
6. Social service workforce Alliance	The OVC TWG has created the Social service workforce Alliance to advocate for a strengthened social services workforce to service orphans and vulnerable children. AIDSTAR-Two participated actively in the Alliance in PY4.	AIDSTAR-Two made significant contributions to the development of the Social Service Workforce Strengthening Alliance in PY4 through the participation of Ummuro Adano, AIDSTAR-Two Deputy Director and workforce expert.
7. Social service workforce technical briefs	Planning for the first technical brief on a social services workforce cadre in South Africa was completed with partner University of Cape Town.	Planning for the first of two technical briefs on new cadres for the social services workforce in Africa is complete. Data collection takes place in October and early November 2012 and the technical brief will be published in December.
8. OVC Education	The OVC Education assessment will look at barriers to education for OVCs and successful strategies and interventions to increase access to education and will enquire about tools and support needed by USG teams. An expert in OVC education contracted by AIDSTAR-Two is leading this effort under the direction of the OVC TWG.	Planning for the OVC education literature review and four country assessment of access to education for orphans and vulnerable children was completed in late PY4. Activity continues in PY5.

Subtask 1: PL109-95 Social Protection Learning Event

Progress toward results: summary of activities, achievements, and results since last report:

Key result: Forty-four (44) people from USG agencies improved their understanding of social protection programs for orphans and vulnerable children.

PL 109-95 was signed into law in 2005 to respond to the global orphans and vulnerable children crisis. It calls for the US Government response to be comprehensive, coordinated, and effective. AIDSTAR-Two has provided support for PL 109-95 activities for the last few years. In PY4, AIDSTAR-Two supported a one-day learning seminar (October 6, 2011) on social protection with the support of PL109-95 and the OVC TWG. Forty-four (44) participants from various USG agencies met to explore the nature and relevance of social protection strategies for USG programs addressing the needs of vulnerable children and the families that care for them. A total of 24 participants also participated in the Webinar throughout the day. AIDSTAR-Two supported on-site logistics, virtual participation via a Webinar, and post-seminar outreach and dissemination. All presentations and Webinar recordings were posted on

OVCsupport.net. The November 2011 edition of the OVCsupport.net newsletter featured articles on social protection topics by speakers from the World Bank and UNICE discussed at the seminar.

Current Challenges:

None

Anticipated activities/plan for next six months:

This activity was concluded in PY4.

Subtask 2: OVC Forum

Progress toward results: summary of activities, achievements, and results since last report:

Key result: Sixty-seven (67) USG participants worked together to discuss the draft OVC guidance that was later issued in July 2012.

AIDSTAR-Two, in conjunction with the PEPFAR OVC TWG and other key stakeholders, hosted the five-day PEPFAR forum on Orphans and Vulnerable Children in Washington, D.C. to bring together key collaborators to review the results of the recent OVC portfolio external review and identify ways to implement recommendations at the country and headquarters levels. The forum, which took place February 13-17, 2012, was attended by people from more than 19 countries, including Barbados, Botswana, Cote d'Ivoire, DRC, Ethiopia, Ghana, Haiti, India, Kenya, Uganda, Lesotho, Malawi, Mozambique, Namibia, Nigeria, South Africa, Swaziland, Tanzania, and the United States. Participants were mostly OVC Focal Points and HIV/Health Team Leads and members of the OVC Technical Working Group, and represented various USG agencies, including the CDC, OGAC, Peace Corps, PL109 -95, and USAID.

The goal of the forum was to discuss the draft OVC guidance and identify ways that OVC Focal Points could operationalize the guidance at both country and global levels. Objectives included:

- Explore OVC programming models, strategies, and approaches highlighted in the OVC External Review
- Discuss draft PEPFAR OVC Guidance
- Develop relationships with key stakeholders within PEPFAR, USAID and other partner organizations, and inform country-based planning through one-on-one meetings
- Learn more about successes, challenges, tools, and resources associated with US-based programs for vulnerable children and families

The forum included four days of on-site plenary and small group consensus forming sessions and one day of site visits. Topics discussed at the event included the following: systems strengthening, capacity building, and country ownership; accessing essential services, specifically in the areas of social protection, legal protection, health and nutrition, and pediatric AIDS and prevention of mother-to-child transmission (PMTCT); accessing essential services, focusing on the areas of household economic strengthening, food security, education, and psychosocial support for vulnerable children; revising recommendations for each programmatic area, and presenting recommendations to participants. On the last day of the event, participants were given the option to visit one of several programs for vulnerable children based in Washington, D.C.

AIDSTAR-Two worked on organizing the conference included planning and liaising with the OVC TWG Steering Committee and Advisory Committee as well as the individual delegates, organizing the venue,

rapporteurs, and facilitators, and preparing all conference materials. AIDSTAR-Two had oversight of the production of the forum report. AIDSTAR-Two additionally provided information about the AIDSTAR-Two project at the OVC Forum fair that took place during the meeting. Other INGOs and projects also presented at the fair.

Current challenges and proposed solutions:

None

Anticipated activities/plan for next six months:

This activity was concluded in PY4.

Subtask 3: OVCsupport.net

Progress toward results: summary of activities, achievements, and results since last report:

Key results: At the conclusion of PY4, OVCsupport.net had 88,777 unique users from 199 countries/territories, an 18% increase in users over PY3. More than 190,000 documents have been downloaded from the site's library since AIDSTAR-Two took over the site at the end of PY2. One hundred and eighty-six (186) people participated in Webinars and 243 people participated in a LeaderNet seminar. Comments indicate that participants found these virtual events to extremely useful and cutting edge.

AIDSTAR-Two has strived to establish OVCsupport.net as a widely used Website that is a leading source of state-of-the-art, relevant, and in-depth programming information on orphans and vulnerable children. During PY4, AIDSTAR-Two achieved significant progress in raising the site's prominence among the global OVC community, as indicated by its 18% increase in users; in total, users downloaded 81,572 documents from the site's library in the past year. The OVCsupport.net Webinar series continues to be a major component in promoting the site as a source for information on programming for OVC and providing key information on OVC topics. Over the course of PY4, the site hosted five Webinars that reached a total of 186 participants. The site also hosted a LeaderNet virtual seminar, *Strengthening the organizational capacity of local organizations serving children affected by HIV/AIDS: The role of effective management and supervision of staff and volunteers*, which reached 243 participants from 44 countries. At the end of PY4, OVCsupport.net had a cumulative total of 63,000 unique users.

The Webinar topics are listed in Table 4 on the following page.

Table 5. AIDSTAR-Two's OVCsupport.net Webinar series

<i>Date and Topic</i>	<i>Presenters</i>	<i>Participants</i>
Feb. 23, 2012: Household Economic Strengthening Overview for OVC Implementers	Jason Wolfe, Senior Household Economic Strengthening Advisor with USAID Margie Brand, founder of EcoVentures International	42
April 27, 2012: The Evidence Behind Early Childhood Development	Lorraine Sherr, Clinical Psychologist based at University College London Kendra Blackett-Dibinga, OVC Advisor at Save the Children Pablo Stansberry, Sr. Director, Early Childhood Development at Save the Children	39
May 31, 2012: Using Household Economic Assessments in Tanzania to Improve Programming for Families Affected by HIV	Colleen Green, Chief of Party for the USAID Tanzania IMARISH project Herbert Mugumya, Chief of Party, Africare Pamoja Tuwale Children's Program Gevis Sakwe, M&E Program Officer, Pathfinder Tanzania	35
June 20, 2012: Maternal Mental Health and Child Outcomes	Dr. Judith Bass, Assistant Professor at the Johns Hopkins Bloomberg School of Public Health Dr. Shannon Senefeld, Global Director of Health and HIV at Catholic Relief Services Dr. Kristen Hurley, Assistant Professor of Pediatrics at the University of Maryland School of Medicine	25
July 16 – 20, 2012: (Leadernet Virtual Seminar): Strengthening the organizational capacity of local organizations serving children affected by HIV/AIDS: The role of effective management and supervision of staff and volunteers	Facilitators: Ummuro Adano and Sarah Johnson	243
Sept. 27, 2012: Understanding Status Disclosure for Children and Youth	Dr. Vicki Tepper, Pediatric Psychologist and Associate Professor of Pediatrics at the University of Maryland School of Medicine Dr. Susan Strasser, Country Director of the EGPAF Zambia program Dr. Susan Gibbons, Senior Technical Advisor for psychosocial support programs in Zambia	45

Activity on both the OVCsupport.net Facebook and Twitter accounts increased in PY4, with Facebook “likes” increasing by 60% over the previous year, and Twitter followers increasing by 20% over the previous year. In addition, the site served as the platform for several OVC activities and events, including hosting the information from the Social Service Workforce Strengthening Webinar series and conference follow-up activities, as well as the roll out of the Essential Package for holistically addressing the needs of young vulnerable children and their caregivers affected by HIV and AIDS. The site has also served as the discussion board for the Children and HIV: Closing the Gap symposium.

During PY4, all of the site’s technical pages were reviewed and out-of-date information has been removed and replaced with current information and best practices, with the support of the OVC technical consultant and staff. Through this process, it became apparent to the OVCsupport.net team that there were several technical areas that are integral to OVC programming that are not included in the site. The team, along with support from the OVCsupport.net Editorial Board (see listing at right) and USAID, has designed a plan for restructuring the technical content of the site, and will include new sections on systems strengthening and programming for key populations, with many subsections under these main headings. This restructuring and addition of content will take place in PY5.

The project is also focusing on site sustainability to ensure that the site continues to be maintained and actively managed after the close of the AIDSTAR-Two project. During this reporting period, AIDSTAR-Two developed a sustainability strategy for the OVCsupport.net site and held meetings with key staff business development staff to discuss funding possibilities.

Select comments from webinar participants:

- *“The topics are innovative and the information is extremely useful.”*
- *“They are a convenient way to get up-to-date technical information while also providing an opportunity to ask questions for clarification.”*
- *“The Webinars share cutting-edge information and allow time for good questions and group discussion.”*

Current challenges and proposed solutions:

None

Table 6: OVCsupport.net Editorial Board Members

Diana Chamrad, Sr. Quality Improvement Advisor, OVC at University Research Co. LLC, Center for Human Services
James McCaffery, Deputy Director for HRH and HSS at Training Resources Group, CapacityPlus Project, IntraHealth
Jason Wolfe, Sr. Household Economic Strengthening Advisor at Office of HIV/AIDS (OHA), Global Health, USAID
Kara Greenblott, Consultant at Nzinga International
Kate Greenaway, Senior Technical Advisor, HIV Unit at Catholic Relief Services (CRS)
Kate Iorpenda, Senior Adviser, Children and Impact Mitigation at International HIV/AIDS Alliance
Kendra Blackett-Dibinga, Senior Technical Specialist at Save the Children; Co-chair OVC Task Force
Lynette Mudekunya, Deputy Director at REPSI
Nicole Benham, Senior Child Protection Sector Specialist at World Vision
Nicole Richardson, Quality Improvement Specialist for OVC at Save the Children
Ted Neill, HIV/ECD Project Coordinator at CARE
Scott Kellerman, Global Technical Lead for HIV/AIDS at Management Sciences for Health (MSH)
Maury Mendenhal, Technical Advisor, Orphans and Vulnerable Children at Office of HIV/AIDS, Global Health, USAID

Anticipated activities/plan for next six months:

In PY5, AIDSTAR-Two will focus on restructuring the site's technical pages and adding new technical content; conducting four additional Webinars; implementing a site sustainability plan; and continuing to increase the site's social media presence.

Subtask 4: OVC Research Newsletter**Progress toward results: summary of activities, achievements, and results since last report:**

Key result: Nine editions of the monthly "What's New in Research?" were distributed to over 3,500 people each month.

During PY4, AIDSTAR-Two successfully partnered with the Human Sciences Research Council (HSRC), based in Durban, South Africa, to develop a monthly newsletter that features user-friendly annotated research articles that encourage a focus on evidence-based programmatic approaches for OVC. Launched in January 2012, the dissemination of the eNewsletter (entitled "What's New in Research?"), is an effort to make existing research findings more accessible to implementers, donors and policy makers, and to encourage further research activities in the field of children affected by HIV and AIDS. Each newsletter highlights approximately six to eight journal articles. Research findings associated with this activity will be incorporated into the research section of the OVCSupport.net Website.

"What's New in Research?" strives to move beyond "grey literature" by promoting a focus on an evidence-based applied science approach to working with children affected by HIV and AIDS, where there is policy research, tests of effectiveness, rigorous program evaluation, cost analysis, and programming based on evidence of what works. AIDSTAR-Two, with HSRC, produced nine editions of the newsletter during PY4 (January-September 2012). The E newsletter is sent to more than 3,500 recipients each month. One reader commented: "The research newsletter is awesome. I always learn a lot and people just rave about it!"

Current challenges and proposed solutions:

None

Anticipated activities/plan for next six months:

AIDSTAR-Two will continue to work with HSRC to continue produce the monthly e research newsletters.

Subtask 5: Lesotho SAVE Essential Package for Early Childhood Development**Progress toward results: summary of activities, achievements, and results since last report:**

Key result: Planning for the rollout in Lesotho of the Essential Package for Early Childhood Development is complete.

Children affected or infected by HIV and AIDS are at a distinct disadvantage in virtually all aspects of life – education, nutrition, health, safety, and development. Young children are especially vulnerable to the effects of HIV and AIDS, given that the first five years of life provide the foundation for lifelong development. Save the Children and CARE recently developed the Essential Package for addressing the needs of young vulnerable children, an innovative action framework developed for program managers, volunteers and others to provide age-appropriate support to young children affected by HIV and AIDS, particularly those living without adequate adult care or who are themselves infected with HIV. Through

AIDSTAR-Two, Save the Children will provide technical assistance to implementing organizations in Lesotho to introduce the Essential Package in-country and scale up its use.

Current challenges and proposed solutions:

None

Anticipated activities/plan for next six months:

The initial training of trainers in the use of the Essential Package is scheduled for October 8-12, 2012 with an anticipated 30 participants from various implementing partner organizations working with OVC throughout the country. SAVE will conduct a follow up trip in November 2012 to provide technical assistance to the partner organizations as the trainers in each organization and institution begin training their volunteers in implementing the Essential Package in the field.

Subtask 6: Social Service Workforce Strengthening Alliance and Technical Briefs

Progress toward results: summary of activities, achievements, and results since last report

Key result: AIDSTAR-Two made significant contributions to the development of the USG Social Service Workforce Strengthening Alliance in PY4 through the participation of Ummuro Adano, AIDSTAR-Two Deputy Director and workforce expert.

The strength of a social service system is, in many ways, dependent on the strength of its workforce. A well-planned, well-trained, supported workforce is better able to address the needs and enhance the resources of vulnerable populations, including children and families. The USG Social Service Workforce Strengthening Alliance is a small group of US based organizations and UNICEF that attended the Social Service Workforce Conference in Cape Town, South Africa in November 2010. AIDSTAR-Two was on the planning committee for this conference along with USAID and AIDSTAR-Two subcontractor, the National Association of Social Workers. The goal of this group is to maintain the momentum that was generated in Cape Town and continue to advocate for this neglected workforce. The Alliance specifically seeks to generate the political will, knowledge and evidence, resources and action necessary to address key social service workforce challenges. Ummuro Adano, Deputy Director of AIDSTAR-Two represents the project and MSH on the Alliance.

The USG Social Service Workforce Strengthening Alliance recognizes that workforce strengthening requires a multi-faceted approach that coordinates with all aspects of the social services system, as well as with other sectors. In this regard, the group will:

- Serve as a convener for an inclusive, representative network of stakeholders including government organizations, non-government organizations, academic institutions, donor groups, professional associations, and community practitioners to create a forum for discourse and collective learning
- Build the evidence base for social service workforce investments through promoting research and evaluation
- Organize and disseminate critical knowledge, resources, tools, models and best practices
- Advocate for workforce-supportive policy reforms at the global and national levels

In PY4, the Alliance carried out the following tasks and completed the following deliverables:

- Explored options and research potential models for establishing a Global Social Service System and Workforce Strengthening Alliance
- Developed mission, vision and logo
- Developed terms of reference for the USG Social Service Workforce Strengthening Alliance
- Developed terms of reference for the group's Steering Committee
- Developed selection criteria for membership in the group
- Developed a job description to advertise, recruit and hire a coordinator for this group
- Developed a costed one year work plan

Current challenges and proposed solutions:

None

Anticipated activities/plan for the next six months:

In PY5, Ummuro Adano will continue to participate in the regular Tuesday calls of the interim Steering Committee of the Alliance and contribute technically to the implementation of the 1 year plan for the Alliance.

Subtask 7: Social Service Workforce Technical Briefs

Progress toward results: summary of activities, achievements, and results since last report:

Key result: Planning for the first of two technical briefs on new cadres for the social services workforce in Africa is complete. Both technical briefs will be completed in PY5.

In relation to on-going efforts to strengthen the social services workforce described above, AIDSTAR-Two was asked to develop two technical briefs on promising new cadres in the social services workforce in Africa. The USAID mission in South Africa suggested that one of the technical briefs focus on the *Child and Youth Care Workers cadre* in South Africa. In late PY4 the project contracted a consultant based at the University of Cape Town. In early PY5 she will conduct a literature review and key informant interviews and develop a technical brief that will document the trends and evidence in the planning, training and management of this cadre. The technical brief will be shared with other countries that are keen to establish this cadre of frontline workers that provide services to vulnerable children and their care givers. In PY5 a second technical brief will be undertaken describing another African country's efforts in developing a social services workforce cadre.

Current challenges and proposed solutions:

None

Anticipated activities/plan for the next six months:

The data collection for the technical brief on Child and Youth Care Workers in South Africa begins in October 2012. This technical brief will be finished in late November. The second technical brief will be developed in the next six months.

Subtask 8: OVC Education

Progress toward results: summary of activities, achievements, and results since last report:

Key result: In late PY4, AIDSTAR-Two completed the planning for the OVC education literature review and four country assessments of access to education for orphans and vulnerable children in Kenya, Lesotho, Zimbabwe and Haiti. Data collection will continue in PY5, after which the final report, tools and resources will be available for USG teams programming at the country level to support improved access to education for orphans and vulnerable children.

Education has often been referred to as the “social vaccine” or “window of hope” in the fight against HIV/AIDS. All the available evidence seems to suggest that education can improve sustainability and long-term effectiveness of both prevention and care efforts. However, the AIDS pandemic has weakened children’s abilities to access their rightful education. Poverty, stigma, discrimination, cultural barriers and disabilities are among the leading obstacles to education faced daily by those made vulnerable by HIV, especially girls.

In PY4, the project collaborated with the OVC TWG to finalize a scope of work designed to support country-based USAID teams working on increasing access to education for orphans and other vulnerable children. AIDSTAR-Two wrote and circulated a comprehensive Expression of Interest for a consultancy to conduct research about barriers to education for orphans and vulnerable children, strategies and initiatives with documented success in increasing access to education for OVCs and tools and resources that USG teams need to improve their programming. An experienced education consultant was contracted after an extensive search and the planning got underway in September 2012.

An extensive desk review and key informant interviews will be carried out by the project in Kenya, Lesotho, Zimbabwe and Haiti. Following the data collection and analysis phase, a decision-making guide and associated tools will be developed to provide guidance to USG teams at the country level in making decisions regarding educational programming. AIDSTAR-Two will engage with experts and stakeholders at critical points in the development process to receive and incorporate feedback on the summary document as well as on the decision making guide and tools.

Current challenges and proposed solutions:

None

Anticipated activities/plan for next six months:

In the next three months, the consultant will conduct face to face interviews in Kenya, Lesotho and Zimbabwe. The Haiti interviews with key informants will be done on the phone. The consultant will analyze the findings of literature review as well as the key informant data to generate a synopsis paper outlining the state of the current issues and evidence trends; this paper will be discussed at a consultative meeting with USAID OVC Technical Working Group, USAID Education staff and other key stakeholders. The meeting is scheduled for early December 2012 in Washington, DC. Based upon the information gathered from these processes, the consultant, with guidance from AIDSTAR-Two, will develop the decision-making guide and accompanying tools.

Health Information Systems Technical Working Group

Table 7: Health Information Systems TWG Activities

<i>Title</i>	<i>Summary</i>	<i>Results</i>
1.HIS Namibia Centerships	Strengthen the capacity of community-led organizations called "Centerships" in two communities in Namibia	Trained Community Health workers in two pilot communities are providing health information and collecting health data at the community level which is provided to the Ministry of Health and Social Services. A group of public and private stakeholders are supporting this activity in both communities. This pilot project is intended to demonstrate the utility of community based initiatives to improve access to health services for communities facing access issues and pilot a community based health data collection system to that will help identify risks and refer people in need of services.
2.HIS Conference and Virtual Leadership Development Program (VLDP)	HIS Teams from Asia participated in the final modules of the leadership development program begun in PY3 following the HIS Regional workshop in Manila in June 2011.	Six multi-sectoral HIS teams in Asian countries concluded the Leadership Development Program with select teams making changes in their HIS.
3.Country Ownership Guide	AIDSTAR-Two was asked by the Health Information Systems (HIS) in the Office of HIV/AIDS to re write and edit a Country Ownership Guide produced by them. The editing began in late September 2012.	Editing and rewriting began on the Country Ownership Guide. The Guide will be concluded in early PY5.

Subtask 1: HIS Namibia Centerships

Progress toward results: summary of activities, achievements, and results since last report

Key result: Trained Community Health workers in two pilot communities are providing health information and collecting health data at the community level which is provided to the Ministry of Health and Social Services (MOHSS). There is a group of public and private stakeholders supporting this activity in both communities.

During PY4 , AIDSTAR-Two made progress towards establishing local community organizations, called centerships, in Onderombapa and Rosh Pinah in Namibia and strengthening their capacity as autonomous organizations that can be used to support community- based health outreach, education, and the collection of community-level health information. Increased collaboration with the MOHSS, and with local partners such as Peace Corps and RoshKor (the social responsibility unit of the mining industry in Rosh Pinah) has led to significant advances toward the activity’s objectives. AIDSTAR-Two provided direct training and technical assistance in organizational development and business management to community members, as well as specific training for the centerships’ volunteer Community Health Workers (CHWs). AIDSTAR-Two is also working closely with the central, regional, and district MOHSS to increase the collection, submission, and use of community health information collected by the CHWs.



A community health volunteer in Rosh Pinah gives a presentation on tuberculosis to local residents.

In Onderombapa, the MOHSS trained eight CHWs to collect health information from their communities. AIDSTAR-Two has also been working closely with the Peace Corps Volunteer posted in the community to increase the engagement of the CHWs. The Centership Committee has submitted their final business proposal for review by AIDSTAR-Two. This proposal outlines the plan for a small store that will sell cattle feed and vaccines to the community. A portion of the proceeds from this business will be used to support health initiatives in the community, including the work of the CHWs through providing small stipends. AIDSTAR-Two will conduct an analysis to assess the feasibility of the business, and if it is feasible, will work with the centership on

implementation. AIDSTAR-Two is proposing partnering with the local company SME Compete to conduct this assessment.

Rosh Pinah currently has 13 trained CHWs, all of whom are actively collecting data. In addition, the CHWs have referred several community members to the clinic and are working in the clinic providing assistance to the nurses. The CHWs have also organized several community health activities, including a local clean-up day and presentations on important health issues facing the community. AIDSTAR-Two hired a consultant in Rosh Pinah to support the CHWs in organizing these activities. To create a sustainable mechanism for incentivizing the CHWs and sustaining their work, RoshKor, the social responsibility organization of the mines in Rosh Pinah, has expressed interest in paying a small stipend to CHWs for providing occasional workshops for the community on topics such as hygiene and sanitation. AIDSTAR-Two has facilitated the negotiation of the terms of the partnership with all of the partners, and is currently working to implement this public-private partnership.

As AIDSTAR-Two completes its work on the centership activity, it will work with partner MACRO ICF under the MCHIP project on an external review of the project. AIDSTAR-Two will also produce a guide on developing local partnership.

Current challenges and proposed solutions:

There is still a significant amount of work that needs to be accomplished before the centerships will be able to function without outside support. The tight timeframe requires that AIDSTAR-Two work very

quickly to ensure that the community members have received all of the necessary training, and that all of the required systems and structures, both for the health information component and the business planning component, are in place before the close of the activity. Even if AIDSTAR-Two has completed all of its objectives before the end of the activity, there is still concern how sustainable the centerships will be after the support has ended.

Anticipated activities/plan for next six months:

In the coming months, AIDSTAR-Two will: coordinate additional training for the CHWs on health information collection and use as well as on key health education topics and dissemination of information to community members; summarize data collection; facilitate the implementation of the public-private partnership in Rosh Pinah to provide continued revenue for CHW activities; and begin implementation of community business in Onderombapa to generate revenue for CHW activities. In addition, the project will work to ensure standardization and harmonization of the centerships with each other and with national MOHSS reporting indicators and mechanisms, and begin work on the guide to produce local partnerships.

Subtask 2: HIS Conference and Virtual Leadership Development Program (VLDP)

Progress toward results: summary of activities, achievements, and results since last report:

Key result: Six multi-sectoral HIS teams in Asian countries completed the Leadership Development Program with select teams making changes in their HIS.

Following their participation in the Asia Pacific Leadership Forum on Health Information Systems (HIS) in Manila in June 2011, eight country multi-sectoral teams – from Bangladesh, Cambodia, Fiji, Laos, Mongolia, Philippines, Thailand, and Vietnam – enrolled in the Virtual Leadership Development Program (VLDP) for HIS Country Teams, offered from July 18 through October 21, 2011. The teams were following up on the forum’s primary objective, which was to bring ministerial teams from different sectors together to develop action plans to implement a country-led process to strengthen national Health Information Systems. Some of the highlighted results of the leadership development program included:

- Four teams created strong action plans, which included a shared vision, a challenge statement, obstacles and root causes, a desired measurable result to be achieved within six months, and activities, staff, and resources necessary to achieve this result.
- Each team that completed the program reported that they were implementing their action plan in November 2011, and three teams reported progress in May 2012.
- Eighty-seven percent (87%) of the 16 respondents to the evaluations reported that the VLDP strengthened their leadership and management competencies. Thirty (30) participants completed the program.
- Eighty-one percent (81%) of the participants who responded to the final evaluation survey reported positive changes in their institutions as a result of the program.

One participant, Dr. Sambath of Cambodia, reported, “The great points for me in the VLDP were the team face-to-face meetings. It was a wonderful spirit of partnership and team work and good co-operation from all sides. Our team committed to work together and (we) will implement action plan and (are) confident to get success in the future.”

During a post-course follow-up survey, in May 2012, the Cambodia team reported that they developed and shared the HIV/AIDS interface in the integrated HMIS database system, developed and shared private/NGO interface in the integrated HMIS database system, have continued to work on data quality

and monitoring with support from WHO/HMN and USAID-URC, and have begun work on the interoperability system.

Current challenges and proposed solutions:

None

Anticipated activities/plan for the next six months:

This activity was concluded in PY4.

Subtask 3: HIS Country Ownership Guide

Progress toward results: summary of activities, achievements, and results since last report

Key result: Editing and rewriting began on the Country Ownership Guide.

USAID, PEPFAR and GHI, along with many other donors, share a common commitment to support and promote country-led planning and development in health. This approach calls for a new focus in the way USAID, especially its in-country staff, engage with and promote genuine partnerships with host governments and local organizations. Clearly, translating the principles of country ownership into effective practice with measurable results is a complex challenge, requiring a sincere shift in the mindset and development culture of both the host country and its development partners.

The HIS Technical Working Group developed a rough draft Country Ownership Guide, with an assortment of tools and resources, that will assist USAID field staff to promote and operationalize the principles of country ownership in both their strategic and day-to-day program activities. In late PY4, the HIS TWG requested the AIDSTAR-Two project to refine and finalize the draft country ownership guide. In September 2012, the project hired and contracted a consultant to conduct a thorough review and reformulation of the guide.

Current challenges and proposed solutions:

None

Anticipated activities/plan for next six months:

A final version of the reformulated guide, with new content as well as appropriate tools and resources, will be submitted to the HIS TWG for final review and distribution to USAID field offices.

Care and Support Technical Working Group

Table 8: Care and Support TWG Activities

<i>Title</i>	<i>Summary</i>	<i>Results</i>
1. Cervical cancer in HIV positive women	AIDSTAR-Two issued a subcontract to the Centre for Infectious Disease Research (CIDRZ) in Lusaka, Zambia to host a series of three (3) ten-day cervical cancer prevention and treatment trainings using the “see and treat” method. Healthcare providers from Botswana and Kenya attended the separate trainings in September 2012.	Teams from Botswana and Kenya were trained at the Centre for Infectious Disease Research (CIDRZ) in Lusaka, Zambia to develop and implement cervical cancer screening and treatment programs for HIV-positive women in their respective countries.
2. Support for the PWID regional meetings	The last of three regional workshops on People Who Inject Drugs (PWID) took place in Vietnam in PY4 and all reports were finalized. The first two PWID regional workshops took place in Nairobi and Ukraine in late PY3.	One hundred and thirty-five (135) participants representing the countries of Vietnam, Cambodia, Laos, Burma, Thailand, China, India, Afghanistan, Indonesia, Malaysia, the Philippines, Australia, and the United States participated in the regional workshop and discussed best practices on HIV prevention and care programming for PWID in the region.

Subtask 1: Cervical Cancer in HIV positive women

Progress toward results: summary of activities, achievements, and results since last report:

Key results: Teams from Botswana and Kenya were trained at the Centre for Infectious Disease Research (CIDRZ) in Lusaka, Zambia to develop and implement cervical cancer screening and treatment programs for HIV-positive women in their respective countries.

Following a successful regional conference on cervical cancer in HIV positive women in Zambia in May 2010, the Care and Support TWG asked AIDSTAR-Two to provide an additional opportunity for 15 health providers in Eastern and Southern Africa to receive technical assistance to develop and implement cervical cancer screening and treatment programs for HIV-positive women in their countries. In PY4, AIDSTAR-Two issued a subcontract to the Centre for Infectious Disease Research (CIDRZ) in Lusaka, Zambia to host a series of three (3) ten-day cervical cancer prevention and treatment trainings using the “see and treat” method. A total of 10 healthcare providers (three doctors and two nurses from Botswana, and two doctors and three nurses from Kenya) attended the separate trainings in September 2012. Upon return from Zambia, these providers will offer trainings to counterparts in their countries on the see and treat method. Cervical cancer prevention is particularly important for HIV-positive women as being sero-positive increases the odds for contraction of the human papillomavirus (HPV), a leading cause of cervical cancer, as well as expedites the progression of pre-cancer to cancer for women with compromised immune systems.

Current challenges and proposed solutions:

None

Anticipated activities/plan for next six months:

In October 2012, a second delegation from Kenya (three doctors, two nurses) will attend the training. A total of 15 providers will be trained at the completion of the activity.

Subtask 2: People Who Inject Drugs Regional Workshop in Vietnam**Progress toward results: summary of activities, achievements, and results since last report:**

Key results: One-hundred-and-thirty-five (135) participants representing the countries of Vietnam, Cambodia, Laos, Burma, Thailand, China, India, Afghanistan, Indonesia, Malaysia, the Philippines, Australia, and the United States participated in USAID/AIDSTAR-Two's third regional workshop on People Who Inject Drugs (PWID) and discussed best practices on HIV prevention and care programming for PWID in the region.

People who inject drugs continue to be a neglected and stigmatized population in HIV/AIDS care and prevention. In PY4, in partnership with USAID, AIDSTAR-Two carried out the final workshop in a three-workshop series launched in PY3; this final event was held in Ho Chi Minh City, Vietnam, November 7-10, 2011. Prior to this workshop, AIDSTAR-Two supported two other regional PWID workshops in Nairobi and Ukraine in PY3. The objective of these conferences was to bring together key stakeholders from each region to discuss best practices, lessons learned and the impact of high-quality HIV prevention and care programming for PWID.

The conference report from the workshop in Ho Chi Minh City was completed and approved by both the organizing committee and OGAC. In addition, the Russian translation of the Kyiv conference report was also completed and approved by OGAC.

Current challenges and proposed solutions:

None

Anticipated activities/plan for next six months:

This activity was completed in PY4.

Most at Risk Populations Technical Working Group

Table 9: Most at Risk Populations TWG Activities

<i>Title</i>	<i>Summary</i>	<i>Results</i>
1. Support for the PWID regional meetings	See Table 5 in Care and Support section above. This activity was co-funded by the Care and Support, MARPs and Gender TWGs	See Table 6 above
2. IDU Good Practice Guide	The Alliance’s Good Practice Guide on HIV and Drug Use will be adapted and translated for use in the MENA region in a collaborative effort with the Middle East North Africa Harm Reduction Network (MENAHRN)	Initial planning occurred in late PY4

Subtask 1: Support for the People Who Inject Drugs (PWID) regional meetings

Please see summary of activity in Care and Support section above. The final PWID workshop was co-funded by the following TWGs: Care and Support, MARPs and Gender.

Subtask 2: IDU Good Practice Guidance

Progress toward results: Summary of activities, achievements, and results since last report:

Key results: Initial planning was completed in PY4 for this activity.

In late PY4, AIDSTAR-Two partner, the International HIV/AIDS Alliance held initial discussions with AIDSTAR-Two, the COR team and representatives from the MARPs TWG about the adaptation and translation of the Alliance’s Good Practice Guide on HIV and Drug use for use in the MENA region. A concept paper and budget were submitted to USAID and approved. The Alliance will be subcontracting with the Middle East North Africa Harm Reduction Network (MENAHRN) – a network of civil society organizations in the MENA region, all of whom have an interest in HIV and harm reduction programming, to produce this Guide. The network covers 22 countries in the region and the guide will be widely distributed through the network and other mechanisms.

The *Good Practice Guide on HIV and Drug Use* was written in collaboration with national civil society partners from Ukraine, India, Cambodia, China and Indonesia in 2009, and published in 2010. Its target audience is community based HIV and harm reduction program staff. It has been translated into Khmer and Chinese and now will be in Arabic. The Arabic translation of the *Good Practice Guide* will support the implementation of MENAHRN’s Global Fund grant by articulating a programming approach that is evidence based, has a strong conceptual base, and reflects and builds on developments in community-based harm reduction programming in Eastern Europe and Asia.

Current challenges and proposed solutions:

None

Anticipated activities/plan for next six months:

Phase One (October - December 2012) will involve a literature review to update the current *Good Practice Guide* with developments in the science and practice of harm reduction in the past two years, establishing a small steering group, and identifying consultants to lead the activity. During Phase Two (January - March 2013), MENAHRA and the Alliance will host a 3-day workshop to clarify adaptations and terminology and produce a case study. The translation and subsequent dissemination will also take place during this phase.

HIV/TB Technical Working Group

During PY4, no action was taken by the TWG on programming available funds.

Gender Technical Working Group

Progress toward results: Summary of activities, achievements, and results since last report:

Please see summary of activity in Care and Support section above. The final PWID workshop in Vietnam was co funded by the following TWGs: Care and Support, MARPs and Gender. The Gender TWG provided some funding to AIDSTAR-Two to support the PWID Regional workshops which were largely funded by the MARPs and Care and Support TWGs as described above. The contributions of the Gender TWG in the workshops focused on discussing gender issues relevant to concentrated epidemics, and sharing concepts and tools for the integration of gender into programs. The portion of the workshop funded by the Gender TWG also highlighted region-specific examples of successful gender integration into programs for MARPs.

Current challenges and proposed solutions:

None

Anticipated activities/plan for next six months:

The activity was concluded in PY4.

Task 2:

There were no funded activities in PY4.

Task 3:

1. Europe & Eurasia: Focus on MSM service gaps and strengthening of local NGOs

Progress toward results: summary of activities, achievements, and results since last report:

The EE Project is being carried out in three phases:

- Phase 1: Assessment of gaps in HIV services for MSM in EE countries
- Phase 2: Development of a service package for MSM in the region and consensus on these guidelines
- Phase 3: Strengthening of specific NGOs in the region to integrate the service package and support its uptake

Phase II was completed during PY4. In October 2011, an AIDSTAR-Two Networks and MARPS Specialist traveled to Tbilisi, Georgia to attend the South Caucasus HIV MSM meeting. At this meeting, the specialist worked with regional stakeholders to discuss and finalize the technical assistance that will be provided to the Regional South Caucasus Network under Phase 3 of the AIDSTAR-Two E&E project. This visit was the last activity under Phase 2. Additionally, the project was presented at the International AIDS Conference in Washington D.C., July 2012.

In the last quarter of PY4, the project began implementing Activities 1 and 2 of Phase 3 (as detailed below). Specifically, the project has begun to adapt the budgeting, monitoring, and QA tools for the package of services, and has issued a call for expressions of interest from local NGOs in Azerbaijan, Armenia and Georgia.

Challenges and proposed solutions:

None

Anticipated activities/plan for next six months:

Activity 1 consists of adapting user-friendly budgeting, monitoring and evaluation (M&E) and QA tools to support the package of prevention, care and support services. Regional experts will adapt all tools from existing ones and pilot their use with the three selected NGOs during project implementation.

Activity 2 includes the selection of three MSM/HIV NGOs in three countries in the EE region (Georgia, Azerbaijan and Armenia). MSM/HIV NGOs will be selected through a transparent invitational process whereby an NGO will submit a brief note describing their interest in the pilot, their capacity-building needs, and their potential contribution to the greater MSM NGO network after they have received capacity-building support, in response to an Expression of Interest.

2. Honduras: Increasing Local NGO Capacity in Honduras to Improve AIDS-related Services and Address Structural Elements of the HIV/AIDS Epidemic

Progress toward results: summary of activities, achievements, and results since last report:

Financed by USAID/Honduras, the objective of AIDSTAR-Two Honduras is to contribute to the reduction of the HIV prevalence among key most-at-risk populations (MARPs), including men who have sex with men (MSM), commercial sex workers (CSWs), and Garífunas.

To attain this objective, AIDSTAR-Two Honduras has implemented activities aimed at achieving two intermediate and three expected results, as outlined in Table 10:

Table 10: Intermediate Results and Expected Results for AIDSTAR-Two Honduras

Intermediate Results	Expected Results
Intermediate Result 1: Access to quality HIV/STI prevention services for MARPs increased.	<ul style="list-style-type: none"> • Expected Result 1: By September 2012, NGOs are strengthened in management, governance, technical, and leadership skills to deliver quality HIV/STI prevention services to MARPs. • Expected Result 2: MARP groups (MSM, CSW, and Garífunas) are accessing quality HIV/STI prevention services provided by NGOs in targeted geographic regions.
Intermediate Result 2: National Structures Strengthened to Respond to the HIV/AIDS Epidemic in Honduras.	<ul style="list-style-type: none"> • Expected Result 3: The Country Coordinating Mechanism in Honduras (CCM-H), the Secretariat of Health's Ministerial Facilitating Team, and five prioritized Regional Teams are strengthened in leadership and management areas to fulfill their mandate in response to the national HIV/AIDS epidemic.

During PY4 (October 1, 2011 through September 11, 2012), the local non-governmental organizations (NGOs) providing HIV services to targeted MARP groups and supported by AIDSTAR-Two Honduras, exceeded their targets for PEPFAR annual indicators. Some of these accomplishments are outlined in Table 11, below.

Table 11: Achievements of local Honduran NGOs in terms of PEPFAR Indicators

Indicator	Target	Result
P.8.3.D: Number of targeted population reached with individual and/or small group level HIV prevention interventions that are based on evidence and/or meet the minimum standards required	2,585	2,612
P.8.4.D: Number of targeted condom services outlets	644	659
P.8.5.D: Number of persons from the target population who participated in community-wide events	25,380	31,736
P.11.1.D: Number of individuals who received testing and counseling (T&C) services for HIV and received their test results	10,110	12,855
P.12.1.D: Male Norms and Behaviors: Number of people reached by an individual, small-group, or community-level intervention or service that explicitly addresses norms about masculinity related to HIV/AIDS	2,123	3,835
P.12.2.D: Gender Based Violence and Coercion: Number of people reached by an individual, small group or community-level intervention or service that explicitly addresses gender-based violence and coercion related to HIV/AIDS	2,653	3,780
H2.2.D: Number of community health workers and social workers that successfully completed a training program before entering the service	74	76
H2.3.D: Number of health care workers who successfully completed an in-service training program	25	31

Much of AIDSTAR-Two's activity in the last year focused on providing technical assistance to these local NGOs who are on the frontlines of the epidemic in Honduras providing services to commercial sex workers, MSM and the Garífuna population. Through a competitive process, AIDSTAR-Two awarded sub-grants to six local NGOs that included performance incentives. These NGOs qualified for additional

funding based on their performance, having met the eligibility criteria and achieved or exceeded their proposed targets. In addition, AIDSTAR-Two awarded a follow-on sub-grant to the Pan American Social Marketing Organization (PASMO) to conduct condom social marketing strategies targeting MARPs in prioritized geographic areas. Through the technical support and additional funding, additional accomplishments included:

- **Strengthened the capacity of 23 staff members from the six NGOs** to develop quality proposals to obtain new funding
- **Trained 20 VCT service providers** on the application of the OraQuick tests
- **Trained 13 technical staff from the six NGOs** on monitoring, evaluation and use of information for better planning and decision making
- **Trained 47 NGO staff** on the application of the knowledge, attitudes and practices survey (KAP)
- **Trained 24 educators and project coordinators from the NGOs** on HIV prevention and gender sensitivity among MARPs
- **Trained 26 staff and members of the boards of directors from seven NGOs** on the National Strategy for Integrated STI/HIV/AIDS Services
- **Trained 21 counselors from six NGOs** on the risk-reduction counseling strategy as part of the pilot test adaptation
- **Successfully completed the pilot phase of the adapted risk-reduction counseling strategy** to the services provided to the NGOs beneficiary populations
- **Reached 23,263 peers** of the targeted sub-groups through peer education activities
- **Supported the Pan-American Social Marketing Organization (PASMO)** in its marketing efforts, resulting in the sale of **1,163,735 condoms sold** in social marketed outlets
- **Supported the NGOs' distribution of 314,088 free no logo condoms** from the Health Secretariat
- **Supported the NGOs' distribution of 67,793 pieces of educational materials**

Current challenges and proposed solutions:

The AIDSTAR-Two project in Honduras closes at the end of October 2012. The Health Secretariat will now contract directly with non-public organizations including local NGOs to continue to provide HIV promotion and prevention services to MARPs within the framework of the National Strategy for Integrated STI/HIV/AIDS Services and the Health Sector Reform. This is an opportunity to develop country ownership and sustainability although there are also a myriad of challenges related to the definition of roles, responsibilities, and lines of authority within the Health Secretariat, the internal coordination among the various actors, the mobilization of internal financial resources, the definition and implementation of monitoring and evaluation procedures, and the contractual mechanisms and processing of payments. The Health Secretariat must establish a way to ensure transparency and keep sensitive information confidential as they move forward with the implementation of a competitive contracting process.

In addition, the NGOs need further preparation to assume their new role as contracted providers working under the direct oversight of the Health Secretariat with little or no technical assistance moving forward. The NGOs also need to comply with any pending legal and tax requirements to have their non-governmental organization status up-to-date, as this is required to qualify for funding under the state contracting regulations.

Lastly, the climate of violence in Honduras is adversely affecting the NGOs that provide prevention services to vulnerable populations, particularly in areas controlled by drug lords. It is important that in the future, the Health Secretariat, the USAID mission and other key partners create a more cohesive way of providing support to the NGOs by training and equipping them with tools and tips on how to prevent violent attacks while providing services, how to deal with these issues including extortion should they be targeted, and where to report and get help (without fear of reprisal) if they become victims of violence and/or other abuses from organized crime groups.

Anticipated activities/plan for next six months:

Complete closeout and submit final project report.

3. PEPFAR Caribbean Region: Support to the PEPFAR team

Progress toward results: summary of activities, achievements, and results since last report

In PY4, AIDSTAR-Two provided technical assistance to the PEPFAR Caribbean regional team and led the development and initial implementation of a regional monitoring dashboard system to further enhance information sharing and program monitoring and management across the 12 countries and 7 USG agencies.

In March 2012, 2 AIDSTAR-Two staff members conducted an initial TDY to Barbados to work with the PEPFAR Coordinator and key stakeholders. The focus of the TDY was primarily on stakeholder engagement and alignment, design of an initial prototype dashboard, review of indicators and targets to be included, and discussions related to the data entry process and roles and responsibilities of the various stakeholders.

A second TDY to Barbados in April 2012 focused on continuing the stakeholder engagement and design phases of the dashboard, through meetings and demo presentations with various National AIDS Programs, USG Agency teams, Embassy staff, and PANCAP (based in Guyana), and by working with the inter-agency team to resolve issues related to the final indicator list to include in the dashboard, refine the dashboard prototype design, and further discuss roles and responsibilities for dashboard reporting.

The final TDY, originally planned for June 2012, was postponed due to software installation challenges and staff summer leave and TDY schedules. In August and September 2012, the dashboard files were finalized, reporting formats standardized, and a draft User Manual completed. There is now a dashboard for each of the 12 countries in the region as well as an overall regional totals dashboard. In addition, PANCAP agreed to manage the dashboard software files and to host the final results files on their server /Website, which will help promote the sustainability of the dashboard.

In September 2012, there was a TDY to Barbados and Guyana to lead the launch of the dashboard implementation phase by conducting alignment meetings and various trainings with key stakeholders, including the PEPFAR Caribbean Team, USG staff, and PANCAP and CARICOM staff. Meetings and general dashboard user and management trainings in Barbados helped orient the PEPFAR Coordinator's Team as well as USAID/EC and DOD staff to the dashboards. There was also a more detailed training for PANCAP/CARICOM in Guyana covering the general information as well as in depth reviews of the dashboard software and how to manage and modify dashboards in the future.

Current challenges and proposed solutions:

None

Anticipated activities/plan for next six months:

The final Dashboard User Manual as well as slightly modified dashboard files (incorporating final edits per the TDY debrief meeting) will be provided to the PEPFAR Team and PANCAP in October, 2012. This activity will then be complete with all deliverables submitted and the budget fully expended. Possible follow-on work, such as developing a dashboard for PANCAP/CARICOM as well as country-level dashboards (multiple donors) for the NAPs in the region, is still uncertain due to funding and timing of these activities.

4. Tanzania: Support to civil society organizations**Progress toward results: summary of activities, achievements, and results since last report:**

In PY4, AIDSTAR-Two received a scope of work from USAID/Tanzania to provide technical assistance to the National Council of People Living with HIV (NACOPHA), an umbrella organization of all individuals, groups, organizations and networks of PLHIV in Tanzania. The council is a national forum that advocates for issues and concerns impacting the health and lives of PLHIV in Tanzania.

The SOW was discussed, prioritized and finalized in consultation with NACOPHA Executive Director, his program staff and the Board Chair. The program of technical assistance resulted in the following activities and accomplishments:

- A new four-year strategic plan, using a local consultant identified by the client. The process of plan development involved a series of activities including a two-day skill building workshop on the principles and practices of strategic planning.
- An advocacy and communications plan
- A costed resource mobilization and sustainability plan
- A two-day strategy implementation skill building workshop for NACOPHA and key stakeholders

AIDSTAR-Two's engagement with NACOPHA was facilitated to enable NACOPHA to play an active role in the entire project cycle, expanding their space to manage, influence and provide meaningful inputs at every stage: from identifying needs, determining priorities and timelines, mobilizing and aligning stakeholders, to developing and finalizing the final products. The project documented the experience and lessons from this activity, in terms of client engagement and participation to promote ownership and effectiveness of technical assistance.

Current challenges and proposed solutions:

None

Anticipated activities/plan for the next six months:

None

5. Malawi: Support to civil society organizations

Progress toward results: summary of activities, achievements, and results since last report:

During PY4, the first year of the project in Malawi, AIDSTAR-Two provided needs-assessed, context-specific interventions to 14 partner civil society organizations (CSOs) to strengthen internal administrative and financial systems, leadership and governance, and workforce management and performance that contribute to achieving sustainable results.

In December 2011, a call for applications invited 21 local HIV/AIDS CSOs working in the area of advocacy and service delivery to submit concept papers to apply for technical assistance from AIDSTAR-Two/Malawi; none of these organizations were recipients of USAID funding. The concept papers asked each CSO to provide a detailed description of their organizational capacity building needs with an explanation of how the support would strengthen their work, providing evidence of commitment and participation from top leadership. Fourteen (14) concept papers were submitted, and a local review and evaluation panel identified the 10 strongest based on detailed selection criteria. These 10 organizations, along with the four CSOs identified by USAID primes* (Save the Children, Feed the Children, and Catholic Relief Services) comprise the 14 AIDSTAR-Two partner organizations (see table below).

Table 12: Local CSOs working with AIDSTAR-Two/Malawi

1.	Coalition Of Women Living With HIV and AIDS (COWLHA)
2.	Foundation for Community Support Services (FOCUS)
3.	Malawi Network of Religious Leaders Living or Personally Affected By HIV and AIDS (Manerela+)
4.	Malawi Network Of Aids Service Organizations (Manaso)
5.	Malawi Human Rights Youth Network (MHRYN)
6.	Malawi Girl Guides Association
7.	YOUTHNET and Counseling (YONECO)
8.	Centre For Alternatives for Victimized Women & Children (CAVWOC)
9.	Namwera AIDS Coordinating Committee (NACC)
10.	Luntha TV Station
11.	*Lilongwe Health Commission
12.	*Dedza Health Commission
13.	*Creative Centre for Community Mobilization (CRECCOM)
14.	World Relief

During Year 1, with support from the AIDSTAR-Two/Malawi staff and a team of specialized local consultants, key staff from each organization received tailored support in developing and implementing practical performance improvement plans for needed changes. AIDSTAR-Two has used a client centered demand-driven approach to selecting organizational challenges which ensures that the CSOs themselves are in the driver's seat throughout the capacity building process. The project provided one-to-one mentoring and problem solving for each partner and also conducted three multi-partner workshops designed to address these three common areas of need across the organizations:

- Financial Management for Executive Leadership Workshop (held in May 2012)
- Human Resource Management (HRM) Workshop (held in July 2012)
- Theory of Change and Pathways to Change Workshop related to M&E (held in September 2012).

The project also initiated peer-to-peer knowledge exchange and site visits with partners organizations. The first two CSOs to have a learning exchange were CAVWOC and COWLHA. Both teams have demonstrated strengths in various areas of organizational development and can learn from each other. CAVWOC plans to learn how COWLHA manages board members and its secretariat and COWLHA plans to learn resource mobilization strategies used by CAVWOC. COWLHA's Executive Director cited that the exchange was "an invigorating trip" and that they will "continue to interact with CAVWOC on our own". This type of focused networking and partnership facilitation will continue in Year 2.



Members of a CBO in Namwera, Malawi, sing during a health education day that featured HIV counseling and testing for the community.

Six CSOs from Malawi participated in the Virtual Leadership Development Program (VLDP) that took place March 19 - June 15, 2012.

Following USAID approval, four CSOs including Dignitas, LMRTF, Partners in Hope, and Save the Children's C-SEP project, were enrolled in the program, in addition to CRECCOM and World Relief.

A total of 47 participants from six teams completed the program. Throughout

the program, each CSO crafted a specific challenge, measurable result and action plan. AIDSTAR-Two will continue to monitor and provide technical support as the teams implement their plans. Overall the program was considered successful. As of June 2012, 83% of participants had reported starting to implement their action plan and 94% reported having brought about changes in their organization due to participation in the VLDP.

Table 13. Organization Capacity Building interventions and results in Malawi

Organizational capacity building need expressed by CSOs	Intervention	Results/Progress Towards Results
Lack of foundational financial management skills of CSO Executive Directors & Board Members	Financial Management for Executive Leadership Workshop for all 14 CSOs May 16-17, 2012	Improved foundational financial management skills of CSO Executive Directors & Board Members; enhanced skills and understanding of their roles and responsibilities in ensuring sound financial and administrative management; follow-on technical support from AIDSTAR-Two/Malawi financial management consultant and senior accountant to improve upon or create new financial management manual for select CSOs. MANASO, NACC, FOCUS and DCHC have revised their manuals. The remaining CSOs will complete theirs by December, 2012.

Lack of (or weak) human resource system (policies, manual, guide-lines) in place; no performance appraisals; no HR focal person.	Human Resource Management (HRM) Workshop for 9 CSOs expressing interest in improving HRM systems July 2-4, 2012	Improved understanding of the components of HRM system, their functions, and their interrelated nature; development of new or improved HRM manuals; received follow-up technical support from AIDSTAR-Two/Malawi team to finalize HRM manual. The nine CSOs participating in the HRM Workshop have submitted their new HRM manuals to their respective boards, two have received board approval.
Lack of organizational monitoring and evaluation framework and pathway to change.	Theory of Change Workshop for all 14 CSOs September 5-7, 2012 (first in a series of three workshops)	Improved understanding of theory of change including forward and backward mapping; clarification by organization of their “change statement;” development of draft pathway to change model for their organization; follow-on technical support to each CSO to finalize pathways to change.
Absence of peer mentor organization	Peer-to-peer knowledge exchange visits 1) CAVWOC and COWLHA 2) NACC and World Relief	<u>For CAVWOC</u> : action plan developed to learn how COWLHA manages board members and its secretariat <u>For COWLHA</u> : action plan developed to learn resource mobilization strategies used by CAVWOC. <u>For NACC</u> : Establishment of mentor relationship with World Relief <u>For WR</u> : Improved understanding of how NACC effectively manages their M&E team; WR will establish its M&E unit to model NACC’s <u>All teams</u> : Improved relationships with peer organizations Follow-up with each peer mentored CSO will take place in PY2.
Lack of advocacy implementation plan and weak overall advocacy strategy	Advocacy On-Site Training (at MANERELA+) August 28-30, 2012	Improved understanding of advocacy; full review and re-design of previous advocacy strategy; follow-on technical support by AIDSTAR-Two/Malawi advocacy consultant in developing implementation plan.
Lack of resource mobilization strategy	Resource Mobilization On-Site Training (at MHRYN) September 24-25, 2012	Improved understanding of the importance of having a resource mobilization framework and developing a resource mobilization plan including marketing strategies; development of resource provider map. AIDSTAR-Two consultant is coaching staff members of MHRYN, who are currently responding to a proposal.
Lack of leadership and management skills	Virtual Leadership Development Program March- June 2012	Improved leadership and management skills for the 47 participants having completed the course; formation of a specific challenge, measurable result and progress toward implementing action plan. 94% of participants reported having brought about changes in their organization due to participation in the VLDP. See specific results below.

Table 14. VLDP for CSOs in Malawi Challenges and Progress to Date

<i>Team Name</i>	<i>Challenge</i>	<i>Progress to Date</i>
CRECCOM	How will CRECCOM achieve expansion of its technical areas in the light of its lack of donor diversity and scarcity of resources?	<ul style="list-style-type: none"> • Shortlisted on USAID RFP on Early Grade Reading and Numeracy, currently working on a full proposal. • Partnered with IMPAQ/USA to submit a proposal on School Feeding Program to McGovern Dole International. • In the final stage of negotiations to partner with SSDI on a USAID funded Health Program where our role will be to sensitize the communities. • Partnered with Save the Children in Youth Empowerment Project funded by Master Card which is starting on October 1, 2012. • Submitted Expression of Interest to National AIDS Commission for a behavior change project.
C-SEP	What can the C-SEP team do to support CBO Committees in Blantyre district to provide technical support to community based child care centers, children’s corners and parenting groups and ensure sustainability of programs within such groups, since the CBOs do not have technical knowledge and skills in early childhood care and development nor do they have psychosocial support to guide in the planning, implementation, monitoring and coordination of activities?	<ul style="list-style-type: none"> • C-SEP conducted trainings in early childhood development and parenting with 24 CBOs using content developed by needs assessments. In addition, they conducted 14 sensitization meetings regarding the role of various community structures and how to network with each other and the government partners.
Dignitas	How can we better align the individual and departmental visions into a new strategic plan given the lack of time and competing priorities due to daily operations and the active search for funds for 2013?	<ul style="list-style-type: none"> • Dignitas has reported that their most recent quarterly meeting was much more successful and planning is underway for Q3 meeting in November that will be followed by organizational annual planning exercises. • Dignitas will develop a strategic plan through focus groups and organization-wide meetings starting in November, with an emphasis on resource mobilization and the organization’s nation-wide presence. • Dignitas has conducted meetings with small departmental groups to identify individual and department mission/vision.

LMRFT	<p>How can we increase male involvement in antenatal care from 11% (9,905/91,017) to 20% (18,495/92,473) in the Central West Zone Districts given that it is traditionally understood that antenatal clinics are for women? Most partners have to be at work during ANC clinic hours. Sensitizations campaigns haven't reached all communities in our catchment areas. Set up of the ANC clinics is not male friendly in terms of toilets and space to accommodate spouses, and clinics are mainly female-dominated by both staff and attendees.</p>	<ul style="list-style-type: none"> • LMRFT has conducted sensitization trainings with more than 40,000 people from the communities surrounding the targeted health facilities. Forty-two (42) community mobilizations were conducted in three districts, with two more districts scheduled for next quarter. These included traditional leaders, traditional birth attendants, as well as local health workers. • The percentage of male involvement as per last quarter was at 21%, that is 4,736 males were tested and counseled together with their pregnant women partners.
Partners in Hope	<p>How can we accomplish the task of increasing uptake of CD4 testing for pre-ART clients given current barriers such as staff motivation and training, distances between patients and the nearest CD4 lab, and infrastructure problems leading to inadequate CD4 machine maintenance and electrical power?</p>	<ul style="list-style-type: none"> • New procedures have been implemented for CD4 testing. • New log system and battery powered equipment in place. • The results indicate that 211 pre-ART patients had CD4 samples collected and analyzed. This represents change from 16% (n=380) at baseline to 56% (n=396). Of these, 188 samples were run successfully, 13 samples were rejected while 10 samples had results not given out yet. 87 samples had CD4 below 350 (47 with CD4 between 201-350, 30 with CD4 counts between 51-200, and 10 with CD4 between 0-50) and these patients had been started on ART. This is 14% below the 70% planned target which is expected to be reached in next quarter.
World Relief	<p>What should we do to ensure that district coordinators submit quarterly reports that include all required impact stories, output and impact data for decision making and fundraising, given that program managers do not reinforce the collection of the impact stories and data, and World Relief Malawi does not have a monitoring and evaluation unit?</p>	<ul style="list-style-type: none"> • World Relief is working with the AIDSTAR-Two/Malawi team. It has identified an M&E Officer, is developing a pathway for change and begun to develop an M&E Framework. World Relief has received M&E capacity building activities. All district coordinators submitted quality reports on time to date and M&E Officer provided feedback to them.

Current challenges and proposed solutions:

None

Anticipated activities/plan for next six months:

In the next six months, AIDSTAR-Two will continue to provide ongoing hands-on technical assistance and support to the CSOs as they plan and implement specific capacity building interventions. Areas of assistance include: monitoring and evaluation systems and reporting; financial management software and IT systems; leadership and management, specifically human resource management and financial management; new business and proposal development training; business planning and resource mobilization; leadership and board governance; and evidence-based advocacy. This year, the project will also offer small performance incentives to assist organization in achieving a specific organizational measurable result (up to US\$2,000). AIDSTAR-Two HQ staff will also travel to Malawi to support the Malawi team with many of these tasks, including the M&E workshops, in October and November.

6. Central Asian Republics**Progress toward results: summary of activities, achievements, and results since last report:**

In late PY4, AIDSTAR-Two began planning activities in Central Asia, with the support of funding from USAID CAR. The project received two new scopes of work and a third activity was discussed. Earlier in the life of the AIDSTAR-Two project, AIDSTAR-Two conducted assessments of gaps in HIV/AIDS services for most at risk populations in Kazakhstan and Tajikistan.

First Central Asian regional summit of PLWHA: The first new scope of work is to provide technical support to the Central Asia Regional (CAR) Association of PLWHA. This organization was officially registered in Almaty, Kazakhstan on August 20, 2009. The Association brings together similar associations from Kazakhstan, Kyrgyzstan and Tajikistan as well as PLWHA initiative groups in Uzbekistan. The Central Asia Regional Association of PLWHA approached USAID/CAR during the PEPFAR joint workplan review meeting in February 2012 with a request to assist in organizing the first Central Asian regional summit of PLWHA.

The overall goal of the three-day summit is to strengthen the capacities of CAR-based PLWHA associations to discuss issues related to PLWHA in the region and develop strategies to address these issues. To achieve this, the summit will bring together representatives of PLWHA associations, organizations and initiative groups from four Central Asian Republics (Kazakhstan, Kyrgyzstan, Tajikistan, and Uzbekistan) in order to exchange experiences, learn from one another, and discuss ways in which they can address issues and challenges faced by the countries in the region.

AIDSTAR-Two submitted a budget and revised scope of work with a timeline to USAID CAR for this work and the summit was scheduled for October. However, USAID CAR subsequently put the summit on hold pending necessary approvals for this meeting which is planned for approximately 70 participants.

Midterm evaluation of the Dialogue on HIV and TB Project

The second new scope of work is to conduct a mid-term evaluation of the Dialogue on HIV and TB Project, a five-year, USAID funded program aimed at reducing the spread of the HIV and TB epidemics in Central Asia through improving health behaviors among most-at-risk populations, namely PWID, sex workers, men who have sex with men (MSM), PLWHA, prisoners and migrants. The USAID Dialogue on HIV and TB Project is implemented by a consortium of partners led by Population Services International (PSI) and includes Project HOPE, AIDS Foundation East-West (AFEW), and the Kazakh Union of people living with HIV/AIDS in the Republic of Kazakhstan. This evaluation comes at the midpoint of the project, and thus provides an opportunity to the use evaluation findings to guide the implementation of the second half of the project. The overriding purpose of this evaluation is to obtain independent appraisal

on project performance in order to determine whether or not and to what extent project approaches and activities have been successful and to use this information to make any necessary adjustments.

In late PY4, AIDSTAR-Two assembled a four-person team to conduct the evaluation, which has been approved by USAID CAR and will arrive in the region in late October to begin evaluation activities.

Scope of work to provide technical assistance to promote regional sharing and exchange and to provide technical assistance to select NGOs providing services to most-at-risk populations in Central Asia

This activity was discussed but an actual scope of work was not received in PY4.

Current challenges and proposed solutions:

None on the Dialogue evaluation. AIDSTAR-Two needs the SOWs for the summit as well as for the NGO strengthening to proceed with those activities.

Anticipated activities/plan for next six months:

The AIDSTAR-Two evaluation team arrives in Almaty at the end of October to conduct the evaluation of the Dialogue Project. Deliverables include the evaluation report (first draft and final draft) and an oral presentation. Activities on CAR Association of PLWHA Summit and the third scope of work will start.

7. Middle East and North Africa (MENA) – Responding to Most-at-Risk populations in the Middle East and North Africa Region

Progress toward results: summary of activities, achievements, and results since last report:

In PY4 AIDSTAR-Two, through the Alliance, provided financial and ongoing technical HIV support to eight civil society organizations undertaking community-based MSM health projects in more than 10 sites in Algeria, Lebanon, Morocco, and Tunisia. Interventions included: community-based HIV prevention activities (outreach work, peer education, and provision of commodities), HIV testing and counseling, referral for STI diagnosis and treatment, social support, referral network and partnership with other service providers to ensure quality and friendly services, and advocacy activities for an improved enabling environment.

Beginning in April 2012, the project conducted capacity building on demonstrating results of community-based MSM programming using the Most Significant Change methodology, which started with a training of trainers' workshop and a follow-on regional training in Tunis to introduce the methodology to implementing partners. Throughout May, partners interviewed beneficiaries, peer educators, CSO staff, and stakeholders' representatives to collect qualitative data in the form of significant change stories from the field. These self-reported changes were then analyzed through participatory group discussions with project stakeholders in each country. Consultants drafted country reports that were discussed during a 2nd regional workshop held in Rabat in June. Four country reports and one regional report presenting the reported impact of the field based interventions, and a practical guide on demonstrating results using this method for use by NGOs working on community-based HIV prevention projects, were produced.

AIDSTAR-Two MENA finalized the first version of the *Strengthening the involvement, care and support of PLHIV in the MENA region: situation overview* (internal working paper). The second version will be completed by the end of Q1 2013, and will be focused on providing a more comprehensive situational analysis for wider dissemination among stakeholders involved in HIV/AIDS programming in the MENA region (health authorities, donors, technical partners, NGOs, PLHIV groups and organizations).

In addition to ongoing support to the eight CSOs, support also continued to the Regional Arab Network Against AIDS (RANAA) through several consultancies for developing strategies and tools on issues related to the organizational restructuring and strategic analysis of RANAA: the strategic plan for 2013-2018, resource mobilization strategy, communication strategy, policies and procedures manual, and the monitoring and evaluation system. RANAA's board was consulted early in May about the ongoing strategic analysis, and the new strategy will be presented and validated during RANAA's General Assembly scheduled in December.

In addition to the above activities, the project organized a regional review and annual planning meeting to review the key achievements during this funding period, discussed the technical support and programmatic priorities, initiated the planning for FY13 for MSM activities, and discussed the priorities and next steps for the PLHIV activities. AIDSTAR-Two also completed the first regional consensus meeting among PLHIV, PLHIV organizations, and their partners. Following the meeting, organizations in Tunisia and Lebanon received one-to-one support visits to help them develop a 6 month pilot project.

AIDSTAR-Two completed the annual review and planning process with USAID and AIDSTAR-Two in Arlington, VA in August 2012 and presented the project at a USAID Brown Bag session. Based upon these discussions, the project completed the 2012-2013 work plan and budget, including partner specific budgets and detailed work plans for each implementing partner. The MENA workplan and budget were approved.

Table 15: PEPFAR Indicators, Targets, and Results Reported by AIDSTAR/Two MENA Project as of PY4

<i>Indicator</i>	<i>Target</i>	<i>Result</i>
P.8.3.D: Number of targeted population reached with individual and/or small group level HIV prevention interventions that are based on evidence and/or meet the minimum standards required	2,585	2,612
P.11.1.D: Number of individuals who received Testing and Counseling (T&C) services for HIV and received their test results	1,214	954

Current challenges and proposed solutions:

Some challenges remain due to the nature of this work in this region. As in other places, most-at-risk populations can be difficult to reach. In this region in particular there are a limited number of CSOs, with varying degrees of capacity, engaged in this work. The lack of lubricants, particularly in Morocco, constrains the work of peer educators and limits the acceptability of condoms among MSM. In Morocco, the US Embassy agreed to receive a donation of lubricants that will be made available to peer educators for distribution.

Anticipated activities/plan for next six months:

As AIDSTAR-Two enters its fifth and final year starting October 1, 2012, local CSO partner activities will be supported through May 31, 2013. In this eight-month period, the project will continue its current field interventions for MSM, and will also expand to include activities for strengthening the involvement, care and support for People Living with HIV (PLHIV) in the same countries in which the project has existing activities under the MSM component.

The project will address each of its three IRs in the following ways:

IR1: Access to HIV prevention, care and support services for MARPs increased

Activities that contribute to this result are focused on direct support for community based programs implemented by local CSOs that will meet the needs of MSM and PLHIV. The HIV prevention and support services for MSM will continue to be the core of this project with a new focus on promoting for greater uptake of HIV testing among MSM, and ensuring linkages and access to care and support for MSM beneficiaries who test positive. PLHIV are a new target population in this project and new CSO partners (several of which are PLHIV groups supported by the existing CSO partners undertaking MSM prevention projects) will start implementing small projects for strengthening PLHIV involvement, care and support.

IR2: Quality of HIV prevention, care and support services for MARPs improved

This result will be achieved through technical support on MSM and PLHIV programming, including support for improvements to existing efforts as well as introducing new methodology, including organizational development of partner CSOs. A common technical support priority for the partner organizations involved in MSM programming will be the continuum of prevention, testing and care. For these MSM/HIV CSO partners, follow-on technical support for issues addressed in the previous project year is another priority, specifically: dissemination of project results, organizational communication, strengthening financial management and USAID compliance. For the PLHIV organizations that are new CSO partners, technical support will focus on project start-up and implementation, and basic organizational capacities.

IR3: Enabling environment for HIV prevention, care and support programming improved

The project will also support activities that will influence the wider context at local, national and regional levels. Priorities in the next period will include organizational communications activities to be undertaken by MSM project partners following the training received in June 2012, as well as an emphasis on completion and regional dissemination of communication products and technical tools emanating from this project.

8. Africa Bureau**Progress towards results: summary of activities, achievements, and results since last report:**

In PY4, the project received small funding from Africa Bureau to produce a technical paper that examines the current use of ICTs to advance family planning, reproductive health and other health programs, and identifies the enabling conditions for further scale up. The paper structured the examples of ICTs at work in the health sector around five key activity areas that were captured in the 2008 USAID-funded report, *Elements of Success in Family Planning Programming*: (1) building a high-performing, well-trained staff; (2) providing strong leadership; (3) communicating effectively; (4) basing decisions on evidence; and (5) assuring contraceptive security with a strong logistics system.

English and French versions of the paper were disseminated at the International Conference on Family Planning in Dakar, Senegal at the end of November, 2011, as well as CBKEN and other outlets.

Current challenges and proposed solutions:

None

Anticipated activities/plan for the next six months:

This activity has been completed. The project is still discussing with Africa Bureau contact on how to expend a small amount of left over funds.

9. South Sudan

South Sudan AIDS Commission

Progress toward results: summary of activities, achievements, and results since last report:

In the last quarter of PY4, the project received field support from USAID/South Sudan to assist the South Sudan AIDS Commission (SSAC) to develop a new five year multi-sectoral HIV/AIDS Strategic Plan to reverse the trend of the HIV epidemic in South Sudan. SSAC is a policy advisory body with representation from the public and private sectors, civil society organizations, faith based organizations, and persons living with HIV (PLHIV). In South Sudan, the organizational structure for the expanded response includes coordination with the Ministry of Health, development and humanitarian partners and line ministries. The project finalized the scope of work in close consultation with the mission and SSAC, gathered CVs and interviewed potential consultants and assembled a three-person team (team leader, costing consultant and local consultant) to undertake the assignment.

Current challenges and proposed solutions:

None

Anticipated activities/plan for next six months:

The team leader will make an initial three-week visit to Juba at the end of October 2012 to conduct situational analysis, stakeholder engagement and consensus building meetings. The team of consultants will develop and finalize a five-year strategic plan as well as three-year costed operational plan.

10. Democratic Republic of the Congo (DRC) Global Fund Support

Progress toward results: summary of activities, achievements, and results since last report:

During PY4, AIDSTAR-Two was asked by the Mission in DRC to provide technical support to one of the new Global Fund Principal Recipients – Soins de Sante Primaires en Mileu Rural (SANRU) – for the transfer of the Round 7 and Round 8 HIV/AIDS grants from the United National Development Program (UNDP) to SANRU as well as their consolidation with the Round 7 sub agreement and the Round 8 grant agreement for HIV/AIDS already signed by SANRU into a single consolidated grant. Technical assistance was provided in the areas of M&E, work plan reprogramming, budgeting, procurement and supply management, and support to iterative revisions following comments from the Global Fund Secretariat. The technical team of three AIDSTAR-Two consultants worked with another technical team from Grant Management Solutions (GMS) to support the other DRC principal recipient, CORDAID. The teams were deployed in February, March, and May 2012 for several weeks each visit. In June, during the fourth and final visit, the team (with one AIDSTAR-Two consultant funded by GMS), supported the finalization of the procurement and supply management plan and budget and the selection of the sub recipients. They also supported SANRU and CORDAID during negotiations, making modifications required by the Global Fund. In July 2012, AIDSTAR-Two was informed that the grant consolidation paperwork had been signed.

Current challenges and proposed solutions:

None

Anticipated activities/plan for next six months

This activity was concluded in PY4 .

11. Ukraine: PEPFAR/Global Fund Country Collaboration Initiative to strengthen the Ukrainian AIDS Center

Progress toward results: summary of activities, achievements, and results since last report:

In PY4, AIDSTAR-Two received field support from USAID in Ukraine to build the organizational, program management, and financial management capacities of the Ukrainian AIDS Center (UAC) to effectively implement the Global Fund Round 10 HIV Grant in its role as the Government of Ukraine Principal Recipient.

AIDSTAR-Two carried out the first of three planned TDYs to Ukraine in September 2012. The purpose of this TDY included the following:

- Work with the UAC to develop a plan to transfer costs associated with remuneration of UAC staff from the Global Fund to the Ukrainian Government (development of this plan was a conditions precedent of the UAC's Global Fund grant)
- Carry out an assessment designed to identify necessary improvements to UAC's procurement policies, procedures and systems
- Finalize a capacity building plan to strengthen UAC's ability to implement the Global Fund grant.

Key achievements from this first visit included:

- Completion of revised UAC Procurement Guidelines that we submitted and approved by the Global Fund
- Produced a written assessment report on UAC's capabilities related to procurement and supply chain management
- Produced a draft transition plan to address personnel remuneration issues and related challenge for transitioning UAC salaries to the Government of Ukraine State Budget.

Current challenges and proposed solutions:

The primary challenge on this activity has been working with a Ukrainian governmental organization that is required to both comply with both Global Fund and Government of Ukraine mandates, rules and procedures. Another challenge has included building the capacity of an organization that is not familiar with the Global Fund and the necessary systems which need to be in place in order to carry out its role as a GF Principal Recipient.

Anticipated activities/plan for next six month:

AIDSTAR-Two anticipates two additional TDYs over the next six months. The first of these trips will likely occur in December 2012 and will involve working to strengthen UAC's management systems, and helping the UAC to establish procedures to assess and manage Global Fund Sub-recipients. The third TDY is expected to take place sometime in the first quarter of 2013, and will likely involve conducting rapid assessments of the UAC sub-recipients, training of a select number of Sub-recipients on Global Fund standard operating procedures, and working with UAC to develop a draft Organizational Development Strategy.

III. Management and Supervision

Progress toward results: summary of activities, achievements, and results since last report:

The AIDSTAR-Two staff in the MSH Arlington, Virginia office was busy and productive in PY4. Mike Hammes was approved as AIDSTAR-Two's new financial director and began work in the beginning of 2012, replacing Adam Mbundure. Yadira Almodovar-Diaz and Leonard Nkosi were approved in early February 2012 as the new In-Country Resident Advisors in Honduras and Malawi respectively. Honduras, Malawi and MENA in-country staff performed well. Tanzania, the DRC, the Caribbean, EE, and the Ukraine were supported through short-term technical assistance provided by MSH and the Alliance, with the Alliance leading activities in MENA and EE. South Sudan and the Central Asia Region are also being supported through short-term technical assistance provided by MSH and the Alliance.

Core funded activities were variously supported by MSH and Alliance staff and consultants as well as the Human Services Research Council (the OVC eResearch newsletter), Save the Children (Lesotho Essential Package) and highly skilled consultants who worked on OVC education, OVCsupport.net, and the OVC Forum.

The project continued to leverage additional experts from across MSH to provide quality technical assistance to the AIDSTAR-Two Project including Judy Seltzer (NGO case studies), Xavier Alterescu (CSO governance virtual seminar, NGO case studies), Dan Kraushaar (Causal Pathway Guide), Elizabeth Walsh (Causal Pathway Guide, overall communication specialist for AIDSTAR-Two and developer of the Communications Guide for MENA CSOs), John Pollock and Jean Kagubare (PBI technical consultation meeting and previously the PBF Handbook), Scott Kellerman (MSH Global Lead on HIV/AIDs and member of the OVCsupport.net editorial board), Adam Mbundure (technical assistance in Namibia and to CBKEN), Stephanie Calves (CSO technical brief), Lourdes de la Peza and Eduardo Samoaya, Global Fund CCM experts for Honduras, Jennifer Lissfelt, Global Fund expert and Ned Heltzer (Center for Pharmaceutical Management at MSH) to provide technical support to a Global Fund principal recipient in the Ukraine. MSH expert consultants were also contracted to support Global Fund principal recipients in the DRC. MSH consultants with expertise in national HIV/AIDS strategic plans were leveraged for South Sudan. MSH consultant Elden Chamberlain was contracted to lead the Dialogue Evaluation in Central Asia, along with MSH staff Karen Lassner and two regional consultants, leveraged by the Alliance and MSH. Eduardo Samoaya also supported dashboard development in the Caribbean.

All central level quarterly financial reports, as well as the Semi Annual Report, were submitted on time. Quarterly programmatic and financial reports at the country level, and PY5 workplans for Malawi and MENA were also submitted on time. Meetings with the COR team occurred once a month throughout PY4 with other meetings and telephone consultations as needed. The AIDSTAR-Two team provided regular updates to the COR team on pending activities every Monday and on a monthly basis provided written updates to the COR team on the status of workplan activities. With the support of the COR team, project staff also updated and worked with members of different Technical Working Groups in periodic face-to-face meetings as well as by telephone and email.

Throughout PY4, the AIDSTAR-Two COR team in the Office of HIV/ AIDS provided continual strong support to the AIDSTAR-Two project.

Current Challenges and Proposed Solutions:

None

Anticipated activities/plan for next six months:

AIDSTAR-Two anticipates a very busy first half of PY5. All activities are described in the PY5 Workplan. The workplan also describes project close out plans as PY5 is the last year of AIDSTAR-Two.

IV. Monitoring and Evaluation Plan

AIDSTAR-Two continues to monitor project progress based on the project's global Performance Monitoring Plan (PMP). In PY4, AIDSTAR-Two made measurable progress towards targets for different indicators in the PMP (see Appendix D to review progress made during the life of the project).

Highlights from Project Year 4

Production and dissemination of technical materials

In PY4, AIDSTAR-Two produced 20 technical resources under CLIN 1 (see Table 16 below).

Table 16: Technical Materials Produced Under CLIN 1

<i>Type of Resource</i>	<i>PY4</i>	<i>Cumulative</i>
Foundational technical briefs	1	4
Other technical reports, briefs, notes	5	13
Handbooks/manuals/guidelines/toolkits	1	3
OVC Research eNewsletters	9	9
Case Studies	0	2
Conference Reports	4	8
Surveys	0	1
Total	20	40

In addition, the project produced 11 documents under CLIN 2 including: Technical Brief #4: *Country Ownership and Organizational Capacity Building: Beyond Principles to Practices; The Use of Information and Communication Technology in Family Planning, Reproductive Health and other Health Programs: A Review of Trends and Evidence; Strengthening the involvement, care and support of PLHIV in the MENA region: situation overview; Reaching Men Who Have Sex with Men through Information and Communications Technology: Evidence of Effectiveness in HIV/AIDS Programming*; technical notes on Governance and CSOs, Risk Management, and Grants Management; and nine editions of the OVC eNewsletter, "What's New in Research?"

Multiple technical documents were also produced under CLIN2 at the country level during PY4, including Knowledge, Attitude and Practices (KAP) studies in Honduras, a counseling guide in Honduras, and advocacy, communications, and resource mobilization strategies for NACOPHA in Tanzania. *Strengthening the Involvement, Care and Support of PLHIV in the MENA region: situation overview* and a communications guide for CSOs in MENA that can be adapted and used in other countries was finalized and will be published in early PY5 as will the Most Significant Change methodology along with several other MENA documents.

Improving leadership, management, and governance of CSOs, networks, public sector institutions, and multi-agency bodies around the world

- During PY4, 28 *new* CSOs, networks, public sector institutions and multi-agency bodies (14 in Malawi, 9 in MENA, 2 in the Caribbean, 1 in Honduras, 1 in DRC, and 1 in Ukraine) received technical assistance from AIDSTAR-Two and strengthened their leadership, management, and governance in a variety of areas including but not limited to:
 - improving communications, resource mobilization, financial management, human resource management, M&E, and USAID compliance for CSOs (in MENA and Malawi);
 - enhancing information sharing and program monitoring and management across 12 countries and 7 USG agencies in the Caribbean through the implementation of a regional monitoring dashboard system; and
 - improving capacity and systems of two Global Fund principal recipients (SANRU in the DRC and UAC in the Ukraine). In PY4, AIDSTAR-Two continued to provide technical assistance to 9 organizations in Honduras, 2 in Namibia and 1 in Tanzania.
- Over the course of the project AIDSTAR-Two has provided capacity building support to 99 organizations including CSOs, AIDS Commissions, Global Fund Principal Recipients and Country Coordinating Mechanisms and networks. With support to the Southern Sudan AIDS Commissions and NGOs in Eastern Europe and the Central Asia Republics in PY5, this number will increase.

Increase use of project websites

- OVCsupport.net is an increasingly popular website with now over 88,000 unique users in 199 countries/territories, representing a ten-fold increase since the end of PY2. Over 80,000 documents were downloaded from the site's library in PY4 alone; this rate of downloaded material has remained steady since AIDSTAR-Two took over the site.
- The number of unique users on the Capacity Building Knowledge Exchange Network (CBKEN) has almost doubled since the end of PY3 with over 9,000 unique users visiting from 165 countries. However, Quarter 4 of PY4 saw a decrease in hits on the site, which the project attributes to not having a LeaderNet seminar during that quarter. LeaderNet seminars tend to drive usership up substantially. Measures are being taken to increase usership substantially and over 2,600 new contacts were added to the CBKEN listserv in September 2012.

Convening workshops and leading virtual seminars

- In PY4, AIDSTAR-Two supported various PEPFAR Technical Working Groups in organizing international conferences:
 - The People who Inject Drugs (PWID) Workshops in Vietnam in October 2011 brought together 130 participants to review evidence-based findings and best practices to HIV Prevention, Care, and Treatment to people who inject drugs in Southeast Asia. This workshop was the last in a series of three workshops. The earlier PWID workshops were conducted in Nairobi and Ukraine in PY3.
 - The Forward for Children 2012: The President's Emergency Plan for AIDS Relief Forum on Orphans and Vulnerable Children in Washington, DC in February 2012 was attended by 66 participants from 20 countries, many of whom were OVC Focal Points from sub-Saharan Africa.
- In September, the first delegation of participants from sub-Saharan Africa was trained in cervical cancer screening and treatment in Lusaka at the Center for Infectious Disease Research in Zambia. Two additional delegations will attend the training in PY5.

- AIDSTAR-Two continues to use LeaderNet as a platform to engage with local capacity builders in various areas of Organizational Capacity Building. In PY4, 869 participants from over 60 countries took part in LeaderNet seminars on governance, country ownership, and human resource management. From February to September 2012, AIDSTAR-Two held five webinars on OVC-related topics. 186 participants logged in to the webinars which featured experts speaking on household economic strengthening, early childhood development, maternal mental health, and status disclosure.
- Four teams in the Virtual Leadership Development Program (VLDP) for Health Information Systems completed the online program in Quarter 1 and after six months three of the four teams reported progress towards their action plans indicating that their multisectoral teams were still intact. A VLDP for Malawi CSOs was launched in Quarter 2 for six organizations. All participants completed the course and follow-up is being conducted by in-country staff. Six-month follow-up results will be reported on in December 2012.

Overall, AIDSTAR-Two is on track to achieve all of its targets by the end of PY5 and has already met or exceeded 10 of these targets including OVCsupport.net unique users and number of documents downloaded; number of regional workshops under CLIN 1; number of assessments of networks and CSOs in those networks under CLIN 1; number of individual organizational assessments of CSOs, networks, etc., under CLIN 2; number of CSOs, networks, public sector institutions and multisectoral bodies for which technical assistance is delivered and of those, the number who have improved their management, leadership, and governance capacity; the number of CSOs and networks receiving direct grant support; and the number of participants attending face-to-face workshops.

V. Financial Overview

As Project Year 4 comes to a close, the total obligated funds for the project (including PY5 obligations received in PY4) stands at \$26,362,855: \$11,122,352 [42%] CLIN 1 and \$15,240,503 [58%] CLIN2. The obligation total is 48% of the task order ceiling of \$55,318,943. Going into PY4, an ongoing challenge for the project had been the slow pace of Field Support buy-ins. However, the ratio of Field to Core buy-ins improved significantly over the course of PY4, from 48% going into PY4 to 58% at the end of PY4. The project anticipates the possibility of additional field support buy-ins during the early part of PY5 to support clearly defined, finite interventions that can be carried out before the project's end date.

At the close of PY4, the project is carrying over approximately \$1.3 million in CLIN 1 funds, as well as \$3.4 million in CLIN 2 funds, for a total carryover of approximately \$4.7 million. These carryover figures represent a combination of funds that were available in PY4 but remain unprogrammed, available funds due to underspending on some activities, as well as funds that were budgeted in PY4 for activities that will be implemented predominantly in PY5. They also include approximately \$371k in partner accruals including PY4 final quarter Alliance MENA expenditures as well as Honduras final grantee expenses that were incurred in PY4 but will be paid early in PY5.

Of the \$1.3 million in CLIN 1 carryover, an estimated \$419k represents unprogrammed funds, with the balance of \$874k representing funds budgeted but still remaining unexpended. The Care & Support and MARPs Technical Working Group activities represent a substantial portion of CLIN 1 unprogrammed funds, with these two areas making up \$290k of the \$419k unprogrammed, although the COR recently approved a PY5 activity that will use a significant portion of the remaining MARPs funds (MENAHR).

The balances of unprogrammed funds are in the OVC, HIS and HIV/TB technical areas. OVC (\$503k) and OPHSS/Foundational (\$196k) make up the lion's share of the CLIN 1 \$874k in budgeted funds remaining.

In terms of CLIN 2 carryover, \$2.6 million of the \$3.4 million represents funds budgeted but not yet spent (including accruals that will be paid in PY5), with the balance representing unprogrammed funds of \$838k. Field support buy-ins where funds have remained unprogrammed includes CAR. There is also remaining unprogrammed Africa Bureau and Guatemala funds and small amounts for most CLIN 2 activities due to operational budget reductions that will carry forward to PY5. Funds budgeted but not spent in PY4 represent a combination of cases where funds came late in PY4 and hence these activities are planned to be primarily carried out in PY5 (e.g. Ukraine, South Sudan, and new CAR funds), as well as countries where spending during PY4 did not keep pace with funds budgeted. The two primary examples are Malawi, which started at the beginning of PY4 and did not hit its stride until the middle of PY4, and MENA. MENA underspending was caused primarily due to a slow start in spending by the project's grantees as they spent remaining USAID funds from the C-Change project during the first half of PY4 and did not begin charging AIDSTAR-Two funds until March/April 2012.

It is important to note that obligations received in PY4 for E&E, CAR, South Sudan and Ukraine are treated as PY5 obligations for the purposes of allocating operational expenses because these activities do not begin fully until PY5, or were only recently begun at the end of PY4. While this financial report shows funds available for these activities net of operations costs, these activities will be shown in the PY5 WP and pipelines as PY5 funds received, where they will have operational expenses allocated to them according to PY5 established operational cost allocations.

It is also important to note that the project's PY4 operational expenses came in under budget, with anticipated total expenditures coming in at an estimated \$743k vs. originally budgeted expenditures of \$990k. These savings were due to a number of factors, including savings realized from a gap between the outgoing full time project finance director and the start date of the new finance director at only 50% LOE, as well as operations/management staff billing increased LOE directly to activities (e.g. NGO case studies, Ukraine, and PEPFAR Caribbean). This savings became available to reprogram across the various project activities, so the totals shown in this financial report reflect the actual incurred operations expenses and the redistribution of available funds to each TWG and Field Support activity. The project will carefully assess and budget its operational expenses for PY5, taking into account the need for close-out activities to occur during the latter half of the PY.

Looking forward, AIDSTAR-Two's overall funding base is quite strong as the project heads into PY5, with the \$4.7 million in carryover funds complemented by an anticipated \$3.7 million in new obligations for work in PY5 (this includes new HOP numbers of \$1.785 plus \$1 million Malawi, \$800k MENA and \$150k Namibia). Given this estimated funding base of approximately \$8.4 million for PY5, it will be important to continue to be diligent in programming and spending funds before the project ends in September 2013. AIDSTAR-Two will need to work closely with the USAID COR and her team to ensure CLIN 1 funds in particular are programmed and spent in a timely way. This involves carefully planning and sequencing of work for PY5. All new work needs to get underway in Q1 of PY5. The project will carefully calibrate the staffing and other resources needed to carry out an ambitious program of work during PY5.

Project Close Out

With the AIDSTAR-Two project ending in September 2013, planning for Project close out will need to start early in PY5. In order to ensure that project activities proceed as smoothly as possible, the AIDSTAR-Two Operations Team will begin early in PY5 to establish a timeline for close out, ensure

procedures are in place to monitor and track close out activities, and roles and responsibilities are assigned. The project will work to ensure that close out is conducted in accordance with relevant sections of the AIDSTAR-Two IQC and Task Order as well as MSH policy. By January 2013, a timeline and schedule will be developed to ensure that all project activities end on time, with deliverables completed, and that all administrative and financial actions necessary for close out are completed by September 2013.

Annex A: Trip Reports

Travelers: Mohammed Mahjoubi and Issam Gritli – ATL Tunis

Destination: Algeria

Dates: February 26-March 4, 2012

Mohammed and Issam traveled to Algeria to provide peer technical support to strengthen the program activities being implemented by APCS as part of the MENA regional program. Initial discussions held with APCS management identified clear areas of focus for the ATL colleagues and the technical support addressed these identified key issues, such as strengthening the current outreach and peer education work, improving monitoring/reporting systems, effectively providing support and training for the pool of MSM PE and volunteers, etc. In addition, Mohammed and Issam accompanied the APCS Coordinator and the Field Supervisor on daily site visits in the field. To close out the trip, a debrief meeting was held with the APCS President, in which key observations and recommendations were shared.

Traveler: Mike Hammes, Senior Finance Director, AIDSTAR-Two Project

Destination: Lilongwe, Malawi

Dates: March 14-18, 2012

The primary purpose of Mike's trip was to work with the MSH/Malawi Senior Accountant to prepare and deliver a workshop on Financial Management for Executive Leadership. In addition, the trip provided an opportunity to meet with AIDSTAR-Two Malawi staff to discuss financial issues related to the remainder of the Program Year, and to discuss the budget and other financial considerations for the next Program Year. The two-day workshop brought together the executive leadership of 14 partner CSOs to identify, discuss and clarify leadership roles and responsibilities with respect to financial management. Mike also met with individual CSOs in order to discuss their specific financial and administrative issues.

Travelers: Sarah Johnson, Project Director, and Alyson Clark, Senior Program Officer, AIDSTAR-Two Project

Destination: Malawi

Dates: March 23-April 6, 2012

Sarah and Alyson traveled to Lilongwe to provide technical assistance to the AIDSTAR-Two/Malawi staff in the planning and delivery of the CSO engagement workshops, to meet with partner organizations and USAID Malawi, to provide TOTs for project staff and consultants, and to conduct other various project management tasks. During the trip, Sarah and Alyson conducted two site visits with partner CSOs to meet with the leadership teams and observe project activities. They also prepared Memorandums of Understanding for each of the 14 CSO partners and 3 prime partners during their time in Malawi, drafted capacity building technical assistance (TA) site visit protocol to be used by project staff going forward, and assisted the project staff and consultants in generating a master TA plan for all 14 CSOs.

Travelers: El Ababacar Ndiaye, Justin Tine, and Ousmane Sy, Consultants

Destination: Democratic Republic of the Congo

Dates: 3 trips: February 5-14; March 18-April 8; April 23-May 6, 2012

A team of consultants traveled to the DRC three times between February and April to provide technical support to one of the Global Fund Principal Recipients – Soins de Sante Primaires en Mileu Rural (SANRU) – for the transfer of the Round 7 and Round 8 HIV/AIDS grants from the UNDP to SANRU as well as their consolidation with the Round 7 sub agreement and the Round 8 grant agreement for HIV/AIDS already signed by SANRU into a single consolidated grant. Technical assistance was provided in the areas of M&E, work plan reprogramming, budgeting, procurement and supply management, and support to iterative revisions following comments from the Global Fund Secretariat.

Traveler: Curtis Feather, Senior Finance and Administration Officer, AIDSTAR-Two Project

Destination: Barbados

Dates: April 15-21, 2012

Curtis traveled to Barbados to provide ongoing technical assistance and lead the development process of the PEPFAR Caribbean regional performance dashboard. The primary focus of the trip was to continue with the dashboard file development, which entailed meeting with several key stakeholders to come up with a final indicator list that was agreed upon by the USG inter-agency team. Through this engagement, the final dashboard prototype design and content structure had been determined, after several additions and revisions. During this trip, Curtis also clarified issues/questions on data alignment with Strategic Information (SI) and their agencies, met with IT/Public Affairs Section (PAS) to discuss the “housing” of the dashboard, user restrictions, licenses, etc., discussed processes moving forward regarding data entry, upload and management procedures, and continued to engage key USG and NAP stakeholders to reach agreement and understanding across the wide reaching PEPFAR Regional Caribbean Program Coordination team, which manages a very large portfolio with programs across 12 countries, 2 regional programs, 6 US Embassies and 7 USG agencies.

Travelers: Ian Hodgson, Gaelle Mulot, and Senim Ben Abdallah, consultants, International HIV/AIDS Alliance

Destination: Brighton, UK

Dates: April 17-20, 2012

Ian, Gaelle and Senim met at the Alliance Secretariat Office in Brighton for a training of trainers, led by Ian, to support and prepare Gaelle and Senim for facilitating regional workshops with implementing partners on adapted methodology to lead a “documentation of impact” study in four MENA countries. This training focused on the outcomes of programs supporting men who have sex with men in the region. A Most Significant Change (MSC) methodology was selected as the primary methodology to be used for the study, so the main focus of the ToT was to familiarize the consultants with MSC, discuss the outcomes and lessons learned from the recent evaluation of other Alliance projects that utilized MSC, adapt the methodology appropriately to the MENA region and partners, and specifically support the consultants in preparing for the MENA study. The preparation for the MENA study included designing a regional workshop for partners to be held in Tunisia, generating tools and presentations to accompany the workshop, and clarifying the timeline and logistics for collecting all the stories from each of the four countries in the study.

Travelers: Senim Ben Abdallah and Gaelle Mulot, consultants, International HIV/AIDS Alliance

Destination: Tunisia

Dates: April 21-27, 2012

Senim and Gaelle traveled to Tunisia to lead a regional training for partner NGOs from Algeria, Lebanon, Morocco and Tunisia on Most Significant Change (MSC) approach with a specific emphasis on demonstrating results. The partner organizations present for the workshop from Lebanon included SDIC, Oui pour la Vie, and Helem; APCS from Algeria; AMSED and OPALS (Fes and Rabat branches) from Morocco; and ATL MST/SIDA from Tunisia. During the workshop, partners were introduced to the principles of the MSC qualitative analysis and methodological tools for qualitative data collection/analysis. The facilitators also helped partner NGOs map out a concrete plan for data collection and analysis in their respective countries following the workshop, including preparation of local training for interviewers to be recruited, assisted partner efforts in analysis and composition of technical reports for the assessment of community-level change, and helped partners develop tools to be compiled into a guide that provides steps and methodology for future use by NGOs.

Traveler: **Gaelle Mulot, Consultant, International HIV/AIDS Alliance**

Destination: **Tunisia and Morocco**

Dates: **May 14-18, 2012 (Tunisia); May 18-23, 2012 (Morocco)**

Gaelle traveled to Tunis and Rabat to provide technical assistance to implementing partners ATL and OPALS/AMSED, respectively, with data collection for the AIDSTAR-Two MENA Activity, which aims to strengthen capacity for health projects focused on MSM. Gaelle reviewed the stories collected through the use of the Most Significant Change (MSC) qualitative method, collected all completed questionnaires and performed a data quality check, and finalized the organization of the focus group and lead focus group as needed. The consultant also compared the Alliance's MRS data with the in-country data and then performed further research on figures that did not match Alliance records. Gaelle also collected information and feedback on the MSC method implementation (challenges and recommendations, time spent for each step, conducting interviews, transcribing stories, etc). To conclude each visit, results of the focus group were discussed and interpretations were analyzed and validated.

Traveler: **Ummuro Adano, Senior Technical Advisor, AIDSTAR-Two Project**

Destination: **Nairobi, Kenya**

Dates: **May 14-18, 2012**

Ummuro traveled to Nairobi to participate in and present at the Regional Capacity Building Technical Consultative meeting hosted by the Regional AIDS Training Network (RATN). The meeting was attended by 51 people (including RATN staff) from six countries in the region. Majority of the participants were from RATN partner organizations. Representatives of USAID E/Africa, GRZ, Global Fund and UNAIDS as well as Pact, JSI/NuPITA, and AIDSTAR-Two were also present. The objectives of the meeting included: Review progress made by different sectors in addressing HIV capacity building in relation to the resolutions made at the last Capacity Summit (March 2011); discuss and identify 3-5 priorities to determine future directions in capacity building for HIV and health in light of the changing environment and increased need for local capacity building in the region; and develop a 3-5 page action plan clearly mapping the way forward and responsibilities for implementing and tracking capacity building aligned to the identified priorities. Specifically, Ummuro prepared and delivered a panel presentation on "Country Ownership and Capacity Building," facilitated two small working group sessions on "Leadership and Governance," and participated in the planning committee meeting for next regional summit to be held in Johannesburg, South Africa.

Travelers: **Manuel Couffignal, Regional Program Advisor of MENA Project, and Kevin Orr, Africa Regional Programs Manager, International HIV/AIDS Alliance**

Destination: **Tunisia and Morocco**

Dates: **May 19-23, 2012 (Tunisia); May 24-29, 2012 (Morocco)**

Manuel and Kevin traveled with Jennifer Mason, USAID Middle East Bureau, and Paul Mahanna, Deputy Director of the Office of HIV/AIDS, both visiting the region from Washington, DC, to meet the implementing partners in Tunisia and Morocco and observe program activities. The trips were focused on presenting a clearer picture of MENA program activities, achievements and challenges, while also discussing program perspectives. Manuel took Jennifer and Paul on one site visit in Tunisia with ATL (Association Tunisienne de Lutte contre le IST/SIDA). Then Kevin met Manuel, Jennifer and Paul back in Morocco where they visited partner NGOs AMSED (Association Marocaine de Solidarité et de Développement) and OPALS (Organisation Panafricaine de Lutte contre le Sida). This trip not only provided greater understanding for Jennifer and Paul regarding the response to most at risk populations (namely MSM) in the MENA region, but both visitors from Washington provided substantive technical inputs regarding HIV programming in the context of the project and the region that significantly contributed to the annual planning that began shortly after the trip's conclusion.

Travelers: Elizabeth Walsh, Communications Director,; AIDSTAR-Two Project Golda Eid, Regional Arab Network Against AIDS (RANAA) Coordinator, and Amal Elias, Consultant

Destination: Brighton, UK

Dates: May 20-26, 2012

Elizabeth traveled to Brighton to provide communications technical assistance (TA) to Golda Eid and Amal Elias. Elizabeth's involvement in the Responding to Most-At-Risk Populations (MARPs) in the MENA Region Program had both immediate and longer term objectives. Immediate deliverables of this trip included designing and facilitating a Training of Trainers for Golda and Amal, reviewing and improving RANAA's communications strategy, and designing and preparing a regional training for CSOs on communications. After the 3-day workshop Elizabeth facilitated, Amal and Golda understood the value of a simple communications strategy and were able to draft a strategy for each MENA country. Furthermore, the workshop enabled Amal and Golda to identify their communications priorities for the next year as well as the key results and/or products that needed to be developed. After the trip, Elizabeth continued to provide distance support to Amal in finalizing preparations for the Morocco communications workshop she facilitated in June, as well as Amal's ongoing TA provided to RANAA. Elizabeth also developed a guide on communications for NGOs working on HIV prevention projects targeting MARPs after working with Amal and Golda in Brighton.

Traveler: Senim Ben Abdallah, Consultant, International HIV/AIDS Alliance

Destination: Lebanon and Algeria

Dates: May 20-24, 2012 (Lebanon); May 26-28 (Algeria)

Senim Ben Abdallah traveled to Lebanon and Algeria to provide follow up training on Most Significant Change (MSC) approach with partner CSOs in order to monitor, evaluate, and support field work with target groups (MSM) with a special emphasis on demonstrating results. During the trips, Senim consulted with and assessed partners on their field work progress, reviewed partner transcriptions of completed interviews, and facilitated group discussions on demonstrating results in the context of community work and interventions. Trip accomplishments include: Partners successfully applied methodology to train volunteer peer educators and others in Lebanon and Algeria to carry out data collection in the form of interviews and group discussions; partners acquired practical methodology and tools for data collection and story analysis after a country review and selection committee was formed to identify the MSC outputs; and partners became familiar with MSC approach, grasping the notion of community-based approaches to gather cross-sectional data on knowledge, beliefs and behavior.

Traveler: Adam Mbundure, Financial Director, LMG Project, MSH

Destination: Namibia

Dates: June 13-27, 2012

Adam traveled to Namibia to support AIDSTAR-Two's Namibia Centerships activity in Rosh Pinah and Onderombapa. During his trip, Adam visited the two project site and held meetings to discuss progress and the future of the project. The purpose of this visit was to facilitate progress on the implementation of the Centerships, to discuss and formalize critical strategies and partnerships with stakeholders, and provide oversight on operational activities related to the management and activities for the additional year of funding. This trip also served as an opportunity for project monitoring, in which Adam was able to ascertain progress of the community health worker program in Onderombapa and Rosh Pinah and further train and equip the centership committees with sufficient knowledge to make progress toward developing a centership-run business in Onderombapa. Discussions were held with a potential new partner organization (CoHeNa,) an organization active in Onderombapa.

Traveler: Ummuro Adano, Senior Technical Advisor, AIDSTAR-Two Project

Destination: Tanzania

Dates: June 18-26, 2012

The purpose of Ummuro's trip was to design and deliver a three-day workshop for 30 NACOPHA staff and primary stakeholders on strategy implementation effectiveness. The participants were introduced to strategy implementation techniques and they worked together to develop a realistic implementation plan for their new four-year Strategic Plan. Ummuro also conducted interviews with NACOPHA staff and primary stakeholders to obtain their feedback on the process used to source and deliver technical assistance, which was then generated into a short case study disseminated in September via CBKEN.

Travelers: Lourdes de la Peza, Senior Technical Advisor, LMG/MSH, Norma Moncada, Finance and Grant Assistant, AIDSTAR-Two Honduras

Destination: Honduras

Dates: June 24-29, 2012

Lourdes and Norma traveled to Honduras to help strengthen the CGSSI's capacity to develop their organizational structure and internal regulations. Lourdes and Norma met with the Operations staff, Raúl Coto, Ramón Valladares, Ángel Flores, and Daisy Maldonado to successfully redefine the organizational structure and the roles and responsibilities of the Membership Assembly, the Executive Director, the technical staff, and consultants. They also worked with the CGSSI team to detail the new internal regulations that was done with the consensus of the actual advisory committee. Finally, the team created an action plan to revive membership and legalize the association.

Traveler: Ummuro Adano, Senior Technical Advisor, AIDSTAR-Two Project

Destination: Lilongwe and Blantyre, Malawi

Dates: June 26-July 6, 2012

Ummuro traveled to Malawi to collaborate with the local AIDSTAR-Two team to plan and conduct a Human Resource Management (HRM) workshop and conduct routine project monitoring. Ummuro led a three-day HRM workshop in Blantyre for nine of the partner CSOs (targeting two senior members of staff from each organizations), culminating in a draft HR manual for each CSO. Participants gained an improved understanding of the components of HRM system, their functions, and their interrelated nature. In addition, CSOs discussed how to improve key HRM practices, including the need for accurate job descriptions, which were then developed on site by each CSO in attendance. Lastly, the workshop served to develop a framework for developing and/or improving the organization's HRM manual. During the trip, Ummuro also met with USAID Malawi to discuss incentives concept paper and funding for the following year. Ummuro also went on a site visit to partner CSO CAVWOC in order to develop a better sense of their programmatic operations and the capacity building needs that they have identified.

Traveler: Amal Elias, Consultant

Destination: Rabat, Morocco

Dates: June 20-27, 2012

Amal traveled to Morocco to attend a workshop on Demonstrating Results in addition to facilitate a three-day communications workshop for partner CSOs. Amal Elias facilitated a three-day workshop in Rabat on organizational communications for 12 participants from Tunisia, Morocco, Algeria and Lebanon. Upon completion of the workshop Amal facilitated, participants understood the value of simple communication strategy and were able to draft country strategies on the MSM program, they were able to identify communications priorities for the coming year and agree on expected results, as well as identify key activities and develop and disseminate products they had completed during this period (from the demonstrating results project and an additional topic of their choice).

Traveler: Eduardo Samayoa, MSH
Destination: Honduras
Dates: July 1-6, 2012

Eduardo traveled to Honduras to deliver a workshop to build the capacity of MCP-H members and Principal Recipients in M&E and the use of dashboards for grant management. Eduardo conducted a workshop with the M&E team who demonstrated an increased understanding of strategic monitoring of dashboards after the presentation. The MCP-H and PRs were also successfully trained in M&E concepts, the function of the MCP, and the use, benefits and types of dashboards for strategic monitoring. Eduardo provided the participants a list with abbreviations commonly used by grantees to create a common understanding among the group and also left the participants with a list of recommendations and suggestions for the sustainability of the strategic monitoring process. The participants were in agreement with his recommendations and discussed what next steps they could take in order to improve the performance of their grantees in the next reporting cycle.

Traveler: Leonard Nkosi, Project Director, AIDSTAR-Two Malawi
Destination: Washington, DC
Dates: July 14-21, 2012

Leonard traveled to Washington, DC to present on a panel in a pre-conference meeting on July 20-21 with HIV/AIDS experts, costing and modeling experts, policy makers and implementers. This presentation was unrelated to AIDSTAR-Two activities, which meant AIDSTAR-Two did not fund the travel, but took advantage of his presence here, during which Leonard spent 5 full days at headquarters working with AIDSTAR-Two on next year's workplan for AIDSTAR-Two Malawi. Leonard was oriented to AIDSTAR-Two headquarters, and worked closely with Alyson Clark, Malawi Activity Manager, during the week to reflect on the activities first year, and plan for the second year ahead. Leonard and Alyson's main focus during the workplanning was monitoring and evaluation, a major priority for AIDSTAR-Two Malawi project in year two.

Travelers: Sarah Johnson, Project Director and Judith Seltzer, Director of Technical Strategy and Quality Assurance, Center for Leadership, Management Sciences for Health
Destination: Honduras
Dates: July 30-August 11, 2012

Sarah and Judy traveled to Tegucigalpa to conduct the NGO case study at ASHONPLAFA, a large national NGO providing family planning, reproductive health and other health services, for men, women and youth in Honduras including HIV /AIDS education, counseling and testing and referrals. ASHONPLAFA is first of three NGO case studies designed to identify factors contributing to organizational, financial and programmatic sustainability. The case studies also focus on the impact of capacity building investments, especially through USAID- funded projects. Judith and Sarah interviewed managers, staff and board at the central and operational levels, interviewed Ministry of Health and USAID Honduras staff, reviewed a substantial number of organizational documents and statistics, visited sites to collect relevant information and prepared the initial draft of the case study. The case study was informed by the application the Organization Assessment Tool (MOST+).

Traveler: Ummuro Adano, Senior Technical Advisor, AIDSTAR-Two Project
Destination: Uganda
Dates: August 19-September 1, 2012

Ummuro traveled to Uganda to develop a case study on TASO Uganda, a leading NGO working in all areas related to HIV/AIDS (treatment, prevention, care and support, etc). The purpose of the case study is to identify and showcase the characteristics that contribute to the institutional, programmatic and

financial sustainability of the organization. NGO characteristics explored that contribute to this success and sustainability, evident from the TASO experience, include vision, mission, strategies, structure, management systems, monitoring and evaluation practices, strategic partnerships and external relations, and leadership and governance practices.

Travelers: Manuel Couffignal, Regional Program Advisor of MENA Project, and Kevin Orr, Africa Regional Programs Manager, *International HIV/AIDS Alliance*

Destination: Washington, DC

Dates: August 20-25, 2012

Manuel and Kevin traveled to DC to participate in the three-day Annual Planning meeting held at MSH, in which USAID, AIDSTAR-Two and Alliance were present. The first day of the annual planning was spent reflecting on the previous year's accomplishments, challenges and lessons learned. The remaining days were spent focusing on priorities for the coming year. Jen Mason provided a lot of useful feedback and guidance for the coming year's program, taking into consideration all updates and presentations Manuel and Kevin presented during the annual planning. During the annual planning, everyone agreed that a priority area for the upcoming year needed to be linking PLHIV activities with MARPs, specifically MSM. A significant amount of time was spent discussing PLHIV, in terms of lessons learned as well as priorities in the coming year. Other areas discussed were regional priorities, communications, capacity building best practices, CSO partnerships moving forward, funding, demonstrating results and the most significant change approach. After the three-day annual planning ended, Manuel and Kevin gave a brown bag presentation at USAID.

Traveler: Patrick Phoso, Senior Technical Advisor, AIDSTAR-Two Malawi

Destination: Cambridge, MA and Washington, DC

Dates: August 25-September 2, 2012

Patrick traveled from Malawi to attend MSH Quarterly Orientation in Cambridge for two days, and then flew down to Washington, DC for the rest of the week to be oriented on AIDSTAR-Two more generally, as well as specifically working with Alyson Clark on the AIDSTAR-Two Malawi Project year two workplan. During quarterly orientation in Cambridge, Patrick gained a full understanding of MSH's mission and reach across the globe, which provided new insight that led him to further appreciate the organization as a whole. Specifically, he found sessions on MSH's strategic roadmap very valuable. In Washington, DC, Patrick spent the rest of the week working on the Malawi activity's workplan, in which clear objectives, deliverables, and timelines were agreed upon.

Traveler: Sarah Johnson, Project Director, AIDSTAR-Two

Destination: Malawi

Dates: August 31-September 10, 2012

Sarah traveled to Malawi to facilitate the first in a series of three Monitoring and Evaluation workshops for the 14 CSOs supported by the AIDSTAR-Two project. Many of the 14 CSOs had identified M&E as a major priority area for organizational strengthening citing scattered data forms and systems, systems developed for donors but no overall organizational results framework or M&E Plan and insufficient understanding of and training in M&E. A series of three workshops were designed. The first workshop, facilitated by Sarah with support of AIDSTAR-Two Malawi staff, focused on introducing the importance of M&E and different levels of results and introducing Theory of Change, pathways to change & logical frameworks. The CSO teams practiced Pathways to Change and developed an overall Pathway to Change for their organization, which will form the basis of a M&E plan. Sarah and AIDSTAR-Two Malawi Project Director Leonard Nkosi also met with the USAID Malawi mission to discuss mission perspectives on the project, expectations and deliverables. Further, Sarah met with staff to discuss the quality of AIDSTAR-Two technical support, results to date and various other issues including upcoming activities.

Traveler: Yadira Almodóvar-Díaz, Project Director, AIDSTAR-Two Honduras
Destination: Guatemala City, Guatemala
Dates: September 4-5, 2012

Yadira traveled to Guatemala City to attend and present at the Mid-term US-Central American Regional Partnership Meeting. Yadira's main objective was to assess the progress made towards meeting the goals of the US-Central American Regional Partnership Framework in response to the HIV/AIDS epidemic, which is focused on the achievement of four goals related to the prevention of HIV among MARPs, health systems strengthening, strategic information and the policy environment. In addition, the trip served to identify existing gaps as well as the national and regional opportunities that can be taken in response. Opportunities to better align with the work of US government agencies to better support the HIV response at the national and regional level were also identified. Trip accomplishments included the sharing of insight, achievements, gaps and opportunities between the experiences of the AIDSTAR-Two project in Honduras with other projects in Central America, as well as presenting on AIDSTAR-Two's key achievements in the area of prevention.

Travelers: Mike Hammes, Senior Finance Director, AIDSTAR-Two Project; Jennifer Lissfelt, Consultant and Ned Heltzer, MSH

Destination: Kiev, Ukraine
Dates: September 1-15, 2012

Mike, Jennifer, and Ned Heltzer traveled to Ukraine to provide technical assistance to Ukrainian AIDS Center (UAC) in their role as a Global Fund (GF) Principal Recipient organization for Round 10 HIV grant. Specifically, the team's objective was to provide TA in financial management, procurement and human resources. During the trip they explored the feasibility of developed a plan to transfer costs associated with remuneration of UAC consultants in Phase 1 of the GF Round10 to the state funding starting in Phase 2 of the grant. In addition, they worked to optimize UAC's procurement procedures in compliance with the Ukrainian laws and international best practices. Develop procurement policies and procedures for the UAC, including "UAC Standard Operating Procedures for Procurement. Lastly, they reviewed and finalized the first year (2012) capacity building plan for UAC in relation to the GF grant implementation. In addition, on this first trip, plans began to be made for the next two trips, including interviewing potential local consultants for work on building UAC's capacities in SR management and to reinforce and complete the work on PSM and overall capacity building planning for the organization, in advance of their preparing their Phase 2 application to GF.

Travelers: Manuel Couffignal, Regional Program Advisor of MENA Project, and Kevin Orr, Africa Regional Programs Manager, International HIV/AIDS Alliance

Destination: Tunis, Tunisia
Dates: September 5-9, 2012

Manuel and Kevin travelled to Tunis to participate in a consultation meeting with organizations of PLHIV from Tunisia and Lebanon. The objective of this meeting, facilitated by international consultant Juan Hernandez, was to provide new partners with a general and simple overview of purposes and methods of PLHIV-focused projects, to facilitate a collective discussion about programmatic priorities, needs of participants, and develop a concrete and feasible plan for the next steps. The meeting was successful: the 15 PLHIV participants from Tunisia and Lebanon appreciated this participatory workshop and expressed interest in initiating a partnership with the Alliance in the framework of the MENA Project. They also had a meeting at the US Embassy with Gilbert Morton, Second Secretary, to introduce the regional project and partnership in Tunisia.

Traveler: Juan Hernandez, consultant

Destination: Tunis, Tunisia; Beirut, Lebanon

Dates: September 6-16, 2012 (Tunisia); September 17-21, 2012 (Lebanon)

Juan first facilitated a regional consultation in Tunisia with PLHIV organizations from Tunisia (“RAHMA” and “Groupe de Soutien ++”) and Lebanon (“Vivre Positif”) on 7-8 September. Following this participatory analysis of needs and challenges, he collected qualitative baseline data in Tunisia about RAHMA and GS++ capacity, coverage and scope of work, and provided focused technical support to examine feasible actions for start-up projects, and help these PLHIV partners to develop proposals for small projects. He then conducted a similar technical support, baseline data collection and planning visit in Beirut with Vivre Positif. The main deliverables of this trip will be a baseline report about the organizations’ capacity and a six-month pilot project for these new PLHIV partners.

Traveler: Erin Kurtz, Senior Program Officer and Teri Brezner, Program Coordinator, AIDSTAR-Two Project

Destination: Namibia

Dates: September 9-22, 2012

The purpose of this trip was to monitor the progress of the community health worker programs in Rosh Pinah and Onderombapa and provide training to the centership committees on Health topics related to HIV/AIDS. The trip also served to coordinate collaboration with important partners in the project including the MOHSS, RoshKor, and Peace Corps. Erin and Teri successfully completed training on ARV adherence with the centership committee in Onderombapa and a training on effective health communication strategies (specifically related to HIV/AIDS). Erin and Teri also had productive meetings in both communities related to the business activities in each. In Onderombapa, the team met with two potential local partners, CoHENA and SME Compete to discuss the possibility of partnering with them to receive technical support in the areas of health data collection and business planning oversight for the Onderombapa Community Health Workers. In Rosh Pinah, Erin and Teri held meetings with RoshKor and the Community Health Workers to successfully finalize the terms of the private-public-partnership. The trip concluded with productive meetings in Windhoek with Peace Corps, USAID and the MoHSS to review the current progress in each community and align expectations for the future of the project after the closeout of AIDSTAR-Two.

Traveler: Xavier Alterescu, Deputy Director, LMG Project, Management Sciences for Health

Destination: Cambodia

Dates: September 9-23, 2012

Xavier drafted a case study based on a retrospective review of factors that contributed to KHANA’s institutional, financial and programmatic sustainability. The case study was informed by the application the Organization Assessment Tool (MOST+) which was developed to assess the institutional, financial and programmatic sustainability of KHANA. The tool is organized by Type of Sustainability, Sub-category, Key Question, Descriptors and Scale (1-4 with 4 being the highest level of maturity), and Source of Evidence/Comments. Key informant interviews were also conducted, as well as the review of key documents – all of which helped identify and showcase the factors that contribute to the institutional, financial and programmatic sustainability of KHANA. This case attempts to illustrate how these factors impact the ability of KHANA to deliver quality, accessible services that are within financial reach of the underserved. The case study also discusses the impact of capacity building investments, especially through USAID- funded projects, on the achievement of sustainability measures in KHANA.

Traveler: Manuel Couffignal, Regional Program Advisor of MENA Project, International HIV/AIDS Alliance

Destination: Beirut, Lebanon

Dates: September 24-30, 2012

Manuel's main objective was to participate in a national stakeholders' meeting organized on September 27 organized by SIDC, the project's main implementing partner in Lebanon, to present the results of SIDC's outreach work with MARPs. The participants were representatives from various administrations (Health, Interior, Defense), religious leaders, UN agencies and other NGOs. He visited the other partners supported by the program – "Helem", "Oui Pour la Vie", the "Regional Arab Network Against AIDS" and the PLHIV organization "Vivre Positif" - and addressed ongoing programmatic and financial matters with each of them. He also had a briefing meeting at US Embassy with USAID's Mission Director, to introduce the regional project and partnership in Lebanon.

AIDSTAR-Two PY4 Pipeline Analysis October 2011 - September 2012

Updated 10-24-2012

Name	Available PY4	Current Unprogrammed Balance	Budget PY4	Expended Q1 (Oct. 2011 - Dec. 2011)	Expended Q2 (Jan. 2012 - Mar. 2012)	Expended Q3 (April 2012 - Jun. 2012)	Expended Q4 (July 2012 - Sept. 2012)	Total Expended PY4 (Oct. 2011 - Sept. 2012)	Pipeline of Budget as of Sept. 30, 2012	% of Budgeted Funds Remaining	Total Pipeline (budget pipeline & unprogrammed)
PWID Vietnam Conference & PY3 Accrual			52,262	35,442	1,219	10,392	4,917	51,970	292	1%	
Cervical Cancer Follow-On Support			40,377	143	484	462	3,917	5,006	35,371	88%	
Total C&S	230,566	137,927	92,639	35,585	1,703	10,854	8,834	56,976	35,663	38%	173,590
PWID Vietnam Conference			26,231	30,792	147	(4,936)	-	26,003	228	1%	
Total Gender	27,187	956	26,231	30,792	147	(4,936)	-	26,003	228	1%	1,183
Namibia Centerships			185,147	47,079	57,457	43,977	26,689	175,202	9,945	5%	
Regional Forum and VLDP			35,246	10,591	975	(359)	210	11,417	23,829	68%	
Country Ownership Guide (per draft SOW)			51,946	-	-	-	1,194	1,194	50,752	98%	
PY3 Carryover			-	332	-	(277)	-	55	(55)	-	
Total HIS	338,669	66,330	272,339	58,002	58,432	43,341	28,092	187,868	84,471	31%	150,801
HIV/TB Malaysia			55,838	-	-	-	141	141	55,697	100%	
Total HIV/TB	67,966	12,128	55,838	-	-	-	141	141	55,697	100%	67,825
PWID Vietnam Conference & PY3 Accrual			42,785	41,517	239	1,061	-	42,818	(33)	0%	
LDSS Technical Meeting			-	-	-	407	485	892	(892)	-	
Total MARPS	194,962	152,177	42,785	41,517	239	1,469	485	43,710	(925)	-2%	151,252
PBF Consultation Meeting			26,068	346	17,357	(994)	35	16,745	9,323	36%	
Causal Pathway Guidelines			40,783	2,455	7,700	9,503	267	19,225	20,858	51%	
Multi-City MSM Meeting Follow On (HCMC)			24,781	331	481	17,096	-	17,908	6,873	28%	
ICT MSM Technical Brief			29,976	16,040	1,491	12,481	-	30,013	(37)	0%	
PY3 Alliance OPHSS Accruals and Other PY3 Carryover			66,796	72,949	1,625	27,921	(3,078)	99,416	(32,620)	-49%	
<i>CSOs and HSS Technical Brief (Foundational)</i>			30,161	-	-	95	20	115	30,046	100%	
<i>CBKEN (Foundational)</i>			261,405	36,318	44,971	42,188	24,510	147,986	113,419	43%	
<i>RATN Capacity Building Meeting (Foundational)</i>			31,091	-	-	7,783	14,846	22,629	8,462	27%	
<i>NGO Case Studies (Foundational)</i>			122,875	-	-	8,010	75,093	83,103	39,772	32%	
Total OPHSS/FOUNDATIONAL	628,998	(4,938)	633,936	128,439	73,625	124,085	111,692	437,841	196,095	31%	191,157
OVC HES (PY3 Cardno OVC Accruals)			6,449	484	6,449	(29)	-	6,903	(455)	-7%	
OVCsupport.net & Social Protection Meeting Finalization			209,990	32,573	15,375	36,578	33,274	117,801	92,189	44%	
OVC Education			149,404	508	1,166	1,447	1,701	4,823	144,581	97%	
Lesotho SAVE Essential Package			73,509	-	-	-	446	446	73,063	99%	
PL-109-95 USG Child Protection & Welfare Meetings			21,600	4,733	5,589	1,923	79	12,324	9,276	43%	
OVC Forum			97,226	2,422	15,366	80,875	(16,962)	81,702	15,524	16%	
OVC Research Newsletter			87,698	918	4,710	24,804	28,418	58,850	28,848	33%	
OVC SS Workforce Alliance and Technical Brief			145,926	738	1,359	642	3,513	6,253	139,673	96%	
Total OVC	845,959	54,157	791,802	42,377	50,015	146,239	50,471	289,102	502,700	63%	556,858
Total CLIN 1	2,334,306	418,736	1,915,570	336,711	184,162	321,052	199,716	1,041,641	873,929	46%	1,292,666
Name	Available PY4	Current Unprogrammed Balance	Budget PY4	Expended Q1 (Oct. 2011 - Dec. 2011)	Expended Q2 (Jan. 2012 - Mar. 2012)	Expended Q3 (April 2012 - Jun. 2012)	Expended Q4 (July 2012 - Sept. 2012)	Total Expended PY4 (Oct. 2011 - Sept. 2012)	Pipeline of Budget as of Sept. 30, 2012	% of Budgeted Funds Remaining	Total Pipeline (budget pipeline & unprogrammed)
Africa Bureau	32,931	9,999	22,932	16,268	836	(770)	-	16,333	6,599	29%	16,598
CAR-Kazakhstan	49,135	49,135	-	194	-	4,347	491	5,032	(5,032)	-	44,103
CAR-Kyrgyzstan	82,045	82,045	-	183	-	167	175	525	(525)	-	81,520
CAR-Tajikistan	36,942	36,942	-	183	0	3,408	175	3,766	(3,766)	-	33,175
CAR- Summit*	235,113	-	235,113	-	-	-	731	731	234,382	100%	234,382
CAR- Evaluation*	156,769	-	156,769	-	-	-	167	167	156,602	100%	156,602
CAR Regional Unprogrammed*	488,118	488,118	-	-	-	-	-	-	-	-	488,118
DRC	191,391	6,705	184,685	529	47,259	120,903	99	168,789	15,896	9%	22,601
E&E Bureau*	280,689	26,003	254,686	37,802	1,449	9,682	1,748	50,681	204,006	80%	230,008
Guatemala	27,755	27,755	-	-	-	4,374	1,340	5,714	(5,714)	-	22,041
Honduras	1,782,706	21,290	1,761,416	383,184	324,982	400,903	384,040	1,493,110	268,306	15%	289,597
Malawi	894,011	31,320	862,691	115,185	109,190	249,972	204,014	678,361	184,330	21%	215,650
MENA	1,500,586	52,571	1,448,015	4,116	14,765	314,120	19,054	352,055	1,095,960	76%	1,148,531
PEPFAR Caribbean	49,842	1,746	48,096	-	10,605	20,480	5,632	36,716	11,380	24%	13,126
South Sudan*	145,112	-	145,112	-	-	-	3,388	3,388	141,724	98%	141,724
Ukraine*	329,994	-	329,994	-	-	291	31,108	31,399	298,595	90%	298,595
Tanzania	118,295	4,144	114,151	25,394	18,945	72,204	700	117,243	(3,093)	-3%	1,052
Total CLIN 2	6,401,434	837,773	5,563,660	583,036	528,031	1,200,081	652,862	2,964,009	2,599,651	47%	3,437,424
Operations Expenses	743,305	-	743,305	190,352	153,862	230,196	168,895	743,305	-	0%	-
GRAND TOTAL	9,479,045	1,256,510	8,222,536	1,110,098	866,055	1,751,330	1,021,472	4,748,955	3,473,580	42%	4,730,090

*Ops expenses for these activities will be allocated and charged in PYS

C. AIDSTAR-Two Progress toward Meeting Targets and Indicators in the PMP

Task One and Two: Promote Best Practice Modules and Support Service Provider Networks

	Sub-task Indicators	5 Year Target	Year 1	Year 2	Year 3	Year 4				Cumulative to Date	% of Cumulative Targets Achieved to Date	Progress in PY4
			Q3-4	Q1-4	Q1-4	Q1	Q2	Q3	Q4			
1.1	Number of hits on the AIDSTAR-Two Project website (CBKEN)	19,000			9,828	1,329	1,697	1,252	965	16,036	84%	Site was launched in Oct 2010 (Q1/Yr3); 165 countries by (Q4, Yr4) Data extracted from Google Analytics.
1.2	Number of unique users to CBKEN after October 2010 launch	13,500			5,422	875	1,053	864	730	9,674	72%	Users visited the site from 96 countries (Q1/Yr3); 54% increase in unique users Q2/Yr3 since launch; unique users from 105 countries/territories (Q2/Yr3); 35% increase in unique users over Q1+2, PY4, Data extracted from Google Analytics.
1.3	Number of documents downloaded from OVCsupport.net (after re-branding, renovations and re-launching in March 2010)	200,000			87,958	20,655	18,414	21,200	21,303	190,833	95%	The website was set-up not to measure number of documents downloaded, but rather captures the total number of documents (i.e. 1 document downloaded 10 times, is 10 downloads). Data extracted from Google Analytics.
1.4	Number of unique users to OVCsupport.net (after re-branding, renovations and re-launching in March 2010)	60,000		8,275	32,553	7,843	10,270	11,304	9,266	88,777	148%	Unique users from 199 countries/territories, 18% increase in unique users in PY4 from PY3; Top 10 countries: US, UK, Kenya, South Africa, Uganda, India, Australia, Nigeria, Philippines, Zimbabwe (Q4, Yr4); Data extracted from Google Analytics.

	Sub-task Indicators	5 Year Target	Year 1	Year 2	Year 3	Year 4				Cumulative to Date	% of Cumulative Targets Achieved to Date	Progress in PY4
			Q3-4	Q1-4	Q1-4	Q1	Q2	Q3	Q4			
1.5	Number of key AIDSTAR-Two technical resource materials developed and disseminated, including case studies and surveys	30		5	15	2	6	5	7	40	133%	ICT MSM Technical Brief, PWID Regional Workshop- Nairobi Report, (Q1, Yr4) ; Technical Note on Governance and CSOs; OVC research eNewsletters Jan, Feb, Mar. editions; HCMC PAC MSM 5 year plan and situational analysis (Q2, Yr4) ; PWID Regional Workshop- Ukraine Report, OVC research eNewsletters Apr, May, June editions (3); Country Ownership Technical Brief, Causal Pathway Guidelines (Q3, Yr4) ; OVC research eNewsletters July, Aug, Sept. editions; 2 Technical Notes on Grants Management and Risk Management, PWID Regional Workshop- Vietnam Report, OVC Forum Report (Q4, Yr4)
1.6	Number of regional/national/local workshops and conferences convened to address best and promising technical practices and policies that broaden a multi-sectoral approach to HIV/AIDS	20		4	4	4	3	2	3	20	100%	Namibia - Community Business Planning Module 1-2 Workshop (Oct '11); Vietnam - PWID Conference (Nov '11); Strategic Planning Transgender Workshop (Oct '11); DC -PL109.95 Evidence Summit (Dec '11) (Q1, Yr4) ; Vietnam - HCMC PAC workshop (Feb '12), Namibia -Centerships Business and Proposal Training Workshop (Feb '12), DC - OVC Forum (Feb '12), (Q2, Yr4) Namibia - Strengthening Community Health Worker Systems & Organizational Management (2) (June '12), (Q3, Yr4) ; Namibia - Technical Trainings on HIV/AIDS Community work (2) (Sept '12); Zambia – Botswana team trained at CIDRZ (Sept '12) (Q4, Yr4)

Sub-task Indicators	5 Year Target	Year 1		Year 2		Year 3		Year 4						Cumulative to Date	% of Cumulative Targets Achieved to Date	Progress in PY4							
		Q3-4		Q1-4		Q1-4		Q1		Q2		Q3					Q4						
		F	M	F	M	F	M	F	M	F	M	F	M	F	M								
1.7	Number of participants who attend regional/national/local workshops and conferences disaggregated by gender, organization and by country	1,300			272			500			290			128			27			28	1,245	96%	Vietnam - PWID Conference (130); Transgender Workshop (25); Namibia - Business Planning (15); DC-PL109.95 Evidence Summit (120) (Q1, Yr4), Vietnam - HCMC PAC workshop (33), Namibia- Centerships Business and Proposal Training Workshop (29); DC- OVC Forum (66); (Q2, Yr4), Namibia - Strengthening Community Health Worker Systems & Organizational Management (27) (Q3, Yr4); Namibia - Technical Trainings on HIV/AIDS Community Work (23); Zambia - Botswana team trained at CIDRZ (5), (Q4, Yr4)
1.8	Number of workshops and consultations completed to address assessment findings, discuss best practices, policies and programming recommendations	10			7																7	70%	No assessment workshops to report on during PY4.
1.9	Number of participants who attend workshops and consultations on assessment findings disaggregated by gender, organization and by country	200			129																129	65%	No assessment workshops to report on during PY4.
1.10	Number of USG country teams provided with technical assistance and strengthening activities	8						5													5	63%	No support to USG teams provided in PY4 under CLIN 1.

Sub-task Indicators	5 Year Target	Year 1	Year 2	Year 3	Year 4				Cumulative to Date	% of Cumulative Targets Achieved to Date	Progress in PY4	
		Q3-4	Q1-4	Q1-4	Q1	Q2	Q3	Q4				
1.11	Number of participants in virtual seminars and programs conducted by AS Two by gender, organization and country	3,500		574	930	54	381	386	288	2,589	74%	30 participants in VLDP for HIS completed the course and reported progress on action plans (Q1,Yr4); HES OVC Webinar (42), 346 participants on Governance and CSOs LeaderNet from 62 countries (Q2,Yr4); 280 participants from 47 countries in Country Ownership LeaderNet; ECD webinar (39), HES webinar (35), Maternal Mental Health webinar (25) (Q3,Yr4); 243 participants from 44 countries in HRM for OVC LeaderNet; Status Disclosure Webinar (45) (Q4,Yr4)
1.12	Number of virtual seminars or programs conducted by type of virtual program	14		1	3	1	2	4	2	13	93%	4 VLDP HIS country teams completed program in Oct.'11 (Q1,Yr4); Governance and CSOs LeaderNet (Feb '12); HES OVC webinar (Feb '12) (Q2,Yr4) Country Ownership Leader-Net (May '12), OVC Webinar Series: Early Childhood Development (Apr '12); HES Assessments (May '12); Maternal Mental Health (June '12) (Q3,Yr4); HRM LeaderNet (July '12); Status Disclosure for Children/Youth webinar (Sept '12) (Q4, Yr4)
1.13	Number of technical seminars or conferences where AS-Two staff/ partners deliver technical presentations on organizational capacity building and/or topics as they pertain to HIV/AIDS to USAID, CAs, international partners and national/local organizations.	25			15	1	1	2		19	76%	Ummuro, Kathy Kantengwa, John Pollack, and Jean Kagubare provided technical input to the PBF consultation in DC (Feb '12) (Q2,Yr4); Ummuro presented at RATN workshop in Kenya on country ownership & CB (April '12) (Q3,Yr4); Alyson, Sarah, and Jason Wright presented at LCD Summit (July '12); IAS representation: Elden Chamberlain on EE and Colectivo Sol (July '12) (Q4,Yr4)

Sub-task Indicators	5 Year Target	Year 1	Year 2	Year 3	Year 4								Cumulative to Date	% of Cumulative Targets Achieved to Date	Progress in PY4		
		Q3-4	Q1-4	Q1-4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4					
1.14	Number of CSOs, public sector institutions, networks and multisectoral bodies for which technical assistance is delivered.	45		4	35										39	87%	No new CSOs, public sector institutions, networks and multisectoral bodies working with AIDSTAR-Two under CLIN 1 in PY4.
1.15	Number of CSOs, public sector institutions, networks and multisectoral bodies that have received assistance and improved their management, leadership and governance capacity	45		4	35										39	87%	No new CSOs, public sector institutions, networks and multisectoral bodies working with AIDSTAR-Two under CLIN 1 in PY4. In PY4, AIDSTAR-Two continued to train community health workers in two pilot communities to provide health information and collect health data at the community level.
2.1	Number of assessments of networks (regional or national) completed to inform capacity building of the organization	8		7	1										8	100%	No assessments of networks completed in PY4.
2.2	Number of assessments of CSOs/NGOs or other organizations that are members of the network	115		83	32										115	100%	No assessments of CSOs that are part of networks completed in PY4.
2.3	Number of participants from networks who attend training workshops by gender, organization and country	200	138		32										170	85%	No training workshops for participants from networks in PY4.
			F	M	F	M	F	M	F	M	F	M	F	M			

Task Three: Provide Assistance to Field Missions/Bureaus

Sub-task Indicators	5 Year Target	Year 1		Year 2		Year 3		Year 4						Cumulative to Date	% of Cumulative Targets Achieved to Date	Progress in PY4
		Q3-4		Q1-4		Q1-4		Q1		Q2		Q3				
3.1	140	33		28		76		14		4		155		111%		14 local HIV/AIDS CSOs in Malawi conducted internal assessments of their CB needs (Q2/Yr4) , Conducted an assessment of the Ukrainian AIDS Center's Procurement systems and processes; 3 PLHIV groups from Tunisia & Lebanon analyzed priority needs in order to start identifying feasible activities. (Q4/Yr4)
3.2	500	22		83		105		21%		No activities to report on this project year.						
		F	M	F	M	F	M	F	M	F	M	F	M	F	M	
				7	15											

		Year 1	Year 2	Year 3	Year 4						
Sub-task Indicators	5 Year Target	Q3-4	Q1-4	Q1-4	Q1	Q2	Q3	Q4	Cumulative to Date	% of Cumulative Targets Achieved to Date	Progress in PY4
3.3	Number of technical resources produced for organizational and public sector program managers and civil society practitioners to strengthen organizational and technical systems		1	10	3	1	1	6	22	34%	<p>ICT in strengthening FP/RH in English and French; New 3 year Strategic Plan for NACOPHA developed & approved by Board; Honduras – Systematization report on the results of the implementation of the adapted client-centered risk-reduction counseling model based on RESPECT (Q1, Yr4)</p> <p>NACOPHA Advocacy and Communications Strategy;(Q2, Yr4)</p> <p>NACOPHA Resource Mobilization Strategy (Q3, Yr4)</p> <p>Recommendations report for transferring the UAC’s staff remuneration from Global Fund to the State Treasury; Revised procurement guidelines for the UAC; Country reports on results of HIV prevention project for MSM using the MSC methodology (Lebanon, Morocco, Tunisia, Algeria) (Q4,Yr4)</p>
3.4	Number of CSOs, public sector institutions, networks and multisectoral bodies for which technical assistance is delivered.		10	19	9	2	14	6	60	103%	<p>8 CSOs and 1 Network in MENA (Q1,Yr4), PEPFAR/Caribbean; SANRU in DRC; (Q2,Yr4) 14 local HIV CSOs in Malawi (Q3,Yr4), Ukrainian AIDS Center; PANCAP in Guyana; Unidad de Extensión de Cobertura y Financiamiento (UECF) in Honduras; 3 PLHIV NGOs in Lebanon & Tunisia (Q4,Yr4)</p>

Sub-task Indicators	5 Year Target	Year 1		Year 2		Year 3		Year 4						Cumulative to Date	% of Cumulative Targets Achieved to Date	Progress in PY4				
		Q3-4		Q1-4		Q1-4		Q1		Q2		Q3					Q4			
3.5	Number of CSOs and networks receiving direct grant support from AS-Two aimed at improving organizational performance.	26			16		1							9			26	100%	Honduras (6 AS-Two grantees), Guatemala 2 networks , 8 NGOs (Q1,Yr2); Honduras - PASMO (Q2,Yr3); 8 NGOs and 1 Network - MENA (Q3, Yr4)	
3.6	Number of CSOs, public sector institutions, networks and multisectoral bodies that have received assistance and improved their management, leadership and governance capacity	50			4		25							10			18	57	114%	SANRU- improved M&E capacity and procurement and supply management systems grants consolidation; MENA- 8 NGOs developed action plans for improving financial management and increasing USAID compliance; RANAA- improved communications, resource mobilization, and M&E strategies; (Q2, Yr4) Improved the technical understanding of the UAC's procurement management systems, PEPFAR/Caribbean and PANCAP trained in PEPFAR Caribbean Dashboard management responsibilities and general use of SAP dashboard software; Malawi 14 CSOs - made progress on action plans (Incl. financial man, M&E, HRM); UECF- strengthened grants/ procurement system; (Q4, Yr4)
3.7	Number of local facilitators trained by type of tool for leadership, governance and management capacity building	100	13		36		7				2		4		69	69%	2 local facilitators trained in Brighton, UK. on USAID compliance and financial management for MENA CSOs [Q2,Yr4]; 2 Malawi staff and 2 consultants trained in theory of change and M&E (Q4,Yr4)			
		F	M	F	M	F	M	F	M	F	M	F	M	F				M		
				13	7					2			2	2						

Sub-task Indicators	5 Year Target	Year 1		Year 2		Year 3		Year 4						Cumulative to Date	% of Cumulative Targets Achieved to Date	Progress in PY4			
		Q3-4		Q1-4		Q1-4		Q1		Q2		Q3					Q4		
3.8	Number of LDP/VLDP teams reporting progress vis-à-vis action plan on measurable results after 6 months of the program.	17			8										8	47%	Malawi VLDP results to be reported in December 2012.		
3.9	Number of participants in virtual seminars/programs conducted by AS Two by gender, and country	82	10						42						52	63%	VLDP for Malawi CSOs, 6 organizations, launched March 19 (Q2,Yr4)		
			F	M	F	M	F	M	F	M	F	M	F	M				F	M
					7	3					25	17							
3.10	Number of participants who attend face-to-face workshops and conferences disaggregated by gender, organization/ networks, and by country.	1,800	85		752		509		128		154		231		136		1,995	111%	MENA- 2nd Regional Workshop on Demonstrating Results (Morocco, 15), Regional Communication Training (Morocco, 19); Honduras- Governance with CGSSI (8), Strategy for Integrated STI/HIV/AIDS (26), Masculinity and Preventing GBV Workshop (24), KAP 2012 Interview Training (47); Resource Mobilization Workshop (31), Tanzania- Strategy Implementation Workshop (30); Malawi- Financial Management for Executive Leadership (31), (Q3,Yr4) ; MENA - Regional Consensus Building Meeting (Tunisia, 21), Sensitization Meeting with Religious Leaders (Algeria, 18); Interpersonal Skills Training (Algeria, 9); Peer Educators Training (Morocco, 6); M&E Peer Educator Training (Tunisia, 9), Peer Educator Theatrical Techniques Workshop (Tunisia, 18); Honduras - Monitoring Global Fund Grants Workshop (32); NGO Proposal Development (33) (Q4,Yr4) Note: not all gender disaggregated data available.
			F	M	F	M	F	M	F	M	F	M	F	M	F	M			
			0	85	221	410	306	202	65	43	83	56	65	40	41	14			