



**RESPOND**



## RESPOND Project

(Improving HIV/AIDS Services among Most-at-Risk Populations in Ukraine)

# Annual Report

October 1, 2012 – September 30, 2013  
Cooperative Agreement No AID-121-A-12-00001

# 2013

# TABLE OF CONTENTS

<b>EXECUTIVE SUMMARY.....</b>	<b>3</b>
<b>SUMMARY OF FY13 RESULTS.....</b>	<b>5</b>
Cross cutting: Engage GoU, GF, GF PRs, Civil Society, AIDS Councils And Other Stakeholders In Order To Facilitate Buy In/Partnership And Coordination.....	5
<b>OBJECTIVE 1: INCREASE THE QUALITY OF HIV/AIDS SERVICES TARGETED TO MARPS AND THEIR SEXUAL PARTNERS.....</b>	<b>5</b>
IR 1.1: Improve The Design Of HIV/AIDS Services That Are Data Driven And Respond To The Changing Epidemic Patterns.....	5
IR 1.2: Improve The Delivery Of State-Of-The-Art HIV/AIDS Services.....	6
<b>OBJECTIVE 2: STRENGTHEN THE CAPACITY OF UKRAINIAN INSTITUTIONS TO DELIVER QUALITY HIV/AIDS PROGRAMS.....</b>	<b>6</b>
IR 2.1: Improve The Quality Of HIV/AIDS Services.....	6
IR 2.2: Design And Roll Out Models To Deliver Facility And CSO Level Performance Through A Cascaded Capacity Development Approach.....	7
IR 2.3 Strengthening Relational Capacities For A Networked Response.....	7
<b>OBJECTIVE 1: INCREASE THE QUALITY OF HIV/AIDS SERVICES TARGETED TO MARPS AND THEIR SEXUAL PARTNERS .....</b>	<b>8</b>
<b>IR 1.1: Improve The Design Of HIV/AIDS Services That Are Data Driven And Respond To The Changing Epidemic Patterns .....</b>	<b>8</b>
<b><i>1.1.1: Strengthen The Analysis And Utilization Of Data To Improve HIV/AIDS Program Planning And Implementation.....</i></b>	<b>8</b>
<i>Secondary Data Review.....</i>	8
<i>Strengthening Data Demand And Use For Decision Making.....</i>	8
<i>Service Mapping.....</i>	11
<i>Gis Training For Partners.....</i>	12
<i>Intervention Inventory.....</i>	13
<b><i>1.1.2: Develop And Execute A National Implementation Science Plan Around Key Populations.....</i></b>	<b>14</b>
<i>Implementation Science Technical Working Group.....</i>	14
<i>Contributing To Stronger National M&amp;E Initiatives.....</i>	14
<b><i>1.1.3: Identify Existing Evidence Based Interventions And Adapt Selected Effective Behavioral Interventions (EBIs) To The Ukrainian Context.....</i></b>	<b>15</b>
<i>Effective Behavioral Interventions.....</i>	15
<b>IR1.2: Improve The Delivery Of State-Of-The-Art HIV/AIDS Services.....</b>	<b>16</b>
<b><i>1.2.1: Define And Refine A Compendium Of Evidence Based Hiv Services, With A Focus On Combination Prevention.....</i></b>	<b>16</b>
<i>Trainings For Ebi Grantees (Street Smart, Project Start, Mpowerment)....</i>	17
<i>Is Grants.....</i>	18
<b><i>1.2.2: Provide Technical Assistance To Test, Package And Disseminate State-Of-The-Art And Cost-Effective HIV/AIDS Service Models To Be Taken To Scale..</i></b>	<b>18</b>

## TABLE OF CONTENTS

<b>OBJECTIVE 2: STRENGTHEN THE CAPACITY OF UKRAINIAN INSTITUTIONS TO DELIVER QUALITY HIV/AIDS PROGRAMS.....</b>	<b>19</b>
<b>IR 2.1: Improve The Quality Of HIV/AIDS Services.....</b>	<b>19</b>
<b>2.1.1: Strengthen Technical Quality And Cost-Effectiveness Of The GoU, PRs And CSOs.....</b>	<b>19</b>
<i>Piloting Quality Improvement Process.....</i>	<i>19</i>
<i>Providing Quality HIV Counseling And Testing Services In TB Facilities Of Chervonohrad And Zhovkivsky Rayons, In Lviv Region.....</i>	<i>21</i>
<i>Improving The Quality And Coverage Of HIV Counseling And Testing For Key Populations In The City Of Lviv.....</i>	<i>21</i>
<i>Improving The Continuum Of Care And Support To PLHIV And Key Populations In Bilgorod-Dnistrovskyi Rayon, Odessa Region.....</i>	<i>22</i>
<i>Improving Quality And Coverage Of Services For Those Detained In, And Released From, Detention Centers In Odessa Region.....</i>	<i>22</i>
<i>QI For Csos.....</i>	<i>22</i>
<i>Piloting Whole Of Site Mentoring.....</i>	<i>22</i>
<i>Mentored Grants For Csos (Service Grants).....</i>	<i>23</i>
<i>Sensitization Of Health Professionals.....</i>	<i>25</i>
<b>2.1.2: Strengthen Ukrainian Organizations To Serve As Long Term Sources Of State-Of-The-Art Technical And Organizational Capacity Building Through A Client/Vendor Service Purchasing Model.....</b>	<b>25</b>
<i>The Marketplace.....</i>	<i>25</i>
<i>Capacity Development Forum.....</i>	<i>27</i>
<b>IR 2.2: Design And Roll Out Models To Deliver Facility And Cso Level Performance Through A Cascaded Capacity Development Approach.....</b>	<b>28</b>
<b>2.2.1: Improve The Performance Of Csos And The Public Sector To Generate And Use Data For Strategic Program Decision Making.....</b>	<b>28</b>
<i>Regional KYE/KYR/KYC AND DDUDM Workshops.....</i>	<i>28</i>
<i>Regional DDUDM Training (Mykolayiv).....</i>	<i>29</i>
<b>2.2.2: Support PRs As Capacity Developers.....</b>	<b>29</b>
<b>2.2.3: Cso And Facility Level Performance Strengthening.....</b>	<b>31</b>
<b>IR 2.3: Strengthening Relational Capacities For A Networked Response.....</b>	<b>33</b>
<b>2.3.1: Establish A New Joint Vision For The Key Populations Sector.....</b>	<b>33</b>
<b>2.3.2: Strengthening National And Regional Networks.....</b>	<b>33</b>
<i>National And Regional Visioning Events.....</i>	<i>33</i>
<b>CROSS-CUTTING ACTIVITIES.....</b>	<b>36</b>
<i>Project Launch.....</i>	<i>36</i>
<i>Selected Project Regions.....</i>	<i>36</i>
<i>Technical Working Groups.....</i>	<i>37</i>
<i>Usg Annual Stakeholders Meeting.....</i>	<i>37</i>
<i>Monitoring And Evaluation Baseline Survey.....</i>	<i>37</i>
<i>Short-Term Technical Assistance Overview.....</i>	<i>38</i>
<b>ISSUES AFFECTING THE PERFORMANCE AND THE WAYS TO ADDRESS THEM..</b>	<b>41</b>
<b>MANAGEMENT.....</b>	<b>41</b>
<b>PLANS FOR FY14.....</b>	<b>42</b>

## EXECUTIVE SUMMARY

RESPOND completed a very successful first year and laid a strong foundation for achieving its goal of improving HIV/AIDS services for key populations in Ukraine. RESPOND has brought a new way of working to the Ukrainian HIV/AIDS response through its focus on innovation, quality and state-of-the-art and evidence based approaches. In FY13, the Project launched several activities in accordance with its work plan that were by defined as innovative, high quality, evidence-based and state-of-the-art.

As one of its first major activities, the Project brought together international and national actors from the HIV sector (Ministries, UN Agencies, bilateral agencies, other USAID partners, PLHIV groups, and other key government and civil society stakeholders) for a visioning event at the national level in December 2012. This was followed by regional visioning events in February and March 2013 in each of the five Project regions. These visioning events served to catalyze a new way of working and a new quality of partnership within the HIV/AIDS sector, and helped to build a shared understanding around the future of this sector by clarifying the roles of different stakeholders within the sector, and developed strategies to achieve this joint vision.

Another critical project activity in Year One was the selection (in consultation with key stakeholders), and piloting three service delivery programs utilizing Effective Behavioral Interventions (EBIs). EBIs are proven to be effective through rigorous international studies and have been included in the CDC (US Center for Disease Control) compendium of EBIs. EBI is an evidence and theory-based approach for delivering an HIV service, including a package containing specific program and set of tools for delivering that service. The selection of EBIs to be piloted in Ukraine was based upon a detailed review of the latest epidemiological, behavioral, contextual and program data in Ukraine and an in depth analysis of the corresponding gaps in services provided to particular key populations. They include: 1) Street Smart targeting at-risk youth and adolescents, 2) Project Start targeting soon to be released prisoners, and 3) Mpowerment targeting men who have sex with men. These scientifically proven, cost-effective and scalable interventions, when implemented correctly and adapted to the Ukrainian context, demonstrate a potential to reduce new infections to yield a major impact on the HIV epidemic.

In order to assess the implementation of the three EBIs (Project START, Street SMART and Mpowerment) in the Ukrainian context, RESPOND awarded three implementation science research grants to Ukrainian research institutions. With technical support from RESPOND, these research institutions developed protocols to assess the fidelity of the implementation to the EBI design as well as the resulting outcomes and the studies will begin in year two. These IS studies will expand the evidence base for relevant and appropriate interventions targeting key populations in Ukraine.

In a related activity, RESPOND also conducted an inventory of HIV/AIDS behavioral and other interventions in Ukraine. The Intervention Inventory will be used to identify local EBIs for potential implementation science studies to be conducted by RESPOND and will serve as the basis for a national IS plan to be developed in FY14. The data collection was conducted through a series of interviews with key umbrella organizations, including the three Global Fund (GF) PRs, United Nations organizations, and international and local CSOs. A total of 106 national interventions targeting key populations were included in the Intervention Inventory. In addition to the inventory itself, an Intervention Inventory Guide (“poryadok”), which includes a definition of “intervention” and an approach to the categorization of evidence (based on the CDC tiers of

---

» evidence) was also drafted. As of September 30, RESPOND had collected international/local evidence for 23 interventions.

In addition to its ongoing EBI and IS activities, RESPOND also made significant strides towards its goal of strengthening Ukrainian organizations to serve as long term sources of state-of-the-art technical and organizational capacity building. First, the Project awarded five service grants to provide key services targeting key populations. For both service and EBI grants, RESPOND provides mentoring by using Pact's innovative capacity development tools, including the Integrated Technical and Organizational Capacity Assessment (ITOCA), and Organizational Performance Index (OPI). Based on the ITOCA, RESPOND assisted all grantees with developing Institutional Strengthening Plans (ISPs) that serve as a road map for an organization's capacity development. At the regional level, another innovate Pact tool, the Organizational Network Analysis (ONA), was applied to assess the degree to which HIV/AIDS service organizations and facilities are linked. All of these tools were very well received by partners in Year One.

Second, RESPOND also worked closely with each of the Principle Recipients of the Global Fund Round 10 (PRs) then developed and began implementation of collaborative frameworks (previously called ISPs) with each of them. These collaborative frameworks were based on the results of a desk review and consultations held with PRs regarding their work plans, and capacity development needs. The review included needs of both the PRs themselves as well as needs of CSOs supported by PRs.

Third, RESPOND also expanded an innovative client/vendor service purchasing model called the Marketplace to include HIV/AIDS specific technical expertise. The Marketplace web-portal was developed through the USAID-supported UNITER project, also implemented by Pact, and it maps the needs for capacity development (the demand), as well as the existing providers (the supply) of capacity development. It then connects local demand for capacity development services with local supply. The Marketplace mechanism provides an opportunity for Ukrainian institutions and organizations to apply for and receive vouchers (mini-grants) for capacity development from Ukrainian experts, institutions and organizations. RESPOND integrated an HIV technical section in to the Marketplace in March 2013. In Year One, RESPOND actively involved both CSOs and public institutions, in particular health care facilities, to take advantage of the opportunities available to them through the Marketplace to train their staff or receive technical assistance. In total, 46 HIV service organizations and institutions registered on the Marketplace as users, 17 registered as service providers. In addition, 28 individual HIV experts registered on the Marketplace in Year One. Eight HIV technical vouchers were awarded, including four for state institutions.

In another activity focused on quality, data and innovation, RESPOND and its regional partners officially launched four QI "demonstration projects" in Odessa and Lviv oblasts (two in each oblast), to show how improvements can be made in HIV services using the science of quality improvement. Local partners identified improvement goals related to HIV service delivery and defined improvement areas. QI teams consisting of both government and NGO partners were formed for each project and have successfully completed Plan Do Study Act (PDSA) cycles which have demonstrated both positive results as well as areas for further improvement.

Finally, in order to strengthen the analysis and utilization of data to improve HIV/AIDS program planning and implementation in Ukraine, RESPOND conducted several activities in FY13, including a secondary data review of HIV/AIDS related data, national KYE/KYR/KYC and DDUDM workshops and service mapping in the five project regions.

## SUMMARY OF FY13 RESULTS

**Cross-Cutting: Engage GoU, GF, GF PRs, Civil society, AIDS Councils and Other Stakeholders In Order To Facilitate Buy In/Partnership And Coordination**

Key indicator(s)	Target/ Baseline	Cumulative Result	% of Target achieved	Comments
Number of meetings with key stakeholders held	60	164	273%	

### OBJECTIVE 1: INCREASE THE QUALITY OF HIV/AIDS SERVICES TARGETED TO MARPS AND THEIR SEXUAL PARTNERS

**IR 1.1: Improve The Design Of HIV/AIDS Services That Are Data Driven And Respond To The Changing Epidemic Patterns**

Key indicator(s)	Target/ Baseline	Cumu- lative Result	% of Target achieved	Comments
<b>1.1.1: Strengthen The Analysis And Utilization Of Data To Improve HIV/AIDS Program Planning And Implementation</b>				
Number of participants of the “Know your epidemic”; “Data demand and use for decision making” and other trainings / workshops related to the use of strategic information	140	183	131%	
<b>1.1.2: Develop And Execute A National Implementation Science Plan Around Key Populations</b>				
<b>1.1.3: Identify Existing Evidence Based Interventions And Adapt Selected EBIs To The Ukrainian Context</b>				
Number of evidence-based interventions analyzed, adapted and described	N/A	0	N/A	Three EBIs have been analyzed and an initial adaptation was completed. RESPOND will report on this indicator only once the IS studies have been completed and the full adaptation process is complete.

## IR 1.2: Improve The Delivery Of State-Of-The-Art HIV/AIDS Services

Key indicator(s)	Target/ Baseline	Cumu- lative result	% of Target achieved	Comments
<b>1.2.1: Define And Refine A Compendium Of Evidence Based HIV Services, With A Focus On Combination Prevention</b>				
Number of studies conducted to assess interventions or improve service design and quality	0	0	0	Three IS studies were launched in FY13. RESPOND will report on this indicator only once the IS studies have been completed.
Number of grants provided to improve service quality	15	20	133%	
<b>1.2.2: Provide Technical Assistance To Test, Package And Disseminate State-Of-The-Art And Cost-Effective HIV/AIDS Service Models To Be Taken To Scale</b>				This sub-objective will be implemented in future project years and there is no specific indicator for this in this sub-objective in the PMEPP.

## OBJECTIVE 2: STRENGTHEN THE CAPACITY OF UKRAINIAN INSTITUTIONS TO DELIVER QUALITY HIV/AIDS PROGRAMS

### IR 2.1: Improve The Quality Of HIV/AIDS Services

Key indicator(s)	Target/ Baseline	Cumu- lative result	% of Target achieved	Comments
<b>2.1.1: Strengthen Technical Quality And Cost-Effectiveness Of The GoU, PRs and CSOs</b>				
Number of organizations assisted with quality improvement interventions	6	17	283%	The Project was successful in launching 4 QI demonstration projects, each with QI teams consisting of several partners.
<b>2.1.2: Strengthen Ukrainian Organizations To Serve As Long Term Sources Of State-Of-The-Art Technical And Organizational Capacity Building Through A Client/Vendor Service Purchasing Model</b>				
Number of HIV-service organizations that access services through Marketplace	5	13	260%	Uptake of Marketplace has been very popular and has exceeded expectations.

## IR 2.2: Design and roll out models to deliver facility and CSO level performance through a cascaded capacity development approach

Key indicator(s)	Target/ Baseline	Cumu- lative result	% of Target achieved	Comments
<b>2.2.1: Improve The Performance Of CSOs And The Public Sector To Generate And Use Data For Strategic Program Decision Making</b>				
Number of participants of the “Know your epidemic”; “Data demand and use for decision making” and other trainings / workshops related to the use of strategic information	140	183	131%	
<b>2.2.2: Support PRs As Capacity Developers</b>				
N/A				
<b>2.2.3: Facility and CSO Level Performance Strengthening</b>				
Number of capacity building training participants	45	200	444%	The Project conducted numerous Capacity Building activities, including technical trainings such on EBIs, QI, etc.
Number of organizations that have conducted Integrated Technical and Organizational Capacity Assessments and developed Institutional Strengthening Plans	12	16	133%	
Percentage of organizations supported by the project, which implement gender sensitive interventions	50%	0	N/A	The Project will report on this in subsequent reporting periods

## IR 2.3: Strengthening Relational Capacities for a Networked Response

Key indicator(s)	Target/ Baseline	Cumu- lative result	% of Target achieved	Comments
<b>2.3.1: Establish A New Joint Vision For The Key Populations Sector</b>				
N/A				
<b>2.3.2: Strengthen National And Regional Networks</b>				
Number of organizations participating in the organizational network analysis and organizational strengthening activities	100	87	87%	

# OBJECTIVE 1: INCREASE THE QUALITY OF HIV/AIDS SERVICES TARGETED TO MARPS AND THEIR SEXUAL PARTNERS

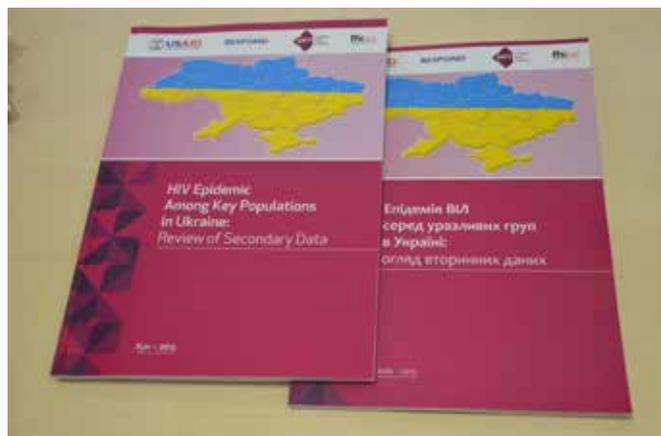
## IR 1.1: Improve The Design Of HIV/AIDS Services That Are Data Driven And Respond To The Changing Epidemic Patterns

### 1.1.1: Strengthen The Analysis And Utilization Of Data To Improve HIV/AIDS Program Planning And Implementation

In order to strengthen the analysis and utilization of data to improve HIV/AIDS programmatic planning and implementation in Ukraine, RESPOND conducted several activities in FY13, including a secondary data

review of HIV/AIDS related data, national KYE/KYR/KYC and DDUDM workshops, service mapping and an intervention inventory.

#### Secondary Data Review



In order to better understand and summarize key HIV/AIDS related data among key populations in Ukraine, RESPOND conducted a comprehensive review of secondary

data sources. The secondary data review summarizes findings of national assessments, bio-behavioral surveillance, and program reports by key affected populations: people who inject drugs (PWID), female sex workers (FSW), men who have sex with men (MSM), prisoners, most-at-risk adolescents (MARA) and people living with HIV (PLHIV). This review provided a detailed analysis of the HIV/AIDS situation among key populations and identified gaps in both the existing data and the current response. The report, available in English and Ukrainian, is a user friendly resource that can provide critical data to organizations and institutions working in the HIV/AIDS response in Ukraine.

#### Strengthening Data Demand And Use For Decision Making

RESPOND conducted three national workshops to strengthen data analysis for decision making during this reporting period. The first national workshop entitled “Understanding the Ukrainian HIV/AIDS Response for Program Implementation” was held in Kyiv in November 2012. The training was facilitated by FHI 360 technical experts Susan Adamchak (Senior Scientist in Health Services Research), and Danielle Darrow De Mora (Project Director, HIV/AIDS Unit).



» Facilitation was also provided by the in-country FHI 360 Strategic Information (SI) Officer, Technical Advisor, HIV/AIDS Services and Quality Improvement (QI)/Quality Care (QC) Advisor. A total of 26 participants attended the training, including 13 participants from Principal Recipients of the Global Fund to Fight AIDS, TB and Malaria, 7 participants from other organizations, and 6 invited speakers.

**The training had three main objectives:**

1. To strengthen organizational understanding of the availability of epidemiological, behavioral, contextual, and performance data for HIV programming, and how to access, collect, and use this data to determine how program activities can respond to the current epidemic among key populations in Ukraine.
2. To reinforce existing knowledge about identifying optimal combinations of activities based on country-specific epidemiologic data as well as proven evidence-based interventions.
3. To obtain feedback from participants about organization and content of regional trainings.

The workshop content was focused on key elements of information for program implementation and was based upon the UNAIDS and other models regarding Know Your Epidemic, Know Your Response, Know Your Cost and Evidence. The content of the workshop was presented in four modules, and each module was followed with a practical exercise and/or discussion. The workshop specifically focused on reviewing current HIV epidemiologic data in Ukraine as it relates to key populations, identifying gaps in current program interventions based on observed HIV epidemiologic trends, utilizing and maximizing resources to address the breadth of the epidemic and increase impact, enhancing coordination across prevention, care, and treatment activities, and implementing evidence-based biomedical, behavioral, and structural interventions in response to priority population needs. The workshop served as a model for planning the consequent regional workshops.



The second national workshop, “Strategic Information as a basis for decision making in HIV/AIDS” was conducted in Yalta in June 2012 for national and regional level decision makers. This workshop was held as a joint event between the State Service of Ukraine on AIDS and Other Socially Dangerous Diseases, the RESPOND Project and the METIDA Project.

**The objectives of the workshop were to:**

1. Review the achievements of programs in Ukraine towards the utilization of strategic information for planning and implementation of HIV/AIDS programming;
2. Familiarize participants with international experiences, approaches, methods, and best practices in data-informed decision making on the HIV/AIDS response;
3. Develop a 2014-18 M&E plan for the National target social HIV/AIDS program;
4. Develop a M&E session for the 2013 National AIDS Conference.

In addition to those facilitating the workshop, participants included representatives from the Ukrainian Center for Socially Dangerous Disease Control of the Ministry of Health of Ukraine; Regional Health Departments and AIDS Centers; Principal Recipients of the Global Fund to Fight HIV/AIDS, TB and Malaria grant; national and international organizations (UNAIDS, Global Fund, UNODC, UNICEF, etc.); and representatives from the donor community including USAID » and CDC.

» The workshop combined lecture/presentation sessions on the first two days, training sessions on the third day, and practical group work on the fourth day. The first day of the workshop was mostly devoted to presentations from Ukraine, including the current state of the M&E system in Ukraine, epidemiological trends, national program evaluation results, findings from the triangulation exercise conducted in Ukraine, and the use of data within Global Fund programming. Part of the first and second days focused on presenting international experience, including UNAIDS and the Global Fund recommendations for new investment approaches for shaping the AIDS response, as well as types and sources of strategic information. RESPOND presented the project's approaches and plans focusing on data demand and use for decision making. METIDA shared findings from an assessment of HIV/AIDS data and findings on existing capacity gaps in Ukraine. The third day of the workshop was conducted by Dr. Michael Merrigan, Regional Technical Advisor, Strategic Information, FHI 360. Dr. Merrigan introduced an overview of the Data Use for Decision Making (DDUDM) conceptual framework and provided definitions of its key elements. The DDUDM module presented by Dr. Merrigan covered topics such as using data to inform policies and programs, the context of decision making, determinants of data use, and linking data to actions. The fourth day was dedicated to discussion of the structure of the national M&E plan for 2014-2018, as well as indicators to be included in the national plan.

Based on the workshop materials, RESPOND developed a DDUDM training module for the project's pilot regions, which focuses on building skills in data analysis and communicating the results of data analysis to



policy makers. An additional and critical part of the regional workshop modules promotes linking data with actions.

Following the Yalta workshop, a second RESPOND national Data Demand and Use for Decision Making (DDUDM) training was held in August. This workshop was combined with the seminar on "Planning regional HIV response programs for 2014 – 2018" organized by Ukrainian State Service for HIV and other Socially Dangerous Diseases and the USAID Health Policy Project (HPP). The objectives for this part of the workshop were to present the draft of the National Targeted Social Program to Combat HIV/AIDS in 2014-2018



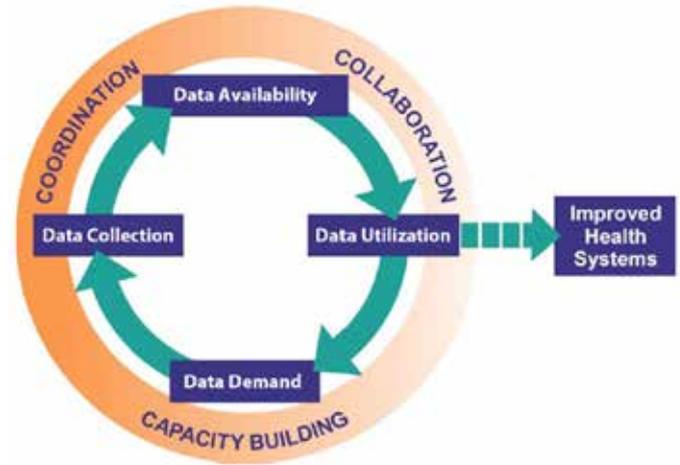
and to discuss activities for regional HIV/AIDS programs; related regulatory requirements, and recommendations for organizing multi-sectoral planning of the regional HIV/AIDS programs. Participants learned about an approach to design regional AIDS programs for the next five years and were provided with a list of indicators to be reflected in regional action plans and provided the methodology and definition for indicator data collection. This seminar created a good baseline for the skills uptake from the following RESPOND workshop for practical application of DDUDM approach for strategic planning at regional level.

On August 29-30 (Day 3 and 4), RESPOND held a workshop entitled "The use of strategic information for decision-making: cases of preparation of the regional HIV programs". This workshop focused on capacity building of its participants on the use of strategic information for decision-making using the example of developing regional HIV/AIDS programs for 2014-2018. Nineteen participants from five project regions (Dnipropetrovsk,



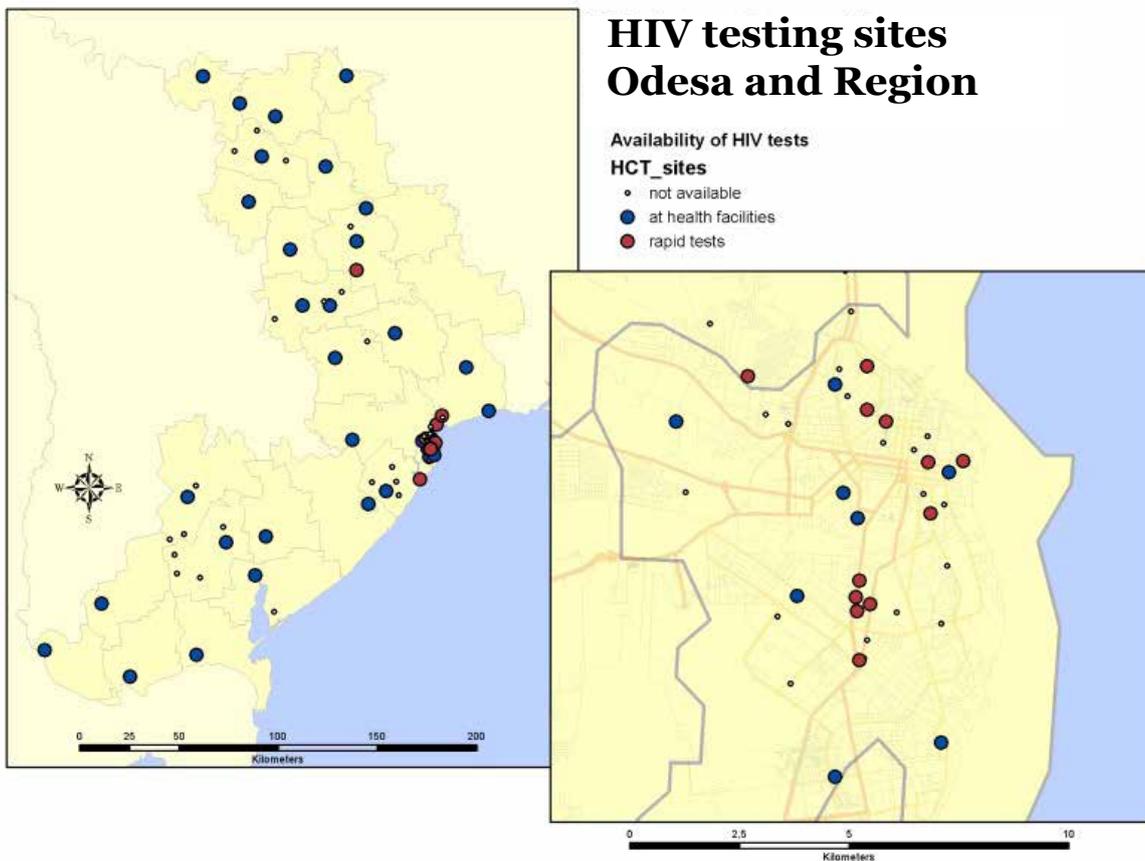
» Lviv, Odesa, Mykolaiv and Chernigiv) attended the event. Each region was represented by the Head of the AIDS Center, the Head of the M&E Centre, a representative of the Oblast State Administration Health Department, and the person responsible for the budgeting of Regional Action Plans for 2014-2018. Representatives from the Ukrainian Center for Disease Control (UCDC), International HIV/AIDS Alliance in Ukraine, and METIDA (a CDC funded project) also participated in the event.

Dr. Michael Merrigan, the Regional Technical Advisor on Strategic Information from FHI 360, trained participants on the DDUDM approach. He introduced the data usage for decision-making framework and theory, presented an overview of data triangulation in HIV, and introduced the cascade framework for HIV and AIDS programs. During the training participants analyzed regional dynamics and trends using epidemiological



data, and conducted analyses on the program response using CSOs and health facilities data with an eye toward identifying gaps in HIV programming. As a result of the training, participants acquired knowledge on data use for decision-making theory and built their skills in the cascade framework for HIV and AIDS data analysis.

## Service Mapping



In March of 2013, RESPOND conducted service mapping for two project regions, Lviv and Odesa, in order to identify and confirm the physical presence of services

for key populations, the accessibility/density of services, and service gaps. The service mapping began with the review of existing data including existing service maps, »

» directories, and databases such as the Alliance directory, Network’s database, UAC database, Red Cross directory, and resources with Social Services for Youth and Family and others. The project team then met with several of the organizations that had prepared the resources, which informed the development and population of a database. The database is comprised of comprehensive information on type of services, key population served, addresses of service sites, type of facility or organization, etc. The database content and preliminary results of the HIV service mapping was verified with key partners at the working meeting on the March 28, 2013, and next steps for maps, combinations of services for the mapping, and further use of maps were discussed. Data on services was collected from 32 service providers in Odesa region, and the total number of addresses where services are offered by them amounted to 180 locations. In Lviv region 15 service providers participated in the mapping, and the total number of locations mentioned by them comes to 133.

In conjunction with GIS technology (ArcGIS software), the database was used to generate visual maps depicting the geographic location of services in Lviv and Odesa Regions. The technical advice and training for the Project staff on the utilization of this software was provided by Caleb Parker, Research and GIS Expert (FHI 360). Currently, maps are

### *GIS Training For Partners*

In order to build skills in GIS mapping among key partners, a “Basics of Geographical Information System (GIS)” training was carried out by Mr. Caleb Parker, GIS Analyst, FHI 360 in September in Kyiv. Ten participants from the Ukrainian Center for Disease Control (UCDC), ICF International HIV/AIDS Alliance in Ukraine, All-Ukrainian charity organization “All Ukrainian network of PLWH”, Labor and Health Social Initiative (LHSI) All-Ukrainian charity fund Coalition of HIV-service organization”, and the National Anti-Plague Institute (Odessa) took part in the event. Mr. Parker presented an overview of GIS, explained how GIS can be used for monitoring and evaluation, mapping ethics,

available depicting the following: location of HIV/AIDS service providers by type, HIV testing sites, availability of condoms for key populations, locations of opioid substitution therapy for PWID, services for MSM, and more.

In July 2013, service mapping research was conducted in the other three pilot project regions: Mykolayiv, Chernigiv, and Dnipropetrovsk. As a part of this survey, 40 HIV service providers were interviewed. In order to conduct a more comprehensive analysis, official statistical data and program monitoring data were used for mapping exercises, and twenty-seven maps were designed in all. The main focus of these maps was to provide a visual presentation of the location of services for key populations, accessibility/density of services, and gaps in service provision. The initial results from the service mapping were presented at the DDUDM workshop in Mykolayiv (September 2013). The maps were very well received by regional participants. Participants analyzed the maps with great pleasure and suggested to use service mapping as one of the tools/sources of information for decision making. The final service mapping report for all five pilot regions (including Odessa and Lviv) will be prepared and presented at the National M&E Conference in November 2013.



---

» and reviewed the principles of cartographic design. At the end of his training, 11 participants obtained new skills in producing maps and were able to apply this knowledge to their own data. During the last day, each

participant successfully created maps using their own data (most of which were devoted to program coverage and HIV epidemiological data) and presented these maps to the group.

## *Intervention Inventory*

---

During the reporting period, RESPOND conducted an inventory of HIV/AIDS behavioral and other interventions in Ukraine. The structure for the Intervention Inventory was presented at a series of Implementation Science Technical Working Group (IS TWG) meetings throughout the reporting period and feedback was obtained by the group at each step in the process. The data collection was conducted through a series of interviews with key umbrella organizations, including the three Global Fund (GF) PRs, United Nations organizations, and international and local CSOs. A total of 106 national interventions targeting key populations were included in the Intervention Inventory. In addition to the inventory itself, an Intervention Inventory Guide (“poryadok”) was also drafted. The guide includes a definition of “intervention” and an approach to the categorization of evidence (based on the CDC tiers of evidence). Based on the comments received from the IS Technical Working Group and other national partners, the RESPOND team revised the Intervention Inventory Guide to include the following changes: adding general categories of outcomes, adding the type of intervention (behavioral, biomedical, structural), documenting the multiple purposes of the intervention inventory guide, and revising the definition of intervention and standard intervention descriptions in intervention inventory guide.

During August and September 2013, RESPOND reviewed the classification of outcomes of the interventions and started to

collect international evidence to support the effectiveness of local interventions included into inventory. A standardized structure for describing interventions, as well as for describing the outcomes of interventions (including short, medium, and long-term outcomes), was developed. A draft of the Reference Guide for the National Resource of HIV/AIDS Interventions implemented in Ukraine (“Poryadok inventory”) was refined based on the comments of national partners. The format of the intervention description for the National Resource of HIV/AIDS Interventions with three examples of selected interventions together with a draft of the Reference Guide was presented at IS TWG meeting in August 2013.

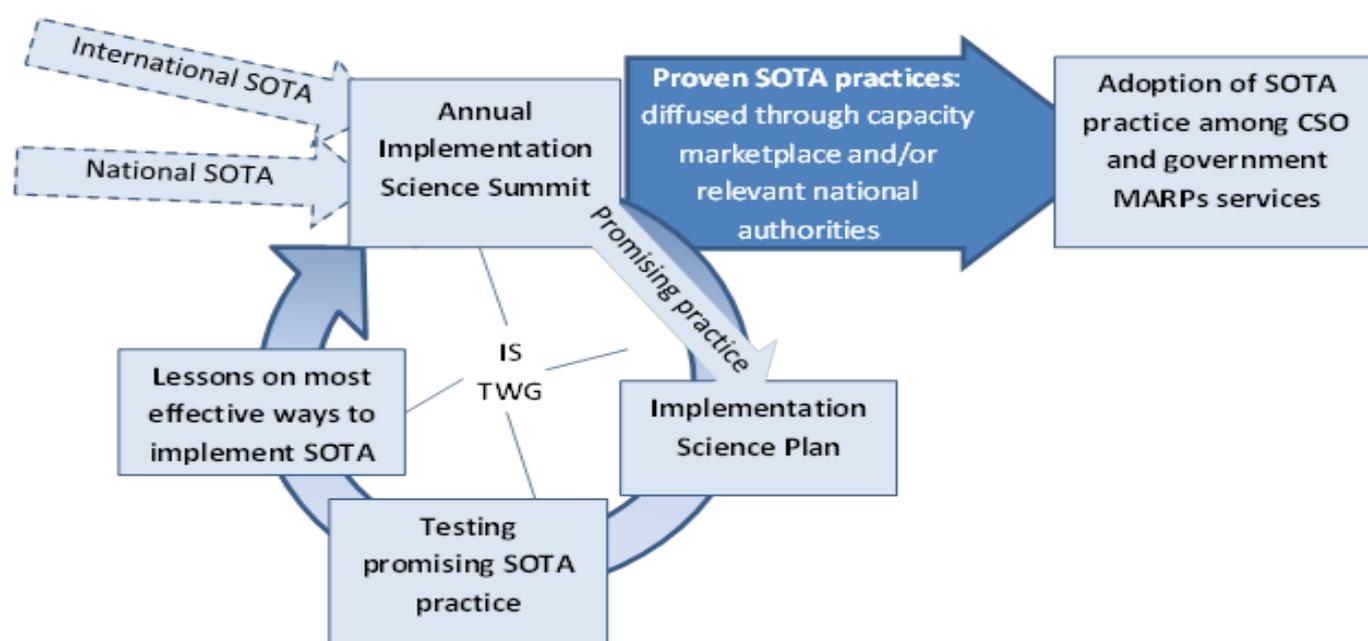
As of September 30, the team had collected international evidence for 23 interventions. Next, the RESPOND team plans to send the inventory of 23 interventions including international evidence to panelists (key members of IS TWG, including representatives from PRs) for review and preliminary categorization. Panelists will categorize the evidence base of interventions according to tiers of evidence as per international and Ukrainian publications. In October-November 2013, the project team is planning to hold a series of panel meetings to categorize interventions. The intervention inventory will be used to identify local evidence based interventions for potential implementation science studies to be implemented through RESPOND and also will serve as the basis for a national IS plan.

## 1.1.2: Develop And Execute A National Implementation Science Plan Around Key Populations

### Implementation Science Technical Working Group

RESPOND has become a key partner and driver for IS activities of the IS TWG. RESPOND supported the technical and logistical coordination of three IS TWG meetings in FY13 and provided high level technical assistance to the IS activities of the IS TWG. In addition to the IS TWG support, the project has also organized three IS panel meetings for a smaller group of IS TWG participants. One IS panel

reviewed and selected the IS grant applications and the two IS panels were held to categorize interventions in the intervention inventory according to tiers of evidence. As previously mentioned, the ground work laid in FY13 to develop the intervention inventory and guide will serve as a key document for developing the national IS plan, which will begin in earnest in FY14 at the National M&E conference.



### Contributing To Stronger National M&E Initiatives

RESPOND continued providing technical assistance to the Global Fund's Primary Recipients to strengthen the national M&E system. This assistance included participation in the national M&E technical working group, supporting the development of the national HIV/AIDS M&E plan and indicators, as well as the M&E component of the second phase application to the Global Fund.

In addition, RESPOND has provided individual M&E technical support to the Global Fund PRs. RESPOND's M&E Advisors participated in quarterly workshops on implementing

the Cohort Study on the Effectiveness of HIV Prevention among IDUs in Ukraine by the CDC METIDA project implemented by Alliance. The meetings/workshops focused on developing the research protocol, responding to challenges in the protocol implementation, and preliminary analysis of the initial data. RESPOND's M&E Advisor contributed to data analysis and interpretation.

In August and September, the project team worked closely with the UCDC M&E Unit to develop a concept for the *Guidelines for M&E Specialists on Use of Strategic Information* »

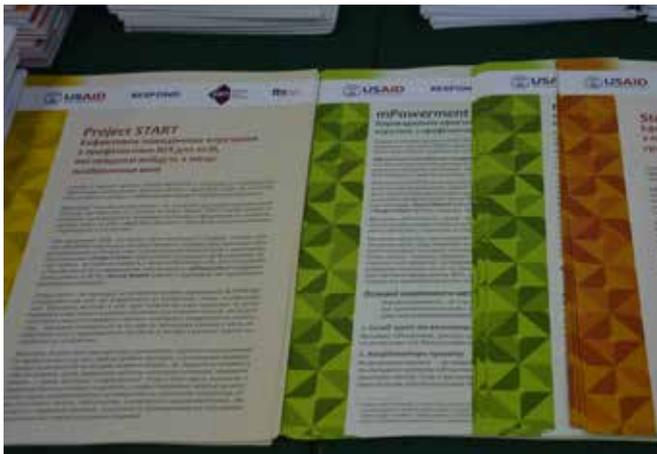
» for *Decision Making in the HIV/AIDS Field at the Regional Level*. The purpose of the guidelines is to strengthen the capacity of M&E professionals from regional centers in analyzing, identifying gaps, developing and presenting recommendations to decision makers, and distributing strategic information. This is a part of the project collaboration with UCDC to build the capacity of UCDC

specialists from regional M&E units in DDUDM approaches. The RESPOND team plans to finalize a draft of the joint publication by the end of October in order to present and distribute the publication at the National M&E Conference (November 20-22, 2013). RESPOND also assisted UCDC to plan the National M&E Conference, including providing input in to the conference concept and content.

### **1.1.3: Identify Existing Evidence Based Interventions And Adapt Selected Effective Behavioral Interventions (EBIs) To The Ukrainian Context**

#### **Effective Behavioral Interventions**

#### **EBI Trainer Of Trainers Workshop**



The project reviewed numerous international EBIs and selected those that were most relevant to Ukraine based on the secondary data review, regional data and consultations with partners. Three EBIs were selected and included in the RFA that was announced in April 2013. These EBIs included:

**Street Smart** is a group-level, multi-session, skills building intervention for homeless, street dwelling youth ages 11-18 who may be engaged in risky activities such as drug use, unprotected sex, transactional sex, etc. The intervention promotes safer sexual behaviors and reduced substance use and improves social skills, assertiveness and coping through exercises on problem solving, identifying triggers, and reducing harmful behaviors.

**Project Start** is an individual-level, multi-session intervention for men and women soon to be released from a correctional facility. The intervention combines prevention case management, motivational interviewing, and incremental risk reduction to help prepare prisoners for integration back into the community and protect them for HIV related risks.

**mPowerment** is a group-level intervention for gay, bisexual and other men who have sex with men ages 18-29. The intervention mobilizes men to reduce sexual risk taking, encourages regular HIV testing, builds positive social connections and supports peers to have safer sex.

Three two-day training and adaptation workshops on the EBIs (one per EBI) were conducted by Danielle Darrow de Mora, Project Director and Senior Technical Advisor, HIV/AIDS Unit, FHI 360 in May 2013. The objectives of the workshops were to (i) identify the core elements of each intervention and the ways in which they are implemented; (ii) identify key characteristics of each intervention and identify those key characteristics which should be maintained for implementation in Ukraine; (iii) demonstrate effective group facilitation skills and EBI techniques; (iv) list

» benefits and challenges for implementation in Ukraine; (v) recommend areas for adaptation in Ukraine, and (vi) define milestones for implementation of EBIs by grantees. The participants of the workshops included staff of the RESPOND project (from technical and CD teams) and three EBI consultants, who are experts in the EBI target populations (MSM, prisoners and MARA).

Using the input provided during the EBI ToT, the project adapted three implementation manuals for EBIs including Street Smart, Project START, and Mpowerment and translated the manual and associated tools into Ukrainian and Russian.

## **IR1.2: Improve The Delivery Of State Of The Art HIV/AIDS Services**

### **1.2.1: Define And Refine A Compendium Of Evidence Based HIV Services, With A Focus On Combination Prevention**

In March and April 2013, RESPOND prepared and announced a request for applications (RFA) in order to provide Ukrainian CSOs implementing HIV/AIDS prevention programs among key populations with an opportunity to pilot EBIs in the Ukrainian context. EBIs have been proven to be effective through rigorous international studies and have been included in the CDC (US Center for Disease Control's) compendium of EBIs. EBI is an evidence and theory-based method or procedure for delivering an HIV service, including a package containing specific program and set of tools for delivering that service.

RESPOND, in consultation with key stakeholders, selected three EBIs for implementation in Ukraine. The selection was based upon a detailed review of the latest epidemiological, behavioral, contextual and program data in Ukraine and an in depth analysis of the corresponding gaps in services provided to particular key populations.

They include: 1) Street Smart targeting at-risk youth and adolescents, 2) Project Start targeting soon to be released prisoners, and 3) Mpowerment targeting men who have sex with men. These scientifically proven, cost-effective and scalable interventions targeted to the right populations will demonstrate a potential to reduce new infections to yield a major impact on the HIV epidemic.

By May 13, 2013, 42 organisations from five Project regions applied by submitting 45 project proposals. Out of 38 eligible proposals, the following selection was made by the Grant Review Board consisting of representatives of RESPOND Project, PRs and UN agencies. Members of the Grant Review Board first scored the applications based on well-defined criteria and using structured scoring sheets. Following the scoring, the Grant Review Board met on May 31, 2013 to review the scores and make the final selection of the grantees:

	<b>Projects recommended</b>	<b>CH</b>	<b>DP</b>	<b>MK</b>	<b>LV</b>	<b>OD</b>
<i>Mpowerment</i>	4	1	1		1	1
<i>Project Start</i>	4		2	1	1	
<i>Street SMART</i>	7		3	2	1	1
<b>Total:</b>	<b>15</b>	<b>1</b>	<b>6</b>	<b>3</b>	<b>3</b>	<b>2</b>

»

» All projects were submitted to USAID for approval and following USAID approval all the projects will run from July 9, 2013 to March 31, 2015.

The prospective EBI grantees were invited to a pre-award meeting conducted on June 19-21, 2013 in Irpin, Kiev Region. A total of 45 people attended. The first day of the event was dedicated to familiarizing the participants with Project activities, philosophy and content of implemented EBIs, programmatic and financial reporting as well as branding, success stories writing and capacity development/mentored approach towards working with grantees. During the second day the audience was invited to participate in the first session of

the ITOCA for new grantees, followed on the third day by individual consultations on M&E, programmatic issues and separate sessions with each CSO dedicated to OPI.



### ***Trainings For EBI Grantees (Street Smart, Project START, Mpowerment)***



Following the adaptation workshops, RESPOND conducted three, three-day trainings for EBI grantees in July in Kyiv, which were attended by 52 representatives of CSOs from five regions of Ukraine. During the trainings, participants improved their knowledge about the theoretical basis of each of the EBIs, learned the model and basic tools of each intervention, analyzed methods of monitoring the implementation of the interventions, and discussed the specificity of interaction with implementation science grants. Participation in the training events provided the participants with the opportunity to develop skills in implementing the EBIs, including skills in facilitating group and individual sessions with clients, organizing outreach activities, etc. The EBI trainings enabled the CSOs grantees of the project to

fully understand the interventions and acquire the necessary knowledge and skills to pilot the interventions.

During training events in July, the RESPOND team discovered a lack of experience and skills of some CSO staff that potentially could hinder the adequate implementation of the EBIs. The gap seemed to be due to changes in the composition of the implementation teams within the CSOs. To build the capacity of CSOs implementers in facilitating group and individual sessions, two additional mini-trainings for three CSOs were conducted in Kyiv in August 2013. Eight people acquired facilitation skills through participation in two additional trainings on the implementation of the Mpowerment intervention and in one training on the implementation of the Street Smart EBI.



---

## ***IS Grants***

---

In order to assess the implementation and outcomes of the three EBIs (Project START, Street SMART and Mpowerment) in the Ukrainian context, RESPOND awarded three implementation science research grants. Research grants were awarded to the Ukrainian Institute of Public Health Policy (Project START and Street SMART), and Donbas-SocProekt (Mpowerment). On July 8, the review panel comprised of members from IS TWG awarded the grants to UIPHP and Donbas-SocProekt, based upon the strengths of their applications. On July 29, senior members of research teams participated in the pre-award meeting with RESPOND staff. Joris Vandelanotte, Pact Deputy Director on Results and Measurement, made a presentation on

Implementation Science, followed by technical discussion with grantees. In August, UIPHP and Donbas-SocProekt research teams, with assistance from RESPOND, worked on their study protocols and research instruments. Final versions of research protocols were approved and contracts signed on September 4. In September, researchers recruited regional members of their teams, trained EBI partners and regional staff on the study protocols and the use of research instruments, and submitted protocols for approval by the institutional review board at UIPHP. The implementation science studies will begin actual data collection in the first quarter of FY14.

### ***1.2.2: Provide Technical Assistance To Test, Package And Disseminate State-Of-The-Art And Cost-Effective HIV/AIDS Service Models To Be Taken To Scale***

---

This sub-objective is a long term objective that will be conducted in subsequent project years (once the EBIs have been fully assessed and once the intervention inventory is complete and interventions with strong evidence have been identified).

---

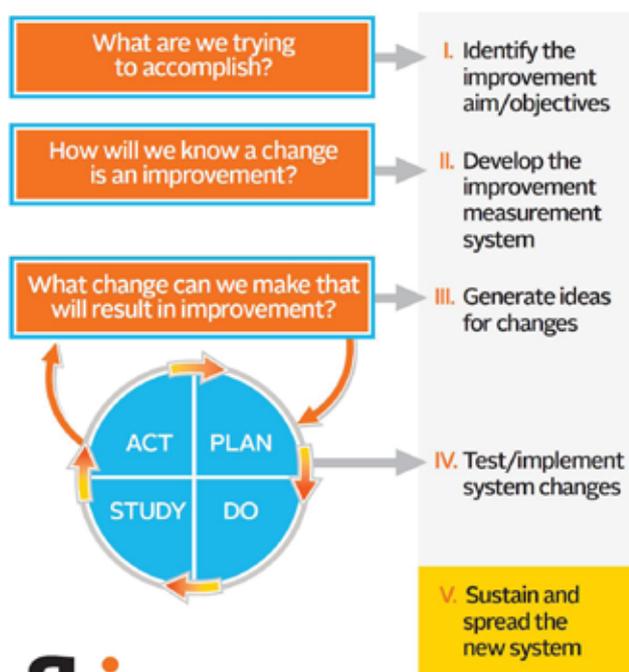
## OBJECTIVE 2: STRENGTHEN THE CAPACITY OF UKRAINIAN INSTITUTIONS TO DELIVER QUALITY HIV/AIDS PROGRAMS

### IR 2.1: Improve The Quality Of HIV/AIDS Services

#### 2.1.1: Strengthen Technical Quality And Cost-Effectiveness Of The GoU, PRs And CSOs

##### Piloting Quality Improvement Process

###### FHI Quality Improvement Model



Source: G. Langley, M. Nolan, T. Nolan, C. Norman, and L.P. Provost, *The Improvement Guide: A Practical Approach to Enhancing Organizational Performance* San Francisco: Jossey-Bass, 2006.

In February 2013, RESPOND's quality improvement staff, with technical assistance from Mr. Bruno Bouchet, Director of the FHI 360 Health Systems Strengthening Unit, conducted three QI sensitization meetings with stakeholders of the care systems for key populations in Kyiv, Odessa and Lviv. The two remaining regions were proposed by the Director of the Ukrainian Center of Control of Social Dangerous Diseases, Prof. Natalia Nizova.

The sensitization meetings were followed by the Quality Improvement Strategic Workshop organized in Kyiv on February 21-22, 2013,

where 24 participants (four teams representing 15 organizations) developed their roadmaps/charters. The four demonstration projects are:

- ◇ Improving the quality and coverage of HIV counseling and testing for key populations in the city of Lviv;
- ◇ Providing quality HIV counseling and testing services in TB facilities of Chervonohrad and Zhovkivsky Rayons, in Lviv region;
- ◇ Improving quality and coverage of services for those detained in, and released from, Detention Centers in Odessa Region;
- ◇ Improving the continuum of care and support to PLHIV and key populations in Bilgorod-Dnistrovskiy Rayon, Odessa Region.

With guidance from project staff, each team developed specific improvement aims and designed improvement indicators to track the progress toward improvement objectives.

The following month, the project staff worked individually with each organization to test design indicators and set up a quality improvement monitoring system with a monthly collection and analysis of data using Excel Project staff provided assistance to each



» team with finalizing their specific charter (a document that explicitly outlines a shared improvement aim and describes the roles and responsibilities of each member in an improvement process that follows FHI 360's improvement model). Four QI demonstration projects in Lviv and Odessa oblasts were designed and four charters were signed by the key stakeholders at the end of March and in early April 2013.



In May 2013, RESPOND and its regional partners officially launched the four “demonstration projects” in Odessa and Lviv oblasts (two in each oblast), to show how improvements can be made in HIV services using the science of quality improvement. Local partners identified improvement goals related to HIV service delivery and defined improvement areas.

In May 2013, Ms. Nilufar Rakhmanova, Quality Improvement Senior Technical Specialist, conducted a technical assistance (TA) mission to strengthen the capacity of RESPOND staff and local partners to coach four QI demonstration projects through the application of the QI model and tools. With RESPOND QI staff, she co-facilitated two, five-day trainings (May 13-15, Odessa; May 20-22, Lviv) for 37 coaches from the improvement demonstration projects in Lviv and Odessa. She provided assistance in the analysis of the service delivery system, design of interventions and documentation of the results of their system analysis and planned interventions for each of the four demonstration project teams. QI coaches practiced their newly acquired skills and knowledge during field visits to different facilities.

The tools presented during the training helped to show the fragmentation and unfriendliness of the care system to the needs and expectations of the clients. Additionally, the tools helped illuminate inefficiencies and missed opportunities within each level of service provision. Also, team members representing different government and non-government structures developed working relationships that contributed to the preparation of collaborative activities.

After the trainings, the QI teams began implementing changes, and continued collecting QI indicators data and then analyzed the results. The RESPOND QI team visited all sites and verified the data provided. Additionally, the QI team assisted in data analysis and improved communication between institutions involved in the QI process.

The first learning session of the QI demonstration projects for representatives of both regions was organized in Lviv on September 10-12 with the objectives to: (i) share early experience and run charts to display data; (ii) identify positive and negative factors for improvement and identify changes/ improvements; and (iii) plan the next changes to be tested. There were 44 participants representing four QI teams from Odessa and Lviv. Teams and coaches from these two regions shared their experiences using power point presentations, storyboards that were displayed in the room, and small group discussions. Bringing participants from two oblasts together empowered the participants and raised a healthy competition among peers, team members developed new collegial relationships and everyone had



»

an opportunity to question, compare and learn from each other. A facilitator from the Russian Federation, Dr. Olga Chernobrovkina, presented some of the best practices from her QI experience in Russia and highlighted the importance of monitoring systems in QI. Each QI team developed the list of changes to be implemented and tested during the next quarter.

At the end of year one, four quality improvement (QI) demonstration projects in Odessa and Lviv were functional, each with (i) operating teams, (ii) coaches, (iii) collecting improvement data and going through the action period, and (iv) testing interventions using Plan-Do-Study-Act (PDSA) cycle. The short summary of the status of each project with some displayed results is below:

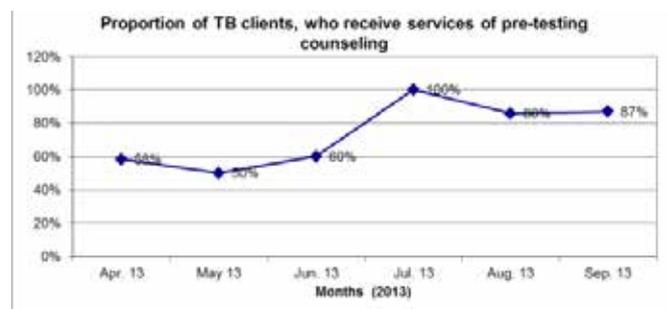
### ***Providing Quality HIV Counseling And Testing Services In TB Facilities Of Chervonohrad And Zhovkivsky Rayons, In Lviv Region***

The TB team in Chervonograd was able to improve counseling due to internal monitoring and analysis of the data, using the “Hawthorne effect” (see chart 1).

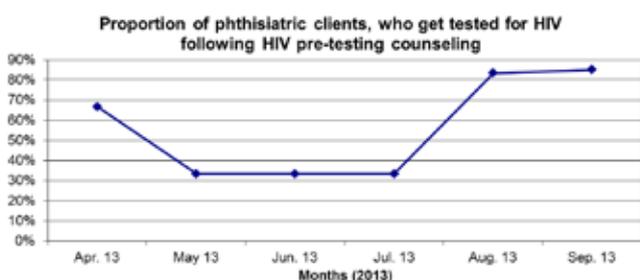
By collaborating with the Social Service for Youth, Families and Children (SSYFC) in Chervonograd and Zhovkva, the team also improved HIV testing, which enabled patients to be referred to Trust Rooms for testing (see chart 2).

The team and their coach, Dr.Hopyak, developed a local protocol on HCT to standardize providers’ approaches, and all

staff attended this training. The team is planning a series of PDSA cycles on improving cooperation with infectious disease services and roll-out of HCT activities to local non-TB medical services in cooperation with SSYFC.

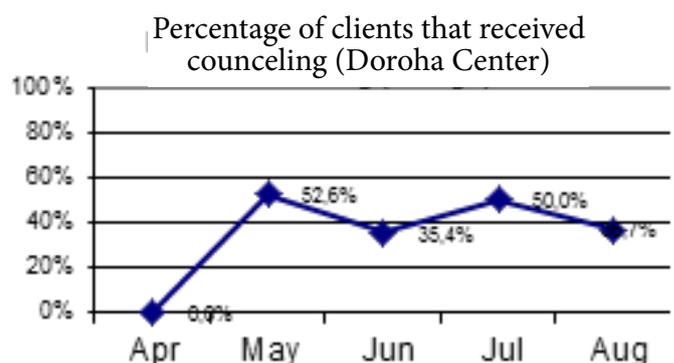


### ***Improving The Quality And Coverage Of HIV Counseling And Testing For Key Populations In The City Of Lviv***



This project team brings together three CSOs that work with representatives from key populations (PWID, FSW, MSM). All CSOs have established links with city infectious diseases services and developed and partially implemented counseling vouchers for their clients to improve referrals between CSOs and health facilities. The team improved the quality of HIV motivation counseling and demonstrated some increase in HIV counseling coverage, but did not effect as much change in new HIV+ clients’ enrollment with care at the

AIDS center (“dispensarization” in Regional AIDS Centre). One of the CSOs, Doroha Center, that works with prisoners introduced HCT and now covers an average of 50% of newly detained populations in colony #48 with counseling services. Using PDSA tools, the team members are currently testing the development of a standard operation procedure for motivation counseling for social workers, and training of social workers on the use of the protocol.



---

## ***Improving The Continuum Of Care And Support To PLHIV And Key Populations In Bilgorod-Dnistrovskiyi Rayon, Odessa Region***

---

Odessa's QI demonstration project on the continuity of care and support services for PLHIV and key populations in Bilgorod-Dnistrovskiy district of Odessa region experienced a complete change in the composition of the QI team. New personnel started work in August and, as a nascent team, a great deal of support was needed to master

care and treatment for HIV+ people, prioritize activities and develop the improvement activities plan. The clinic where the project is placed is planning to involve general practitioners of all district medical facilities in HTC, train all of the staff on HTC, and enroll more potential patients in treatment and care.

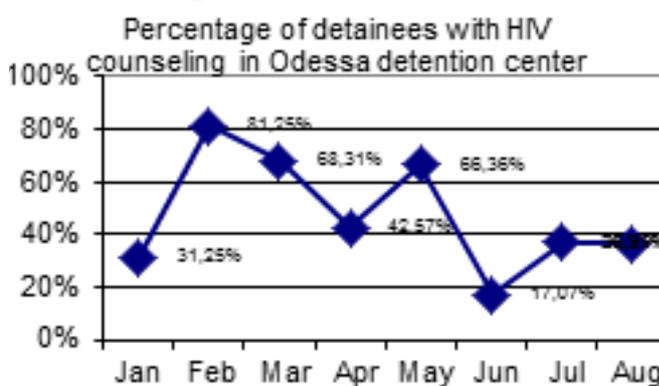
---

## ***Improving Quality And Coverage Of Services For Those Detained In, And Released From, Detention Centers In Odessa***

---

Odessa's second QI demonstration project is on improving the quality of HIV services for persons detained and released from Odessa and Izmail detention centers in Odessa region. The team achieved some improvement in HIV counseling and enrollment in care for HIV+ detainees; however, this system is still fragile. The main reason is that the penitentiary system is traditionally closed with poor access to assessment, innovation, and reluctance for cooperation. Nevertheless, the standard of operational procedure for HIV T&C was developed, and medical and psychologist staff will be trained on HTC in October. A local

protocol (order) for the implementation of the T&C in both pre-trial detention centers is under development.



---

## ***QI For CSOs***

---

Each EBI grantee was introduced to the FHI 360 quality improvement model in July 2013. It was agreed that after a three to six month period of implementation of the effective behavioral intervention, each organization would identify an improvement area to work with the support of QI RESPOND staff. The next step is planned for the first quarter of FY14.

---

## ***Piloting Whole Of Site Mentoring***

---

Initially, the RESPOND Project had planned to have both a quality improvement component and a comprehensive site improvement component added to the program. To avoid confusion between the improvement approach and whole of site approach, and so as to maximize the effect of ongoing successful QI projects, USAID and RESPOND decided not to have a separate site focused on the whole site approach. Instead, the Project will integrate those activities planned under the whole site approach in the QI demonstration projects, and focus on the scale-up of QI projects in more sites both within the existing two oblasts and

two additional oblasts. Currently, each facility that participates as a demonstration site (15 organizations in total) receives quarterly or monthly coaching based on needs from both RESPOND and local QI coaches. Based on the gap analysis conducted in May 2013 with teams during QI training, it was identified that some teams need to be trained in HIV testing and counseling which was conducted for some of the teams in Lviv (TB facilities). In addition, three of the four demonstration sites have identified a need for developing local HIV testing and counseling guidelines that are currently being developed and tested.

---

## ***Mentored Grants For CSOs (Service Grants)***

---

Based on multiple field trips, feedback from the regional workshops and analysis of existing data and evidence, the Project initiated the first round of grants in October 2012. The grant projects were focused on improving the continuum of existing services with a focus on quality. A decision was made to solicit proposals from pre-defined organizations currently serving key populations under the Global Fund Grant. The Project staff reviewed the information available for each Project oblast in terms of epidemiology and available services. In addition, the Project reviewed the information shared by the Alliance and the Network concerning their grant programs under the Global Fund.

In November 2012, Project staff held a meeting with the PRs to review and discuss available data and decide on scopes of work and organizations to implement them. Five organizations, non-for-profit non-governmental entities located and undertaking activities in the five Project target regions: Dnipropetrovsk, Chernihiv, Lviv, Mykolayiv, and Odesa, were selected together with three GF PRs based on the following criteria:

- ◇ Extensive experience in serving a particular target group (key populations)
- ◇ Proven record of successful implementation under the GF grant
- ◇ Expressed interest in improving the quality of services
- ◇ Sufficient capacity to expand services
- ◇ Commitment to collaborate and integrate with the public sector service providers

On February 1, first round of grant projects was launched.

**Lviv NGO “Avante”** was awarded a grant to implement a project on HIV prevention among MSM. The main activities under this grant included implementation of MetroSafe intervention based on peer-to-peer mentor counseling, introduction of online-counseling on HIV issues, psychological support for MSM and their families. By the end of the reporting period, eight MetroSafe mentors were trained and completed the counseling sessions with seven clients. All 7 seven clients tested HIV

negative upon successful completion of the program. HIV knowledge increased from 60% to 88%. “Avante” will start client-mentor sessions for new clients in the coming quarter. 490 online consultations were provided by “Avante” social workers and legal experts. Most of on-line clients wanted to know where they could go for HIV testing, what were the signs of HIV infection, where and how the diagnostics is provided. Many also wanted to find out what services “Avante” was offering and how they could apply for services. Within the reporting period seven parents received counseling services to help them restore and strengthen relationship with their children.

**Mykolayiv NGO “Nove Storichia”** received a grant to implement a project on HIV prevention among MARA. Main activities under this grant included setting up a community based MARA friendly center “Znaydy Sebe (Find yourself)” and establishing effective referral system with public health and social sector to ensure the sustainable delivery of integrated services for MARA.



Within the reporting period, the MARA friendly drop in center was opened and currently provides an array of services based on individual needs assessments. The center acts as an entry point for services and provides referrals to drug clinics, STI clinics and other health and social services facilities. Within the reporting period, 129 adolescents received services, 13 individual plans were developed, and case workers provided case



» management. Most adolescents are referred to “Nove Storichia” by the criminal inspection for conditionally sentenced youth; some are referred by vocational schools and some are brought by parents.

**Odesa NGO “Molodizhny Centr Rozvytku”** (Youth Development Center, YDC) is implementing a grant project on HIV prevention among women-inmates of Odesa women’s prison #74 and women who have been recently released. Main activities under this grant were designed to reduce



HIV transmission rate among this particular target group and included counseling on HIV prevention, early child development for children of imprisoned women who are staying at the Baby Home located within the prison, interventions aimed at prevention of abandonment of children after release of mothers from penitentiary institutions, case management of women released from prison. The prison’s staff has been trained to raise their awareness and knowledge on HIV and hepatitis and to form tolerant attitude towards key populations and PLHIV. YDC developed a manual that includes 10 counseling sessions. Social workers and psychologists started individual counseling sessions for women and 80 women completed all 10 individual sessions within the reporting period. Parallel to that early child development interventions for children staying in the prison’s Baby Home were provided. In addition, 40 women released within the reporting period received individual counseling and 25 of them completed all 10 sessions. 26 women released received referral services.

**Dnipropetrovsk NGO “Nadiya+”** was awarded a grant to work with women who use

or used drugs. The main activities under this grant included setting up a community based center for women at risk of HIV. By the end of the first project year, a community center for pregnant women and women with young children 0 to 5 “I’m a Mother” was set up. It was formally launched on September 24, 2013. As of today, 172 women, 41 partners and 154 children benefitted from the services received at “I’m a Mother” Center. The Center services include information and counseling, referrals for medical care and treatment, family strengthening services and parenting skills training, child development program, and help with finding employment. UNICEF has visited the Center established under RESPOND grant and will be developing recommendations for including similar follow up services in all PMTCT programs.

**Chernihiv Regional Branch of Network of PLHIV** was selected to implement a project on positive prevention. The main activities under this grant included improving knowledge of positive prevention among clients, project staff and health workers; developing client profiles and designing a specific package of



» services for groups of clients, tailored to their needs. The project is aimed to empower people living with HIV, promote healthy relationships with sexual partners, strengthen the health overall well-being of people living with HIV, and reduce the possibility of new HIV and other sexually transmitted infections. Through this project, Chernihiv Branch of PLHIV Network has addressed the various health needs of 270 clients. Individual plan was developed for each client to address specific needs such as disclosure, self-esteem, negotiating and practicing safer sex, nutrition, medication adherence, and transmission risks.

The above projects are implemented as mentored grants, whereby grantees received extensive support at the proposal development stage and continue to receive technical assistance through the implementation phase. RESPOND capacity development, technical and M&E teams conduct mentoring visits to grantees on a regular basis. Institutional Strengthening Plans that were developed based on the Integrated Technical & Organizational Capacity Assessment (ITOCA) earlier this year, continued to be implemented. Some areas in the ISPs were addressed through the Marketplace vouchers. For example, “Nadiya+” from Dnipropetrovsk received a voucher to



conduct staff training on working with families of PWID. Mykolayiv “Nove Storichia” received a voucher to conduct training to prevent professional burn out. RESPOND directly supported the training on Making Parenting a Pleasure, a group-based, gender sensitive positive parenting curriculum serving parents of children 0-5. The curriculum draws on the best research available on parenting, family dynamics, child development, and stress management. 19 individuals from 3 organizations (“Nadiya +”, Dnipropetrovsk, Chernihiv Regional Branch of PLHIV Network, and Odesa “Molodizhny Centr Rozvytku”(YDC) have successfully completed the training.

## *Sensitization Of Health Professionals*

This activity is planned for Year Two.

### ***2.1.2: Strengthen Ukrainian Organizations To Serve As Long Term Sources Of State-Of-The-Art Technical And Organizational Capacity Building Through A Client/Vendor Service Purchasing***

#### *The Marketplace*



Although Ukrainian NGOs had a chance to date to benefit from extensive opportunities building organizational capacity through meetings, trainings, workshops provided mostly by international donors, civil society still lacks a sustainable and demand-driven mechanism to unleash

domestic potential for capacity development. Importantly, the most serious challenge for “graduation” of the third sector is sustainable network of relationships that does not entirely depend on donor support and direction.

Realizing to shift the responsibility toward local actors for their own capacity building, Pact, under the USAID-sponsored Ukraine National Initiatives to Enhance Reforms (UNITER) project and in partnership with Ukrainian



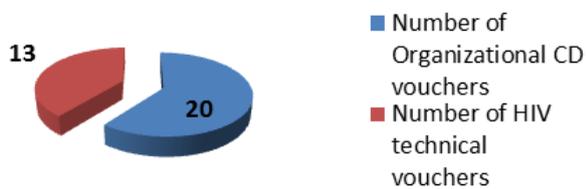
» NGOs, devised and implements the concept of the NGO Capacity Building Marketplace, a venue where capacity building suppliers can directly connect with the capacity building demand.

The Capacity Building Marketplace is a unique tool that helps transforming Ukraine’s NGO capacity building market by strengthening the direct connections between capacity builders and NGOs seeking services based on a market-oriented approach. It consists of three components:

**Offline Capacity Building Fairs:** organized regularly for service providers in an “expo” format and serves as the sharing and networking platform for capacity builders.

The online “NGO Marketplace” - the virtual web-based platform where demand meets supply, helps develop an inventory of capacity building service providers including basic verification indicators to assure the standards of quality, experience, and expertise. The Voucher System (Bank) allows for donor financing to reach this cash-strapped market.

Distribution of organizational and technical capacity development vouchers for HIV-service NGOs (Oct. 2012-Sept.2013)

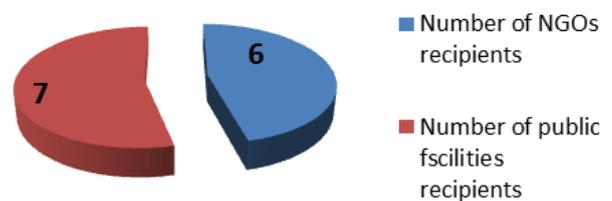


Under the RESPOND Project, the work on integrating the HIV technical component into the structure of the on-line Marketplace was initiated early in the first year of implementation. RESPOND undertook an evaluation of NGOs’ needs in HIV technical capacities development: major needs and gaps that NGOs have encountered in their services, and based on the findings, main components and fields of HIV technical capacities to be introduced on the Marketplace were developed. A series of meetings were conducted with ISAR Ednannia, the Marketplace administrator, to develop a strategy for implementing the HIV technical component on the Marketplace. As a result, a grant agreement with ISAR Ednannia as a Marketplace administrator on behalf of RESPOND Project was signed on March

15. Under this agreement, ISAR Ednannia incorporate the HIV technical component as part of the Marketplace portal, including a voucher system for HIV technical work.

At the end of March 2013, a voucher system for the development of HIV technical capacity was introduced on the Marketplace. This voucher system allows not only NGOs, but also public sector actors in the field of HIV, to apply for financing to cover their technical capacity development needs. NGOs and public sector

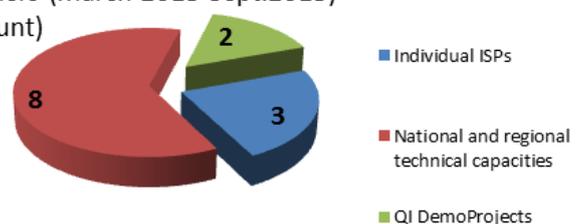
Distribution of HIV technical vouchers between NGOs and public facilities (March 2013-Sept.2013)



facilities that provide HIV services in the five RESPOND pilot regions, or nationally, now can access HIV technical capacity development in such areas as prevention, care and support, treatment, and advocacy. If organizations have limited resources to fund relevant activities for HIV technical capacity development, they may apply for vouchers (mini-grants). The vouchers allow RESPOND partner organizations to implement trainings to improve skills of service providers in HCT, TB/HIV, develop better referral systems, and strengthen M&E tools, participate in relevant study visits or use consultants’ assistance for developing relevant guidelines or manuals.

To promote the opportunities offered by the Marketplace RESPOND together with ISAR Ednannia, hosted several webinars during the past year to present the voucher system for technical HIV capacity development. The webinar participants learned how the voucher

Needs covered through HIV technical vouchers (March 2013-Sept.2013) (amount)

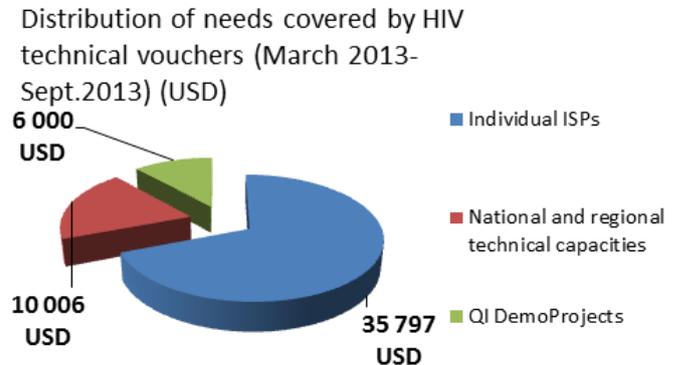


» system works, how to find an expert or service that they need, and how to apply for a voucher.

Following the redesign and upgrade of the Marketplace web platform, the renovated site became operational at the end of August 2013, opening more opportunities for users and providers of services. Now users – public institutions and NGOs – are able to see not only the profile of each provider organization and its competencies, but specific products. At the same time, providers can advertise and promote innovative offers which are especially relevant to opportunities for capacity building of technical competencies.

The HIV technical component of the Marketplace, introduced by RESPOND, attracts a great amount of attention and is being actively used by governmental and

non-governmental sectors alike. Technical vouchers are used to strengthen individual organizations' capacities, enhance regional and national response as well as support the QI demo projects. The demand for vouchers to strengthen organizational capacities also remains quite popular.



## Capacity Development Forum



In November 2012, RESPOND supported and participated in the Capacity Development Forum, an open space for exchanging information, ideas and best practices, modern tools, techniques and approaches in capacity development. The Forum's goal was to promote further capacity development for civil society organizations. The Forum provided an opportunity for open dialog among service providers, donors, and customers on quality, transparency, responsibility, and efficiency of capacity development services. This year, the participation was expanded by inviting regional, national and international HIV/AIDS service organizations as well as public sector representatives. 26 people represented 21 regional and local CSOs from

Lviv, Dnipropetrovsk, Odesa, Mykolayiv and Chernihiv. 20 delegates from 6 national and international organizations, particularly, All-Ukrainian Network of PLWH, International HIV/AIDS Alliance in Ukraine, Coalition of HIV Service Organizations, Clinton's Foundation, Health Right International, and AIDS Foundation East-West participated in the event. Ukrainian state institutions were represented by the Ukrainian Center for Disease Control, the State HIV Service, the State Social Services.

The Forum agenda included four workshops that were designed and facilitated by the RESPOND staff and consultants, including Lisa Sherburn, Pact's Senior Advisor on Key Populations:



- » ◇ Services for MARA/MARY and youth living with HIV.
- ◇ Gender issues of capacity development.
- ◇ Gender issues in HIV service.
- ◇ Integrating the HIV service component into the Marketplace web platform to build technical capacity.

Project partners - HIV/AIDS Alliance, PLHIV Network, Coalition of HIV Service Organizations, the Clinton Foundation, and Health Right International presented their products and best practices in capacity development as well.

## **IR 2.2: Design And Roll Out Models To Deliver Facility And CSO Level Performance Through A Cascaded Capacity Development Approach**

### ***2.2.1: Improve The Performance Of CSOs And The Public Sector To Generate And Use Data For Strategic Program Decision***

#### ***Regional KYE/KYR/KYC And DDUDM Workshops***

Following the National “Understanding the Ukrainian HIV/AIDS Response for Program Implementation” Workshop in November-December 2012, the Project technical team conducted regional trainings in five pilot regions: Mykolayiv, Odesa, Dnipropetrovsk, Chernigiv, and Lviv from November 2012 to January 2013. A total of 99 people participated in the trainings.

Participants included representatives from the HIV/AIDS centers, STI clinics, TB and narcology services, social service, penitentiary system, research institutions, CSOs and PRs in each region. The regional trainings had four main objectives:

1. To introduce regions to the four “Knows” approach: Know Your Epidemic, Know Your Response, Know Your Costs and Evidence;
2. To strengthen the understanding of what epidemiological, behavioral, contextual, and performance data are available for HIV programming;
3. To increase awareness on how to access and use data to assess whether programs correspond to the current state of the epidemic;
4. To introduce the Organizational Network Analysis (ONA) tool.

Similar to the national workshop, the regional workshops focused on key elements of information for program implementation: Know Your Epidemic, Know Your Response, Know Your Costs and Evidence. The content of the regional workshops was also presented in four modules, and each module was followed



with a practical exercise and/or discussion. For the regional workshops, the workshop information and exercises were region specific. All discussions and exercises focused on the practical issues that partners face at the regional level. A separate module was dedicated to the presentation of the ONA tool and discussion of the questions that would be interesting and relevant for conducting analysis using the tool for each region.

All three objectives of the workshop were successfully achieved. There was a good representation from both CBOs and public institutions (health care facilities, social service, and research institutes). Participants were actively involved in the discussions related to each of the modules and there was a good mix of presentations with interactive work. Evaluations for the workshops were positive. Participants reported in their evaluations that they learned new instruments and approaches, and received good examples of evidence and best practice that could be applied to their program implementation.

---

## ***Regional DDUDM Training (Mykolaiv)***

---

Following the two national DDUDM workshops in June and August, RESPOND began the regional roll out of DDUDM workshops in September with a workshop for regional partners entitled “Using strategic information at regional level for HIV/AIDS response decision-making”. Twenty three local participants took part in the training, including representatives of the Regional Coordination Council on Counteraction of Tuberculosis and HIV/AIDS. The DDUDM meeting was focused on introducing participants to the concept and approaches of data demand and use for decision making and developing their skills in employing key tools for using information for decision-making. Participants learned about the DDUDM concept, key principles, and the seven steps of this approach. They worked with a stakeholder’s matrix to fill out and identify key data for decision making. A significant

portion of time from the training was dedicated to practical exercises on data analyses and presenting. In particular, participants were divided into three working groups. Each group developed their own topic, identified data needs, and presented their findings using a cascade approach, charts and tables.

As a result of the DDUDM training it was planned that the Mykolaiv Oblast Coordination Council would prepare and submit at least one project concept note for the RFA on DDUDM grants announced by RESPOND project. This proposal should be based on regional data analysis and include identification of gaps in HIV programming and proposed approaches to solutions of identified issues. The purpose of these small grants is to provide participants with an immediate real life way to apply their skills in DDUDM acquired during the workshop.

---

### ***2.2.2: Support PRs As Capacity Developers***

---

RESPOND has been tasked to provide technical assistance and support at both the national and regional level to the three Global Fund Round 10 Principal Recipients (PRs). These include the All-Ukrainian Network of People Living with HIV/AIDS (the Network), the International HIV/AIDS Alliance in Ukraine (the Alliance), and the Ukrainian Center for Disease Control (UCDC).

As a first project event, a planning and coordination meeting with PRs took place on July 17-18, 2012 to introduce the Project goal and objectives, share the vision for the key populations response, coordinate activities by exchanging information and discussing recent trends and developments of the HIV epidemic in the country. The discussion was centered on identifying synergies and complementarities and served a first step in solidifying partnerships.

Following the planning and coordination meeting, individual consultations were initiated and conducted with the PRs to discuss how the Project can support them as leaders in the Ukrainian HIV response as it relates to key populations. Project staff explored PRs’ needs and capacities for serving as centers of technical excellence, grant-makers, capacity developers, network brokers, and quality assurers.

In addition to individual needs and areas of interest - e.g. collaborative research and strategic information activities with the Alliance; organizational reform strategy for the Network; strengthening the capacities of the regional AIDS Centers, all three PRs stressed the need for capacity development support for local CSOs.

Under GF Round 10 Phase I forty five out of total sixty six former SUNRISE grantees, are supported by the Alliance and the Network. Overall the Alliance supports 94 grant projects (76 of which provide preventive services to PWID, 40 to FSW, 18 to MSM and 16 to MARA) while the Network funds 95 care and support projects.

Working over the course of the year, RESPOND introduced Pact capacity development tools and conducted trainings for PRs on how to apply them. One of the tools is Integrated Technical Organizational Capacity Assessment (ITOCA) that is based on Pact Organizational Capacity Assessment (OCA) methodology. OCA facilitation training was held on 28-30 January, 2013 with a follow up refresher course on ITOCA conducted in June.

Both the Network and the Alliance expressed their interest in the Organizational Network Analysis (ONA) as one of the instruments for



» network strengthening. In response to requests from PRs, Project staff presented ONA at several events such as the Network's Regional Representatives' Meeting and the Meeting of Interregional Information Resource and Training Centers supported by the Alliance. In addition, RESPOND invited PR representative to participate in the regional meetings in the Project pilot oblasts when the ONA was conducted and the current network density was presented together with the discussion on how to strengthen it.

PRs have expressed a strong interest in learning more about Organizational Performance Index, Pact's organizational performance measurement tool that was presented in February 2013 at one of the Coordination meetings. RESPOND will continue to work with the national partners to enable them to use the tool. Web-based prototype will be presented at the Capacity Development Forum that will take place in November 2013.

Overall, RESPOND has worked closely with the three Global Fund Principal Recipients involving them through a variety of approaches to get their buy-in and, at the same time, strengthen PRs as capacity developers, network brokers, centers of technical excellence, and quality assurers.

All three PRs have been playing an active role in RESPOND-led Implementation Science activities and serve on the IS TWG. Through *learning by doing* approach and by involving PRs in review of existing interventions targeting key populations in Ukraine, RESPOND has been introducing the concept of evidence-based HIV-services.

Representatives from the Network and the Alliance took part in EBI trainings that RESPOND conducted in July 2013, and will continue to be engaged through regular Communities of Practice that are planned for Year Two.

PRs representatives have been also engaged in QI project activities starting from sensitization meetings in February 2013 and throughout the year by joining the trainings for QI coaches, visits and consultations with FHI 360 technical experts, and QI Learning workshops.

Representatives of the three GF PRs have been actively involved in RESPOND grants activities. They served as members of the Grant Committees for EBI and IS grants.

Data Demand and Use for Decision Making has been another program area where UCDC,

Alliance (Metida), and RESPOND joined efforts. The Project has been supporting UCDC in strengthening regional AIDS Centers capacity in M&E. In the second project year an M&E guide will be finalized, published and presented to the regional M&E Units of the AIDS Centers.

In the last quarter, RESPOND conducted training for three PRs on the use of Geographic Information System (GIS) and service mapping, and will continue to provide technical support to help PRs with mastering skills. In the past year, RESPOND had regular meetings with individual PRs on a bi-monthly basis, and will continue with these meetings in the coming years.

To ensure ongoing coordination and communication with PRs and other national partners, RESPOND initiated partner coordination meetings that take place on a quarterly basis. In the past year, four meetings took place: November 23, 2012; February 15, April 26, and September 27, 2013.

The objective of the first meeting held in November 2012 was threefold: to present the draft project work plan to PRs; to present the concept for the National Visioning Event; and to discuss the concept and ideas for the first round of mentored grants. Pact Global Director on Capacity Development, Matt Reeves, participated in February 2013 Coordination meeting and gave an overview of Pact's global vision of capacity development as one of its core approaches and presented Organizational Performance Index, Pact's capacity measurement tool. During this meeting, integration of the HIV technical component into the Marketplace, including voucher system and opportunities for public sector providers, was presented. RESPOND technical team outlined the concept and plans for service mapping and presented the service mapping tool. At April 2013 meeting, the RESPOND team presented project strategy on piloting Effective Behavioral Interventions through a combination of service grants and implementation science grants explaining the reasoning behind the first three interventions that was based on a detailed review of the latest epidemiological, behavioral, contextual, and program data and analysis of gaps in services for key populations. Information on grant competition process and timelines, next steps and grant project implementation support was shared with the meeting participants. The second agenda item – linking livelihood and

»

» health programming – engaged participants in the discussion on current needs, existing experience and opportunities to adapt the best practices and lessons learned globally. Marta Jagusztyn, a Pact consultant, shared the experience from China, Myanmar, and Thailand gained from the USAID funded GMR REACH Project. The meeting in September 2013 served as a platform to share and discuss results from the first project year and present plans for Year Two.

Participants of quarterly Coordination meetings in the past year included representatives from PR organizations, UN agencies, international donor and implementing agencies, and national partners. These regular meetings provided an excellent forum for further networking with key project partners, sharing ideas, discussing areas for possible cooperation and integration when planning future activities.

### 2.2.3: CSO And Facility Level Performance Strengthening

During the reporting period, RESPOND facilitated Integrated Technical and Organizational Capacity Assessment (ITOCAs) for 5 service grants implementers and 11 organizations that received grants to pilot Effective Behavioral Interventions. Six capacity areas were selected by local partners to be assessed:

- ◇ Mission. Strategy. Values
- ◇ Operational Management
- ◇ Services: needs, coverage, quality
- ◇ Financial Management, sustainability
- ◇ HR policies
- ◇ Image, Public Relations and external partnerships. Results showed that NGOs assess the quality of service management as high: they are well aware of clients’ needs and feel they have sufficient technical capacity in HIV field; at the same time, ITOCA participants assessed their general organizational capacity as quite low. Most organizations identified two areas to be the weakest ones and requiring improvement – Mission & Strategy, and

Funding & sustainability. ITOCAs showed that the major challenges impeding the performance of local organizations include project vs. organizational mindset, lack of formal strategic plans, inadequate internal M&E systems vs. good donor reporting skills and mechanisms, lack of sustainability strategy and dependence on donor funding. ITOCA results demonstrated the need to support organizational capacity improvement along with NGOs’ sustainability strengthening. Based on ITOCA results, gaps and challenges identified, NGOs with support from RESPOND developed Individual Strengthening Plans (ISPs). Based on these ISPs, TA for NGOs will be provided by RESPOND during the period of grant implementation.

The Organizational Performance Index (OPI) is a tool Pact developed in 2011 to assess change in performance, until recently a gap in measuring capacity development. The OPI is based on the IDRC framework that specifies four main domains in which an organization performs. Each of these domains is broken into two sub-domains, illustrated below. »



» The OPI defines four levels of performance for each sub-domain, with Level 1 being the earliest stage of performance and Level 4 being the highest level of performance. Each level is linked to pre-defined benchmarks for performance with associated evidence, making measures of performance relatively consistent between organizations. The OPI, therefore, constitutes 8 scores, one corresponding to each sub-domain, all of which are on a scale of

1-4. These eight scores are averaged to give an organization's overall OPI measurement.

OPIs were conducted with each grantee in April (Service Grants) and June (EBI Grants). An overall OPI score as well as scores per each of the four OPI domains (Effectiveness, Efficiency, Relevance, and Sustainability) are listed in the table below.

#	Name of Organization	Effectiveness Score		Efficiency Score		Relevance Score		Sustainability Score		Total Score
		Results	Standards	Delivery	Reach	Target population	Learning	Re-resources	Social capital	
1	Mykolayiv Charitable Foundation "Nove Storichia"	2.5	2	4	3	2	3	3	3	2.81
2	Odesa CSO "Molodizhny Centr Rozvytku"	2.8	1	3	3	1	1	1	3.5	2.04
3	Lviv Charitable Foundation "Avante"	1	2.5	3	1	2	1	3	3	2.06
4	Chernihiv Branch of All-Ukrainian Network of PLWH	1	1	1	2	3	2	1	3	1.75
5	Dnipropetrovsk Region NGO "Nadiya +"	2	3	3	3	3	2	2	2	2.50
6	Mykolayiv Branch of All-Ukrainian Network of PLWH	2	2.5	2	2	1.5	2	3	2.5	2.19
7	Mykolayiv Charitable organization "Unitus"	1	2	4	3	1.5	2	3	3	2.44
8	Lviv NGO "Doroha"	1.5	2	1	2	1	1.5	1	2.5	1.56
9	Mykolayiv NGO "Penitentiary Initiative"	1	4	4	4	1	4	3	4	3.13
10	Kryvyi Rih City Branch of the of All-Ukrainian Network of PLWH	1	1	3	3	1.2	1.5	2	3	1.96
11	Novomoskovsk District NGO "Family Support Center"	1	3	3	3	3	1	1.5	3	2.31
12	Kryvyi Rih CO "Nashe Maybutne"	3	1	4	4	1	3	1	2	2.38
13	Dnipropetrovsk CO "Road of Life Dnipro"	3	2	4	4	1	3	1	3	2.63
14	Dnipropetrovsk Regional Branch of All-Ukrainian Network of PLWH	1	1	1	2	1.8	2	1	2.5	1.54
15	Odesa NGO "Vira. Nadiya. Lubov"	3.5	2	1.5	3.5	4	4	4	4	3.31

---

## **IR 2.3: Strengthening Relational Capacities For A Networked Response**

### ***2.3.1: Establish A New Joint Vision For The Key Populations Sector***

---

### ***2.3.2: Strengthening National And Regional Networks***

---

#### ***National And Regional Visioning Events***

---



The National Visioning Event took place on December 12-13, 2012 in Kyiv. It brought together national stakeholders to develop a common vision for the key populations in Ukraine by discovering common dreams about the future, co-creating shared intentions, and identifying individual and collective responsibility for success. The participants represented regional and national level NGOs, Ukrainian public sector, international implementing organizations, and donors. The event employed Future Search methodology, a participatory, large group planning approach that brings the ‘whole system’ together with a task-focused agenda. The participatory design using Future Search methodology was new to Ukraine and was considered an experiment in bringing people together to interact in ways which do not usually occur. This proved to be a good choice and provided an opportunity for participants to think, reflect and dialogue through a new lens. The event was designed to produce both ‘hard’ and ‘soft’ results. Tangibly, participants drafted a set of action plans and mechanisms to promote collaboration (as opposed to competition) in achieving that vision. Relationally, participants came away with a deeper recognition of the contributions of others to the HIV/AIDS response, and a greater commitment to collaboration

among themselves to improve services, avoid duplication, and mobilize an adequate response to the HIV epidemic in the country.

Based on the same methodology, the Project conducted a series of regional stakeholders meetings during February – March 2013. They were aimed at developing a common vision of a networked HIV/AIDS response in each of the five Project regions. The meetings brought together representatives from regional NGOs and public sector, including healthcare



facilities (AIDS centers, narcological clinics, TB clinics, STI clinics), centers for social services, and departments of education and penitentiary system units.

The objectives of the events were as follows:

- ◇ Present Project strategies, approaches and technical resources
- ◇ Identify gaps and needs in service delivery to key populations and quality assurance
- ◇ Contribute to development of the Regional HIV/AIDS Program for 2014-2018
- ◇ Strengthen collaboration, enhance shared responsibility and develop unified vision among actors in HIV field in the regions.

***The design of the event was amazing! It's relaxed and friendly atmosphere encouraged team spirit and networking. But most importantly, we could look into each other's eyes regardless of job titles or social status.***



» In July 2013, the Project conducted a second series of regional stakeholders meetings aimed at strengthening the network of continuous and comprehensive services for key populations in the pilot regions. During the meetings the participants reviewed the successes and gaps in current service provision for key populations; determined the collaboration that would best support an ideal network continuum of comprehensive services and formulated plans for collaboration aimed at realizing this ideal service network.

This time, the events employed Appreciative Inquiry methodology which is a process that focuses on organization's or network's core strengths rather than its weaknesses. This methodology helped to embrace a whole systems approach to strategic planning, it also increased awareness of organizational relationships and how to best use these relationships. In a productive conversation, participants discussed their achievements, assets, unexplored potentials, innovations, strengths, opportunities, high point moments, and values. The major outputs of these meetings are strengthened relationships among stakeholders within regional networks, common vision of gaps and needs in service provision for key populations and shared commitment to implement joint projects and initiatives.

Following the second round of regional meetings, RESPOND collected feedback from regional partners through a survey. The majority of the respondents emphasized



the importance of regional meetings as an excellent platform for networking and discussing specific oblast related HIV/AIDS response. The feedback from all 5 regions



confirmed that the interactive formats are conducive to productive informal discussions and development of joint initiatives. The respondents also provided a whole set of new ideas and topics for further meetings including community mobilization, strategies for government to buy social services from



community based organizations, HIV specific technical issues related to service provision for key populations, and development of regional HIV/AIDS programs.

The next round of regional meetings that started in September in Mykolayiv will be built around Data Demand and Use for Decision Making and will aim to help regional partners develop regional response using strategic information and evidence.

In the last quarter of Year One the Project conducted introductory meetings to three new regions where RESPOND will implement its activities starting from YR II: Cherkassy, Zaporizhzhya and Poltava Regions. Working partnerships were established and partners also presented their activities, services provided, achievements and needs. The Project staff visited or met with the staff and management »

» of the Regional Health Department, Regional AIDS Center, the Regional Drug Clinic, Department of social protection under the Ministry of Social Policy, Health Centers and HIV-service NGOs. As a next step a series of regional stakeholder meetings will take place in Q1 of Year Two.

An Organization Network Analysis (ONA) was also conducted in each of the pilot regions in

Year One. Network density was calculated for three dimensions (information exchange, serving clients, and strategy and Program development) as the number of two-way linkages divided by the total number of possible two-way linkages between organizations. Mykolaiv and Chernigiv had the highest network density of the five pilot regions with 19.9% and 15.2% network density, respectively. Dnipropetrovsk had the lowest with only 7.8% network density.

### Network density by region

Dimension	Value					
	Chernigiv	Dnipropetrovsk	Lviv	Mykolaiv	Odesa	
Information exchange	16.2%	8.3%	19.1%	21.3%	16.7%	
Serving clients	16.2%	8.3%	16.2%	20.6%	14.1%	
Development of strategy and programs	13.2%	6.8%	8.8%	17.8%	9.6%	
<b>AVERAGE DENSITY</b>	15.2%	7.8%	14.7%	19.9%	13.5%	14.2%

## CROSS-CUTTING ACTIVITIES

### Project Launch



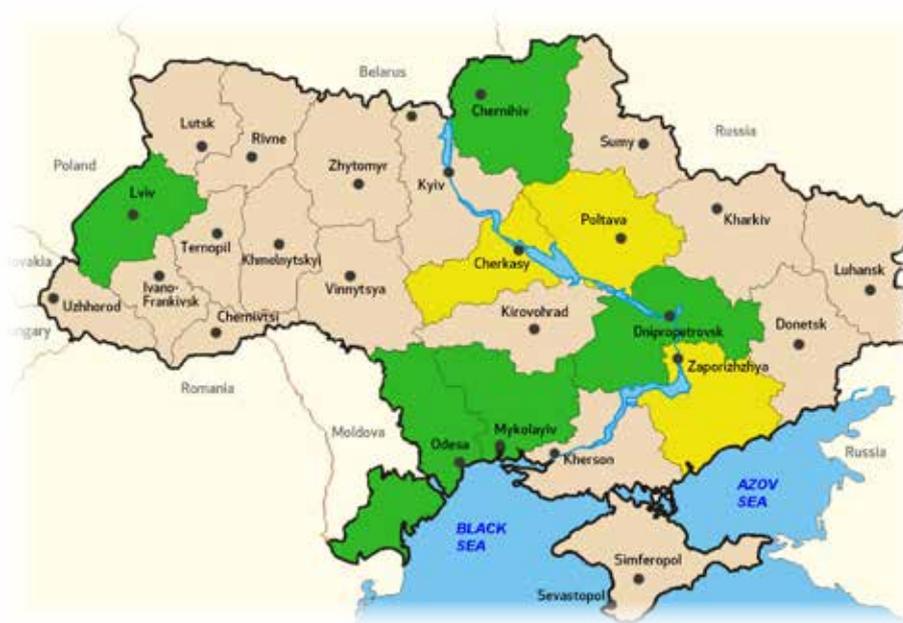
On September 26, 2012, the Project held an official launch event. The event was attended by 70 people from national and international organizations, Ukrainian Government, and CSOs. John Tefft, U.S. Ambassador to Ukraine provided opening remarks. Other speakers included: Dr. Tetiana Aleksandrina, Head of the State Service on HIV/AIDS and Other Socially Dangerous Diseases, Volodymyr Zhovtyak, Head of the Coordination Council of the All-Ukrainian Network of PLWH, Dr. Natalia Nizova, Director of the Ukrainian AIDS Center, and Andriy Klepikov, Executive Director of the International HIV/AIDS Alliance.

### Selected Project Regions

The geographic coverage of the Project was selected based on a set of established criteria, driven by a solid understanding of the dynamics of the epidemic in Ukraine and the corresponding data needs. This included epidemiological factors describing HIV patterns and other major factors, such as the capacity and commitment of local authorities and other stakeholders at the regional level.

The Project looked at regional data on new and total registered cases of HIV/AIDS, capacity of the Regional AIDS Center and its “openness to change”, number of NGOs and CSOs and their involvement in the provision of HIV-related and key populations-oriented services.

Additional selection criteria included the willingness, openness and responsiveness of Regional Administrations, the collaboration between various government sectors (health, education, and social services) and NGOs/CSOs, and the degree to which the Regional HIV Council is active or functional. Odessa, Mykolayiv, Dnepropetrovsk, Chernihiv and Lviv were proposed as pilot regions for the first year and concurrence was received from the USAID. Following the selection of pilot regions, assessment trips were conducted to each of the Project regions in order to further identify needs and gaps in the pilot regions and to build partnerships with key regional authorities and organizations.



---

## ***Technical Working Groups***

---

On the national level, upon consultations with the State HIV Service and other partners, the Project joined six of 12 inter-sectorial thematic working groups on HIV/AIDS under the State Service on HIV/AIDS and Other Socially Dangerous Diseases. These six groups were identified as essential for the effective coordination of project activities with stakeholders:

- ◇ Improving the access of vulnerable groups to prevention and treatment of sexually transmitted infections
- ◇ Monitoring and evaluation of program activities to fight HIV/AIDS
- ◇ Expert committee on research of HIV program effectiveness in Ukraine
- ◇ Improving care for patients with comorbidity: tuberculosis and HIV

- ◇ HIV counseling and testing
- ◇ Planning and evaluation of the National HIV Program for 2009-2013.

For each of these groups a focal point has been identified from the project staff, and participation in the working group meetings was extended to additional relevant staff as needed.

Additionally, the Project participated in the work of the expert groups on HIV prevention among key populations, coordinated by the Alliance. These groups are dedicated specifically to planning and evaluation of interventions among three key populations: FSW, PWID, and MSM. The Project also participated to some extent in the United Nations Thematic Group on HIV, which is coordinated by UNAIDS.

## ***USG Annual Stakeholders Meeting***

---

Within the reporting period, RESPOND supported a number of national level activities. Among them the Annual Stakeholders Meeting on the USG – GOU HIV/AIDS Partnership Framework that was held in Kiev, on December, 5, 2012 followed the multi-sectoral National Consultation on “Building Sustainability and Strategic Investments into the National HIV/AIDS Response” on December 3-4.

During the year RESPOND worked closely with the State HIV Service on the development of the National AIDS Program for 2014-2018 and supported and co-chaired a sub-group on prevention.

## ***Monitoring And Evaluation Baseline Survey***

---

The baseline survey of socio-demographic characteristics, knowledge, attitudes, practices, quality of life and client satisfaction among partner NGOs' clients was carried out between June 10 and September 23, 2013. The survey established initial competencies of RESPOND sub-grantees through the proxy measure of their clients' KAP and satisfaction. RESPOND aims to improve these client-level outcome measures by the end of the project through technical support and capacity development for its sub-grantees. The survey was conducted by the Kyiv International Institute of Sociology, which won a competitive award from RESPOND in June 2013. The survey covered a sample of 1,500 clients of 10 partner NGOs in five

regions. The sample was designed to include representatives of different key populations in the proportions they are present among clients of specific partner NGOs.

The survey highlighted key differences between NGOs in their service to key populations. For example, most at-risk adolescents have the least access to HIV voluntary counseling and testing across all regions and organizations, compared to other key populations. Although the rates of HIV testing are generally high at around 75%, some NGOs have challenges motivating their clients and linking them to VCT services. These include PWIDs at New Century, SWs at Unitus, MSM and prisoners at PLHIV Network in Krivy Rih. Significantly



» more New Century's PWID clients have access to MAT, compared to all other NGOs. SWs and MSM are statistically more likely to use condoms, compared to PWIDs and prisoners, across all NGOs. Among PLHIV, fewer Youth Development Center's clients had an overall

positive assessment of their quality of life, compared to clients of other organizations. Analysis of study results is currently under way. RESPOND will disseminate the results to its partners and other stakeholders early next quarter.

## ***Short-Term Technical Assistance Overview***

***Danielle Darrow de Mora, Project Director, Senior Technical Advisor within the HIV/AIDS Unit at FHI 360,*** conducted four technical assistance visits to the Project in November 2012, February 2013, May/June 2013, and July 2013. During her visits, she facilitated workshops (KYE/KYR and EBI ToT) and gave several technical presentations related to EBIs and IS for both the RESPOND team and external partners. She also worked to address several management and operational issues including interviewing for new positions, opening the local bank account and determining potential employment contracting mechanisms within the confines of labor law in Ukraine. She also participated in the RESPOND Strategic Planning and budgeting activities for FY 2014.

***Matt Reeves, Pact Global Director on Capacity Development,*** visited the RESPOND Project in February 2013. He conducted several in-depth sessions with Project capacity development team on Pact capacity development tools such as ITOCA, OPI and network strengthening tools as well as facilitated a session on Pact vision and approach to capacity development at the

RESPOND Stakeholder meeting. Mr. Reeves also conducted on-the-job training for the capacity development staff during the practical facilitation of ONA and ITOCA session for the one of the grantees – Chernigiv Regional branch of PLHIV Network.

***Dr. Bruno Bouchet, the Director of the Health Systems Strengthening Unit, FHI 360,*** conducted a technical assistance (TA) mission to design the Quality Improvement strategy of the RESPOND project in February 2013. Individual meetings were conducted with representatives of each principal recipient of the GFATM grants; selected Ukrainian institutions delivering HIV-related services (integrated care centers); selected CSOs and clients (PWIDs and PLHIV). The aim of each meeting was to understand the services delivered to key populations, the relationships between organizations and institutions, the way quality is measured and addressed, and the perspectives of the clients, in order to identify service quality and systems issues that could be addressed through the QI demonstration projects. Three QI sensitization meetings where stakeholders identified improvement opportunities within the systems of care for key populations were held (the national level, in Odessa and in Lviv). Participants identified priority issues related to the quality of services delivered to key populations as well as with the organization of the service delivery system that they would like to address with the QI model. Dr. Bouchet provided technical assistance to design of four QI demonstration projects in Lviv and Odessa regions and conducted QI strategic workshop, where four teams representing 18 organizations, developed their roadmaps/charters. Mr. Bouchet also worked to plan the RESPOND technical assistance through the end of December 2013.



» **Dr. Nilufar Rakhmanova, Quality Improvement Senior Technical Specialist, Health Systems Strengthening, FHI 360**, conducted a technical assistance visit in May and focused on strengthening the capacity of RESPOND staff and local partners in coaching the four QI demonstration projects through the application of the QI model and tools. She co-facilitated, with the RESPOND QI staff, a training of 37 coaches from the improvement demonstration projects in Lviv and Odessa. She provided TA in the analysis of the service delivery system, in the design of interventions and documentation of the results of their system analysis, and planned interventions for each of the four teams. QI coaches practiced their newly acquired skills and knowledge during field visits to different facilities. She helped to develop detailed QI implementation plans and a list of activities to integrate QI into the work of CSOs.

**Ms. Amita Mehrotra, Program Manager, HIV/AIDS Unit, FHI 360**, visited RESPOND in April 2013 to focus on provision of technical assistance and training on finance and administrative procedures and help develop project systems for the FHI 360 team. Ms. Mehrotra provided three day training on financial policies and procedures including procurement, compliance with US Government and FHI 360 regulations, human resources systems, and travel. The goal was to help FHI 360 staff understand administrative, financial and travel policies and put in place appropriate procedures and checks balances for operations. As a result of the mission, the team had travel, procurement and HR policies in place.

**Joris Vandelanotte, Pact Deputy Director on Results and Measurement**, provided support to RESPOND and its partners on implementation science, monitoring and evaluation, and mobile technologies during his visit to Ukraine on July 23-31. He gave a presentation to RESPOND staff on Pact's newly developed internal results and measurement standards and gave a mini workshop for RESPOND staff on mobile technology and

the use of mobile platforms for M&E. Dr. Vandelanotte also gave a presentation on Implementation Science for IS grantees at the pre-award meeting. Finally, he provided input into RESPOND's 2014 strategic planning and the baseline study.

**Dr. Mike Merrigan, Technical Advisor, Strategic Information, Program Sciences, FHI 360**, conducted two technical assistance visits to RESPOND. During the first visit (June 2013), Dr. Merrigan facilitated day three of the national event "Strategic Information as a basis for decision making in HIV/AIDS" workshop that was held in Yalta on June 3-6. He introduced the Data Use for Decision-Making Framework (from Measure evaluation), presented DDUDM modules and examples of its practical use in Ukraine, participated in planning for the



regional Training of Trainers in the DDUDM methodology to be carried out in September 2013. The main task of the second visit (August 2013) was to facilitate a Data Use for Decision-Making (DDUDM) workshop targeted at regional AIDS center representatives in order to contribute to the development of evidence-based 2014-2018 regional HIV/AIDS plans (August 27-30, 2013). Dr. Merrigan presented the module on data use for decision making for representatives of five RESPOND project regions, provided an overview of data triangulation in HIV/AIDS programs, and introduced the cascade framework for HIV/AIDS data analysis. He facilitated group work of participants using case studies with regional



---

» data from Mykolayiv and Dnipropetrovsk regions (data on PWID and SW). Dr. Merrigan provided valuable feedback on charts prepared by participants and interpretation of their results.

**Caleb Parker, Research Associate/GIS Analyst, Social and Behavioral Health Sciences, FHI 360**, conducted two technical assistance visits to RESPOND. During the first visit in March 2013, Mr. Parker provided technical assistance for the service mapping component of the RESPOND program and supervised the data collection for the mapping of HIV services across the Lviv and Odessa regions. Once the program database was populated, Mr. Parker added geo-reference codes to link the addresses of service providers to the services provided at the particular location. Based on the data collection, Mr. Parker shared preliminary results with key stakeholders at a meeting in late March to verify data and address gaps. From the final database, several maps of services for different target populations were developed. Mr. Parker also provided a brief hands-on training for staff on ArcGIS software.

The main goal of the second mission (August 30-September 14, 2013) was to conduct a five-day training on the basics of Geographical Information System (GIS) for national partner organizations and to provide technical

assistance to the RESPOND team in the service mapping for three regions (Dnipropetrovsk, Mykolayiv, and Chernigiv). As the result of the training, national participants demonstrated their understanding of cartographic design and the functions of the software through production of several maps using their own data. Mr. Parker also reviewed RESPOND's HIV Service Inventory data which was collected for the three regions and produced preliminary maps. Using comments of technical staff, Mr. Parker has started updating the database in order to continue generating maps for the service mapping report for these three regions.

**Jen Mulik, Health Director at Pact**, visited RESPOND in December 2013. She supported the National Visioning event, provided technical support to RESPOND team on various technical issues, and supported several strategic planning discussions.



## ISSUES AFFECTING THE PERFORMANCE AND THE WAYS TO ADDRESS THEM

While RESPOND has implemented nearly all of its activities according to the workplan, there have been some challenges with implementation. RESPOND has had to modify its approach to strengthening PRs as capacity developers in order to boost interest and demonstrate RESPOND's added value among PRs. Instead of focusing on PR capacities in the first year, RESPOND made a strategic decision to target regional and local partners inviting PRs as observers and participants. This approach allowed for generating a certain level of interest and buy-in among PRs and helped create demand among PRs for tools and approaches introduced by RESPOND.

Another challenge was in building a strong project team and in having the RESPOND team understand and buy in to RESPOND's innovative approach as well as in building the team's capacity to do things differently.

The existing capacity of EBI grantees in certain skills, such as facilitation, counseling and M&E has required that RESPOND arrange additional training and/or mentoring for grantees in these areas. Also, given that implementation science is a relatively new concept in Ukraine, a significant amount of sensitization for key partners around the topic has been required of RESPOND.

An added challenge was that the many conflicting data sources and the sometimes misleading representation of data proved difficult for a data driven project, such as RESPOND, to navigate and use.

Finally, RESPOND had a very ambitious Year One workplan. While the Project was able to fulfill most of the work plan, there were many activities and events that greatly stretched the team.

## MANAGEMENT

On June 15, 2012, Pact signed an award with USAID to implement the project Improving HIV/AIDS Services among Most-at-Risk Populations in Ukraine. Pact put significant effort into project start up to ensure a successful beginning. The start-up team was drawn from across the Asia/Eurasia portfolio, the Ukraine Country Office and Program Advancement. The Regional Vice President visit during startup was very valuable as his leadership solidified relationships with the Government, established good working relationships with project partners, and helped to motivate staff. The Country Office technical and operations assistance was also very helpful, both in terms of project leadership and administration. They enabled the project to move quickly on human resources, organize local logistics, and provide technical resources when needed.

The Memoranda of Understanding were signed with the project recipients. The sub-agreement with FHI 360 was signed. FHI 360 was integrated well as team members under

the one project approach and there is a shared ownership of project.

The recruitment and on-boarding of personnel took place in August-September and, by the end of September, 2012, 15 positions were filled. Recruitment and on-boarding of personnel was mostly completed by December, 2012.

Some changes occurred within the key personnel during the year. The Technical HIV Service Advisor and M&E Advisor positions were replaced upon USAID concurrence.

In October, 2012, the Project team moved into the project office. The office was equipped and furnished within two months.

Project registration was completed and registration certificate was received. Both Pact and FHI 360 received accreditation certificates.

The first year work plan and project PMEP was drafted and submitted to USAID in a timely manner. Following that the project teams in



» Kyiv and DC worked closely together to review and revise the work plan and PMP based on the comments received from USAID. Revised work plan draft was submitted to AOR on December 26, 2012 and formally approved.

The Project Brand name RESPOND which stands for Reducing HIV Epidemic through Quality Service Programming, Organizational and Network Strengthening and Data for decision making was approved by USAID. The branding and marking plan has been updated to reflect this change.

Twice during the past year, RESPOND team convened for team-building/strategic planning events, in April and then July 2013. Both events combined program planning activities with some team building exercises. The team developed a set of milestones for the life of the project and also put together a skeleton for the

2nd year work plan. The 2nd year work plan was developed and submitted to USAID timely.

RESPOND went through the required clearance process and received clearance from Website Governance Board to build the project website and is now waiting to receive an approval for the submitted demo version of the website which is expected to be up and running by the end of the next quarter. Meanwhile, the Project started a quarterly Newsletter which is distributed electronically as well as in hard copies during events.

Ongoing communication and coordination with the USAID has been ensured through a variety of means: regular e-mail/telephone exchange, meetings between the USAID AOR and Project CoP, meetings of the USAID and the Project teams, joint meetings with the Project partners, and site visits.

## PLANS FOR FY14

RESPOND began its expansion to three new regions (Cherkassy, Zaporozhyzha and Poltava) in FY13 and will begin to implement its signature activities in FY14, including regional meetings (Visioning events) in the first quarter of FY14.

In its second project year, RESPOND will continue to provide technical and financial assistance to 13 EBI grantees (15 grants) to implement EBIs. RESPOND will provide this TA through individual mentoring visits to grantees, through EBI Communities of Practice (in which grantees for a particular EBI come together to exchange ideas and address challenges), and through RESPOND's comprehensive capacity development support. In Year Two, the Project will continue to support the application and adaptation of evidence-based interventions in Ukraine by announcing up to four additional EBI grants. Partnerships with public sector institutions will be encouraged in these grant applications. The RFA will be announced in February 2014 and it is anticipated that there will be up to 10 grants issued in this round. There will be up to 3 grants issued per each of the local EBIs and there will be 2 grants issued for each of the MAT-related international EBIs (see description of

MAT activities below). As in Year One, EBI grants will be paired with IS grants. Up to four additional Implementation Science grants will be announced in February 2014 and awarded in April 2014. As with the first round of IS grants, grantees are anticipated to be research institutions, which can test evidence based interventions. Grant funding will depend on proposed research activities.

In addition, RESPOND, in collaboration with the Ukraine Institute of Public Health Policy (UIPHP), plans to introduce and evaluate (using an implementation science framework) a new model of MAT delivery in Ukraine, by providing MAT at non-specialty care sites where primary care physicians are trained to provide MAT outside of specialty care (HIV, Narcology, TB) settings. RESPOND also plans to improve the quality of MAT services by supplementing the treatment with crucial behavioral interventions. RESPOND anticipates one EBI focused on increasing testing and MAT uptake among PWID and another EBI focused on case management of PWID who are also living with HIV. The Project plans to support an IS study on this new model in two regions (Dnipropetrovsk and Mykolayiv). UIPHP will be responsible for

» the IS study and RESPOND will be responsible for the adaptation and implementation of EBIs that will supplement the provision of MAT at non-specialty care sites. The MAT-related EBIs will be selected, translated and adapted in the same process as was done in Year One. This process will be completed in Q2, and EBI grants will be awarded for piloting the adapted MAT-related EBIs in Q3.

A key Project output is a draft national Implementation Science Plan that identifies IS priorities for HIV/AIDS in Ukraine, anticipated by the end of Year Two. The IS plan will be used by researchers and implementers to decide on priority IS studies needed for Ukraine. Through the IS TWG, the Project will work with IS TWG members to draft a plan to respond to the various IS needs. The IS TWG will lead development of the IS Plan, with stakeholder input through the National AIDS Conference, the National M&E Conference and other events. The Project plans to contribute to the fulfillment of the IS plan by conducting the previously mentioned IS studies related to local EBIs.

During the second year, RESPOND will continue to support PRs in their role as capacity developers. The Project's cascaded capacity development model will continue to build upon the understanding that instead of pointing out areas in which organizations require increased capacity, the Project will seek to make capacity building demand-driven.

The Project will also continue to explore various opportunities to offer technical assistance to CSOs and facilities in priority areas. The Project will continue to make a direct and proactive investment in both the organizational and technical capacity development of grantees. This investment is aimed at increasing the levels of organizational efficiency, local ownership, sustainability, and more effective service provision. All new CSO grantees will be supported with ITOCAs, OPIs and developing ISPs. All existing grantees will undergo an annual OPI. Project staff will monitor the capacity development process of each CSO and its progress in implementing its ISP through mentoring visits, which will occur at least once every two months. EBI grantees will be provided with intensive technical support in EBI implementation.

In order to respond to both the needs voiced at the regional level by CSOs, and a growing recognition that economic strengthening (ES)

/livelihoods programming is an important component of a comprehensive HIV response for key populations, the Project will integrate ES elements into its activities. In Year Two, the Project will continue to build on its initial ES assessment conducted in FY13 by conducting a national discourse with key stakeholders, a series of round tables with selected CSOs at the regional level, and a discussion of possible ES interventions to be implemented by NGOs at the Vision Review meeting in May 2014.

In May 2013, the Project will conduct a Vision Review meeting with wide participation of regional stakeholders from the eight Project regions. The aim of this meeting will be to review the existing trends in the HIV epidemic, the national priorities in the HIV response and regional needs and capacities in combatting the epidemics. The three day meeting will take place in Kyiv and will contribute to building local ownership and strengthening networking relations across and between the regions.

Marketplace activities in Year Two will be focused on populating the updated version of the web platform with new technical products related to HIV/AIDS. RESPOND will continue to update an array of international and national organizations and agencies on the recent developments and expanded opportunities of the Marketplace. The Project will also open access through the Marketplace to Pact's own innovative tools which were very well received by partners in Year One. This includes the ITOCA, ONA, and OPI. RESPOND staff will follow up on services that CSOs and public sector partners purchase from the Marketplace to ensure that the gained technical expertise and skills are being used. This will be done through a series of mentoring visits to organizations who have received vouchers in Project regions. This mentoring will also focus on quality of programming. In addition to the pool of "technical vouchers", Pact will allocate some funding to strengthen all capacity areas of its partners.

As was done in FY13, the Project will also support a real-time Marketplace, an annual Forum on Capacity Development, in November 2013. It is an opportunity for partners to become familiar with capacity development services and to build relationships. RESPOND will invite representatives from key national and regional organizations from the three new Project regions, to take part in this two-day event.



---

» In FY14, the four QI demonstration projects will finalize the development of change packages, which will be scaled up to additional sites. In addition, RESPOND will begin new QI projects in Zaporizhyzha and Dnipropetrovsk. Institutionalization of QI will be another focus RESPOND in its second year. The Project will integrate QI into postgraduate curricula and will work with the National Medical Academy of Post-graduate Education (NMAPE) to adapt QI materials.

Building off the very successful national DDUDM workshops and the first regional DDUDM workshop conducted in Mykolayiv,

RESPOND will complete the roll out of regional DDUDM workshops in the first two quarters of FY14. Workshops in Chernigiv, Odessa, Dnipropetrovsk, and Lviv will be conducted in the first quarter and workshops in the three new project regions will be conducted in the second quarter.

Decision making around allocation of resources based on analysis of data is the focus of the regional DDUDM workshops. Regions will also be exposed to a practical application of this as they will have the opportunity to apply for DDUDM grants to cover priorities identified through analysis of regional data.