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U.S. President's Emergency Plan for AIDS Relief

# USAID's Office of HIV/AIDS Partners' Meeting

## Capacity Building towards Country Ownership and Sustainability: Truth and Consequences

**Thursday, September 22, 2011**

USAID Office of HIV/AIDS Partners' Meeting
Thursday, September 22, 2011
FHI 360 Conference Center
1825 Connecticut Avenue NW, 8th Floor
Washington, DC 20009

**Capacity Building towards Country Ownership and Sustainability:**
**Truth and Consequences**

Purpose/Objectives

1. Unpack and frame the science of capacity building in light of country ownership and sustainability
2. Share experiences of what works and what does not work and lessons learned in Capacity Building for individuals, organizations, and systems of host governments and local organizations to provide leadership, deliver services, advocate, create demand
3. Brainstorm how to address persistent challenges, such as how to sustain the cycle of capacity building for continuous quality improvement and how to best measure capacity building
4. Update partners on OHA and OGAC new guidance, directions, and priorities and on the most current thinking around Prevention

**8:00** **Registration and Continental Breakfast**

**8:30** **Opening Remarks**
Robert Clay, Deputy Assistant Administrator, Global Health Bureau

**Global Health Directions and Priorities**
Dr. Ariel Pablos Mendez, Assistant Administrator, Global Health Bureau

**9:30** **Welcome**
Roxana Rogers, Director, Office of HIV/AIDS

**9:40** **Meeting Agenda, Objectives and Expectations**
Paul Mahanna, Deputy Director, Office of HIV/AIDS

**9:45** **Building on a Strong Foundation: Capacity Building under PEPFAR II**
Overview to define and frame capacity building in light of transition to country ownership and sustainability.

**10:40** **Break**

**10:55** **Global Café of Capacity Building**
Colleagues from 21 projects will share highlights of their capacity building programs.

**12:15** **Lunch with PEPFAR Updates and Priorities**
Julia Martin, Deputy Global AIDS Coordinator, Office of the U.S. Global AIDS Coordinator

**1:15** **Panel Discussion on Prevention, Combination Prevention, Treatment as Prevention and MARPs**
Colleagues from the Office of HIV/AIDS.

**2:15** **Addressing Persistent Challenges in Capacity Building**
Measuring Capacity Building Results
Sustaining Capacity Building
Building Capacity among Community Volunteers
Government Capacity Building
Capacity Building and Human Resources for Health

**3:00** **Break**

**3:15** **Stories of Transition and Hand-over from USG Support**
Ann Lion, Abt Associates; Profamilia- Colombia
Karen Hardee, Futures Group; FP/HIV- Mexico & Jamaica
Roxana Rogers, USAID Office of HIV/AIDS; Right to Care- South Africa
Mufuta Tshimanga, University of Zimbabwe; African Field Epidemiology Network- Zimbabwe
David Mukanga, African Field Epidemiology Network- Zimbabwe
Cheri Kamin, USAID Office of HIV/AIDS

**4:30** **Summary, Open Mic and Discussion on the Way Forward**

**5:00** **Closing, Evaluation, Outcome of the Meeting and Next Steps**

**5:15** **End**

**Dr. Ariel Pablos-Méndez**
*Assistant Administrator*
Bureau for Global Health, US Agency for International Development

Dr. Ariel Pablos-Méndez is Assistant Administrator for Global Health at the U.S. Agency for International Development (USAID), a position he assumed in August 2011. Nominated by President Obama in March, Dr. Pablos-Méndez joined the USAID leadership team with a vision to shape the Bureau for Global Health's programmatic efforts to accomplish scalable, sustainable and measurable impact on the lives of people in developing countries as envisioned in President Obama's Global Health Initiative. In his capacity as Assistant Administrator for Global Health, he will focus his efforts to further advance the goals and reformatory recommendations expressed in the Presidential Policy Directives, Quadrennial Diplomacy and Development Review, and USAID Forward. By fostering new working relationships and maintaining existing partnerships, Dr. Pablos-Méndez will direct the Bureau's activities and approach toward a standard of technical excellence in implementation science.

Dr. Pablos-Méndez is an experienced public health physician who most recently served as Managing Director at The Rockefeller Foundation where he led the Foundation's global health strategy on the transformation of health systems in Africa and Asia. He first joined the Rockefeller Foundation in 1998, spearheading public-private partnerships in research and development for diseases of poverty, the Foundation's strategy on AIDS care in Africa, and the Joint Learning Initiative on Human Resources for Health. He also served as Director of Knowledge Management at the World Health Organization (WHO) in Geneva, where he established WHO's first eHealth unit.

Dr. Pablos-Méndez is a Board-certified internist and until recently was practicing as a Professor of Clinical Medicine and Epidemiology at Columbia University. He has served in various Boards and international commissions and received his M.D. from the University of Guadalajara's School of Medicine and his MPH from Columbia University.

**Robert Clay**
*Deputy Assistant Administrator*
Bureau for Global Health, US Agency for International Development

Robert Clay is a Senior Foreign Service Officer with the United States Agency for International Development (USAID). He is currently the Deputy Assistant Administrator in the Bureau for Global Health.

For the past three years, Mr. Clay was Director of the Office of HIV/AIDS within the Bureau for Global Health, responsible for leading the agency's implementation of HIV/AIDS programs under the President's Emergency Plan for AIDS Relief.

Prior to returning to Washington, Mr. Clay was the Director of the Population, Health and Nutition (PHN) Office at USAID/India. Mr. Clay also served as the Director of the PHN Office in Zambia from 1998-2003.

Robert Clay's 28 years of experience with USAID began in 1983, when he assumed the principal responsibility for expanding USAID's efforts to increase the use of oral rehydration therapy worldwide. Since then, he has held several different positions

at the agency, including Chief of the Health Services Division of the Bureau for Research and Development, and Deputy Director of the Office of Health and Nutrition in the Global Bureau at USAID headquarters.

Mr. Clay worked for the American Public Health Association in Washington before his assignments at USAID.

**Julia Martin**
Deputy Global AIDS Coordinator for Programs
Office of the U.S. Global AIDS Coordinator

Julia Martin BScN, MHSc, serves as the Deputy U.S. Global AIDS Coordinator for Programs, in the Office of the U.S. Global AIDS Coordinator, which leads implementation of the U.S. President's Emergency Plan for AIDS Relief (PEPFAR).

With over 18 years in HIV/AIDS and public health, Ms. Martin brings leadership in the areas of program and research development across multiple populations and in many countries. Working in the fields of both disease prevention and treatment, she has extensive experience in developing national policy, supporting operational research and designing healthcare delivery systems in mid-level and developing economies. Prior to joining the Office of the U.S. Global AIDS Coordinator, her most recent work has focused on injection drug using populations in China and Ukraine and roll-out of antiretroviral treatment programs in Uganda. She previously coordinated the clinical, prevention, and training programs of the Infectious Diseases Institute, Makerere University, Kampala, Uganda, where she lived for several years, and established clinical and administrative systems for one of the first free antiretroviral treatment delivery programs in Africa. Prior to that, Ms. Martin was with Health Canada where she oversaw management of national and international HIV prevention programs and policy development. Ms. Martin practiced clinical intensive care nursing in Canada, and additionally, functioned as a clinical manager in a primary care, rural hospital in Zambia.

**Roxana Rogers**
Director, Office of HIV/AIDS
Bureau for Global Health, US Agency for International Development

Roxana Rogers has worked on development programs in Africa for over 25 years. She returns to Washington after 4 years in South Africa as the Health & PEPFAR Office Chief. Ms. Rogers previously worked in Washington where she served as Deputy Director of the Office of HIV/AIDS for 7 years. Prior to that, she worked for USAID in Zimbabwe and Burkina Faso. She also spent several years in Ethiopia where she started her career as a Peace Corps Volunteer. Ms. Rogers holds an MBA from Columbia University, an MA in African Studies from Johns Hopkins and completed her undergraduate work at Brown. She is also a certified secondary school teacher. She is married and has two daughters.

USAID Office of HIV/AIDS Partners' Meeting
Thursday, September 22, 2011

Selected Abstracts:

| | Project Name | Organization | Title of Abstract |
|---|---|---|---|
| 1 | New Partners Initiative Technical Assistance (NuPITA) | John Snow Inc. | Mobilizing Resources for Sustainability |
| 2 | Strengthening the Institutional Capacity of the African Field Epidemiology Network (AFENET) | Health Systems 20/20 | Strengthening the Institutional Capacity of AFENET |
| 3 | Developing African Capacity to Use Health Systems Strengthening Tools and Approaches | Health Systems 20/20 | Developing Capacity of Six African Institutions to Use Health Systems Strengthening Tools and Approaches |
| 4 | Roads to Healthy Future (ROADS II) | FHI 360 | Capacity Building to Promote Locally Driven, Sustained Action in Historically Underserved Transport Corridor Communities |
| 5 | AIDSTAR-Two | Management Sciences for Health/ International HIV AIDS Alliance | Capacity Building in Action: How analysis and advocacy helped integrate MSM issues into the national HIV agenda in Eastern Europe |
| 6 | FANTA-2 | FANTA-2 / Côte d'Ivoire | Strengthening Government Capacity in Côte d'Ivoire to Manage Nutrition Care and Adapt the Program Resourcefully during Civil Unrest |
| 7 | Global HIV/AIDS Initiative Nigeria (GHAIN) | FHI360 | Capacity building for planning and budgeting for sustainability at district level – Case study of select Local Government Areas (LGA) in Nigeria. |
| 8 | Grant Management Solutions | Management Sciences for Health | Global Fund Country Coordinating Mechanisms: What does sustainability of CCMs look like? How do technical support agencies build capacity for sustainable governance by CCMs? |
| 9 | AIDSTAR-One | John Snow, Inc. | Integrating Water, Sanitation, and Hygiene (WASH) into Health Facilities to Improve the Lives of People Living with HIV: Analysis of Pilots in Kenya and Ethiopia |
| 10 | SCMS/Zambia | JSI | Sustainable Building Capacity through Pre-Service Supply Chain Training |
| 11 | SCMS/Namibia | MSH | Improving Access to Community Home-Based Care through the Design of a Sustainable CHBC Supply Logistics System |
| 12 | HIV Combination Prevention Program in Central America | PASMO | Increasing the sustainability and quality of local capacity building efforts related to HIV in Central America |
| 13 | Health Policy Project | Futures Group | Country Ownership for National HIV Policies: Building Capacity of Diverse Stakeholders for Improved Policy, Advocacy, and Accountability |
| 14 | Change | C-Change | Supporting Capacity Strengthening in Social and Behavior Change Communication with a Toolkit for Practitioners |

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|---|---|---|---|
| **15** | Capacity*Plus* | IntraHealth International, Inc | Country Ownership and Sustainability through Open Source Technology and Approaches |
| **16** | Capacity*Plus* | TRG | Capacity building through national Stakeholder Leadership Groups to address health workforce challenges: Experiences from Kenya and Uganda |
| **17** | HIV/AIDS Clinical Services Program (Rwanda) | IntraHealth International | Capacity Building to Increase Sustainable Delivery of HIV Services: A Case Study of Byumba District Hospital, Rwanda |
| **18** | Namibia Capacity Building for Country Owned HIV/AIDS Services (formerly the Namibia HIV Prevention Care and Support Program) | IntraHealth International | Strengthening the Capacity of FBOs in Namibia: Where to Start? |
| **19** | Technical Support for HIV/AIDS Prevention, Care and Treatment – RDMA | FHI360 | The Student Becomes the Teacher - Building the Capacity of Community Based Organizations as Providers of Technical Assistance |
| **20** | South to South Sharing through the HIV Leadership through Accountability Programme | The Global Network of People Living with HIV (GNP+) | Technical Assistance and South to South Capacity Building through the Leadership through Accountability Programme |
| **21** | New Partners Initiative | USAID/Washington | Lessons and Limitations of Local Capacity Development – NPI-funded NGOs |

# OHA Partners Meeting Abstract

Project Name: New Partners Initiative Technical Assistance (NuPITA)
Contact Name/Authors: Barbara Durr, Mark Kowalski
Organization: John Snow, Inc.
Contact Email: bdurr@nupita.org, mkowalski@nupita.org
Contact phone number: 617-482-9485

**Themes:** Organizational and Program Sustainability, Country Ownership, Scaling-up of Programming, Resource Mobilization, Capacity Building

**Capacity building levels**: (check all that apply)

a. Individual capacity building level __X_
b. Systems/policy level __X___
c. Organizational/institutional level __X___

**Title of Abstract**: Mobilizing Resources for Sustainability

**Persistent HIV/AIDS challenge that this activity/intervention addresses**:
Despite achieving success in HIV and AIDS service delivery or program management, many non-governmental organizations (NGOs) are stymied in their attempts to sustain their activities because of a lack of understanding about how to mobilize donor resources.

**Briefly explain why this experience needs to be shared - global relevance**:
Many NGOs have benefited from USAID support and developed exciting and innovative means to provide HIV and AIDS services, but for many of these organizations, the largest challenge is how to maintain donor support and sustainability of services in an uncertain environment. This abstract describes the efforts and processes of NGOs who are actively working to expand their funding base through understanding how to engage a diversity of donors to support their work while at the same time broadening their understanding of how to continue to receive support from the United States Government (USG).

**Description of the intervention**: (Limit this description to 150 words)

NPI partners have demonstrated the capacity to collaborate and use their networks to mobilize human and financial resources. Key to this has been their ability to gather intelligence and present themselves to potential donors to support HIV and AIDS activities. JSI/NuPITA developed a learning module to offer targeted assistance to organizations in resource mobilization. Overarching themes include examining cultural contexts of responsible giving and accountable distribution of funds that result in win-win partnerships. Specific sections are focused on developing a road map to resource mobilization, strengthening organizational "building blocks" to support resource mobilization efforts, developing effective proposals and a resource mobilization plan. Country ownership entails local partners capable of leading efforts to engage supporters in the fight against AIDS. This implies the capacity to articulate the connections and moral responsibilities that bind a community together to care for those in need and provide sustainable HIV and AIDS services and programs.

**Results** (both positive and negative) backed by data and or other evidence, e.g. activity was successfully transitioned to local government or organization and continues to yield results after so many months/years: (Limit this description to 50 words):

| |
|---|
| The module has been delivered to 10 of our 15 NPI partners; five have rolled it out to sub-partners or regional offices. All ten have developed resource mobilization plans. Fourteen (of 15) NuPITA partners will continue activities with alternative sources of funding in their implementation area after NPI close out. |

**Lessons learned:**

a. What worked: (2-3 bullets)

- The strategic willingness to collaborate with others and take on the role of sub-contractor/sub-partner.
- The demonstrated understanding of the importance of having strong organizational systems in place for resource mobilization.
- The ability to articulate organizational capacity to potential partners and undertake strategic networking.

b. What did not work: (1-3 bullets)

- An unrealistic estimation on the part of some organizations of their capacity to be the "prime recipient" on future programs.
- Tendencies for some organizations to concentrate resource mobilization efforts in one or two persons rather than see it as the responsibility of the entire staff.
- For some organizations, not remaining true to the organization's mission and pursuing opportunities for funding which are inconsistent with this mission.

c. How the results influence program direction/change (1-3 bullets)

- A disciplined understanding that investing in the organization's strategic plan and accompanying resource mobilization or business plan is a necessity, not a luxury.
- The need to analyze and present program results in a way that demonstrates the organization's capacity to provide effective services, be a reliable partner, work with communities and build the capacity of sub-partners.

# OHA Partner meeting Abstract

Project Name: Health Systems 20/20
Organization: Abt and TRG
Contact phone number: 301 347 5587

Contact Name/Author: Fred Rosensweig
Contact Email: frosensweig@trg-inc.com

**Themes:** This abstract describes a four-year comprehensive effort to strengthen an organization considered to be the premier African institution for field epidemiology and strengthening surveillance systems. This activity addresses the themes of country ownership and sustainability by strengthening a regional institution to provide capacity-building and TA in public health surveillance to ministries of health.

**Capacity building levels**: (check all that apply)

a. Individual capacity building level
b. Systems/policy level
c. Organizational/institutional level X

**Title of Abstract**: Strengthening the Institutional Capacity of the African Field Epidemiology Network (AFENET)

**Persistent HIV/AIDS challenge that this activity/intervention addresses**:
AFENET is a regional network comprised of schools of public health that builds capacity in field epidemiology and strengthens public health surveillance systems, an essential element of a strong health system. Strengthening AFENET organizationally improves its capacity to in turn mobilize schools of public health in surveillance, thus producing a multiplier effect.

**Briefly explain why this experience needs to be shared - global relevance**:
This activity offers lessons learned in organizational capacity-building that have broad applicability in other countries and regions: 1) how to address the specific issues relevant to a network-based organization that in turn has a multiplier effect on its members, 2) how to design a capacity-building process that places the ownership of the capacity-building process almost entirely in the client organization, and 3) how to assist an organization to manage its rapid growth successfully.

**Description of the intervention**:

AFENET is composed of seven member countries and four associate member countries. It is run by a 29-person Secretariat based in Kampala. HS 20/20 has assisted AFENET since 2007, six months after it was founded. The assistance began with a rapid assessment of the capacity-building needs consisting of a web-based survey and individual interviews with Secretariat staff and AFENET members. The activity has unfolded in three phases each lasting 12-18 months that have paralleled AFENET's rapid growth. Interventions, identified in large measure by AFENET, have covered all major organizational competencies.

- Phase I included a revision of AFENET's constitution and governance structure, development of a resource mobilization plan, upgrading of its communication infrastructure, development of a financial procedures manual, and executive coaching.
- Phase II resulted in the development of a five-year strategic plan and a corresponding HR plan, strengthening of the accounting system to meet USG standards, strengthening of the Secretariat team, and a board retreat to develop a strategy to manage growth.
- Phase III consisted of further Secretariat team-building and management training, strengthening HR and administrative procedures, and strengthening of resource mobilization capacity.

**Results:**

- AFENET has developed an organizational foundation that has allowed it to successfully manage rapid growth from 3 staff and annual revenues of $750,000 in 2007 to 29 staff and $10 million in revenues in 2011.
- AFENET is now the "go to" organization for surveillance and field epidemiology as evidenced by its rapid growth in annual revenues and attractiveness to a wide range of donors and USG implementing partners.
- AFENET's is a financially sustainably organization with a capable in-house financial system (it was outsourced in the first two years) and an indirect cost rate accepted by its partners.

**Lessons learned:**

a. What worked:
   - Using a comprehensive approach that focused on all organizational competencies (except technical capacity-building) has resulted in a strong foundation and greatly contributed to AFENET's long-term sustainability.
   - AFENET has owned the capacity-building process. HS 20/20 changed the typical paradigm and used an approach where consultants were contractually linked to HS 20/20 but were identified by and reported to AFENET. HS 20/20 provided advice only through AFENET staff.
   - The activity has relied mostly on local consultants, making this a highly cost effective activity.

b. What did not work:
   - Activities have taken longer to implement than planned because of the volume and pace of work at AFENET.
   - While the board has been highly supportive of HS 20/20's assistance to the Secretariat and the organization as a whole, it has shown less interest in being strengthened itself.

c. How the results influence program direction/change
   - As result of the capacity-building assistance, AFENET has been able to expand its membership from five countries in 2007 to 11 countries in 2011.
   - AFENET's growth from 5 member countries in 2007 to 11 full and associate members and four others currently under discussion has greatly expanded its reach in strengthening surveillance systems.

## OHA Partner meeting Abstract

Project Name: Health Systems 20/20
Contact Name/Author: Nicole Barcikowski and Fred Rosensweig
Organization: Abt and TRG
Contact email: nicole barcikowski@abtassoc.com
Contact phone number: Nicole Barcikowski (301 347-5561)

**Themes:** This abstract directly addresses the themes of country ownership and sustainability by strengthening the capacity of six African research institutions to carry out the analyses that are essential to health systems strengthening and health reform.

**Capacity building levels**: (check all that apply)

a. Individual capacity building level X
b. Systems/policy level X
c. Organizational/institutional level X

**Title of Abstract**: Developing Capacity of Six African Institutions to Use Health Systems Strengthening Tools and Approaches

**Persistent HIV/AIDS challenge that this activity/intervention addresses**:
Health systems strengthening, a key objective of PEPFAR 2, depends on evidence generated from studies and analyses. This activity is aimed at addressing the persistent challenge of the lack of high quality institutions to conduct this analytical work in developing countries, thereby decreasing reliance on international sources.

**Briefly explain why this experience needs to be shared - global relevance**:
The lack of high quality research institutions to carry out the analyses needed to inform policy, strategy and system reform is a widespread issue in developing countries, most acutely felt in Africa. The approach used in this activity is entirely replicable in other regions.

**Description of the intervention**:

This OHA-funded regional activity is focused on developing the capacity of African institutions to conduct health systems assessments (HSA), national health accounts (NHA), and HIV/AIDS sustainability analyses (HAPSAT) in their respective sub-regions. Using these tools requires institutions that have sophisticated technical and management capacity. The intervention has unfolded in three distinct phases:

1. Selection of institutions. Two institutions, one francophone and one Anglophone, were carefully selected for each methodology using a mapping study conducted by the London School of Economics as the starting point. The institutions selected are ECSA and CESAG for NHA, IRSP and Makerere School of Public Health for HSA, and ISED and HEARD for HAPSAT.
2. Training. Three high quality training programs based on adult learning principles and the experiential learning model were developed for each methodology, consisting of a four-day technical training course in the methodology and a one-day management course that addresses such aspects as budgeting, contracting, and marketing. Training was then conducted for each institution by a training team of two or three trainers.
3. Field application. Each institution has been or is being subcontracted by HS 20/20 for a field application with HS 20/20 oversight.

**Results**

- Six African research institutions with strong capacity in health systems strengthening have been successfully identified and mobilized.
- Six highly capable institutions have been trained to use three core health systems strengthening methodologies and to carry out this work outside of their home countries.
- Two field applications have been carried out to date and three others are planned for the fall.

**Lessons learned:**

a. What worked:

- The selection process consisting of the definition of the institutional competencies needed, a mapping study to identify institutions, web-based research on a subset of the candidates, consultation with third party experts, and interviews with the institution, was successful in identifying the right institutions.
- The focus on developing institutional capacity – not just training individuals – has resulted in institutional commitment to using the skills for health systems strengthening.
- Training courses developed and delivered by subject matter experts and training specialists working together are more effective than those developed by technical specialists alone.

b. What did not work:

- Even with high quality training, these institutions need ongoing guidance and supervision when first using the methodology in the field. To address this, HS 20/20 has assigned a mentor to each institution.
- The institutions selected are among the strongest in Africa in health systems strengthening expertise, yet their capacity is still limited and constrained by academic commitments and staffing limitations.
- The capacity-building process in these institutions will need more time than HS 20/20 has left in its cooperative agreement. HS 20/20 is working to identify ways in which this can happen.

c. How the results influence program direction/change

- This activity is potentially a game changer in beginning a shift to using developing country institutions for the high level analytic work that has traditionally relied on international sources of TA. The availability of high quality African institutions that can work regionally is entirely consistent with overall USAID program objectives of country ownership and sustainability.
- At the country level, HS 20/20 has demonstrated that a well conducted HSA, NHA, or HAPSAT can influence policy and program direction significantly by providing evidence on how the health system is working.

## OHA Partner meeting Abstract

**Project Name:** Roads to Healthy Future (ROADS II)
**Organization:** FHI 360
**Contact phone number:** +254-20-271-3913
**Contact Name/Author:** Robert Ritzenthaler
**Contact Email:** rritzenthaler@fhi360.org

**Themes:** Abstract reflects capacity building interventions leading to country ownership and sustainability that contribute to improved efficiencies and effectiveness of HIV/AIDS programs, outcomes, or impact

**Capacity building levels**: (check all that apply)

a. Individual capacity building level ___√__
b. Systems/policy level __√___
c. Organizational/institutional level ___√__

**Title of Abstract**: Capacity Building to Promote Locally Driven, Sustained Action in Historically Underserved Transport Corridor Communities

**Persistent HIV/AIDS challenge that this activity/intervention addresses**: (brief 1 sentence)

Historically, many transport corridor communities in East, Central and Southern Africa began as informal settlements to serve mobile populations at locations where they tended to stop, such as weight stations, crossroads and borders. As such, many corridor "towns" have been underserved by national HIV/AIDS programs, despite the fact that they have grown to significant size.

**Briefly explain why this experience needs to be shared - global relevance**: (brief 1-2 sentences)

There are myriad indigenous volunteer groups along African transport corridors with interest in and potential to play a significant, long-term role addressing HIV/AIDS challenges in their communities. Yet they have often been viewed by larger NGOs as "beneficiaries" of assistance rather than owners of programming. With targeted capacity building in key areas (technical, program, organizational), they can take the lead in designing and implementing relevant, quality responses that can continue beyond the period of donor funding.

**Description of the intervention**: (Limit this description to 150 words)

ROADS II utilizes an innovative community-organizing approach ("cluster model") to bring together a wide array of like-minded indigenous volunteer groups for collective capacity building, planning and implementation. Rather than relying on a few external NGOs to do the majority of the work, which is inherently unsustainable, the cluster model engages existing, largely untapped local resources that can be strengthened to lead and own the response over the long term. Through 66 youth, women, PLHIV and OVC clusters in East, Central and Southern Africa, ROADS II has built the capacity of approximately 1,175 local groups with a combined volunteer base of about 80,000 people, in technical, program and organizational aspects. With technical support from ROADS II and in close collaboration with district health teams, these partners design and implement HIV prevention, care and support programming including "wrap-around" activities such as economic strengthening and community-based alcohol counseling linked with HIV services.

**Results** (both positive and negative) backed by data and/or other evidence, e.g. activity was successfully transitioned to local government or organization and continues to yield results after so many months/years: (Limit this description to 50 words):

| |
|---|
| Project capacity building has enabled many local groups to participate in donor-funded programming for the first time. In Rwanda, of the 412 participating groups, 83 percent had never received donor support prior to ROADS. Currently, 66 clusters representing 1,175 groups manage their own funds due to improved financial management capacity. |

**Lessons learned:**

a. What worked: (2-3 bullets)

- Broadening participation in programming was successful due to significant community interest;
- With targeted capacity building, local partners have been able to design and implement high-quality programming with deep reach in the community;
- With a few exceptions, clusters have demonstrated capacity to manage funding effectively, efficiently and transparently.
- Capacity building approach has been diffused widely due to regional platform

b. What did not work: (1-3 bullets)

- Periodic training workshops are not sufficient to ensure retention, use and transferal of skills among groups with initial low capacity; ongoing coaching/mentoring is essential to sustain momentum.

c. How the results influence program direction/change (1-3 bullets)

- ROADS II has adapted its technical assistance approach to ensure that ongoing on-site and virtual support is provided to local partners (technical, program, organizational)
- Recognizing that local volunteers have many obligations (school, work, family), clusters try not to overburden individual volunteers, but rather ask "more people to do less," so volunteering can be worked into daily routines. Building capacity of a large roster of volunteers is a major strategy to minimize burn-out and attrition.

**OHA Partner meeting Abstract**

**Project Name:** AIDSTAR-Two
**Organization**: Management Sciences for Health/ International HIV AIDS Alliance
**Contact Name/Author**: Elden Chamberlain
**Contact Email**: echamberlain@aidsalliance.org
**Contact phone number**: 703 310 3592

**Themes:** Abstract reflects capacity building interventions leading to country ownership and sustainability that contribute to improved efficiencies and effectiveness of HIV/AIDS programs, outcomes, or impact

**Capacity building levels**: (check all that apply)

a. Individual capacity building level __X___
b. Systems/policy level ___X__
c. Organizational/institutional leave ___X__

**Title of Abstract:** Capacity Building in Action: How analysis and advocacy helped integrate MSM issues into the national HIV agenda in Eastern Europe

**Persistent HIV/AIDS challenge that this activity/intervention addresses**:
The intervention was designed to ensure that MSM HIV issues are integrated in country ownership.

**Briefly explain why this experience needs to be shared - global relevance**:
MSM are 19 times more likely to be infected with HIV than the general population. But stigma, discrimination and a lack of understanding of the issue means that in most parts of the world MSM/HIV issues are not addressed. This project highlights how this problem was overcome in Eastern Europe.

To ensure support from local communities and national governments to integrate MSM HIV programming issues into national programming , a phased approach based on capacity building of individuals, organizations and other key stakeholders was developed. The ultimate aim was to ensure that a Core Package of Services for MSM in Eastern Europe was accepted in the region and then adopted and integrated into National Strategic HIV plans. The intervention centered on first understanding the epidemiology and issues affecting MSM, followed by capacity building on best practices for MSM programming. The inclusive approach to capacity building through a consultative process at the country level in Armenia, Azerbaijan, Belarus, Georgia, Moldova, Russia and Ukraine meant that not only individuals from the NGO sector were included but also members of appropriate ministries and government departments as well as international partners, resulting in a broader base of understanding and acceptance of the issues.

**Description of the intervention**:

**Results** (both positive and negative) backed by data and/or other evidence, e.g. activity was successfully transitioned to local government or organization and continues to yield results after so many months/years:

Positive – Package of Services was accepted in all 7 countries by a broad cross section of organizations,

local, international and government.

Negative – Issues of priority setting and costing were areas that were identified as needing more clarity. These will be addressed in the next phase of the project.

**Lessons learned:**

a. What worked:

- A phased information sharing and consensus building approach with each stage building on the other meant that those involved were not overwhelmed with information/ideas all at once, but had the chance to digest and reflect on findings, recommendations over time.
- Framing capacity building in the context of analysis, reports and recommendations and working in both formal and informal settings rather than just holding a one-off "workshop"
- Keeping people involved in follow up and engaged at all stages of the process ensured buy-in

b. What did not work:

- Relying on best practice examples from other regions (due to lack of local examples) was met with some suspicion, so there is a need to ensure that local examples and experiences are used in the future as much as possible to ensure relevance

c. How the results influence program direction/change :

- All 7 countries in the project have accepted/endorsed the Package of Services for MSM at both the Community and Government levels. This is contributing to country ownership of the MSM HIV issue.

## OHA Partner meeting Abstract

Project Name: FANTA-2 Contact Name/Author: Phil Moses
Organization: FANTA-2 / Côte d'Ivoire Contact Email: pmoses@fhi360.org
Contact phone number: 202-884-8540 (or Serigne Diene: 202-884-8409)

**Themes:** Abstract reflects capacity building interventions leading to country ownership and sustainability that contribute to improved efficiencies and effectiveness of HIV/AIDS programs, outcomes, or impact

**Capacity building levels**: (check all that apply)

a. Individual capacity building level _____
b. Systems/policy level __X___
c. Organizational/institutional leave __X___

**Title of Abstract**: *A strong partnership for nutrition assessment, counseling and support (NACS) facilitates swift action to avoid a potential nutrition crisis among PLHIV during the recent unrest.*

**Persistent HIV/AIDS challenge that this activity/intervention addresses**: (brief 1 sentence)
Civil crises often limit the access of PLHIV to livelihood activities and to food as well as to ART.

**Briefly explain why this experience needs to be shared - global relevance**: (brief 1-2 sentences)
This is an example of how establishing and strengthening a government-led partnership of stakeholders to initiate and manage nutrition assessment, counseling and support (NACS) for PLHIV, helped to facilitate a creative and effective use of available food resources to support ART adherence and address food shortages during a time of civil unrest.

**Description of the intervention**: (Limit this description to 150 words)

During FY 2010, PEPFAR supported Côte d'Ivoire's MOH National Nutrition Program (PNN) to create a steering committee (SC) to oversee the introduction of NACS for PLHIV. In early 2011 civil strife limited the access of many PLHIV to livelihood activities and to food and risked reducing access to ART. The crisis had also slowed NACS introduction to the point that the first consignment of corn-soy blend (CSB) was at risk of expiring. In response, the SC temporarily adapted the food protocol and increased sites to provide CSB to all ART clients to support ART adherence, improve food access, and prevent malnutrition during the crisis. The SC also used CSB to provide emergency relief to crisis-affected OVC before the CSB expired. After the crisis subsided, the SC managed a return to the planned NACS program based on the original protocol.

**Results** (both positive and negative) backed by data and/or other evidence, e.g. activity was successfully transitioned to local government or organization and continues to yield results after so many months/years: (Limit this description to 50 words):

| |
|---|
| The SC was capacitated to resourcefully avert a potential nutrition crisis among PLHIV; approximately 2000 PLHIV and 3000 OVC received 35 tons of CSB during the crisis, reducing their vulnerability and risk of malnutrition. The SC now manages the ongoing NACS program to prevent and manage malnutrition among PLHIV. |

**Lessons learned:**

a. What worked: (2-3 bullets)

- Regular (biweekly) meetings of the steering committee with focused attention on specific objectives helped to form a strong and flexible partnership.
- Technical orientation of partners on NACS enabled members of the steering committees and colleagues in their respective organizations to make sound technical modifications to NACS to confront a crisis and then to reinstate the original approach as the situation stabilized.
- PEPFAR's authorization to continue NACS activities at a time when major international donors had suspended activities and funding allowed a heretofore overburdened PNN to dedicate sufficient staff time and attention to the rollout and adaptation of NACS as other activities that normally placed high demands on their time had been curtailed.

b. What did not work: (1-3 bullets)

- Implementing activities solely with the government counterpart led to long delays.
- Relaxation of the food provision protocol at the initial stage of NACS in response to the crisis raised expectations among clients that food would be provided regardless of nutritional status. This required strong education and orientation activities for staff and clients to address this expectation upon reinstatement of the original protocol.

c. How the results influence program direction/change (1-3 bullets)

- PEPFAR and its partners will place stronger emphasis on the support and management of the steering committee partnership to ensure continued ownership, management and successful implementation of NACS.
- PEPFAR partners' role will focus on continued technical capacity building of the government counterpart for NACS, while the government maintains overall operational oversight.
- The production delivery schedule for the local vendor of specialized food products for NACS as been modified to provide for more frequent and smaller deliveries to guard against the possibility of the products expiring should unforeseen events again cause delays in NACS implementation.

**Project Name:** Global HIV/AIDS Initiative Nigeria (GHAIN)
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**Themes:** Abstract reflects capacity building interventions leading to country ownership and sustainability that contribute to improved efficiencies and effectiveness of HIV/AIDS programs, outcomes, or impact

**Capacity building levels**:

a. Individual capacity building level X
b. Systems/policy level
c. Organizational/institutional level X

**Title of Abstract**: Capacity building for planning and budgeting for sustainability at district level – Case study of select Local Government Areas (LGA) in Nigeria.

**Persistent HIV/AIDS challenge that this activity/intervention addresses**:
HIV programs in Nigeria have focused on tertiary and secondary level facilities some of which have now reached their maximum capacities based on available staff and infrastructure and cannot take on more patients without compromising quality. This have led to a national shift towards decentralization of HIV services to the primary care level , but the weak planning and budgeting capacity of personnel at the LGAs who are responsible for the primary care facilities, threatens the decentralization .

**Briefly explain why this experience needs to be shared- global relevance**:
The increasing demand for more effective use of resources for health necessitate the need for local capacity building to improve planning and budgeting. This experience highlights that building planning and budgeting capacity of government at the local level can empower them to take more responsibility for health.

**Description of the intervention**:

Since 2008, GHAIN has been decentralizing integrated HIV/AIDS, TB and sexual reproductive services to the primary health care (PHC) level in phases in select LGAs. The LGAs are responsible for the PHC facilities to which these services are decentralised. GHAIN designed work plan and budget training and mentoring to strengthen the LGAs' capacity to plan, advocate for and manage resources. To engender sustainability, some of the activities supported by GHAIN were also introduced into the LGA work plans and budgets.

The support included (a) sensitization of the LGA authorities on the need for proper planning and budgeting (b) training LGA staff on priority setting, developing annual plans and line activity budgets (c) provision of technical assistance and mentoring to LGA PHC department to develop their annual health plan and budget (d) advocacy to LGA authorities for budget release (e) support of LGA staff to analyse budget performance.

**Results**

Thirteen LGAs were trained and mentored in 2010, two have successfully taken over payment of stipends to community volunteers and one now funds the LGA health management committee meeting. Both activities were previously funded by GHAIN.

There was poor release of funds across all the LGAs and none of the LGAs provided expenditure records.

**Lessons learned:**

a. What worked:(2-3 bullets)
   - Introduction of a system of collaborative work plan and budget development
   - Introduction of some GHAIN supported activities into the LGA budgets
   - Greater participation in implementation of activities and increased sense of ownership of programme

b. What did not work: (1-3 bullets)
   - Improvement of release of budgetary allocation to health
   - Expenditure review to determine budget performance and improve accountability

c. How the results influence program direction/change (1-3 bullets)
   - Support is being expanded to include strengthening of financial management systems
   - Senior GHAIN staff now leads advocacy to LGA chairman to improve budget release
   - Work planning and budget support now integrated into LGA level support package

## OHA Partners' Meeting Abstract

**Project Name:** Grant Management Solutions
**Organization:** Management Sciences for Health
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**Contact Name/Author:** Catherine Severo
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**Themes:** Abstract reflects capacity building interventions leading to country ownership and sustainability that contribute to improved efficiencies and effectiveness of HIV/AIDS programs, outcomes, or impact

**Capacity building levels**: (check all that apply)

a. Individual capacity building level ✓
b. Systems/policy level ✓
c. Organizational/institutional level ✓

**Title of Abstract**:

Global Fund Country Coordinating Mechanisms: What Does Sustainability of CCMs Look Like? How Do Technical Support Agencies Build Capacity for Sustainable Governance by CCMs?

**Persistent HIV/AIDS challenge that this activity/intervention addresses**: (brief 1 sentence)

CCMs are multi-sectoral governance bodies whose membership changes frequently; maintaining consistent information, decision-making authority, and oversight capacity is proving difficult: uneven and inadequate governance is observed around the globe.

**Briefly explain why this experience needs to be shared - global relevance**: (brief 1-2 sentences)

Increasing sustainability of participative strategic leadership, stewardship, and oversight by CCMs will enable the 150 beneficiary countries to ensure effective and efficient use of more than $22 billion of Global Fund money already committed to HIV/AIDS, TB and malaria. Strengthening governance for these three diseases contributes to broader sustainability of public health, democracy and governance in emerging and transitioning nations.

**Description of the intervention**: (Limit this description to 150 words)

Since 2007, Grant Management Solutions has provided short-term capacity building for participative governance to 52 of some 150 CCMs worldwide. Four broad types of interventions have been provided: (1) basic capacity building for new or renewed CCMs; (2) structural and procedural reform with membership renewal for CCMs failing to meet Global Fund eligibility criteria; (3) capacity building with tools transfer for oversight by CCMs of implementing institutions that CCMs hold accountable; (4) technical support and political brokering for CCMs facing investigations by the Global Fund's Office of the Inspector General and other important matters. All interventions include formal orientations and participative work sessions to build knowledge about Global Fund requirements and skills for consensual decision making and grant oversight. In fifteen countries, GMS has provided support to subsequent generations of CCM members and officers following membership renewal by plan or following national or government transitions.

**Results** (both positive and negative) backed by data and/or other evidence, e.g. activity was successfully transitioned to local government or organization and continues to yield results after so many months/years: (Limit this description to 50 words):

| |
|---|
| CCMs' Global Fund-related knowledge and governance skills erode without follow-up. Current hand-over procedures do not ensure sustainability of all that CCMs do. Further, Global Fund requirements evolve; CCM members today may not grasp modified requirements without refresher orientation tomorrow. Successful CCMs plan for orientation and mobilize resources to obtain it. |

**Lessons learned:**

a. What worked: (2-3 bullets)

- A Documentation of principles, structures and procedures for effective governance creates the backbone for sustainable CCMs, enabling them to withstand membership transition, governmental evolution and economic or epidemiological shifts. Orienting and coaching new CCM members and officers using the documentation brings governance to life.

- Cyclic orientation and capacity building timed to coincide with introduction of new CCM members, election of new officers and recruitment of new secretariat staff—underpins CCM sustainability. Cyclic orientation integrating changes in Global Fund requirements and experience helps build determinant patterns of practice.

- Recognition by CCMs that cyclic orientation and capacity building of generations of individual members helps the CCM, as a body, internalize and institutionalize participative consensual decision making and maintain standards of transparency, accountability, and probity.

b. What did not work: (1-3 bullets)

- Paper compliance only: documentation of governance principles, structures and procedures are required as proof of eligibility to the Global Fund, but training and mentoring are essential to transmit and foster effective and sustainable governance in new generations of CCM members.

- Orientation of only one generation of CCM members. Requests by CCMs for repeated technical support have been interpreted as a sign of weakness or failure to learn, rather than as a realistic recognition of what is needed to sustain effective governance in dynamic contexts.

- Short-term interventions alone rarely suffice. CCMs in countries inexperienced with participative governance need medium-term support for governance and oversight following urgent short-term interventions for structural and procedural reforms and engagement of new staff.

c. How the results influence program direction/change (1-3 bullets)

- Since June 2011 the Global Fund has been encouraging CCMs to formulate an annual technical assistance plan that includes orientation and capacity building for governance, and to define the terms of office and calendar for membership and officer renewal. This guidance prepares the stage for a change in how cyclic orientation and support are viewed.

- USAID and OGAC might support governance sustainability in CCMs by planning for cyclic support of member orientation and capacity building through PEPFAR interventions and through democracy and governance interventions (as core funding or through field support).

- USAID and others might consider pairing short-term support with follow-on medium-term support, especially where participative governance is lacking, stalled or just beginning to emerge.

## OHA Partners Meeting Abstract

Project Name: AIDSTAR-One
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Contact Name/Author: Melissa Sharer
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**Themes:** Abstract should reflect capacity building interventions leading to country ownership and sustainability that contribute to improved efficiencies and effectiveness of HIV/AIDS programs, outcomes or impact.

**Capacity building levels**: (check all that apply)

a. Individual capacity building level __X__
b. Systems/policy level __X___
c. Organizational/institutional level __X__

**Title of Abstract**: Integrating Water, Sanitation, and Hygiene (WASH) into Health Facilities to Improve the Lives of People Living with HIV: Analysis of Pilots in Kenya and Ethiopia

**Persistent HIV/AIDS challenge that this activity/intervention addresses**: (brief 1 sentence)
In resource-constrained countries, many essential practices (such as hand washing and proper waste disposal) are lacking in the majority of health care facilities making adequate patient care more difficult, particularly for people living with HIV (PLHIV) and others prone to infection.

**Briefly explain why this experience needs to be shared - global relevance**: (brief 1-2 sentences)
Strong ministerial and donor leadership and ownership was crucial in both countries to ensure larger impact beyond individual capacity building. Analyzing the outcomes and next steps in both Ethiopia and Kenya allows for a unique comparison of how capacity building must involve high levels of participation and communication among individual, organizational, and systematic levels to improve practices.

**Description of the intervention**: (Limit this description to 150 words)

Ministerial leadership in Kenya and Ethiopia allowed for AIDSTAR-One to pilot a training resource targeting health workers to strengthen WASH practices within health facilities. In Kenya, a comprehensive 4-day training at eight facilities (rural/urban mix) built the capacity of health care providers to improve WASH practices at their clinics. In Ethiopia, 13 facilities (rural/urban mix) participated in the pilot training. The training focused on both individual and organizational capacity building, and ministerial and Mission leadership and commitment was key to ensure efforts reached the systems and policy level. Examining the interplay of commitment, ownership, and leadership can provide guidance for policymakers and programmers on how to link change on the ground to stronger organizational practices and policies/systems country wide. The next steps emerging in each country provide strong lessons related to sustainability and capacity building.

**Results** (both positive and negative) backed by data and or other evidence, e.g. activity was successfully transitioned to local government or organization and continues to yield results after so many months/years: (Limit this description to 50 words):

Individual WASH knowledge improved in Ethiopia (56% pre-test to 76% post-test) and in Kenya (49% to 86% pre-/post-test). Ethiopia is adapting the curriculum for in-country use, and using it to guide policy. In Kenya, lower levels of commitment and in-country coordination at the donor and policy level have slowed progress.

**Lessons learned:**

a. What worked: (2-3 bullets)
   - **Capitalizing on existing leadership and coordination:** WASH coordination efforts led by the government in Ethiopia provided a stronger base for leadership and sustainability compared to Kenya. In Ethiopia, stronger presence, advocacy, and participation among key champions in the government, the USAID Mission, and among implementing partners provided a stronger platform to launch the curriculum. This type of coordination and communication proved to be key to shaping policy.
   - **Linking capacity building at the individual, organizational, and systematic levels:** Individual capacity building must be coupled with organizational strengthening, as improving technical skills without linking this change to stronger practices at the facility level decreases the training's impact. Additionally, without strong support at the systems level—from policy makers, donors, the USAID Mission, and the Ministry of Health—the ability to implement next steps that emerge from training can be limited.
   - **Dual focus on services and systems:** The impact of this training reflects the capacity of the curriculum to influence and shape policy, while also improving practices at the health facility level.

b. What did not work: (1-3 bullets)
   - **Timing and lack of coordination within existing systems/stakeholders in Kenya:** The key stakeholders were identified and met in Kenya, and while there was strong ministerial leadership and stakeholder buy-in, competing priorities in Kenya made it difficult for the various groups to participate in the entire process from start to finish. For a successful training, the ministries and key WASH stakeholders needed to not only participate, but also to lead the process from start to finish.
   - **Stronger in-country champions (government, donor, and implementing partners) needed in Kenya to influence next steps:** Despite Kenya's strong participation and leadership at the government level, the lack of working via an existing coordination mechanism and/or champion organization has made follow-on steps more difficult.

c. How the results influence program direction/change (1-3 bullets)

   - **Shaping policy:** The Government of Ethiopia is currently finalizing its WASH/HIV integration guidelines, and is using the AIDSTAR-One curriculum and materials to guide the process.
   - **Impacting programs:** AIDSTAR-One Ethiopia has collected available behavior change communication materials from partner organizations and produced new materials as needed for the trainings in Ethiopia.

## OHA Partner meeting Abstract

Project Name: SCMS/Zambia
Organization: JSI
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Contact Name/Author: Wendy Nicodemus
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**Themes:** Abstract reflects capacity building interventions leading to country ownership and sustainability that contribute to improved efficiencies and effectiveness of HIV/AIDS programs, outcomes, or impact

**Capacity building levels**: (check all that apply)

a. Individual capacity building level ×

b. Systems/policy level ×

c. Organizational/institutional level ×

**Title of Abstract**: Sustainable Building Capacity through Pre-Service Supply Chain Training

**Persistent HIV/AIDS challenge that this activity/intervention addresses**: (brief 1 sentence)
Laboratory staff and managers are responsible for ensuring timely receipt of commodities to support laboratory operations, but receive no supply chain management training before they enter the workforce which then requires large training investment.

**Briefly explain why this experience needs to be shared- global relevance**: (brief 1-2 sentences)
By sharing our experience working with universities in Zambia to incorporate supply chain training into the biomedical science curricula, we can highlight an effective, sustainable and cost-effective capacity building strategy that institutionalizes professionalization in pre-service training to improve supply chains for laboratory commodities.

**Description of the intervention**: (Limit this description to 150 words)

Inclusion of pre-service training in laboratory commodity supply chain management as a component of biomedical scientist school curriculum. SCMS/Zambia presented the need for this training during the University of Zambia (UNZA) curriculum review meetings in 2008. The lecturers present agreed to include laboratory commodity supply chain in the biomedical scientist school curricula. SCMS entered into an agreement with UNZA to lead training of trainers (TOT) courses in logistics and supply chain management for lecturers so that all graduates from UNZA and its three affiliated colleges would be trained in the MOH National Laboratory Commodities Logistics System. SCMS completed the first TOT in 2009 and a second in 2010 for additional lecturers. SCMS continues to monitor these trainings to ensure high quality standards are followed. SCMS will phase out this supervision over the next year when the course is fully incorporated into the term-long management course.

**Results** (both positive and negative) backed by data and/or other evidence, e.g. activity was successfully transitioned to local government or organization and continues to yield results after so many months/years:(Limit this description to 50 words):

The two TOTs produced 34 competent certified lecturers. To date, 272 students have taken the course. Of those trained, approximately 80% are currently working as biomedical scientists at the Ministry of Health facilities. It is now an expectation that colleges and university will train their students on laboratory supply chain management in the final year of the curricula. All the trainings were conducted by lecturers at these institutions, while SCMS staff provided quality standard checks. SCMS in-service training costs for an average number of 30 participants were reduced by 62% due to the pre-service training initiative.

**Lessons learned:**

a. What worked:(2-3 bullets)

- Presenting SCMS's strategy during the curriculum development meetings facilitated the process of bringing in new courses for the academic year
- Requiring that the course be given to university students ensured that all biomedical students graduated with an understanding of logistics and supply chain management. Since the first TOT, all UNZA biomedical science graduates have taken the course.
- College and university lecturers have taken ownership of the initiative; the curricula was adopted, lecturers are capable of conducting trainings without SCMS support, and students are graduating with greater supply chain skills, thus reducing in-service training costs

b. What did not work: (1-3 bullets)

- The university and college lecturers are often part-time and inconsistent. Since there are so many part-time lecturers that teach this course, it was necessary to hold the second TOT to train more of these part-time professors.
- The supply chain curriculum could not immediately be integrated into the full biomedical scientist curriculum because the current students are on a set curriculum and it would have meant a change in the schedule that was defined at the start of their studies. For the first three years, the course needed to be taught as an add-on and the integrated curriculum is now being taught to students just beginning their studies.

c. How the results influence program direction/change (1-3 bullets)

- Higher education pre-service trainings resulting in a significant reduction in the need for in-service training, as new professionals are entering the workforce already equipped with skills to manage laboratory commodity logistics systems.
- 80% of the students are employed in MOH facilities and are able to implement the MOH National Laboratory Commodity Logistics System on their first day of work.

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**Themes:** Abstract reflects capacity building interventions leading to country ownership and sustainability that contribute to improved efficiencies and effectiveness of HIV/AIDS programs, outcomes, or impact

**Capacity building levels:** (check all that apply)

a. Individual capacity building level _____
b. Systems/policy level __X___
c. Organizational/institutional level _X_

**Title of Abstract**: Improving Access to Community Home-Based Care through the Design of a Sustainable CHBC Supply Logistics System

**Persistent HIV/AIDS challenge that this activity/intervention addresses:**
Community and home-based care (CHBC) programs remain an integral component of national HIV/AIDS strategies as the high number of patients with chronic HIV-related illness continues to impose a major burden on already over-stretched health facilities. The standard home-based care kit – the most basic tool in the hands of caregivers – must be procured and constantly replenished, so that when caregivers see clients, they have the necessary basic supplies for them to provide continuous home-based care services for HIV-related illnesses. Weak and unsustainable CHBC commodity logistics systems result in both stockouts of commodities at community level and wastage of products committed to CHBC programs.

**Briefly explain why this experience needs to be shared - global relevance**: (brief 1-2 sentences)
The knowledge exchange can assist other country programs to strengthen the capacity of policy makers, funding agencies and implementers to design sustainable interventions that can guarantee continuity of services and thereby improve access to the provision of health services.

**Description of the intervention**: (Limit this description to 150 words)

SCMS applied a consultative and iterative approach to design the CHBC product delivery logistics system. Institutions responsible for procurement, distribution, dispensing of required products, as well as those providing supportive services were involved in system design to ensure stakeholder buy-in at the early stages of the process. In-depth assessments were conducted to define system gaps; iterative consultations were held to define a standard and cost-effective package of products for caregivers and patients; and a logistics system design workshop was conducted involving all stakeholders, followed by the development of standard operating procedures and tools to support sustainable logistics systems. Additionally, the revised list of kit products was harmonized with the Namibia Essential Medicines List and the CHBC care givers' guideline was revised to include product and logistics management components. This intervention led to the abolishment of the parallel CHBC logistics system and its integration into the national pharmaceutical supply chain, creating a sustainable CHBC "kit" replenishment mechanism to ensure continuity of supplies to the caregiver.

**Results** (both positive and negative) backed by data and/or other evidence, e.g. activity was successfully transitioned to local government or organization and continues to yield results after so many months/years: (Limit this description to 50 words):

| This activity was successfully integrated into the national pharmaceutical supply chain, reducing duplication of effort and cost with replenishment of CHBC "kit" supplies accomplished at all health facilities. Zero stockouts of HBC supplies have been reported at both caregiver and health facility level. |
|---|

**Lessons learned:**

a. What worked: (2-3 bullets)

- Having a standardized CHBC "kit" with contents aligned to the national essential medicines lists facilitates kit replenishment uses established processes and contains costs as well as meeting the needs of caregivers, patients and the community
- Stakeholder involvement from early stages ensured buy-in during implementation phase
- Integration of the CHBC logistics system at all levels of the healthcare system, with channels delivering ARVs and other essential medicines through integrated in-service training for existing staff on proper storage, inventory management and distribution, regional budgeting to ensure commodity financial security for CHBC needs, optimizes available resources, creates sustainability and maximizes patient impact

b. What did not work: (1-3 bullets)

- Caregiver retention- "volunteerism" continues to pose a challenge to successful implementation, although this is outside the purview of the supply chain operation

c. How the results influence program direction/change (1-3 bullets)

- The newly designed logistics system for CHBC was incorporated into the national system, thus eliminating what was a parallel system
- Although implementation is still in its early days , the envisaged uninterrupted supply of CHBC products where and when required will improve access to CHBC services and patient outcomes
- Cost savings through use of established national pharmaceutical supply chain

## OHA Partner meeting Abstract


| | |
|---|---|
| Project Name: | HIV Combination Prevention Program in Central America |
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**Themes:** Abstract reflects capacity building interventions leading to country ownership and sustainability that contribute to improved efficiencies and effectiveness of HIV/AIDS programs, outcomes, or impact

**Capacity building levels**: (check all that apply)

a. Individual capacity building level ___
b. Systems/policy level _____
c. Organizational/institutional level _X___

**Title of Abstract**: Increasing the sustainability and quality of local capacity building efforts related to HIV in Central America

**Persistent HIV/AIDS challenge that this activity/intervention addresses**: (brief 1 sentence)
There is a challenge to improve coordination of efforts to build capacity of NGOs, and public (MOH) professionals across a variety of donor-led initiatives related to HIV/AIDS prevention.

**Briefly explain why this experience needs to be shared - global relevance**: (brief 1-2 sentences)
Several projects, including the USAID regional program and Global Fund, include capacity building in their programs; however, the high rotation of personnel, the lack of coordination across training organizations and the lack of follow up with the trainees affect long term results. To sustain the impact of these trainings and truly build capacity, it is essential to develop an integrated plan for institutionalizing them.

**Description of the intervention**: (Limit this description to 150 words)

A combination of locally-available short courses, in-house/on-the-job training and technical assistance is being used to address specific capacity gaps within PASMO's NGO partners and public health professionals. In addition to building local managerial and technical skills, the Program is strengthening financial and administrative systems to ensure adherence with sound management practices. Coordination mechanisms are being established, in conjunction with other projects and institutions (UNAIDS, Global Fund, Ministry of Health and other international organizations) to avoid duplication and to make sure that the beneficiaries incorporate these efforts in their own plans. A variety of themes have been identified, including gender, strategic planning, writing proposals, financial/budgets, etc. and institutions providing the trainings are coordinating to avoid duplication of these themes. To complement this effort, a database of training participants is in development.

**Results** (both positive and negative) backed by data and/or other evidence, e.g. activity was successfully transitioned to local government or organization and continues to yield results after so many months/years: (Limit this description to 50 words):

| |
|---|
| While this initiative is in process, the coordination mechanism has opened the door to sharing lessons learned among all the participant organizations. We aim to realize better efficiencies, and coordination of which NGOs receive training on specific themes. A remaining challenge is to incorporate the public sector (Ministry of Health). The lack of control systems and the centralized model in the institution slow the progress of the activities planned. |

**Lessons learned:**

a. What worked: (2-3 bullets)

- Creating a multi-sector coordination mechanism, which is has opened the door to share lessons learned, even in other areas.
- Identifying gaps and proposing specific actions to address them (creation of a data base of training participants, unification of reporting templates).

b. What did not work: (1-3 bullets)

- Getting the public sector on board with the institutionalization of capacity building has been significantly slower than expected or desired. Controls and certification processes for training and capacity building have been difficult to implement in the public sector.

c. How the results influence program direction/change (1-3 bullets)

- The program will allow different donor-led initiatives to coordinate capacity building efforts in the public and other sectors, creating a combined approach to HIV needs
- Results, such as the development and use of training databases, are going to be measured during the length of the project (5 years).
- The program will develop and improve a certification and recertification process among participants, which could be aided by data from the database of trainings and participants.

## OHA Partner meeting Abstract

Project Name: Health Policy Project

Organization: Futures Group
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**Themes:** Abstract reflects capacity building interventions leading to country ownership and sustainability that contribute to improved efficiencies and effectiveness of HIV/AIDS programs, outcomes, or impact

**Capacity building levels:** (check all that apply)

a. Individual capacity building level __X___
b. Systems/policy level __X___
c. Organizational/institutional level __X___

**Title of Abstract**: Country Ownership for National HIV Policies: Building Capacity of Diverse Stakeholders for Improved Policy, Advocacy, and Accountability

**Persistent HIV/AIDS challenge that this activity/intervention addresses**:
HIV commitments are articulated through a variety of mechanisms, including UNGASS, national policies and strategies, PEPFAR Partnership Frameworks, and others. Strengthened leadership and policy-related capacity of a variety of stakeholders—from policymakers to the people most affected by HIV—enhances country-led, accountable HIV policies, plans, and responses.

**Briefly explain why this experience needs to be shared - global relevance**:
In-country stakeholders need a range of capacities to implement and monitor their HIV commitments. Health initiatives that seek to promote country ownership should not be limited to a focus on in-country government leadership or increased national resources. These initiatives must also address the capacity needs of and understand the role of people living with HIV, civil society, and key populations in the formulation, implementation, and monitoring of HIV commitments, policies, and plans.

**Description of the intervention**:

Policies (laws, strategies, guidelines, processes) are identified as key to strengthening systems, governance, health programs, and health services around the world. USAID has fostered enabling policy environments through successive multi-country projects: POLICY I and II (1995-2006), Health Policy Initiative, Task Order 1 (HPI-TO1), and other task orders (2005-2013), and Health Policy Project (2010-2015). These projects aim to strengthen stewardship of HIV policies through capacity building of policymakers, health department officials at multiple levels, and multisectoral AIDS councils. An equally important contribution has been engagement of people living with HIV (PLHIV), women, key populations at higher risk for HIV exposure, and civil society in policy formulation, implementation, and monitoring—in Kenya, Indonesia, Mali, Mexico, Nepal, Tanzania, Ukraine, Vietnam, the Middle East and North Africa (MENA), and others. Recent efforts focus on empowering key populations in Jamaica and the Caribbean. Analyses are also considering the capacity needs of different stakeholders to follow through on policy commitments in the PEPFAR Partnership Frameworks. The complementary elements of improving

stewardship by leaders and fostering accountability through citizen engagement highlight the importance of tailoring capacity building to diverse stakeholders as a core component of country ownership.

**Results** (both positive and negative) backed by data and/or other evidence, e.g. activity was successfully transitioned to local government or organization and continues to yield results after so many months/years:

PLHIV networks and groups for key populations continue to thrive and make contributions to their countries' policy processes. For example, HPI-TO1 supported formation of the first-ever PLHIV network in the MENA region. These efforts leveraged resources from national partners, including national AIDS programs. The Mali Network of People Living with HIV/AIDS (RMAP+) carried out citizen monitoring of stigma and discrimination in healthcare settings, which the government recognized the value of and recommended expansion of the approach. In Vietnam, PLHIV contributed to the HIV law and have monitored accountability through HIV legal clinics. In Indonesia, increased capacity and advocacy by the MSM/TG Network led to the government forming a working group on MSM/TG within the national AIDS program. This group advised on MSM/TG HIV policies and strategies.

**Lessons learned:**

a. What worked: (2-3 bullets)

- Strengthening social capital—e.g., the means by which a person or group can influence their environment and often characterized by involvement in networks and partnerships—of people living with HIV and key populations (based on a model of *involve, invest, influence, impact*)
- Addressing internal stigma felt by people living with HIV and key populations
- Involving HIV-positive people and key populations as experts (not just beneficiaries of services), e.g., through engagement in treatment literacy and self-defined Positive, Health, Dignity, and Prevention
- Sensitizing government policymakers, religious leaders, and other partners, leading to meaningful engagement of and dialogue with people living with HIV and key populations

b. What did not work: (1-3 bullets)

- Challenges in network strengthening include leadership mentoring and transition and sustainable funding

c. How the results influence program direction/change (1-3 bullets)

- Based on these experiences, as well as lessons from related work in the reproductive and maternal health fields, the Health Policy Project is designing a framework for building capacity for country ownership of the policy process, considering the needs of different stakeholder groups – from policymakers to PLHIV and key populations
- In particular, subsequent capacity building is required to help ensure that country ownership for the Partnership Frameworks, PEPFAR Partnership Implementation Plans (PFIPs), and other commitments extend into actual implementation and monitoring of progress

## OHA Partners Meeting Abstract

Project Name: Change
Organization: C-Change
Contact phone number: 202 -884-8734

Contact Name/Author: Neill McKee
Contact Email: NmcKee@fhi360.org

**Themes:** Abstract reflects capacity strengthening interventions leading to country ownership and sustainability contributing to improved efficiencies and effectiveness of HIV and AIDS programs and outcomes.

**Capacity building levels**: (check all that apply)

a. Individual capacity building level _X____
b. Systems/policy level __X___
c. Organizational/institutional leave ___X__

**Title of Abstract**: Supporting Capacity Strengthening in Social and Behavior Change Communication with a Toolkit for Practitioners

**Persistent HIV/AIDS challenge that this activity/intervention addresses**: (brief 1 sentence)
There is a lack of theory-based and research-driven social and behavior change communication (SBCC) processes and strategies to address tipping points for change at the individual, community and social levels.

**Briefly explain why this experience needs to be shared - global relevance**: (brief 1-2 sentences)
The current debate on the efficacy of behavioral prevention efforts is, among other factors, a result of the lack of sufficient capacity strengthening (CS) efforts in SBCC that are systematically applied over time to improve programming quality. PEPFAR guidelines do not include indicators for CS in SBCC.

**Description of the intervention**: (Limit this description to 150 words)

C-Change has developed a competency-based capacity strengthening (CS) framework, strategy, and toolkit to strengthen individual, organizational and institutional capacity in SBCC. The CS Toolkit is being used by governments and NGOs in 15 countries and by regional networks. There are seven components: 1) A theory-based SBCC Framework, used to identify "tipping points" for change. 2) C-Modules: A Learning Package developed for facilitated, face-to-face training, including over 50 practical tools. 3) Online C-Modules, both facilitated and self-paced, at Ohio University and on USAID's Global Health e-Learning website. 4) Master's and certificate-level courses at the University of the Witwatersrand and other tertiary institutions. 5) The C-Capacity Online Resource Center and e-newsletter. 6) Measurement tools, including the SBCC Capacity Assessment Tool (SBCC-CAT) for organizations, networks and donors. 7) Bulletins on the use of participatory processes to develop and adapt SBCC materials showing C-Change's HIV Community Conversation Toolkit as an example.

**Results** (both positive and negative) backed by data and or other evidence, e.g. activity was successfully transitioned to local government or organization and continues to yield results after so many months/years: (Limit this description to 50 words):

Although exact statistics are still being gathered, C-Change has trained over 3,500 people in various aspects of SBCC – including from national and sub national government; international and domestic NGOs; media; local faith based organizations. There have been 16,926 downloads of various parts of the *C-Modules* from the C-Change website.

**Lessons learned:**

a. What worked: (2-3 bullets)

- Establishment of a Center of Excellence in SBCC in South Africa, servicing the region with other centers started in Albania, Guatemala and Nigeria.
- Establishment of a cadre of facilitators on SBCC within the Southern Africa AIDS Trust network to further strengthen capacity throughout Southern Africa.
- Involvement of government and NGO partners throughout Sub-Saharan Africa on the use of the tools in SBCC planning for HIV and AIDS prevention with ownership of plans.

b. What did not work: (1-3 bullets)

- SBCC still does not seem to be prioritized by many USAID missions. Short term funding with high expectations and shifting priorities is the norm in many countries. The planned USAID e-Learning course may begin to address these gaps.
- Though C-Change is often involved in improving the SBCC capacity of government ministries and agencies, more work is needed to promote country ownership of SBCC tools and materials and to sustain the capacity built.
- C-Change does not have a regional base in Sub-Saharan Africa due to funding constraints. This makes TA to country programs too expensive.

c. How the results influence program direction/change (1-3 bullets)

- ***In Kenya***, C-Change assisted PEPFAR to work with partners and the National Taskforce on Voluntary Medical Male Circumcision (VMMC) on a communication guide for Nyanza Province to operationalize the national VMMC strategy. C-Change developed 14 VMMC materials after extensive formative research, adapted them to three other regions, and provided CS for government and local NGO staff who are now using the materials. A similar approach was adapted to Swaziland.
- ***In Namibia,*** C-Change has made SBCC CS part of PEPFAR's mandate. The project trained 1,038 individuals working for civil society, private sector, and government partners in SBCC; assisted 11 civil society partners to develop, restructure, and focus SBCC strategies on drivers of the epidemic and quality standards for 22 HIV prevention programs; assisted in the development of three national SBCC strategies in VMMC, MCP, and alcohol and HIV, along with the HIV prevention section of the National Strategic Framework for HIV and AIDS; led the national TWG on SBCC ; developed national interpersonal communication (IPC) materials; trained volunteers, traditional healers, and social workers in IPC and the use of tools; developed and implemented the first regional assessment of AIDS Coordinating Committees and regional SBCC strategy for HIV prevention.
- ***In Swaziland,*** C-Change assisted PEPFAR by focused CS on the leadership of the National Emergency Response to HIV and AIDS (NERCHA) to coordinate national HIV prevention priorities and evidence-based SBCC interventions. The project conducted SBCC training with the Public Sector HIV/AIDS Coordinating Committee (PSHACC), operating across the four regions. Most recently, 29 PSHACC staff were trained on M&E, emphasizing accurate and reliable data for the national database SHAPMoS. C-Change conducted training for local NGOs supporting NERCHA and PSHACC on advocacy, community mobilization, volunteer management, gender issues (GBV and sexual harassment), and improved data management. The project conducted extensive SBCC assessments of 20 public-sector and 10 private-sector agencies which are identifying capacity gaps and include recommendations for action. C-Change developed national SBCC strategies and supported media organizations, strengthening their policies and procedures for HIV prevention programming and improving their technical capacity on HIV prevention communication. The project also assisted in developing and launching the national VMMC plan.

## OHA Partner Meeting Abstract

Project Name: Capacity*Plus*
Organization: IntraHealth International, Inc
Contact phone number: +1.919.360.4011

Contact Name/Author: Dykki Settle
Contact Email: dsettle@capacityplus.org

**Themes:** Abstract reflects capacity building interventions leading to country ownership and sustainability that contribute to improved efficiencies and effectiveness of HIV/AIDS programs, outcomes, or impact.

**Capacity building levels**: (check all that apply)

a. Individual capacity building level __X___
b. Systems/policy level __X___
c. Organizational/institutional level __X___

**Title of Abstract**: Country Ownership and Sustainability through Open Source Technology and Approaches

**Persistent HIV/AIDS challenge that this activity/intervention addresses**: Countries need sustainable routine information systems on service delivery and resources to effectively plan, implement and manage HIV interventions.

**Briefly explain why this experience needs to be shared - global relevance**: USG has invested significant resources in national health information systems over the years. The open source approaches used by Capacity*Plus* and its partners have resulted in tools and technologies that are being independently adapted and used by countries, extending their reach well beyond USAID's original investment.

**Description of the intervention**:

Capacity*Plus* and the preceding Capacity Project developed open source human resources information systems (HRIS) software to address challenges in gathering and analyzing information on a country's health workforce. USAID missions in over ten countries have invested in adapting, deploying and training in these technologies over the last five years, in most cases building strong local ownership and innovation. Recently, a number of countries have started *independently* downloading, adapting and deploying the software, and regional organizations—e.g., West African Health Organization (WAHO)—are providing leadership to support country efforts. Broader health information systems for medical records, service delivery and service indicators are also benefitting from open source approaches. A global community of open source developers fosters strong linkages among systems. This same openness facilitates capacity-building of local developers and organizations by ensuring free and easy access to all needed code and documentation—something difficult or expensive to achieve with proprietary approaches.

**Results**

In 2009, WAHO worked with Ghanaian stakeholders to adapt and pilot the USAID/Capacity*Plus* iHRIS software with only remote support from Capacity*Plus*. Regional sharing of their success encouraged the governments of Mali and Togo and the Nursing and Midwifery Council of Nigeria to independently implement iHRIS at national levels.

**Lessons learned:**

a. What worked:

- Extensive USAID support of global and bilateral human resources for health (HRH) projects over the last five years has built a stronger foundation for health workforce information in Botswana, India, Lesotho, Kenya, Namibia, Rwanda, South Sudan, Swaziland, Tanzania and Uganda
- An open source, adaptable approach for these countries along with collaboration with regional and local partners facilitated the independent adaptation and scale up of HRIS in Ghana
- Independent regional dissemination, South-to-South collaboration, and strong regional leadership by WAHO helped Mali, Nigeria, and Togo to embark on a similar path
- Global contributions to the growing community of other open source for global health software and systems strengthening programs have led to emerging standards and interoperability between systems.

b. What did not work:

- A need for stronger supporting tools, guidance and training on data quality has broadly emerged across the different software programs. In cultures where data use is not pervasive, basic data quality practices have to be more strongly reinforced.

c. How the results influence program direction/change

- Capacity*Plus* has shifted from a North-South approach in this area with associated heavy travel and typically little progress between trips to an approach promoting national and regional leadership and ownership with remote support and mentorship from the project.
- More effort is going into eLearning and documentation to support further country adoption and capacity-building
- To develop the culture of evidence-based decision making and promote regional sharing and sustainability; we are developing a South-South network of information sharing and support.

## OHA Partner Meeting Abstract

Project Name: Capacity*Plus*
Contact Name/Author: Jim McCaffery
Organization: TRG
Contact Email: jmccaffery@capacityplus.org
Contact phone number: 202 407 9427

**Themes:** Abstract reflects capacity building interventions to strengthen stakeholder leadership groups that will lead to: (a) more effective human resources for health (HRH) planning and management for better HIV/AIDS service delivery and (b) enhanced country ownership and sustainability.

**Capacity building levels**: (check all that apply)

a. Individual capacity building level _____
b. Systems/policy level __X___
c. Organizational/institutional level __X___

**Title of Abstract**: Capacity building through national stakeholder leadership groups to address health workforce challenges: Experiences from Kenya, Uganda and Ghana

**Persistent HIV/AIDS challenge that this activity/intervention addresses**: (brief 1 sentence)
Two main persistent challenges of HIV/AIDS programs are the shortage of skilled and motivated health workers and the uncoordinated response of stakeholders towards improving health systems.

**Briefly explain why this experience needs to be shared - global relevance**: (brief 1-2 sentences)
It is now well established that HRH dynamics and challenges are far too complex and cut across too many health service categories and organizational and sectoral lines to be handled by a single entity. Developing and strengthening national stakeholder leadership groups enables diverse stakeholders to own and sustain the planning, development, retention and motivation of their health workforce and the systems that support it.

**Description of the intervention**: (Limit this description to 150 words)

Capacity Project and Capacity*Plus* have built capacity to use a participatory approach to address health workforce related issues in countries. Its foundation is the Stakeholder Leadership Group (SLG), in which key HRH stakeholders work together as a functional entity within the health system. SLGs include representatives of ministries of health, education, finance, faith-based organizations, health professional associations, universities and others depending on the context. The SLG brings stakeholders together to develop or refine their shared vision and common needs on health workforce issues, design and implement effective strategies, and solve pressing workforce problems. Capacity building enables SLGs to take on a range of key HRH issues, including strengthening human resources information systems, regulations, continuing professional development, health worker production and retention. Steps include establishing the SLG and its terms of reference, developing its capacity in human resources policy and management, and fostering partnership and ownership among the group.

**Results**

The Kenya SLG developed a country profile that informed the national HRH strategic plan. The Uganda SLG worked with the Ministry of Health, professional associations and universities to update the human resources information system and become increasingly effective at examining data, exploring policy implications, and using data to inform decisions. Lessons learned from the work are now being applied to SLGs effectively in Ghana and other countries.

**Lessons learned:**

1. What worked:
    - In Uganda, the process and capacity building steps resulted in the effective inclusion of a broader set of stakeholders than were normally involved in HRH discussions and decisions (e.g., faith-based organization stakeholders).
    - Identifying the HR information system as a serious problem helped stimulate the Uganda SLG over three years to develop a major new HR information system using Capacity*Plus*'s iHRIS software that now includes data from all professional councils.
    - In working together, stakeholders discovered the power of broader information sharing in Kenya. With a major HRH strategic plan about to be completed, they discovered in the course of a meeting pockets of information and perspectives held by people not normally part of the process. As a result, the Kenya SLG made major additions to the final draft of the HRH strategic plan (March 2010) and the group was used to help launch and implement the plan.

2. What did not work:
    - In Kenya, the participation of peripheral members of the SLG needed to be strengthened to keep them aware of what was transpiring, and so they could also offer assistance to core members of the group.
    - In Uganda, the SLG needed to establish a small administrative secretariat to effectively manage and diversify funding sources as the meetings became less regular once Capacity Project support ended.
    - In both countries, more attention needed to be paid to transitions as key stakeholders changed, took new jobs, and moved off the SLG; this resulted in a less stable group, and stalled progress.

3. How the results influence program direction/change
    - Lessons learned informed Capacity*Plus*'s development and recent publication (May 2011) of Stakeholder Leadership Group Guidelines.
    - The recommendations, actions and tips included are already in use by the HRH Observatory in Ghana as they have recently re-launched their observatory, which had been impeded by several obstacles (no secretariat support, transitions off the group, lack of sufficient facilitation capacity). Their newly revised vision encompasses the heart of country ownership: "the Ghana health workforce observatory is a Government of Ghana-led initiative located in the Ministry of Health...and is part of a cooperative network initiative involving countries and other health partners ... to produce information and knowledge necessary to improve human resources for health policy decisions and to share country experiences and expertise."

## OHA Partner Meeting Abstract

Project Name: HIV/AIDS Clinical Services Program (Rwanda) Contact Name/Author: Ramata A. Ouattara
Organization: IntraHealth International Contact Email: rouattara@intrahealth.org
Contact phone number: +1 (919) 313-9181

**Themes:** Abstract reflects capacity building interventions leading to country ownership and sustainability that contribute to improved efficiencies and effectiveness of HIV/AIDS programs, outcomes, or impact.

**Capacity building levels**: (check all that apply)

a. Individual capacity building level __X__
b. Systems/policy level _____
c. Organizational/institutional leave __X__

**Title of Abstract**: Capacity Building to Increase Sustainable Delivery of HIV Services: A Case Study of Byumba District Hospital, Rwanda

**Persistent HIV/AIDS challenge that this activity/intervention addresses**:
Byumba Hospital in Gicumbi District, Rwanda required human resources, financial management, and procurement capabilities to provide integrated HIV care and treatment services and conduct supportive supervision of all health centers in the district.

**Briefly explain why this experience needs to be shared - global relevance**:
District-level capacity building improves patient accessibility to quality HIV services, especially ART, and ultimately promotes ownership and sustainability

**Description of the intervention**:

Since 2007, IntraHealth's USAID-funded HIV/AIDS Clinical Services Program (HCSP) has supported HIV/AIDS services throughout Gicumbi District. This has included support to Byumba Hospital, the Gicumbi District Health Unit (DHU), and 11 health centers. Working closely with the Ministry of Health and the Gicumbi DHU, the HCSP strengthened the hospital's capacity to manage and oversee HIV/AIDS services in the district by instituting joint (hospital/HCSP) supervision and mentorship; training hospital staff in HIV/AIDS clinical services, leadership, and financial and grants management; and decentralizing budget support through sub-agreements that allow the hospital to develop and manage its budget according to its own needs. Now in its final year, the HCSP is preparing the hospital to provide high quality services without further outside support.

**Results**

| |
|---|
| In 2007, Byumba Hospital followed 851 patients on ART at the hospital and supervised health center providers caring for 1,053 patients on ART. Now, the hospital manages the ART program and follows 957 patients on ART at the hospital and supervises health center providers caring for 3,561 patients on ART. |

**Lessons learned:**

a. What worked:

- Shifting the focus of capacity building efforts from training to more individualized skills transfer and mentorship to service providers is enabling the gradual withdrawal of HCSP support and allowing Byumba Hospital to take more ownership and assume increased responsibility for program activities.

- The decentralization of funding and administrative management is an effective capacity building tool. Management capacity and service delivery improved as a result of the hospital's being given the autonomy to manage its own budget and plan/implement activities according to self-identified needs.

- Strong partnership with districts, district hospitals and health centers facilitates the sustainable implementation of program activities. The mobile physician approach, which brings ART services closer to the community, is an example of a sustainable action initiated and "owned" by the hospital. Joint planning and evaluation with district leaders and health center directors has proven to be very effective, ensuring that health center needs and wishes are better taken into account.

b. What did not work:

- Some health centers still experience challenges in ensuring the continuity of ART services due to human resources constraints (for example, few staff specialized in the provision of ART services).

c. How the results influence program direction/change

- Lessons learned in Gicumbi District will be applied in the other three districts in Rwanda supported by the IntraHealth HCSP, as similar capacity building efforts are underway there.

## OHA Partner Meeting Abstract

Project Name: Namibia Capacity Building for Country Owned HIV/AIDS Services (formerly the Namibia HIV Prevention Care and Support Program)
Organization: IntraHealth International
Contact phone number: +1.919.433.5701

Contact Name/Author: Chris Penders
Contact Email: cpenders@intrahealth.org

**Themes:** Abstract reflects capacity building interventions leading to country ownership and sustainability that contribute to improved efficiencies and effectiveness of HIV/AIDS programs, outcomes, or impact.

**Capacity building levels:**

a. Individual capacity building level
b. Systems/policy level
c. Organizational/institutional level __X__

**Title of Abstract**: Strengthening the Capacity of Faith-Based Organizations in Namibia: Where to Start?

**Persistent HIV/AIDS challenge that this activity/intervention addresses**:
In order to sustain and expand the strong response to the HIV epidemic in Namibia, faith-based health facilities need to develop both their technical and organizational capacity to function as vibrant, autonomous organizations with a diversified resource base.

**Briefly explain why this experience needs to be shared - global relevance**:
The Namibia Capacity Building for Country Owned HIV/AIDS Services program is seeking to prepare local faith-based organizations (FBOs) to transition to direct USG funding and/or to alternative sources of funding by 2014. The experience of helping strengthen these local institutions is of particular relevance globally as other programs seek to implement their own transitions to local ownership and create a sustainable response to the HIV epidemic.

**Description of the intervention**:

The first step is to engage leaders of the faith-based organization to obtain their buy in for the organizational development process. Once this support is secured, IntraHealth leads a joint Organizational Capacity Assessment (OCA) exercise with the FBO. The results of the OCA are then reviewed with the leadership, and a Comprehensive Institutional Strengthening Plan (CISP) is developed jointly. The organization owns and is responsible for implementing the plan, and IntraHealth supports the partner by providing key technical assistance and by helping monitor and update the plan. Support includes facilitating strategic planning, helping draft policies, and improving financial systems. In addition, IntraHealth works with the partner to improve its ability to remain technically proficient and provide quality HIV services. Partners are supported to develop their institutional capacity to renew and further develop their technical skills, and extend this to other areas of the health facility.

**Results**

- Technically, FBOs have better integrated HIV with other health services, and are utilizing resources, especially staffing, more efficiently.
- Organizationally, FBOs have developed stronger and more comprehensive policies and procedures, and are improving networking and advocacy skills with government and other donor organizations to fund their health service delivery.

**Lessons learned:**

a. What worked:
   - Obtaining support and commitment from the ownership of the organization (Board of Directors) and senior management is critical to success and appropriate time and effort needs to be dedicated to the process of engaging these stakeholders.
   - A flexible, tailored approach to supporting the goals set by the organization, recognizing that each organization is unique and faces its own constraints and opportunities.

b. What did not work:
   - Many organizations provide services beyond HIV to their clients, and working with the "HIV Unit" – while it may be a point of entry – is not sufficient for implementing broader institutional development policies and reforms, and there may be reservoirs of resistance within other areas of the organization.
   - Motivating organizations needs to be driven by the perceived internal benefits of the institutional strengthening process, rather than by external factors, such as concerns over future funding.

c. How the results influence program direction/change
   - Once the process has been completed with an organization, support will shift from a more hands-on approach to one that is focused on coaching and mentoring, both technically and organizationally.
   - The emphasis on sustainability and ownership will be realized through expertise in organizational development areas, as well as skills such as leading change management processes.

## OHA Partner meeting Abstract

**Project Name:** *Technical Support for HIV/AIDS Prevention, Care and Treatment – RDMA*
**Contact Name/Author:** Matt Avery
**Contact Email:** matt@fhichina.org
**Organization:** FHI360
**Contact phone number:** +86.871.363.2663

**Themes:** Abstract reflects capacity building interventions leading to country ownership and sustainability that contribute to improved efficiencies and effectiveness of HIV/AIDS programs, outcomes, or impact

**Capacity building levels**: (check all that apply)

a. Individual capacity building level ___X___
b. Systems/policy level _____
c. Organizational/institutional leave ___X___

**Title of Abstract**: *The Student Becomes the Teacher - Building the Capacity of Community Based Organizations as Providers of Technical Assistance*

**Persistent HIV/AIDS challenge that this activity/intervention addresses**: (brief 1 sentence)
China has seen rapid scale-up in recent years of peer-based behavior change interventions targeting men who have sex with men; however, limited local technical capacity exists to ensure the quality of these interventions.

**Briefly explain why this experience needs to be shared - global relevance**: (brief 1-2 sentences)
As HIV prevention projects mature, responsibility for provision of technical assistance is increasingly shifting to local actors and organizations which are not always prepared to assume this role. The Spring Rain experience documents the process of building the capacity of a community-based organization to provide this type of assistance, strengthening not only the quality of the local AIDS response but also the long-term sustainability of the community organization.

**Description of the intervention**: (Limit this description to 150 words)

Funded by USAID/FHI since 2005, the Spring Rain MSM workgroup in Kunming, China disseminates HIV prevention messages through outreach and drop-in center-based edutainment shows. Capacity building for Spring Rain initially focused on skills-based interactive trainings around behavior change communications. In recent years, FHI has shifted toward a peer exchange model, supporting the group to become a "center of excellence" for community mobilization, project management and peer education. Spring Rain staff provide technical assistance for the establishment of new MSM workgroups, and have been invited to conduct trainings in rural sites where the local government lacks experience with MSM. FHI has also supported Spring Rain to develop a peer education "Internship Course" combining classroom instruction and field practice, with the course goals and curriculum set by the peer educators themselves through a participatory planning process. Spring Rain plans to strengthen project sustainability by collecting fees for quarterly internship course sessions.

**Results** (both positive and negative) backed by data and/or other evidence, e.g. activity was successfully transitioned to local government or organization and continues to yield results after so many months/years: (Limit this description to 50 words):

| |
|---|
| Group provided five trainings for 150 government and community leaders and helped the Kunming AIDS Office organize MSM workgroups in 7 rural counties. The internship course was piloted on three separate occasions, with an average 34% increase (95% CI 29%-40%, p<0.000) in the number of correct answers at post-training assessment. |

**Lessons learned:**

a. What worked: (2-3 bullets)

- Peer-led capacity building approaches have been reported by training participants to be more appropriate and acceptable to local MSM communities, especially in rural settings
- Participatory development of the internship course has resulted in a product which the MSM workgroup regards as their own
- Soliciting of funding and participants for piloting of the internship course through the provincial MSM network contributed to buy-in for the course by the local MSM community

b. What did not work: (1-3 bullets)

- The geographically based "centers of excellence" concept is of limited applicability because a) little funding exists for programs to send staff to participate in extended training in other locales and b) Kunming's urban setting is in contrast to the rural context where many new MSM interventions are being established

c. How the results influence program direction/change (1-3 bullets)

- As the Spring Rain group showed strengthened capacity through their ownership of the internship course and other technical assistance activities, FHI has transferred additional responsibility for planning and implementation of project activities to the peers.
- A single training is unlikely to make a significant difference in ability to deliver effective intervention services. Focus should be given to supporting providers of technical assistance, such as Spring Rain, to travel and provide locally appropriate follow-up and one-on-one mentoring directly at project sites.

## OHA Partner meeting Abstract

**Project Name:** South to South Sharing through the HIV Leadership through Accountability Programme
**Contact Name/Author:** **Julian Hows**
**Organization:** The Global Network of People Living with HIV (GNP+)
**Contact Email:** jhows@gnpplus.net
**Contact phone number:** + 31 20 423 4114

**Themes:** Abstract reflects capacity building interventions leading to country ownership and sustainability that contribute to improved efficiencies and effectiveness of HIV/AIDS programs, outcomes, or impact

**Capacity building levels**: (check all that apply)

a. Individual capacity building level _____
b. Systems/policy level _____✓
c. Organizational/institutional level _____✓

**Title of Abstract**: Technical Assistance and South to South Capacity Building through the Leadership through Accountability Programme.

**Persistent HIV/AIDS challenge that this activity/intervention addresses**: (brief 1 sentence)
National networks of PLHIV often lack the resources (human, technical, infrastructure and financial) to respond effectively respond to the challenges raised by the epidemic.

**Briefly explain why this experience needs to be shared - global relevance**: (brief 1-2 sentences)
Tools implemented can be replicated and scaled to suit different settings. Learning can be shared by amongst networks with similar challenges and responding capacity.

**Description of the interventions**: (Limit this description to 150 words)

Through a phased introduction of partners, national networks of people living with HIV are supported to adopt and implement evidence-gathering research tools, created by and for PLHIV, elaborated by GNP+ and its partners. The work is implemented with a bottom-up approach, informed by community responses, and strengthened by south-south collaboration.

Examples of best practice are shared via a diverse range of communications tools, coordinated by national networks of people living with HIV (PLHIV), the Global Network of People Living with HIV (GNP+) and the World AIDS Campaign (WAC).

Where necessary, networks are supported to create, refine and enhance organizational and operational structures, (systems, policies, procedures, partnerships) to enable them to carry out the work and institutionalize this through a 'learning by doing' approach.

Countries from the first phase (year 1) are able to offer support to countries in year 2 and 3 etc.

**Results** (both positive and negative) backed by data and/or other evidence, e.g. activity was successfully transitioned to local government or organization and continues to yield results after so many months/years: (Limit this description to 50 words):

Enabling partnerships in countries to influence government and health sector policy, drive appropriate evidence based advocacy, contribute toward a global understanding of the drivers of stigma and discrimination from a PLHIV perspective;

- Year 1 countries; Kenya, Nigeria and Zambia supported in the completion of 5 research tools; Research results shared at international forums such as AIDS 2010;
- Year 2 countries (Cameroon, Ethiopia, Moldova and South Africa)in the process of implementing tools: ongoing sharing between year 1 and 2;
- Year 3 countries identified: Indonesia, Malawi, Senegal and Tanzania

**Lessons learned:**

a. **What worked: (2-3 bullets)**

- The adoption of standardized programmatic activities and tools (adjusted locally) has allowed for south –to south cooperation and learning exchanges;
- Increased resource mobilization for national networks enhanced because they were working with a globally recognized and supported activity;
- Successful implementation partnerships created – creating synergies at national and international levels.

**b. What did not work: (1-3 bullets)**

- Implementation: robust sampling sometimes not established making data and evidence base problematic; In addition, lack of technical capacity to move from data to sound recommendations in a sufficiently nuanced way has been found problematic by some country teams;
- Country to country sharing limited because of resource constraints - the infra-structural needs and resource that were needed to be put in place to deliver quite complex programmes was under estimated ;
- The concept of the research being a PLHIV led process has been a difficult concept for some national partners to embrace.

**c. How the results influence program direction/change (1-3 bullets)**

- Findings stimulate the development of solutions to the issues/problems highlighted – with programmes implemented and developed with a clearer understanding of the issues faced by PLHIV;
- National networks in several countries resourced with a sound evidence base for advocacy actions and policy work;
- Implementation process – from bidding to final report, builds the technical capacity of national networks.

## OHA Partner Meeting Abstract

Project Name: New Partners Initiative
Contact Name: Uchechi Roxo
Organization: USAID/Washington Contact Email: uroxo@usaid.gov
Contact phone number: 571-218-7528

**Themes:** Abstract reflects capacity building interventions leading to country ownership and sustainability that contribute to improved efficiencies and effectiveness of HIV/AIDS programs, outcomes, or impact

**Capacity building levels**: (check all that apply)

a. Individual capacity building level __x___
b. Systems/policy level _____
c. Organizational/institutional leave ___x__

**Title of Abstract**: Lessons and Limitations of Local Capacity Development – NPI-funded NGOs

**Persistent HIV/AIDS challenge that this activity/intervention addresses**: (brief 1 sentence)
Local organizations such as CBOs, FBOs and their partnerships with international NGOs (e.g. sub awards) have a unique role to play in the fight against HIV/AIDS and require a deeper understanding in terms of investments made in addition to ways to sustain positive intended and unintended outcomes.

**Briefly explain why this experience needs to be shared- global relevance**: (brief 1-2 sentences)
Under NPI, a number of organizations received technical, organizational and other forms of support to strengthen the capabilities and performance in serving clients through the grant period. This round table discussion will describe key tools and approaches utilized to build capacity of a NPI partner to be able to manage a USAID grant directly and manage the organization itself working in the HIV/AIDS implementation environment.

**Description of the intervention**: (Limit this description to 150 words)

Development, field-testing, revision and expanded use and updating of tools and TA approaches are iterative learning processes in working with different kinds of organizations over the life of the New Partners Initiative. A look at lessons learned from the perspective of a TA provider and an implementing partner will describe priority interventions identified as successful in strengthening a local partner's capacity to remain true to its mission and manage a USAID grant effectively (e.g. organizational capacity assessments; regional/ in-country TA provision) . Areas for improvement (e.g. resource mobilization, transition planning and M&E) will also be shared based on experiences and insights gained working within PEPFAR.

**Results** (both positive and negative) backed by data and/or other evidence, e.g. activity was successfully transitioned to local government or organization and continues to yield results after so many months/years:(Limit this description to 50 words):

Select results of organizational capacity building efforts have been that some NPI partners now have strategic plans and have been (or are moving toward being) integrated into a USG or multi-lateral funding stream as a prime or sub recipient while others struggle with challenges such as interruptions/gaps in HIV/AIDS service for beneficiaries; crises of identity and/or resources constraints.

**Lessons learned:**

a. What worked:(2-3 bullets)

- Tailored and timely trainings in areas that address partner deficiencies and build on strengths such as an organization's niche
- Expansion of staff at central (donor) levels, TA provider level and partner level to address management burden
- Qualitative and quantitative information that serve as indicators of progress made ( organization's systems strengthened, relationships with national, provincial, or district level stakeholders and recognition of select achievements through success stories,)

b. What did not work: (1-3 bullets)

- Missed M&E opportunities to collect and analyze baseline, midline and end line data to effectively assess the NPI experience
- Gaps in the provision of targeted and intensive TA for select partners with varying needs
- Assumption that partners would be transitioned successfully to USG agencies or other entities for smooth transition of services and organizational sustainability

c. How the results influence program direction/change (1-3 bullets)

- Increase knowledge of successful capacity building approaches and existing tools for working with future local partners
- The need to understand critical considerations such as time horizons, multi-level indicators, and linkages to government, private sector and other stakeholders to expand and sustain the HIV/AIDS response

Persistent Challenges in Capacity Building

OHA Partners' Meeting 2011

**Measuring Capacity Building Results**

The PEFPAR II strategy clearly emphasizes capacity building as a means to achieve country ownership and sustainability. However, strategic information systems continue to emphasize reporting on service delivery and training outputs, which do not capture the results of capacity building efforts. Though many PEPFAR partners and projects have achieved success in building capacity of host country individuals, organizations and systems, the evidence that documents these successes is weak. To convince donors, policy makers and other stakeholders that capacity building is worth the investment and to guide investment toward models of capacity building that are most effective, we must build be able to provide that evidence. As implementing partners, we are challenged to systematically measure the results of capacity building efforts, rigorously evaluate capacity building interventions and share the results.

1. Why is it so hard to measure CB?
2. What are the critical components of CB we should be measuring?
3. What are the relative roles of qualitative and quantitative evidence in determining built capacity?
4. What is the relationship between capacity-building and sustainability?
5. What is an appropriate time frame for measuring CB?
6. How can we measure CB without imposing yet another undue reporting burden?

**Sustaining Capacity Building**

There are several key challenges to sustaining the effects of capacity building once the inputs are over. Among them are the following: 1) because funding is frequently earmarked to disease-specific interventions, system-wide capacity building may be difficult, 2) leadership of organizations often change and support for organizational change must therefore be rebuilt, 3) newly acquired capacity is dependent on program funds that may not materialize because of changing donor or government priorities, 4) donors do not have a sufficiently long enough time frame to support capacity-building to ensure lasting change, 5) interventions that focus on training do not pay adequate attention to other performance factors such as supervision, availability of tools and equipment, and incentives, and 6) explicit attention to sustaining the gains is not an integral part of the design of capacity building efforts.

1. What success have you had ensuring sustainability of your CB activities? What are the key ingredients?
2. What lessons or advice do you have to share?
3. What have been the barriers to sustaining CB. And what has worked to overcome these?

**Building Capacity among Community Volunteers**

Community volunteers often are at the front line of services providing immediate and localized responses to best meet the needs of those living with HIV and those affected. There are many challenges when implementing capacity building initiatives for volunteers that can contribute to burnout and lower retention rates among volunteers including: 1) the lack of incentives and inputs available to support the volunteers in their work; 2) programs and trainings are geared towards developing an individual's skills and don't take into account existing capacities of individuals; 3) many volunteers lack clear guidance on their responsibilities and roles within their organization; 4) programs tend to ignore the volunteer's strong links and leverages within the broader organizational and community systems where they work; 5) how to maintain volunteer health workers capacity and functions as new health priorities, initiatives and strategies emerge; and 6) how to design a support system that lays the path for individuals to grow and simultaneously build the capacity of a new group of volunteers to ensure continuity. This lack of a broader approach to volunteer capacity building can result in a disregard to the range of their capacities, their knowledge, their leverages within the community, and their competencies. We need to cultivate a deeper understanding of how organizational and systematic capacity building can strengthen volunteer movements, improve volunteer retention, reduce volunteer burnout and lead to better services for those most vulnerable.

1. What roles and levels of services do volunteers provide?
2. How extensively should/can the volunteers be supported in the capacity building effort? What are the barriers to volunteer participation?
3. How can PEPFAR catalyze the transfer of skills and ensure continuity of service and leadership through volunteers?

**Government Capacity Building**

In most countries national responses to HIV within government are organized around an entity responsible for the coordination of the National Multisectoral Response. In most countries the key national organizations are the National AIDS Council with sub-national structures at Province/Region/State level and District and Community Levels and the HIV/AIDS office in the Ministry of Health. Apart from these two national level organizations, there are also sectoral departments in different ministries like Education, Youth, Gender, and Justice that may have some HIV/AIDS activities. There is need for capacity building activities to address all these different aspects of the public or government sector response. Capacity building activities and resources from donors tend to be concentrated in the Ministry of Health around some technical aspect of HIV. At the local government level, the district health management team and facilities play a key role. In general, capacity building must go beyond training to impart knowledge and skills. There is need to also address things like the organizational structure, management and coordination, leadership, specific systems such as information technology and communication, and resources such as transport. Many times district teams are trained on supervisory skills when they do not have transport to conduct supervisory visits.

1. How can we build capacity in a government entity when some of the organizational weaknesses can only be addressed at a higher level and often go beyond the scope of the activity? E.g. public financial management systems
2. What models of success do we have in building the capacity of government entities at local and decentralized level? Often capacity building for government is concentrated and is "visualized" as a top-down approach. How do we address the multiple layers of governance and leadership required of a strong health system – and layer our capacity building for government?
3. What have we learned about how to develop effective coordination structures that will bring together key national level agencies to play a leadership role? These coordination structures might be used to guide strengthening of national health information systems, for example, or other national level challenges.

**Capacity Building and Human Resources for Health**

It is now becoming increasingly evident that the way health workers are planned, managed and supported also affects the quality of health services that they are able to deliver. At the same time, adequate HR management capacity remains one of the critical missing factors in current efforts to meet the goals of national and global health system strengthening efforts.

When one looks at the many resource-constrained countries, two common and disturbing patterns emerge: government HRH policies, practices and procedures that tend to be tediously bureaucratic and spread across different government entities; and weak and ineffective HR departments. Additionally, most senior health sector leaders do not view the HR department as a strategic partner or as an indispensable part of the organization. Even to a casual observer, disease-specific programs and their departments such as AIDS, Malaria and TB tend to be well resourced and enjoy some strategic prominence. But in most places, HR units tend to be either absent, invisible or even neglected.

Building HRM capacity would involve some or all of the following interventions (the first two are essentially linked because the second cannot happen without the first):

* Invest in HRM professional development programs aimed at people who either are currently in HR positions or who aspire to become HR managers and leaders. These programs should be practical, competency based, and involve a mixture of short face-to-face training, coaching and electronic follow-up and support. They should be aimed at both central level and provincial or district level.

* Advocate within ministries of health to raise the HRM function to a more strategic level, one which can be instrumental in championing and leading critical HRH interventions, including the implementation of HRH strategic plans (now available in 46 of the 57 crisis countries).

* Support and provide skill enhancement so that HR managers and leaders can use instruments like HRH Stakeholder Leadership groups to bring key cross-organization and cross-sectoral HRH players together to ensure HRH strengthening interventions really can be implemented.

* Invest — or support the investment in — more HRM positions in those countries where the function itself is vastly under-resourced.

# Connect with the Office of HIV/AIDS on the web!

**Global Health Facebook**
www.facebook.com/usaidgh
Join an online community of socially engaged individuals who are interested in, or are already committed to, spreading the message that a healthy population is the foundation of a more prosperous global community.

**Global Health Twitter**
www.twitter.com/usaidgh
Receive live updates, ask questions, and engage with others who are interested in staying connected to the global health community.

**USAID Impact Blog**
http://blog.usaid.gov/
Read the stories of the talented, dedicated men and women who serve at USAID. Their stories of success, failure, and mid-course corrections to help the world's poor are the focus of IMPACTblog.

***USAID OHA site***
www.usaid.gov/our_work/global_health/aids
Learn about USAID's Office of HIV/AIDS technical expertise, where we work and how we contribute in the fight again HIV/AIDS.

**HIV/AIDS WebSource and RSS Feed**
http://www.usaid.gov/our_work/global_health/aids/News/journal.html
This online USAID resource with RSS Feed, delivers quick, up-to-date reports on what USAID and partners are doing around the world.

Questions? Email Jessica DiRocco at jdirocco@usaid.gov.

USAID
FROM THE AMERICAN PEOPLE

# THE OHA FACEBOOK

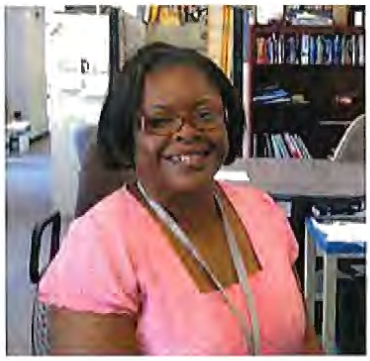
## Office of HIV/AIDS Staff Biographies

**September 2011 Edition**

**ADETOSOYE, ADAY, PhD, MPH, MA**
**Regional HIV/AIDS Advisor – Africa (SPER)**
Provide technical and programmatic support including but not limited to planning, design, evaluation, and coordination of HIV/AIDS activities in Africa.
**Countries:** South Africa, Namibia, Botswana, Lesotho, Swaziland, Zimbabwe, Madagascar, RHAP, Ethiopia.
**Languages:** Hausa, French (basic)
**TWG:** TBD
**Other:** Most recent experience as Associate Director, Program Management and Technical Advisor, Prevention with CDC Nigeria where I served as Project Officer/COTR for 26 HHS-funded cooperative agreements in the country and provided specific prevention advice to the in-country TWG and prevention partners. Previously served domestically in Los Angeles as Project Director for HHS-funded projects on prevention of co-occurring disorders (substance abuse and HIV/AIDS), tobacco control policy, and HIV prevention among minority populations. Experience includes policy development, grants and program management, public health programming, budgeting, and capacity development of small organizations.

**AGBIRIOGU, BRIAN, MD, MPH**
**Senior Health Information Specialist, SPER**
**Projects:** Technical advisor for Health Management Information Systems and Strategic Information.
**TWG:** Health Management Information System (Co-chair)
**Language:** English, French (very basic) and Igbo
**Other:** A medical doctor with postgraduate training in public health at the London School of Hygiene and Tropical Medicine. Initially worked as a medical officer of health for a couple of years and then moved on to developmental work in HIV/AIDS with Family Health International, Abuja. Have implemented M&E /HMIS systems for Global Fund grants in developing countries as an independent public health consultant for MIDEGO and Family Health International.

**AHMED, BILAAL, MPH**
**Program Assistant, TLR**
**Programs:** PMTCT Acceleration (more to come)
**Languages:** Urdu, Spanish (super basic)
**Other:** MPH in Epidemiology and International Health from Boston University. Conducted community-based research in Sierra Leone to assess health seeking behaviors and health center utilization among the local population in a peri-urban neighborhood on the edge of Freetown. Previously worked with substance using homeless and low-income patients at Boston Medical Center. Strong background in conducting clinical research. Interested in exposure to all areas of program design, implementation, monitoring, and evaluation.



**AMANYEIWE, UGOCHUKWU "UGO," MD**
**Senior Technical Advisor, HIV/AIDS Care and Prevention**
Provide technical assistance to support Care and Prevention-with-Positives programming and policy development.
**TWG:** Prevention, Care and Support
**Languages:** Pidgin (5), Ibo (4), Hausa (3) and Yoruba (2)
**Other:** Previously worked on the FHI –Global HIV/AIDS Initiative Nigeria GHAIN – as the Senior Technical Advisor for Palliative, Community and Home Based Care. At Abt Associates served as PSP-one Nigeria Country Manager and technical lead in conducting the HIV/AIDS Service Provision Assessment (SPA) for HS-2020.

**AQBAL, DALIHA**
**Biomedical Program Analyst (TLR)**
**Projects:** Microbicides
**Language:** Farsi/Dari & French
**Other:** Part of the PRH Office in the Research, Technology, and Utilization division for more than 2.5 years. Currently, completing my MS in Biomedical Science Policy and Advocacy at Georgetown University. Prior to USAID, worked at the National Academy of Sciences - Institute of Medicine on the African Science Academy Development Initiative (ASADI). Also, a board member for the Center for Global Understanding (CFGU). Completed my BS at Georgetown University in Health Studies/Human Sciences. I love meeting new people!

**ARMSTEAD, DELORES**
**Program Analyst, Front Office**
Serves in Strategic Planning and Budget Office, Operation Division
Program support to the Office of HIV/AIDS

**ASKEW, NATHAN**
**Front Office Assistant / OHA**
**Other:** Originally from Portsmouth, VA born and raised. Moved to the Metropolitan area in 1996 and became a FedEX courier and supervisor for 9 yrs. After which, I decided to move into Occ Med Healthcare and worked for a TPA in Reston, VA as a Provider Data Admin, handling the Fitness, Physicals and Drug Screens for Pre-Employment Examinees. I love slow jams, cars, mystery movies and seafood.

**AU, MARIA , MMS, MPH**
**Monitoring and Evaluation Advisor, SPER**
**Projects**: Technical advisor for program monitoring, evaluation, and reporting; Community level program information reporting
**TWG**: M&E
**Language**: Mandarin, Cantonese
**Other**: Certified physician assistant; currently a doctoral student in the department of international health at Johns Hopkins. Previously served as the program manager for the Clinton Foundation HIV/AIDS Initiative and for the Johns Hopkins Medical Institutions in China.

**BACHMAN, GRETCHEN, MBA/MIM**
**Team Leader, Orphans and Other Vulnerable Children, ISD**
Leads overall OHA OVC efforts
**Projects:** Sr. Technical advisor for Orphans and Vulnerable Children (OVC). OVC technical assistance to AIDSTAR-I&II, Project SEARCH/OVC CARE, PHE, HPI & MEASURE, Track 1 OVC.
**TWG:** Co-chair Orphans and Vulnerable Children
**Languages**: English and French
**Other:** Previously a Sr. Technical Officer, Orphans and Vulnerable Children at Family Health International (1999-2008) and a Sr. Technical Officer at the Futures Group International (1993-1998). Graduate of Thunderbird the American Graduate School of International Management and of Bloomsburg University. Steering Committee member of the Better Care Network and the Inter-Agency Task Team on Children Affected by AIDS.

**BALCH, ERIN MSW, MPH**
**Health Science Specialist, SPER**
**Projects:** MEASURE Evaluation
**TWG:** TBD, interested in Prevention, Gender and M&E
**Languages:** Kriolu (fluent), Portuguese (conversant), Spanish, French (basic)
**Other:** Worked previously on research including evaluations of interventions to promote the female condom and to integrate family planning into HIV care in South Africa, also conducted a review of comprehensive condom programming in Southern Africa with UNFPA. Provided counseling and case management for PLWHA and IDU in San Francisco and New York. Peace Corps, Cape Verde.

**BALDWIN, ELIZABETH M.**
**Program Analyst, IS**
Programmatic and administrative work for the New Partners Initiative under PEPFAR. COPRS local access administrator for OHA and the country assistant for the Namibia team.
**Language:** Spanish (Basic)
**Other:** Bachelor of Arts in Political Science, concentration in Comparative/International Politics, Minor in Communications International study completed at Cape Town University. Previous working experience includes Department of Homeland Security: Internship in the Office of National Capital Region Coordination; and Colleagues International: Program Assistant.

**BALLARD, ELISA, MA**
**Senior Monitoring and Evaluation (M&E) Technical Advisor, SPER**
**Projects**: Activity Manager for the PEPFAR eLearning Project
**Countries**: PEPFAR Strategic Information (SI) Advisor to Kenya and Tanzania; USAID SI/M&E Lead/backstop for East Africa
**TWG:** Co-chair, M&E TWG
**Languages**: Intermediate French and Spanish; basic Moroccan Arabic
**Other**: Former SI Liaison USAID/Nigeria; designed M&E systems for HIV/AIDS programs for UNHCR/Tanzania; 15 yrs. experience in international public health research and evaluation and capacity building, including previous focus on early infant/young child nutrition and adolescent reproductive health; work experience in Morocco, Rwanda, Tanzania, Turkey, Nigeria, and Texas; dogs rule!

**BARDY, KIMBERLY, MPH**
**Supply Chain Adviser, SCMS**
Advises on USG efforts to provide technical support to Global Fund grants experiencing implementation bottlenecks; on OVC TWG
**Projects:** MSH/Grant Management Solutions; Global Fund TA components for RBM, Stop TB, UNAIDS TSFs, and Green Light Committee
**Languages:** French (basic), Hebrew
**Other:** Worked with OHA/SPER M&E team, M&E TWG; worked for NGO in Uganda on injury control (road safety, violence, burns, etc); conducted hospital needs assessment in Moldova; worked in research and program management with domestic NGOs.

**BARTLETT, NOAH, MPH, MIA**
**Monitoring and Evaluation Technical Advisor, SPER**
Population-based surveys
**Projects:** Management team for MEASURE DHS and MEASURE Evaluation
**Countries:** SI Advisor for Haiti
**TWG:** Co-chair of Surveillance and Survey TWG
**Languages:** French
**Other:** Country Manager, Demographic and Health Surveys - Macro International; Peace Corps Volunteer, Mali

**BERARD, ELIZABETH, MPH**
**NPI Technical Advisor, IS**
Technical advisor and assignment manager for the New Partners Initiative.
**Projects:** AM for CMMB, CRWRC, and GOAL.
**TWG:** Palliative Care
**Languages:** Spanish
**Other:** Worked with the GH Tech Project and the Synergy Project. Consulted with USAID/Zambia in completing APR, SAPR, and COP reporting. Volunteered in Ecuador and Paraguay.

**BLOOM, AMY, MD**
**Senior Technical Advisor, TLR**
HIV care and treatment, particularly TB, TB-HIV and other OIs, STI, microbicides, vaccine, MTCT; HIV and ID related issues, women and HIV. Senior advisor for USAID on TB issues.
**Projects:** CTO for TB and HIV sections of WHO Umbrella Grant; Technical Advisor to TB Coalition for Technical Assistance (TBCTA) and TBCAP
**TWG:** HIV/TB working group co-chair; member of Palliative Care, Care and Treatment Steering working groups
**Countries:** Botswana core team lead
**Languages:** French (basic)
**Other:** Multiple WHO STOP TB working group and core working group member (including HIV-TB and MDRTB); USAID ACET (Advisory Council on the Elimination of TB) representative; USG TB Task Force. Previously EIS CDC; Project Officer, Women's Health and Fertility Branch/CDC, Female Condom; co-project officer, longitudinal study of HIV in women; Bacterial Respiratory Diseases outbreak investigations: TB, Legionnaire's Disease, Invasive Group A Strep; multiple investigations related to food-borne illnesses, occupational and environmental issues, and mass sociogenic illness.

**BORGUETA, KATHLEEN**
**Program Assistant, New Partners Initiative, IS**
**Language:** French (Basic)
**Other:** Received a Bachelor's in International Affairs with a concentration in Development, with a second degree in Music from The George Washington University. Previously worked at the National Alliance of State and Territorial AIDS Directors, as the logistics liaison for five international offices. Direct management experience in the field in the Kalahari region, South Africa. Former Hill intern, and volunteer at Women for Women International. Also previously worked as a peer counselor at Planned Parenthood of the Hudson Valley, NY.

**BOSWELL, CHARIS**
**Program Operations Assistant, Front Office**
Provides support for OHA program and budgeting
**Other:** Previously Administrative Assistant to the Technical Leadership and Research Division

**BOTTINI, COLETTE, MSC**
**OVC Technical Advisor, IS**
Project management, program design and evaluation, OVC technical assistance
**Projects:** CTO for centrally-managed OVC projects (Catholic Relief Services, Save the Children, Africare, Christian Children's Fund, Salvation Army), and Hope for African Children Initiative (HACI) and Pact Community REACH.
**Countries:** Malawi country team lead; Zambia and Senegal alternate core team member
**TWG:** Member of OVC working group
**Other:** Experience in cross-sectoral HIV/AIDS and democracy/governance programs

**BOWEN, ELIZABETH "WEEGEE"**
**Senior Consultant, Front Office**
Senior advisor and strategic planner on legislative matters for OHA; liaise with advocacy groups on OVC; liaise with technical divisions, GH front office and LPA on HIV/AIDS issues and OVC
**Languages:** Arabic, Urdu, Spanish, Norwegian
**Other:** Formerly LPA Senior Advisor on development of Agency's economic and educational outreach strategies related to US foreign assistance programs

**BROOMHALL, LORIE**
**Senior M&E Advisor, SPER**
**Other:** Medical Anthropologist, experience in HIV and reproductive health research, condom promotion among health care provides. Previously at Elizabeth Glaser Pediatric AIDS Foundation developing M&E plans for new and ongoing PMTCT programs and mentoring and training the EGPAF M&E team on performance monitoring and evaluation strategy development.

**BROWN, CHARLENE, MD, MPH**
**Senior Technical Advisor, TB-HIV**
**Projects:** Technical advisor for TB and HIV, including drug-resistant TB and TB-HIV collaborative internal and external efforts.
**TWG:** TB-HIV
**Language:** Spanish (very, very basic)
**Other:** Board certified physician (internal medicine) with expertise in domestic and international public health. Previously Deputy Commissioner/Chief Medical Officer at Baltimore City HD overseeing local HIV, TB, STD clinical and prevention efforts; Medical Officer in new antiviral drug development at the FDA (including microbicides); AAAS Diplomacy Fellow at USAID/OHA/TLR working on HIV counseling and testing, injection safety, care, and other issues during PEPFAR I; Independent public health consultant.

**BROWNLOW, KALEB, MA**
**Supply Chain Advisor, SCMS**
Provide technical and project management support to the Partnership for Supply Chain Management as well as offer support to field offices and US Missions on general supply chain and lab-specific activities.
**Project:** Partnership for Supply Chain Management (PfSCM)
**Countries:** Guyana, Haiti, South Africa, Rwanda, and Ethiopia
**Language:** French (basic) and Thai (intermediate)
**Other:** Previously served as a program manager and South Africa project-lead at the National Alliance of State and Territorial AIDS Directors (NASTAD); worked and studied in Thailand; and expertise in health policy, basic science research, and health systems strengthening.

**BROXTON, CLANCY, MA, MPH**
**Most At Risk Populations Advisor, TLR**
**Projects:** Technical advisor for prevention activities targeting most at risk populations.
**TWGs:** PHPEHRB; PwP
**Languages:** Spanish, Mandarin Chinese, Beginning-Intermediate French.
**Other:** Previously worked at Population Services International (PSI) and Medecins Sans Frontieres (MSF) in DC, Asia, and Latin America. Areas of expertise include HIV prevention programming for MARPs, health communications and social marketing, and private sector involvement.

**BUI, DIANE**
**Attorney Advisor, Office of the General Counsel**
**Projects:** Attorney providing legal advice for the Office of HIV/AIDS in all matters.
**Language:** Vietnamese (conversational)

**CARRIER, LISA**
**Program Analyst, ISD**
**Projects**: AIDSTAR Sectors I & II
**Language**: Ilonggo (fluent)
**Other**: Bachelor degree in International Studies from the University of Utah. Volunteer Missionary in Bacolod, Philippines. Taught English in China and Russia.

**CASTOR, DELIVETTE, PhD, MPH**
**Technical Advisor- Epidemiology / Biostatistics, TLR**
**Projects:** Provide technical assistance in organizing, analyzing, and reporting on HIV/AIDS epidemiological and program data. Develop statistical and technical summary reports based on survey and program data. Apply epidemiological and statistical design, methods and theories in designing evaluation studies. PHE
**TWG:** Adult care and treatment, Prevention of Sexual Transmission
**Language:** French-Creole, Spanish (basic)
**Other:** Previously clinical scholar at the Aaron Diamond AIDS Research Center (ADARC), The Rockefeller University. Conducted research on HIV transmission and transmitted drug resistance among men who have sex with men in New York City. Studied treatment outcomes for people with advanced HIV disease.

**CHENG, ALISON SURDO, MPH**
**Health Science Administrator, TLR**
**Projects:** COTR for the Project SEARCH Research to Prevention task order (JHU) and member of the Project SEARCH IQC team, focusing on HIV research. Provides technical support and guidance in HIV research, prevention, and testing and counseling.
**Countries:** Kenya country support team lead
**TWG:** HIV testing and counseling; Laboratory
**Languages:** French, Mandarin (basic)
**Other:** Previously worked at CDC on HIV testing and counseling, HIV prevention, TB, blood safety, infectious disease surveillance, and emergency response preparedness. Lived in China and Martinique.

**CHIUSANO, MELISSA**
**Administrative Assistant, TLR**
**Languages**: Some Spanish and a little French
**Other**: Recent graduate of the George Washington University with a B.A. in International Affairs concentrating in Global Public. Last Spring, I studied in Geneva, Switzerland with the School for International Training in their Global Health and Development Policy program where I completed independent research on missing and displaced children following natural disasters. I previously interned in NY with Keep a Child Alive, an NGO that focuses on the care and treatment of children and their families affected by HIV/AIDS in Africa and India.

**CIKATOGA, QUINN**
**Administrative Assistant, SCMS**
Provides administrative support and comic relief to SCMS
**Other**: BS in International Business Management and Hospitality & Tourism Management from Brigham Young University-Hawai'i
Recently worked under the Hawai'i Tourism Authority and SMG
Completed service abroad in Singapore, Malaysia, Brunei and Fiji
Has a season pass to Six Flags

**CLAYPOOL, LEE**
**Biologist, TLR**
**Projects:** Microbicides

**CONLY, SHANTI, MPA**
**Team Leader, HIV Prevention, TLR**
Leads overall OHA prevention efforts; focuses in particular on generalized epidemics.
**Projects:** OHA Technical Advisor for C-Change Project
**Countries:** USAID Core Team member for South Africa and India; Alternate GH country lead for India
**TWG:** Co-chair, General Population and Youth HIV Prevention; Prevention Steering Committee
**Languages:** French, Bangla, Sinhala
**Other:** 25 years of work in international family planning and reproductive health (FP/RH), ranging from field project management to global policy development. Extensive programmatic experience in strategy development and project design, management and evaluation. Recognized expertise in adolescent HIV and pregnancy prevention in international context. Other areas of expertise include donor financing and assistance for FP/RH. Prior experience in development of technical publications and as media spokesperson. Over a decade of long-term in-country implementation experience in Bangladesh, Egypt, Niger and Pakistan.
**Education:** Princeton University, Master's in Public Affairs, Development/Population Studies, 1977. University of Pennsylvania, BA, International Relations, 1975.

**CROWLEY, JOHN, PHD**
**Chief, SCMS**
Supply Chain Management Systems Division
**Language:** some Spanish
**Other:** Prior to joining GH/OHA, was Director of the Health Office in USAID in South Africa managing the Agency's PEPFAR and primary health care portfolio. Has over 25 years of experience working on international health issues. Has also worked in Bangladesh, Pakistan, Philippines, and Kenya. Prior to Pretoria in 2001, was based in Washington in charge of USAID's multi-million dollar contraceptive procurement and distribution program. Holds a PhD in Sociology from Rutgers University.

**DAVIS, LINDSEY**
**Program Assistant, IS**
Provides administrative support to the Implementation Support (IS) Division
**Languages:** Mandarin Chinese (intermediate)
**Other:** Previously a junior account coordinator at a strategic communications/branding firm specializing in visual information maps. Worked with anti-human trafficking nonprofits in DC and Nairobi, Kenya. B.A. in International Studies from American University.

**DE SILVA, SHYAMI, MPH**
**Multisectoral and Private Sector Advisor, IS**
Social marketing, social franchising, private health providers, public-private partnerships, micro-finance and health, NGO sustainability, family planning and reproductive health.
**Projects:** AIDSTAR IQC
**Other:** designed and managed Private Sector Program (PSP) IQC in GH/PRH, provided TA to missions on social marketing/private sector health strategies, PRH representative to India country team, expertise in access to credit issues for health sector, service delivery improvement interventions, trends in donor financing and assistance.

**DiROCCO, JESSICA**
**Communications Program Specialist, Front Office**
Provides communication support to OHA and GH Bureau; updates OHA website, technical issue briefs, success stories, etc.; resident branding & marking expert; OHA Orientation Liaison; keeps OHA up-to-date on events and news around DC
**Languages:** Basic Italian
**Other:** Bachelors Degree in Public Communications from American University. Previously provided communications support for Joseph's House (hospice for terminally ill homeless people); helped create a social marketing campaign to raise awareness about HPV.

**DJAPOVIC SCHOLL, ANA, MPH, MSW**
**Program Analyst, SPER**
**Projects:** MEASURE Evaluation
**TWG:** TBD, interested in M&E, Gender, Prevention, MARPs, and effects of armed conflict on health behaviors (risk taking, risk seeking, adherence to prescribed treatment, etc), and health outcomes.
**Languages:** English, Serbian, Croatian, Bosnian (fluent), French(conversant), Spanish (basic)
**Other:** 10 years of experience in development, management, and evaluation of large-scale public health and psychosocial support programs addressing gender-based violence and sex-trafficking in the post-war regions, inadequate HIV/AIDS prevention efforts, poor reproductive health services in rural multi-ethnic areas, and issues of poor healthcare service quality for refugee populations. Some of previously held positions include: Researcher and Lead Instructor at University of California, Berkeley, School of Public Health; Program Developer and Quality Improvement Intern with Kaiser Permanente; MPH/MSW Intern with Veterans Health Administration; Senior Program Manager with UMCOR/IRD, Serbia and Montenegro Mission, and Research Associate with IAN, Serbia. Holding Master's Degrees in Public Health (MPH) and Social Work (MSW) from University of California, Berkeley, and Bachelor's Degree in Psychology (BA) from University of Belgrade.

**DOBY, LINDABETH, MSC, MBA, PMP**
**SCMS MIS Advisor**
Supply chain management system
**Projects:** Technical Advisor to SCMS MIS
**Other:** Worked more than 15 years on management information systems. Performed independent verification & validation on MIS projects at USAID since 2004.

**DRABANT, BETH, MD, MPH**
**Regional Advisor Team Leader, SPER**
**Projects:** Regional Advisor Team
**Language:** French, Spanish
**Other:** Health Officer/Foreign Service Officer whose previous posts have been Rwanda, Bolivia, West Bank/Gaza, and most recently, Iraq. Before coming to USAID, worked with the U.S. Public Health Service/Indian Health Service and also with the American Public Health Association.

**EDGIL, DIANNA, PhD,**
**Supply Chain Advisor, SCMS**
**Projects:** COTR- Field Support Team, SCMS/USAID laboratory-related issued
**Language:**
**Other:** Previously at the OGAC as an AAAS fellow

**FAKORY, LADAN**
**Program Analyst, TLR**
**Projects:** Activity Manager for Project SEARCH IQC, EGPAF's Call to Action Program, Columbia University's MTCT Plus Program, USAID-World Bank debate series on emerging issues in the global response to HIV/AIDS
**TWG:** General Population & Youth Prevention of Sexual Transmission
**Languages:** Persian, French, and beginning Russian and Azeri
**Other:** Previously Asia and the Near East Regional Assistant in the Office of Regional and Country Support (Global Health Bureau); Research Technician at Walter Reed Army Institute of Research conducting sleep study research

**FASSIHIAN, GOLI, MPH**
**Senior Advisor for Public Affairs, Front Office**
Oversee OHA's strategic communications activities and serve as the office's primary external relations liaison to other USG agencies, including OGAC, the White House, State Department and HHS as well as staff, implementing partners, advocates and multilateral organizations. Work closely with the leadership at OHA to provide counsel and coordinate communications activities with other offices in the Global Health Bureau as well as the Bureau of Legislative and Public Affairs and GHI Launch Team.
**Languages**: Persian, French (working knowledge)
**Other**: Previously worked at Friends of the Global Fight Against AIDS, TB and Malaria as director of communications. Have also worked with several USAID implementing partners (FHI, Global Campaign for Microbicides, Population Council) as well as six years in the private sector working with pharmaceutical/biotech. Areas of expertise: strategic communications planning, project management, media relations, social media and digital marketing, strategic partnerships, advocacy, messaging, product launches, branding and crisis communications.

**FERRIS, ROBERT, DO, MPH**
**Team Leader, Care and Treatment, Counseling and Testing, TLR**
Adult and Pediatric HIV/AIDS treatment; Medical transmission (Injection Safety and Blood Safety)
**Projects:** TASC II Injection Safety- Chemonics, Initiatives, John Snow, and University Research Corporation
**TWG:** Co-chair of Adult Treatment and Medical Transmission technical working groups; member of PMTCT/Peds working group;
**Languages:** Basic Haitian Creole
**Other:** Board-certified physician (pediatrics and internal medicine); Clinical Research Fellowship at SUNY-Stony Brook (focus on Metabolic Complications of HIV); worked extensively with OVC and HIV population in Latin America and Caribbean (predominantly Haiti)

**FERTAKIS, KATHERINE**
**Team Leader for Budget and Financial Reporting, SPER**
Agency representative for HOP working group, OGAC financial contacts, FACTS Info User Acceptance Testing
**Language:** French (basic)
**Other:** Over 17 years of Federal financial management experience, including budget formulation, justification, execution and reporting; Previously worked in Peace Corps' Office of AIDS Relief, providing PEPFAR budget support for over 5 years.

**FOULADI, ZARNAZ, MA**
**Program Assistant, TLR**
**Projects:** Provides administrative support and coordination to the Research Team; supports Research To Prevention under Project SEARCH and Prevention Technology Agreement for Microbicides
**Languages:** Persian, Moroccan Berber, Italian
**Other:** Morocco RPCV - did community based solid waste management programs in rural communities; Researched HIV prevention in rural Papua New Guinea for Masters Thesis and the Globalism Institute

**FRYMUS, DIANA, MPH**
**Health Systems Strengthening Advisor, SPER**
**Projects**: HRHQS, The CapacityPlus Project, The Health Care Improvement (HCI) Project
**TWG**: HRH
**Other**: Previously served as a consultant for the NYSDOH AIDS Institute HIVQUAL project, as an intern with the Clinton Global Initiative (Global Health Commitments Department), and as a Peace Corps Volunteer in Uganda.

**GERMANOW, JESSE**
**Program Assistant, Front Office**
**Languages:** German, Vietnamese, Hebrew
**Other:** Previously worked at the United Nations Foundation in the Energy and Climate Division. Researched microfinance in Vietnam and its application around Hanoi. Graduated from the University of Virginia with bachelor's in Economics and German Studies.

**GUSTAFSON, BEN**
**Chief, SPER**
OHA Budget and financial reporting point of contact for GH, F, OGAC and other PEPFAR implementing agencies; USAID representative on the PEPFAR Headquarters Operational Plan Working Group
**Projects:** CTO for Interagency Agreement with U.S. Census Bureau
**Countries:** USAID backstop for Lesotho, Swaziland, Namibia
**Languages:** Spanish
**Other:** OMB Program Examiner for U.S. Dept. of Health and Human Services programs; Policy Analyst, U.S. Department of Education Reading First initiative; Management Analyst, U.S. Department of Health and Human Services, Office of the Secretary

**HABERER, BETHANY, MPH**
**Public Health Advisor, TLR**
**Projects:** Injection Safety and Male Circumcision
**TWG:** Injection Safety TWG
**Languages:** French
**Other:** Project Coordination at the Institute for Advanced Policy Solutions at Emory University; Grants Managment at the National Institutes of Health; Peace Corps Health Volunteer in Togo; Cytogenetics Technologist at the University of Nebraska Medical Center.

**HALVERSON, ANDREA, MA, International Relations**
**Health Program Analyst, ISD**
Project Manager for the OVC –CARE research task order with Boston University. Co-COTR for the Gender-Based Violence Initiative with the Population Council.
**TWGs:** Gender TWG member, with support for project development and design.
**Countries:** Cambodia
**Languages:** A tiny bit of Turkish and Khmai

**HANDLEY, KATHLEEN, PHD**
**Senior Technical Advisor, SPER**
Program evaluation and monitoring for PEPFAR; provides technical assistance to countries in monitoring, evaluation and study design. Technical Advisor for MEASURE Evaluation Project. USAID representative to Global Fund Health Impact Evaluation Study.
**TWG:** Co-chair PEPFAR Monitoring & Evaluation Technical Working Group; member of the Public Health Evaluation and SI Coordinating Committees.
**Language**: French
**Other**: 5 years experience at HHS-HRSA in HIV program management and evaluation for both domestic and international programs.

**HARRIS, EMILY, MA**
**Health Science Specialist, ISD**
Provide technical assistance to support prevention and gender programming, manage centrally-funded projects and participate in program evaluation and design activities.
**Projects:** JHU (Vulnerable Girls Initiative, AKA Go Girls!).
**Countries:** OHA Representative, PEPFAR Ghana Country Support Team
**TWG:** Prevention of Sexual Transmission/General Population & Youth, Gender
**Languages:** Spanish (basic)
**Other:** Presidential Management Fellowship (PMF) alumna; areas of expertise include program design, management and evaluation; and health communication (social marketing, communications campaign development, journalism/media).

**HEAP, AMIE, MPH, RD**
**Nutrition Advisor, Care and Treatment**
**Projects:** Technical advisor for integration of nutrition and food security support within HIV/AIDS activities, nutrition subject matter specialist within USAID and PEPFAR, particularly with regard to monitoring and evaluation.
**TWG:** Food and Nutrition
**Languages:** Working on French
**Other:** Experience in pediatric clinical nutrition therapy and programs. Participated as a Research Associate for the Advisory Committee on Perinatal, Infant and Inter-conceptual Health and Development in the District of Columbia providing best practice recommendations for the DOH. Worked most recently completing policy analysis on synergies between global health initiative regulations and HRH for the WHO project on Maximizing Positive Synergies between Health Systems and Global Health Initiatives.

**HEMPSTONE, HOPE, MHS**
**Senior Behavior Change Advisor, IS**
**Projects:** Technical advisor for S/BCC, including C-Change project.
**TWG:** TBD, interested in prevention and youth.
**Language:** French (advanced), Amharic, Kiswahili, Dioula (basic).
**Other:** Previously worked at Population Services International (PSI), the Johns Hopkins Center for Communication Programs (JHU/CCP), and the Academy for Educational Development (AED) designing and managing health communication projects in Africa and the Caribbean. Areas of expertise include interpersonal communication programming and participatory training and facilitation. Significant experience in adolescent sexual and reproductive health, including sport for development programming and parent-child communication. Peace Corps, Burkina Faso.

**HERSTAD, BRITT, MA**
**HIV/AIDS Regional Advisor, SPER**
Technical and programmatic support to field Missions to design, implement, and evaluate HIV activities and to develop planning documents.
**Countries:** Latin America and the Caribbean, Kenya, Central Asian Republics
**TWG**: TBD
**Languages**: Spanish (basic)
**Other**: Previously, Britt worked with the Futures Group as an HIV and gender advisor on the POLICY Project and the Health Policy Initiative, where she focused on improving program and policy implementation. She has a MA in Women's Studies from the George Washington University and a BA in Women's Studies and American Cultural Studies from Bates College.

**HIJAZI, MAI, Ph.D.**
**Policy Advisor, Health Systems Strengthening Team, SPER**
**Projects:** HPI, LMS
**Countries:** Kenya (TBD)
**TWG:** Health Systems Strengthening Steering Committee
**Languages:** very basic French, German and Arabic.
**Other:** Previously in GH/PRH for 10 years; served as COTR for HPI and Health Equity Advisor from 2005 -2009. Background in biomedical science and women's reproductive health.

**HOPE, S. MICHAEL, MS**
**HIV/AIDS Commodities Advisor, SCMS**
Pharmacist/Pharmaceutical selection and procurement
Works with PEPFAR focus countries and others that will utilize the Supply Chain Management System (SCMS)
**Projects:** Technical Advisor to SCMS; also advises Commodity Promotion Fund, DELIVER, RPM Plus, USP
**TWG:** Member of Procurement working group

**HUGHES, EMILY, MPA**
**Presidential Management Fellow, SPER**
Working primarily on the New Partners Initiative Team as AOTR/COTR of some of these partners. Overarching capacity building of the partners with and through the technical assistance providers as well as oversight of OVC, Care and Support, and prevention activities.
**TWG:** Interested in participating on the Health Systems Strengthening
**Languages:** Spanish – rusty but can get by
**Other**: Worked most recently in the USAID/Malawi Mission where I managed the systems strengthening partners in the HIV portfolio as well as organized all PEPFAR funding across the agencies. I also created management systems to track money and people within the Health, Population and Nutrition team including an Access database of all our partners and initiatives. Before Malawi I worked in Uganda with GTZ and the JSI project AIDS Integrated Model (AIM).

**ISQUITH, BENJAMIN, MSW**
**HIV/AIDS Program Advisor, IS**
AOTR for selected cooperative agreements under the New Partners Initiative and a technical advisor for NPI partners providing prevention interventions as well as services to OVC affected by HIV/AIDS.
**TWG:** OVC
**Language:** Spanish (Basic)
**Other:** Most recently posted in Nigeria with the Centers for Disease Control and Prevention Global AIDS Program as a Technical Advisor and Activity Manger for CDC & HRSA funded IPs providing OVC & Community Based Care and Support services. Provided technical assistance to all USG funded IPs providing OVC & C&S services as a member of the interagency TWGs. Liaised with the Federal Ministry of Health HIV/AIDS Division and Federal and State Ministries of Women's Affairs and Social Development to promote USG initiatives and to foster common interests. Previously worked domestically as the Director of the Social Work Department in several urban sub-acute medical facilities.

**JORDAN, MARY**
**Senior Technical Advisor, Public/Private Partnerships, TLR**
Negotiates public-private partnerships that support USG-funded HIV/AIDS programs for PEPFAR; consultant to private sector businesses and develops public-private partnerships that strengthen core business functions and address public needs
**Projects:** Created and negotiated Coca-Cola OVC project; negotiated with Pfizer Fellows program to expand expertise loaned beyond medical experts and include financial and other business-related expertise
**TWG:** Co-chair of Public-Private Partnership working group
**Other:** 20 years in pharmaceutical industry, with large multinational corporations; Brookings Institution Legislative Fellow for Sen. Michael Enzi; serves on board for Bethany Relief and Rehabilitation International, a nonprofit providing medical relief for Kenya and Sudan.

**KAMIN, CHERI, MPP**
**Chief, ISD**
**Other**: Foreign service officer who previously served in Malawi and as the director of the health office in Russia. Former Peace Corp volunteer in Niger and has a Masters degree fin Public Policy from the University of Michigan.

**KARR, TALYA**
**Program Analyst, TLR**
**Projects:** Vulnerable Girls Initiative, Treatment
**TWG:** Gender TWG
**Languages:** Fluent Spanish, Hebrew
**Other**: Coordinator for coalition of emergency food providers in Washington state; volunteered with local NGO in Nicaragua to promote sustainable agriculture practices with farmers and community members

**KAYONG, MILLY, MPH, MD**
**Sr. Integration Advisor, HIV/FP/MCH- Implementation Support**
Provide technical guidance to USAID missions, regional field offices, regional bureaus, cooperating agencies, private voluntary organizations, host country governments and other entities. She will focus on the design, implementation and evaluation of approaches to the integration of Maternal and Child Health and Reproductive Health services with HIV prevention, care and treatment services.
**Languages:** English (4), Luganda( 4), French( 2), Swahili(2)
**Other**: Graduate: Johns Hopkins University, Liverpool School of Tropical Medicine, Makerere University School of Medicine.

**KIRSZTAJN, ILANA**
**Global Fund Technical Advisor based at OGAC**
**Projects:** Grant Management Solutions project, Global Fund Technical Assistance
**Language:** Spanish (intermediate), Portuguese (intermediate)
**Other:** Previously a Global Fund Consultant with PSI, traveled to various countries to support Global Fund grant implementation by PSI offices. Also previously a Program Manager for CHAI, based at the Ministry of Health in Maputo, Mozambique, focused on the expansion of infant diagnosis for HIV. Loves the beach, spicy food, and dry senses of humor.

**KOTTIRI, BENNY, PHD, MS**
**Health Science Administrator, TLR**
HIV operations research; Epidemiological and prevention studies; Most At-Risk Populations; IDU epidemics
**Projects:** CTO for Horizons, IAVI (Alternate); TA for Medical Injection Safety
**Countries:** Vietnam core team lead
**TWG:** Member of Prevention Most At-Risk Populations and Medical Transmission prevention working groups
**Languages:** Hindi, Malayalam, Tamil

**KRIMMEL, REBEKAH, MPP**
**Public Health Advisor, ISD, SPER**
**Projects:** Regional Advisor for: Nigeria, Cote d'Ivoire, Cameroon, South Sudan, West Africa Regional Programs (including bilateral missions in West Africa); AOTR for several NPI projects
**Other:** G8 Summit Planning, research on faith-based organizations and their relationship with their communities and the federal government. Background in intergovernmental relations, and e-government/budget policy.

**KURITSKY, JOEL, MD**
**Medical Advisor, SCMS**
**Languages**: Spanish
**Other**: Trained in internal medicine and infectious diseases and spent 23 years in the USPHS; retired from CDC in 2005. During that time I spent six years as a TAACS advisor to the USAID mission in Bolivia (1988-1994). Recent positions include deputy director for the Pediatric Dengue Vaccine Initiative (Seoul, 2006-2009); medical advisor to USAID, SCMS project, 2005-2006; branch chief and advisor, Global AIDS Program, CDC, 2003-2004; and division director, National Immunization Program, CDC, 1995-2000.

**LANE, KARIN, MPP**
Technical advisor to PEPFAR target countries for program monitoring, evaluation and reporting. Liaison for PMTCT quality indicator development.
**TWG:** PMTCT
**Languages:** German, Swahili, basic Spanish
**Countries:** SI advisor to Russia and Ukraine
**Other:** Previously the Associate Field Director of PMTCT for the AMPATH USAID Partnership in Kenya for 4 years. At Enhancing Care Initiative, Duban, South Africa contributed to the economic costing study of PMTCT programs in KwaZulu Natal and in Tbilisi at the Georgian Foundation of Strategic and International Studies (GFSIS) reviewed HIV diagnosis and treatment availability to support country care programs.

**LAZELL, C. KIRK, JD, MBA, MPH**
**Senior Project Officer, TLR**
**Countries**: 15 years in Africa with USAID, Niger, Cote d'Ivoire, Ghana, Namibia
**TWG**: HIV Testing and Counseling Technical Working Group
**Language**: French
**Other**: Director of HIV/AIDS and Health office in Namibia through 6 years of PEPFAR, 20 years in private sector as trial lawyer.

**LECLERC-MADLALA, SUZANNE, PhD**
**Anthropology Advisor, TLR**
Advancing the understanding of social-cultural perspectives and social science knowledge and methods to HIV/AIDS strategies and programs.
**TWG:** Member of Prevention and Gender working groups.
**Languages:** French and isiZulu
**Other:** Previously Professor and Head of Anthropology Department at the University of KwaZulu-Natal, South Africa for more than 10 years; Research on African medical cosmologies , sexual cultures, intergenerational and transactional sex; Member of Southern African Expert Think-Tank on HIV prevention; Worked with SADC HIV/AIDS Unit, UNAIDS and regional and local non-government organizations to develop policies and culturally-informed programs and evaluations; English teaching and school construction volunteer Peace Corps/Gabon.

**LEVITT-DAYAL, MARTA, PHD, MPH**
**Senior Multisector Advisor, OHA**
Support a broad multisector and integrated strategy and approach to HIV/AIDS.
**Languages:** Nepali, simple spoken and good comprehension of Hindi, rusty Mandarin
**Others:** 30 years of global health experience doing research, providing technical assistance and managing projects in HIV/AIDS, family planning, reproductive health, maternal health, and child survival. 26 years living overseas in Nepal, India, Zambia, the Philippines, and Taiwan. Was the Multisector HIV/AIDS Team Leader and PEPFAR SI Liaison in USAID/Zambia 2003-2007 and most recently the Chief of Party for USAID/India's Maternal and Child Health Sustainable Technical Assistance and Research Project. Holds a Ph.D. in Medical Anthropology, a MPH in International Health, and a Population Studies Certificate from the University of Hawaii.

**LUCHSINGER, LISA, MPH**
**Senior Multilateral Advisor, SPER**
**Projects:** Technical assistance to improve Global Fund grant implementation.
**Language:** Spanish (proficient)
**Countries:** LAC, East/Southern Africa for Multilateral Team
**Other:** Previously worked in USAID/Washington's Office of Population as well as USAID/Honduras and USAID/Zambia as the Senior HIV/AIDS Technical Advisor managing HIV/AIDS and TB prevention and clinical care service programs. Most recently, served as Director of Health Programs for a private sector company focused on health systems strengthening, primarily in Southern Africa.

**MAH, TIMOTHY , DSc**
**Technical Advisor, HIV Prevention**
**Projects:** Technical advisor for prevention of sexual transmission in generalized epidemics; prevention technical assistance for AIDSTAR-One, Project SEARCH, PHE.
**TWG:** General Population and Youth
**Language:** Mandinka
**Other:** Previously Research Fellow at AIDS Prevention Research Project at the Harvard SPH; conducted research on concurrent partners and HIV prevention in South Africa; community health volunteer Peace Corps/The Gambia.

**MAHANNA, PAUL, MA**
**Deputy Director**
Supports a range of program operations, budgeting, and procurement planning and execution activities. Liaison to OGAC, SPBO, and PPC on program operations, budgeting, and procurement planning and execution activities.
**Other:** Previously Senior Program Advisor for OHA. Recently at Office of Management and Budget (OMB's) Health Division, maintaining and updating tables reflecting funding levels and policy changes for all health-related Federal spending bills; previously worked with HRSA's Ryan White CARE Act, with both the division's data branch and the AIDS
Drug Assistance Program Branch; developed, implemented, and monitored large-scale data collection and reporting systems, managed ADAP grantees, and provided technical assistance to City and State grantees and their providers.

**MALATI, CHRISTINE, PharmD**
**Pharmaceutical Advisor, SCMS**
Works with countries that utilize the Supply Chain Management System to evaluate quality of pharmaceuticals and other commodities and offer support to field offices on general supply chain activities.
**Languages:** Conversational Arabic, Medical Spanish
**Countries:** Cote d'Ivoire, Sudan, Liberia
**Other:** Completed clinical pharmacokinetics research fellowship at National Institutes of Health focusing research on HIV pharmacology, specifically drug-drug interactions between ARVs and other agents, and providing support as a clinical pharmacist for the inpatient and ambulatory HIV service. Volunteers as a pharmacist at a local free clinic by researching medication access programs.

**MCCLUSKEY, MARGARET, RN, MPH, MPS, CCRC**
**Senior Technical Advisor for HIV Vaccines and Microbicides**
**Projects:** International AIDS Vaccine Initiative Cooperative Agreement
**Countries**: Rwanda
**TWG**: Adult Treatment
**Languages**: Scant Kinyarwanda and French
**Other**: HIV/AIDS nursing since 1981: ICU; Oncology Nurse Specialist; Hospice and Home Care Nurse Consultant; Nursing Coordinator/The Women and Children's HIV Program at Cook County Hospital; Nurse in Genocide Rwanda/American Refugee Committee; Health Team Leader/post-war Kosovo/International Rescue Committee; Project Director of VaxGen Study/Johns Hopkins School of Public Health/Center for Immunization Research; Director of Clinical Operations for the Vaccine Research Center/NIAID/National Institutes of Health. Certified Clinical Research Coordinator through the Association of Clinical Research Professionals.

**MENDENHALL, MAURY**
**Technical Advisor, Orphans and Vulnerable Children, ISD**
Provide technical assistance to host governments, non-governmental organizations, community-based organizations, and faith-based organizations, to address the multi-dimensional needs of OVC.
**Projects:** AIDSTAR Two, Capacity*Plus*
**Countries:** Haiti, Zimbabwe, Democratic Republic of Congo, Nigeria, Guyana, Cote d'Ivoire, Ethiopia
**TWG:** Orphans and Vulnerable Children
**Languages:** Spanish (intermediate), French (basic), Shona (basic)
**Other:** Prior to joining USAID, Maury was a Senior Technical Specialist for the Child and Youth Program at World Learning, the Emergency Child and Youth Protection and Development Coordinator for the International Rescue Committee, a Child Protection Specialist for UNICEF in Southern Sudan and as a Presidential Management Fellow within the US Department of Labor's International Child Labor Program; Her areas of expertise include Social Service System and Workforce Strengthening and Child Protection

**MILLER, JAN, JD**
**Policy Specialist, SCMS**
Supply chain management system
**Projects:** Technical Advisor to SCMS
**Other:** Worked more than 30 years in USAID's Office of the General Counsel

**MINIOR, THOMAS, MD, MPH**
**Senior HIV/AIDS Adult Treatment Advisor, TLR**
**Projects**: Programmatic guidance on HIV treatment issues to USAID missions and partners, monitor and review treatment related PHEs, participate in the many OPs and portfolio reviews, probably some other stuff not known at the time the bio was written
TWG: Adult Treatment TWG
**Languages**: Spanglesh
**Other**: ABIM & AAHIVM certified physician; former Chief of Party with FXB-Guyana (main PEPFAR treatment partner in Guyana) and former clinical director for Ryan White HIV treatment program in inner-city Milwaukee; jazz guitarist and insufferable Red Sox fan.

**MINNICK, ANJA, MSc**
**Supply Chain Advisor, SCMS**
Technical support on issues related to budget and financial management and monitoring and evaluation
**Project:** Partnership for Supply Chain Management (PfSCM)
**Language:** Danish, very basic French and German
**Other:** Previously worked with PEPFAR teams in Botswana, Kenya, Nigeria, and Vietnam.

**MOWAFY, SHERIF A.**
**Deputy COTR, SCMS**
**Projects:** Supply Chain Management Project
Oversight of the Partnership for Supply Chain Management IQC and Task Orders on planning, performance, budgeting, pricing, procurement and field support.
**Countries:** PEPFAR Focus and non-Focus Countries
**Languages:** Arabic, mother tongue. French, Spanish and German (enough to get by!)
**Other:** Owned a private sector business in the eighties; nine years at the USAID Mission in Egypt in procurement; six year as Grant Manager at the Egyptian Exporters Association, an Egyptian NGO implementing a USAID Economic Growth program and a European AID's Industrial Modernization Program; Senior Contract Specialist in OAA Washington since 2004.

**NJEUHMELI, EMMANUEL, MD, MPH, MBA**
**Technical Advisor, HIV Prevention - Male Circumcision, TLR**
**Countries**: Countries implementing PEPFAR MC Activities (Eastern Africa and Southern Africa)
**TWG**: Male Circumcision Technical Working Group
**Languages**: French, Spanish (few words)
**Other**: Physician holding MPH and MBA with more than 10 years of intensive and progressive management and leadership experience in HIV prevention, care and treatment (ABC, VCT, PMTCT, Integration PMTCT-VCT-FP, ARV) program design, implementation, coordination, monitoring & evaluation in developing countries such as Cameroon and Nigeria.

**NOVAK, JOHN, MA, PHD, M ED**
**Team Leader, Monitoring, Evaluation & Reporting Team (MER), SPER**
USAID representative to the UNAIDS Monitoring & Evaluation Reference Group (MERG)
**Projects:** Technical Advisor for MEASURE/Evaluation Project
**TWG:** USAID contact for SI coordination
**Languages:** Spanish
**Other:** Peace Corps/Dominican Republic, country task manager for Contraceptive Prevalence Survey (CPS) Project and Demographic & Health Survey (DHS) Project; Project Director for the Technical Information on Population for the Private Sector (TIPPS) Project and the AIDS Communication Project (AIDSCOM); M&E Advisor for the ENTERPRISE Project (private sector family planning) and the ZdravReform Project (health reform in Russia and Central Asia)

**PALEN, JOHN G.H., PHD, PA, MPH**
**ON DETAIL TO OGAC**
**Languages**: Spanish and French (L 1)
**Other**: Projects in areas including: palliative and home based care capacity development; palliative care monitoring and evaluations; survey research; regulatory reviews and national and international guideline development; cost and financing of clinical care services; integration of HIV prevention services into clinical care settings; expanding roles and training for professional and volunteer health care workers; and integration of mental health services including substance abuse harm reduction and recovery services into HIV care programs.

**PELTZ, AMELIA, MA**
**Gender Advisor, TLR**
Technical assistance in the design, implementation and evaluation of gender equality approaches and strategies in HIV/AIDS programming, with a particular focus on multi-sectoral interventions.
**Projects:** TBD
**Countries:** TBD
**TWG**: Gender
**Languages**: French (basic), Arabic (basic)
**Other**: Amelia Peltz has over eleven years of experience managing and implementing development and humanitarian response programs in sub-Saharan Africa, the Middle East, and southeast Asia that promote gender equality and empower women and girls in the fields of gender-based violence, livelihoods, HIV/AIDS, and education. Amelia has worked with both non-governmental organizations as well as the United Nations, and has served as a co-chair on several interagency gender technical working groups. Amelia holds a Master of Arts in International Development from the American University and an Honours Bachelor of Arts in Political Science from the University of Western Ontario. Amelia is a dual citizen of the United States and Canada.

**PHELPS, BENJAMIN "RYAN", MD, MPH**
**Technical Advisor, Pediatric Care/PMTCT**
**Projects:** Technical advisor for pediatric HIV prevention, care and treatment; related technical assistance for AIDSTAR-One, PHE, and others.
**Language:** Portuguese, Spanish
**Other:** Worked for the Baylor International Pediatrics AIDS Initiative in Swaziland from August, 2006 through January, 2008, and served as the Associate Director of Botswana-Baylor's programs through October, 2009. Worked previously in Mexico, Brazil, Honduras, the Dominican Republic, Mozambique, and South Africa. Graduate of Duke University School of Medicine (MD) and the Johns Hopkins University School of Public Health (MPH). Trained in pediatrics at the University of California, San Francisco.

**PICK, BILLY, JD, MSW**
**Regional Advisor, SPER**
**Countries:** Vietnam core team alternate
**Other:** Previously served as HIV/AIDS and STD Advisor for Asia Near East Bureau, providing technical and managerial assistance to the design, monitoring and evaluation of USAID's STD and HIV/AIDS programs in ANE region

**POST, GLENN, MPH, MD**
**Senior Medical Officer, TLR**
HIV/AIDS strategies, prevention and treatment; health systems and other cross-cutting issues
**Projects:** CTO for Elizabeth Glaser Pediatric AIDS Foundation Call to Action Project (PMTCT)
**Countries:** Vietnam core team alternate
**TWG:** Member of Medical Transmission, PMTCT/Peds, and Prevention (Most At-Risk Populations) working groups
**Languages:** French, Nepali
**Other:** Global Fund Technical Review Panel member; Board-certified physician in Public Health and General Preventive Medicine; formerly chief health officer for Africa Bureau and for Latin America and Caribbean Bureau; overseas assignments as chief health officer in DR Congo, Liberia; Nepal, Burma; Peace Corps volunteer in Nepal.

**PRIETO, DIANA, MPP**
**Sr. Gender Advisor – TLR**
**Projects:** Provide technical leadership to PEPFAR country teams in gender and HIV/AIDS programming while provide technical leadership for OHA staff in the field of gender and HIV/AIDS, including ensuring gender issues are integrated into other technical areas as well as OHA flagship IQCs
**Countries:** Colombia, USAID responsibilities in Bolivia, Cambodia, Dominican Republic, Guatemala, India, Mexico, Nepal, Nicaragua, Nigeria, Peru, Rwanda, South Africa, Tanzania, Uganda, and Vietnam
**TWG:** Gender Co-Chair
**Languages:** Spanish
**Other:** Previously worked on policy and gender issues in PRH before coming back to OHA to become Sr. Gender Advisor. Worked extensively at leading and facilitating efforts to raise awareness, build capacity to address gender and HIV/AIDS and RH issues at a global and country level

**PROHOW, SHIMON, MBA**
**Multilateral Advisor, SPER**
**Projects:** Technical assistance to improve Global Fund implementation
**TWG:** MARPs
**Language:** French (competent), Spanish (real basic)
**Other:** Spent four years with implementation agencies, particularly PSI and Winrock, providing program management and technical assistance to field projects. Served as the MARPs intern in OHA in the summer of 2010. RPCV/Togo (2002-04) & RCCV/Zambia (2006).

**QUAIN, ESTELLE, PHD**
**Team Leader, Health Systems Strengthening, SPER**
Leads overall OHA Health Systems Strengthening efforts. Specialist in human resources for health and NGO capacity development.
**Projects:** Technical Advisor for The CapacityPlus Project and HS 20/20
**TWG:** Co-Chair Human Resources for Health (HRH) and the Health Systems Strengthening Steering Committee
**Languages:** Spanish (fluent); French (conversant)
**Other:** Training and performance improvement; management and leadership development; gender and health; population and reproductive health

**QUICK, TIMOTHY, PHD, MS**
**Senior Technical Advisor for Nutrition, TLR**
Nutrition: Infant & Young Child Feeding, Maternal Nutrition, Micronutrients, Food Security and Agriculture, HIV/AIDS and Nutrition
**Projects:** Technical Advisor for LINKAGES, FANTA
**Countries:** Haiti core team lead; work in Sub-Saharan Africa
**TWG:** Co-chair of Food and Nutrition working group; member of Palliative Care and PMTCT/Peds working groups
**Languages:** French (moderate)
**Other:** Peace Corps Burkina Faso; Technical Advisor for nutrition programs in HIDN

**RAO, PAMELA, MA, MBA, MIM, MPH**
**Senior Advisor - Health Systems Strengthening**
**Projects**: Senior Technical advisor - Health Systems Strengthening – Sustainable Leadership Management and Governance –(SLMG – Follow-on of LMS), AIDSTAR II, Analysis and Information Management (AIM), Health Care Improvement Project.
**TWG & Steering Committee**: HSS
**Language**: French, Tamil, Telugu, Malayalam, Hindi
**Other**: Public Health Expert with multi-disciplinary skills with over 23 years of field and policy-level experience on health systems related to HIV/AIDS & TB programs having worked on European Commission, USAID, CDC GAP- PEPFAR, DfID and Global Fund supported programs. She lived and worked in Africa, Asia, Europe and speaks French, and four other Indian languages.

**REUBEN, ELAN, MA**
**HIV/AIDS Costing Advisor, SPER**
Technical assistance in assessment, design and implementation of HIV-related economic evaluations and cost analyses.
**Projects:** Health Policy Initiative.
**Countries:** focus on sub-Saharan Africa.
**TWG:** TBD
**Languages:** Hindi (fluent), Gujarat and Marathi (conversational).
**Other:** Prior to joining OHA, Elan was a Clinical Research Manager at FHI; focus areas included HIV prevention, project implementation & management, procurement, clinical monitoring, economic evaluations, and cost analysis. Work in India focused on health policy and capacity building. He holds a MA in International Economics and Finance from Brandeis University, a MA in Economics and a BA in Economics and Psychology from Gujarat University (India).

**ROGERS, ROXANA, MBA, MA**
**Director**
**Other:** Previously in South Africa as the Health & PEPFAR Office Chief. Roxana worked in Washington as Deputy Director of the Office of HIV/AIDS for 7 years. Prior to that, she worked for USAID in Zimbabwe and Burkina Faso. She also spent several years in Ethiopia where she started her career as a Peace Corps Volunteer. Roxana holds an MBA from Columbia University, an MA in African Studies from Johns Hopkins and completed her undergraduate work at Brown. She is also a certified secondary school teacher.

**ROSE, JESSICA, MSC**
**Monitoring and Evaluation Advisor, SPER**
Program evaluation and monitoring; strategic information systems; PEPFAR results reporting; provides TA to missions and regional bureaus in national and program-level monitoring and evaluation systems, and program evaluations; counting 140,00 health workers
**Countries:** SI Advisor for Nigeria, Ghana, and Haiti.
**TWG:** SI Liaison to the HRH TWG; member of HSS, M&E TWGs
**Languages:** French
**Other:** Coordinated PEPFAR indicator reference guide as consultant with MEASURE Evaluation; Global Fund TA for DRoC; policy strategist at HHS-Office of HIV/AIDS policy; worked in former OFPS in PHN Center at USAID 1998-1999; program associate with International Trachoma Initiative; data coordinator NYC Dept of Health Healthy Start program; institutional equity sales for international brokerage firm.

**ROSEMAN, EMILY**
**Program Analyst, HSS, SPER**
Provides general support to the Health Systems Strengthening Team.
**Languages:** Basic French
**Other:** Previously worked as Program Assistant in USAID Office of Population and Reproductive Health; Bachelor's Degree in Economics from The George Washington University.

**ROXO, UCHECHI "CHI CHI", MSc**
**Community and Home Care Health Advisor, ISD**
Provide technical assistance for care and support programming; manage centrally-funded projects and participate in program design and community-organizational level capacity building activities
**TWG:** Care and Support, Prevention With Positives Working Groups
**Countries:** OHA Representative, PEPFAR Rwanda Country Support Team
**Language:** Working on Spanish, conversational Igbo and Xhosa
**Other:** Projects in areas of: expanding roles and linkages in home based care and facility-based care; range of household strengthening supportive services; community based and faith-based organizations capacity development, and sustainability; program reviews HIV/AIDS and reproductive health implementing partners, resource and training guide developer and skills builder for NGOs and community health workers in India, Kenya, Mali, Nigeria, and Zimbabwe; Thomas J. Watson Research Fellow Alumni and Life Skills Counselor in South Africa. Previous rotation with OGAC; work with MSH for over 8 years.

**RUSTHON, LAURIE, MPH**
**Project Management and Prevention Advisor, NPI Program**
AOTR to selected cooperative agreements under the New Partners Initiative, providing technical and managerial support as well as monitoring and support of capacity building efforts. Providing technical assistance to the OHA, USAID mission and PEPFAR on prevention, care and support activities
**TWG**: Interested in Prevention as well as PMTCT
**Languages**: *Little* bit of French, Kiswahili and Amharic
**Other**: Have just joined from USIAD/Ethiopia where I was Social Mobilization Advisor on the PEPFAR team. Was formally with World Vision in Ethiopia as HIV/AIDS Technical Advisor focusing on orphans and vulnerable children, mobilizing communities to care for OVC and capacity building of indigenous NGO's. Have 10 years experience working with HIV/ both domestically and internationally - domestically coordinating services for people living with HIV/AIDS. MPH in environmental health from Boston University also hold certificate in Complex Humanitarian Emergencies from Boston University. Originally from Boston area.

**SANDISON, SARAH, MS, MA**
**Public Health Advisor, TLR**
**Projects:** PHE Coordinator for Sexual Transmission Team & TBD
**TWG:** Food and Nutrition Technical Working Group
**Languages:** French
**Other:** US Mission to the UN Food & Agriculture Agencies in Rome; Field evaluation of UNICEF Child Survival Program in Rajasthan, India; Ensemble Contre le SIDA in Paris; Education and Manpower Bureau in Hong Kong; and the U.S. Federal Trade Commission.

**SHRIBERG, JANET, EdD, MPH, MS**
**Monitoring and Evaluation Technical Advisor, OVC/IS**
**Projects:** Technical advisor for OVC- HIV evaluation and research related activities
**TWG:** OVC and HIV
**Languages:** Spanish, Swahili (very basic)
**Other:** Previous assistant professor of international disaster psychology; technical consultant for humanitarian and development organizations including education in emergencies, child protection, psychosocial assistance, public mental health with specific focus regionally in West Africa and Central America. Loves writing short story fiction, South Asian food and diner coffee.

**SKLAW, KENNETH, MPH, MS**
**Organizational Capacity Advisor, ISD**
**Projects:** Activity Manager for New Partner Initiative Technical Assistance Provider for Round 2 (NuPITA), and NPI Round 2 partners; CAMFED USA, Children's Emergency Relief International (CERI) and Woord en Daad
**TWG:** Member Community and Faith Based Organizations TWG
Languages: Samoan
**Other:** Peace Corps/Western Samoa (now Samoa), one of several in OHA from the FHI diaspora (IMPACT Project), previously worked as a PSC on PHICS Project - USAID/Malawi, NGO/PVO Coordinator STAFH Project, developed and implemented NGO capacity building programs.

**SMITH, JAYNELL**
**Senior Program Analyst, Front Office**
Serves in Strategic Planning and Budget Office, Operations Division; Program support to the Office of HIV/AIDS. Point of contact for office program operations and budgeting

**STANTON, DAVID, MN, MPH**
**Chief, TLR**
Oversight of Technical Leadership & Research Division; antiretroviral treatment, AIDS research, AIDS epidemiology, STI treatment
**Projects:** CTO for UNAIDS, Columbia University (MTCT Plus)
**TWG:** Co-chair of Care and Treatment steering committee; member of Scientific Steering Committee, Adult Treatment working group
**Languages:** Italian
**Other:** 10+ years experience in public health STI (Baltimore City HD), HIV/AIDS clinical trials, AIDS Treatment, and clinical epidemiology at Johns Hopkins Hospital and School of medicine; four years overseas experience (West Africa); served nine months on transition team for creation of OGAC

**STEWART, KRISTA, PHD**
**Public Health Analyst, SPER**
**Projects:** AOTR for MEASURE Evaluation Phase III
**Countries:** Co-Country Coordinator for Uganda for GH Bureau Country Team
**TWG:** Member of Surveillance and Survey TWG
**Other:** Worked in the Office of Population and Reproductive Health starting in 1989 as Technical Advisor to the EVALUATION Project/MEASURE Evaluation and CTO for MEASURE DHS. Associate Professor of Psychology at Tulane University prior to coming to USAID. Areas of expertise: monitoring and evaluation, adolescence, reproductive health.

**STEWART, SCOTT, MSPH**
**Senior Health Systems Strengthening Advisor, SPER**
Strategy development and programming support for health systems strengthening; economic evaluation; systems impact evaluation
**Projects:** Health Systems 20/20; MEASURE Evaluation Phase III
**Countries:** focus-to-date on sub-Saharan Africa
**TWG:** Health Systems Strengthening Steering Committee
**Languages:** Setswana (conversant)
**Other:** Health care financing; health economics

**WAHLE, CHRISTY, MPH**
**Budget Program Analyst, SPER**
PEPFAR budget tracking and reporting
**Projects:** TBD
**Languages**: fluent German; basic Venda, Sotho, and French
**Other:** community health and NGO development volunteer Peace Corps/South Africa; research on palliative care and geriatrics; previously worked domestically in environmental health and communicable diseases at county health department.

**WARES, KRISTEN, MPH**
**MEASURE/Evaluation Advisor, SPER**
**Projects**: Measure/Evaluation, Information for Strategic Planning and Evaluation Team
**Other:** PMF, previously with U.S. Department of Housing and Urban Development

**WEED, DIANA**
**Attorney Advisor, Office of the General Counsel**
**Projects:** Attorney providing legal advice for the Office of HIV/AIDS in all matters.
**Languages:** French, Dutch (conversational)

**WOLFE, JASON**
**Senior Household Economic Strengthening Advisor, ISD**
**Projects:** Technical assistance to improve livelihoods and economic circumstances of families affected by HIV/AIDS
**TWG:** OVC
**Language:** Spanish (proficient), French (conversational), German (rusty), Portuguese (embarrassing), Kiswahili (comical)
**Other:** Spent 5 years as a technical advisor in EGAT's microenterprise development office and 7 years with an NGO focused on economic development and appropriate technology. Strong interest in knowledge management and capacity building. My world revolves around good coffee and good cocktails.

**WONG, VINCENT J. MSc**
**Technical Advisor, HIV Counseling and Testing, TLR**
**Projects**: to be decided…
**TWG**: Counseling and testing, Laboratory TWG
**Language**: German (fluent)
**Other**: Vincent worked for four years as a consultant to the World Health Organization HIV Dept.; focal areas included the development of provider-initiated testing and counseling guidelines, qualitative research on HIV counseling and testing in children, TC toolkit development and writing TC guidance for Europe and Asia. He has also done R&D on HIV rapid tests; in 2005 he completed an MSc in international health in Berlin, Germany and has a BA in biology from UC Berkeley.

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| | WRIGHT, JASON, MSFS, MA<br>**Multilateral Team Leader and Liaison to Global Fund and UNAIDS, SPER**<br>USAID Representative on U.S. Government Global Fund Inter-Agency Core Group<br>USAID Member of U.S. Government Delegation to Global Fund Board<br>U.S. Government Member of Coalition for AIDS Technical Support (CoATS)<br>**Projects:** Global Fund, UNAIDS (AOTR), and Grant Management Solutions (GMS) Project (alternate COTR)<br>**Countries:** GH Lead for Lesotho, Swaziland, and (Southern Africa) Regional HIV/AIDS Program (RHAP)<br>**TWG:** Multilateral TPT<br>**Languages:** German (advanced), Spanish (intermediate-advanced), French (beginning--intermediate)<br>**Other:** HIV/AIDS Advisor, Office of Global Health Affairs (OGHA), Department of Health and Human Services (HHS); Presidential Management Intern (PMI) and Special Assistant to the Director, Office of International and Refugee Health (OIRH), HHS; White House Intern, Office of National AIDS Policy (ONAP); Research Assistant, Woodrow Wilson International Center for Scholars |
| | YOON, MICHELLE WU, MSFS<br>**Public Health Advisor, Health Systems Strengthening, SPER**<br>Health systems strengthening, policy, governance, private sector engagement, public-private partnerships, human resources for health, leadership and management<br>**Projects**: Health Policy Project, SHOPS, SLMG<br>**Languages**: Mandarin<br>**Other**: Presidential Management Fellow (PMF) alumna. Previously Alliance Advisor with Global Development Alliance. Completed health and HIV/AIDS rotations with Asia and Middle East Bureaus, RDMA/Beijing, and Vietnam mission. Worked in OHA on field communications and public affairs from 2004-2006. Prior corporate sector experience in management consulting. |

# OHA Partners' Meeting Participant List

FHI360, Washington, DC

**22-Sep-11**

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