AIDS Support and Technical Assistance Resources

AIDSTAR-Two
capacity for impact

AIDSTAR-Two Project
Annual Performance Report

October 2010-September 2011

Project Year 3

Submitted to USAID by Management Sciences for Health

DATE: October 28, 2011

This document is made possible by the generous support of the US President's Emergency Plan for AIDS Relief (PEPFAR) and the US Agency for International Development (USAID) under contract No. GHH-I-00-0700068-00. The contents are the responsibility of the AIDSTAR-Two Project and do not necessarily reflect the views of USAID or the US Government.

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Acronym List

AIDSTAR	AIDS Support and Technical Resources
Cardno	Cardno Emerging Markets USA, Ltd.
CBKEN	Capacity Builders Knowledge Exchange Network
CBHR	Capacity Building in Health Round Table
CCM	Country Coordinating Mechanism
CCM-H	Country Coordinating Mechanism - Honduras
CDC	Center for Disease Control
CHeSS	Country Health System Surveillance
CIDRZ	Centre for Infectious Disease Research in Zambia
CLIN	Contract Line Item Number
COTR	Contracting Officer's Technical Representative
CSO	Civil Society Organization
DRC	Democratic Republic of Congo
EE	Eastern Europe
FHI	Family Health International
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
HES	Household Economic Strengthening
HIS	Health Information System
HOP	Headquarters Operational Plan
HSS	Health Systems Strengthening
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome
JHU	Johns Hopkins University
ICT	Information and Communications Technology
IP	Implementing Partner
KE	Knowledge Exchange
LDP	Leadership Development Program
M&E	Monitoring and Evaluation
MARP	Most-At-Risk Population
MENA	Middle East and North Africa
MSH	Management Sciences for Health
MSM	Men who have Sex with Men
NACOPHA	National Council for People Living with HIV and AIDS
NASA	National AIDS Spending Assessment
NGO	Non-Governmental Organization
OHA	Office of HIV/AIDS
OPHSS	Other Policy and Health Systems Strengthening
OVC	Orphans and Vulnerable Children
PASMO	Pan American Social Marketing Organization
PBF	Performance-Based Financing
PEPFAR	President's Emergency Plan for AIDS Relief
PLHIV	People Living with HIV

PMP	Project Monitoring Plan
PY	Project Year
PWID	People Who Inject Drugs
RANAA	Regional AIDS Network
SOW	Scope of Work
STI	Sexually Transmitted Infection
TA	Technical Assistance
TAYOA	Tanzania Youth Alliance
TB	Tuberculosis
TDY	Temporary Duty
TWG	Technical Working Group
UNAIDS	Joint United Nations Program on HIV/AIDS
USAID	United States Agency for International Development
USG	United States Government
VLDP	Virtual Leadership Development Program
WHO	World Health Organization

Executive Summary

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

Organizational capacity building is fundamental to sustaining the programmatic response to HIV/AIDs in countries throughout the world. It is a vital input and process for the short, medium, and long term sustainability of many local organizations, and is a cornerstone of country ownership. Consequences of poorly led, managed and governed local organizations are well known: wasted resources; lack of accountability, transparency and adherence to donor regulations; an under-performing workforce; decision making that is neither strategic nor evidence-based; poor service quality and limited access for clients; and organizational failure to implement and achieve expected results. At a time when USAID and other PEPFAR partners seek to transfer more programs to local institutions and want to assure program effectiveness, cost effectiveness, institutional accountability, and transparency, organizational capacity building must be a top priority.

This report covers the activities and results of Year 3 of the AIDSTAR-Two Project, from October 1, 2010-September 30, 2011. The AIDSTAR Project extends from October 2008- September 2013. Led by Management Sciences for Health (MSH), the AIDSTAR-Two Consortium also includes International HIV/AIDS Alliance; Cardno Emerging Markets USA, Ltd. (Cardno); Health and Development Africa; Initiatives, Inc.; Save the Children; and Religions for Peace. The two partners that have funding to date under AIDSTAR-Two are the International HIV/AIDS Alliance and Cardno. AIDSTAR-Two works directly with local HIV/AIDS implementing organizations including civil society organizations, national AIDS commissions, HIV/AIDs networks, Ministries of Health, Global Fund Country Coordinating Mechanisms, and other partners that are delivering HIV/AIDS programs and services at the country level. In addition, the project collaborates with five PEPFAR Technical Working Groups (TWGs): Orphans and Vulnerable Children (OVC), Care and Support, Health Systems Strengthening, Health Information Systems and Most-At-Risk Populations on multiple activities.

Highlights during Year 3 included:

- Technical work —either through field support buy-ins or in collaboration with PEPFAR Technical Working Groups—in 18 countries (Guatemala, Honduras, Tanzania, Namibia, Armenia, Azerbaijan, Belarus, Georgia, Moldova, Russia, Ukraine, Tajikistan, Kazakhstan, South Africa, Kenya, Vietnam, Jamaica, and Mexico) and start-up planning in Malawi and MENA and a small scope of work in the DRC.
- Studies in Vietnam and Jamaica to determine how to make national health systems more responsive to the needs of most at-risk populations (MARPs), documenting evidence-based approaches to better allocate health system strengthening funding in these countries.
- Publication of the Performance-Based Financing (PBF) Handbook, a comprehensive overview of PBF from the funders' and implementers' perspectives that will help facilitate the design, implementation, and evaluation of PBF programs to enhance service delivery.
- Direct technical assistance to USAID missions in Kenya and South Africa in Household Economic Strengthening activities for vulnerable, marginalized and underserved populations.
- Hosting two conferences in regions where injecting drug use constitutes an increasing threat in the HIV epidemic—Eastern Europe and Africa—that focused on best practices, lessons learned, and the impact of high-quality HIV prevention and care programming for People Who Inject Drugs (PWID) in the region, as well

as hosting the regional Strengthening the Social Welfare Workforce conference (South Africa) and the regional Country Ownership and Health Information Systems (Philippines) workshop.

- Dissemination of proven tools and approaches, technical briefs, case studies, eNewsletters on organizational development topics, and other publications through the Capacity Building Knowledge Exchange Network (CBKEN) at www.aidstar-two.org that reaches over 5,000 unique users.
- Dissemination of technical and policy papers, manuals, tools, eNewsletters on OVC programmatic topics, and other key resources through ovcsupport.net that reaches over 40,000 unique users.

I. Introduction

The AIDSTAR-Two Annual Report covers activities and results achieved from October 1, 2010 to September 30, 2011, Project Year (PY) 3 of the project. Funded through the Global Health Bureau's Office of HIV/AIDS, AIDSTAR-Two contributes to stronger and more sustainable country-led HIV/AIDS programs, organizations, and networks by offering systematic institutional capacity building assistance. AIDSTAR-Two works with local HIV/AIDS implementing organizations including civil society organizations, national AIDS commissions, HIV/AIDs networks, Ministries of Health, Global Fund Country Coordinating Mechanisms, and other partners that are delivering HIV/AIDS programs and services at the country level.

A three-year contract with two option years (Years 4 & 5), the AIDSTAR-Two project began in October 2008. In PY3, USAID awarded the two option years to the project, extending the project through September 2013. Led by Management Sciences for Health (MSH), the project is currently greatly enhanced by two Consortium partners: the International HIV/AIDS Alliance and Cardno Emerging Markets. Other partners including Health and Development Africa; Initiatives, Inc.; Save the Children; and Religions for Peace are available to support the project.

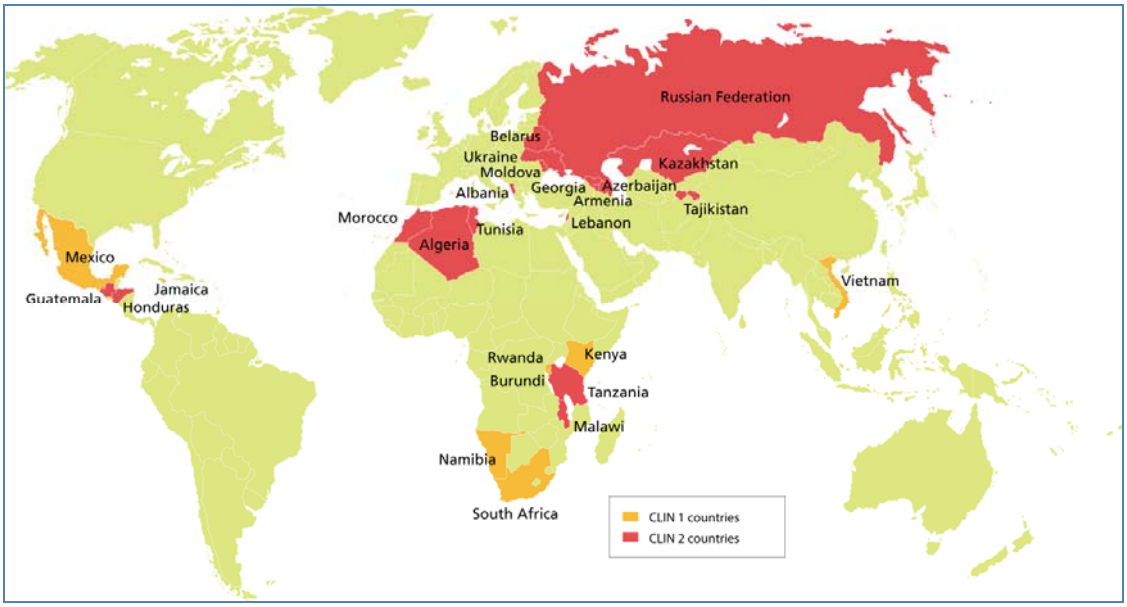
During PY3, AIDSTAR-Two continued to raise the awareness of the critical importance of and need for capacity building in local implementing organizations. AIDSTAR-Two addressed the topic at USAID and PEPFAR meetings in D.C. and with colleague organizations at various meetings of the Capacity Building in Health Roundtable. This issue was also raised at the HIV Capacity Building Partners Summit in Nairobi, Kenya in March 2011, at other national and international conferences and with local partners both directly as well as through virtual discussions.

In PY3, AIDSTAR-Two also continued to identify, package, and disseminate approaches, tools, and manuals on organizational capacity building through the Capacity Building Knowledge Exchange Network (CBKEN) database, eNewsletters and virtual seminars—which reached hundreds of implementers in various countries—as well as through a virtual leadership development program and "capacity building cafés" in select countries. Greater dissemination of approaches and tools is needed with an emphasis on assuring uptake and ownership of these approaches and tools.

In addition, AIDSTAR-Two provided organizational capacity building support to local implementing organizations in Guatemala, Honduras, Tanzania, Burundi, Tajikistan, Kazakhstan, and Mexico in PY3. Internal capacity building activities have included management and health service assessments in local civil society organizations and Ministry of Health facilities in Burundi, Tajikistan, and Kazakhstan. AIDSTAR-Two has also delivered capacity building on strategic planning, business planning, proposal development, resource generation; internal financial, HR and administrative systems; grants management, board development, M&E systems, coaching and leadership development for Civil Society Organizations, local networks, one CCM, and public sector institutions in Honduras, Guatemala, Mexico and Tanzania. Prevention strategy health system strengthening studies were conducted in Vietnam and Jamaica. Local USAID missions and country PEPFAR teams were supported in household economic strengthening in Kenya and South Africa. Work across Eastern Europe included developing the MSM service package

as well as education and consensus building on these guidelines. In the coming year, AIDSTAR-Two will work in Malawi and four countries in the Middle East and North Africa: Lebanon, Morocco, Algeria and Tunisia.

Figure 1. AIDSTAR-Two's Global Presence in PY3



The AIDSTAR-Two project supported five PEPFAR Technical Working Groups (TWGs) in PY3: the Health Information System (HIS), Health Systems Strengthening (HSS), Most At Risk Populations (MARPs), Care and Support, and OVC.

The first section of the annual report covers the activities under Task 1 of the project. The single Task 2 activity in PY3—support to Colectivo Sol in Mexico—is described in Task 1 as it was supported through the HSS Technical Working Group (TWG). The next section provides an update on all country and bureau-funded programs active during PY3 under Task 3. The final sections of the report discuss AIDSTAR-Two progress against indicators and targets in the AIDSTAR-Two Performance Monitoring Plan (PMP), and the management and supervision of the project. Annexes include the PMP, a financial overview, trip report summaries, and the project's updated organizational chart.

II. Progress Towards Results

Task 1:

Promote Best Practices Modules for Capacity Building

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

The broad range of PY3 activities under Task 1 are clustered in two main areas of work:

- **Foundational activities:** This includes strengthening the foundation of resources and evidence — including the Capacity Building Knowledge Exchange Network (CBKEN) website (www.aidstar-two.org) — with tools, approaches, and other support material for local implementers and a capacity building framework that defines what capacity building is and how it should be planned, implemented and measured. Two additional technical

briefs and two case studies were written and disseminated. The project also made presentations at regional and international meetings and actively participated in the Capacity Building in Health Round Table.

In PY3, the two websites supported by AIDSTAR-Two continued to attract new users and provide a forum for information exchange on organizational capacity building and HIV/AIDS. The CBKEN website includes a searchable database of over 200 capacity building resources as well as online discussion boards and virtual leadership, management, and governance seminars around issues facing capacity builders at all levels — government, civil society, and donors. OVCSupport.net provides critical support to a broad range of OVC stakeholders, including local implementers and those working at the policy level. Both of these websites disseminated eNewsletters to a wide range of interested stakeholders and members of the global capacity building community in PY3. These foundational activities have been supported largely through the HSS TWG; the OVC TWG supports OVCsupport.net.

- **Demand-driven technical and capacity building solutions in HIV/AIDS:** The project continued to provide technical assistance to PEPFAR TWGs in PY3 around OVC Household Economic Strengthening (HES), health information systems, performance-based financing and programming, health systems strengthening, and targeted programming for most at risk populations. This wide range of activities included: ***assessments of gaps in health services and health systems*** (e.g., OVC HES portfolio assessments, HSS MARPs assessments in Vietnam and Jamaica); ***capacity building workshops and conferences*** (e.g., the Social Welfare Workforce Conference in Cape Town, South Africa; the HIS Forum in Namibia and Manila; the Action Planning Meeting of Men who have Sex with Men, and the Transgender Populations Multi City HIV Initiative; cervical cancer follow-on technical assistance; and the regional workshop on HIV and drug use in Nairobi, Kenya); **direct assistance to local missions and in- country PEPFAR teams** (OVC HES portfolio assessments and workshops in Kenya and South Africa); as well as ***information dissemination and knowledge exchange in priority areas*** (e.g., OVC support.net).

The narrative below is organized according to AIDSTAR-Two activities and sub tasks. Each section includes the following information:

(1) Progress toward results, with summary of activities and results since annual report
(2) New challenges and proposed solutions (*note: some activities are not currently facing challenges*)
(3) Contributions to PMP indicators and targets
(4) Anticipated activities/plan for next six months
(5) Deliverables (where appropriate)

Health System Strengthening Technical Working Group

Activity 1: Develop and promote common approaches, standards and practices on organizational Capacity Building (subtask 1.1a)

Progress toward results: summary of activities, achievements, and results since last annual report:
During this reporting period, AIDSTAR-Two conducted a five-day online discussion forum on the relationship between country ownership and organizational capacity building efforts for local implementers. Hosted on CBKEN, the forum took place in December 2010 and attracted 72 participants from different organizations and five countries. The participants exchanged ideas, information and experiences on the role of organizational capacity building in promoting country ownership.

AIDSTAR-Two project staff continued to participate monthly in the Capacity Building in Health Roundtable (CBHR) under the auspices of the Global Health Council. The Roundtable, which includes approximately 60 members from 15 different organizations, was formed in early 2010 as a result of the Pact Community REACH Capacity Builders Summit. The group meets monthly to serve as an information resource and sounding board for capacity building practitioners, donors and policymakers. CBHR maintains a webpage on the AIDSTAR-Two CBKEN website.

During this reporting period, the CBHR developed a common suite of standards and indicators for capacity building that has been shared with donors and the global capacity building community. In September 2011, AIDSTAR-Two's Capacity Building Senior Advisor, Ummuro Adano, led a presentation and discussion at the Roundtable on "The Challenge of CSO Capacity Building: Working Towards Good Practice." He highlighted AIDSTAR-Two's work in this area, including the project's Capacity Building Framework, and shared some of the best practices, issues, and challenges raised by capacity builders from around the world in a recent AIDSTAR-Two seminar on planning and implementation challenges.

Additional development and promotion of common approaches and tools is done through the Capacity Building Network (CBKEN) described below under Activity 6. It is important to link and harmonize the activities of the CB Round Table with the work of other similar groups in the South, especially in Africa. Such cross-fertilization and synergy would serve several important purposes, especially around the development of and agreement on a set of standards and indicators for capacity building that promote country ownership and sustainability.

In terms of solutions, the evidence suggests that what is necessary is a fundamental change in capacity building practice and delivery, including focusing on capacity as an endogenous process. This will involve agreeing at organizational or country level on capacity building goals, and establishing clear standards and indicators from the perspective of the beneficiaries.

Challenges and proposed solutions: N/A

Deliverables: Staff contributed to a comprehensive menu of capacity building indicators developed and disseminated by the CB Round Table. Ummuro presented and led a discussion on "Civil society capacity building: Moving toward good practice".

Anticipated activities/plan for the next six months:
AIDSTAR-Two will continue to participate in the Capacity Building Roundtable throughout PY4.

Activity 2: Capacity Building Technical Papers (Technical Briefs) and Case Studies (Subtask 1.1d)

Progress toward results: summary of activities, achievements, and results since last report:
AIDSTAR Two designed and hosted two five-day virtual seminars on capacity building via the LeaderNet virtual platform. The first seminar was entitled *"Building sustainable organizational capacity for public sector, NGO, and civil society organizations: A framework to address the challenge."* The first, held in January 2011, attracted 435 participants from 75 countries. Of these, 152 participants posted 530 entries on the website. The AIDSTAR-Two capacity building framework was used as the reference document for the seminar, which also offered case studies and other relevant documents to address various aspects of organizational capacity building. The participants were able to tackle common challenges, as well as share and create new knowledge and best practices.

The second seminar took place in June 2011 on the topic "*Systematic organizational capacity for public sector, NGO, and civil society organizations: Moving beyond assessments to planning and implementation."* Based on the project's third Technical Brief, this five-day seminar attracted more than 400 LeaderNet participants from 61 countries, who shared over 500 posts on suggestions for improving the way capacity builders assess, plan, implement, monitor and evaluate their plans and interventions. Many also noted that each organization must take leadership and ownership of its capacity building efforts, build on its own strengths, and adapt tools and solutions that fit the realities of its context and environment.

The project also finalized and disseminated two case studies that describe an enabling environment for capacity building, and highlight the factors behind the success of two networks: REDSO in Guatemala and the Purple Sky Network in South East Asia. These case studies, posted on CBKEN, will contribute to the existing body of evidence on proven practices and approaches for developing and sustaining HIV/AIDS networks.

Deliverables:
Two Technical Briefs:

- *Organizational Capacity Building Framework: A foundation for Stronger, More Sustainable HIV/AIDS Programs, Organizations, and Networks* (published January 2011)
- *Systematic Organizational Capacity Building: Tackling Planning and Implementation Challenges* (published May 2011)

Two Case Studies:

- *Together We Can: Developing a network for tackling HIV/AIDS in a Guatemalan Region* (submitted August 2011)
- *The Sky's the Limit: Addressing HIV among men who have sex with men and transgendered people through the Purple Sky Network* (submitted August 2011)

Anticipated activities/plan for the next six months:
The foundational activities of the project that contribute to the body of evidence and build consensus around best practices in capacity building (the project mandate under Task 1) have been primarily funded by the OPHSS TWG. Since the project did not receive any additional resources in the FY 11 HOP and also did not receive any new OPHSS funds last year, only some of these activities, including CBKEN, will continue through funding from the HSS TWG pipeline.

Activity 3: Capacity Building Qualitative Evaluation Research-Honduras (Subtask 1.1e)

Progress toward results: summary of activities, achievements, and results since last report:
In FY11, the AIDSTAR-Two team adapted the research protocol for the end-line study using the lessons learned from the mid-line assessment. The end-line study was originally proposed to be implemented between July and August, 2011; however, in April 2011 the Contracting Officer's Technical Representative (COTR) informed AIDSTAR-Two that there was no funding for this subtask and therefore, this second half of the overall study was canceled. The earlier midline study findings were described in a document sent to USAID and proved useful to the Honduras team and to AIDSTAR-Two in understanding intermediate impacts of capacity building on Civil Society Organization (CSOs).

Deliverables: Assessing the Effects of Organizational Capacity Building: The AIDSTAR-Two Honduras Project

Anticipated activities/plan for the next six months: N/A

Activity 4: Health System Strengthening for Most At-Risk Populations (subtask 1.9a)

Progress toward results: summary of activities, achievements, and results since last report:
In July 2010, the HSS TWG asked AIDSTAR-Two to assess how HSS funding could be productively invested to make national health systems more responsive to the needs of most at-risk populations (MARPs) in Vietnam and Jamaica. Dan Kraushaar, MSH's global lead for HSS, and Elden Chamberlain, AIDSTAR-Two's MARPs and Networks Specialist (seconded to MSH from the Alliance), traveled to each country on several occasions, working with experienced local consultants and in-country stakeholders to conduct the analysis.

The studies used a causal pathway analysis methodology to identify the impact of the epidemic on MARPs, characteristics of the target groups, evidence-based prevention, care and support and treatment practices and existing services. They identified health system bottlenecks that inhibit the delivery of services and included recommendations for scaling up effective and cost effective interventions that will have the greatest impact for most at-risk populations in each country. The final study reports were completed in PY3, and a stakeholder meeting to review each assessment was held in both countries. A presentation of the report was made to representatives of local NGOs and stakeholders (USAID, PEPFAR, and the Ministry of Health) in Jamaica, followed by a discussion of the recommendations of the report and how they may be utilized/implemented; in Vietnam report findings were presented to USAID, CDC/ PEPFAR. The recommendations of the Jamaica report will help frame the Jamaica Round 11 Global Fund proposal and are being used for planning purposes by the National AIDS Commission.

In September 2011, AIDSTAR-Two presented the findings of the HSS MARPs assessments to the Global Health Bureau's Office of HIV/AIDS at USAID. The findings were also presented to MSH's Cambridge and Arlington staff. Additionally, both reports have been put on AIDSTAR-Two's Capacity Building Knowledge Exchange Network (CBKEN).

Deliverables:
Two Reports:

- *Meeting the Needs of Jamaica's Most-at-Risk Populations: A Health System Strengthening Approach to the HIV/AIDS Response* (submitted May 10, 2011)
- *Meeting the Needs of Vietnam's Most-at-Risk Populations: A Health System Strengthening Approach to the HIV/AIDS Response* (submitted May 13, 2011)

Summary Document:

- *Know Your Epidemic, Know Your System, Know Your Response* (published in September 2011 to support the presentation at USAID)

Anticipated activities/plan for next six months:
The activity is completed and there are no anticipated follow-up activities at this time. AIDSTAR-Two hopes to utilize a modest amount of HSS pipeline funding in PY4 to prepare and disseminate simple guidelines so that other countries can replicate this methodology.

Activity 5: Asian Mega City Meeting on HIV/AIDS and MSM (Subtask 1.11a)

Progress toward results: summary of activities, achievements, and results since last report:
In December 2010, Elden Chamberlain presented at a meeting in Hong Kong, where delegates from the six mega-cities of South East Asia (Bangkok, Ho Chi Minh City, Yangon, Manila, Chengdu, Jakarta) came together to develop city-specific plans to address the growing HIV epidemic among MSM in those locations. Subsequently, AIDSTAR-Two provided follow-up technical support in May 2011 to the Ho Chi Minh City delegation of the Asia MultiCity MSM project, by assisting them in developing their provincial HIV/AIDS plan for MSM. As a result of that visit, a proposal was developed to undertake a causal analysis of the MSM/HIV situation in Ho Chi Minh City in PY4, to determine if the current identified priorities and target populations are correct or if they need to alter their strategy and program to better reflect the epidemiology. This process will inform the transition planning that Ho Chi Minh City is undertaking of its whole HIV program.

Deliverables: Trip report and Hong Kong presentation

Anticipated activities/plan for next six months:
The causal analysis of MSM/HIV in Ho Chi Minh City will be undertaken in October-November 2011.

Activity 6. Capacity Building Knowledge Exchange Network (CBKEN) website (Subtask 1.2C)

Progress toward results: summary of activities, achievements, and results since last report:
During PY3, the CBKEN website was fully launched. Throughout the year, the site was progressively strengthened as a technical resource with the addition of new content, including new tools, articles, updates, and news. The CBKEN team conducted the following activities during this reporting period:

- Extensive site promotion including presentations to key stakeholders at USAID and the Capacity Building in Health Roundtable, promotion to the COTR (who sent out an announcement to local USAID missions), and partners.
- In December, 2010, the first CBKEN eNewsletter associated with the site was released. Each month, the CBKEN worked with expert technical staff to develop eNewsletters with focused themes related to organizational capacity building for HIV/AIDS implementers. The eNewsletters are delivered to readers worldwide using the online Constant Contact program, which provides extensive monitoring and evaluation

features. In PY3, eNewsletter topics included governance, strategic planning, human resource management, performance-based financing, and financial management.

- Three online discussion forums hosted by the project, to support interested learners seeking a deliberate and organized exchange about capacity building.
- Extensive review of the CBKEN resource database to ensure that users had access to the most appropriate materials available.
- Hosting of several "CB Cafés" in various countries to enhance knowledge management and exchange opportunities for local implementing organizations as well as local missions and local MSH and Alliance staff about organizational capacity building and CBKEN resources.
- Modified the site's home page to highlight key areas of interest for users.

Deliverables:
Results of PY3 activities for CBKEN include the following:

- 9,828 hits on AIDSTAR-Two Project website
- Site users came from 105 countries/territories; six of the top 10 visiting countries are in Africa
- 5,422 unique users to AIDSTAR-Two Project website in less than one year
- Received over 50 tools/resources from CBKEN users
- eNewsletters are routinely read by key constituents, including staff of several Ministries of Health in Afghanistan, Botswana, Ethiopia, Kenya, Namibia, and Zimbabwe; staff and students at universities worldwide, including University of Pretoria, Zambia, Nairobi, East Central & Southern Africa, St. John's University in Tanzania, Makerere University in Uganda, and more; USAID, UNAIDS, World Bank, and CDC; worldwide staff of partner organizations (including Abt Associates, AMREF, Deloitte Consulting, Elizabeth Glaser Pediatric AIDS Foundation, FHI360, Futures Group, IntraHealth, KHI, NuPITA, PATH, TASO, UNICEF, World Vision, and more).

Anticipated activities/plan for next six months:
Over the next 6 months, CBKEN will conduct extensive site promotion, add new resources and tools, activate the "Ask The Expert" function, and publish eNewsletters on topics including but not limited to strengthening HIV/AIDS networks, country ownership, local capacity building, and governance and accountability. The September/October eNewsletter on Monitoring and Evaluation has been sent. The CBKEN user survey findings will be tabulated.

Activity 7: Africa Capacity Building Partners Summit (subtask 1.12a)

Progress toward results: summary of activities, achievements, and results since last report:
In March 2011, 225 government, donor, academic, and civil society representatives including groups of People Living with HIV/AIDS from 24 countries in Eastern, Central, and Southern Africa met in Nairobi, Kenya for the inaugural HIV Capacity Building Partners Summit. The goals of this event were to take stock of progress, achievements, and lessons in HIV capacity building, share best practices and innovations, and plan for future efforts to strengthen the organizational capacity of local implementers. Funded by the Swedish International Development Agency, USAID, PEPFAR, and various indigenous regional partners, this summit raised the visibility of organizational capacity building, and also assisted local implementers to build consensus on a joint plan of action, and to secure a medium- to long-term policy and program action plan that will strengthen and streamline investments in HIV capacity building.

Ummuro Adano contributed to the planning of the summit, including the review of abstracts pre-event, and also moderated and chaired break-out sessions and gave a presentation during a plenary panel entitled, "Organizational Capacity Building Framework: a foundation for stronger, more sustainable HIV/AIDS programs, organizations, and

networks". He also wrote daily blogs from the summit that provided a summary of the technical discussions and salient issues that were posted on the MSH web site. One of these blogs was published on the Global Health Council's online website on March 24.

Four technical working groups (TWGs) were established at the summit to address specific capacity building themes and challenges, including consensus on common terms, best practices, tools, methodologies, and definitions of standards and indicators for measuring the impact of capacity building.

Deliverables: Presentation and blogs (blogs in annex of PY3 semi-annual report)

Anticipated activities/plan for the next six months:
The project will provide a virtual space on CBKEN to assist with coordination efforts of the four TWGs established during the summit. This assistance will be provided in collaboration with the Regional AIDS Training Network in Nairobi, which is acting as the secretariat for these groups.

Activity 8: Performance Based Financing Manual (subtask 1.8a)

Progress toward results: summary of activities, achievements, and results since last report:
The Performance-Based Financing Handbook was completed in PY3. The PBF handbook is intended for use by US Government staff designing programs at both the central and country levels, as well as for host country PBF implementers at national and local levels. Two of the lead authors of the handbook — John Pollock, MSH's Global Lead for Health Delivery and Financing Systems Strengthening, and Jean Kagubare, MSH's Principal Technical Advisor and Performance-Based Financing Initiative Manager —presented on the PBF Handbook at USAID on April 29, 2011 to a large audience. The handbook was distributed to all United States Government (USG) staff present at the presentation and to the HSS TWG. It was also disseminated through the CBKEN website with an eNewsletter on PBF, and made available through the MSH website.

MSH — under separate, non-project funding — has translated the PBF Handbook into French. The French version was sent to Pamela Rao of the HSS TWG who acted as the primary liaison to AIDSTAR-Two on the technical work. She has circulated it to interested Francophone staff.

Deliverable:
Manual:

- *The Performance-Based Financing Handbook: Designing and Implementing Effective Performance-Based Financing Programs* (published in May 2011)

Anticipated activities/plan for next six months:
A Spanish translation of the PBF Manual — produced under separate, non-project funding — will be sent to Pam Rao and others in the HSS TWG when it is finished. AIDSTAR-Two has been invited to a one-day PBF USG consultation in November in Washington, D.C.

Activity 9: Support Serve Provider Networks: Col Sol in Mexico (under Task 2 in AIDSTAR-Two workplan)

Progress toward results: summary of activities, achievements, and results since last report:
Colectivo Sol (Col Sol), the International HIV/AIDS Alliance linking organization in Mexico led a project, supported by AIDSTAR-Two and the HSS TWG, to develop consensus among MSM civil society organizations (CSOs) for implementing standard prevention interventions. This project was aimed at supporting these CSOs to be better positioned to become either a sub- or sub-sub-recipient of GFATM project funds. A series of consultations took place during 2011, in which these CSOs gathered to discuss their current programs, map program gaps and overlaps, and reach consensus on prevention strategies. As a result of this process, a Compendium of Prevention Strategies has been developed and a virtual MSM/HIV prevention network has been established. In PY3, Col Sol also received organizational capacity building from AIDSTAR-Two staff and consultants, both from MSH as well as the Alliance.

Deliverable: Colectivo Sol Compendium of Prevention Strategies and final report

Anticipated activities/plan for next six months:
This activity has ended with the completion of the Compendium of Prevention Strategies

Orphans and Vulnerable Children Technical Working Group

Activity 1: 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 **(subtask 1.3.a)**

Progress toward results: summary of activities, achievements, and results since last report:
During the third project year, AIDSTAR-Two achieved significant progress in increasing the site's prominence among the global OVC community through the following activities:

- Ongoing site promotion with extensive communications and dissemination activities, including: a bi-monthly newsletter focused on technical areas of OVC programming and highlighting new articles and documents on the site; revitalizing the site's Facebook and Twitter accounts, and presenting the site to key stakeholders including the OVC Task Force and the OVC Global Focal Points around the world.
- A content review of library documents to ensure most appropriate, relevant, and up-to-date materials are included. New documents were added to the library, particularly those related to emerging topics such as supporting the social workforce, and gender in OVC programming.
- Content on gender for OVC programming was developed and incorporated into the existing technical resource pages on the site.
- Editorial Board members were selected, and they now provide regular technical support and strategic guidance for the site.
- Hosting of the Social Welfare Workforce Strengthening Conference official website, containing the conference agenda, key resource documents, blog entries from conference participants, discussion boards, presentations, and presenter biographies. The site was promoted heavily during the conference, which took place from November 15-18 in Cape Town, South Africa.
- Modification of the site's home page to highlight the dynamic features in order to encourage greater usership.

The site was cited in The Guardian (major UK newspaper) and in the OVC Portfolio External Evaluation as a highly useful site.

Deliverables:
Results of PY3 activities for OVCSupport.net include the following:

- Increased the number of unique users by 163% over PY2, from 15,501 visits in PY2 to 40,828 visits in PY3
- Increased the number of documents downloaded from the site's library each month by 81% over PY2, from 5,034 documents to 9,155 documents
- Added 55 new documents to the site's document library
- Increased the number of countries accessing the site by 13% over PY2, from 165 countries to 186 countries
- Increased the number of Facebook fans by 56% and the number of twitter followers by 28% over PY2
- Began the Editorial Board

Deliverables: Editorial board processes, eNewsletters

Anticipated activities/plan for next six months
Upcoming activities for the OVCSupport.net site include: planning webinars for the OVCsupport.net audience; developing and publishing a monthly research newsletter with Health Services Research Council, a Global South partner; adding new documents including a homepage feature to give prominence to "State of the Art" documents from the document library; highlighting UNICEF's seminal document, "Taking Evidence to Impact: Making a Difference for Vulnerable Children Living in a World of HIV and AIDS"; making more strategic use of social media sites to highlight key OVC programming topics, OVC meetings and conferences; and liaising with key organizations, including the MEASURE Evaluation Project and Save the Children, to share information and provide a platform for OVC knowledge exchange on M&E for OVC and on developing an essential package for young children affected by HIV/AIDS.

Activity 2: OVC Household Economic Strengthening. Increase household capacity to provide OVC with comprehensive care through increased access to economic resources (subtask 1.5a)

Progress toward results: summary of activities, achievements, and results since last report:
Haiti Activity: In the first week of this reporting period, AIDSTAR-Two completed the Haiti OVC Household Economic Strengthening (HES) activity, the majority of which took place at the end of PY2 and was described in detail in the PY2 report. In December 2010, the Haiti activity was presented to the COTR and members of the PEPFAR OVC TWG.

Kenya Activity: Working closely with the USAID/Kenya OVC Focal Point Person and PEPFAR's OVC TWG, AIDSTAR-Two partner Cardno designed and implemented a HES activity for vulnerable, marginalized, and underserved populations, including OVC. The team was in Nairobi February 28-March 11, 2011. During the highly successful trip, the team accomplished the following:

1. Conducted productive discussions to understand USG investments in HES with USAID and PEPFAR representatives from the Office of Population and Health, program management specialist (OVC), Youth Development Program, Education Development Office, Economic Growth, PEPFAR, Program Development Assistance and HIV-Free Generation Project.
2. Hosted two full-day HES Workshop in March on (a) "Introduction to Key HES Concepts" and (b) "Draft Work Plan Presentations, Lessons Learned and Collaborative Opportunities." Twenty-nine participants took part in each workshop; both events received high evaluation marks. Nine resources used as workshop materials that included HES Resources were compiled on a flashdrive and given to all participants.
3. Delivered Technical Assistance to five APHIA Plus Programs (Western/Nyanza, Rift Valley, Eastern, Coast and AMPATH) on how to better target vulnerable populations and design, implement, and maintain effective HES activities.

4. Provided debrief session to USAID Kenya OPH team on approach taken, key findings from the field, resources provided, feedback from the IPs, and preliminary recommendations.

South Africa Activity: In collaboration with PEPFAR's OVC TWG, USAID/South Africa OVC team, the project designed and implemented a HES activity to increase the capacity of USAID's Implementing Partners (IPs) focusing on economic strengthening for orphans and vulnerable children and their caregivers. During the highly successful trip (May 9-20, 2011), the team accomplished the following:

1. Conducted productive discussions to understand the USG investments in HES with USAID representatives from the OVC team. Set up Dropbox file for workshop materials and HES resources for USAID service partners to access website: https://www.dropbox.com.
2. Hosted a two full day HES Workshops on(a) Introduction to Key HES Concepts and (b) HES in Context & Experience from the Field. Held on May 10, 2011 and May 19, 2011, these attracted 21 and 30 participants respectively. Participants' feedback included, "I will be able to use what I learned in this workshop."
3. Visited seven service delivery partners between May 11-18, 2011, to provide technical assistance on how to better target vulnerable populations to design, implement and maintain effective HES activities.
4. Provided a debrief session on May 20, 2011 to USAID South Africa OVC team, Economic Growth Representative, and four AGM partners on approach taken, key findings from the field, feedback from the service providers and preliminary recommendations.

Anticipated activities/plan for next six months:
Waiting for further information from the OVC TWG.

Activity 3: Social Welfare Workforce Strengthening Conference (subtask 1.6c)

Progress toward results: summary of activities, achievements, and results since last report:
In November 2010, AIDSTAR-Two and the OVC TWG organized and implemented the Social Welfare Workforce Strengthening Conference, a four-day event which took place in Cape Town, South Africa and brought together over 160 participants from the region to develop strategies to strengthen the social welfare workforce in Africa. The conference created momentum around this issue both globally and within USAID and PEPFAR in Washington. D.C. In order to keep this momentum going, an interim secretariat — the Social Service Workforce Strengthening Alliance — was established to facilitate ongoing support for social welfare workforce initiatives at the country and global level. Ummuro Adano, AIDSTAR-Two's Senior Capacity Building Advisor, was nominated to be a member of this interim secretariat. He participates in regular secretariat calls and meetings.

The Social Service Workforce Strengthening Alliance recognizes that a multi-faceted approach is required to effectively address workforce gaps, including strategies for improving planning for, development of, and support for the social welfare workforce. It aims to achieve its mission and scale up a multi-faceted approach through the following objectives:

- Convening and coordinating key stakeholders, facilitating relationships, and building a community of practice
- Organizing and disseminating critical knowledge, resources, tools, models and best practices
- Building the evidence base through research and evaluation, and creating new guidance, resources, tools, and case studies
- Informing policy through consensus-driven advocacy

Deliverable:
Report:

- *Investing in Those Who Care for Children: Social Welfare Workforce Conference Report* (submitted March 15, 2011)

Anticipated activities/plan for next six months:
AIDSTAR-Two will continue to participate in the Social Service Workforce Strengthening Alliance through regular planning calls and meetings and will begin to develop a technical brief or case study on a topic agreed upon with the OVC TWG (e.g., a technical brief outlining the nature and scope of the Global Social Welfare workforce crisis or a technical brief describing schemes of service, reporting lines, and qualifications of cadres within the workforce).

Activity 4: Social Protection Strategies Conference (Subtask 1.6e)

Progress toward results: summary of activities, achievements, and results since last report:
With support from the OVC TWG, the PL 109-95 Secretariat is convening a one-day learning seminar on October 6, 2011, to explore the nature and relevance of social protection strategies for USG programs that are addressing the needs of vulnerable children and their caretakers. AIDSTAR-Two is providing on-site logistics, virtual participation via webinar, and post-seminar outreach and dissemination for the upcoming event.

Deliverables: none until PY4.

Anticipated activities/plan for next six months:
Following the one day learning seminar, prepare a brief generic summary that will go on ovcsupport.net where presentations will also be posted.

Activity 5: **Orphans and Vulnerable Children Forum in Washington, DC (subtask 1.6d)**

Progress toward results: summary of activities, achievements, and results since last report:
AIDSTAR-Two, in conjunction with the OVC TWG and other key stakeholders, will host a five-day conference in Washington, D.C. that brings together key collaborators to review the results of the recent OVC portfolio external review, and identify ways to operationalize recommendations at the country and headquarters levels. AIDSTAR-Two has been asked by the TWG to provide logistical and technical support for the event, which will bring together approximately 100 OVC Focal Points and other key stakeholders. AIDSTAR-Two and the PEPFAR OVC TWG have been in regular communication for the planning of the event, participating in regular planning committee calls and conversations with the OVC TWG co-chairs. AIDSTAR-Two researched various venues for the event and chose an appropriate hotel/venue for the event which is planned for February 2012.

Challenges and proposed solutions
Current challenges include not knowing the specific dates for the OVC Forum. The venues require advance notice to secure dates. We currently cannot commit to a specific venue for this reason.

Anticipated activities/plan for next six months:
AIDSTAR-Two will participate in ongoing planning committee calls with the OVC TWG. Before February, AIDSTAR-Two will begin the registration process (online), coordinate the production of conference materials, arrange travel for identified speakers, identify facilitators and rapporteurs, liaise with venue and coordinate payment for conference services. Following the event, the project will oversee the production of the final meeting report.

Care and Support Technical Working Group

Activity 1: Regional Workshops on HIV and Drug Use (Subtask 1.4.A)

Progress toward results: summary of activities, achievements, and results since last report:
People who inject drugs continue to be a neglected and stigmatized population in HIV/AIDS care and prevention. In PY3, in partnership with USAID, AIDSTAR-Two carried out conferences in two regions where injecting drug use constitutes an increasing threat in the epidemic — Eastern Europe and Africa — and is currently planning a third conference that will take place in Vietnam in early PY4. The objective of these conferences is to bring together key stakeholders from participating countries to discuss best practices, lessons learned, and the impact of high-quality HIV prevention and care programming for PWID in the region.

The first regional workshop on HIV and Drug Use was held in Nairobi, Kenya on June 13-15, 2011. Eighty-nine (89) participants, representing the countries of Tanzania, Kenya, Mozambique, Mauritius, Nigeria, South Africa, Madagascar, Seychelles, and the United States, attended the conference. The second regional workshop was held in Kiev, Ukraine on July 10-15, 2011. One-hundred-and-fourteen (114) participants attended the conference, representing the countries, of Ukraine, Russia, Uzbekistan, Tajikistan, Kazakhstan, Kyrgyzstan, Georgia, China, and the United States. The conference was simultaneously translated in English, Russian, and Ukrainian.

AIDSTAR-Two's responsibilities in the organization of these conferences included liaising with the PEPFAR coordinators and the individual delegates in participating countries; organizing the venue, rapporteurs, facilitators, and translators; preparing all conference materials; managing the planning committee to ensure timely completion of tasks; and editing the conference reports.

Challenges and proposed solutions:
While more advance notice was given for the upcoming conference in Vietnam than the previous two conferences, the final conference in the series still faces a challenging timeline in order to complete the necessary preparations. The planning committee will need to stay focused and respect the proposed timeline for all activities to ensure that the conference is carried out satisfactorily.

Deliverables:
Report:

- *Nairobi Regional Workshop on HIV and Drug Use* (submitted September 28, 2011)
- (The Kiev report has not yet been completed by the TWG.)

Anticipated activities/plan for next six months:
The final Regional Workshop on HIV and Drug Use will be held in Ho Chi Minh City, Vietnam from November 7-10, 2011, with approximately 100 participants from 10 countries in the Asia region expected to attend. Project responsibilities for this conference are similar to those of the previous conferences.

Activity 2: Burundi Civil Society Organization assessments (subtask 1.4e)

Progress toward results: summary of activities, achievements, and results since last report:
At the request of USAID Burundi and the COTR, AIDSTAR-Two conducted an assessment to identify the capacity building needs of the following six CSOs, and to recommend interventions to strengthen their internal management, leadership, and governance and reinforce their service delivery capacity:

- The Alliance Burundais de Lutte Contre le SIDA (ABS)
- The Association Burundaise pour le Bien-être Familiale (ABUBEF)
- The Association Nationale de Soutien aux Séropositifs et Malades du SIDA (ANSS)
- The Collectif pour la Promotion des Associations des Jeunes (CPAJ)
- The Réseau Burundais des Personnes Vivant avec le VIH/SIDA (RBP+)
- The Society for Women Against AIDS in Africa (SWAA)

Conducted January 24 through February 9, 2011, the assessment covered three broad areas of organizational capacity and competence: management and governance, finance and administration, and technical service delivery. The assessment tools used were the HIV/AIDS Service Delivery Capacity Building Assessment Tool for CSOs and NGOs, and the Quick Start Administration and Finance tool, both developed by MSH. Common challenges identified included strategic planning, sustainability planning, administrative and financial management, human resources management, and monitoring and evaluation – particularly qualitative evaluations and the utility of data beyond donor reporting.

Deliverable: Report: *Capacity Building Assessment of Burundian Civil Society Organizations*, submitted March 10, 2011

Anticipated activities/plan for next six months:
None. The final report and the assessment tools were submitted to USAID Burundi in March. To date, AIDSTAR-Two has not received any formal feedback from the mission or the CSOs on the report or assessment tools, or on how the assessment findings were used.

Activity 3: Cervical Cancer Prevention and Treatment Training Program (Subtask 1.4b)

Progress toward results: summary of activities, achievements, and results since last report:
AIDSTAR-Two is working with PEPFAR's Care & Support TWG to support an eight-day cervical cancer prevention and treatment training program offered by the Centre for Infectious Disease Research in Zambia (CIDRZ) in Lusaka for approximately 10 trainees from three Eastern/Southern African countries. The trainees—all physicians—will receive technical assistance to develop and implement cervical cancer screening and treatment programs for HIV-positive women in their respective countries. AIDSTAR-Two will issue a subcontract to CIDRZ, a center of excellence for cervical cancer screening and treatment to provide training in cervical cancer "see and treat" methods.

In the past six months, the Care and Support TWG has modified AIDSTAR-Two's Scope of Work to include the provision of travel-related costs (accommodation and per diem) for the participants. The TWG was unsure where the travel funding would come from and the decision was made to eliminate the 'evaluation' Scope of Work (SOW) given to AIDSTAR-Two in order to fund the participants' travel costs.

Challenges and proposed solutions:
This SOW has been slow-moving over the past 10 months. One issue that remains is the cost of airfare which will need to be covered by the USAID Missions, Ministries of Health, or an implementing partner in-country, and the guidance around this issue is still unclear.

Anticipated activities/plan for next six months:
MSH Contracts staff is actively reaching out to CIDRZ to finalize the subcontract. The TWG is developing a plan for identification of the 10 participants and will communicate with relevant PEPFAR Coordinators in several Eastern/Southern African countries. Once the participants are identified and the subcontract is issued, AIDSTAR-Two can make arrangements for the training sessions in Zambia.

Health Information Systems Technical Working Group

Activity 1: Health Information System Conference in Namibia (Subtask 1.7a)

Progress toward results: summary of activities, achievements, and results since last report:
During this reporting period, AIDSTAR-Two concluded its technical role in planning a five-day HIS regional forum in Namibia spearheaded by the HIS TWG. The forum, entitled "Country Ownership Strategies: Leadership Forum on Health Information Systems", took place in Windhoek, Namibia, October 25-29, 2010. AIDSTAR-Two Project Director Sarah Johnson attended the conference and served as a technical resource on in country ownership, leadership and organizational development, and co-facilitator for the Namibia HIS participating team, along with Theo Lippenwald, a HIS expert from John Snow, Inc.

Current challenges and proposed solutions:
The Virtual Leadership Development Program (VLDP) that was going to be offered to country teams post-forum to strengthen their leadership skills and improve and implement the action plans they developed during the conference did not take place. After discussions with John Novak, HIS TWG/OHA, it was jointly decided that the VLDP component would be more effective as a follow-on to the HIS Regional Forum scheduled for June 2011 in the Philippines, rather than the Namibia conference.

Deliverable: Trip report. The conference report was submitted by another partner.

Anticipated activities/plan for next six months:
There are no further activities for this sub task.

Activity 2: Namibia Centerships (Subtask 1.7b)

Progress toward results: summary of activities, achievements, and results since last report:
In conjunction with the PEPFAR HIS TWG and the USAID Namibia Mission, AIDSTAR-Two is strengthening the capacity of community-led organizations, called "centerships", in the communities of Onderonbapa and Rosh Pinah, Namibia, with a focus on community health education, community health information systems, and business planning for health. At the beginning of PY3, there was a lack of clarity in the definition and role of these centerships. However, through meetings with both USAID Washington and USAID Namibia, the scope of work was finalized and the project has moved forward. Since March 2011, AIDSTAR-Two has been acting as the local coordinator for the project. Two Peace Corps volunteers are also in place to support this work.

In Onderombapa, community members have formed a committee that meets on a regular basis and has elected a governing board. The committee identified a facility to be used as the centership building and oversaw its renovations. The renovation and the furniture were provided by AIDSTAR-Two. Technical assistance to date has included helping the committee to develop a mission, vision, and value statement for their centership and, with the support of the Peace Corps volunteer, accountability systems to monitor centership assets. Ten individuals were trained as community health volunteers to conduct outreach and education and collect the community health information – an effort accomplished in collaboration with the MOHSS. AIDSTAR-Two also provided business planning training, in which several committee members learned financial management skills, developed organizational systems and structures to facilitate business development, and moved forward on proposed business ideas.

In Rosh Pinah, a centership committee now meets regularly. The group has an elected governing board and a constitution. With the support of the Peace Corps volunteer, AIDSTAR-Two has forged partnerships with local

stakeholders, including RoshKor, the corporate social responsibility arm of the local mining companies. RoshKor has committed space in their new building to be used as the centership facility. AIDSTAR-Two is also working closely with the Peace Corps Volunteer to strengthen the project's relationship with the regional and local MOHSS, and local clinic workers. TA from AIDSTAR-Two has resulted in a centership mission, vision, and value statement. Various community members also received the business planning training highlighted above.

Challenges and proposed solutions:
There is a significant amount of work that needs to be accomplished before the centerships can function without outside support. AIDSTAR-Two support is only funded until late spring 2012, at which point both Peace Corps volunteers will also leave the communities. The initial earlier delays due to lack of clarity of the SOW have resulted in a tight timeframe which requires that AIDSTAR-Two work very quickly to ensure that the community members have received all of the necessary training, and that all of the required systems and structures are in place before the close of the activity. There is still concern about how sustainable the centerships will be after all support has ended.

Deliverables: Business planning training modules, Centership structures and processes

Anticipated activities/plan for next six months:
In the next six months, AIDSTAR-Two will coordinate with the MOHSS to set up a simple functioning community health information system in both communities. Trained community health workers will systematically collect health information from the community, input it into computers provided by AIDSTAR-Two and then information will be shared with local clinics and sent to the regional and local MOHSS for processing. In addition, AIDSTAR-Two will complete the remaining business planning training. The goal is that by the end of this period, the community will have completed a business proposal that will be submitted to potential donors for funding or to AIDSTAR-Two using money set aside for this purpose. AIDSTAR-Two will also begin preparations for either transitioning or closing out the project.

Activity 3: Asia Leadership Forum on Health Information Systems and Virtual Leadership Development Program subtask 1.7c:

Progress toward results: summary of activities, achievements, and results since last report:
USAID, WHO and other sponsors have, over the last two years, organized the *Leadership Forum Series on Health Information Systems*. The first two forums were held in Africa: in Addis Ababa, Ethiopia in August 2009, and in Windhoek, Namibia in October 2010. The primary goal of the forum series is to foster country ownership in meeting the challenges to building national HIS. These challenges include governance and multi-sectoral engagement, strategic planning and financing, policy and regulatory environments, infrastructure, human capital, and information use. The emphasis on ownership acknowledges the desire to increase recipient (national government) control over planning and implementation of donor funded projects. The target audience is senior policy and political leaders.

The third forum in the series took place in Manila, Philippines in June 2011. The Forum was hosted by the Department of Health, Government of the Philippines, and brought together more than 120 senior leaders from nine Asian countries — Bangladesh, Cambodia, Fiji, Indonesia, Laos, Mongolia, Thailand, Philippines, and Vietnam — to share experiences and develop strategies to improve multi-sectoral coordination of country-led health information systems. Each country team had an average of six to nine delegates comprising representatives from ministries of health, finance, planning, vital statistics and information and communications technologies, who worked together to develop plans to improve coordination in this area across sectors.

Multi-sectoral country delegates were joined by representatives from USAID, the World Health Organization (WHO), the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), Rockefeller Foundation, JICA, GIZ, the International Development Research Center (IDRC), the International Telecommunications Union (ITU), and the U.S. Centers for Disease Control and Prevention (CDC).

AIDSTAR-Two served as Secretariat, providing organization, coordination, technical and logistical support services for the event. The project also developed a technical paper on HIS Multi-sectoral collaboration that provided ample background and frame of reference for the Summit.

The strategic participant invitation process and a meeting design that capitalized on having the right people in the room resulted in a successful event. Follow-up to the June conference is being offered through the Virtual Leadership Development Program, facilitated by project staff. Launched on July 18 and continuing until mid-October 2011, this program is providing support and coaching to 8 of the 9 forum country team participants (over 50 people) as they refine how best to implement the action plans they developed in Manila.

Challenges and proposed solutions:
Some teams are more active in the VLDP than others. The facilitators use email and phone calls to encourage lagging teams to complete assignments and continue to participate in the program. The activity has not ended yet.

Deliverable:
Immediately after the workshop, a short five-page newsletter:

- *HIS Leadership Capacity for Impact* (disseminated to all donors and country team leaders)

Report:

- *Collaborating Across Sectors for Change: Report on the Asia-Pacific Leadership Forum on Health Information Systems* (submitted August 4, 2011)

Anticipated activities/plan for the next six months:
A newsletter capturing the results of the VLDP will be developed and disseminated.

Activity 4: Country Health Systems Surveillance Workshop in Bangkok (Subtask 1.7e)

Progress toward results: summary of activities, achievements, and results since last report:
The *Health Progress and Performance Reviews, Analysis Methods and Tools Workshop*, hosted by the WHO, in partnership with GAVI, the Global Fund, World Bank, USAID, Rockefeller Foundation, and ICF Macro was held July 11-15, 2011 in Bangkok, Thailand. Representing AIDSTAR-Two, MSH Technical Strategy Director Judy Seltzer and Senior Program Office Yadira Almodovar-Diaz facilitated two sessions on institutional strengthening during the event, which was attended by 80 participants from 13 countries in the South-East Asia, Western Pacific and African regions. Participants included senior analysts from the Ministry of Health, Bureau of Statistics, academic institutions, and others who play important roles in preparing the analytical background to the health sector reviews.

The aim of this event was to introduce participants to the existing tools, concepts and methods available across the Country Health System Surveillance (CHeSS) framework, and to demonstrate how these tools and methods can be used to improve countries' capacity to conduct comprehensive health progress and performance reviews in the context of national health plans and related global health goals.

Deliverables: Institutional strengthening session notes and materials were submitted to WHO.

Anticipated activities/plan for next six months:
WHO asked that AIDSTAR-Two participate in the French CHeSS workshop, scheduled for either Senegal or Geneva. John Novak, Judy Seltzer and Sarah Johnson spoke in August and determined that it was not a good use of HIS funding to participate in the French language CHeSS workshop. There are excellent facilitation notes for sessions facilitated by AIDSTAR-Two in Bangkok, from which project staff can help prepare a member of the WHO training team to deliver the session.

Most At Risk Populations Technical Working Group

Activity 1: Regional Workshops on HIV and Drug Use (subtask 1.1a)

See Activity 1 in Care and Support section above. The regional PWID workshops are a joint effort between the MARPs and the Care and Support TWGs and are consolidated in the description for subtask 1.4.a.in the Care and Support section.

Activity 2: Information and Communications Technologies (ICTs) and MSM HIV Prevention Project (subtask 1.13)

Progress toward results: summary of activities, achievements, and results since last report:
With the spread of internet and cell phone technology in developing countries, individuals are increasingly using these media to meet one another and create social networks that cross borders, class divisions, and cultural differences. In particular, stigmatized and 'hidden' populations such MSM are increasingly using electronic media to expand their social networks. In order to better reach MSM with prevention messages, HIV prevention programs are expanding their activities to include behavior change communication activities that reach MSM through electronic media. AIDSTAR-Two was tasked with developing a Technical Brief that examines strategies that have been employed for reaching MSM with electronic HIV/AIDS prevention media messages and the lessons learned from those activities.

Work on this sub-task began in September 2011. A draft of the report has been completed and the final technical brief will be finalized by mid October 2011.

Deliverable: Technical Brief to be completed in PY4.

Anticipated activities/plan for next six months:
Technical brief will be completed and it is anticipated that it will be discussed at the upcoming MSM HIV Prevention Guidelines technical meetings being organized by the Office of the US Global AIDS Coordinator.

Task 3:

In PY3, with Field Support buy-ins in different countries as well as Regional Bureau support, AIDSTAR-Two delivered organizational capacity building technical assistance designed to meet the needs of a wide range of organizations working to address HIV/AIDS as described below.

1. Europe & Eurasia

Progress toward results: summary of activities, achievements, and results since last report:
The draft Package of Services for MSM was completed in April 2011. An extensive round of consultations was held May-July 2011 in Armenia, Azerbaijan, Belarus, Georgia, Moldova, Russia and the Ukraine. The consultations were held with government, international organizations, and national and local civil society organizations. The purpose of the consultations was to receive final feedback on the package, to map current services against the package, and to determine mechanisms for implementation of the service package at both the country and organizational levels. As a result of this process, a series of country level reports and recommendations was produced, and the final version of the package of services was developed and subsequently approved.

Challenges and proposed solutions:
The biggest challenge faced by the project has been to engage with governments and national AIDS programs to develop mechanisms on how the package of services can be incorporated into current national AIDS strategic plans. Limited success in this regard has occurred in Azerbaijan, Armenia, Belarus, and Moldova, and further advocacy work needs to be undertaken to assist the national programs in better understanding the components of the package and how to implement it.

Another challenge has been that the package developed to date does not provide information on how to prioritize or cost the various components of the package. This was a recommendation that was identified during the consultation process.

Anticipated activities/plan for next six months:
A phase 3 proposal was submitted to the EE Bureau that includes activities to address the above mentioned challenges and provide additional capacity building support to local civil society organizations to support them in implementation of appropriate components of the package. $200,000 in new funding was approved. The activities will get underway in early PY4. A presentation on AIDSTAR-Two activities in Eastern Europe is also scheduled for mid-October at USAID.

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

Progress toward results: summary of activities, achievements, and results since last report:
During PY3, AIDSTAR-Two Honduras provided on-going capacity building and financial support to 6 local NGOs serving MARPs (MSM, sex workers and Garifunas) throughout Honduras. In addition, organizational capacity building technical assistance was provided to eight other local NGOs supported by the Global Fund. Technical and financial support was also provided to the Pan American Social Marketing Organization (PASMO) to conduct condom social marketing strategies targeting MARPs in prioritized geographic areas. The project also provided technical assistance to the Global Fund Country Coordinating Mechanism and the Health Ministry's Facilitating Team responsible for planning the execution of the first phase of the National Strategy for Integrated STI/HIV/AIDS Services (2010 - 2015). Project support to these local implementers in the period October 1, 2010 to September 30, 2011 included the following elements:

- Awarded six contracts based on an adaptation of the performance based financing model to local NGOs to deliver high quality services to MARPs.
- Awarded another contract to the Pan American Social Marketing Organization (PASMO) to conduct condom social marketing strategies targeting MARPs in prioritized geographic areas.

- NGOs successfully completed the Proposal Development Program. They were also coached on identifying and implementing strategies for seeking new funding for their business plans. Through the promotion of its business plan, CASM obtained new funding totaling Lps.522,000.00 from the Cooperation TROCAIRE, and it is currently negotiating another project with the Inter American Foundation for Lps.217,939.59. Six NGO were trained on topics related to good governance, and roles and responsibilities of boards of directors for the effective functioning of an institution.
- Under the PASMO subcontract, sales and management staff from PASMO participated in the Leadership Development Program to strengthen their resource mobilization and social marketing strategies targeting MARPs. Technical staff from three NGOs and 62 business owners were trained in social marketing and the management of condom distribution outlets.
- Counselors from the six NGOs that receive contracts from AIDSTAR-Two were also trained on the client centered risk reduction counseling model called RESPECT, and successfully implemented an adaptation of the RESPECT model to the counseling and rapid testing services provided to the NGOs' beneficiary populations. A systematization report is being finalized outlining the results of the pilot program and recommendations for the next implementation phase.
- Additional technical training included a workshop on emotional management and stress control for the staff of the NGOs that provide counseling services, and educators and coordinators from the six NGOs were trained in Masculinity and Gender Violence Prevention.
- AIDSTAR-Two provided technical assistance to the CCM-H, conducted a functional diagnosis of the CCM, and presented the results of the diagnosis and alternatives to address current challenges to the General Assembly. The By-Laws and Internal Guidelines of the CCM-H were reviewed and several adjustments made to address gaps and inconsistencies. AIDSTAR-Two assisted the CCM-H by incorporating the procedures for preventing potential conflicts of interest within their Code of Ethics. The adjustments made were accepted by the CCM-H General Assembly and submitted on time to the Global Fund.
- AIDSTAR-Two conducted a needs assessment of the Ministry's Facilitating Team responsible for planning the execution of the first phase of the National Strategy for Integrated STI/HIV/AIDS Services (2010 - 2015), within the framework of the Health Sector Reform implemented by the Health Secretariat. Based on the assessment, AIDSTAR-Two provided technical assistance to integrate the team, clarify roles and responsibilities, and assist with the integration of the Department of STI/HIV/AIDS in the planning and implementation process of this first phase.

Challenges and proposed solutions: Different challenges faced the project during PY3, especially in two areas: local project management and slow progress on the NGOs meeting targets for specific indicators. Both challenges were addressed and resolved. AIDSTAR-Two Honduras met or exceeded its targets for all PEPFAR indicators in the project's PMP.

Deliverables:

- Quarterly programmatic reports
- Quarterly programmatic presentations at USAID
- Quarterly pipeline reports
- Annual program report
- Annual knowledge, attitudes and practices (KAP) study report
- Various technical reports such as the systematization of the adapted performance-based financing mechanism, the systematization of the client-centered risk reduction counseling model based on RESPECT, among others

Anticipated activities/plan for next six months:
Activities are outlined in the work plan for Oct. 1 2011-Sept. 30, 2012 submitted to USAID Honduras.

3. Guatemala – Strengthening Community-based Network Capacity to Reach Most-at-Risk Populations (MARPs) in the Petén and Izabal Departments

Progress toward results: summary of activities, achievements, and results since last report:
In February 2011, AIDSTAR-Two successfully completed its project in Guatemala, which aimed to improve the continuum of HIV prevention and care services for MARPs in the departments of Petén and Izabal. The following project results were achieved:

- 100% of project funds allocated to the networks, and 98% percent of funds allocated to the NGOs in the two regions have been spent according to submitted work plans.
- Both regional networks completed the eight-step model to build and sustain networks, including creating a communications plan and sustainability plan. Both networks developed information systems to improve evidence-based decision making, and have produced advanced reports.
- A 50% increase in the participation of representatives for MARP-focused NGOs became involved in the networks.
- Both networks launched, and now maintain, websites that present HIV related information.
- Both networks were accepted as members of the National Legal Network, and are now part of the national human rights movement to defend People Living with HIV (PLHIV).
- All activities for the anti-stigma campaign were carried out by AIDSTAR-Two grantee REDNADS.
- Network affiliates increased links and cooperative actions with public and private sector entities, including governors and mayors in both regions, radio stations, and other affiliate organizations.
- Twenty-five NGO representatives from Petén and 18 from Izabal participated in an HIV Prevention Forum to determine the effectiveness of behavior change oriented interventions.
- Both networks submitted reports to the National AIDS Spending Assessment (NASA), and received training from AIDSTAR-Two on how to use the NASA data for proposal development and intervention design.

AIDSTAR-Two also completed an efficient project close-out, with all related activities carried out in accordance with USAID and Guatemalan protocol.

Challenges and proposed solutions: None.

Deliverables:

- Quarterly programmatic reports
- Quarterly pipeline reports
- Annual program report
- Various technical reports such as the network assessment and work plans, the systematization of REDSO (Red de Sur Occidente), and others

Anticipated activities/plan for next six months:
AIDSTAR-Two's Guatemala project has ended.

4. Tanzania

Progress toward results: summary of activities, achievements, and results since last report:
Over the last two years, AIDSTAR-Two has been working in Tanzania on several small pieces of work.
During this reporting period, AIDSTAR-Two received scopes of work from USAID/Tanzania to provide targeted technical assistance to two organizations in mainland Tanzania: Tanzania Youth Alliance (TAYOA), and the National Council for People Living with HIV/AIDS (NACOPHA).

TAYOA: The project contracted a local communications specialist to provide technical assistance to TAYOA to develop its corporate and project-focused communication strategies and plans. A two-day participatory workshop was conducted to increase TAYOA staff knowledge of communications principles and requirements. In April 2011, a communications strategy was completed and delivered to TAYOA for implementation. The project's work with TAYOA is now finished.

NACOPHA: AIDSTAR-Two received a scope of work from USAID/Tanzania to work with NACOPHA to plan and implement a limited program of technical assistance to address some of these organizational performance gaps. After consulting with NACOPHA's Executive Director, the original SOW was amended to cover the following specific but complementary activities:

- Review NACOPHA's current strategic plan (2008-2012) and develop a new strategic plan (2012 – 2016)
- Develop an advocacy and communication strategy
- Develop a resource mobilization and sustainability plan

In August 2011, Ummuro Adano met with senior NACOPHA staff and its board chair to agree on a plan for identifying consultants and moving forward with the overall scope of work. He also conducted a two-day skill building workshop focused on strategic planning process for a small team of NACOPHA staff and primary stakeholders.

The new strategic plan was completed October 17 and submitted to the Executive Director of NACOPHA.

Challenges and proposed solutions:
NACOPHA is a small, nascent and fragile organization with a big mandate, but low absorptive capacity. As such, the activities in AIDSTAR-Two's scope of work will be planned and implemented in such a way that the organization's staff and resources are not over-stretched.

Deliverables: NACAPHA strategic plan.

Anticipated activities/plan for next six months:
In the coming six months, the AIDSTAR-Two team will contract a consultant and begin the process of developing and finalizing an advocacy and communication strategy, and contracting a consultant to begin the process of developing and finalizing resource mobilization and a sustainability plan.

4. Malawi

Progress toward results: summary of activities, achievements, and results since last report:
During the last quarter of this reporting period, the project received notice of a field-support buy-in from USAID/Malawi to plan and implement organizational capacity building support with 10 civil society organizations (local primes currently being funded for the first time by USAID), as well as 10 local civil society organizations not directly supported by USAID.

The goal of this new AIDSTAR-Two Malawi HIV/AIDS CSO Capacity Building Project is to contribute to the reduction of the spread of HIV/AIDS by providing capacity building technical assistance to local HIV/AIDS organizations, and to solidify their ability to deliver high-impact sustainable services. Our technical and programmatic approach and methods will contribute to efforts to help these local organizations prepare to transition to greater responsibility for the sustainability of HIV/AIDS program implementation.

Project staff visited Malawi in early September and accomplished the following:

- Met with USAID/Malawi to receive feedback on and further flesh out the SOW. Feedback from the Mission was incorporated into the work plan narrative, specifically concerning the areas of TA to be provided, the types of organizations under the second group of CSOs (non-USAID primes), and the overall strategy for working with the organizations.
- The Mission also provided direction on the type and frequency of communication and programmatic and financial reporting from AIDSTAR-Two/Malawi to the Mission (monthly touch bases with the Project Director and financial and programmatic reports done quarterly).
- Interviews were conducted in-person for the positions of Project Director and OD Advisor. Successful candidates for both positions have been identified and are currently being filled.
- Streamlining arrangements with relevant staff within the MSH/Malawi office regarding a number of technical, programmatic, finance-operations, administration, and HR staff.
- Met with the Country Director for Pact/Malawi to discuss the Community REACH project, including challenges faced by the project, and obtaining advice for providing capacity building support to the organizations identified.

The work plan, budget and draft PMP for the project was submitted to USAID/Malawi on September 28, 2011, and the project is poised to start in October 2011 with a Project Director, OD Advisor, M&E Advisor, and other administrative and support staff. The CV of the proposed Project Director was submitted to USAID/Malawi at the end of September, which then informed AIDSTAR-Two that the job could be conditionally offered.

Challenges and proposed solutions: N/A

Deliverables:
- Work plan/budget
- PMP
- Weekly updates to mission on project start-up

Anticipated activities/plan for next six months*:*
Upcoming activities include finalizing staff hiring and beginning the on-boarding process; start-up activities including team building and technical orientation for Malawi-based project staff; and responding to requests for changes to the work plan, budget and PMP (if any). In addition, AIDSTAR-Two will conduct a half- or full-day event to orient senior staff and stakeholders to project purpose, objectives, and areas of technical assistance available under AIDSTAR-Two, as well as to the critical importance of local ownership of organizational capacity building.

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

Progress toward results: summary of activities, achievements, and results since last report:
The Responding to MARPs in MENA project aims to increase HIV/AIDS programming that meets the needs of most-at-risk populations in the Middle East and North Africa Region. The project provides support to community based programs for MSM and PLHIV in Morocco, Algeria, Tunisia, and Lebanon, and to a regional HIV/AIDS network, and also works to improve the capacity of civil society and work with partners to influence the enabling environment in the region.

Responding to MARPs in the MENA Region began as a pilot project implemented by the International HIV/AIDS Alliance in 2005. The project was subsequently implemented by the Alliance under the C-Change project, managed by AED. It will transition to the AIDSTAR-Two project, with funding beginning on Oct 1, 2011. During this reporting period, USAID, the Alliance, and MSH met together to develop a transition plan and timeline. These meetings also served to realign the strategic priorities of the project through the development of a strategic framework and PMP.

MARPs continue to be an underserved and under-recognized population in the region. There is limited CSO capacity and an absence of organizations to meet the needs of the population. Social, legal, and cultural obstacles continue to make mobilizing MARPs difficult. The Responding to MARPs in MENA project will continue to work with local organizations to increase their capacity to respond to the needs of MARPs in their communities, and work with strategic partners to improve the enabling environment through advocacy activities.

Challenges and proposed solutions:

There are no challenges to report at this time as the project is beginning in October 2011.

Deliverables:
- Work plan/budget
- PMP

Anticipated activities/plan for next six months:
In the next six months, the project will provide technical and financial support to eight civil society organizations in four countries, including a regional planning meeting for partners implementing MSM health programs. The project will also explore the possibility of scaling-up MSM activities to Jordan through conducting an initial assessment in partnership with the regional AIDS network, RANAA.

6. Africa Bureau

Progress toward results: summary of activities, achievements, and results since last report:
The project received a scope of work from the Africa Bureau to develop a technical paper on the use of information and communication technology in family planning, reproductive health and other health programs. The purpose of the paper is to examine the current use of ICTs to advance FP/RH and other health programs, and to identify the enabling conditions for further ICT use and scale up. The paper takes into account USAID's Repositioning Family Planning Initiative's three key intervention areas (advocating for policy change; strengthening leadership; and improving capacity to deliver services) for achieving its goal of increasing political and financial commitment to family planning; supporting expanded access to contraceptives; and helping meet women's stated desire for safe, effective modern contraception. The paper also discusses key ICT activities that fall under the *Elements of Success in Family Planning Programming* (JHU, 2008). The geographic focus of the paper is Sub-Saharan Africa. Following an initial review period, the paper was sent to the Africa Bureau and the COTR Team at the end of September 2011 for their review.

Challenges and proposed solutions:
It took the project staff an inordinately long time (7 months) to obtain a clear scope of work for this activity from Africa Bureau**.**

Deliverables: Technical brief will be completed in early PY4. A meeting with Africa Bureau to plan dissemination planned for mid-October.

Anticipated activities/plan for next six months:
It is anticipated that the paper will be widely circulated at the forthcoming December 2011 International Conference on Family Planning in Dakar, Senegal, among other dissemination mechanisms including CBKEN and a possible presentation at USAID. The meeting in Dakar will bring together 1,500 delegates to examine cutting edge research and programs and the use of technology, including use of ICT to advance the health and wealth of families and nations worldwide.

7. Central Asia (Kazakhstan and Tajikistan)

Progress toward results: summary of activities, achievements, and results since last report:
The HIV epidemics in Kazakhstan and Tajikistan require a solid understanding of the epidemiological data and the services currently available for the general population and those most at risk, as well as the gaps in program delivery. USAID asked AIDSTAR-Two and the International HIV/AIDS Alliance to conduct an assessment to develop a deeper understanding of the current status of HIV/AIDS services for MARPs, particularly for people who inject drugs, commercial sex workers, men who have sex with men, former prisoners, and people living with HIV (PLHIV). This assessment described the access to and quality of services being provided to these groups, and identified the service delivery gaps and capacity building needs of both non-governmental and governmental agencies. The assessment was conducted using qualitative research methodologies, namely semi-structured interviews and focus group discussions that were developed in partnership with AIDSTAR-One. The assessment was conducted in several sites located in Almaty, Shymkent, Ust-Kamenogorsk, Karaganda, and Temirtau in Kazakhstan, and in the cities of Dushanbe, Khujand, Vakhdat, Kurgan-Tube and Kulyab in Tajikistan.

Current challenges and proposed solutions:
AIDSTAR-Two is still waiting for final approval of the Tajikistan report. In addition, Kyrgyzstan has been at a standstill for one year with no information from the mission on how to program this funding, despite numerous requests for a scope of work.

Deliverables:
Two Reports:

- *Mapping of Key HIV/AIDS Services, Assessment of their Quality, and Analysis of Gaps and Needs of Most at Risk Populations in Selected Sites of Kazakhstan* (submitted in February, 2011)
- *Mapping of Key HIV/AIDS Services, Assessment of their Quality, and Analysis of Gaps and Needs of Most at Risk Populations in Selected Sites of Tajikistan* (submitted in March, 2011)

Anticipated activities/plan for next six months:
AIDSTAR-Two is looking forward to getting clear guidance on how to reprogram unspent funds from these two country assessments.

III. Monitoring and Evaluation Plan

Progress toward results: summary of activities, achievements, and results since last report:
During PY3, AIDSTAR-Two has continued to monitor project progress based on the global PMP. Data is collected on a quarterly basis; reviewed for accuracy, completeness, relevance; and aggregated to track progress for each sub-task toward planned targets for different output and outcome indicators in the PMP. An updated PMP report is routinely included in both the AIDSTAR-Two semi-annual and annual reports. The table in Annex A illustrates AIDSTAR-Two progress at the end of PY3 in meeting targets established for different indicators in the project's PMP.

Some Highlights from the PMP for Project Year 3

Production and dissemination of technical materials

- In PY3, AIDSTAR-Two produced 31 technical reports, including Technical Briefs on Organizational Capacity Building, the Performance-Based Financing Handbook, the Health Systems Strengthening for Most At-Risk Populations Reports for Jamaica and Vietnam, guidelines for HIV Prevention in Men who have Sex with Men (MSM) in Eastern Europe, the OVC HES toolkit, and others.

Increased use of project websites

- OVCsupport.net has become an increasingly popular website with now over 40,000 unique users. The number of users has increased five-fold since AIDSTAR-Two took over the site from the Alliance in June 2010 (PY2).
- The number of unique users on the Capacity Building Knowledge Exchange Network (CBKEN) has quadrupled since its launch in October 2010, with over 5,000 unique users from 105 countries.

Providing technical assistance to CSOs, networks, public sector institutions, and USG country teams

- During PY3, AIDSTAR-Two provided direct technical assistance to five US Government in-country teams. Cardno Emerging Markets through AIDSTAR-Two provided assistance in the areas of OVC Household Economic Strengthening to teams in Haiti, Kenya, and South Africa. AIDSTAR-Two also worked with the Vietnam and Jamaica teams to provide an analysis and set of recommendations to strengthen health systems to meet the needs of Most At-Risk Populations in those countries.

- 68 CSOs, networks, and public sector entities in Tanzania, Guatemala, Honduras, Mexico and Namibia received assistance from AIDSTAR-Two and improved their management, leadership, and governance capacity as indicated by progress made on their action plans.

Convening workshops and leading virtual seminars

- In PY3, AIDSTAR-Two supported various PEPFAR Technical Working Groups in organizing **conferences** in regions across the globe:
    - The **Social Welfare Workforce Strengthening Conference** in Cape Town, South Africa brought together over 160 participants from sub-Saharan Africa.
    - The **Regional Workshops on HIV and Drug Use** in Kenya and Ukraine brought together 89 and 120 participants respectively.
    - The **Asia Pacific Forum on Health Information Systems** in Manila, Philippines was attended by 130 participants from Southeast Asia. Subsequently, 8 of the 9 country teams from the Forum were enrolled in the Virtual Leadership Development Program which will end in October 2011. Participants were given the opportunity to enhance their leadership and management skills while working to take actionable steps towards achieving goals set in the action plans they created in Manila.
- AIDSTAR-Two continues to use **LeaderNet** as a platform to engage with local capacity builders in the areas of **Organizational Capacity Building**. In PY3, 860 participants took part in two LeaderNet seminars reaching 75 and 61 countries, respectively.

Anticipated activities/plan for next six months:
The PMP was developed for the first three years of the project. The draft PMP for Years 1-5 is included in the PY4 Workplan that has been submitted to the COTR.

IV. Management and Supervision

Progress toward results: summary of activities, achievements, and results since last report:
The combined expertise, resources and geographic location of AIDSTAR-Two staff and partners helped the project to complete all technical work in 18 countries (Guatemala, Honduras, Tanzania, Namibia, 7 countries in Eastern Europe, Tajikistan, Kazakhstan, South Africa, Kenya, Vietnam, Jamaica and Mexico) — either through field support buy-ins or in collaboration with TWGs — and begin start-up planning in Malawi, MENA and the DRC.

In February 2011, USAID notified the project that it planned to grant the two option years (Years 4 and 5); in September 2011 the contract was modified accordingly. The Semi-Annual Report and quarterly financial reports as well as all other deliverables were submitted on time by the central project staff based in the MSH Arlington, VA office. Quarterly financial and programmatic reports and other deliverables were also submitted in a timely fashion by field supported projects. AIDSTAR-Two Honduras experienced some challenges in timely submission of deliverables and NGO achievement of targets. Both of these issues were resolved to the satisfaction of the mission.

Throughout the year, the project's senior management team maintained regular communication with the COTR and the COTR team in the Office of HIV AIDS throughout PY3, as the AIDSTAR-Two COTR role transitioned from Emily Hughes to Laurie Rushton in March 2011. Meetings with the COTR, scheduled every two weeks, were changed to once a month, with some interim telephone calls. The project team oriented the new COTR to AIDSTAR-Two budget reporting. The end of PY3 was unfortunately marked by some staffing reductions in the project due to the unexpectedly low level of HOP funding. Unrelated to the HOP funding, Adam Mbundure will leave the project as

Financial Director in November 2011, as he has accepted the role of Finance Director in another MSH project. His replacement is being sought.

The pace of implementation of project activities and spending has been steady for the most part throughout the year. Programming and approval of activities improved, although there were instances of AIDSTAR-Two receiving SOWs in the second and third quarters of the year for funding obligated at the beginning of the fiscal year (e.g., delayed HIS SOWs, Africa Bureau, Care and Support and MARPs SOWs for PWID conferences).

Challenges and proposed solutions:
AIDSTAR-Two staff members are eager to assist missions in other countries to strengthen the capacity of local implementers. At present, the most significant challenge in AIDSTAR-Two continues to be the limited number of country buy-ins. With two more years in the contract, the project is well positioned to accept field support from two to three more countries and there is ample time to provide this TA. AIDSTAR-Two can support TA requests for 1- 1 ½ years or, if the missions so desire, for a shorter period of time. Currently all AIDSTAR-Two field support projects are operating efficiently and effectively and there are no limitations on accepting new work. Failure to get additional buy-ins in PY4 will affect the project momentum that has been building in PY2 and PY3, will affect the overall potential impact of the project, and will strain the project's financial situation. Hopefully in PY5, there will be additional core funding for the project as by that time the current existing OPHSS pipeline will be expended.

Anticipated activities/plan for next six months:
AIDSTAR-Two looks forward to working closely with the COTR and COTR team, as well as the TWGs on PY4 activities. The AIDSTAR-Two team hopes to work with the COTR on country-buy ins. In the first six months of PY4 and throughout the year, AIDSTAR-Two will continue to work hard to assure timely, quality performance in all areas of the project.

V. Financial Overview

As Project Year 3 comes to a close, the total obligation for the project stands at $17,697,230 ($8,417,352 [48%] CLIN 1 and $9,279,878 [52%] CLIN2). The obligation total is 57% of the PY 1-3 ceiling of $30,932,119. As has been the trend to date, the biggest challenge for the project is the slow pace of field buy-in. The ratio of Field to Core buy-ins, however, improved significantly to 52%:48%, compared to the 46%:54% ratio at the end of PY2. Hopefully AIDSTAR-Two will get more buy-ins in PY4 and PY5 to close the gap between total obligations the approved ceiling.

An interesting thing to note is that $2,876,506 of the obligated funds remained unspent at the end of PY3, compared to the $4,441,582 at the end of PY2. Of the remaining funds, 58% ($1,655,875) is from CLIN1. The level of unprogrammed funds went down significantly, with only $614,000 remaining to be programmed at the end of PY3. This is testimony to the good work by the COTR team who pushed for SOWs and approved them quickly. The MSH team was also aggressive in requesting that activities be programmed and in implementing approved activities.

While activity approvals improved significantly in PY3, there were still TWGs that were slow to provide SOWs, and in some cases, activities were approved but implementation was slow for a number of reasons, a good example being the Namibian centerships. While OPHSS TWG did not obligate any new funds in PY3, programming of some of the carry-forward amount was still slow, and $55,091 will be carried forward to PY4, the largest in CLIN 1. The OVC TWG, as usual, was the best in terms of programming funds and executing activities with project staff. The balance carried forward of $358,505 is mainly due to the OVC TWG having obligated an additional $280,000 toward the end of PY3. Implementation of CHIS centership activities in Namibia was slow. Planned CHeSS activities were suspended

altogether after the Bangkok meeting in July and in mutual agreement with the HIS TWG. This explains the $374,000 balance under the HIS TWG.

As in previous PYs, CLIN2 (Field Support) spending was in line with obligations, with 88% of available funds spent. The percentage could have been much higher, but the project received a $625,000 obligation from MENA in the last quarter of the PY and only $20,000 of that was spent, thus increasing the balance at the end of the PY. There was also $186,000 from CAR that has remained unprogrammed. Activities in Tanzania were also mostly only moving forward in the last quarter, and as a result $131,000 remains.

Annex A. Performance Monitoring Plan

Task One and Two: Promote Best Practice Modules and Support Service Provider Networks											
			Year 1	Year 2	Year 3						
	Sub-task: PMP Indicators	Yr 1-5 Cumulative Target	Q3-4	Q1-4	Q1	Q2	Q3	Q4	Cumulative to Date	% of Cumulative Targets Achieved to Date	Comments
1.1	Number of hits on the AIDSTAR Project website (CBKEN)	19,000			2524	3,505	1,766	2,033	**9,828**	**51.7**	Site was launched in Oct 2010 **(Q1/Yr3);** 105 countries/territories **(Q3/Yr3)**
1.2	Number of unique users to CBKEN after its launching in October 2010	13,500			1228	1,799	1,108	1,287	**5,422**	**40.2**	Users visited the site from 96 countries **(Q1/Yr3);** 54% increase in unique users **Q2/Yr3** since launch; unique users from 105 countries/territories **(Q2/Yr3);**
1.3	Number of documents downloaded from OVCsupport.net (after re-branding, renovations and re-launching in March 2010)	200,000			16,242	22,796	21,589	27,331	**87,958**	**44.0**	The website was set-up not to measure number of documents downloaded, but rather captures the total number of documents (i.e. 1 document downloaded 10 times, is 10 downloads) **(Q3/Yr2);** 60% increase in downloads in **Q2/Yr3** from Q1/Yr3
1.4	Number of unique users to OVCsupport.net (after re-branding, renovations and re-launching in March 2010)	6000		8,275	5689	8,180	8,249	10,435	**40,828**	**680.5**	Unique visitors located in 133 different countries **(Q3/Yr2);** unique users in 149 countries by **Q1/Y3,** unique users in 163 countries by **Q2/Y3,** unique users from 167 countries/territories, total percentage increase since rebranding is 113% **(Q3,Y3)**
1.5	Number of key AIDSTAR - Two technical resource materials developed and disseminated, including case studies and surveys	30		4	4	4	4	1	**17**	**56.7**	Regional Consultation Final Report - Joint USAID & UNDP **(Q1/Yr2);** HES Toolkit **(Q2/Yr2);** IDU Survey , Capacity Building Technical Brief #1 **(Q3/Yr2);** Capacity Building Framework (Technical Brief #2), MSM in Eastern Europe: Implications of a hidden epidemic; Haiti Household Economic Strengthening Final Report **(Q1/Yr3);** , Kenya - HES OVC Site Visit Technical Guide, Haiti - HES OVC Tools Inventory; REDSO Guatemala network case,Kenya Household Economic Strengthening Final Report, Burundi CSO Assessment **(Q2/Yr3);** Technical Brief on "Tackling Planning and Implementation Challenges"; Purple Sky Network Case Study, PBF Handbook (Presented at USAID in April 2011); HSS for MARPs in Vietnam Report **(Q3/Yr3),** HSS for MARPs in Jamaica Report **(Q4/Yr3)**
1.6	Number of regional/national/local workshops and conferences convened to address best and promising technical practices and policies that broaden a multi-sectoral approach to HIV/AIDS	20		4	1		2	1	**8**	**40.0**	MSM Regional Consultation Workshop - Thailand **(Q1/Yr2);** OVC HES Workshop in Kenya **(Q2/PY2);** Child Protection Workshop & Cervical Cancer Workshop- Zambia **(Q3/Yr2);** Social Welfare Workforce Strengthening Conference - Cape Town **(Q1/Yr3);** PWID Conference in Kenya- June 2011, Health Information System Forum in Philippines-June 2011 **(Q3, Yr3);** PWID Conference in Ukraine **(Q4/Y3)**

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

	Sub-task: PMP Indicators	Yr 1-5 Cumulative Target	Year 1		Year 2		Year 3								Cumulative to Date	% of Cumulative Targets Achieved to Date	Comments
			Q3-4		Q1-4		Q1		Q2		Q3		Q4				
1.7	Number of participants who attend regional/national/local workshops and conferences disaggregated by gender, organization and by country	1300			272		161				219		120		**772**	**59.4**	MSM Regional Consultation Workshop - Thailand **(Q1/Yr2)** - not disaggregated by gender; OVC HES Workshop in Kenya -24 **(Q2/PY2);** OVC Child Protection Conference in the USA [68 F and 13 M]; 6 countries **(Q3/Yr2);** Cervical Cancer Workshop in Zambia [17F, 25M]; 12 countries **(Q3/Yr2)**; Namibia Centerships [14 F and 18M] **(Q3/Yr2)**; SWWS Conference in Cape Town; 20 countries, mostly donors + gov't ministries **(Q1/Y3);** PWID Conference in Kenya - 89 participants, 9 countries represented, Health Information System Forum in Philippines-June 2011 (130 participants, 16 countries represented) **(Q3/Y3);** PWID Conference in Ukraine - 120 participants, 11 countries **(Q4/Y3)**
			F	M	F	M	F	M	F	M	F	M	F	M			
					112	67	94	67			87	132	72	48			
1.8	Number of workshops and consultations completed to address assessment findings, discuss best practices, policies and programming recommendations	10					1		2		3		1		**7**	**70.0**	Haiti and Kenya - OVC HES workshops as well as consultations w/ mission and implementing partners **(Q2/Yr3);** South Africa OVC HES workshops as well as consultations w/ mission and implementing partners - 2 meetings; HSS for MARPs consensus meeting in Vietnam **(Q3/Yr3);** HSS for MARPs consensus meeting in Jamaica **(Q4/Yr3)**
1.9	Number of participants who attend workshops and consultations on assessment findings disaggregated by gender, organization and by country	200					36		54		39				**129**	**64.5**	Haiti HES for OVC workshop **(Q1/Yr3)**; Kenya HES for OVC workshop (2 meetings) **(Q2/Yr3);** South Africa HES for OVC workshop (2 meetings) **(Q3/Yr3)**
			F	M	F	M	F	M	F	M	F	M	F	M			
							12	18	25	31							
1.10	Number of USG country teams provided with technical assistance and strengthening activities	8					1		1		2		1		**5**	**62.5**	Not reported this quarter **(Q3/Yr2);** USAID/Haiti for HES OVC strengthening by Cardno **(Q1/Yr3);** USAID/Kenya for HES OVC strengthening by Cardno **(Q2/Yr3);** USAID/Vietnam - HSS MARPs assessment; USAID/S Africa OVC HES portfolio **(Q3/Yr3)**; USAID/Jamaica - HSS MARPs assessment **(Q4/Yr3)**
1.11	Number of participants in virtual seminars and programs conducted by AS Two by gender, organization and country	3500			574		70		435		425				**1504**	**1504.0**	Virtual seminar on capacity building paper. More than 20 countries participated **(Q3/Yr2);** CB + Country Ownership on CBKEN **(Q1/Yr3);** 435 LeaderNauts from CSO and NGO participants from 75 countries **(Q2/Yr3);** 425 LeaderNauts from 61 countries **(Q3/Y3)**
1.12	Number of virtual seminars or programs conducted by type of virtual program	14			1		1		1		1				**4**	**28.6**	Virtual seminar on CB paper **(Q3/Yr2);** Online discussion forum on the link between capacity building and country ownership in Dec 2010 **(Q1/Yr3);** LeaderNet Seminar Jan 2011 on organizational CB ft. CB Framework, 5 days **(Q2/Yr3);** LeaderNet Seminar June 2011 on Systematic organizational capacity for public sector, NGO and civil society organizations **(Q3/Yr3)**

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

	Sub-task: PMP Indicators	Yr 1-5 Cumulative Target	Year 1 Q3-4	Year 2 Q1-4	Year 3 Q1	Year 3 Q2	Year 3 Q3	Year 3 Q4	Cumulative to Date	% of Cumulative Targets Achieved to Date	Comments
1.13	Number of technical seminars or conferences where AIDSTAR-Two staff or partners deliver technical presentations on organizational capacity building and/or technical topics as they pertain to HIV/AIDS to USAID, CAs, international partners and national/local organizations.	25			5	6	2	2	**15**	**60.0**	(Sarah, Ummuro, Alyson) - Social Welfare Workforce Strengthening Conference in Cape Town, (Elden)- Action Planning Meeting - Men Who Have Sex with Men and Transgender Populations Multi-City HIV Initiative (Hong Kong), (Elden) - ILGA Conference in Amsterdam, (Sarah & Yadira) - OHA Partners Meeting, (Elden) - AIDS and Human Rights Conference in Cambridge **(Q1/Yr3),** (Ummuro)- HIV Capacity Building Summit in Nairobi, (Elden) - Caribbean PEPFAR Annual Meeting in Nassau, (AS-Two) - OHA Presentation on AS-Two, (Ummuro & Willow) - CBH Round Table presentation; (Willow & Erin) - present OVCsupport.net to OVC Taskforce, (Ummuro) - present SWWS to OVC Taskforce **(Q2/Yr3);** HIS Forum (Sarah and Ummuro**) (Q3/Yr3);** institutional capacity building at CHESS meeting in Thailand (Yadira and Judy Seltzer); 'The challenge of CBO Capacity Building: Moving toward best practice' at GHC (Ummuro) **(Q4, Yr3)**
1.14	Number of CSOs, public sector institutions, networks and multisectoral bodies for which technical assistance is delivered.	15		4		33		2	**39**	**260.0**	Central American Regional Network and National Networks in El Salvador, Guatemala & Nicaragua **[Q3/Yr2]**; Col Sol (Mexico) provided TA to 32 smaller NGOs to develop their strategic and annual operational plans **(Q3/Yr3),** Namibia Centerships - 2 (Rosh Pinah and Onderombapa), **(Q4/Yr3)**
1.15	Number of CSOs, public sector institutions, networks and multisectoral bodies that have received assistance and improved their management, leadership and governance capacity	13		4		33		2	**39**	**300.0**	Central American Regional Network and National Networks in El Salvador, Guatemala & Nicaragua **[Q3/Yr2]**; TA to Col Sol from AS-Two, Col Sol (Mexico) provided TA to 32 smaller NGOs to develop their strategic and annual operational plans **(Q3/Yr3),** Centerships in two communities in Nambia now have defined value statements, missions and visions, as well as an elected functioning governing board. **(Q4/Yr3)**
2.1	Number of assessments of networks (regional or national) completed to inform capacity building of the organization	8		7		1			**8**	**100.0**	Red Legal (CA regional human rights network) and 6 national networks (El Salvador, Nicaragua, Panama, Guatemala, Costa Rica & Honduras) **[Q3/Yr2]**; Col Sol **(Q3/Yr3)**
2.2	Number of assessments of CSOs/NGOs or other organizations that are members of the network	115		83		32			**115**	**100.0**	Mexico & Central America, Col Sol and Red Legal **[Q3/Yr2]**; Assessments of 32 NGOs by Col Sol **(Q3/Yr3)**
2.3	Number of participants from networks who attend training workshops by gender, organization and country	200	F M	138 F M 29 35	F M	F M	32 F M	F M	**170**	**85.0**	Mexico & Central America **[Q3/Yr2]**; CSOs participating in Col Sol training **(Q3/Yr3)**

Task Three: Provide Assistance to Field Missions/Bureaus

	Sub-task: PMP Indicators	Yr 1-5 Cumulative Target	Year 1 Q3-4	Year 2 Q1-4	Year 3 Q1	Year 3 Q2	Year 3 Q3	Year 3 Q4	Cumulative to Date	% of Cumulative Targets Achieved to Date	Comments
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	140	33	28	74		2		**137**	**97.9**	Honduras (6 AS-Two - MOST & QuickStart] [**Q1/Yr1**]; Hondureas- 33 Global Fund NGOs **(Q4/Yr1)**; Guatemala - Peten and Izabal networks [**Q1/Yr2**]; Peten and ;Guatemala - Service Delivery Assessment [7 CSOs in Peten & 5 CSOs in Izabal] [**Q2/Yr2**]; Guatemala [QuickStart] [**Q3/Yr2**]; Service Delivery for MARPs Assessments in Tajikistan (31) and Kazakhstan (37) [**Q1/Yr3**]; Honduras: CCM-H and Ministerial Facilitating Team from the Ministry of Health **(Q3/Yr3)**
3.2	Number of participants who attend workshops and consultations on assessment findings disaggregated by gender, organization, and by country	500	F M	F M 22	F M	F M	F M 61	F M 22	**105**	**21.0**	Consultative meeting in Armenia (3 women, 8 men)**[Q3/Yr2].** Guatemala QuickStart (7 men, 4 women) **[Q4/Yr2]**; Honduras: CCM-H (11) and Ministerial Facilitating Team from the Ministry of Health (9); EE Bureau Consultations (MSM Package of Services) - Moldova: 10, Belarus: 12, Russia: 19 **(Q3/ Yr3)**; Honduras - CCM-H (2), MoH (2); **(Q4, Yr3)**
				7 15							
3.3	Number of technical reports produced for organizational and public sector program managers and civil society practitioners to strengthen organizational and technical systems	65		1	2	5	2	1	**11**	**16.9**	KAP Survey Report, Honduras **[Q4/Yr2]**; Tajikistan and Kazakhstan Assessment Reports **[Q1/Yr3]**; Guatemala- two systematization reports, one course syllabus, and two research studies **(Q2/Yr3)**; Honduras - assessment report for the CCM-H; Eastern Europe MSM Guidance **(Q3/Yr3)**; Honduras - sysmatization report of the application of the adaptation of the RESPECT model **(Q4/Yr3)**
3.4	Number of CSOs, public sector institutions, networks and multisectoral bodies for which technical assistance is delivered.	58		10	16	1	1	1	**29**	**50.0**	Honduras (6 AS-Two - MOST Action Plan] **(Q1/Yr2)**; ; Guatemala - TA to Peten and Izabal for the development of grant proposals **[Q2/Yr2]**; Tanzania - National AIDS Control Program (NACP) and Tanzania Youth Alliance (TAYOA);**[Q3/Yr2]**; Guatemala NGOs (8); Honduras - 8 Global Fund recipients **(Q1/Yr3)**; Honduras - PASMO **(Q2/Yr3)**; Honduras - Ministerial Facilitating Team from the Ministry of Health **(Q3/Yr3)**; Tanzania - NACOPHA **(Q4/Yr3)**
3.5	Number of CSOs and networks receiving direct grant support from AS-Two aimed at improving organizational performance.	26		16		1			**17**	**65.4**	Honduras (6 AS-Two grantees), Guatemala 2 networks , 8 NGOs **(Q1/Yr2)**; Honduras - PASMO **(Q2/Yr3)**
3.6	Number of CSOs, public sector institutions, networks and multisectoral bodies that have received assistance and improved their management, leadership and governance capacity	50		4	22		1	2	**29**	**58.0**	Tanzania - National AIDS Control Program (NACP) and Tanzania Youth Alliance (TAYOA) reported improved performance, including improved M&E indicators and communication **(Q3/Yr2)**; Peten and Izabal in Guatemala and Gay Network in Honduras; the 8 key network development steps have been achieved; Guatemala - 8 NGOs, Honduras-6 NGOs, 8 Global Fund grantees. **(Q1/Yr3)**; Honduras - PASMO **(Q3, Yr3)**, Honduras - Ministerial Facilitating Team from the Ministry of Health, Tanzania - NACOPHA **(Q4,Yr3)**
3.7	Total number of local facilitators trained by type of tool for leadership, governance and management capacity building	100	13	36		7			**56**	**56.0**	Honduras - 1st LDP TOT **(Q4/Yr1)**; Honduras - TOT in MOST, QuickStart, LDP **(Q1/Yr2)**; Guatemala (4 staff - 2F & 2M), **[Q2/Yr2]**; Honduras - TOT in Strategic Planning (SP) [8F & 3M) and BPHP (3F & 2M) **[Q3/Yr2]**; Honduras- Proposal Development Workshop (5F & 2M) **[Q2/Yr3]**
			F M	F M	F M	F M	F M	F M			
				13 7		5 2					

Task Three: Provide Assistance to Field Missions/Bureaus

	Sub-task: PMP Indicators	Yr 1-5 Cumulative Target	Year 1		Year 2		Year 3								Cumulative to Date	% of Cumulative Targets Achieved to Date	Comments
			Q3-4		Q1-4		Q1		Q2		Q3		Q4				
3.8	Number of LDP or VLDP teams reporting progress vis-à-vis action plan on measurable results after six months of completing the program.	17			8										**8**	**47.1**	8 teams in Honduras completed the VLDP **(Q4/Yr2)**
3.9	Number of participants in virtual seminars and programs conducted by AS Two by gender, organization and country	82			10										**10**	**12.2**	Virtual Business Planning for Health, Honduras [**Q2/Yr3**]
			F	M	F	M	F	M	F	M	F	M	F	M			
					7	3											
3.10	Number of participants who attend face-to-face workshops and conferences disaggregated by gender, organization/ networks, and by country.	1800	85		752		196		135		42		136		**1346**	**74.8**	Honduras - Social Mobilization Model Training **(Q4/Yr1)**; Honduras - LDP workshop w/ Global Fund NGOs **(Q1/Yr2)**; Guatemala - Participatory Community Assessment **[Q2/Yr2]**; NACP/Tanzania [Accounting System]; Honduras – Human Rights, M&E, Qualitative Research Methods, Board of Directors, VCT, GBV, BPHP; Guatemala - Advocacy & Communications Workshop **[Q3/Yr2]**; Guatemala - Forum w/ Decision Makers; Prevention Forum on HIV; Anti-Stigma and Discrimination Workshop; Honduras - Contract Induction Training **[Q1/Yr3]**; Honduras- Counseling update in HIV/AIDS workshop, Proposal Development Workshop, Training of Directors from Garifuna Theatre Groups, Training for Theatre Groups in Scenery Arts & Creation of New Plays [**Q2/Yr3]**; Honduras workshops: RESEPCT Workshop (9 participants), Stress Management Workshop (11 participants), Socialization Protocol workshop cap 2011 (12 participants) **(Q3/Yr3)**; Honduras workshops: Workshop to discuss adjustments to CCM-H Statutes, Team Integration Workshop with Ministerial Facilitating Team and Dept of STI/HIV/AIDS; Masculinity Workshop; Governance Workshop; KAP 2011 Interviewers Training, LDP with PASMO **(Q4/Yr3)**
			F	M	F	M	F	M	F	M	F	M	F	M			
			0	85	221	410	114	81	68	67	30	12	94	42			

Annex B. Financial Report

Project Spending Analysis by Funding Source

	Obligated PY1-PY3	Actual Expenditure PY1-PY3	Pipeline Balance 9.30.11	Balance %
CLIN 1				
C&S	595,000	340,574	254,426	43%
HIS	1,140,000	766,283	373,717	33%
MARPS	205,000	89,862	115,138	56%
OPHSS	4,277,352	3,723,261	554,091	13%
OVC	2,200,000	1,841,495	358,505	16%
Total CLIN 1	**8,417,352**	**6,761,477**	**1,655,875**	**20%**
CLIN 2				
Africa Bureau (PY1)	5,359	5,359	-	0%
Africa Bureau Unilateral	75,000	38,661	36,339	48%
CAR- Kazakhstan	180,000	125,780	54,220	30%
CAR- Kyrgyzstan	100,000	9,465	90,535	91%
CAR- Tajikistan	140,000	99,235	40,765	29%
DRC	-	904	(904)	
E&E Bureau	506,000	414,754	91,246	18%
Guatemala	1,709,999	1,679,372	30,627	2%
Honduras	5,598,520	5,443,660	154,860	3%
Malawi	-	13,471	(13,471)	
MENA	625,000	19,124	605,876	97%
Tanzania	340,000	209,463	130,537	38%
Total CLIN 2	**9,279,878**	**8,059,247**	**1,220,631**	13%
Total Project	**17,697,230**	**14,820,724**	**2,876,506**	16%

Annex C. Trip Report Summaries

Annual Report Trip Report Summaries

Travelers: Elden Chamberlain, Network Capacity Building Advisor, HIV/AIDS Alliance
Destination: Nassau, Bahamas
Dates: March 13 – 19, 2011
Elden traveled to Nassau to present a session on HSS/MARPS project and Casual Analysis framework. He also participated in a panel session on coordination and sustainability of response. In addition to his presentation, he met with USAID Jamaica to review the HSS MARPS Jamaica report.

Travelers: Ummuro Adano, Senior Technical Advisor, Capacity Building – AIDSTAR-Two
Destination: Nairobi, Kenya
Dates: March 16 – 29, 2011
Ummuro attended the inaugural HIV Capacity Building Partners' Summit to present on "Organizational Capacity Building Framework: a foundation for stronger, more sustainable HIV/AIDS programs, organizations and networks" and assist with the facilitation of break-away sessions. He also conducted a CB café to introduce AIDSTAR Two Capacity Building Knowledge Exchange Network and demo of the database to hundreds of HIV/AIDS implementers including grassroots NGOs and CSOs. Ummuro interviewed three prominent NGO leaders in Kenya on the role of organizational capacity building to achieve an accelerated and sustainable HIV/AIDS response; their views will be shared via the AIDSTAR-Two website, CBKEN. Ummuro also wrote 3 blogs to provide technical highlights of the forum, one of which was featured on the Global Health Council's blog website.

Travelers: Erika Paez-Manjarres, Senior Program Officer at International HIV/AIDS Alliance
Destination: Mexico City, Mexico
Dates: April 4 -7 , 2011
Erika traveled to Mexico to provide technical assistance to ColSol in reviewing final version of their 2011-2013 Strategic Plan and 2011 Operational Plan, and to monitor the financial and program management of the AIDSTAR-Two project. Erika successfully drafted a Technical Support plan to ColSol for the following six months to guarantee the implementation of their Strategic and Operational Plan. Following six months of support of capacity building in the areas highlighted before and according to the TA Plan agreed with ColSol, the Alliance will visit the organization in September to evaluate and further support this process.

Travelers: Elden Chamberlain, Network Capacity Building Advisor - HIV/AIDS Alliance, Dovbakh Ganna, Consultant; Vlada Rabinova, Consultant; Yriy Sarankov, Consultant
Destination: Armenia, Georgia, Azerbaijan
Dates: April 9 -14, 2011

The team traveled to Armenia, Georgia and Azerbaijan to conduct a meeting with country stakeholders on the Package of Prevention, Care and Support Services for MSM/LGBT. Meetings were held in each country to provide an overview on the AIDSTAR-Two assessment results, present and discuss the concept of a draft package of prevention, care and support for MSM in the Eastern European region. There was a generally positive reception to the package and the team discussed ways it could be useful in developing MSM/HIV programs.

Travelers: Erin Rains - Program Officer, AIDSTAR-Two; Adam Mbundure - Director of Finance and Administration, AIDSTAR-Two
Destination: Namibia
Dates: April 18-27, 2011

The team traveled to Namibia to meet with stakeholders and partners to plan upcoming work for the Namibia HIS Centerships activity. Adam Mbundure and Erin Rains from AIDSTAR-Two met with USAID Namibia as well as key stakeholders in both Tutungeni and Aminuis. As a result of the meetings the team was able to obtain a commitment from the regional MOHSS to provide training and participant transportation during training for CHWs, identify next steps with USAID Namibia, define the role of the Peace Corps volunteer and agreed to return in a few months to help build consensus and relationships between the various groups in the community. In their debrief meeting with USAID-Namibia the AIDSTAR-Two team created a communications plan to improve the communications of the project. They also identified some potential candidates for the consultant position, but are looking into alternative options to subcontract to a local organization.

Travelers: Alyson Clark, Program Officer, AIDSTAR-Two
Destination: Manila, Philippines
Dates: April 24 - 30, 2011
Alyson Clark traveled to Manila to prepare for the HIS Forum in Manila that will take place in June, 2011. She visited the WHO-Conference center to determine the layout for the event, visited four potential hotels, and met with other vendors, and stakeholders, including USAID, WHO-WPRO, and the department of health to discuss the logistics and need for the HIS Forum.

Travelers: Mateo C. Rutherford and Antonio Purcel De Ogenio, Consultants
Destination: San Pedro Sula, Honduras
Dates: April 26 – 30, 2011
The consultants facilitated a workshop on counseling services based on the risks of HIV using the RESPECT methodology. The RESPECT training was conducted for 13 participants and 6 observers. The trainers met with AIDSTAR-Two, NGO staff and the Secretary of Health staff to discuss their availability for follow-up technical assistance if needed.

Travelers: John Fay, Melanie Newman, Consultants
Destination: South Africa USAID Mission
Dates: May 9 -20, 2011
The consultants provided technical support to USAID/South Africa, which seeks to promote HES for OVC activities through its portfolio of service delivery partners. USAID/South Africa would like to increase the capacity of implementing partners focusing on economic strengthening for orphans and vulnerable children and their caregivers. During the TDY the team hosted two full day HES workshop for 51 participants. They visited seven service delivery partners selected by USAID, to provide targeted technical assistance on HES program design. They also shared resources, tools and recommendations with the partners. On their last day in country the team shared their findings and recommendations with USAID South Africa, Economic Growth Representative and four AGM partners.

Travelers: Dovbakh Ganna, Vlada Rabinova, Yriy Sarankov, Elden Chamberlain, Oleh Aliohin, Myroslava Debelyuk, HIV/AIDS Alliance Consultants
Destination: Belarus, Russia, Moldova
Dates: May 10 – 20, 2011
The purpose of this trip was to participate in the country stakeholder meeting on the Package of Prevention, Care and Support Services for MSM/LGBT. The team met with key HIV response stakeholders in each country. At the meeting they provided an overview of the AIDSTAR-Two assessment results, and discussed the draft package of prevention, care and support services for MSM in the Eastern Europe region. At the end of each meeting the team developed an agreement with the key stakeholders on the next steps for service planning on the country level.

Travelers: Erin Rains, Program Officer-AIDSTAR-Two
Destination: Kiev, Ukraine

Dates: **May 14 – 22, 2011**

Erin Rains traveled to the Ukraine to conduct preparatory work for the Regional Workshop on HIV and Drug Use in Kyiv, Ukraine. During this trip, Erin met with representatives from the InterContinental and the President Hotel. Based upon the price offered and the facilities available, President Hotel was selected as the venue for the conference. Erin also finalized roles and responsibilities with the Alliance office in Ukraine. Erin met with and requested quotations from two simultaneous translation companies. A printer was identified and a quotation requested.

Travelers: Sarah Johnson, Project Director – AIDSTAR-Two, Ummuro Adano, Senior Technical Capacity Building Advisor – AIDSTAR- Two, Alyson Clark, Program Officer, AIDSTAR-Two; Teri Brezner, Program Coordinator, AIDSTAR-Two

Destination: **Manila, Philippines**

Dates: **June 6 - 17, 2011**

The team traveled to Manila to convene the four day HIS Conference. The trip activities included: co-organizing a 2 day Pre-Forum Meeting, registering participants, coordinating the reception, and coordinating speakers, country team facilitators, delegate and donor points of contact for each country, and rapporteurs. Sarah and Ummuro both served as country team facilitators throughout the week and also made presentations on multi-sectoral collaboration and the HIS VLDP respectively. The forum successfully broadened delegates' perspectives on implementation options, challenges, and roles related to HIS by interacting with colleagues from other countries and sectors. The delegates and donor participants also worked together to develop preliminary action plans to promote stakeholder engagement and commitment to HIS.

Travelers: **Adam Mbundure, Director of Finance and Administration – AIDSTAR-Two**

Destination: **Zimbabwe**

Dates: **June 9, 2011**

Adam Mbundure met with USAID Zimbabwe to introduce the work of AIDSTAR-Two and the Alliance and provide them with an orientation. The AIDS Network also detailed their work and their relationship with the Alliance.

Travelers: **Yadira Almodovar-Diaz, Senior Program Officer – AIDSTAR-Two, Lourdes de la Peza, Principal Program Associate - MSH**

Destination: **Tegucigalpa, Honduras**

Dates: **June 19-July 2, 2011**

The purpose of this trip was to deliver technical support to the Country Coordinating Mechanism of Honduras to address internal governance and communication challenges and assist the Ministerial Facilitating Team responsible for leading the implementation of the first phase of the National Integrated STI/HIV/AIDS Strategy in strengthening core competencies to achieve their mandate. The team successfully completed the diagnostic assessment through a review of the CCM-H governance documents and semi-structured interviews with 20 key informants (see contact list on section four below). The results of the assessment were presented to USAID Honduras, and later the General Assembly. Together with the General Assembly, Yadira Almodovar-Diaz and Lourdes De La Peza agreed on additional TA support they would provide between July and September. The team also successfully conducted semi-structured interviews with former members of the Ministerial Technical Team that contributed to the development of the National Integrated STI/HIV/AIDS Strategy to identify what worked well during their collaboration, what needed to be improved, the anticipated challenges and competencies needed to effective plan and implement phase one of the strategy.

Travelers: Sarah Johnson, Project Director - AIDSTAR-Two; Adam Mbundure, Director of Finance and Administration - AIDSTAR-Two

Destination: **Namibia**

Dates: **June 24 – July 7th, 2011**

Sarah and Adam traveled to Namibia to provide direction and training to Centership Project communities in (Rosh Pinah and Onderombapa) and monitor progress to date. They met with other Centership stakeholders including Ministry of Health and Social Services (regional and central), Peace Corps, USAID Namibia, etc. to assure that there is a common understanding of the Centership Project and roles and responsibilities of different players are clear. The successful outcomes of trip included strengthening both communities, identifying a local consultant, coordinating with the MOHSS and orienting the new Peace Corps Volunteer (PCV) in Rosh Pinah.

Travelers: Erin Rains, Program Officer-AIDSTAR-Two
Destination: **Kiev, Ukraine**
Dates: **July 6 – 16, 2011**

Erin Rains traveled to the Ukraine to conduct the five day Regional Workshop on HIV and Drug Use in Kyiv, Ukraine. During this trip, Erin coordinated the registration, reception, speakers, moderators and facilitators. 120 participants from the Eastern Europe and Central Asia region who work in areas related to HIV prevention, care and treatment for people who inject drugs attended the Regional Workshop on HIV and Drug Use. The conference facilitated technical exchange between participants from diverse fields and countries, and strengthened relationships between the delegates. The workshop identified specific promising practices, and had that opportunity to discuss presentations and ideas throughout the conference and during the designated question and answer session on the fourth day of the conference. The fifth day of the conference, focusing on gender in concentrated epidemics, resulted in increased awareness and comprehension of gender-related issues.

Travelers: Yadira Almodovar-Diaz, Senior Program Officer-AIDSTAR-Two; Judy Seltzer, Director, Technical Strategy and Quality Assurance, MSH
Destination: **Bangkok, Thailand**
Dates: **July 10 – 15, 2011**

Yadira and Judy traveled to Thailand to facilitate two sessions on institutional strengthening at the Country Health System Surveillance (CHeSS) Workshop focused on Health Progress and Performance Reviews, Analysis Methods and Tools. Yadira and Judy successfully delivered presentations at both sessions. They distributed electronic and hard copies of AIDSTAR-Two technical briefs on Organizational CB Framework and the Institutional Readiness Toolkit developed by USAID and the World Bank. They also had some discussions with the conference coordinators on possible ways AIDSTAR-Two could follow up on the outcomes of the project.

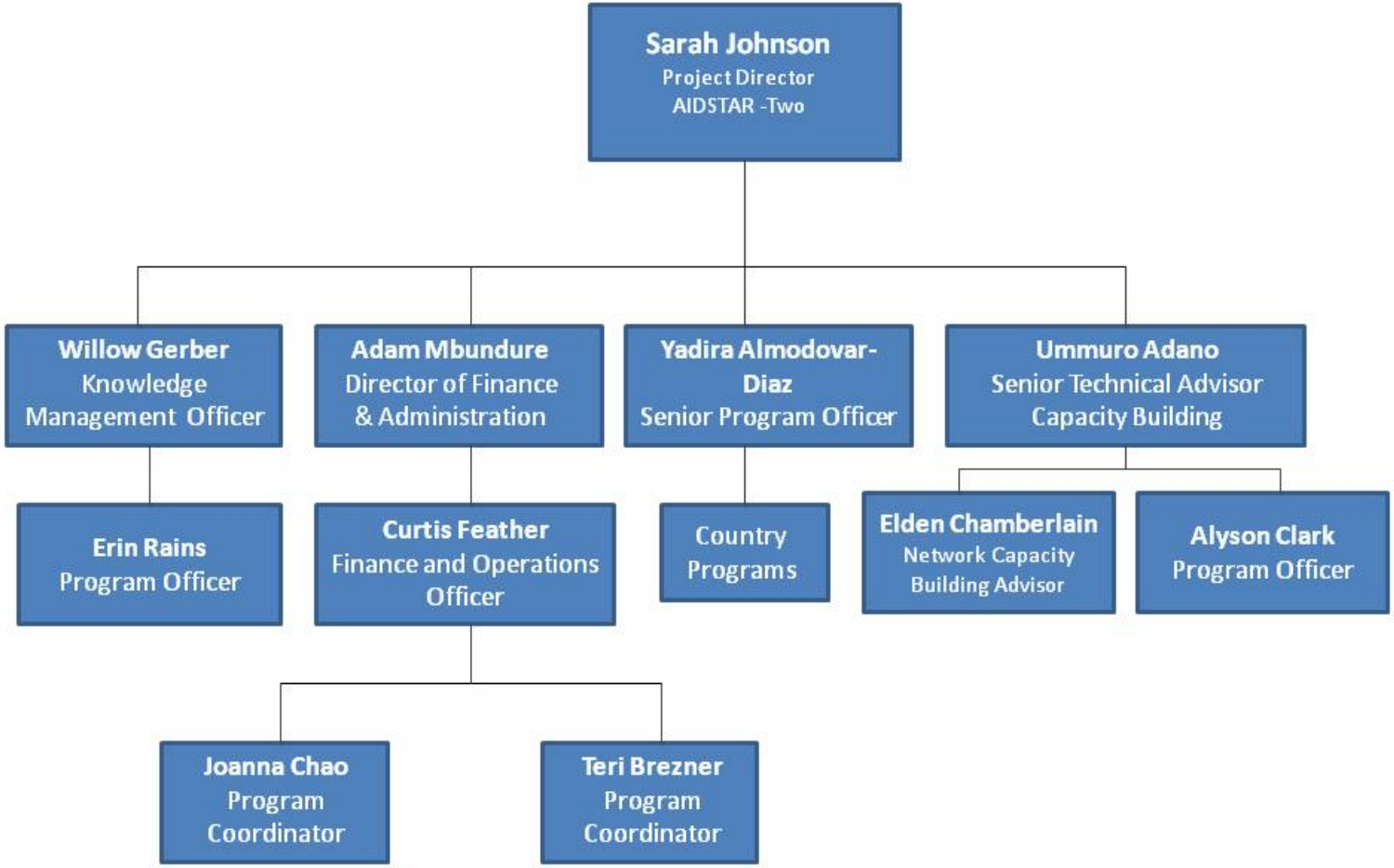
Travelers: **Yadira Almodovar-Diaz, Senior Program Officer-AIDSTAR-Two**
Destination: **Tegucigalpa, Honduras**
Dates: **September 11th –October 8th, 2011-10-20**

Yadira Almodóvar-Díaz, traveled to Honduras to provide on-going management support for project-related activities (e.g., new competitive RFA, KAP study, assistance to the local team with the development of the fourth quarterly progress report and the FY11 annual report, HR changes, etc.), attend meetings at USAID and with the staff, and continue the recruitment process of the new project director. All the deliverables and activities proposed were accomplished, including but not limited to the timely submission of the FY11 annual and the fourth quarterly reports, and the FY12 work plan and budget, which was approved by USAID Honduras and Washington. In addition, a no-cost extension of PASMO's contract was negotiated and issued and the final modification to the NGOs contracts was also approved and signed. During the debriefing session, it was also agreed with Dr. Avilez that the due date for applications in response to the competitive RFA should extended by one additional week as AIDSTAR-Two Honduras had not received the amount of applications it was anticipated. This extension was also approved by MSH Contracts and the new due date for applications was October 18th. A revised RFA timeline was agreed with Dr. Avilez who has expressed satisfaction with the overall performance of the project over the past several months.

Travelers: **Loudres de la Peza, Principal Program Associate, MSH**

Destination: **Tegucigalpa, Honduras**
Dates: **September 19th -30, 2011-10-20**
Lourdes de la Peza traveled to Honduras to assist the Ministerial Facilitating Team responsible for leading the implementation of the first phase of the National Integrated STI/HIV/AIDS Strategy in strengthening core competencies to achieve their mandate and to deliver technical support to the Country Coordinating Mechanism of Honduras to address internal governance issues. Lourdes successfully facilitated a meeting with the MFT to review their structure and performance in the last month according to the process and rules established in June. She also conducted Integration and Teambuilding Workshop with the MFT and the National STI/HIV/AIDS Program Team for 26 people, it was a complete success.

Travelers: **Adam Mbundure, Director of Financial Management and Operations, AIDSTAR two Project; Erin Rains, Program Officer, AIDSTAR-Two Project**
Destination: **Windhoek, Namibia**
Dates: **September 23 – October 5, 2011**
Adam Mbundure and Erin Rains traveled to Namibia to train and equip the Centership committees with sufficient knowledge and training to make significant progress toward developing a centership-run business, as well as monitor the progress of the community health worker program. The team attended training for eleven community health worker volunteers selected by the clinic and the Peace Corps Volunteer participated in a five-day training provided by the regional MOHSS on how to effectively communicate health messages to community members and provide referrals. They also provided business planning training for for Rosh Pinah and Onderombapa centership communities. Adam Mbundure and Erin Rains held several meetings with key stakeholders, including the Peace Corps Volunteer, MOHSS and the consultant to solidify the commitment and finalize next steps.

Travelers: **Alyson Clark, Program Officer, AIDSTAR-Two Project**
Destination: **Lilongwe, Malawi**
Dates: **09/09/11-09/16/11**
Alyson Clark traveled to Malawi to initiate the project start up. During her trip she attended several meetings with key stakeholders, including Ndasowa Chitule at USAID/Malawi to discuss the proposed scope of work, outline for workplan, project reporting and communication, deliverables, strategic framework, and timeline. She also worked with the MSH Chief of Party, Rudi Thetard to discuss office operations. While in country she interviewed several candidates for the positions of Project Director and Organizational Development Specialist. Alyson Clark also spoke with Dan Craun-Selka, Pact/Malawi Country Director, to discuss the Community REACH project and the approach Pact used in working with the organizations, the successes and challenges of the project, and the organizational development areas that were of greatest need for the organization

Annex D. AIDSTAR-Two Organizational Chart (MSH Arlington)