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AIDS Support and Technical  
Assistance Resources



**AIDSTAR-Two**  
capacity for impact

# AIDSTAR-Two Project Annual Performance Report

*October 2009-September 2010*  
*Project Year 2*

Submitted to USAID by Management Sciences for Health

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## Acronym List

AIDSTAR	AIDS Support and Technical Resources
ART	Antiretroviral Therapy
BCC	Behavioral Change Communication
BMC	Bugando Medical Center
BPHP	Business Planning for Health Program
CASM	<i>Comisión de Acción Social Menonita</i>
CB	Capacity Building
CBKEN	Capacity Builders Knowledge Exchange Network
CBHR	Capacity Building in Health Round Table
CBO	Community-Based Organization
CCABA	Coalition on Children Affected by AIDS
CCM	Country Coordinating Mechanism
CCPPZ	Cervical Cancer Prevention Program in Zambia
CGSSI	<i>Comunidad Gay Sampedrana</i>
CIDRZ	Centre for Infectious Disease Research in Zambia
COCSIDA	<i>Centro de Orientación y Capacitación en SIDA</i>
CONCASIDA	<i>Congreso Centroamericano de ITS/VIH/SIDA</i>
CONGA	<i>Coalición de Organizaciones Gay de América Central</i>
COP	Country Operational Plan
COTR	Contracting Officer's Technical Representative
CRS	Catholic Relief Services
CSO	Civil Society Organization
CSW	Commercial Sex Worker
DC/VA	District of Columbia/Virginia
DFID	(UK) Department for International Development
EE	Eastern Europe
EG	Economic Growth
EMG	Emerging Markets Group
F&A	Finance and Administration
FBO	Faith Based Organization
FHI	Family Health International
FP	Family Planning
GHEL	Global Health eLearning
GIS	Geographic information System
HAD	Health and Development Africa
HDN	Health and Development Networks
HES	Household Economic Strengthening
HIS/HSS	Health institutional Strengthening/Health Systems Strengthening
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome
ICAAP	International Conference on AIDS in Asia and the Pacific

ICT	Information and Communications Technology
IDU	Injecting Drug Users
IHAA	International HIV/AIDS Alliance
INGO	International Non-governmental Organization
INSULAR	Island and Peninsular South East Asia MSM Organizations
IQC	Indefinite Quantity Contract
IR	Intermediate Result
IT	Information Technology
JSI	John Snow, Inc.
KAP	Knowledge, Attitudes, and Practices
KM	Knowledge Management
LDP	Leadership Development Program
LGBT	Lesbian, Gay, Bi-sexual, Transgender
LIFT	Livelihood & Food Security Technical Assistance Project
LMS	Leadership, Management, and Sustainability Program
LPA	[USAID's Bureau for] Legislative and Public Affairs
M&E	Monitoring and Evaluation
MARP	Most-At-Risk Population
MED	Micro Enterprise Development
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
PRODIM	<i>Programa para el Desarrollo de la Infancia y la Mujer</i>
PY	Project Year
RFP	Request For Proposals
RFQ	Request For Quotes
RFTOP	Requests For Task Order Proposals
RH	Reproductive Health
SOW	Scope of work

SPS	Strengthening Pharmaceutical Systems
STI	Sexually Transmitted Infection
STTA	Short Term Technical Assistance
TA	Technical Assistance
TAYOA	Tanzania Youth Alliance
TB	Tuberculosis
TBD	To be determined
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
VICITS	<i>Vigilancia Centinela de ITS</i>
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 launched in 2003 to advance the global treatment, prevention and care for those living with or affected by HIV/AIDS. The AIDSTAR-Two Project was launched five years later, in 2008, in order to strengthen the capacity of local HIV/AIDS programs and organizations and identify and share proven practices of HIV/AIDS programming in order and thus to magnify collective impact.

AIDSTAR-Two is a systematic organizational capacity building project that supports local Non-governmental organizations (NGOs), civil society organizations (CSOs), public sector institutions and networks that work with PEPFAR. The project's overall objective is to contribute to stronger and more sustainable, country-led HIV/AIDS programs, organizations, and networks. The three principal tasks of AIDSTAR-Two are to identify and disseminate proven capacity-building practices and standards; support service provider networks that are working in areas of concentrated or generalized epidemics; and provide assistance to field missions/bureaus so that they can better deliver HIV/AIDS programming.

This report covers the accomplishments and activities of the second year of the AIDSTAR-Two Project, from October 1, 2009-September 30, 2010. These include:

- **100+ organizations reached through direct technical assistance:** By the end of the second project year, AIDSTAR-Two capacity building activities had directly reached 110 local implementing organizations and networks, an increase of 92% from the end of project year 1.
- **Other local implementers and USG teams reached through capacity building forums:** More than 150 people were reached through conferences and regional workshops in which AIDSTAR-Two was heavily involved. Another 500 people from 20 different countries were reached virtually through the online seminar, targeted to those with an interest in capacity building.
- **Production and dissemination of key capacity building materials:** AIDSTAR-Two produced and disseminated a paper on capacity building, developed a capacity building conceptual framework, collected and categorized 200 related tools and papers that will be searchable on the project's new website (launched at the start of the third project year), and assumed management of another web site, OVCsupport.net, which focuses on the needs of those working with vulnerable children and HIV/AIDS.
- **Assessments of HIV/AIDS programming gaps for Most-At-Risk Populations (MARPs):** In conjunction with PEPFAR's Health Systems Strengthening and Care & Support Technical Working Groups, as well as USAID's Europe & Eurasia Bureau and Central Asia Region, AIDSTAR-Two conducted programmatic assessments on men who have sex with men, programming gaps for injecting drug users, the first of four planned assessments of OVC Household Economic Strengthening portfolios in USG country teams, and the first part of the health systems strengthening MARPs assessment in Vietnam.
- **Country presence expanded:** By the end of the project year, AIDSTAR-Two had country buy-ins and approved workplans in five countries (Tanzania, Guatemala, Honduras, Kazakhstan and Tajikistan) as well as Eastern Europe and Eurasia, and was also working in Mexico, El Salvador, Haiti, Namibia, and Vietnam. This is a considerable increase from the end of the first project year, when AIDSTAR-Two was working in two countries, Guatemala and Honduras. The project has also received a small buy-in from the Africa Bureau. Programmatic activities will get underway in PY3, likely in Zambia.

The first section of this report covers results and activities in the area of identify and disseminating capacity building practices and standards. This includes AIDSTAR-Two's collaboration with and support of the PEPFAR Technical Working Groups as well as core project activities such as the project web site, the publication of technical briefs and project monitoring and evaluation.

The second section covers accomplishments and activities in supporting service provider networks. In Mexico, AIDSTAR-Two has partnered with Colectivo Sol and has been working to strengthen and increase the programmatic, administrative and financial capacity of civil society organizations working with at-risk populations; in El Salvador, the project has been partnering with a local organization, Asociación Atlacatl Vivo Positivo, to strengthen the Regional Human Rights Network in HIV and AIDS in Central America.

The third section describes AIDSTAR-Two's assistance to field missions and highlights work in the Europe & Eurasia region, Honduras, Guatemala, Tanzania, and the Central Asia region.

The report also includes an update on second year management and staff changes, partner relations and internal management processes and system improvements. Financial Reports, trip report summaries, the AIDSTAR-Two staffing chart, and the updated Performance Monitoring Plan are provided in Annexes A, B, C and D.

As AIDSTAR-Two moves into its third project year, its single most significant challenge is to continue increasing country buy-ins. Currently AIDSTAR-Two has a limited number of country buy-ins from missions in Honduras, Guatemala, Tanzania, Europe & Eurasia and Africa Bureaus and the Central Asia Region. The Guatemala scope of work ends in December 2010 and the other scopes of work mentioned above are limited in nature with the exception of Honduras. The project has the capacity to handle many more buy-ins and needs them in order to develop into a global project that assists missions and strengthens the capacity of local implementers. Despite this capacity of staff and partners and the importance of organizational capacity building in PEPFAR II and the Global Health Initiative, AIDSTAR-Two remains an under-utilized mechanism that is not well enough known to USG teams. It is the hope of AIDSTAR-Two management, staff and partners that this situation will change significantly in the new project year.

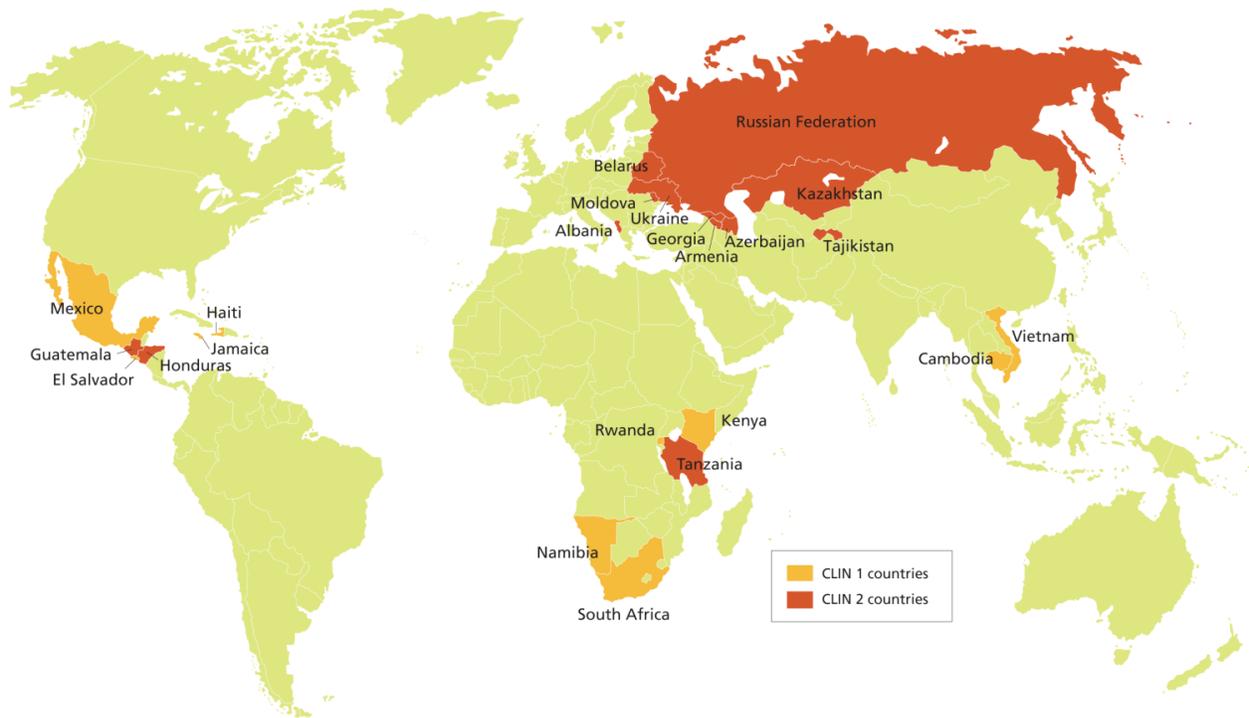
## Introduction

The AIDSTAR-Two Project is pleased to present its annual report for Project Year 2 (PY2), from October 1, 2009-September 30, 2010. The second year of the project was marked by a substantial increase in activity. AIDSTAR-Two actively pursued its mandate to deliver systematic capacity building to local HIV/AIDS implementing partners, provide technical assistance to US Government (USG) country teams working with their local PEPFAR partners and support PEPFAR Technical Working Groups, as summarized by the following:

- **Increase in approved activities and spending:** During the 12 month period, AIDSTAR-Two CLIN1-approved activities increased by nearly 50% and CLIN 1 spending more than doubled. In the last six months of the year (April-October 2010), CLIN 1 spending increased by 137%.
- **Production and dissemination of key capacity building materials:** AIDSTAR-Two produced and disseminated a paper on capacity building (literature review), developed a capacity building (CB) conceptual framework, collected and categorized 200 CB tools and papers that will be searchable on the project's new technical website, began work on a technical brief on local implementers' challenges in effectively implementing organizational improvements, completed the first phase of a capacity building research project in Honduras designed to examine the impact of capacity building on both internal organizational management, leadership and governance as well as service delivery, took over OVCsupport.net and made significant strides toward the launch of the project website (Capacity Building Knowledge Exchange Network) which will occur in late October 2010.
- **Organizations reached through direct technical assistance:** By the end of PY2, AIDSTAR-Two capacity building activities had directly reached 110 local implementing organizations and networks through country buy-ins and CLIN 1 network activities, an increase of 92% from the end of PY1. With additional country buy-ins, AIDSTAR-Two has the capacity to reach hundreds of others from local implementing organizations.
- **Other local implementers and USG country-level officials and staff reached through capacity building conferences and workshops:** About 153 people were reached through CLIN1 conferences and regional workshops in which AIDSTAR-Two was heavily involved. Another 500 people from 20 different countries were reached virtually through the online LeaderNet Seminar offered in May 2010, targeted to those with an interest in capacity building. Over 165 people from 19 countries are expected to attend a conference sponsored by the Orphans and Vulnerable Children Technical Working Group (OVC TWG) in South Africa in mid-November 2010. This will focus on strengthening the social welfare workforce, and AIDSTAR-Two has contributed significantly to this event.
- **Assessments of HIV/AIDS programming gaps for Most-At-Risk Populations (MARPs).** In conjunction with the health systems strengthening (HSS) and Care & Support TWGs, the Eastern Europe (EE) Bureau and USAID Central Asia Region, AIDSTAR-Two conducted assessments including a men who have sex with men (MSM) programming assessment in the EE region, a survey on programming gaps for injecting drug users (IDUs) sent to dozens of USG in-country teams, the first of four assessments of the OVC Household Economic Strengthening portfolios in USG country teams and the first part of the HSS MARPs assessment in Vietnam. Gap assessments were planned for Tajikistan and Kazakhstan in PY2 and got underway in October 2010. The first part of the HSS MARPs assessment in Jamaica was planned and began in October 2010.
- **Country presence expanded:** At the beginning of PY2, AIDSTAR-Two was working in two countries (Guatemala and Honduras). As shown on the map on the following page, by the end of PY2, AIDSTAR-Two had country buy-ins and approved workplans in five countries (Tanzania, Guatemala,

Honduras, Kazakhstan and Tajikistan) as well as in Eastern Europe and Eurasia and, through CLIN 1 scopes of work, was also working in Mexico, El Salvador, Haiti, Namibia and Vietnam. Other CLIN 1 activities are to begin shortly in Jamaica, Cambodia, Kenya, South Africa and Rwanda.

**Figure 1: AIDSTAR-Two’s Global Presence in PY2**



This report is organized around the three tasks within the AIDSTAR-Two project:

- **Task 1:** Building Consensus Reporting Capacity Building Practices and Standards (promote Best Practice Modules)
- **Task 2:** Support Service Provider Networks
- **Task 3:** Provide Assistance to Field Missions

The first section of the report covers Task 1 activities and results including activities implemented in conjunction with the OVC, HSS, health institutional strengthening (HIS) and Care and Support PEPFAR Technical Working Groups as well as core project activities (e.g., the project website, the project’s performance monitoring plan and monitoring and evaluation (M&E) system, technical briefs). The second and third sections describe activities and results under Task 2 and Task 3. The Management and Supervision section of the report describes management and staff changes in PY2, partner relations and internal management processes and system improvements. The final section provides a short narrative on progress to date on indicators and targets in the Performance Monitoring Plan. The Financial Reports, PY2 trip report summaries, the AIDSTAR-Two organizational chart and the updated Performance Monitoring Plan and reporting forms are provided in Annexes A-D.

## Progress Towards Results

### Task 1 Overview

#### Promote Best Practices Modules for Capacity Building

**Expected result:** *Effective programmatic approaches in capacity building are defined, analyzed and put into practice.*

The activities conducted under Task 1 in PY2 are clustered in two main areas:

- **Foundational:** AIDSTAR-Two organizational development capacity building project activities such as participation in the capacity building community of practice, the Capacity Building Knowledge Exchange Network website, the capacity building conceptual framework, technical briefs, case studies, virtual and face-to-face fora that help to establish the identity of AIDSTAR-Two as a systematic organizational capacity building project and contribute to the body of knowledge on capacity building best practice, knowledge management activities and the performance monitoring plan.
- **A wide range of capacity building activities implemented in collaboration with the Technical Working Groups including:** *assessments of gaps in health services and health systems* (e.g., IDU Survey, OVC HES portfolio assessments, HSS MARPs assessments); *capacity building workshops and conferences* (e.g., Regional Cervical Cancer workshop in Zambia, OVC Child Protection conference, OVC HES workshops in Kenya and Haiti) and *information dissemination and knowledge exchange in priority areas* (e.g., OVC support.net).

The narrative below, organized according to the nine subtasks under Task 1, provides further detail.

**Subtask 1.1a: Develop and Promote Common Approaches, Standards and Practices on Organizational Capacity Building** (Previous name in PY2 work plan: *Convene Core Group and CB Community for Consensus Framework*)

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

In PY2, AIDSTAR-Two concluded the literature review of capacity building, collected and reviewed a range of tools and papers, and developed and disseminated a seminal Technical Brief, “Challenges Encountered in Capacity Building: Review of Literature and Selected Tools,” that documented the results of the literature review.

The paper provided an excellent overview of the trends and current thinking about capacity building – including some of the challenges and constraints. It also addressed the difficult issue of why, despite all our knowledge and experience, capacity building interventions commonly fail to meet expectations.

The paper also analyzed some of the cultural and contextual constraints that undermine our ability to implement appropriate and effective capacity building interventions. Despite these constraints, it concludes that not only is effective capacity building possible but it can also have a real and measurable impact.

The project used the paper as the basis of a virtual LeaderNet seminar, planned and hosted by AIDSTAR-Two in May 2010, which attracted the active participation of more than 500 capacity building practitioners from more than 20 countries. The seminar participants shared experiences through facilitated online discussions and dialogue with fellow practitioners from other countries and regions.

Based on the findings and recommendations in this paper, the project developed a framework for organizational capacity building that outlines guiding principles in capacity building, core organizational elements that typically need to be strengthened (see diagram below), organizational practices and standards in each of these core element areas and capacity building indicators.

The framework is designed to help local implementing partners and capacity builders understand organizations more holistically and see the basic organizational elements and practices within each of the areas in the diagram to the right that may need strengthening. Common standards and indicators for organizational practices are provided. This framework serves as a guiding document for those interested in organizational development, to help them to more appropriately design, implement, monitor and evaluate organizational strengthening interventions. The framework will be widely disseminated on the AIDSTAR-Two website, at conferences and workshops, and through on-line discussions.



In addition to finalizing the framework in PY2, AIDSTAR-Two staff has been actively involved in the capacity building community of practice. In November 2009, AIDSTAR-Two participated in the Pact Community REACH Capacity-Building Summit and contributed significantly to its success. This event was attended by over 100 practitioners from more than 50 organizations and 15 different countries. Presentations and materials are available at [www.pactworld.org/cs/community\\_reach/hiv/aids\\_summit](http://www.pactworld.org/cs/community_reach/hiv/aids_summit)

Following the summit, a Capacity Building Community of Practice was established to provide a forum to advocate for a clear vision of capacity building, promote best practices and build consensus around the future of capacity building for HIV and AIDS. Key AIDSTAR-Two project staff was instrumental in providing strategic direction to the group, which led to the development of clear terms of reference and operating procedures for the group in July 2010.

This expanded and renamed group (Capacity Building in Health Roundtable [CBHR]) now holds monthly meetings under the auspices of the Global Health Council. CBHR provides a forum for implementers and practitioners at a variety of health related organizations to gather, disseminate and exchange information, ideas and best practices in capacity building interventions as the basis for their input to USG health programs and projects, capacity building policies, and strategic directions. Ultimately, the CBHR would like to build consensus around the future direction of capacity building in health, identify appropriate approaches to scale-up, and develop advocacy plans to advance this vision.

**Current challenges and proposed solutions:**

The field of organizational capacity building for civil society and public sector organizations working in HIV/AIDS, family planning/reproductive health, child health and other areas remains fuzzy, both in description and practice. One of the biggest challenges is developing consensus around common standards, organizational elements, practices and indicators for monitoring and measuring the impact of capacity building interventions. Some consensus has already been reached. With the support of the Contracting Officer's Technical Representative (COTR) team, the project has chosen to pursue more deliberative approaches that stress common standards and indicators for capacity building and to promote their acceptance by local implementers and donors. The limited number of field support buy-ins has also challenged the project's ability to demonstrate the success of these approaches. Another underlying challenge is that a local organization may have the right plan, staff, and interventions in place but still fail to implement an organizational capacity building plan and achieve concrete results. This "implementation gap" is a growing concern not just for HIV and AIDS implementers but for other types of organizations as well. The project intends to single out this issue and address it in one of its forthcoming series of technical briefs and provide practical models and case vignettes to support local implementers.

**Anticipated activities/plan for the next six months:**

The project will disseminate the Capacity Building framework through various channels, including the new project web site, list-serves, technical forums, LeaderNet seminars and the Capacity Building Round Table. The framework will remain the center piece of the project's organizational capacity building technical approach and it will be used to build, classify, and categorize the capacity building tools database that will be available on the project website. AIDSTAR-Two will continue to participate in the Capacity Building Roundtable.

***Subtask 1.1b: Document and Disseminate Findings from the Capacity Building Literature Review***

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

**Current challenges and proposed solutions:**

This Technical Brief on the Capacity literature review was completed in PY2/Q2.

**Anticipated activities/plan for next six months:**

Continue to disseminate the Capacity Building literature review

***Subtask 1.1c: Maintain Performance Monitoring Plan System and Report Progress on Sub-Tasks*****Progress toward results: summary of activities, achievements, and results since last report:**

In PY2, the project hired a Monitoring and Evaluation (M&E) Advisor and began the process of revising and finalizing the AIDSTAR-Two Performance Monitoring Plan (PMP). The revamped and approved PMP is now used to monitor and report on the project's overall performance in meeting its expected results and targets. Indicators were refined, reporting schedules and data collection forms were developed and

activity managers trained on how to complete forms. Data are now collected on a quarterly basis, reviewed for clarity, completeness, relevance, and aggregated to track progress for each sub-task toward planned targets for different output and outcome indicators in the PMP. A narrative summary reporting progress and results is prepared at the end of each reporting period and included in semi-annual and annual reports. The M&E Advisor provides continual technical assistance to AIDSTAR-Two staff as well as to the Capacity Building in Health Roundtable under the auspices of the Global Health Council. With the assistance of AIDSTAR-Two, the CB in Health Roundtable has come up with a detailed matrix of high level, generic capacity building indicators for the health sector.

**Current challenges and proposed solutions:**

While the project recognizes that all organizational capacity building interventions and activities must be measured and documented to ensure a degree of accountability, there is also an additional challenge related to the need to assess medium-term and longer-term impact of organizational capacity building interventions, rather than merely focusing on short term outputs and outcomes. The project PMP is designed in a way that is simple and practical: it not only counts what needs to be counted, but it also offers an insight in to the outcome of each activity.

***Subtask 1.1d: Capacity Building Technical Papers (Technical Briefs) and Case Studies***

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

Some of the technical ideas and suggestions that the project proposed for this sub-task were put on hold for several months, and approval to go ahead was received in July 2010. Approval was granted for a “How To” paper on tackling organizational capacity building implementation challenges and case studies that describe effective HIV/AIDS networks in Africa, Latin America/Caribbean region and Southeast Asia. In the ensuing period, the project has developed outlines for the technical brief on implementation challenges and has been gathering information from capacity builders on these challenges. The first draft of the paper will be complete by late November 2010. The brief will include examples of how implementation barriers have been addressed as well as simple, easy to apply models and practices. The case study concept paper was completed in October 2010. Case studies will illustrate promising practices in developing and sustaining networks. These documents will reach local implementers as well capacity builders and USG teams through the project website and other mechanisms, and will add value to the existing, fairly slim, knowledge base on these topics.

**Current challenges and proposed solutions:**

There is considerable paucity of good, documented examples of effective local NGO and public sector implementation of capacity building practices in the field. The same is true for effective HIV/AIDS networks. To address this gap, as a part of developing the technical briefs and case studies outlined above, AIDSTAR-Two project staff will undertake a search of the literature and conduct in-depth consultations and dialogue with field based capacity builders and local implementers.

**Anticipated activities/plan for the next six months:**

The project will initiate and complete the consultative process, refine outlines for publications, develop timelines, identify reviewers, generate initial drafts and finalize these publications. In the next six months, the technical brief on implementation barriers will be completed and disseminated. The Guatemala case study will also be completed.

### ***Subtask 1.1e: Capacity Building Qualitative Evaluation Research-Honduras***

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

Research is critical to develop a knowledge base for capacity building. To date, there is insufficient evidence to prove that the organizational capacity building (of managers, leaders and teams as well as the strengthening of internal organizational systems in HIV/AIDS focused CSOs/NGOs) has favorably influenced service delivery and overall organizational sustainability. At a time when the USG is continuing to invest heavily in organizational capacity building, it is imperative to demonstrate this effect. In PY2, AIDSTAR-Two designed a qualitative evaluation research study in Honduras and conducted the mid- line data collection. The data will be analyzed and summarized and the first study report will be completed in November 2010.

#### **Current challenges and proposed solutions:**

In such studies, the attribution of change in the organization to one particular capacity building input or set of inputs represents a major challenge. Additionally, the constant interplay of external and internal factors, including the impact of other separate ongoing interventions as well as changing circumstances further complicates the task of attribution and establishing causal relationships. To address these issues, the project took a multi-dimensional approach in the design of the study using a combination of participatory and user-friendly data collection methods. The project approached the study with the understanding that measures of organizational capacity – by their very nature – can be subjective, and hence relies heavily on the perception and interpretation of individual stakeholders. Quality and quantity measures of the impact of capacity building interventions were carefully balanced so that the real essence of capacity building-related organizational changes in these NGOs in Honduras is recorded and understood.

#### **Anticipated activities/plan for the next six months:**

The mid-line study report will be completed in November. The end-line evaluation of this study will take place mid-way through PY3.

### ***Subtask 1. 2a: Engage Capacity Building Community in the Design and Testing of the Capacity Building Knowledge Exchange Network (CB KEN)***

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

This activity was approved in late November 2009. During this reporting period, the AIDSTAR-Two team, along with MSH experts in knowledge exchange and survey design, collaborated to create a sixteen-question online survey designed to solicit input from prospective CB KEN users about their perceived need for a capacity building knowledge management system, and the characteristics of such a website that they felt would drive (or discourage) its use. In January 2010, staff sent the survey (Market Survey: AIDSTAR-Two Knowledge Management System) to more than 300 potential users across the globe who were identified through the PY1 tool collection process and November 2009's AIDSTAR-Two Alignment Meeting and the Pact Community REACH Capacity Builders Summit. With a 26 percent response rate and overall consistent information, the survey report has been very valuable in conceptualizing the website's development.

#### **Current challenges and proposed solutions:**

The bulk of the programmed activities under this sub-task are now complete.

#### **Anticipated activities/plan for the next six months:**

None

## Subtask 1.2b: Capacity Building Knowledge Exchange Network (AIDSTAR-Two Project Network): Build the Network

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

The AIDSTAR-Two Capacity Building Knowledge Exchange Network website (seen below in Figure 2) was launched at the end of PY2. The formal launch, with the Tools and Resource Data Base, will take place at the end of October 2010.

Figure 2. Screen shot of AIDSTAR-Two's Project web site



During PY2, the website development was slowed down due to the fact that the activity was placed on hold for several months. Also after working with the AIDSTAR-One website developer, the COTR requested that AIDSTAR-Two consider a streamlined website and asked AIDSTAR-Two to issue a Request for Proposal (RFP) for a new website development firm at the end of April 2010. The RFP was issued in May 2010. Once the developer was selected, AIDSTAR-Two worked with the firm on a thorough design for the site. There was a successful hand-off of the website project to the new Knowledge Management (KM) Officer in August. In September, 2010, the newly-hired KM Officer for AIDSTAR-Two advanced the CBKEN activity and the site went live on September 30, 2010 with basic content and functionality.

Programmers are working in October 2010 to add further technical content and functionality to the site, including the “Organizational Capacity Building Tools and Resources Database.” The referenced database, which includes tools and technical papers that were collected, reviewed, and appropriately categorized for optimum search function results, is a key component of the CBKEN. The expanded CBKEN site will be launched on October 29, 2010 with significant outreach and marketing. Project staff is currently developing the dissemination plan.

The CBKEN site will be the principal AIDSTAR-Two vehicle for sharing knowledge, tools, and lessons learned in organizational capacity building for improving HIV/AIDS organizations and networks. It will also be a platform for gathering and disseminating information from key stakeholders in order to build a robust community of practice. The site is a knowledge exchange network aimed at providing proven organizational development approaches, practices and tools as well as lessons learned in organizational capacity building to HIV/AIDS local implementing partners, national, regional and international capacity builders, USG teams and other donors, and development organizations. Housing a database of nearly 200 tools and papers at the time of the October launch, the site will continue to grow through contributions of key participants. The database’s powerful search function is meant to bring users to the information they seek without delay. The website’s platform also includes a discussion forum for online conversations and knowledge exchange. Promoting active use of CBKEN and identifying and cultivating relationships with potential CBKEN contributors will be a key activity in PY3.

**Current challenges and proposed solutions:**

AIDSTAR-One’s website programmer, GMMB, was originally asked to build the AIDSTAR-Two CBKEN website as well, so the sites could share some IT common-ground. At the end of April, 2010, USAID decided that AIDSTAR-Two would not use GMMB and the AIDSTAR-Two team moved forward and issued a request for proposal (RFP) for a new website developer on May 25, 2010. Fusion was chosen.

USAID approval for this activity as well as the untimely departure of Fusion’s assigned programmer posed challenges and delayed the development and anticipated launch of the site until the end of PY2. Diligent management of Fusion’s work by MSH and AIDSTAR-Two staff allowed the activity to move forward and, as previously mentioned, the expanded site will be launched on October 29, 2010.

The issue of browser “cookies” was raised with the COTR team. These are bits of data that enable certain user-friendly website functionalities, and they are prohibited by USAID’s Bureau for Legislative and Public Affairs (LPA) and USAID’s website privacy policy. The project’s COTR requested that an exception to the USAID/LPA policy be granted to AIDSTAR-Two and the USAID Administrator granted the request on September 13, 2010.

**Anticipated activities/plan for next six months:**

**Promote the CBKEN to the capacity building community.** Over the next six months, AIDSTAR-Two KM staff will launch and actively promote the CBKEN to local HIV implementers, USG teams and internal, regional and local capacity builders. The AIDSTAR-Two COTR team will assist with the promotion. Budget permitting, the team will plan two events to promote the site: a face-to-face meeting in Washington, DC, and in a virtual online conference to introduce the site to key stakeholders.

The CBKEN site will be actively updated. New tools will be added. AIDSTAR-Two will facilitate and support on-line discussions on key topics (e.g., measuring the effects of capacity building, capacity building of civil society organizations, strengthening HIV/AIDS networks, the conceptual framework, innovations in capacity building). Monthly e-Newsletters designed to drive traffic to the site and inform

the public of tools, technical briefs, and other resources on the site will begin November 1, 2010. AIDSTAR-Two will work closely with MSH, Alliance, Cardno, other AIDSTAR-Two partners and many country-level offices to encourage promotion and use of CBKEN locally. The use of mobile phone technology will be explored.

**Expand the CBKEN.** Following the launch of the expanded site on October 29, 2010, KM staff will gather new tools, programs, and approaches that users contribute in response to the site's marketing and outreach; they will work with key CB technical staff to review the tools; and update the CBKEN accordingly to keep content current, relevant, and responsive to users' needs.

**Develop a sustainability plan.** In the first six months of PY3, KM staff will begin to develop a CBKEN sustainability plan, based on a feasibility study done in PY2 indicating the resources required, and the possible public and private revenue sources that may be available to sustain CBKEN beyond the AIDSTAR-Two Project.

### ***Subtask 1.3a: OVCsupport.net***

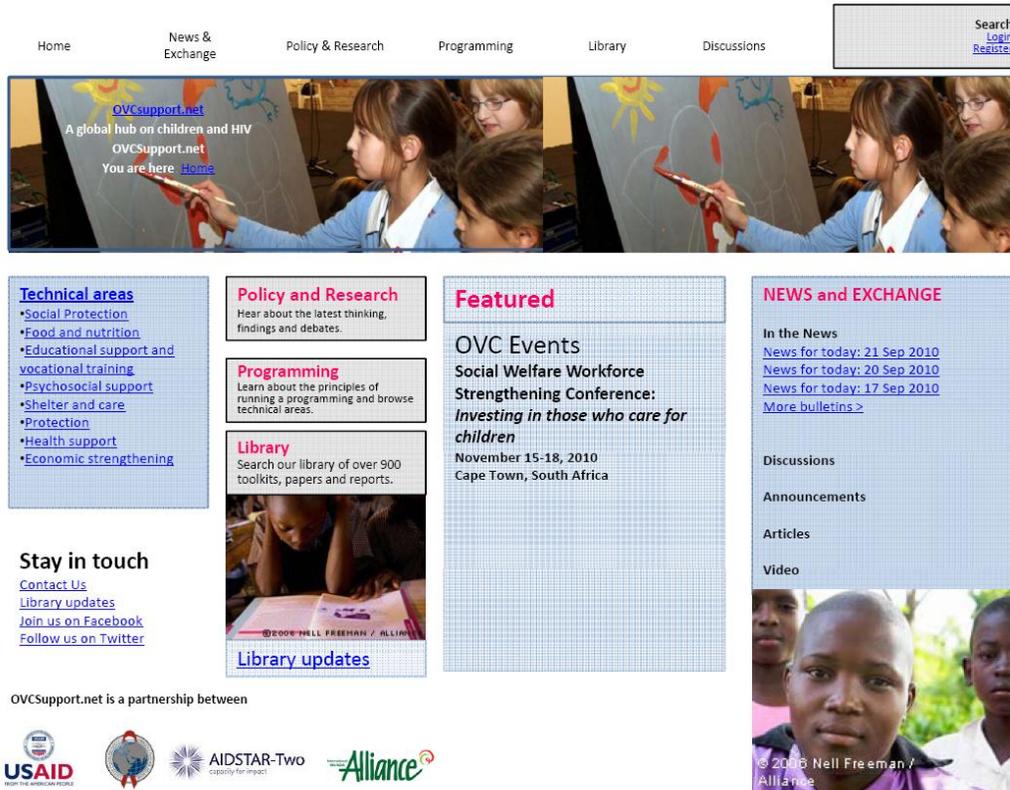
#### **Establish OVCsupport.net as a Widely Used Website that is a Leading Source of State-of-the-Art, Relevant, and In-Depth Programming Information on Orphans and Vulnerable Children.**

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

During PY2, AIDSTAR-Two made significant progress in the redevelopment of OVCsupport.net in accordance with the April 2009 project brief reviewed and accepted by USAID. In March 2010, the re-developed and greatly improved site was launched. AIDSTAR-Two continues to maintain the site with regular news updates and additions to its comprehensive document library and tools database. Timely updates and additions have ensured that the site continues to serve as:

- A global hub for information and exchange on vulnerable children and HIV that is used by US Government teams, local implementing partners (public sector and NGOs), international nongovernmental organizations, other donors, academic institutions, governments, and policy makers;
- A structured and accessible knowledge-sharing hub that attracts a wide range of people working on responses to vulnerable children and HIV that includes the latest tools and resources;
- An innovative platform that offers interactive tools to promote open dialogue and exchange of learning and information (a screen shot of the current site is provided in Figure 3 below).

**Figure 3. Screen Shot of OVCsupport.net**



**Transfer of Site Ownership**

In April 2010, The Alliance asked MSH to take over OVCsupport.net. The Alliance Senior Management Team felt that the site was no longer a strategic fit for the Alliance, and that the organization does not have the capacity to maintain the redesigned site as planned. AIDSTAR-Two agreed to take ownership of OVCsupport.net from The Alliance with USAID approval and MSH and The Alliance devised a comprehensive transition plan to ensure a smooth transfer between organizations without interrupting the accessibility of the site or jeopardizing its quality. Transition steps included the following:

- The Alliance site developer trained MSH’s computer programmer in the programming languages used by the site to ensure that MSH could handle any changes or adjustments to the site internally.
- Alliance staff members previously managing the site trained MSH staff on site maintenance, including how to use the backend of the site to add library documents, change content, add news updates, blog posts, video posts, and manage user registration, among other essential site maintenance skills.
- Letters were sent to the copyright holders of documents in the OVCsupport.net library notifying them of the change of site ownership. Research to determine the copyright holder for documents for which insufficient information was provided by The Alliance is still underway.
- The site was physically transferred from The Alliance server to MSH’s server in September 2010.

**Current challenges and proposed solutions:**

The Alliance conducted a preliminary survey of potential donor interest in OVCsupport.net while they were maintaining the site. AIDSTAR-Two will update this assessment and develop a sustainability plan based on the redesigned site. AIDSTAR-Two will intensify its efforts to raise the profile of the site to attract donor interest. MSH will significantly promote the site to donors and other potential funders in PY3.

**Anticipated activities/plan for next six months:**

While the site underwent significant improvements through the AIDSTAR-Two project, site usership needs to be significantly increased. Further activities to update and improve site content will continue. In the next six months, AIDSTAR-Two will focus on raising the profile of OVCsupport.net to ensure that more users are actively engaging the site as often as possible and increasing this resource's global presence. Accordingly, the following activities will be carried out:

- Use extensive communications and dissemination activities to promote the site, including: email posts to relevant stakeholders; a targeted promotional campaign; and the use of social media platforms to invite interest. The promotional campaign will also include presentations to the OVC Task Force and OVC Focal Points, and a presentation of the site at a key conferences (see the following bullet point), where AIDSTAR-Two staff will inform participants about the site and gather feedback to inform the next stage of site development and promotion. Ongoing outreach will also include periodic queries with site users about their interests and needs.
- Use OVCsupport.net as the host site for the Social Welfare Workforce Strengthening Conference's official website. The site will contain the conference agenda, key resource documents, blog entries from conference participants, discussion boards, presentations, and presenter biographies available for the 200 conference attendees. The site will also be heavily promoted during the conference, which takes place from November 15-18 in Cape Town, South Africa.
- Continue content review of library documents to ensure that the most appropriate, relevant, and up-to-date materials are included; State of the Art "classics" are prominently featured; and the collection includes a broad array of contributors, including locally-based FBOs, NGOs, and civil society members.
- In consultation with relevant technical experts, develop focused content on gender, ages and stages, government involvement, family centered care, and systems strengthening for OVCsupport.net.
- Develop partnerships with key academic institutions and other leading organizations, including URC and the quality improvement project, the Interagency Task Team, AIDSportal, and the Better Care Network, to collaborate on content, sharing, and hosting information.
- In consultation with USAID, decide on the most appropriate steps to select members for a possible OVCsupport.net Advisory Board and/or an expert Editorial Board, who will provide technical knowledge and strategic guidance for the site.
- Modify the site's home page to highlight the dynamic areas (including News and Exchange, the discussion board, new articles area, and "featured" content) in order to drive traffic ("pull" more users) to this valuable resource.

***Subtask 1.4a: IDU Care and Support Field Survey***

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

The IDU survey report was completed during PY2 and submitted to USAID. It is important to note that the previously planned activity included a large scale multi country report in addition to the survey of USAID missions. The multi-country report was dropped due to a shift in the priority of the TWG.

AIDSTAR-Two, with input from USAID, designed an online survey which USAID administered to USAID missions. The survey was designed to ascertain the level of current programs implemented by missions and assess the current scope and nature of USG supported activities for IDU, IDU living with HIV and others directly affected by drug use and HIV/AIDS.

USAID administered the survey in December 2009 and collected responses through February 2010. Responses were received from 21 missions; of these, 10 missions provided in-depth data about IDU programming and/or IDU programming intentions. Two missions requested follow up phone interviews which were conducted by Alliance staff in February and March 2010.

The survey report was submitted to USAID on March 31, 2010.

**Current challenges and proposed solutions:**

Several missions that were identified as “priority missions” (e.g., countries with a significant number of IDU and/or intravenous drug use considered an important driver of the HIV epidemic) did not respond to the survey despite repeated follow up attempts by USAID/ Washington. Additionally, only two missions expressed interest in participating in a phone interview thus limiting the depth of responses received.

***Subtask 1.4.b Cervical Cancer Prevention and Screening Regional Conference***

**Coordinate a Regional Workshop for Select USG staff and Ministries of Health Officials in sub-Saharan Africa to Build Participants’ Capacity to Develop and Implement Cervical Cancer Screening and Treatment Programs for HIV-positive Women.**

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

The PEPFAR Cervical Cancer Prevention and Screening Regional Conference took place in Lusaka, Zambia from May 26-28, 2010. AIDSTAR-Two staff collaborated with the cervical cancer sub-workgroup in the Care and Support TWG during the planning and implementation of the event. Forty-two participants from Ministries of Health and United States Government teams from 10 sub-Saharan African countries attended the conference. Speakers from WHO, Jhpiego, the International Agency for Research on Cancer, and PEPFAR provided scientific evidence and policy guidance on cervical cancer, prevention programs, treatment, and policies for such programs. Representatives from the Centre for Cervical and Infectious Disease Research in Zambia (CIDRZ) presented their program as an example of how to implement an effective prevention and treatment program in a low-resource setting. Participants visited one of several CIDRZ clinics on the second day of the conference to meet with staff, participate in sensitization campaigns, and see how the programs are implemented. In addition to receiving technical updates, participants learned the components of program evaluation, how to identify gaps as well as how to implement a quality program for cervical cancer screening and treatment of both general populations and HIV-infected women. Participants were also given the opportunity to participate in several information-sharing activities including a poster activity and country team action planning.

The conference was considered successful by both the participants and the Care & Support TWG, according to the evaluation findings. Participants reported that the conference was well organized and facilitated. They reported that the conference was helpful especially understanding what stage countries are at in terms of programming and scale-up. In general, participants were energized about enhancing existing cervical cancer screen and treat programs in their countries.

**Current challenges and proposed solutions:**

The conference took place in May. However, the follow-on activity has not yet started. AIDSTAR-Two has attempted to engage the TWG in the planning of this follow-up.

**Anticipated activities/plan for next six months:**

Two follow-up Scopes of Work were sent in October by Sara Forhan, CDC and John Palin, USAID, both members of the Care and Support TWG. One SOW is directly related to the Zambia conference while the other one is an assessment of existing assets and facilities for treating cervical cancer in several African countries. These scopes of work are being reviewed.

***Subtask 1.4.c: Asia Regional MSM HIV/AIDS Care and Support Meeting***

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

The final, co-branded consultation report with a signed foreword by USAID and UNDP was completed in August 2010 by Family Health International and submitted by AIDSTAR-Two to Emily Hughes, Ken Sklaw, and Lisa Carrier on August 3, 2010.

AIDSTAR-Two's support of this activity was in the form of financial and logistical support for the conference itself. Dissemination of the final report will be carried out by FHI working with USAID, UNDP, and other stakeholders involved.

**Current challenges and proposed solutions:**

None.

**Anticipated activities/plan for next six months:**

There are no additional activities planned.

***Subtask 1.5a: OVC Household Economic Strengthening. Increase household capacity to provide OVC with comprehensive care through increased access to economic resources.***

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

**Nairobi workshop and Post-Workshop Activities:** AIDSTAR-Two consortium partner Cardno facilitated a workshop on Household Economic Strengthening and Orphans and Vulnerable Children (HES-OVC) in Nairobi February 1-3, 2010 for USG OVC focal persons and other stakeholders from Kenya, Tanzania, Mozambique, Nigeria, Namibia and South Africa. The aim of the workshop, attended by 18 people, was to:

1. Design HES Programs for OVC Households:
  - Articulate desired outcomes and impact
  - Decide how to best structure program with resources
  - Link HES to USG and mission objectives

2. Manage HES Programs for OVC Households:
  - Track and monitor outcomes and impacts
  - Support implementation partners to improve programs
  - Improve coordination between OVC and economic growth focal points

Following this workshop, the team:

- Requested post-workshop evaluations from all participants
- Delivered workshop material and curriculum to USAID/Washington
- Developed and disseminated the Workshop Report
- Conducted an after action review with members of the OVC TWG, facilitators and a subset of workshop participants
- Produced and shared additional topical resource material on flash drive to OVC TWG
- Analyzed, prioritized and recommended countries to receive follow-up STTA

**In-Country STTA to Mission-based OVC Focal Points:** Following the workshop, AIDSTAR-Two also made recommendations to USAID of which countries would benefit from follow-on technical assistance under this activity. USAID additionally reached out to a broader group of OVC Focal Points who did not attend the workshop but who had previously expressed interest in receiving technical assistance and received overwhelming interest in targeted STTA in this area. The OVC TWG selected the four countries below, informing others that they would be contacted if more STTA was available in the future.

Country	Points of Contact	Assistance Requested
South Africa	Anita Sampson Naletsana Masango Cephas Goldman	<ul style="list-style-type: none"> <li>• Inventory and analysis of existing OVC portfolio, strengths, weaknesses, opportunities and threats</li> <li>• Development of strategy recommendations for HES-OVC programs</li> <li>• Development of a Scope of Work for a wrap-around HES activity to support OVC partners to be included within COP FY11 and used as the basis for a buy-in to an existing program or an RFA/RFP.</li> </ul>
Kenya	Kate Vorley Pharesh Ratego	<ul style="list-style-type: none"> <li>• Inventory and analysis of existing OVC portfolio, strengths, weaknesses, opportunities and threats</li> <li>• Development of strategy recommendations for HES-OVC programs</li> <li>• Targeted technical assistance to partners to improve existing programs (including useful tools and resources)</li> </ul>
Haiti	Olbeg Desinor Jorge Velasco	<ul style="list-style-type: none"> <li>• Inventory and analysis of existing OVC portfolio, strengths, weaknesses, opportunities and threats</li> <li>• Development of strategy recommendations for HES-OVC programs</li> <li>• Targeted technical assistance to partners to improve existing programs (including useful tools and resources)</li> </ul>
Rwanda	Alphonse Nkusi	<ul style="list-style-type: none"> <li>• Inventory and analysis of existing OVC portfolio, strengths, weaknesses, opportunities and threats</li> <li>• Development of strategy recommendations for HES-OVC programs</li> <li>• Targeted technical assistance to partners to improve existing programs (including useful tools and resources)</li> </ul>

While there not sufficient budget to fulfill all of their requests, the majority of assistance requested will be provided, and follow-on assistance and next steps will identified at the end of each mission.

**Haiti Activity:** Working closely with USAID/Haiti OVC Focal Points and PEPFAR's OVC TWG, AIDSTAR-Two's economic growth and healthcare experts designed and began to implement a Household Economic Strengthening and OVC activity in Haiti in PY2. The team was in Port-au-Prince from September 20-October 7, 2010 and is now in the process of completing the following tasks:

- 1. Inventory of current activities:** The team is undertaking a review of the existing OVC portfolio and activities. Through interviews and document review, the team is working to articulate the strengths and weaknesses of the current portfolio as well as the opportunities and threats from the external environment. The assessment will also include a noteworthy household economic strengthening and OVC activities outside the portfolio. (Deliverable: Inventory Matrix)
- 2. Strategy recommendations:** After reviewing current programs, as well as existing USG, PEPFAR, and host Government strategy relating to ES and OVCs, AIDSTAR-Two is developing a strategic document with recommendations on designing and managing household economic strengthening for OVC in Haiti. The document will provide direction for future programs. This activity is extremely timely in Haiti and will feed into the development of their Country Operational Plan for 2011. (Deliverable: Strategy Report)
- 3. Technical assistance:** During the trip, through a one-day workshop, AIDSTAR-Two provided technical assistance to staff of USAID, international agencies and implementing partners. The workshop included key concepts and best practices in HES, a conceptual framework for program implementation, and on-the-ground gaps, opportunities and challenges in the Haitian post-earthquake context. Preparations for the workshop (taking place October 5, 2010) have been completed, including the following tasks: location secured, invitations sent, workshop materials developed, translators/interpreters secured, key documents translated. The agenda has been vetted and approved by USAID/Haiti and USAID/Washington. (Deliverables: Workshop and Workshop Materials)

**Kenya, South Africa and Rwanda:** Preparation for short-term technical assistance (STTA) in Kenya, South Africa and Rwanda has been on-going for the last three months of this period. SOWs were developed and refined in discussion with the relevant mission and the OVC TWG. Initial planning meetings were held with Kenya and South Africa OVC Focal Points. Research on key activities, interviewees, and documents has begun, with an early focus on Kenya and South Africa. STTA will take place in Kenya October 25-November 5, 2010 and South Africa is planned for November 29-December 10, 2010 (pending final confirmation with the mission). Rwanda will take place in February 2011 (pending a planning meeting call scheduled for early October).

**Current challenges and proposed solutions:**

Administrative and logistical tasks have proved to be the biggest challenges, although these have all been addressed and overcome. AIDSTAR-Two waited for months for USAID to make the final selection of countries to receive STTA. The delay required Cardno to push back the STTA and to significantly shuffle resources. In addition, the lack of early planning of logistics for Haiti STTA proved time-consuming and burdensome to all involved, although it was quickly resolved by the identification of a local assistant.

**Anticipated activities/plan for next six months:**

Activities for the next six months include:

- Completion of Haiti activity, including the one-day workshop in Port-au-Prince on October 5<sup>th</sup> 2010
- Completion and submission of deliverables from the Haiti activity
- Refining of tools, processes and reports field tested in Haiti for additional country activities

- Members of the Haiti team to present Haiti STTA at COTR meeting in early November
- Further preparation and completion of STTA in Kenya per schedule outlined above
- Completion and submission of deliverables from the Kenya activity
- Further preparation and completion of STTA in South Africa per schedule outlined above
- Completion and submission of deliverables from the South Africa activity
- Planning Meeting, preparation and (possibly) completion of STTA in Rwanda

### ***Subtask 1.6.a OVC Virtual Learning Modules***

#### **Provide technical support and continuing education to key USG staff and partners involved in the implementation and management of OVC programs.**

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

Over 163 million children worldwide have lost one or both of their parents from a number of causes, namely disease, maternal mortality, conflict and wars. Of these, approximately 18 million children have lost one or both parents due to AIDS,<sup>[1]</sup> with roughly 14 million of these children residing in sub-Saharan Africa.<sup>[2]</sup>

AIDSTAR-Two, in conjunction with the PEPFAR Orphans and Vulnerable Children TWG, was tasked with supporting the planning, production, and delivery of a virtual learning program intended to improve the knowledge and skills of the people who plan, manage, implement, and support programs for Orphans and Vulnerable Children and their families. The audiences for these courses are OVC focal persons at the country level within the US government, and local government and NGO implementing partners. The courses will be hosted on the Global Health eLearning (GHLE) platform.

AIDSTAR-Two developed a partnership with Catholic Relief Services (CRS) to act as the technical lead for the program and will write five of the six proposed courses. Cardno was asked to write one course on Household Economic Strengthening. The virtual learning program has an established a review committee composed of ten core reviewers and a larger team who has been invited to provide feedback during the development of the courses. The review committee represents USG staff and representatives from international NGOs, both US and field-based.

The proposed OVC virtual learning program is comprised of the six key modules, listed below. These modules range in length from 1 -2 hours; each will train the user in general and specific OVC competencies. The modules constitute a ‘certificate’ program – allowing online users to take all six modules and receive a certificate of completion for the OVC program as a whole.

##### Proposed modules:

1. *OVC Foundations and Basics*: This course introduces a framework for understanding the purpose of programs for OVC and families. It also provides a framework for the other courses in the program.
2. *Child-Centered OVC Programming*: This course focuses on specific child-focused issues relevant to OVC programs. Specifically, it examines how children’s needs vary according to their ages, locations, special needs, and family contexts.

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<sup>[1]</sup> UNICEF. (2009). Children and AIDS: Fourth Stocktaking Report 2009. UNICEF, UNAIDS, WHO and UNFPA: December 2009.

<sup>[2]</sup> UNAIDS/WHO. (2009). AIDS Epidemic Update.

3. *Family-Focused OVC Programming:* This course introduces key concepts of the family as they relate to programming for OVC.
4. *Community-Based OVC Programming:* This course introduces key concepts of the community as they relate to programming for OVC.
5. *Monitoring and Evaluation for OVC Programs:* This course introduces key concepts of M&E as they relate to OVC programming. It includes general discussions on measurement of OVC wellbeing as well as a presentation of specific measurement instruments commonly used in OVC programs.
6. *Economic Strengthening for OVC Programs:* This course introduces key concepts of economic strengthening as they relate to OVC programming. It includes discussions on social assistance, asset growth and income growth – all in the context of OVC Programming.

AIDSTAR-Two and the course authors have had a series of planning meetings and skills-building workshops with MSH's in-house eLearning expert. Members of the OVC TWG have worked with AIDSTAR-Two and course authors to develop the course layout for the virtual learning program. The first review committee call was held to receive input to the course proposal, which was then revised and submitted.

**Current challenges and proposed solutions:**

Unfortunately, the AIDSTAR-Two COTR informed AIDSTAR-Two at the end of PY2 that this activity has been placed on hold as directed by OGAC, despite contracts having already been signed with partners Catholic Relief Services and Cardno, and the momentum and progress as described above.

**Anticipated activities/plan for next six months:**

If the modules are taken off hold, AIDSTAR-Two will continue the process of developing the virtual learning program, holding a planned a 'kick-off' meeting with Knowledge4Health and John Hopkins University to establish guidelines for writing the modules and entering data into the GHeL platform. The first module was set to be written and launched by January 2011; the remaining modules would be done sequentially with the program completed by July 2011.

***Subtask 1.6.b Conduct Child Protection Workshop***

**Coordinate a conference for select USG staff working in the seven federal agencies of PEPFAR to increase awareness of the scope and magnitude of USG assistance for highly vulnerable children in general and specifically with regard to child welfare and protection.**

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

AIDSTAR-Two assisted in organizing the 'Coordinating US Government International Assistance for Highly Vulnerable Children: A Whole-Of-Government Response to Child Welfare and Protection' Conference which took place in Washington, DC from May 6-7, 2010. The workshop brought together 81 US Government employees from the seven agencies that make up PEPFAR (US Department of Agriculture, US Department of Defense, US Department of Labor, US Department of State, US Department of Health and Human Services, US Agency for International Development, and Peace Corps). Most participants (75) in attendance live and work in the Washington, DC, but others (6) traveled from Russia, Brazil, Belarus, Armenia, and Ukraine.

The objectives of the two-day workshop were to increase awareness of the scope and magnitude of USG assistance for highly vulnerable children in general and specifically with regard to child welfare and

protection; to identify the main constraints and opportunities related to inter-agency coordination and develop concrete strategies to address constraints and expand upon opportunities; and to build a USG community-of-practice by facilitating networking and communication about child welfare and protection issues across countries and regions and sharing promising practices and lessons learned. Sessions were held to ensure participants understand and endorse the plans and priorities of PL 109-95, the Assistance for Orphans and Other Vulnerable Children in Developing Countries Act of 2005. Other sessions helped participants explore lessons learned from recent research regarding interventions with communities for child protection and well-being and to increase understanding of the structure and components of national systems of child welfare and protection, among other topics.

**Current challenges and proposed solutions:**

This activity is complete. AIDSTAR-Two never received a scope of work for the other activity intended for PY2-the OVC Integration Workshop.

**Anticipated activities/plan for next six months:**

There is no follow-on activity planned for this conference.

**Subtask 1.6.c Conduct Social Welfare Workforce Strengthening Conference  
Coordinate a four-day conference to bring together key stakeholders invested in strengthening the social welfare workforce in Africa.**

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

There are currently too few qualified social workers and paraprofessional social and community development workers to provide services for the many children in sub-Saharan Africa who have been left orphaned or highly vulnerable due to the impact of HIV/AIDS epidemic. Investments are needed to build a strong social welfare workforce in this region including the implementation of improved policies to support the social welfare workforce; improvements in recruitment, hiring, and deployment practices and systems; and the development of management systems to improve and sustain social worker productivity and performance, among other investments.

AIDSTAR-Two, in conjunction with the PEPFAR OVC TWG and other key stakeholders, will host a four-day conference focusing on strategies to strengthen the social welfare workforce in Africa in an effort to improve social welfare systems and ultimately the well-being and welfare of children orphaned and made vulnerable by HIV/AIDS. The conference will feature a framework that proposes actions at the country level to improve the planning, development, and support for the social welfare workforce in Africa.

The objectives of this conference are to:

- Contribute to the growing body of knowledge regarding components of a functioning social welfare system and social welfare workforce
- Examine systems approaches to addressing workforce problems
- Identify specific promising practices for strengthening the social welfare workforce
- Identify critical resources, tools, and sources of support for social welfare workforce strengthening initiatives

- Dialog and identify next steps for in-country and regional efforts to strengthen the social welfare workforce

The conference will take place November 15-18, 2010 in Cape Town, South Africa. Teams from 17 Sub-Saharan African countries as well as representatives from other regions have been invited to share promising practices and challenges, and develop concrete plans for implementing social welfare workforce strengthening initiatives within their own countries. The participants represent local USG staff (OVC Focal Points and others), Ministry of Social and Family Welfare, social workers, implementing partners, and those from academia) and members of the OVC TWG, UNICEF and others. Participants from Botswana, Cote d'Ivoire, Ethiopia, Haiti, Kenya, Lesotho, Liberia, Malawi, Mozambique, Namibia, Nigeria, Rwanda, South Africa, Swaziland, Tanzania, Uganda, Vietnam, Zambia, and Zimbabwe. Over 165 people are scheduled to attend.

Staff from AIDSTAR-Two, the National Association for Social Workers (NASW), and the OVC TWG have served as the Steering Committee and have met regularly since April 2010 to prepare for the conference. An Advisory Committee composed of both headquarters and field staff from key OVC and child welfare and protection organizations, as well as social welfare institutions and training programs in Africa, has contributed ideas for conference content and speakers.

**Current challenges and proposed solutions:**

Earlier during the planning phases, funding was a concern due to the size and location of the conference. Participants have been asked to fund themselves and the USAID Missions and UNICEF have been able to cover much of the travel. There are no major challenges currently as the conference planning is on track and we expect the conference to be successful.

**Anticipated activities/plan for next six months:**

AIDSTAR-Two staff will present on two panels, conduct two skills labs at the conference, and present OVCsupport.net at the conference. AIDSTAR-Two is also helping with the event logistics. A conference report will be generated following the conference, and participants will be encouraged to utilize OVCsupport.net as a tool for post-conference communication. Conference proceedings and relevant resources will be placed on OVCsupport.net for participants to access after the conference.

***Subtask 1.7a: Health Institutional Strengthening (HIS) Conference and Virtual Leadership Development Program (VLDP)***

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

The efficient collection, analysis, management of health and use of health information are critical to effectively targeting health interventions to improve service delivery, monitoring and surveillance, workforce planning and measurement of impact. However, harnessing the transformative power of today's rapidly developing information and communication technologies and coordinating the collection of timely, quality information, poses several challenges to most national health systems. Some of these challenges include coordination, harmonization, and integration of HIS data bases, tasks and services across various government agencies, donors and other interested actors.

During this reporting period, AIDSTAR-Two was incorporated into an ongoing effort to plan a five day HIS regional forum in Windhoek, Namibia spearheaded by the HIS TWG and scheduled for the end of October 2010. AIDSTAR-Two provided technical guidance for the conference, contributed to the design

of the conference agenda and provided practical insights into the role of leadership in assisting the country teams to advance the country ownership agenda. The project also conducted a demonstration of the Virtual Leadership Development Program (VLDP) for the forum planning committee. Following the conference, country teams were to take part in the 13-week Virtual Leadership Development Program (VLDP) to strengthen their leadership practices and skills, enhance their team work, and improve the action plans they developed in Windhoek, to facilitate implementation of these plans.

**Current challenges and proposed solutions:**

There have been important setbacks for the primary planners of the Regional HIS forum. Because of the late implementation of various planning activities (e.g., getting invitations out in a timely manner), the conference is significantly under-subscribed. However, conference organizers have decided to go forward with the conference. Because there are few country teams attending the conference, the VLDP has been postponed.

**Anticipated activities/plan for the next six months:**

The five day HIS Forum entitled “Country Ownership Strategies: Leadership Forum on Health Information Systems,” will take place in Windhoek, Namibia, October 25-29 but because of the problems mentioned above, the agenda has changed and the follow-up VLDP has been postponed. It will be necessary to re-visit and finalize the SOW following the October conference which will be attended by the AIDSTAR-Two Project Director. She will serve as a technical resource (in country ownership, leadership and organizational development) and co facilitator for the Namibia HIS participating team, along with Theo Lippenwald, a HIS expert from JSI. AIDSTAR-Two may support select and appropriate follow-on activities to the conference to be determined with John Novak, HIS TWG/OHA and the AIDSTAR-Two COTR.

***Subtask 1.7b: Health Institutional Strengthening Namibia Centerships***

**Establish Centerships in the communities of Rosh Pinah and Aminuis, Namibia**

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



AIDSTAR-Two made a first information gathering trip to the two selected communities in Namibia in late June 2010. Adam Mbundure, Director of Financial Management and Operations for AIDSTAR-Two, and Judith Seltzer, Director of Technical Strategy and Quality Assurance for Management Sciences for Health, traveled to Namibia from June 19-July 1, accompanied by Ravi Goud of Macro International and the Measure Project and Stephen Settimi of USAID/Washington.

The purpose of the trip was to visit two rural sites, Rosh Pinah and Aminuis, to discuss with local leaders and stakeholders the prospects for establishing Centerships. AIDSTAR-Two team members conducted participatory guided inquiries with leadership and stakeholders from the local communities, through which the team gathered the following information:

- Community characteristics (such as geography, demographics and culture)
- Communities' priority needs and prioritization
- Stakeholders' understanding of business and Centerships concept as well as commitment to the project
- Business opportunities for the Centership
- The required resources necessary to introduce the business opportunity.

Twenty-five community members participated in the meeting in Aminuis and seven participated in Rosh Pinah. The AIDSTAR-Two team analyzed and discussed opportunity costs to determine which business opportunities might yield short term gains, and mapped potential activity calendar with the community to help them to start thinking of the future.

The TDY to Namibia allowed AIDSTAR-Two to identify the challenges to establishing Centerships in Aminuis and Rosh Pinah. The team observed that the Centership concept was not well understood. Furthermore, all of the financial resources and considerable TA needed were not in place. Consistent local oversight had not been established. Challenges specific to Rosh Pinah include the uncertain duration of the local mines (the largest source of local employment), low levels of disposable income to purchase services offered through the Centership, a high degree of disharmony between key community stakeholders, the transient nature of the population and the lack of coordination between the Centership activity and the Public-Private Partnership activities underway in Rosh Pinah in which USAID Namibia is involved. Challenges in Aminuis include a lack of clarity regarding who among the community could take a leadership role and where the physical structure would be located, as well as a lack of demand for new business opportunities as most community members tend to be in business already.

In order to further understand the local capacity and demand for business opportunities, AIDSTAR-Two laid the groundwork for conducting a market research survey in the two communities. Through a rigorous selection process, NEDICO was chosen as the best company to carry out the research in the two communities. Due to possible revisions to the scope of work, the market research process is currently on hold.

**Current challenges and proposed solutions:**

After the TDY, the AIDSTAR-Two team proposed and conducted an after action review with Stephen Settimi, HIS TWG/OHA and the person leading the Centership initiative. A Revision of the SOW was suggested, as the initial one had many misalignments, the most significant being that the work proposed has little fit with PEPFAR objectives and was not especially HIS-focused. Other challenges have been noted above. Due to the challenges encountered and the lack of clarity, the activities have been delayed by the COTR, the HIS TWG and USAID Namibia. In order to understand the mission's needs and direction, align stakeholders and appropriately revise the current scope of work, the AIDSTAR-Two Project Director and the AIDSTAR-Two COTR will travel to Namibia to meet with the USAID Namibia mission representatives, and other key stakeholders in October 2010.

**Anticipated activities/plan for next six months:**

While many of activities will be defined once the scope of work is finalized, specific plans for some activities in the coming months are already in place.

AIDSTAR-Two Project Director Sarah Johnson will travel to Namibia from October 17 -21, with AIDSTAR-Two COTR Emily Hughes. The purpose of their trip is to determine the actual situation meet with USAID

Namibia, and get clarity on the project direction. The trip will focus on revising the current scope of work.

### ***Subtask 1.8 Performance Based Financing Manual***

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

Performance-based financing (PBF) is a powerful means of increasing the quality and quantity of health services by providing incentives to suppliers to improve performance and achieve results. The Performance-Based Financing Manual was designed for use by both USG program design officers and for PBF implementers at national and local levels. It offers a comprehensive look at PBF from both the funders' and the implementers' perspectives, to facilitate the design, implementation and evaluation of PBF programs that create positive health outcomes.

The manual was approved in AIDSTAR-Two's PY2 workplan and budget. Outlines of the manual were first sent to the COTR and select members of the PEPFAR HSS TWG in January-February 2010. A first draft was submitted in April. Comments were received in July. The final version of the manual has been submitted.

#### **Current challenges and proposed solutions:**

AIDSTAR Two did not learn until June 2010 that another organization had been asked by a different office in USAID to develop a similar manual. AIDSTAR Two hopes that the AIDSTAR-Two manual can be reviewed and approved soon. The project web-site is one of many possible mechanisms for disseminating the manual.

#### **Anticipated activities/plan for next six months:**

Final completion of the manual once comments have been received, followed by dissemination of the publication.

### ***Subtask 1.9a: Conduct an Analysis of the System Strengthening for HIV/AIDS Response Targeting Most At-Risk Populations (MARPs) in Cambodia, Vietnam, and Jamaica***

AIDSTAR-Two will conduct three country-specific analyses (in Vietnam, Cambodia and Jamaica) to determine how to effectively program health system strengthening activities and funding so that systems changes directly impact MARPs. From the analyses conducted, the project will produce a Summary Guidance document for three countries.

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

AIDSTAR-Two, in conjunction with the HSS TWG, the Office of HIV AIDS, USAID Missions, community system strengthening (CSS) implementers, MARPs and various other stakeholders, will determine how to make health systems more responsive to the needs of MARPs in Cambodia, Vietnam and Jamaica and document evidence-based approaches to program health and community system strengthening funding to respond to MARPs in these countries.

The project has designed and is applying a unique analytical framework that seeks to: (1) identify the system weaknesses that hinder supply and demand of services for MARPs; (2) determine system requirements for the delivery of effective minimum package of services to MARPs and corresponding supportive interventions; (3) assess the importance and service delivery impact of health and community system strengthening activities for delivering key services for MARPs; (4) outline a methodology to prioritize system strengthening interventions in various settings and document best practices in service delivery to MARPs; and (5) build consensus among stakeholders on the

guidelines. For each country, AIDSTAR-Two will produce a country-specific report on MARP needs, overall programming and system strengthening efforts using the analytical framework produced for this activity.

AIDSTAR-Two will convene a national consensus-building meeting in each country upon completion of the analysis to discuss findings and receive input from stakeholder groups. AIDSTAR-Two will also produce a country-specific guidance document for program managers, civil society practitioners and HSS experts to strengthen systems that are responsive to the needs of MARPs.

In September 2010, MSH's Global Lead for Health System Strengthening, Dan Kraushaar and AIDSTAR-Two Network and MARPs Capacity Building Specialist Elden Chamberlain traveled to Vietnam for the first phase of the activity. Dan and Elden met with the USAID/Vietnam several times as well as the larger PEPFAR team to discuss the direction of the activity. A local consultant is working with the AIDSTAR-Two team in-country, with Dan and Elden providing oversight. The local consultant is knowledgeable of the HIV/AIDS epidemic in Vietnam, is familiar with the MARPs most affected, and has connections to many governmental and non-governmental stakeholders in Vietnam, making her contribution crucial to the success of the activity. Dan and Elden have also met with UNAIDS, various NGOs, and visited drop-in centers in Vietnam. While traveling through Bangkok, Thailand, they met with USAID's Regional Development Mission for Asia to discuss the activities in Cambodia and Vietnam.

Prior to the trip to Vietnam, AIDSTAR-Two staff worked to develop a series of causal pathway diagrams which were used to describe the transmission of HIV in three MARP groups: MSM, commercial sex workers, and IDUs. By identifying the underlying causes of the epidemic and characteristics of the MARP groups, programmers/policy makers can effectively design/fund interventions that are considered most effective at preventing HIV transmission in these populations.

The first trip to Jamaica took place the week of October 18, 2010. Cambodia has not yet been scheduled.

**Current challenges and proposed solutions:**

The biggest challenge facing the activity right now is AIDSTAR-Two has not started working on the activity in Cambodia. Initially, AIDSTAR-Two was unable to communicate directly with the mission there until a senior-level USAID staff communicated with the team in Cambodia first. Once communication with Cambodia was initiated, AIDSTAR-Two was informed that they were too busy. The inability to travel to Cambodia during the initial trip to Southeast Asia as was planned will have budget implications. AIDSTAR-Two has recommended to the TWG and the COTR that the scope of work focuses only on Vietnam and Jamaica in order to "drill down" further in two countries.

**Anticipated activities/plan for next six months:**

The next trip for Phase 1 of the activity is to Jamaica. Travel to Jamaica took place October 17-22 and a consultant has been identified. A second trip to Vietnam has been planned for early December 2010. Subsequent trips will be arranged throughout early 2011. An AIDSTAR-Two proposal to target only Vietnam and Jamaica in order to deepen the work in these two countries is under still under consideration.

## Task 2 Overview

Task 2 of the AIDSTAR- Two Project focuses on HIV AIDS networks. The objective is to help improve direct services, referral systems and overall effectiveness for one or more national or regional networks in concentrated or generalized epidemics and compile and disseminate knowledge from networks receiving support.

### ***Subtask 2.1: Support Service Provider Networks in Mexico and El Salvador.***

This task focuses on strengthening network and organizational capacity in Mexico to better position MSM organizations to implement Global Fund Round 9, and in El Salvador, to take lessons learned from the El Salvador Chapter of the Regional Human Rights Network and apply them to the less successful chapters.

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

##### **Mexico:**

In January 2010, Colectivo Sol, with support from USAID/AIDSTAR Two, initiated a nine-month project to strengthen and increase the programmatic, administrative and financial capacity of Mexican civil society organizations working in HIV/AIDS prevention with gay men, other MSM and transgendered populations in Mexico and to support the CSOs to position themselves to receive resources from national and international funding agencies.

In PY 2, the main activities conducted with USAID/AIDSTAR-Two resources during Phase 1 of this project include:

- Questionnaire sent out to 38 partner CSOs to identify and gather data on prevention-focused strategies preferred and / or most used by organizations in Mexico
- Analysis of data received by CSOs: the results guided the design of the Horizontal Exchange Workshops on Focused Prevention Strategies
- Two horizontal exchange workshops carried out on Focused Prevention Strategies: April 22-24, 2010 in León, Guanajuato (Bajío zone) and May 6-8, 2010 in Mexico City (Central zone).
- Self-assessment questionnaires on organizational, administrative and programmatic capacity, developed by the Alliance, sent out to 38 CSOs working on HIV prevention
- Analysis of self-assessment data to inform the design of the workshops on Organizational Strengthening and technical assistance strategy
- Two workshops on organizational strengthening carried out: June 3-4, 2010 in Guadalajara, Jalisco (Bajío zone) and June 17-19, 2010 in Mexico City (Central zone).
- In total, 74 participants from 38 organizations from 21 cities in the country attended the organizational strengthening workshops, of which 16 were priority cities in Mexico's Global Fund Round 9 proposal.
- Colectivo Sol leveraged additional resources (\$110,000 USD) from Censida in order to replicate the project with CSOs who receive funding for their projects from the federal government. The funding from Censida allowed the project to include an additional 34 CSOs (68 people and 20 additional cities). In total, the project reached 142 participants from 72 CSOs from 41 cities.



## El Salvador:

The AIDSTAR Two project, implemented by Asociacion Atlacatl Vivo Positivo (Atlacatl) of El Salvador, aims to strengthen The Regional Human Rights Network in HIV and AIDS in Central America. The goal of the Network is to identify, document and act on human rights abuses of people living with HIV. Since its start in April 2010, the project has analyzed the current situation of the network and conducted a participatory assessment of its organizational capacities in Costa Rica, Guatemala, El Salvador, Nicaragua, Honduras and Panama. During the field visits, it became clear that not all of the countries had a functioning network, and that in the countries where the network was active, there were institutional weaknesses. This was followed by a second main activity of Phase 1, strategic planning workshops for the active country chapters.

As part of the initial assessment, a series of two-day workshops were held in all six participating countries:

April 29, 2010	Participatory assessment in El Salvador
May 24-25, 2010	Participatory assessment in Guatemala
May 26-27, 2010	Participatory assessment in Honduras
May 31 and June 1, 2010	Participatory assessment in Panama
June 2-3, 2010	Participatory assessment in Costa Rica
June 4-5, 2010	Participatory assessment in Nicaragua

Atlacatl, with assistance from the International HIV/AIDS Alliance (IHAA) and AIDSTAR Two Network and MARPs Capacity Building Specialist, Elden Chamberlain, adapted the IHAA toolkit for assessing and building capacities for high quality responses to HIV: Network Capacity Analysis – Workshop Facilitation Guide.

Weaknesses identified in the network include:

- The regional network is not legally constituted
- None of the Network national chapters that are functional are legally constituted
- Lack of funds: all the countries are requesting funds to operate,
- Low capacity for proposal writing and resource mobilization
- None of the existing chapters have a strategic plan and do not undertake any formal monitoring and evaluation
- Insufficient recognized leadership within the country chapters
- Insufficient information on knowledge and skills gaps necessary to design training plan for the national networks
- Accountability mechanisms need to be better defined

Targets achieved as a result of participatory community assessments:

Number of assessments of networks (regional or national) completed to inform capacity building needs of the organization.	6	1 per country
Number of CSOs/NGOs or other organizations who are active members of the network in the 3 active chapters (El Salvador, Guatemala and Nicaragua).	45	
Number of participants from networks who attend training workshops by gender, organization and country.	64	29 women / 35 men
Number of national or regional networks for which technical assistance is delivered.	6	1 per country

At present, the network only functions as such in three countries: El Salvador, Guatemala and Nicaragua. Given this finding, the AIDSTAR-Two strengthening initiative has focused on assisting the networks in these countries to develop their strategic plans which will build their organizational capacity and their ability to address human rights abuses, as well as enable them to have a more proactive role in registering, documenting and following up on cases of abuse. These organizations' interest in building their own capacities is well-documented, as is their commitment to making the network function.

The key results of Phase 1 activities in El Salvador, Guatemala and Nicaragua are:

- Strategic plans for the medium term and annual operating plans were developed in El Salvador and Nicaragua
- Through the development of strategic plans, country chapters have increased capacity in technical writing skills with a focus on the building of networks
- Improved positioning and visibility with donors, partners and national authorities
- Strategic alliances at regional level developed which will help to facilitate the development of the network in other countries (Honduras, Panama and Costa Rica) as part of phase 2
- Strengthening the national networks through strategic planning increased the network capacity to fulfill their missions to provide technical and legal assistance to people living with HIV and key populations whose human rights have been violated
- Increased capacity to offer an integrated and articulated response to concrete situations regarding human rights of people living with HIV and key populations as part of the broader human rights aspects of the response to HIV in these countries.

**Current challenges and proposed solutions:**

None

**Anticipated activities/plan for next six months:**

**Mexico:**

Preliminary findings from Phase 1 indicate a strong need to strengthen the common understanding and implementation of a unified prevention strategy for MSM in Mexico. Also, additional organizational strengthening of CSOs in the areas of program management, administration, and resource mobilization is required to best position these CSOs to become Global Fund (GF) sub-sub recipients in the next year. This work will also better position the 38 partner CSOs to access funding from other donors. Finally, the

need to explore the benefits and suitability of creating a networking initiative on prevention and community system strengthening was also identified.

- **Horizontal learning and consensus building workshop**, to ratify the preferred prevention methodologies and develop a community approach to future Global Fund implementation. The first phase of the project produced an inventory of prevention strategies favored and most used by the CSOs and the CSOs were able to validate the prevention strategies during the workshops. The workshops were a part of the community initiative to formulate a master plan for prevention at the national level, driven by the CSO's validated strategies and supported by the development of a prevention network.
- **Virtual discussion to reach consensus and agree on the creation of a networking space** (both virtual and face to face) on focused prevention strategies with MARPs and community strengthening systems, including health workers as partners. The discussions held during the first phase indicated the willingness of CSOs to be a part of the process of developing a national consensus on prevention strategies and also have served as a platform to begin to create spaces for exchange, training, technical assistance and horizontal collaboration between CSO members. The proposal to conduct some of this exchange electronically not only taps into developing approaches utilizing the internet but enables greater agility and lower cost. The face-to-face meeting can build on the virtual collaboration and will enable the consolidation of the national prevention strategy and the launch of a virtual space/network that can monitor and support the implementation of the strategy.
- **Further technical assistance to CSO partners:** Field visits by Col Sol staff and external consultants to prepare CSOs for GF implementation and make improvements to their organizational strengthening plan. In Phase 1, only one technical assistance visit was made to each CSO, which was not sufficient to meet their needs. There is clear need and demand for follow up and additional capacity building.
- **Capacity building for ColSol** to develop their medium/long term technical support strategy for CSOs implementing GF funded activities for MARPs. The programmatic and organizational gaps identified by the CSOs exceed the current capabilities of ColSol. In order for Col Sol to meet the needs of the CSOs it needs to assess and evaluate its own gaps and implement strategies to fill them. This technical assistance will be provided by Elden Chamberlain, AIDSTAR Two Networks Capacity Building and MARPS Specialist.
- **A compendium of preferred and most used HIV prevention strategies** among Mexican CSOs serving MARPs. This publication, based on the strategies implemented by Mexican CSOs, will be produced during this extension period and will represent an innovative contribution to the HIV prevention field. The publication will be of national significance and provide guidance to the development of community led interventions under the Global Fund grant and beyond.

**El Salvador:** Unfortunately, the next six months of activities in El Salvador have not been approved so this activity will come to a close.

## Task 3 Field Support

Task 3 focuses on technical assistance to USG teams and their local implementing partner organizations. In PY2, AIDSTAR-Two had three country buy-ins (Guatemala, Tanzania and Honduras), a regional buy in (Central Asia Region) and a regional bureau buy-in (Eastern Europe). At the end of PY2, AIDSTAR-Two received a small buy in from the Africa Bureau, although the final scope of work for this activity has yet to be approved.

### Europe & Eurasia Bureau

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

At the request of the EE Bureau, the AIDSTAR Two project “Men having sex with men (MSM) in Eastern Europe: Implications of a hidden epidemic,” implemented by the International HIV/AIDS Alliance in Ukraine, conducted an assessment of existing surveillance and other data, studies on HIV prevalence and risks of HIV-infection in the MSM community, other relevant documents, and best practices for MSM in seven selected countries of Eastern Europe. Implemented from January through May 2010, the assessment identified gaps in data and needs for development of programs for MSM during the first phase of the project. The completed assessment report was submitted to the EE Bureau and the AIDSTAR Two COTR in June 2010.

The assessment was designed to achieve the following key results and have the following practical applications:

- Provide detailed information on HIV epidemics and responses among MSM in select countries (Albania, Azerbaijan, Armenia, Georgia, Ukraine, Russia, Belarus, and Moldova) to support further country-level planning of the response. The information will be instrumental in developing country funding proposals to the Global Fund for AIDS, Malaria and Tuberculosis and other donor agencies.
- Analyze existing effective practice and approaches in HIV prevention and care for MSM in the region. Identify best practices that can be utilized for scale-up and dissemination of promising approaches across the region.
- Identify gaps in existing epidemiological data and programs. Informed advocacy work can then be developed to fill data gaps, overcome political barriers, and strengthen national AIDS programs and strategies.
- Identify needs in capacity building and networking, which could be addressed during phase two of the project.

#### **Assessment summary**

- There are extremely high levels of stigma and discrimination against MSM in the region. Despite most countries in the region signing the European Covenant on Human Rights, there is no protection for MSM as anti discrimination legislation does not exist (except in Albania) and recourse to the courts is not possible in cases of human rights violations.
- Significant levels of discrimination occur in the health care setting, making accessing services even more difficult for MSM.

- Stigma and discrimination in the region make it extremely difficult for MSM to organize and form groups and as a result very few groups exist, particularly outside of the capital cities. Where MSM and LGBT organizations do exist in the region, they are severely under resourced and lack capacity to design and implement large scale HIV projects.
- There are significant gaps in data relating to MSM in the region. There are no consistent ways in which MSM are defined or are reported on in sentinel or surveillance data. MSM size estimation is ill defined and not reliable. As a result there is significant under reporting of HIV prevalence amongst MSM.
- Capacity building and partnership strengthening amongst MSM organizations needs to take place to ensure broader and better responses for men who have sex with men, transgender people and those who are HIV-positive.
- No state resources are allocated to support programs targeting MSM. The only resources available have come from international agencies. This has meant that only limited resources are available and projects cannot move beyond small scale boutique or pilot projects.
- Projects that do exist focus on prevention for MSM. There are no MSM+ prevention, care or support programs.
- There is no consensus at either the regional or national level as what should constitute a comprehensive package of services for MSM, nor a clear definition of what those services actually are.
- MSM have very few opportunities to network and exchange ideas/issues at either the country or regional level, this has led to programs developing in isolation of each other with inconsistencies in their approach and interventions.

**Current challenges and proposed solutions:**

None

**Anticipated activities/plan for next six months:**

The implementation phase of the EE activity began at the end of PY2 and continues in PY3. The first activity of this second phase will include activities aimed at building regional consensus on an essential package of services for HIV/STI prevention and care among MSM. To develop this package, planned activities include:

1. A review of international and regional recommendations and best practices in MSM service provision from other regions to inform the components and structure of essential package of services for HIV/STI prevention, care and support for MSM. This will take place in October, 2010.
2. Development of TOR and selection and formation of the regional reference groups (including one regional expert/stakeholder) to review and inform the regional specific to the document; also to take place in October, 2010.
3. Development of a draft of regional recommendations for an essential package of services for HIV/STI prevention, care and support among MSM. This activity is planned for November, 2010. It is anticipated that the regional recommendations document structure will include the following chapters:
  - Introduction with results of assessment and mapping
  - International recommendation and experience with packages of comprehensive services;
  - Definition of the services:
    - by topics (e.g., BCC, outreach, legal support)

- by target group (MSM-gays, MSM-heterosexual, transgender, HIV+ MSM, MSM-sex workers, MSM-drug and alcohol addicted)
  - by age group-summaries and recommendations for implementation.
4. Presentations of this analytical report and draft concept note of service packages for MSM/LGBT (ILGA-Europe conference in October 2010, EECAAC conference 2010), with follow up through November 2010.
  5. Facilitation of the discussion and consensus building on the proposed regional package of services during the Eastern Europe and Central Asia regional consultations on HIV and MSM. This activity is scheduled for November 2010.
  6. Consultations with regional USAID missions on the report and suggested package of services in November-December 2010.
  7. Finalization of the package after consultations in December 2010-January 2011.

## Honduras

### ***Subtask 3.1: Provide technical assistance to at least two PEPFAR country implementing partners to better deliver HIV/AIDS programs***

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

With the support of USAID Honduras, AIDSTAR-Two is implementing a project called *Increasing Local NGO Capacity in Honduras to Improve AIDS-related Services and Address Structural Elements of the HIV/AIDS Epidemic*. The project was launched January 1, 2009 and has been extended through September 30, 2011. The aim of AIDSTAR-Two Honduras is to reduce the HIV incidence among MARPs (including MSM, transgender individuals, commercial sex workers, and Garífuna populations) in five geographic areas: Tegucigalpa, Cortes, Comayagua, Atlántida and Colon.

AS-Two Honduras has activities built around three intermediate results (IRs):

- IR1: Enhanced organizational capacity to deliver prevention and care services
- IR2: Improved enabling environment to facilitate access to prevention and care services
- IR3: Provision of prevention and care services through local organizations

**IR 1:** Seven of the original eight Global Fund Sub Sub-recipient NGOs that serve MARPs completed the implementation the four Leadership Development Program (LDP) workshops with the technical support of AIDSTAR-Two during this quarter.<sup>1</sup> One of these NGOs, RIMAS, lost their award in July 2010, and decided not to continue participating in the TA activities facilitated by AIDSTAR-Two.

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<sup>1</sup> The 6 Global Fund Sub Sub-recipient NGOs are: Colectivo Violeta, OPROUCE, COCSIDA, Patronato Triunfo de la Cruz, Patronato Tornabe and RIMAS. The 2 other NGOs receiving support from CHF are: Jóvenes sin Frontera and el Centro Nacional de Desarrollo Comunitario (CENADEC).



Between February and October 2010, these NGOs have been implementing their LDP action plans to address organizational development challenges such as strengthening their governing boards, becoming registered entities, developing annual operating plans, among others. As part of AIDSTAR-Two's technical assistance, a workshop on board development was conducted with 42 participants to provide a balanced perspective on the structure, systems, and related governance processes and deliver tools and tips they can apply to strengthen their boards. On-going virtual TA and monthly supportive supervision visits were carried out by AIDSTAR-Two to address challenges encountered in the implementation of action plans, provide timely feedback and other assistance as needed.

Given the extension of project activities through October 31, 2010, AIDSTAR-Two in collaboration with CHF, Principal Recipient of the Global Fund, will be conducting the post Work Climate Assessment and hosting the LDP close-out event with the NGOs at the end of this month. The purpose of this event is to share the results achieved, challenges encountered and how were they addressed, and lessons learned from this experience.

During this reporting period, the AIDSTAR-Two capacity building team was also trained on the facilitation of the Business Planning for Health Program (BPHP) and the Strategic Planning Program (SPP) in Spanish with the objective of replicating these activities with the NGOs and communities leaders working on social mobilization efforts.

The six AIDSTAR-Two grantee NGOs<sup>2</sup> continued implementing their Management and Organizational Sustainability Tool (MOST) action plans to improve prioritized areas including but not limited to the development of business plans for financial resource mobilization; strengthening monitoring and evaluation systems, improving internal and external communications, among others.

As of September 30, three of these NGOs have successfully completed their business plans and are promoting them among potential donors. The other three NGOs are expected to finalize their plans at the end of October. Other accomplishments include:

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<sup>2</sup> The six AIDSTAR-Two Honduras grantees include: Centro de Orientación y Capacitación en SIDA (COCSIDA), Programa para el Desarrollo de la Infancia y la Mujer (PRODIM), Asociación Hondureña Mujer y Familia (AHMF), ECOSALUD Atlántida, ECOSALUD Colón, Comisión de Acción Social Menonita (CASM) and Comunidad Gay Sampedrana (CGSSI).

- Development and active use of a blog and a structured internal communication system within CGSSI. Using the blog, the NGO has been actively recruiting new volunteers and promote their events and services.
- Development and implementation of an operational plan focused on priority areas identified by COCSIDA's technical and management team. There was little cross-project collaboration and integration of efforts prior to the development of this plan.
- Implemented the LDP challenge model to address decision making bottle necks affecting the internal communications and work climate in AHMF.
- ECOSALUD developed and disseminated its human resources manual, which includes processes and procedures for staff evaluations, promotions, among others. This allows the organization to follow standardized and transparent procedures when recruiting, nurturing, and terminating new/existing staff and helps them comply with HR requirements from donors.
- PRODIM created a web page to expand their reach and use it as a promotion tool to various audiences and donors.
- CASM was able to expand a computerized system for the collection of output and outcome information from their various projects. This tool allows the management team to make decisions based on the analysis of the information gathered.

**IR 2:** AIDSTAR-Two Honduras launched a small-scale social mobilization program in collaboration with key MSM, transvestites and transgender leaders in October 2009. The social mobilization program aims to build consensus regarding structural and/or social barriers to access HIV/AIDS prevention services; identify and engage key sectors in Honduras; align strategies and activities of those sectors involved; and support, both financially and technically, the implementation of activities to address the social and structural barriers to HIV/AIDS programs.

Between November 2009 and April 2010, the core group charged with leading this effort at the community level was able to complete the analysis phase with the prioritized social norms and factors, initiated the engagement of key sectors in the development and alignment of interventions that are outlined in the Strategic Plan for Social Change Communications.

AIDSTAR-Two also held a series of workshops on human rights issues and advocacy skills for local MSM and transgender leaders in La Ceiba, San Pedro Sula, Comayagua and Tegucigalpa. The purpose of these trainings was threefold: (1) to provide accurate information regarding human rights issues and legal frameworks and strengthen their negotiation and advocacy skills; (2) to increase participants' awareness about national and international mechanisms and entities where they can place formal complaints of human rights violations and learn how to effectively negotiate with key sectors to win their support; and (3) to identify priority areas regarding human rights that should be addressed through the implementation of the Strategic Plan. A total of 92 MSM and transgender leaders from the four targeted cities participated in these workshops.

The primary human rights issues identified by MSM and transgender participants in these trainings (see box at right) were used to develop objectives and tactics that are included in the Strategic Plan for Social Change Communications and the operational plan. The plan was developed with the active collaboration of 12 representatives of the five key sectors (health, justice, local government officials/municipalities, and the media) and nine MSM and transgender leaders of the four targeted geographic areas.

**Prioritized Human Right Issues Identified by MSM and Transgender:**

- 1) Hate crimes and other violence
- 2) Lack of follow-up and investigation of hate and other violent crimes by state and local enforcement agencies
- 3) Discrimination from the justice officials
- 4) Perceived inequality in access to jobs, education and health care services.

Through the development of the Strategic Plan, financial and human resources possessed by each sector were identified in order to supplement funding through the bidding process AIDSTAR-Two is carrying out in October for local NGOs that serve MARPs.

In mid-September, AIDSTAR-Two Honduras released the new request for proposals (RFP) for performance-based contracts. Project staff are anticipating that at least one NGO will be awarded the implementation of the activities and key objectives outlined in the Strategic Plan to support the reduction of the transmission of HIV among MSM and transgender groups. During this new fiscal year, the Garifuna NGOs that win the competitive RFP will replicate the social mobilization model within their geographic coverage with the support of AIDSTAR-Two.

**IR 3:** AIDSTAR-Two Honduras continued the provision of financial support and TA to: COCSIDA, Ecosalud Colon, Ecosalud Iriona, CGSSI, PRODIM, AHMF and CASM. Throughout PY2, AIDSTAR-Two Honduras held several workshops to strengthen the technical skills of the NGOs educators and counselors on issues such as masculinity and gender-based violence. To expand the cadre of certified VCT counselors, AIDSTAR-Two partnered with the Secretary of Health to provide certificate training to 12 NGO staff, of which nine passed the standardized certification test. In addition, stress relief training was conducted for the eight current VCT counselors from the five NGOs that provide this service, to improve participants' ability to cope with work-related stress and thereby improve the quality of service.

The following summary shows the main accomplishments reported by the grantees as of September 16, 2010:

- A total of **38,338 primary and secondary target audiences have been reached** through community events, peer education activities, and other prevention interventions (see Table 1 below).
- A total of **7,378 tests with pre and post-test counseling have been administered** (see Table 2 on the following page).
- About **300 educative curricula** have been produced by the NGOs. These are focused on a wide range of prevention interventions and topics such as masculinity, gender-based violence and HIV, condom negotiation, partner reduction, among others. They are formulated using a results-based approach to ensure participants learned about how to apply new skills and knowledge gained.
- **NGOs have doubled the amount of certified counselors** to expand their VCT services to reach new populations and geographic areas and with the support of AIDSTAR-Two they have renewed their VCT licenses.

**Table 1: Number of Men and Women who Received Pre and Post-Counseling and Testing for HIV by Population Group**

Population	Men	Men (+)	Women	Women (+)	Pregnant Women	Pregnant Women (+)	Total # of Tests Administered	Tests HIV +
<b>Garífunas</b>	539	4	1307	1	98	0	<b>1846</b>	<b>5</b>
<b>MSM</b>	663	5	0	0		0	<b>663</b>	<b>5</b>
<b>CSW</b>	0	0	2,982	12	210	0	2,982	14
<b>General Population</b>	1,736	15	151	1	15	0	<b>1,887</b>	<b>16</b>
<b>Total</b>	<b>2,938</b>	<b>24</b>	<b>4,440</b>	<b>14</b>	<b>323</b>	<b>0</b>	<b>7,378</b>	<b>38</b>

In September, the project received the approval from the Ethics Committee of the UNAH to conduct the post-intervention knowledge, attitudes and practices (KAP) survey designed to assess the impact of BCC activities in the primary and secondary target audiences of the project. Surveyors have been trained and data collection and analysis is expected to be concluded in October. The results of this study will be used to tailor key interventions for specific groups.

**Table 2: Populations Reached with Prevention Interventions by AIDSTAR-Two Honduras Grantee NGOs: October 26, 2009 to September 15, 2010**

NGO	Target Group	Total Primary Target	People Reached		Total Reached as of 6/2010	Total Secondary Target	People Reached		Total Reached as of 9/2010
			Men	Women			Men	Women	
CGSSI	Men who have sex with men (MSM)	360	310	50	360	3,100	3,468	-	3,468
Ecosalud Atlantida	Garifuna youth ages 10-15	60	18	42	60	4,400	160	256	416
	Garifuna youth ages 16-24	100	39	61	100		876	1,668	2,544
	Garifuna men ages 25 and older	Notarget	8		8	300	210		210
	Garifuna women ages 25 and older	80		80	80	360		449	449
Ecosalud Colón	Garifuna youth ages 10-15	75	31	44	75	2,000	792	1,141	1,933
	Garifuna youth ages 16-24	75	28	47	75				
	Garifuna men ages 25 and older	75	75		75				
	Garifuna women ages 25 and older	75		75	75				
CASM	Garifuna youth ages 10-15	128	52	76	128	2,700	444	778	1,222
	Garifuna youth ages 16-24	135	59	76	135				
	Garifuna men ages 25 and older	Notarget			-				
	Garifuna women ages 25 and older	180	75	105	180				
AHMF	Commercial Sex Workers (CSW)	185		185	185	1,920	-	2,316	2,316
	Clients and Partners	50	50		50	1,920	2,287	-	2,287
PRODIM	Commercial Sex Workers (CSW)	80		80	80	1,380	-	9,011	9,011
	Clients and Partners	20	20		20	5,000	11,202	-	11,202
COCSIDA	Commercial Sex Workers (CSW)	90		90	90	180	-	1,339	1,339
	Clients and Partners	N/A			-	827	1,941	-	1,941
<b>TOTAL</b>		<b>1,768</b>	<b>765</b>	<b>1,011</b>	<b>1,776</b>	<b>24,087</b>	<b>21,380</b>	<b>16,958</b>	<b>38,338</b>

**Current challenges and proposed solutions:**

None

**Anticipated activities/plan for next six months:**

Over the next six months, AIDSTAR-Two Honduras will implement the following activities:

1. Closing event to present the final results of the LDP by the sub sub-recipient NGOs of the Global Fund.
2. Adaptation of tools and processes for the delivery of the trainings and TA under the new cycle of performance-based contracts with local NGOs and the upcoming strategic planning activity with the sub sub-recipient organizations under Global Fund.
3. Implement the Strategic Planning Program with the Global Fund NGOs.
4. Carry out the new competitive RFP and issue at least seven performance-based contracts.
5. Host the contract orientation training with each selected NGO.
6. Conduct baseline assessments of capacity building and technical needs of the NGOs.
7. Finalize data collection and analysis of end-of-project-year KAP survey and use the results to tailor prevention interventions to the targeted communities.

**Guatemala*****Subtask 3.1: AIDSTAR-Two Guatemala: Provide technical assistance to at least two PEPFAR country implementing partners to better deliver HIV/AIDS programs.*****Progress toward results: summary of activities, achievements, and results since last report**

AIDSTAR-Two, with the support of USAID/Guatemala, is implementing the project *Strengthening Community-Based Network Capacity to Reach Most-at-Risk Populations (MARPs)* in the departments of Petén and Izabal. The project was launched on April 1, 2009 and continues through December 31, 2010. The project aims primarily to improve the continuum of HIV prevention care services to MARPs (i.e., gays, bisexual, transgender, and other men who have sex with men, female sex workers, people living with HIV, and migrants). In Petén and Izabal, the project is strengthening the linkages and coordination between the local HIV prevention, care, and support services offered to MARPs (provided by two multi-sectoral networks formed by local NGOs, CSOs) and the public sector. Additionally, individual network affiliates are being helped to build local organizational capacity for a sustained response to HIV/AIDS and to address social norms and structural factors that drive the epidemic and limit access to HIV services by MARPs. These affiliates are receiving technical support from the HIV Prevention Southwestern Network located in Coatepeque, Guatemala that is coordinated by Sister Dee Smith. Finally, AIDSTAR-Two Guatemala is identifying structural and social norms barriers that can be addressed for the purpose of increasing MARPs access to HIV and AIDS related services in Petén and Izabal.



Activities in Guatemala are focused on three intermediate results (IRs):

- IR1: Improved continuum of preventive services in select geographical areas
- IR2: Enhanced local organizational capacity for sustainable HIV response
- IR3: Improved social environment for vulnerable populations accessing HIV services

**IR1: Improved continuum of preventive services in select geographical areas.** In July 2010, 23 members of the Izabal and Petén networks visited the Southwestern Network in Coatepeque to exchange lessons learned and best practices between the Southwestern Network (regarded as a model for effective collaboration and partnership) and the nascent networks. This experience increased the motivation of the Izabal and Petén network members to support their local preventive and care continuum with the few resources they count at local level, to adapt the Southwestern Network model, and to continue communicating via internet. Additionally, after Sister Dee's training on the key structural and functioning elements of a successful network, the AIDSTAR-Two Guatemala staff began the implementation of the eight-step methodology learned from sister Dee which includes (1) definition of the network's mission statement; (2) identification of goals and objectives; (3) creation of an action plan for FY 2011; (4) establishment of ground rules for internal operations; (5) definition of decision-making processes; and (6) definition of the network's organizational structure; (7) preparation of a communications plan; and (8) mobilization of financial resources. The first six steps have been successfully implemented by the networks of Petén and Izabal affiliates, and it is anticipated that the remaining two steps will be implemented during the early months of PY3.

The networks have also designed an advocacy plan to advocate for improved services at the local level. One of the initial activities of this plan consisted of visiting local government officials, community leaders, human rights advocates, media representatives and civil society members to introduce the network members, goals and objectives, as well as to share the findings of the local preventive care continuum assessment previously conducted by the networks. These visits resulted in increased awareness of and support for the networks and a commitment from key decision makers to attend the network. The visit also increased crucial support from the governors and human rights organizations.

The Izabal forum for key decision makers to improve local HIV/AIDS services took place on October 4, 2010. Members of the departmental government, military and security officials, representatives from human rights organizations, members of Izabal network and representatives of vulnerable populations signed the letter of commitment, which highlighted specific steps that could be taken by the networks and the government and civil society to support the common goal of improved HIV/AIDS services. Lcdo. Byron Solares, the departmental governor of Izabal, requested a list of 10 key challenges facing the

community in relation to HIV and committed to reaching a solution to these challenges through his administration. The most urgent challenges identified by the network were: limited access to primary health services, the stigma and discrimination faced by the most vulnerable populations and the limited budget for trained personnel in primary care clinics. Lcdo. Waldemar Barrera, representative from the Ombudsman in Izabal made a commitment to monitor the steps stipulated in the commitment letter. The members of the Izabal network requested the recognition of the network's work in HIV in Izabal and pledged to make the necessary arrangements to seek additional funding to expand and improve the existing services. Due to Tropical Storm Matthew, the forum in Petén was postponed until mid October.

In July 2010, the project team in Guatemala conducted a two-day M&E workshop attended by all 34 network affiliates' representatives in Petén and all 18 in Izabal. The workshop emphasized the importance of continuously monitoring and evaluating program interventions, as well as types of program evaluation, methodologies to collect information, sampling and incorporating and responding to results. The network had identified M&E as a priority training area, since evidence-based information is necessary for the successful implementation of preventive and care interventions. Network members also recognized that this information is critical for presenting results to potential donors. AIDSTAR-Two Guatemala provided follow-up TA after the training in order to help the networks develop information systems. This activity increased the collection of program information from the networks affiliates and the verification of the quality of the data.

In PY2, one of AIDSTAR-Two Guatemala's most significant achievements was improving Petén and Izabal's communication processes. All network affiliates now have an email address and constantly communicate among themselves through their Google group, as well as with partners and leaders outside the networks.

Both networks have also designed and are disseminating monthly electronic bulletins in each of the two localities. Bulletin articles are collected from the networks' members and the editing work is being done by the networks' Communications Commissions. The Petén and Izabal networks have completed the design of their web sites and have collected price quotes from various commercial providers to launch these sites. It is expected that both sites will be fully functioning by the end of October.

In August, AIDSTAR-Two conducted a one-day workshop for each network's "Media Liaisons," network representatives who have the skills and the interest to provide information to the media (radio, TV, newspapers, and magazines). AIDSTAR-Two Guatemala also conducted a one-day workshop for media representatives. The workshops addressed topics such as HIV transmission, population groups most affected by the epidemic, the use of non discriminatory language in the media, and effective strategies to how to address and submit relevant information to the media. Media representatives in Petén demonstrated interest in becoming part of the network.

**IR2: Enhanced local organizational capacity for sustainable HIV response.** In order to enhance local organizational capacity for sustainable HIV response, AIDSTAR-Two Guatemala implemented a small grant program through the networks. A call for proposals was issued last April and both the Petén and Izabal networks and their affiliates submitted capacity-building proposals for approval. A total of 10 small grants were awarded: one each to the Petén and Izabal networks to contribute to their capacity building, and eight small grants awarded directly to four NGOs in Petén and four NGOs in Izabal. The eight small grants offered funding in each of the following areas: supporting advocacy activities; enhancing communication and information dissemination through internet media; monitoring and evaluation; and strengthening the participation of vulnerable groups in the networks (especially MSM).

Grantees have developed or enhanced their skills in the areas noted above as well as in general management and financial areas, resulting in a more effective participation and contribution to the networks; the implementation of approved work plans; the electronic dissemination of HIV related information to their audiences; and the development of M&E institutional plans.

**IR3: Improved social environment for vulnerable populations accessing HIV services.** At the beginning of the project, AIDSTAR-Two Guatemala conducted a Community Participatory Assessment in both Petén and Izabal, which has been widely disseminated among the persons who participated in the study, local authorities and leaders, and other stakeholders. Its findings led to the designing of the networks' advocacy plan and the launching of a homophobia and transphobia campaign for general public in both Petén and Izabal. The findings have also led to the design of an anti-stigma and discrimination workshop to be given to health staff of the public HIV related services in these areas.

To date, the anti homophobia campaign has been prepared and presented to local partners and stakeholders in Izabal and will be presented in Petén in mid-October. It will be launched via local radio, posters, and banners by mid October in Izabal and by the end of October in Petén. The anti-stigma and discrimination workshops have already been developed and invitations have been circulated. Actual workshops will be conducted by mid October in both departments.

AIDSTAR-Two also completed components from the research agenda with migrant populations. A consultant engaged for this purpose documented lessons learned from information booths for migrants being implemented by the NGO Tan Uxil along the Guatemala-Mexico border. The research will be used to assess the effectiveness and capacity for replication of this strategy used in addressing HIV/AIDS-related needs among migrant populations. The report on these findings was completed in September.

**Current challenges and proposed solutions:**

The most relevant challenge the project faced during PY2 was Tropical Storm Matthew, which hit Petén and resulted in floods, road obstruction and the destruction of many homes, making it impossible to implement some of the project's planned activities, especially the ones that involved public health staff. AIDSTAR-Two staff and the Petén network affiliates had to advocate strongly with the Chief of the Health Area of Petén to have the health staff participate in planned activities while they are concurrently dedicating time to ameliorating the post-storm situation. The forum for decision makers also had to be postponed for the same reasons. It is anticipated that it will be conducted by mid-October.

**Anticipated activities/plan for next six months:**

- Complete the two remaining parts of the network structural and functioning strengthening methodology, which consist of a study on the perception of migrant populations and HIV prevention, and the design of a curriculum guide to train network members in HIV prevention among migrant populations.
- Continue the provision of TA to complete the networks information system through the M&E network commissions.
- Conduct the decision makers' forum in Petén and the Prevention forum in both in Petén and Izabal with prevention service providers affiliated to the networks to complete implementation of their advocacy plans.
- Launch and monitor the campaign against homophobia and transphobia conducted by the Petén and Izabal networks with the cooperation of REDNADS.
- Continue the provision of TA to implement the web site of both networks.

- Conduct a one-day workshop with health staff of public HIV related services with the most vulnerable groups in anti-stigma and discrimination.
- Conclude success stories
- Close-out the project
- Final technical presentation in Guatemala in December 2010

AIDSTAR-Two Guatemala will be closing in December 2010.

## Tanzania

AIDSTAR-Two has worked on the activities started under the Leadership, Management and Sustainability Program (LMS) to build the organizational and management capacity of the National AIDS Control Program (NACP) and the Tanzania Youth Alliance (TAYOA). In addition, AIDSTAR-Two provided technical support to the PEPFAR coordination efforts in Tanzania (e.g., The National Council for People Living with HIV and AIDS [NACOPHA]).

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

In March 2010, AIDSTAR-Two received a revised SOW from USAID/Tanzania describing the activities proposed for the NACP, BMC and TAYOA. A workplan narrative and budget for the NACP and TAYOA's work was approved by USAID/Washington and USAID Tanzania in April 2010. Most of the capacity building activities AIDSTAR-Two provided to NACP, TAYOA and later NACOPHA in PY2 were provided through local consultants with technical oversight from AIDSTAR-Two staff.

### **National AIDS Control Program (NACP)**

The approved SOW for the NACP includes: (1) the development of a streamlined reference guide for the NACP's Human Resources and Personnel manual and orientation of the staff in the new guidelines; (2) installation of a new accounting software package, the development of an accounting and financial regulations manual, and the orientation of accounting staff in its use; and (3) provision of TA to strengthen NACP's monitoring and evaluation system. Subject to further guidance by NACP and approval by Ministry of Health & Social Welfare (MOHSW), the last proposed activity is the assessment of the NACP organizational structure (i.e., its mission, strategic objectives, and performance targets), and recommendations for changes that could result in greater performance, efficiency, and effectiveness.

A local consultant was hired under LMS to develop a streamlined Human Resources and Personnel manual; AIDSTAR-Two later assumed oversight for this activity. The NACP did not feel that the manual was appropriately developed. In addition, the manual had been developed with very limited consultation and participation of the intended beneficiaries.

AIDSTAR-Two strengthened the NACP accounting system installing new accounting software (QuickBooks), antivirus software in the server and five computers at the NACP. The installation was done after a local consultant assessed the reliability of the computers to handle the accounting software. A different consultant was hired to create three separate tracking systems within the software so that the NACP could track funding support from the Center for Disease Control (CDC)/Tanzania, the Global Fund and the Basket Fund (constituting government funds plus 3 other organizations). Five accounting staff were trained in the use of QuickBooks. Currently, financial data for all three funding streams has been posted and each funder's financial data are up-to-date. Parallel to installing and training the staff in the use of the accounting software, the local consultant developed an accounting manual to be used as a

reference guide by the NACP accounting staff. The NACP accounting system is now fully functional, allowing the NACP accounting unit to generate and print reports from this account loaded in the QuickBooks Software.

### **Tanzania Youth Alliance (TAYOA)**

The SOW for TAYOA includes four activities: (1) review of TAYOA's strategic plan and development of an ICT component to be integrated in the strategic plan; (2) development of a one-year action plan for the integration of ICT strategies and activities into TAYOA's larger operational plan and orientation of staff on these activities; (3) provision of TA to strengthen TAYOA's monitoring and evaluation system; and (4) assist TAYOA in the development of a communication plan and strategy for dissemination of lessons learned and best practices.

With respect to the first and second objective, a local consultant was hired to work with TAYOA to develop its strategic plan and action plan. The strategic plan and action plan are under review. The revised documents will be submitted by the end of October.

A three-day monitoring and evaluation meeting was held at Bagamoyo, Coast Region, Tanzania from August 3-6, 2010. The goal of the meeting was to develop an M&E system for TAYOA based on their current strategic plan (2010-2015), their action plan and their national and international mandates. A local consultant, Professor John Kessy, was the meeting's primary facilitator, with TAYOA Country Director Peter Masika and AIDSTAR-Two Monitoring & Evaluation Advisor William Sambisa co-facilitating sessions on selected topics. The meeting was attended by a total of 10 TAYOA staff. By the end of the meeting, TAYOA had: (1) reviewed and revised some of the strategic objectives; (2) revised the current action plan; (3) identified and developed a critical mass of indicators; and (4) revised current data collection tools and developed additional tools where necessary. The deliverable from the workshop was a detailed TAYOA M&E manual including a list of critical mass of indicators for TAYOA programs and updated set of data collection tools. The manual is currently being reviewed and edited.

### **Bugando Medical Center (BMC)**

Towards the end of Q2/PY2, AIDSTAR-Two received a draft SOW for activities to be implemented with the BMC. Most of the activities proposed for the hospital were focused on the procurement of equipment, installation of billing software, facilitating data entry, and provision of training on the use of the software. AS-Two developed a work plan narrative and a budget and submitted it to USAID/Washington for review while at the same time expressing concern to the COTR about this scope of work, specifically the lack of detail in some areas, the current problems with the BMC system and cost under-estimates. AIDSTAR-Two M&E Advisor William Sambisa made extensive comments in his trip report about BMC following his August 2010 site visit. The main recommendation was that given that the BMC management requires a complete overhaul of the financial system and also envisions an integrated hospital management information system (HMIS) application, AIDSTAR cannot support the BMC given its current mandate and technical capacity. CDC Tanzania should identify an organization that can provide both technical assistance in developing a hospital medical records and information system (i.e., information technology, medical records) and local oversight in the development or adaptation of the current system to be able to provide both non-clinical and clinical functionalities. Developing such a system at BMC will take a much longer period, requires more funding, and needs trained technical staff to manage the system, compared to the original SOW presented to AIDSTAR-Two.

### **The National Council for People Living with HIV and AIDS (NACOPHA)**

Towards the end of PY2, AIDSTAR-Two received a request from PEPFAR Tanzania to provide technical support to the NACOPHA in reviewing the National Multisectoral Strategic Framework (NMSF) NMSF. In fulfillment of this request, the project designed and facilitated a review workshop (September 14-15, 2010), during which NACOPHA strengthened their understanding of the NMSF and how the framework relates to the organization and its needs. A total of 31 participants living with HIV/AIDS from various parts of the country attended the workshop. The workshop was facilitated by a local consultant (Dr. Joseph Temba) together with an MSH/Tanzania staff (Mrs. Grace Mtawali). The workshop also created an understanding on how the NMSF has effectively been implemented and what needs to happen over the remaining life of NMSF to improve the situation of NACOPHA.

### **Current challenges and proposed solutions:**

The Tanzania SOW dates back to PY1 and yet it was not approved until the second quarter of PY2. TAYOA and NACP were approved at that time. CDC also requested support for BMC and at the time of the request, AIDSTAR expressed concern and reservations about this scope. USAID/Washington, USAID/Tanzania and CDC/Tanzania are yet to discuss William Sambisa's trip report to Tanzania submitted in August. Activity support to NACP is pending CDC re-engaging the NACP, particularly the leadership, Dr. R.O. Swai, Program Manager and Dr. G.R. Somi, Head Epidemiology Unit, to explain to them the AIDSTAR-Two and CDC/Tanzania mandate regarding organizational capacity building and the approach to institutional strengthening. In the case of additional TA to NACP, it is important that Dr. Swai receives information and signs off on all technical assistance. AIDSTAR-Two has recommended not moving forward on BMC and has requested additional work with CSOs in place of BMC. No action has been taken by USAID/Tanzania) and CDC/Tanzania.

### **Anticipated activities/plan for next six months:**

#### **For TAYOA, AIDSTAR-Two will:**

- Provide technical assistance to develop a Communication Plan and Strategy. This will be done via a three-day meeting that will include multi-sectoral participants such as the Ministry of Health and Social Welfare (MOHSW); the National AIDS Control Program (NACP); the Tanzania Commission for AIDS (TACAIDS); and representatives from CDC/Tanzania, MSH-Tanzania, etc. The expected date of activity completion is November 30, 2010. Currently, AIDSTAR-Two is brainstorming on the SOW for this proposed activity with TAYOA. A local consultant has been identified to facilitate the workshop as well as develop the communication plan and strategy.
- Provide limited technical assistance through monthly review meetings via telephone with TAYOA (for at most three months, from September-November, 2010) to assess the implementation of the M&E manual content, particularly the monitoring plans and data collection tools.

#### **For NACP:**

Pending CDC/Tanzania re-engaging NACP, the following activity will need to be agreed upon between AIDSTAR-Two and NACP.

- Development of an M&E plan to support NACP's rationalization of the institution's M&E system. This capacity building support will also include developing an M&E development plan, and a dashboard for the management team.

### **Decision on BMC and new scope of work for another CSO**

By the end of October 2010, AIDSTAR-Two hopes to receive approval for a new SOW in Tanzania for TA to a civil society organization (possibly NACOPHA) or a public sector institution to take the place of BMC.

## **Central Asia Region**

### ***Subtask 3: Mapping of HIV/AIDS services, assessment of their quality, and analysis of gaps and needs of MARPs in Kazakhstan and Tajikistan.***

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

The HIV epidemic in each of the Central Asian Republics (CAR) is considered a concentrated epidemic, infecting largely most-at-risk populations (MARPs)—injection drug users (IDUs), sex workers (SWs), men who have sex with men (MSM), incarcerated persons and migrants. Within these populations, it is among the fastest growing epidemics in the world. Concerted effort taken now can prevent further infection and prevent spread from these groups to the general population and prevent a generalized epidemic.

AIDSTAR-Two received a scope of work from the CAR mission in PY2 to map HIV/AIDS services provided to MARPs in Kazakhstan and Tajikistan. The services to be mapped include but are not limited to outreach, needle exchange, methadone assisted therapy, VCT, STI, TB, psychological support, and social workers. The primary purpose of the mapping exercise is to identify the quality and coverage of the services and also establish the gaps and barriers for wider access to services for MARPs. AIDSTAR-Two is collaborating with AIDSTAR-One, which was funded to conduct a similar mapping exercise in Kyrgyzstan. In August 2010, the two projects worked together to develop and refine a common overall mapping tool and focus group instruments for different MARPs informant groups.

With scope of work and budget approved for Kazakhstan and Tajikistan, the work began at the end of September 2010 and will continue through January 2011 under the field leadership and oversight of senior Alliance staff in Ukraine who will also be managing the country based consultants. The country assessments will generate reports that will provide both the much needed data on the quality and coverage of services as well as recommendations to the Ministries of Health, USAID and other stakeholders on activities to improve access to services and on activities to improve the quality and effectiveness of the services.

#### **Current challenges and proposed solutions:**

In addition to the work in Kazakhstan and Tajikistan, AIDSTAR-Two also received a SOW to conduct a cost-effectiveness study of four prevention services (community outreach and education, needle exchange, MAT, and VCT) in Kyrgyzstan. Later the mission decided not to fund this study. The funds that had been allocated for Kyrgyzstan under AIDSTAR-Two are still yet to be programmed.

#### **Anticipated activities/plan for next six months:**

- Conduct the first site visit to Tajikistan and Kazakhstan in October 2010 to meet with key stakeholders (MOH specialists and NGOs, MARP groups, USAID, GFATM) to review and finalize mapping and quality of services data collection tools, finalize data collection plan, and train local consultants.
- In collaboration with the MOH specialists and in close coordination with the Health Outreach Project, conduct the mapping data collection in geographic areas where HOP is working in both countries.

- Receive a new SOW for the funding originally programmed for cost-effectiveness study in Kyrgyzstan.

## Management and Supervision

### Progress toward results:

AIDSTAR-Two concludes Project Year 2 with strong staff, partners and consultants in place. Internal management systems and processes were also significantly improved over the course of the year.

As highlighted earlier in this report, the project witnessed significant growth in terms of activity planning, implementation and expenditures during PY2:

- **Completing CLIN1 activities** (e.g., specific Care and Support and OVC workshops, literature review, categorization of OD tools and papers, the CB Conceptual Framework Technical Brief , EE MSM assessment, IDU survey, etc.)
- **Initiating new, approved CLIN1 activities** (e.g. OVCsupport.net, the project website, other OVC conferences, workshops and in-country portfolio reviews, Task 2 activities in El Salvador and Mexico, HIS conference with technical inputs, Health System Strengthening and MARPs analysis in Vietnam, Capacity Building study in Honduras, etc.)
- **Sustaining support for specific CLIN2 activities throughout the PY** (e.g., Guatemala and Honduras)
- **Undertaking new CLIN 2 activities** (e.g. Central Asia Region, Tanzania, EE).

During PY2, AIDSTAR-Two provided support for four TWGs: OVS, HSS, HIS and Care and Support. In PY3, AIDSTAR-Two will also work collaboratively with the MARPs TWG.

The project expanded its presence. At the beginning of PY2, AIDSTAR-Two had CLIN2 activities in Guatemala and Honduras. At the conclusion of the PY, AIDSTAR-Two was working in EE, Tanzania, Guatemala, Honduras and preparing to begin work in Tajikistan and Kazakhstan starting in October 2010. AIDSTAR-Two was also conducting CLIN 1 activities in Namibia, Vietnam, Haiti, Mexico and El Salvador and is preparing to begin work in Kenya, Rwanda, South Africa, Jamaica and Cambodia in early PY3.

The Semi-Annual Report, quarterly financial and annual reports were delivered on time. The project's Performance Monitoring Plan was revamped and a system of quarterly PMP data collection established. AIDSTAR-Two improved communication with the COTR and the COTR team in the Office of HIV AIDS, establishing a regular pattern of meetings and follow-up. The Finance and Administration Director re-designed the quarterly financial reports to capture results clearly. The PY2 budget was presented in a new template that makes the budget easier for both AIDSTAR-Two and the COTR to read and follow. During the budget refinement process, all budgets for project sub tasks were revised and updated. The project developed internal Standard Operating Procedures. Amendments were submitted to OAA that helped to facilitate project operations (e.g., authorization for purchases under \$5,000). The approach to work planning was changed to a results-focused work planning and budgeting approach.

PY2 was marked by many staff changes in the project. Three key personnel positions were filled. Adam Mbundure took over as the new Finance and Administration Director in January 2010; Sarah Johnson began as the new AIDSTAR-Two Project Director in early February 2010; and Ummuro Adano replaced Sarah Ford as Senior Advisor, Capacity Building, in May 2010. Other staff members also joined the team: William Sambisa, the Monitoring and Evaluation Specialist, started in January 2010. Willow Gerber,

Knowledge Management Officer, joined the project full time in mid-September 2010, replacing Becky Bennett who moved out of state. Teri Brezner began in September 2010 as a project administrative coordinator. At the country level, Dr. Jorge Fernandez replaced Dr. Licida Bautista as project director in Honduras.

PY2 had a slow start, with many subtasks in the PY2 work plan placed “on hold” by the former COTR. Other activities went unprogrammed by the HIS, HSS and Care and Support TWGs. The OVC TWG was the exception. Initially some of the OVC funds were unprogrammed but that quickly changed with approved scopes of work.

The slow approval of various CLIN 1 activities and changes in dates of conferences and workshops and other activities hindered the momentum of the project and staff and partners and slowed spending (e.g, CB KEN project website, HIS and Care and Support activities, HIS and Social Welfare Workforce conferences, SE Asia and Jamaica SOW, etc. ). Approvals, however, did increase greatly in the last 5 months of PY2. On rare occasions, AIDSTAR-Two received scopes of work that were unclear (e.g, Nambia Centerships) but the current COTR has been proactive in calling for clarity with the various TWGs. Other times, it took too long to agree upon a SOW (e.g., HSS/MARPs). In another case, AIDSTAR-Two did not know about a scope of work (Multi City MSM Conference in Asia) until the end of the PY, although it had been sent to OHA.

In CLIN2, one Central Asia activity was cancelled (cost effectiveness study in Kyrgyzstan) and the regional mission has yet to provide a scope of work to replace that activity although the COTR is working to obtain it. The project has also experienced delays in receiving specific tranches of funding (e.g, Guatemala, Honduras) and timely approval of key personnel (e.g., Senior Advisor, Capacity Building). The 2010-2011 HOP figures were not sent to AIDSTAR-Two until mid September, presenting challenges for timely PY3 work planning and budgeting. Approvals by OAA are often slow.

Nonetheless, many things improved in the last four to five months of PY2. The new COTR is responsive, interacting with staff and TWGs regularly, and approving scopes of works more quickly. With a full staff complement and a responsive COTR, the pace of project implementation improved. This is clearly evident in the spending patterns. The PY closed with 23 activities approved for CLIN1 compared to only 15 in PY1. PY2 spending topped \$6 million compared to only \$2 million spent in PY1. Programming and approval of activities also improved significantly. As a result, only \$671,388 of obligated funds were not programmed as PY2 closed.

#### **Current challenges and proposed solutions:**

The single most significant challenge in AIDSTAR-Two continues to be the limited number of country buy-ins. This challenge was also cited as the principal challenge in the PY2 Semi Annual Report submitted in April 2010. Currently AIDSTAR-Two has country buy-ins from missions in Honduras and Guatemala, Tanzania, EE and small buy-ins from the Central Asia Region only. The project has the capacity to handle many more buy-ins and needs more buy-ins to develop into a global project that assists missions and strengthens the capacity of local implementers.

The AIDSTAR-Two team has approached USAID missions on their own, seeking country buy-ins and will continue to do so. AIDSTAR-Two request more support of the COTR team to secure new country buy ins. The AIDSTAR-Two budget ceiling for the first three years of the project ending September 30, 2011 is \$30,932, 119 (\$11,378, 234 core and 19,553, 885 Field support). At the end of PY2, field support obligations stood at 30% and core funding 72% of the approved ceiling. Of concern is the fact that

current country buy-ins are scheduled to end between December 2010 and early 2011 in all countries except Honduras. Despite the capacity of staff and partners and the importance of organizational capacity building in PEPFAR II and GHI, AIDSTAR-Two remains an under-utilized mechanism that is not well enough known to country-level USG teams. Under PEPFAR II, there is an enormous need for organizational capacity building among local implementing civil sector organizations, public sector institutions and networks. Many will not survive without further investment. It is the hope of AIDSTAR-Two management, staff and partners that this situation will change significantly in PY3, with buy-ins in the early part of the year and throughout.

Failure to get additional buy-ins in early PY3 will greatly affect the AIDSTAR-Two momentum that has been building in PY2. It will affect the overall potential impact of the project.

A second challenge faced by AIDSTAR-Two involves the delays that the project often experiences in working with TWGs. Funds are obligated and at times the projects waits up to 3 months or more to get the TWGs to provide a SOW, discuss it with the project and COTR, approve the SOW and sit down and meet with AIDSTAR-Two regarding the activity. This entire process needs to be better streamlined.

**Anticipated activities/plan for next six months:**

AIDSTAR-Two looks forward to working particularly closely with the COTR on the principal challenge faced by the project: Lack of sufficient country buy-ins. Hopefully a joint effort will get underway in the first quarter of PY3. AIDSTAR-Two also hopes to receive word from the COTR team and the Office of HIV/AIDS in early PY3 regarding option years 4 and 5, as any country or TWG buying into the project needs assurance of continuity.

In the first 6 months of PY3 and throughout the year, AIDSTAR-Two will continue to work hard to assure timely and quality performance in all areas of the project through sound management and supervision.

## **Performance Monitoring Plan**

A number of M&E activities were completed during PY2 including: refinement of the Performance Monitoring Plan (PMP); collection and compilation of the data for the semi-annual and annual reports and staff trainings on the PMP and indicators. AIDSTAR-Two also designed an M&E system that is the source of data for the global PMP. At the end of every quarter, the M&E advisor sends a data collection form with indicators from the global PMP to the AIDSTAR-Two task managers and Chiefs of Party (COPs) for Honduras, Guatemala, and other countries/Bureaus. The AIDSTAR-Two task managers and COPs sends PMP reports to the M&E Advisor who has created a two-page report on Performance Monitoring Plan progress quarterly. The M&E advisor also reviews country quarterly reports to missions. The data sent by the COPs and AS-Two task managers is captured in a spreadsheet of AIDSTAR-Two global indicators by task and subtask.

The table in Appendix D illustrates AIDSTAR-Two progress at the end of PY2 in meeting targets and indicators as planned in the project's PMP. Specific accomplishments versus plans are presented in this table. Some of the indicators show no progress to date because the subtask activity has not yet begun (e.g. hits on AIDSTAR-Two website, or document downloads from OVCsupport.net). As regards, tracking number of hits on the project's website, the website will be launched at the end of October 2010 and Google analytics has been set-up to track hits. The project website is expected to track document

downloads as well as unique visits starting from in Q1/PY3. The website, OVCsupport.net, had not set up Google analytics to track document downloads. The document download tracking system will be set up in the next quarter.

## Financial Overview

As the Project Year 2 comes to a close, the total obligation for the project stands at \$12,692,230 (\$6,877,352 for CLIN and \$5,814,878 for CLIN2. All the obligated funds including field support late receipts of \$1,059,999 (\$534,999 for Guatemala and \$525,000 for Honduras) were received. The late field support obligated funds were received together with the PY3 obligation in late September 2010.

At \$6,877,352 obligated, CLIN1 accounts for 54% of the total funding and CLIN2 (\$5,814,878) makes up the other 46%. An interesting thing to note though is that \$4,441,582 of the obligated funds remained unspent at the end of this PY. 69% of that (\$3,069,868) is from CLIN1. The main reason for that was the slow activity approvals and start-up during the first half of the year. Things changed significantly in the second half of the PY. The new COTR has been working aggressively with the project team to process SOWs and approve activities. This however came a little late as most of the approved activities were delayed thus resulting in gross under spending. Going into PY3, the team is committed to reversing this trend.

On the other hand CLIN2 (Field Support) spending has been in line with obligations. CLIN2 overall obligations to-date is 46% of total obligated funds. Total field support spending at \$4,443,164 accounts for 54% of total spending for the first two years. With this picture in mind, one might deduce that if the project gets more field buy-ins, the project's spending patterns will be much healthier. Our two large country offices (Honduras and Guatemala) spent funds in line with activity plans. It takes a lot of time to receive and negotiate scopes of work for core funds programmed by the TWGs. This has negative effect on spending. The CAR shows a negative pipeline. This is because the obligation for this activity was not received on time; hence the approved \$420k budget is still to be reflected.

As already mentioned, the biggest challenge for the project is the slow pace of field buy-in. The AIDSTAR-Two budget ceiling for the first three years ending September 30, 2011 is \$30,932,119 (\$11,378,234 Core & \$19,553,885 Field Support). As of September 28, 2010, \$14,027,230 (including \$1,260,000 for PY3) has been obligated: \$8,137,352 in core funding and \$5,889,878 in field support funding. Thus far, field support obligations stand at 30% and core funding at 72% of the approved ceiling. Field buy-ins have been very slow. Hopefully AIDSTAR-Two will get more field buy-ins in early PY3 to close the gap between obligations to-date and the funding ceiling.

## Annexes

### A. Financial Report

#### Project Spending Analysis by Funding Source

		PY1 Actual Expenses	PY2 Estimated Expenses	Estimated PY2 Pipeline
<b>CLIN 1</b>	C & S	1,304	174,832	243,864
	HIS		118,909	261,091
	MARPS			
	OPHSS	943,736	1,502,643	1,830,973
	OVC	148,292	917,768	733,940
	<b>Total CLIN1</b>	<b>1,093,332</b>	<b>2,714,152</b>	<b>3,069,868</b>
	<b>CLIN2</b>	Africa Bureau OVC	5,359	0
CAR			26,686	(26,686)
E&E Bureau		2,557	121,376	382,067
Honduras		731,693	2,159,425	362,402
Guatemala		222,834	1,076,330	410,835
Tanzania			96,904	243,096
<b>Total CLIN2</b>		<b>962,443</b>	<b>3,480,721</b>	<b>1,371,714</b>
<b>Total Budget</b>	<b>2,055,775</b>	<b>6,194,873</b>	<b>4,441,582</b>	

*The financial figures used are per the pipeline prepared for PY 3 Work Plan. These are before September 2010 closed, hence include estimated expenditures for the last quarter of the Project Year.*

## **B. Trip Report Summaries**

**Travelers: Eliana Monteforte (BPH Tool Manager); Cecilia Boada (MSH Consultant)**

**Destination: AIDSTAR-Two Tegucigalpa, Honduras**

**Dates: April 4-11, 2010**

The purpose of this trip was to train four AIDSTAR Two staff how to implement the Business Planning for Health program (BPH) in their respective NGOs. The program was implemented to provide participating organizations with business planning expertise and know-how that allows them to build expertise in such areas as: formulating an organizational mission and strategic position, articulating and packaging new business opportunities, conducting market research and designing a marketing plan, identifying a product design and implementation team, estimating financial and other resource needs, projecting social and financial returns on investment, and establishing strategies for approaching funders and investors. In preparation, the facilitation team created a full-scale BPH training of trainers (TOT) course designed to leave the AIDSTAR-Two Honduras staff capable of delivering the program to client organizations. Four of the AIDSTAR-Two technical team members were trained and are able to deliver the BPH Program. Each participant received a BPH Binder and accompanying CD-ROM. As a result of the training the AIDSTAR-Two technical team developed a detailed delivery schedule for the implementation of the BPH in their respective NGOs. They also developed facilitator's notes for the delivery of the BPH in their respective NGOs. The BPH has been adapted to fit the context of the NGOs in Honduras.

**Travelers: Sarah Johnson, Yadira Almodovar-Diaz, Elden Chamberlin (Guatemala only)**

**Destination: Guatemala City, Petén and Izabal, Guatemala;**

**Tegucigalpa, La Ceiba, and San Pedro Sula, Honduras**

**Dates: April 5-10, 2010 – Guatemala; April 11-17, 2010 – Honduras**

The purpose of the trip was to meet with project staff to discuss progress to-date, challenges encountered and potential solutions; visit local partners and grantees to hear about the activities being implemented with the support of AIDSTAR-Two; and to meet with local Missions to receive feedback on the implementation of the projects and discuss next steps.

In Guatemala the team visited the networks in Petén and Izabal and conducted individual meetings with network affiliates to learn about their work, program activities, challenges and expectations. With the local staff, the team identified technical support needs and resources, and discussed and agreed on a plan to finalize the office registration, as required by USAID/Guatemala. AIDSTAR-Two has made some good links with other stakeholders in Guatemala, REDNADS and the South Western Network in to draw from their experiences and knowledge to help shape AIDSTAR-Two program activities and TA in Petén and Izabal. The team also held meetings with Fidel Arévalo, AIDSTAR-Two COTR in Guatemala and Brad Cronk, USAID HIV/AIDS Regional CTO to receive their feedback on the project, discuss their expectations and next steps.

In Honduras the team observed program activities with Garifunas, commercial sex workers, and MSM financed by USAID/AIDSTAR-Two. Working with the MSH field office, the team facilitated brainstorming session in preparation for next year's work plan and discussed new work plan and budget templates, performance-based financing small grant process and tools, and other technical resources such as the strategic planning training tool available at MSH. Following these activities, the team provided a debrief of site visits and discussed expectations for next year's work plan with Dr. Ritza Avilez, AIDSTAR-Two COTR in Honduras and Kellie Stewart, Director, Health Office.

**Traveler: Anuar Ismael Luna Cadena, AIDSTAR Two Guatemala, Consultant for the International HIV/AIDS Alliance Destination: Tegucigalpa, Honduras**

**Dates: April 5-May 25 2010**

The purpose of this trip was to support the development of a political impact and social mobilization plan and conduct trainings with the members of the Petén and Izabal networks. Anuar Ismael Luna Cadena trained an investigative team of community and network members in political impact and social mobilization.

As a result of this training, the team was able to adjust the work to be completed by REDNADS in the AS – Two work plan. Anuar Ismael Luna Cadena supported the AIDSTAR-Two team in defining a strategy to implement their social mobilization and political impact plan. The team was able to elaborate on their draft of the political impact work plan based on findings of participative community diagnostics that were submitted for approval by the other members of the multi-sector network. Comments and suggestions from key national players were incorporated into the final draft of the participative community diagnostic.

**Traveler: Elden Chamberlain**

**Destination: Armenia**

**Dates: May 1-May 7 ,2010**

The purpose of this trip was to conduct synthesis meeting for completion of the Eastern Europe MSM analysis project. From May 1- May 7<sup>th</sup> Mr. Elden Chamberlain finalized the draft report and shared it with USAID, finalized the phase two proposal and budget and gathered feedback from the mission on the draft report.

**Traveler: Lourdes de la Peza**

**Destination: AIDSTAR-Two, Tegucigalpa, Honduras**

**Dates: June 7, 2010**

The purpose of this trip was to facilitate a Strategic Planning workshop for the MSH Honduras field office. Ms. de la Peza delivered a training of the trainer workshop for six AIDSTAR-Two technical staff and representatives of CHF/Honduras and its four Sub-recipient NGOs. Using MSH's Spanish language tool called the Strategic Planning Program, Lourdes de la Peza and Yadira Almodovar-Diaz adapted the training materials using a case-study where small teams formed by 2 to 3 people would develop the various products (SWOT analysis, mission, vision, strategic objectives, etc.) that lead to the completion of a strategic plan. At the end of each exercise, the entire group in plenary discussed the outcomes of their work and provided feedback to each other in order to improve the final product. This participatory process allowed participants to strengthen their facilitation and consensus building skills, and provided them with a simplified methodology to support local NGOs with the development of a strategic plan.

The training evaluations were very positive. All participants expressed having a clear understanding of how to apply the methodology and some participants expressed wanting more practice in the development of some of the matrices. Lourdes de la Peza will provide virtual assistance to the facilitators throughout the implementation of the Strategic Planning Program, on a needs basis.

**Traveler: Yadira Almodovar-Diaz**  
**Destination: Tegucigalpa, Honduras**  
**Dates: June 7-19, 2010**

The purpose of this trip was to support the delivery of two trainings, work with local AIDSTAR-Two team to draft FY11 work plan, budget and plan RFP for upcoming grants, and debrief with USAID Honduras. For the first activity, Ms. Almodovar- Diaz co-facilitated a training of the trainer on Strategic Planning for 11 AIDSTAR-Two technical team members and global fund partners.

Also on the trip was Peter Mahoney, MSH Senior Contracting Officer. Ms. Almodovar- Diaz assisted him with the facilitation of the training on MSH's processes and procedures for contracting local consultants. From this training they also adapted the SOP manual for the office, revised position descriptions for the local team and devised a plan to develop an organization functions manual Ms. Almodovar-Diaz continued her work with the local AIDSTAR-Two team to draft a plan for the development of the RFP for upcoming grants, as well as the FY 11 work plan and budget. A debrief meeting was held with Dr. Avilez, USAID COTR and the transition plan was approved. Based on COTR comments and collaboration with the COP, Ms. Almodovar- Diaz will oversee the finalization and submission of the FY11 WP and budget with the COP.

**Travelers: Peter Mahoney**  
**Destination: Tegucigalpa, Honduras**  
**Dates: June 7-12, 2010**

The purpose of this trip was to provide training in order to delegate local consultant rate negotiation to field office AIDSTAR-Two Honduras. During this trip, Mr. Mahoney was able to provided training to local administrative and finance staff in USAID regulations (types and function of various contracting instruments, procurement policies and procedures, and consultant rate negotiation policies and procedures). He also trained technical staff on their roles and responsibilities in consultant engagement process and identified responsibilities that the local office needs to assign.

Mr. Mahoney did a spot-check of the grant financial and technical files. The files were in good order. After Mr. Mahoney made a PBF presentation to USAID, the COTR showed much interest and asked for additional information. The COTR assisted Mr. Mahoney in analyzing next round of financing for local organizations, identifying options and next steps.

**Travelers: Adam Mbundure and Judith Seltzer**  
**Destination: Rosh Pinah and Aminuis, Namibia (Centership SOW)**  
**Dates: June 19-July 1, 2010**

The purpose of the trip was to visit two rural sites, Rosh Pinah and Aminuis, to discuss with local leaders and stakeholders and Stephen Settmi (USAID) the prospects for establishing Centerships. AIDSTAR-Two team members conducted participatory guided inquiries with stakeholders from the local communities, through which the team gathered the following information:

- Community characteristics (such as geography, demographics and culture)
- Communities' priority needs and prioritization
- Stakeholders' understanding of business and Centerships concept as well as commitment to the project
- Business opportunities for the Centership, and

- The required resources necessary to introduce the business opportunity.

Twenty-five community members participated in the meeting in Aminuis and seven participated in Rosh Pinah. The AIDSTAR-Two team analyzed and discussed opportunity costs to determine which business opportunities might yield short term gains, mapped potential activity calendar with the community to help them start thinking into the future.

**Traveler: Elden Chamberlain**

**Destination: Vienna Austria, International AIDS conference**

**Dates: July 15-July 23 , 2010**

The purpose of this trip was to conduct consultations during the IAS conference on the development of core package of services for MSM in Eastern Europe at both the pre conference MSM global forum and during the conference proper. Mr. Chamberlain held an initial consultation at the pre-conference forum. This included 60 people in attendance from across the EE region. There was general agreement that a core package of services was necessary, thus confirming the recommendations made by AS2. Key issues identified by the group to be followed up include stigma and discrimination, drug use including injecting drugs, policy and regulatory environment and married or hidden MSM.

The 2<sup>nd</sup> consultation was held during the conference proper. This was more in-depth and included approximately 20 people from across the EE region, including USAID representatives. The discussions focused on issues of MSM living with HIV and the double stigma/discrimination they face; the need to develop an advisory group to support the development of the package of services; defining MSM and the sub populations; and determining specific needs and issues faced by each of the sub populations. Mr. Chamberlain held meetings with UNDP to organize an EE and CA wide MSM consultation/conference in November to harmonize projects. UNDP agreed to allocate a day to this project during their meeting to present the core package of services and provide input to finalize its development.

**Traveler: William Sambisa**

**Destination: Dar Es Salaam, Tanzania**

**Dates: July 23-August 9, 2010**

At the end of July, Mr. Sambisa traveled to Tanzania to provide management and technical support to move forward on some of the activities in the AIDSTAR Two work plan with the implementing organizations in Tanzania. He provided an orientation and briefing on the AIDSTAR-Two project and the work plan for the MSH Tanzania office and also discussed the workplan with NACP and TAYOA. Mr. Sambisa provided M&E support to TAYOA over a three day meeting to begin developing an M&E framework. He also held a brainstorming meeting with the Executive Director, Mr. Peter Masika, to develop a Communication Plan and Strategy. Mr. Sambisa also visited BMC to determine the feasibility of providing technical assistance to the institution, in areas in the SOW that AIDSTAR-Two had received from USAID/Tanzania and CDC/Tanzania. Mr. Sambisa will support TAYOA finalize the M&E manual and will assist them by developing a Statement of Work and recruiting a consultant for their Communication Plan and strategy.

**Travelers: Elden Chamberlain and Dan Krauschaar**

**Destination: Vietnam, HSS/MARPs**

**Dates: September 11-21, 2010**

The purpose of this trip was to conduct initial project briefings with USAID/PEPFAR and with key

stakeholders and orient the consultant to. During this trip Mr. Chamberlain and Mr. Kraushaar were able to develop the work plan for the overall assessment, introduce HSS concepts presented to USAID/PEPFAR and brief a group of key stakeholders including UNAIDS, WHO, FHI, ABT and sex worker and drug user community groups.

**Travelers: Yadira Almodovar-Diaz and Joanna Chao**

**Destination: Tegucigalpa, Comayagüela, San Pedro Sula, Tela, Puerto Cortés, La Ceiba**

**Dates: September 5-17, 2010**

The AIDSTAR-Two project has been working measuring the effects of the capacity building interventions that have been implemented in relation to organizational development. Yadira Almodovar-Diaz and Joanna Chao went to the field to train two local consultants on the protocol, intervention tools, and moderator guides developed for this qualitative research. Furthermore, both home office personnel provided project oversight during the research, and assistance to the local consultants who were moderating the focus groups with the 11 CSO Beneficiary groups, and seven CSO/NGO staff focus groups. While in the field, Joanna and Yadira managed partner relationships and ensured the quality of the catchment sample. Debriefing sessions were held with the consultants after each focus group in order for the research team to close gaps in understanding.

The qualitative research consultant contracted for this scope of work is working with the home office research team in the midline report, which will be used by the AIDSTAR-Two project's improvement of PY3 interventions/follow-up. Furthermore, the results intend to inform the local mission and USAID Washington of the recommendations that the project has for targeting priority areas and translating them into action plan and delivery.

### C. AIDSTAR-Two Staffing Table (MSH Arlington)

Position	Status	Details
Project Director	Position Filled	Sarah Johnson
Director of Finance and Administration	Position Filled	Adam Mbundure
Capacity-Building Technical Advisor	Position Filled	Ummuro Adano
Senior Program Officer	Position Filled	Yadira Almodóvar-Díaz
MARPs Specialist and Network Capacity-Building Advisor	Position Filled	Elden Chamberlain
Knowledge Management Officer	Position Filled	Willow Gerber
Monitoring and Evaluation Technical Advisor	Position Filled	William Sambisa
Program Officer	Position Filled	Alyson Clark
Program Officer	Position Filled	Erin Rains
Finance & Operations Officer	Position Filled	Curtis Feather
Administrative Coordinator	Position Filled	Joanna Chao
Administrative Coordinator #2	Position Filled	Teri Brezner

## D. AIDSTAR-Two Progress Toward Meeting Targets and Indicators in the Performance Monitoring Plan

### Task One: Promote Best Practice Modules

Sub-task: PMP Indicators	PY 1-3 Target	Quarter 3/PY2	Quarter 4/PY2	Cumulative to Date	% of AS-2 Yr 1-3 Targets Achieved in Q3-Q4/PY2	% of AS-2 Yr 1-3 Targets Achieved in Q1/PY1 to Q4/PY2
1.1 Number of hits on the AIDSTAR Project website	19000	0	0	0	0	0.0
1.2 Number of documents downloaded from OVCsupport.net after re-branding, renovations and re-launching in March 2010	1800	0	0	0	0	0.0
1.3 Number of unique users to OVCsupport.net increased by 20% each year after re-branding, renovations and re-launching in March 2010	6000	4,148	4,127	8,275	137.9	137.9
1.4 Number of key AIDSTAR - Two technical resource materials developed and disseminated	16	1	0	2	6.25	12.5
1.5 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	10	1	0	4	10	20.0
1.6 Number of participants who attend regional/national/local workshops and conferences disaggregated by gender, organization and by country	600	155	0	248	25.83	41.3
1.7 Number of workshops and consultations completed to address assessment findings, and discuss policies and programming recommendations	10	0	0	0	0	0.0
1.8 Number of participants who attend workshops and consultations on assessment findings disaggregated by gender, organization and by country	200	0	0	0	0	0.0
1.9 Number of technical reports produced for organizational and public sector program managers and civil society practitioners to strengthen organizational and technical systems	5	0	0	1	0	20.0
1.10 Number of field missions provided with technical assistance and strengthening activities	8	0	0	0	0	0.0
1.11 Number of participants in virtual seminars and programs conducted by AS Two by gender, organization and country	2000	574	0	574	28.7	28.7
1.12 Number of virtual seminars or programs conducted by type of virtual program	5	1	0	1	20	20.0
1.13 Number of special studies conducted to test alternate approaches to capacity building or measure the impact of capacity building interventions	2	0	0	0	0	0.0

Sub-task: PMP Indicators	PY 1-3 Target	Quarter 3/PY2	Quarter 4/PY2	Cumulative to Date	% of AS-2 Yr 1-3 Targets Achieved in Q3-Q4/PY2	% of AS-2 Yr 1-3 Targets Achieved in Q1/PY1 to Q4/PY2
1.14 Number of surveys and organization or network case studies conducted on special topics of interest to PEPFAR and AIDSTAR-Two	5	0	0	0	0	0.0

### Task Two: Support Service Provider Networks

Sub-task: PMP Indicators	PY 1-3 Target	Quarter 3	Quarter 4	Cumulative to Date	% of AS-2 Yr 1-3 Targets Achieved in Q3-Q4/PY2	% of AS-2 Yr 1-3 Targets Achieved in Q1/PY1 to Q4/PY2
2.1 Number of assessments of networks (regional or national) completed to inform capacity building of the organization	5	7	0	7	140	140
2.2 Number of assessments of CSOs/NGOs or other organizations that are members of the network	15	83	0	83	553.3	553.3
2.3 Number of participants from networks who attend training workshops by gender, organization and country	200	138	0	138	69	69
2.4 Number of national or regional networks for which technical assistance is delivered.	15	7	0	7	46.7	46.7
2.5 Percentage of national or regional networks or network teams receiving technical assistance that have improved management, leadership and governance capacity	9	4	0	4	44.4	44.4

**Task Three: Provide Assistance to Field Missions/Bureau**

Sub-task: PMP Indicators	PY 1-3 Target	Quarter 3	Quarter 4	Cumulative to Date	% of AS-2 Yr 1-3 Targets Achieved in Q3-Q4/PY2	% of AS-2 Yr 1-3 Targets Achieved in Q1/PY1 to Q4/PY2
3.1 Number of individual organizational assessments of civil society organizations (CSOs), networks, health facilities, public sector institutions and multi-sectoral bodies completed to inform capacity building of the organization	50	8	0	28	20.0	56.0
3.2 Number of workshops and consultations designed to discuss and address assessment findings, and discuss policies and programming recommendations	10	0	2	10	0.0	100.0
3.3 Number of participants who attend workshops and consultations on assessment findings disaggregated by gender, organization, and by country	200	11	11	22	5.5	11.0
3.4 Number of technical reports produced for organizational and public sector program managers and civil society practitioners to strengthen organizational and technical systems	5	0	0	0	0.0	0.0
3.5 Number of CSOs, public sector institutions, networks and multi-sectoral bodies for which technical assistance is delivered.	40	4		12	29.0	30.0
3.6 Number of CSOs and networks receiving direct grant support from AIDSTAR-Two aimed at improving organizational performance.	25	0	8	14	32.0	56.0
3.7 Percent of national, regional or local network or organizational teams that have received assistance and improved their management, leadership and governance capacity	25	0	2	2	8.0	8.0
3.8 Total number of facilitators trained by type of tool for leadership, governance and management capacity building	40	16	0	49	40.0	122.5
3.9 Percentage of LDP or VLDP teams reporting progress vis-a-vis action plan on measurable results after six months of completing the program.	9	0	0	0	0.0	0.0
3.10 Number of participants in virtual seminars and programs conducted by AS Two by gender, organization and country	1500	0	0	10	0.0	0.7
3.11 Number of participants who attend face-to-face workshops and conferences disaggregated by gender, organization/ networks, and by country.	650	298	354	837	352.5	537.5