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**Community REACH**  
*Rapid and Effective Action Combating HIV/AIDS*

**Semi-Annual Report**

Agreement No.: GHA-A-00-01-00007-00

**1 October 2002 to 31 March 2003**

Submitted to:  
The United States Agency for International Development  
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Submitted by:  
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*From the Program Director*

The Community REACH team has continued to build on its success of the first year awarding new youth VCT grants, supporting ongoing care and support grants and selecting new applicants for stigma and discrimination grants. Over the past three months our team has responded strategically and with flexibility and creativity to a 50% cut in program funding for fiscal year 2003. The past six months, as a whole, have been a time of change on the program team, a time of strengthening strategies and an opportunity to incorporate lessons and wisdom from the previous twelve months.

As of 31 March 2003, Community REACH is supporting fifteen sub-grants and negotiating sub-grants with an additional seven winning applicants -- for a total of 22 grants in 17 countries worth approximately \$4.8 million. During this six-month period, program staff, Pact country office staff and consultants conducted a total of fourteen pre-award, start-up, operations research (OR) assessment and monitoring visits to twelve grantees. With buy-in funding from DCOF, Community REACH also executed a sub-grant with the International Rescue Committee (IRC) in Congo-Brazzaville.

Between October 2002 and March 2003, Community REACH transitioned to new CTOs in the Office of HIV/AIDS, with Beth St. Clair and Ron MacInnis joining our team. We also welcomed new members: Georgia Beans, Grants Manager; Sujata Rana, HIV/AIDS Specialist and Ahnya Mendes, Intern. We wish our departing colleagues Bessie Lee, former CTO, and team members Diana Esposito and Jana Kala much luck in their new pursuits.

Other significant accomplishments for Community REACH during this period have enabled the team to move ahead in a number of areas. The team finalized our program strategy, distilling consultations with some 80 stakeholders into a ten-page living strategy document. A small group of distinguished HIV/AIDS and development experts have accepted our invitation to join our Program Advisory Committee (PAC) which will meet once a year to validate and/or amend our strategy with our team to ensure its continued relevance. Development of the monitoring and evaluation (M&E) component of the program database will ensure quality reporting on program as well as sub-grantee indicators. Finally, our M&E team identified two sites and drafted a research protocol for OVC operations research that will result in new data and lessons learned.

I would like to thank the Community REACH team and our partners at USAID for the hard work that made all of this possible. They make it a pleasure to come to work.

*Polly Mott*



## Community REACH

### Semi-Annual Report : 1 October 2002 to 31 March 2003

#### I. Introduction/Background

##### **Community REACH Project: Rapid and Effective Action Combating HIV/AIDS**

The Community REACH (Rapid and Effective Action Combating HIV/AIDS) Leader Award is a global USAID program funded through the Global Bureau for Health's Office of HIV/AIDS and designed to facilitate the efficient flow of grant funds to organizations playing valuable roles in the struggle against HIV/AIDS. The program promotes both scaling-up of successful programs and start-up of new programs with potential for demonstrable impact on the pandemic

Managed by the international non-governmental organization Pact, with Futures Group providing monitoring and evaluation, this dynamic new USAID funding mechanism quickly makes funds available to non-governmental organizations (NGOs) to support HIV/AIDS programs that reach individuals, families, and communities most vulnerable to HIV infection and HIV-related consequences with the services they need most.

The project was developed to help USAID's Global Bureau meet identified critical global needs:

- Increased use of improved, effective and sustainable responses to reduce HIV transmission and to mitigate the impact of the HIV/AIDS pandemic. ~ *Strategic Support Objective 4*
- Strengthened and expanded private sector organizations in delivering HIV/AIDS information and services. ~ *Intermediate Result 4.4.*

Areas of intervention encompass the entire HIV/AIDS prevention-to-care continuum.

In addition, the Associate Award mechanism is specifically designed to give USAID missions and bureaus the opportunity to develop country- or region-specific NGO grant programs. These programs have their own CTO and separate financial and program reporting. Interested missions or bureaus and the Community REACH team work together to develop the programs and define the grant details.

#### **Community REACH Activities FY03**

1. RFA Solicitations, Review and Selection and Award
2. Unsolicited Applications and Leader Add-on Funding
3. Program and Grant Management of Grantees and Training Projects
4. Monitoring, Evaluation, Lessons Learned and OVC Research
5. Community REACH Strategy Development

**Summary of activities during the reporting period OCT 02 – MAR 03**

<b>Activity</b>	<b>Summary</b>
<p><b><i>1: RFA Solicitations, Review and Selection and Award</i></b></p>	<ul style="list-style-type: none"> <li>• Developed “Reducing Stigma and Discrimination through Innovative and Proven Effective Approaches” technical RFA</li> <li>• Posted the RFA on January 15, 2003</li> <li>• Received 102 executive summary applications for work in over 20 countries</li> <li>• Expanded local NGO reach -- 65% of applications received from local NGOs</li> <li>• Convened technical review panel and selected 7 grantees (4 International and 3 local) NGOs for work in 7 countries ten weeks after RFA posted on 31 March 03</li> <li>• Stigma and discrimination learning agenda questions developed with technical review panel participation</li> <li>• Developed second technical RFA on “Prevention Interventions Reaching Younger Adolescents in High Risk and Exploitative Settings” for future release</li> </ul>
<p><b><i>2: Unsolicited Applications and Leader Add-on Funding</i></b></p>	<ul style="list-style-type: none"> <li>• Negotiated and awarded a leader add-on grant from the Displaced Childrens and Orphans Fund (DCOF) to the International Rescue Committee for work with street children in the Republic of Congo, Brazzaville</li> <li>• Unsolicited application standards and review process established.</li> </ul>
<p><b><i>3: Program and Grant Management of Grantees and Training Projects</i></b></p>	<ul style="list-style-type: none"> <li>• Grantee work plan and quarterly narrative reporting formats refined to capture lessons learned and required SYNERGY database information</li> <li>• Conducted grantee start-up meetings with Project Hope and Siberia AIDS Aid Conducted start-up and monitoring trips to SHARAN in India, ADRA in Nepal, FPAK and ICROSS in Kenya, HAPCSO in Ethiopia and FOSREF in Haiti</li> <li>• Pact Field Office grants management staff conducted organizational capacity assessments and provided technical assistance and training for HAPCSO in Ethiopia and ICROSS in Kenya</li> <li>• Pre-award assessment for FOSREF conducted in Haiti</li> </ul>

	<ul style="list-style-type: none"> <li>• Multi-sectoral Toolkit training workshops for NGOs and government leaders held in Tanzania and Ethiopia</li> <li>• HIV/AIDS Multi-sectoral Tool-kit CD-ROM developed</li> </ul>
<p><b><i>4: Monitoring, Evaluation, Lessons Learned and Leader buy-in OVC Research</i></b></p>	<ul style="list-style-type: none"> <li>• Results Framework finalized</li> <li>• Output reporting forms for grantee reporting finalized to capture SYNERGY data</li> <li>• Output reporting forms added to the Monitoring and Evaluation component of the Community REACH project database</li> <li>• Lessons learned methodology established – lessons learned reviewed annually in work plans and in quarterly, biannual reports</li> <li>• Leader buy-in OVC OR research methodology developed</li> <li>• Leader buy-in OVC OR site visit assessment with grantees CARE-Rwanda, PCI-Zambia and ICROSS Kenya</li> </ul>
<p><b><i>5: Community REACH Strategy Development and Communications Update</i></b></p>	<ul style="list-style-type: none"> <li>• Program strategy document finalized and distributed to stakeholders</li> <li>• Program Advisory Committee selected</li> <li>• Website updated to include information on Community REACH grantees including grantee stories</li> <li>• Community REACH website enhanced to include step-by-step instructions for USAID Missions on the Associate award</li> </ul>

## Key Accomplishments

### October 2002 through March 2003

- During this reporting period, Community REACH conducted a third RFA round, and selected seven additional grantees (4 international and 3 local) for a total of 22 grantees (see Appendix A) from 17 rapid scale-up and intensive focus countries. The four international NGOs selected have local NGO sub-recipients and capacity building components with funds planned to reach a minimum of 5 additional local NGOs. Of the \$730,000 in grants \$600,000 of the grant funds are for local NGOs for a total of over 80% of the RFA funding to local organizations. This is a marked increase in funding to local NGOs from the first two RFAs. For the first two rounds funding to local NGOs from direct and in-direct sub-grants was approximately 50%.
- Conducted visits to all local sub-grantees for project start-up and monitoring. Pact Country Office staff in Kenya and Ethiopia also assessed organizational capacity and provided technical assistance to strengthen two local REACH grantee organizations.
- Finalized Community REACH program strategy and Program Advisory Committee. Based on the program strategy, Community REACH has earmarked 30% of its direct grant funds to local NGOs. Additionally, Community REACH will give preference to international PVOs allocating 60% or more of their budgets in subgrants to local NGOs.
- Upgraded program website to enhance dissemination of grantee stories and instruct missions on accessing Community REACH mechanisms. Developed monitoring and evaluation component of program database, output reporting forms and learning agenda methodology.
- Community REACH leader buy-in Orphans and Vulnerable Children (OVC) Operations Research (OR) protocol drafted and two research sites selected. Baseline data to be collected in July 2003 in Rwanda and Zambia.

## II. Performance Review

### Activity Summaries

The activity summaries are in support of the following USAID strategic objectives:

- Increased use of improved, effective and sustainable responses to reduce HIV transmission and to mitigate the impact of the HIV/AIDS pandemic. ~ Strategic Support Objective 4
- Strengthened and expanded private sector organizations in delivering HIV/AIDS information and services. ~ Intermediate Result 4.4.

## **Activity 1: RFA Solicitations, Review and Selection and Award**

The Community REACH project released RFA #03-C-1 on 15 January 2003 for programs that reduce stigma and discrimination through innovative and proven effective approaches. A major component of the RFA was the requirement that applicants demonstrate the use of the greater involvement of people living with or affected by HIV/AIDS (GIPA) principles. For this RFA, international NGOs were required to have local sub-grantee partners and provide capacity building to those partners. Preference was given to NGOs that had 60% of the budget dedicated to local sub-grantee partners. The following are the application statistics for the stigma and discrimination RFA. (See Appendix B for additional detail on the applications).

- 102 applications; total request of \$10 million
- Applications from 20 rapid scale-up and intensive focus countries (3 countries declined to participate)
- 67 out of 102 applications from local NGOs (65%)
- Applications received by region: AFR-72, ANE-16, LAC-5, E&E -9
- 19 finalist applicants: 8 of the 19 finalists were local NGOs (42%)

The seven grant winners (four international and three local NGOs) are all organizations that have the potential to reach many thousands of people living with HIV/AIDS (PLWHAs) in addition to working with traditional leaders, caregivers, health care providers, and families affected by HIV/AIDS to overcome stigma and discrimination at the community level. Each selected winner has embodied the principles of GIPA in their program designs.

In addition to selecting the grant winners the technical review panel developed a learning agenda for the stigma and discrimination grants. Across all RFAs the Community REACH learning agenda covers three broad thematic areas: 1) referrals/linkages, 2) participation of target population, 3) policy and operational barriers. The stigma and discrimination learning agenda includes:

### ***Referrals/Linkages:***

- What strategies have been successful in increasing the utilization of services meant to reduce PLWHAs and their families' exposure to stigma and/or discrimination? What strategies have been successful in improving the supply of services for PLWHAs and their families?

### ***Participation (PLWHAs and Community):***

- What aspects of GIPA are the most challenging to achieve? What aspects of GIPA are easier to achieve?
- How have capacity building and training efforts for PLWHAs improved GIPA? How have capacity building and training efforts for PLWHAs reduced stigma and/or discrimination?
- What is the biggest challenge to changing stigmatizing attitudes and discriminatory behaviors?

### ***Policy and Operational Barriers:***

- Which existing local policies have a positive or negative impact on stigma and/or discrimination in your community?

### ***Community REACH RFA Process Lessons Learned***

The Executive Summary Application process has resulted in an increase of the number of local NGOs applying for Community REACH funding and has increased the number of compliant applications. The number of local NGOs applying for Community REACH grants has increased from 39 in the first RFA to 67 in the third RFA. Non-compliant applications have decreased from 30% to 13% using the executive summary application process.

### ***Role of USAID Missions***

The Community REACH Mission Response Forms have proven to be an efficient and effective method for including Mission feedback in the review process. Mission staff review Executive Summary Applications for finalist applicants and fill-out a standardized form that includes information on how the proposed project fits into the overall Mission's HIV/AIDS strategy.

## **Activity 2: Leader Add-on Grants and Unsolicited Applications**

### ***Leader Add-on Grants***

Community REACH is working with the Displaced Children and Orphans Fund (DCOF) on a leader add-on grant to the International Rescue Committee for work with street children and HIV/AIDS in Republic of Congo-Brazzaville. An initial six-month grant was awarded to improve the protection and psychosocial well-being of 500 street youth, to successfully reunify 60 center-visiting street children with immediate or extended family members and to collect data to design an eighteen-month follow-on program. The eighteen-month program will build local capacity to successfully reintegrate street children within their families and/or communities and prevent children entering the streets in addition to increasing HIV/AIDS awareness among the target population.

### ***Unsolicited Applications***

Community REACH has established a policy and review process for unsolicited applications for the Office of HIV/AIDS. Community REACH is prepared to work with the Office of HIV/AIDS in the review of unsolicited applications.

## **Activity 3: Program and Grant Management and Training Projects**

During this reporting period, Community REACH selected seven additional grantees (four international and three local) for a total Community REACH portfolio of 22 grantees from 17 rapid scale-up and intensive focus countries. The four international NGOs have local NGO sub-recipient and capacity building components with funds planned to reach a minimum of an additional five local NGOs.

Of the 22 REACH grantees nine are local NGOs (40%). An additional 22 local NGOs are funded partners of International NGOs for a total of 31 local NGOs receiving USAID funding through Community REACH. Of the total approximately 4.8 million dollars in Community REACH obligated grant funding to NGOs, 2.6 million or 55% of the funding is to local NGOs.

## **Grantee Programs by Region/Country**

### **Africa Region**

#### **Ethiopia**

##### **Hiwot HIV/AIDS Prevention Care and Support Organization (HAPCSO) – Local NGO**

HAPCSO has been working on the Community REACH program for three quarters on providing psychosocial support for PLWHA, Orphans and Families, palliative care and treatment, nutritional assessments, stigma reduction and capacity building for community based organizations.

HAPCSO has provided home-based care and support services to over 400 PLWHA and families affected by HIV/AIDS and more than 200 OVCs.

##### **HAPCSO Monitoring/Capacity Building Activities**

A monitoring site visit to HAPCSO was conducted in November 2003. Community REACH provided training on project and financial reporting and procurement. Pact Ethiopia conducted an Organizational Capacity Assessment Tool (OCAT) consultation with HAPCSO and is providing capacity building mentoring and assistance based on the results of the OCAT assessment.

The outcomes of the monitoring visit and the OCAT were positive. Technical assistance needs in the area of Monitoring and Evaluation (M&E) were identified.

#### **Ghana**

##### **JHPIEGO in partnership with Vital International Foundation**

JHPIEGO has been working on the Community REACH program for one month in Ghana. As a result of the start-up activities, JHPIEGO has created a management team and has been networking within the VCT community to increase VCT services and referrals for the target population 'kayayoos' young women (ages 10 to 25). Youth peer VCT counselors (female) have been identified. Drama performances targeting youth and performed by young adult peers are planned by a group from Tamale to create interest in VCT services. JHPIEGO is also working with partners on developing National VCT counseling guidelines and protocols.

JHPIEGO is setting up one freestanding and two mobile youth-friendly VCT clinics in the Accra Metropolitan area.

## **Kenya**

### **International Community for the Relief of Starvation and Suffering (ICROSS)**

ICROSS has been replicating its successful home-based care model in Western Kenya over the last three quarters by extending services and strengthening networks for people living with HIV and AIDS, their families, and Orphans and Vulnerable Children in the Nakuru District of Kenya. ICROSS provides home based care, community based linkages and referrals and OVC support.

During the six-month reporting period, ICROSS in Kenya has provided services for close to 100 PLWHA and over 400 OVCs.

### **ICROSS Monitoring/Capacity Building Activities**

Community REACH is working closely with ICROSS to build their financial and project management capacity. Pact Kenya used a Management Capacity Assessment Tool (MCAT) and a Finance and Business Management/Internal Controls Assessment to determine ICROSS's organizational needs. Weaknesses in financial and program management were noted and ICROSS was given advice on how to strengthen capacity in these areas. Pact Kenya provided training for ICROSS staff on financial skills training for non-financial managers. Pact Kenya helped ICROSS procure Quickbooks software and will provide software accounting training in May 2003. Pact Kenya's Grants Manager is providing on-going mentoring to the Program Development Director for ICROSS. ICROSS has received a start-up monitoring visit from the Community REACH program management specialist to provide technical assistance in program and financial reporting. The results of the visit was positive. Some start-up delays in service provision were noted and Community REACH is monitoring this issue closely.

Two members of the Monitoring and Evaluation Team conducted an assessment visit to ICROSS for a research project on OVC. The team provided technical assistance to ICROSS on M&E and Community REACH -specific reporting requirements.

### **Family Planning Association of Kenya (FPAK)**

FPAK in its first quarter of operation is focusing on HIV/AIDS infected and affected youth by providing technical support and increasing the capacity of existing youth Voluntary Counseling and Testing (VCT) centers in seven locations throughout Kenya in Naroibi, Nakuru, Mombasa and Eldoret. FPAK is working to improve care and support facilities for young people and to provide greater outreach to young people accessing VCT services. The capacity building efforts by FPAK also include linkages to community leaders and volunteers.

### **FPAK Monitoring/Capacity Building Activities**

Pact Kenya staff conducted a pre-award and management capacity assessment of FPAK and the results were positive. Future capacity building activities and monitoring site visits will be determined by this assessment.

### **Mildmay International (stigma and discrimination award currently under negotiation)**

This program will address the need to sensitize the wider community and address the need for regular psycho-social activities to support those infected and affected by HIV/AIDS. Mildmay will utilize existing relationships with selected health professionals in eight districts in Nyanza province to scale up 16 community-based initiatives in partnership with the Kenya Ministry of Health.

## **Malawi**

### **The Salvation Army**

The Salvation Army has been working on the Community REACH program in Malawi for over three quarters. The program has established a sustainable Community Action Team to enable the community to develop an integrated

response to HIV/AIDS care and prevention. The Community Action Team is comprised of a Task Force, three care and prevention teams and community volunteers. In the last quarter of activity, community counseling meetings were convened and attended by 12,102 community residents from 15 communities.

The Salvation Army provides home-based care, information education campaigns, referrals for VCT and stigma reduction activities. Over the last three quarters the Salvation Army has reached over 650 PLWHA and over 14,000 members of the general population.

## **Mozambique**

### **Health Alliance International (HAI)**

HAI has been implementing the Community REACH funded activities for one quarter in Mozambique. Start-up activities have supported the formation of youth groups for people living with HIV/AIDS (PLWHAs) and strengthened the referral links for community and health services via the development of protocols jointly by youth and clinicians to guide health staff in youth referrals. Key approaches include measures to increase the participation of youth in the design and management of HIV services and facilitating greater participation of young women in all program activities.

HAI is developing five (5) new youth VCT sites along the Beira corridor.\

## **Nigeria**

### **Journalists against AIDS (JAAIDS) (stigma and discrimination award currently under negotiation)**

JAAIDS will work to equip gatekeepers in the media with accurate, up-to-date information in order to ensure reliable reporting on issues, challenges and solutions around HIV/AIDS stigma and discrimination. The project will provide platforms for informed public discussion and debate on stigma and discrimination and build capacity among leaders of the Nigerian media in Lagos, Abuja, Ekiti, Enugu and Kano so that they will, on their own, become advocates for change—in terms of communicating behavior change to reduce stigma and mobilizing policy change.

## **Rwanda**

### **CARE in partnership with Cyeza Parish, Abizera PLWA Association, Urukundo PLWA Association and Duteraninkunga PLWA Association**

CARE has been working on the REACH project for over three quarters. CARE Rwanda is building the capacity and providing subgrants to four local Community-Based Organization partners to improve and expand care and support services and conduct HIV/AIDS awareness campaigns. CARE is also working with child mentors to build their skills in providing psychosocial support and other services to OVCs. CARE is also continuing to strengthen referral networks and linkages between clinic and home-based care services for the treatment of opportunistic infections.

Over the last three quarters CARE Rwanda has reached over 550 PLWHA and nearly 7,000 OVCs.

### **CARE Rwanda Monitoring/Capacity Building Activities**

During the reporting period, two members of the Monitoring and Evaluation Team from the Futures Group conducted an assessment visit to CARE Rwanda for a research project on OVC. The team provided technical assistance to CARE on M&E and Community REACH specific reporting requirements. The Care Rwanda program has been selected as a research site for the OVC operations research project.

## **South Africa**

### **Medical Care Development International (MCDI) in partnership with National Association of People Living with HIV/AIDS (NAPWA) (stigma and discrimination award currently under negotiation)**

This two-year project will build NAPWA's capacity to utilize multiple approaches for community mobilization and to improve legal protection for PLWHA in Ndwedwe District. The project is based on the principles of a rights-based approach (e.g., universality, gender equality, accountability of duty-holders, participation) and principles of GIPA to effectively address internal and external stigma and discrimination.

## **Tanzania**

### **Kimara Peer Educators and Health Promoters Trust Fund (stigma and discrimination award currently under negotiation)**

This project will ensure that all Kimara staff, volunteers, and an initial core of ten-cell leaders have the skills necessary to recognize, challenge, and carry out a program to reduce stigma and discrimination in Kinondoni District. It will further empower PLWHA and their families to overcome internal (felt) stigma, challenge stigma and discrimination, and be actively involved in reducing stigma and discrimination in their community.

## **Uganda**

### **CARE in partnership with Rubanda Community Based Health Care Association, Kihefo Youth Community Based Association**

CARE's program in the Kabale District of Uganda has been operational for one quarter. The program is in the planning stages of empowering young people to make informed decisions about their reproductive health through scaling up more youth-friendly HIV/AIDS and reproductive health services. Capacity building of community-based organizations is one major component of the program.

### **GOAL in partnership with Bugiri Network of AIDS Service Organizations (BUNASO), National Community of Women Living with HIV/AIDS (NACWOLA) stigma and discrimination award currently under negotiation)**

The project will address stigma and discrimination at an individual, community and institutional levels in the Bugiri District, integrating information-based approaches, coping skills acquisition and advocacy and policy dialogue in order to maximize impact. This integrated strategy will enable PLWHA to develop their coping abilities and play a leading role in addressing the causes of stigma and discrimination, creating an enabling environment in which PLWHA can advocate for greater respect for their rights and achieve a reduction in institutionalized stigma and discrimination.

## **Zambia**

### **Project Concern International (PCI) in partnership with Bwafwano Home Based Care Organization**

Project Concern International's Community REACH project has been working for three quarters in scaling-up community and home-based care and support services for people living with HIV and AIDS and orphans and other vulnerable children living in peri-urban areas of Lusaka. The focus of the program is building the capacity of the Bwafwano Home-based Care Organization and one other community-based organization. Project Concern and partners are in the final stages of developing a standardized national training program for home-based care.

Over the last three quarters PCI in Zambia has reached over 1,700 PLWHA and over 1,700 OVCs.

#### **PCI Monitoring/Capacity Building Activities**

During the reporting period, two members of the Monitoring and Evaluation Team from the Futures Group conducted an assessment visit to PCI Zambia for a research project on OVC. The team provided technical assistance to PCI on M&E and Community REACH specific reporting requirements. PCI's program in Zambia has been selected as a site for the OVC operations research project.

## **Asia and Near East**

### **Cambodia**

#### **Adventist Development and Relief Agency (ADRA) in partnership with Rural Association for the Development of the Economy (RADE), Cambodia Organization for Human Rights and Development (COHRD) (stigma and discrimination award currently under negotiation)**

ADRA and its local partners will empower and mobilize stakeholders, such as trained Buddhist leaders, local authorities and PLWHA to help reduce internal and external stigma and discrimination and facilitate widespread and enduring changes in social attitudes in Sampov Meas District. These stakeholders will be mobilized to disseminate accurate information about and dispel myths surrounding HIV/AIDS and PLWHA, promote a compassionate community and individual response to PLWHA, and refer people about locally-available voluntary counseling and testing (VCT) and support services.

### **India**

#### **Society for Service to Urban Poverty (SHARAN)**

Over the last three quarters, through Community REACH funding, SHARAN is providing a continuum of prevention to care and support services for people living with HIV and AIDS in New Delhi by increasing utilization of health care services through psychosocial support and linkages and referrals to community-based health care services. The project is also providing income generation projects and employment skills training to increase employment among the target population.

#### **SHARAN Monitoring/Capacity Building Activities**

During the reporting period, the Community REACH Program Director and HIV/AIDS Specialist conducted a start-up and a monitoring site visit to Sharan in New Delhi, providing guidance to management staff on Community REACH reporting requirements, development of grant indicators and areas the project will consider for future documentation. Travelers observed project activities as well as referral services and met with staff. Additionally, travelers and Sharan staff met with USAID, FHI, the HIV/AIDS Alliance and Population Council to initiate discussion of potential linkages and synergies.

### **Nepal**

#### **Adventist Development and Relief Agency (ADRA) in partnership with Association of Medical Doctors of Asia and Nepal Red Cross Society**

Over the last quarter, Voluntary Counseling and Testing (VCT) services for young people are being provided by ADRA in both the Kavre and Jhapa districts of Nepal. Partnering with the Association of Medical Doctors of Asia and the Nepal Red Cross Society, services include counselor training, community sensitization and advocacy, youth

awareness and psychological support. The project targets 15,000 in- and out-of-school youth, and expects that youth reporting "safe sex" behavior will increase by 15 % by the end of the two-year project.

#### **ADRA Nepal Monitoring/Capacity Building Activities**

During this reporting period, Community REACH HIV/AIDS specialist conducted a start-up visit to ADRA Nepal as well as a meeting with ADRA's two subgrant partners, the Association of Medical Doctors of Asia and Nepal Red Cross Society. Assistance was provided on Community REACH reporting requirements. Additionally, traveler and ADRA staff met with USAID, FHI and the Center for Harm Reduction to initiate discussion of linkages and synergies.

## **Europe and Eurasia**

### **Russia**

#### **Siberia AIDS Aid Tomsk Regional Charity Fund**

Funding provides a variety of support services for people living with HIV and AIDS, including the development of psychosocial and legal groups. The project also supports the development of a network of AIDS service organizations in Siberia. Project start-up has been delayed while the issue of tax-exempt status for Siberia AIDS Aid is resolved.

#### **Siberia AIDS Aid Monitoring/Capacity Building Activities**

Pact Headquarters hired a Russian-speaking consultant to conduct a pre-award visit and Management Capacity Assessment of Siberia AIDS Aid. The need for financial management training and organizational development was identified during this assessment. Siberia AIDS Aid is in negotiation with Population Services International in Russia to provide financial management training.

## **Latin America and Caribbean**

### **Haiti**

#### **Foundation for Reproductive Health and Family Education (FOSREF)**

The Youth VCT/FOSREF project has been operating for one month. It is the first of its kind in Haiti targeting youth. FOSREF has identified three VCT sites and is training staff members. The program plans to provide access to a full range of VCT-related services including youth-friendly VCT/HIV special services, stigma reduction, training for health care providers, creation of post-test clubs and psychosocial support to HIV (+) youth and their families and to create a referral system to clinical care for HIV (+) young people.

#### **FOSREF Monitoring/Capacity Building Activities**

Community REACH staff conducted a pre-award assessment of FOSREF and the results were positive. Future capacity building activities will be determined by this assessment and other monitoring site visits.

Additionally, a member of the M&E team met with FOSREF, visited program centers and field sites, and discussed the implementation of program activities, highlighting potential obstacles to the integration of VCT services into existing reproductive health clinics. Reporting requirements were reviewed, as well as current project indicators.

Lastly, the opportunity for conducting evaluation research to document the lessons of FOSREF's experience in providing VCT services for youth was discussed.

#### **Les Promoteurs de l'Objectif Zerosida (POZ) (stigma and discrimination award currently under negotiation)**

POZ will create and strengthen self-help support groups in four geographical areas of Haiti: the west, north-east and south-east and the north districts. The self-help groups will learn to identify initiatives that contribute to improving conditions of sero-positive individuals, their families, and their communities. The project also proposes to increase PLWHA groups' advocacy skills and empower them to take a more active role in reducing the rate of spread of HIV/AIDS and stigma and discrimination.

## **Honduras**

#### **American Red Cross in partnership with Honduran Red Cross, Casa Alianza and ASONAPVIDAH**

ARC has been working during the last quarter with the Honduran Red Cross (HRC) and Casa Alianza to provide Voluntary Counseling and Testing (VCT) services to 10,600 underserved at-risk youth, including homeless youth, in Tegucigalpa and San Pedro Sula. The organization is offering accessibility to VCT services and collecting data on at-risk behavior among young people.

#### **Project HOPE in partnership with Asociacion de Salud Integral**

A Project Hope clinic has been established with Community REACH funding over the last two quarters and is housed at the Mario Catarino Rivas Hospital in San Pedro Sula. The clinic is providing comprehensive care to people living with HIV and AIDS and community education and advocacy to increase knowledge about HIV/AIDS and to reduce the stigma associated with it. This clinic builds upon existing clinical and community resources and uses a comprehensive HIV care model developed in Guatemala by Clinica Familiar Luis Angel Garcia (ASI), Project Hope's local sub-grantee partner.

## **Training Projects**

#### ***Tool Kit Training for Community-led Multi-sectoral Response to HIV/AIDS***

With leader buy-in funding from the Democracy and Governance (D&G) Sustainable Development Office in the Africa Bureau, Community REACH conducted workshops in Tanzania and Ethiopia on multi-sectoral responses to the HIV/AIDS epidemic. The workshops were attended by 40 representatives in Kenya and 23 in Ethiopia of PLWHA, International NGOs, CBOs, networks, associations, government, faith-based organizations, private sector and donors. The Pact Multi-sectoral response tool kit has been translated into Kiswahili and French. A CD-ROM with the tools from the tool kit and additional capacity building resources has been developed and will be distributed during the next six months. Additional tool kit training is planned for Kenya, Zambia and Ghana.

## **Activity 4: Monitoring, Evaluation, and Learning Agenda**

#### ***Results Framework and Grantee Reporting Requirements***

During this reporting period, the Community REACH team finalized the project results framework. The Community REACH team also helped finalize the work plan and quarterly report guidelines for Community REACH grantees, including an output reporting form. This output reporting form will assist

grantees in providing information on their activities in the format that matches the Synergy HIV/AIDS Programmatic Data Base. A module to capture M&E data was added to the project database during this time period as well. Community REACH staff members also provided technical assistance in the field to four grantees (CARE Rwanda, ICROSS Kenya, PCI Zambia, and FOSREF Haiti) to help these organizations with reporting requirements and other M&E related problems.

## **Community REACH Learning Agenda**

A unique aspect of the Community REACH project is its ability to target issues that have received inadequate attention in the HIV/AIDS epidemic by funding organizations that provide services and support to underserved populations. As a result, the project is able to document grantees experiences in these areas that may have otherwise gone unnoticed. The learning agenda in the semi-annual report provides a forum for synthesizing and disseminating these important lessons. In each semi-annual report, a comprehensive review of all lessons documented in grantees' work plans and quarterly reports is included as an annex. To provide a more focused discussion of emerging themes in an issue-specific context, the following summary intends to spotlight an issue that is cross-cutting and appropriate to the grantees stage of implementation.

### ***Spotlight on Policy and Operational Barriers***

The majority of grantees are in the initial stages of project implementation. As a result, policy and operational barriers which are most frequently encountered in the beginning of a project are an emerging theme. The following discussion examines the policy and operational barriers reported by the grantees by RFA.

RFA #1 seeks to provide care and support strategies which include aspects of home-based care and referrals for clinical care, assistance for orphans and vulnerable children, legal and psychosocial support as well as socioeconomic support through community based activities.

The policy environment in countries where Community REACH grantees are implementing care and support activities can broadly be defined in two categories:

- In countries such as Zambia and Rwanda, national guidelines and local standards for care are in development but currently are not available.
- In Honduras, Kenya and Malawi, standard protocols for care and support are formulated but are limited in execution due to insufficient resources and poor dissemination.

In Zambia where national guidelines for care and support have not been developed, Project Concern International, is working with the Care and Support Working Group of the National AIDS Council (NAC) to formulate a national policy which is expected to be finalized by the end of the next quarter. Similarly, CARE Rwanda is working with the national umbrella of people living with HIV/AIDS with input from NGOs to develop a manual that would standardize basic home care services provided to PLWA. The finalized manual will be used to train caregivers at the community level.

In countries where protocols are established, grantees are facing resource constraints as well as poor understanding and implementation of established standards of care. In Honduras, Project Hope has found that while protocols for the care of adults, pediatrics and the prevention of mother to child transmission (MTCT) have been developed, a standard protocol for comprehensive care and support does not exist in the region. Health care workers have limited access to and understanding of the existing protocols and there are no procedures for monitoring and evaluation. There is also a lack of resources for the implementation of the protocols. In Kenya, ICROSS reported a similar finding. Although, the Kenya government and stakeholders like the Kenya AIDS NGO Consortium (KANCO), and the Policy Group have developed national HBC and OVC guidelines, the document is still new and there has been limited dissemination of the document. Stakeholders have also realized that the standards defined in the protocol are expensive and unattainable by the majority of NGOs/CBOs and FBOs that are engaged in the work. In Malawi, the Salvation Army found the national guidelines required that staff have two weeks of training by a registered facilitator in order to begin activities which were an unforeseen expense for the project.

RFA # 2 seeks to provide youth focused voluntary counseling and testing with an emphasis on the provision of high quality services, linkages to prevention and care services, demand creation, introduction of rapid testing and training of health personnel.

An important policy issue that has surfaced in the implementation of youth VCT activities is the question of parental consent. There is variation by country concerning the level of policy development.

- In Mozambique and Honduras, parental consent for VCT services is required for all individuals under the age of 18.
- In Haiti and Nepal, there are no official policies defined yet for parental consent. As a result, grantees have developed policies specific to their context.

For the American Red Cross project, Honduran Law considers anyone 18 years old, an adult. Therefore, youth older than 18 will sign their own informed consent form before receiving VCT services. For homeless youth under 18 that are referred through the homeless coalition programs, legal consent will be obtained from the organization housing them, as Honduran law gives the shelter legal guardianship. Homeless youth under 18 that are not in shelter programs will need to have a parent's or legal guardian's consent prior to VCT. In Mozambique, HAI mentioned that policy barriers exist related to the age at which parental consent for VCT is required (prior to 18 years). Advocacy at the national level is being carried out to lower the parental consent requirement to 16 years, as has been done in neighboring Zimbabwe, which makes sense given that the national average for first birth is 17 years.

In Haiti, there are no official policies yet on youth VCT services. The FOSREF project has implemented a policy whereby youth 19 years and older can receive VCT without adult consent. For adolescent school children less than 19 years old, the project will require parental consent. In Nepal, there are also no national policy guidelines to orient district community leaders on VCT principles or on issues of parental consent. The project has therefore decided to provide VCT to all clients presenting at the clinic.

## **Summary**

Despite the magnitude and duration of the HIV/AIDS epidemic, it is clear that policies that influence standards of care and resources necessary to implement specific activities are still under developed and under funded. Despite these limitations, REACH grantees are making significant contributions to underserved populations by taking an active role in the development of context relevant policies and implementing community based activities in resource poor settings.

For a full report on the learning agenda for the Community REACH grantees please see Appendix C.

### ***Leader Buy-in OVC Operations Research (OR)***

Through additional funding to the leader grant to conduct research on orphans and vulnerable children, the Community REACH team has also worked to learn important lessons from the work of our grantees in a more rigorous manner. The Community REACH project is conducting research in collaboration with two grantees, CARE Rwanda and PCI Zambia, to assess the cost and effectiveness of various OVC interventions. Two Community REACH team members visited CARE and Project Concern International in February 2003 to lay the groundwork for this research project by obtaining feedback from the grantees, visiting field sites, and working with grantees on the research design. Upon return from the trip, the Community REACH team has been working with grantees virtually to finalize the research protocol and make plans for baseline data collection. The research protocol is currently in draft form and will be shared with USAID/REDSOE, USAID/Rwanda, and USAID/Zambia missions and other cooperating agencies, such as FHI, working in the area of OVC. Survey instruments are also in the process of being drafted. A Community REACH team member will be returning to Rwanda and Zambia in late May/early June to supervise training of interviewers, observe testing of the survey instrument, and provide capacity building for grantees in the areas of evaluation and research.

### ***VCT Operations Research (OR) Through Interagency Collaboration***

The team is also working to leverage funding from outside resources to facilitate Community REACH's learning agenda regarding Youth VCT. Community REACH will work with grantees by collaborating with other implementing agencies to conduct more rigorous research of grantee project implementation. The Community REACH team has met several times with the research team from the YouthNet project, and Community REACH and YouthNet are forging a collaborative effort to conduct research on "what works" in this important new programmatic area. The Community REACH team has also informed the Horizons project of this planned research project, and a representative from Horizons will attend our next Community REACH-YouthNet joint meeting.

Further, the Community REACH team is making links with the POLICY project's Adolescent Working Group (AWG) by trying to get AWG funding to research policy and operational barriers youth face in trying to access VCT. The outlook is promising that through these collaborative efforts, Community REACH, YouthNet, POLICY and possibly Horizons will be able to extract important lessons learned that will influence future programming in this area and build the capacity of two-three grantees in the area of monitoring, evaluation and research.

## **Activity 5: Community REACH Strategy Development and Communications Update**

### ***Program Strategy***

Community REACH's program strategy was finalized and distributed to over 80 stakeholders in the United States and overseas. See Appendix D for a copy of the program strategy.

### ***Program Advisory Committee (PAC)***

Community REACH has invited eight outstanding individuals from a wide variety of backgrounds to constitute its Program Advisory Committee. While all have a keen interest in international HIV/AIDS programs, some bring expertise in other aspects of development as well as the personal experience of living with HIV/AIDS. The PAC will convene in July 2003 for its first annual meeting.

The PAC members are:

**Peter Richardson** is currently a member of Pact's board.

**Sheila Mitchell**, Senior Vice President at Family Health International.

**Chipo Mbanje** is a nurse and family counselor from Zimbabwe where she founded the Zimbabwean Network of Positive Women.

**Peter McDermott** is a UNICEF staff member for 16 years on secondment to USAID.

**Atieno Okelo**, a Kenyan national, is an information technology specialist working for FHI's YouthNet program.

**Keith Hansen** works for the World Bank in its HIV/AIDS section.

**Catherine Phiri** is a nurse and founder of the Salima AIDS Support Organization (SASO), a community-based NGO, in Malawi.

**Arletty Pinel** is with the Global Fund for AIDS, TB and Malaria where she acts as the Portfolio Director for Latin America and Eastern Europe.

### ***Community REACH Website Update***

The Community REACH website at [www.pactworld.org/reach](http://www.pactworld.org/reach) has been updated to include information about the grantees programs including pictures of the grant activities and grantee stories (Please see grantee story examples in Appendix E). The website will be updated periodically to include new information on the grantees and new grantee stories. Old grantee stories and features will be archived on the site.

The website information for USAID Missions has been revised to include step-by-step instructions on how to begin the process of developing an Associate award with Pact. The update includes information on how to also "buy-in" to the leader award.

### **III. Challenges and Opportunities**

- *FY03 Obligation:* In response to a 50% reduction in program funding from OHA, Community REACH planned its FY03 sub-grant assistance at \$1.5 million, down from the FY02 level of \$4 million. The team designed an RFA to support up to seven two-year grants for \$100,000 focusing on stigma and discrimination within existing programs. The program strategy for the remaining FY03 funds is under discussion.
- *Brazil Associate Award:* The USAID mission in Brazil selected Pact to implement a four-year NGO program. Once this Associate Award cooperative agreement is in place, Pact will deploy a start-up team to finalize program design and initiate implementation.

### **IV. Financial Summary/Pipeline Analysis**

<b>Community REACH obligated funds end FY02:</b>	<b>\$6,310,000</b>
<b>Anticipated Obligation for FY03</b>	<b>\$2,000,000</b>
<b>Total Anticipated Obligation</b>	<b>\$8,310,000</b>
<b>FY02 Program Expenses:</b>	<b>\$649,972</b>
<b>FY03 Program Expenses to date (Pact and Futures):</b>	<b>\$303,689</b>
<b>FY02 Sub-grants</b>	<b>\$4,016,743</b>
<b>Leader Buy-In Funding</b>	<b>\$810,000</b>
<b>Projected FY03 Subgrants</b>	<b>\$1,500,000</b>
<b>Projected Program Expenses thru Sept 30 FY03</b>	<b>\$672,538</b>
<b>Total Expenses and Pact Obligations thru FY03</b>	<b>\$7,952,942</b>
<b>Remaining Balance for expenses thru next obligation of funding Anticipated in June 04</b>	<b>\$357,058</b>

See Appendix F Community REACH Pact Financial Status Report.

## Appendix A Community REACH Grantees

### Community REACH Care and Support Grant Recipients

**Project HOPE**

**Type of Organization:**  
**International NGO**

Country: Honduras  
Grant Awarded: \$326,766  
Length of Project: 2 years

Local Partner: Asociacion de  
Salud Integral  
Subgrant Amount: \$28,055

**Project HOPE – Honduras:** Funding supports establishing a model clinic and home-based care program in San Pedro Sula, Honduras, for provision of comprehensive care to people living with HIV and AIDS. Funds will also enable increased access to comprehensive home-based care for people living with HIV/AIDS and their families, and provide community education and advocacy to increase knowledge about HIV/AIDS and to reduce the stigma associated with it.

Program Focus: Care and Support

Program Sub-focus: Clinical Care, IEC/BCC, Prevention of Mother-to-Child-Transmission, Psychosocial Support, Stigma Reduction

Target Populations: General, Pregnant Women, PLWHA

**Hiwot HIV/AIDS  
Prevention, Care and  
Support Organization**

**Type of Organization:**  
**Local NGO**

Country: Ethiopia  
Grant Awarded: \$150,000  
Length of Project: 3 years

**Hiwot HIV/AIDS Prevention, Care and Support Organization (HAPCSO) – Ethiopia:** This project implements critically needed home-based care for people living with HIV and AIDS and their families, while enhancing the ability of the community and health care providers to provide care and support in the South East District, Addis Ababa.

Program Focus: Care and Support

Program Sub-focus: Home-based Care, Nutrition programs, OVC, Psychosocial Support, Stigma Reduction

Target Populations: OVC, PLWHA

**The Salvation Army**

**Type of Organization:**  
**International FBO**

Country: Malawi  
Grant Awarded: \$228,595  
Length of Project: 3 years

**The Salvation Army – Malawi and World Service Office:** Funding supports the establishment of a community action team to identify community needs in relation to HIV/AIDS in one township in Malawi. In addition, it will allow for the provision of basic care and support through volunteers to 50 percent of the families and individuals affected by HIV/AIDS; identification and promotion of key behavior changes to reduce the risk of HIV/AIDS transmission; education of 50 percent of the target population about voluntary counseling and testing; and provision of linkages and referrals for those testing HIV positive.

Program Focus: Care and Support

Program Sub-focus: Home-based Care, IEC/BCC, Stigma Reduction, VCT

Target Populations: General Population, PLWHA

<p><b>International Community for the Relief of Starvation and Suffering</b></p> <p><b>Type of Organization:</b> Local NGO</p> <p><b>Country:</b> Kenya  <b>Grant awarded:</b> \$254,000  <b>Length of Project:</b> 2 years</p>	<p><b>International Community for the Relief of Starvation and Suffering (ICROSS) - Kenya/ICROSS</b> will replicate its successful home-based care model from Western Kenya during a two-year period, extending services and strengthening networks for people living with HIV and AIDS and their families to Northern Districts.</p> <p><b>Program Focus:</b> Care and Support</p> <p><b>Program Sub-focus:</b> Home-based care, OI/OT Prevention, Psychological Support</p> <p><b>Target Populations:</b> OVC, PLWHA, General</p>
<p><b>ICROSS</b></p> <p><b>Type of Organization:</b> International NGO</p> <p><b>Country:</b> Rwanda  <b>Grant awarded:</b> \$407,192  <b>Length of Project:</b> 2 years</p> <p><b>Local Partners:</b> Catholic Church, Parish Assemblies  <b>Program Focus:</b> HIV/AIDS</p>	<p><b>ICROSS - Rwanda</b> is funding and supporting a two-year project to strengthen the ability of local non-governmental organizations to provide community support and education for orphans and people living with HIV and AIDS, increase participation in care and to improve nutritional and health care. ICROSS anticipates providing approximately 100,000 meals, medications to 500,000 orphans.</p> <p><b>Program Focus:</b> Care and Support</p> <p><b>Program Sub-focus:</b> Home-based care, OI/OT/Prevention, Psychological Support, Stigma Reduction</p> <p><b>Target Populations:</b> General, OVC, PLWHA</p>
<p><b>Stichting Het Streeven in Nieuw-Bedwang</b></p> <p><b>Type of Organization:</b> Local NGO</p> <p><b>Country:</b> India  <b>Grant awarded:</b> \$200,000  <b>Length of Project:</b> 2 years</p>	<p><b>Stichting Het Streeven in Nieuw-Bedwang (Streeven)</b> is implementing a home-based care program for people living with HIV and AIDS in New Bedwang to increase the number of people in contact with targeted populations. The project will also increase the number of people in contact with family health care services.</p> <p><b>Program Focus:</b> Care and Support</p> <p><b>Program Sub-focus:</b> Antiretroviral, Psychological Support, Stigma Reduction, Medication</p> <p><b>Target Populations:</b> OVC, PLWHA</p>
<p><b>Stichting Het Streeven in Nieuw-Bedwang</b></p> <p><b>Type of Organization:</b> Local NGO</p> <p><b>Country:</b> India  <b>Grant awarded:</b> \$200,000  <b>Length of Project:</b> 2 years</p>	<p><b>Stichting Het Streeven in Nieuw-Bedwang (Streeven)</b> is implementing a home-based care program for people living with HIV and AIDS in New Bedwang to increase the number of people in contact with targeted populations. The project will also increase the number of people in contact with family health care services.</p> <p><b>Program Focus:</b> Care and Support</p> <p><b>Program Sub-focus:</b> Antiretroviral, Psychological Support, Stigma Reduction, Medication</p> <p><b>Target Populations:</b> OVC, PLWHA</p>

## Community REACH

### Youth Voluntary Counseling and Testing Grant Recipients

**Health Alliance International**

**Type of Organization:**  
International NGO

Country: Mozambique  
Grant Amount: \$300,000  
Length of Project: 3 Years

**Health Alliance International (HAI) – Mozambique:** HAI will implement a project that will target HIV/AIDS prevention and care services for young people in Manica and Sofala provinces. The program will develop five new youth VCT centers, five youth groups for people living with HIV/AIDS, and protocols for health worker referrals.

**Program Focus:** Voluntary Counseling and Testing, Linkages and Referrals

**Target Populations:** Adolescent Youth

**Family Planning Association of Kenya**

**Type of Organization:**  
Local NGO

Country: Kenya  
Grant Amount: \$250,000  
Length of Project: TBD

**Family Planning Association of Kenya (FPAK) – Kenya:** FPAK will focus on HIV/AIDS infected and affected youth through providing technical support and increasing the capacity of existing youth VCT and related services leading to improved care and support facilities for young people and greater outreach to young people accessing VCT services. The capacity building efforts by FPAK also include linkages to community leaders and volunteers.

**Program Focus:** Voluntary Counseling and Testing, Linkages and Referrals

**Target Populations:** Adolescent Youth

**JHPIEGO**

**Type of Organization:**  
International NGO

Country: Ghana  
Grant Amount: \$250,000  
Length of Project: 3 Years

**Local Partner:** VITAL International Foundation

**JHPIEGO – Ghana:** The project will initially target disenfranchised, "kayayees" young women "load carriers" in Ghana, who are at an extremely high risk of contracting HIV/AIDS. These young women make up approximately 90% of the 10,000 youth trying to make a living at two of Accra's largest markets. Using mobile outreach VCT services JHPIEGO and its local partner VITAL International Foundation will also scale-up VCT services for other at-risk youth in the capital.

**Program Focus:** Voluntary Counseling and Testing, Linkages and Referrals

**Target Populations:** Adolescent Youth

**CARE**

**Type of Organization:**  
International NGO

Country: Uganda  
Grant Amount: \$300,000  
Length of Project: 3 Years

**Local Partner(s):** HED  
Subgrant Amount: \$100,000

**CARE – Uganda:** CARE's program in the Kabale District of Uganda will empower young people to make informed decisions about their reproductive health through scaling up more youth-friendly HIV/AIDS and reproductive health services which includes building capacity of local community-based organizations. The project expects to reach 137,000 adolescents and young adults.

**Program Focus:** Voluntary Counseling and Testing, Linkages and Referrals

**Target Populations:** Adolescent Youth

<p><b>Advertis Development and Relief Agency</b></p> <p><b>Type of Organization:</b> International NGO</p> <p><b>Country:</b> Nepal</p> <p><b>Grant Amount:</b> \$300,000</p> <p><b>Length of Project:</b> 2 Years</p> <p><b>Local Partners:</b> Association of Medical Doctors of Asia, Nepal Red Cross Society</p> <p><b>Subgrant Amount:</b> \$155,000</p>	<p><b>Advertis Development and Relief Agency (ADRA) – Nepal</b> will provide the program, personnel and support by ADRA in Kathmandu, Pokhara and other districts in Nepal. Partnership with the Association of Medical Doctors of Asia and the Nepal Red Cross Society, ADRA will include components: Training, community sensitization and advocacy, youth awareness and psychosocial support. The program, which will target 15,000 in and out of school youth, expects that youth reproductive health behavior will increase by 15% by the end of the 2-year period.</p> <p><b>Program Focus:</b> Voluntary Counseling and Testing, Contraception and Reproductive Health</p> <p><b>Target Populations:</b> Adolescent Youth</p>
<p><b>American Red Cross</b></p> <p><b>Type of Organization:</b> International NGO</p> <p><b>Country:</b> Honduras</p> <p><b>Grant Amount:</b> \$250,000</p> <p><b>Length of Project:</b> 1 Year</p> <p><b>Local Partners:</b> Honduran Red Cross, USAID, UNICEF</p> <p><b>Subgrant Amount:</b> \$225,000</p>	<p><b>American Red Cross (ARC) – Honduras</b> will work with the Honduran Red Cross, UNICEF and USAID to provide VCT services in urban, midsize and small towns, including 100,000 youth, women in Tegucigalpa and San Pedro Sula, with a focus on the 15-24 age group. The organization will improve access to VCT services and will continue to collect and report data on national and local youth trends.</p> <p><b>Program Focus:</b> Voluntary Counseling and Testing, Contraception and Reproductive Health</p> <p><b>Target Populations:</b> Adolescent Youth</p>
<p><b>Association for the Reproduction of Health and Family Welfare</b></p> <p><b>Type of Organization:</b> Local NGO</p> <p><b>Country:</b> Laos</p> <p><b>Grant Amount:</b> \$200,000</p> <p><b>Length of Project:</b> 2 Years</p>	<p><b>Association for the Reproduction of Health and Family Welfare (ARHF) – Laos</b> will provide VCT services in urban, midsize and small towns, including 100,000 youth, women in Vientiane and other major cities, with a focus on the 15-24 age group. The organization will improve access to VCT services and will continue to collect and report data on national and local youth trends.</p> <p><b>Program Focus:</b> Voluntary Counseling and Testing, Contraception and Reproductive Health</p> <p><b>Target Populations:</b> Adolescent Youth</p>

## Community REACH Stigma and Discrimination Grant Recipients

### Adventist Development and Relief Agency (ADRA)

**Type of Organization:**  
International NGO  
Country: Cambodia  
Grant Awarded: \$125,000  
Length of Project: 2 years

Local Partners: Rural Association for the Development of the Economy (RADE), Cambodia  
Organization for Human Rights and Development (COHRD)  
Subgrant Amounts: RADE-\$44,063.00, COHRD-\$33,120.00

**Adventist Development and Relief Agency (ADRA) –Cambodia:** ADRA and its local partners will empower and mobilize stakeholders, such as trained Buddhist leaders, local authorities and PLWHA to help reduce internal and external stigma and discrimination and facilitate widespread and enduring changes in social attitudes in Sampov Meas District. These stakeholders will be mobilized to disseminate accurate information about and dispel myths surrounding HIV/AIDS and PLWHA, promote a compassionate community and individual response to PLWHA, and inform people about locally-available voluntary counseling and testing (VCT) and support services.

**Program Focus:** Stigma and discrimination

**Program Sub-focus:** Advocacy and Capacity Building

**Target Populations:** PLWHA, Families Affected by HIV/AIDS, Community Organizations, Religious and Traditional Leaders, Adolescence

### Les Promoteurs de l'Objectif Zerosida (POZ)

**Type of Organization:**  
Local NGO

Country: Haiti  
Grant Awarded: \$100,000  
Length of Project: 2 years

**Les Promoteurs de l'Objectif Zerosida (POZ) – Haiti:** POZ will create and strengthen self-help support groups in four geographical areas of Haiti: the west, northeast and southeast and the north districts. The self-help groups will learn to identify initiatives that contribute to improving conditions of sero-positive individuals, their families, and their communities. The project also proposes to increase PLWHA groups' advocacy skills and empower them to take a more active role in reducing the rate of spread of HIV/AIDS and stigma and discrimination.

**Program Focus:** Stigma and Discrimination

**Program Sub-focus:** Home-based Care, Psychosocial Support, BCC

**Target Populations:** General Population, Pregnant Women and Youth

### Mildmay

**Type of Organization:**  
International FBO

Country: Kenya  
Grant Awarded: \$102,350  
Length of Project: 2 years

**Mildmay–Kenya:** This program will address the need to sensitize the wider community and address the need for regular psychosocial activities to support those infected and affected by HIV/AIDS. Mildmay will utilize existing relationships with selected health professionals in eight districts in Nyanza province to scale up 16 community-based initiatives in partnership with the Kenya Ministry of Health.

**Program Focus:** Stigma and Discrimination

**Program Sub-focus:** Advocacy, IEC, Capacity Building

**Target Populations:** OVC, Youth, Children, PLWA, general population

<p><b>Journalists Against AIDS (JAIDS)</b></p> <p><b>Type of Organization:</b> Local NGO</p> <p><b>Country:</b> Nigeria</p> <p><b>Grant Awarded:</b> \$95,038</p> <p><b>Length of Project:</b> 2 years</p>	<p><b>Journalists Against AIDS (JAIDS) - Nigeria:</b> JAIDS will work to equip gatekeepers in the media with accurate, up-to-date information in order to ensure reliable reporting on issues, challenges and solutions around HIV/AIDS stigma and discrimination. The project will provide platforms for informed public discussion and debate on stigma and discrimination and build capacity among leaders of the Nigerian media in Lagos, Abuja, Kano, Enugu and Kaduna so that they will, on their own, become advocates for change in terms of communicating behavior change to reduce stigma and mobilizing policy change.</p> <p><b>Program Focus:</b> Stigma and Discrimination</p> <p><b>Program Sub-Focus:</b> BCC, Advocacy, Capacity building</p> <p><b>Target Populations:</b> Adolescents, Community Organizations, Health Care Providers, PIWA</p>
<p><b>Medical Care Development International (MCDI)</b></p> <p><b>Type of Organization:</b> Local NGO</p> <p><b>Country:</b> South Africa</p> <p><b>Grant Awarded:</b> \$60,000</p> <p><b>Length of Project:</b> 2 years</p> <p><b>Local Partner:</b> National Association of People Living with HIV/AIDS (NAPWA) - South Africa</p> <p><b>Site Grant Amount:</b> \$60,000.00</p>	<p><b>Medical Care Development International (MCDI) - South Africa:</b> This project will build NAPWA's capacity to utilize multiple approaches for community mobilization and to improve legal protection for PIWHA in Ndabweni District. The project is based on the principles of a rights-based approach (20% universality, gender equality, accountability and anti-bias, participation) and principles of CIPA to effectively address internal and external stigma and discrimination.</p> <p><b>Program Focus:</b> Stigma and Discrimination</p> <p><b>Program Sub-Focus:</b> Capacity Building, psychosocial support, legal support</p> <p><b>Target Populations:</b> Policy Makers, Traditional/Religious Leaders, Public Sector, Community Organizations, Adolescents, Care Givers</p>
<p><b>Grant from the Bill and Melinda Gates Foundation</b></p> <p><b>Type of Organization:</b> Local NGO</p> <p><b>Country:</b> Tanzania</p> <p><b>Grant Awarded:</b> \$100,000</p> <p><b>Length of Project:</b> 2 years</p>	<p><b>Grant from the Bill and Melinda Gates Foundation:</b> This project will focus on all gender equal outcomes, and an initiative of local level actors in a high-stakes to recognize, challenge, and end an program of violence against women and children in Kenya. It will further empower women and their families to address gender inequality, challenge stigma and discrimination, and the network involved in reducing stigma and discrimination in their community.</p> <p><b>Program Focus:</b> Stigma and Discrimination</p> <p><b>Program Sub-Focus:</b> Advocacy</p> <p><b>Target Populations:</b> Adolescents, Community Organizations, Health Care Providers, PIWA</p>
<p><b>Grant from the Bill and Melinda Gates Foundation</b></p> <p><b>Type of Organization:</b> Local NGO</p> <p><b>Country:</b> Tanzania</p> <p><b>Grant Awarded:</b> \$100,000</p> <p><b>Length of Project:</b> 2 years</p>	<p><b>Grant from the Bill and Melinda Gates Foundation:</b> This project will focus on all gender equal outcomes, and an initiative of local level actors in a high-stakes to recognize, challenge, and end an program of violence against women and children in Kenya. It will further empower women and their families to address gender inequality, challenge stigma and discrimination, and the network involved in reducing stigma and discrimination in their community.</p> <p><b>Program Focus:</b> Stigma and Discrimination</p> <p><b>Program Sub-Focus:</b> Advocacy</p> <p><b>Target Populations:</b> Adolescents, Community Organizations, Health Care Providers, PIWA</p>



Appendix B

Community REACH FY03  
Stigma and Discrimination Application Breakdown  
RFA# 03-C-1

Region	Non-Compliant Applications			Compliant Applications		Finalist Applications		Grants Selected		# Local NGOs as Subgrantee Partners
	Total	Local	International	Local	International	Local	International	Local	International	
<b>Africa - Rapid Scale Up</b>										
Kenya	17	1	2	11	3	4	1	1		16
Uganda	7	1	1	3	2		1			2
Zambia	1			1						
<b>Asia - Rapid Scale Up</b>										
Cambodia	4	1			3		2		1	2
<b>Total</b>	<b>29</b>	<b>3</b>	<b>3</b>	<b>15</b>	<b>8</b>	<b>2</b>	<b>4</b>	<b>0</b>	<b>3</b>	<b>20</b>
<b>Africa - Intensive</b>										
Ethiopia	8	2		4	2					
Ghana	4		1	2	1					
Malawi	4			1	3		2			
Mozambique	3			2	1					
Nigeria	7			7	1			1		
Rwanda	0			0	0					
South Africa	7		1	4	2		1			1
Senegal	1	1								
Tanzania	1			1				1		
Zimbabwe did not participate										
<b>Africa - Regional</b>	<b>8</b>	<b>1</b>		<b>1</b>	<b>6</b>		<b>1</b>			
<b>Total</b>	<b>43</b>	<b>4</b>	<b>2</b>	<b>22</b>	<b>15</b>	<b>2</b>	<b>4</b>	<b>2</b>	<b>1</b>	<b>1</b>
<b>Asia - Intensive</b>										
India	14			11	3	2				
Indonesia did not participate										
Nepal	2			1	1		1			
<b>Total</b>	<b>16</b>	<b>0</b>	<b>0</b>	<b>12</b>	<b>4</b>	<b>2</b>	<b>1</b>	<b>0</b>		<b>0</b>
<b>LAC - Intensive</b>										
Brazil did not participate										
Dominican Republic	1			1						
Haiti	2			1	1	1	1	1		2
Honduras	2			1	1					
<b>LAC - Regional</b>										
<b>Total</b>	<b>5</b>	<b>0</b>	<b>0</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>1</b>	<b>1</b>		<b>2</b>
<b>E&amp;E Intensive</b>										
Russia	7			6	1	1	1			
Ukraine	2			2						
<b>Total</b>	<b>9</b>	<b>0</b>	<b>0</b>	<b>8</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>0</b>		<b>0</b>
<b>Total</b>	<b>60</b>	<b>4</b>	<b>2</b>	<b>30</b>	<b>18</b>	<b>4</b>	<b>8</b>	<b>2</b>	<b>4</b>	<b>22</b>

## Appendix C REACH Project Learning Agenda

For each RFA, the Community REACH team, with input from technical experts, developed two to three general "learning agenda" questions during the full application review process. These questions fall into three specific areas: referrals/linkages, participation of target population, and policy and operational barriers. The purpose of the questions is to elicit responses from grantees that identify promising approaches and/or potential best practices.

### *RFA #1 Care and Support Learning Agenda*

The first RFA grantees for Care and Support received the learning agenda questions after their initial work plans were submitted. Because the questions were received after the work plans were complete, the responses have been limited. However, six of the eight grantees have responded to the questions in their quarterly reports. The grantees that have responded are The Salvation Army (Malawi), Project Hope (Honduras), Project Concern International (Zambia) and ICROSS (Kenya) Sharan (India) and CARE (Rwanda). Their responses are summarized below under the main categories. A full listing of the questions is included at the end.

- Policy and Operational Barriers

Project Hope (Honduras) found that while protocols for the care of adults, pediatrics and the prevention of mother to child transmission (MTCT) have been developed, a standard protocol for comprehensive care and support does not exist in the region. Health care workers have limited access to and understanding of the existing protocols and there are no procedures for monitoring and evaluation. There is also a lack of resources for the implementation of the protocols.

ICROSS (Kenya) reported a similar finding. Although, the Kenya government and stakeholders like the Kenya AIDS NGO Consortium (KANCO), and the Policy Group have developed national HBC and OVC guidelines, the document is still new and there has been limited dissemination of the document. Stakeholders have also realized that the standards defined in the protocol are expensive and unattainable by the majority of NGOs/CBOs and FBOs that are engaged in the work.

In Zambia, there are currently no national or local standards for care and support of infected or affected individuals of HIV. However, the Care and Support Working Group of the National AIDS Council (NAC), which the project contributes to, has started working on formulating the standards of care. The standards of care are expected to be finalized by the end of the next quarter.

In Rwanda, CARE is working with the national umbrella of people living with HIV/AIDS with input from NGOs to develop a manual that would standardize home

based care services provided to PLWA. The finalized manual will be used to train caregivers at the community level.

In Malawi, the Salvation Army found the national guidelines required that staff have two weeks of training by a registered facilitator in order to begin activities which were an unforeseen expense for the project.

- Referrals/Linkages

### PCI Zambia

Project Concern International (Zambia) has made important progress in establishing a link between community care and support and the government health system. Using existing community networks such as neighborhood health communities and church groups, Project Concern facilitated the community's selection of caregivers with a previous history of humanitarian activities.

The community caregivers have since established a working relationship with government health care providers to provide a cross-referral service. Community caregivers identify PLWHA, TB patients and OVC and refer them to health care providers for care. Likewise, patients that are in need of home-based care are referred to the project for home-based care. The caregivers also provide additional diagnostic support by collecting sputum samples from suspected TB patients and taking the samples to the appropriate clinic for evaluation.

Several problems have been noted with the existing referral system. These problems include: inadequate diagnostic skills by the community caregivers, lack of a standardized referral system and a lack of respect by health care providers to the community caregivers. The project has proposed to establish a standardized referral system with a standardized referral form to begin addressing these issues. In addition to problems with the caregivers, there are also issues of geographic and economic inaccessibility among the patients. User fees at the government health clinics often deter patients from seeking treatment and distances to and from the facilities make access difficult. The project has established a grant for household support aimed at helping patients with user fees and transportation barriers to access specialized treatment at government hospitals. The project intends to use the endowment funds as a means for income generation in order to ensure sustainability.

During the last quarter the caregivers reported that a number of suspected HIV/AIDS patients in the community could not register with the program because they feared to be shunned and discriminated against by their family and community members. It was learnt that although HIV/AIDS knowledge levels were high, the community still isolated and discriminated against suspected HIV/AIDS and TB patients. Suspected HIV/AIDS and TB patients in the community are often given names such as 'kalyaka' a local term when loosely translated refers to the red light that shows on the speedometer of a vehicle when it is running on E (empty).

Bwafwano stepped up the HIV/AIDS awareness campaigns in the third quarter that were at the same time aimed at de-stigmatizing HIV/AIDS and TB and increasing access to care and support services by PLHA and TB patients. Members of the solidarity HIV/AIDS support group played a key role in running awareness campaigns once every week.

The efforts initiated in the second quarter between ZAMBART and Bwafwano to develop a standardized referral form to be used by Bwafwano and the community health centers to refer patients between the two centers did not materialize in the third quarter. Consequently, the referral system between Bwafwano and the health center was at its weakest in the third quarter. Despite recording 276 TB patients, the health center did not refer most of the patients to Bwafwano for continued home based care and DOTS. Bwafwano only managed to register 39 new patients in its DOTS program who were mostly referred from the community by caregivers and self-referrals.

Although Bwafwano managed to refer 96 suspected TB patients to the community health centers for diagnosis, it could not trace back the patients since most of them were not referred back to Bwafwano for DOTS if found with TB.

PCI and Bwafwano have resolved to work with the two government health centers in the catchment area-Chipata and Chazanga, in the fourth quarter to design a standardized form and strengthen the referral system. The project has established some relationship with Chipata Health Center that has been providing access to its record systems since the second quarter.

#### CARE Rwanda

In March, a 3 - day workshop for leaders of Civil Society Organizations and local government was held. The workshop objective was to identify vulnerability issues of orphans/OVC and People living with AIDS, and also to define community plans to address them. Representatives from Health institutions, Human Rights organizations specialist on the rights of children and women, Haguruka, the local Human Rights Commission office, government staff in charge of Social Affairs, and church leaders participated. Representatives from PLWA Associations, CHH groups, psychosocial support providers (Nkundabanas) also participated to provide a in-depth understanding on the vulnerability issues and also discuss strengths and weakness of support provided to this vulnerable population group.

The workshop was organized as a strategic way of bringing together service providers and beneficiaries so that after exchanging ideas about how services are provided, they could identify gaps and jointly come up with an action plans on how to improve services and distribution to reach the deserving persons. An action plan was developed and will be followed up to monitor implementation progress.

Referral networks between clinic and home -based care for services like treatment of opportunistic infections was identified as a need by both PLWA and health centre staff. Meetings with health centres staff, VCT were held and PLWA to finalize the work of developing tools for referrals. So far the tools are not yet developed but methodologies on how the referrals should be done have been discussed. Clients are being referred following the methodologies. During the next quarter tools will be developed for better records of number of clients and type of services they have been referred to.

The project is also networking with the ministry of Local Administration, and social Affairs in its decentralized institution in the Province. The staffs are invited to their workshop to facilitate, or to share their experiences as people who work with orphans and PLWA. The project networks with churches because they are among service providers, and the project believes that all actors in areas of orphans and PLWA should work as a team to better provide services. A part from Cyeza catholic Parish which is our sub-grantee, other church leaders are invited to the workshop to share their experiences, and to raise awareness on what services/assistance they provide.

Networking with all the above institutions has made it easy for the project to serve the beneficiaries better. It is easy for us to refer orphan and PLWA to different service provider for their rights to be fulfilled, which is one of root causes of their vulnerabilities. Orphans and PLWA are also able to know means by which they can access to services in their communities. During the workshop for leaders, individual cases related to right violation were solved. One person living with AIDs and an orphan (CHH) were promised to be helped in a special way when they expressed what they were going through in relation to right violation.

#### Sharan.

An important missing component from Sharan's own referral network is a facility that can address a "dual diagnosis" of both drug addiction and a critical health condition. The proposed solution is an essential part of Sharan's overall project strategy—to sensitize other health care providers of the HIV/AIDS diagnosis, care and treatment needs of their IDU population, and negotiate referrals (21).

Sharan also identifies the fact that stigmatization of IDUs and associated fears of HIV are important barriers to accessing services. VCT has not been widely publicized, and so this results in low demand for testing, and service utilization. Also, unknown HIV status can be a reason for denial of care (thus qualifying as a barrier to accessing care). For example, all three-specialist residential care facilities in Delhi require knowledge of an individual's status. An interesting barrier to women's use of services is that they prioritize their families over their own care and support needs, and do not access services when they need them. Finally, government services do not provide some important aspects of care to IDUs, such as dressings for wounds. Facilities are often located far away from where IDUS live (20). Government facilities continue to be characterized by low quality of care, and very long waits for clients referred (even when accompanied by Sharan's staff). (21).

Sharan is building its own “continuum of care model” by networking with other service providers, especially NGOs. Sharan’s outreach to the IDU community (who are often homeless and destitute) ensures that the organization maintains contact with these extremely vulnerable individuals and can provide ongoing support as well as monitor the developments in their lives. Sharan provides transport to various services needed by IDUS. The organization is also developing a training module to make hospitals more “friendly” to people living with HIV (this is supported by funds from Pop Council). This module, once implemented may help. Project staff is also developing a protocol to promote VCT, which until now has been under-promoted and under-utilized. Sharan has also networked successfully with the Emmanuel Hospital Association’s Delhi AIDS project for a mobile clinic (including medicines and medical personnel) for a 6 month trial period (21). Sharan has successfully negotiated with four NGOS and one government hospital to provide treatment of wounds and abscesses for IDUs (including the mobile clinic of EHA initiated in Q1 (20).

### Salvation Army Malawi

Youth programs are needed and missing in terms of addressing community needs. Also, the growing numbers of orphans contribute to food shortages, as community members must spend scarce resources on school fees and other related costs to care for these growing numbers (16).

National famine hinders and affects all programs trying to provide care and support. Food support is especially important to PLWHA, and programs must address, without exacerbating community level stigma issues. Also, based on community meetings, TI (traditional initiators and CSWs were identified as important high risk individuals/behaviors that must be specially targeted to reduce transmission, and numbers of people needing care and support. The community as an important service gap also identified training in orphan care (16). The Salvation Army is trying to address this with additional funds from other donors. In addition, support groups for surviving family members do not really exist, and there is a need for them (15).

The Salvation Army is coordinating with the COM to assess nutritional status, and assess efficacy of food supplements. It is also meeting with NAPHAM (national association of People living with HIV/AIDS in Malawi) to see about setting up a support group for individuals who test positive in Bangwe, where one does not presently exist. NAPHAM will also assist in referring individuals to TSA services, as well as to promote VCT. These partnerships will improve the project’s impact in homebased care services and VCT (15) The District Hospital has begun referring individuals to the project’s care and support program, now that individuals have been trained. As donors and the government see the important community response to project’s work, they are increasingly willing to commit resources and to partner. A district nurse may be seconded to the project for additional clinical assistance. FHI will help support the training for OVC volunteers, and the ministry of social welfare will be contacted to provide support

## Project Hope Honduras

In the first quarter, it was observed that PLWHA have a lack of knowledge about the law and legislation that affects them. This is a major need/gap that affects their ability to access treatment.

- Participation of Target Population

## PCI Zambia

In Zambia, retention of active community caregivers has posed a significant problem. During the quarter, the number of active caregivers dropped from 205 at baseline to 50. In the baseline assessment, lack of remuneration for their work was cited as a prime reason for drop out. The caregivers also mentioned lack of transport and the need to cover long distances, combined with the need to collect documents and make reports as an added burden to their work. The caregivers requested access to a loan to help support their families while they volunteer. The project is negotiating with the Royal Danish Embassy for support to establish a revolving fund. Negotiations with UNICEF and the Zambia Social Investment Fund are also under way to procure items such as bicycles, bags, shoes and umbrellas.

In the last quarter, PCI Zambia held focus group discussion with current and former caregivers. The following issues emerged:

- Caregivers are themselves affected by HIV/AIDS; many are widows and virtually all are caring for many children. The lack of remuneration for their work is a prime reason for drop-out.
- The lack of in-kind incentives (food, uniforms, etc.) and recognition were also cited as a major disincentive for volunteering.
- The lack of work related resources (gloves, raincoats, carrying cases, etc.) was also frequently mentioned.
- Access to loans through Bwafwano was greatly appreciated, but considered too limited (amounts and frequency).
- The caseload for caregivers is considered too high.
- The lack of transport and the need to cover long distances, combined with the need to collect documents and make reports at the Bwafwano center, also add to the heavy burden of work.
- Training was considered largely adequate, though additional training was requested in a couple of areas, including: understanding the types and use of different drugs and counseling skills.
- Some requested to be trained as trainers of other caregivers.
- The frequency and quality of supervision were generally considered satisfactory.
- There is a lack of clarity in the distinction between the role of a supervisor and the role of a caregiver. Related to this is the lack of specific training for supervisors.

Since the first two months of the third quarter coincided with the planting season, most caregivers spent more time in the field than in the community visiting and registering patients. As a result, fewer patients were visited and registered than in the last quarter. The planting season is very important to the volunteer caregivers as it is the only time they are assured of growing enough food to secure their families' food needs. The rains and lack of protective clothing also impeded the volunteers' efforts to reach patients.

With the training of more caregivers under the REACH program, it is hoped that the problem of losing caregivers to the field will be resolved as there will be enough caregivers who will be given turns to go to the field. The project will continue to solicit for funding outside the project for protective clothing for the rainy season. UNICEF donated a vehicle to Bwafwano that is expected to cut down transport problems the project has faced to reach patients in far-off places and to reach seriously ill patients regardless of unfavorable weather.

### CARE Rwanda

In Rwanda, follow-up field visits were conducted to finalize messages developed by partners mainly with, PLWA associations. All the groups finalized songs and drama messages they had developed during the BCC workshop held in December 2002 and have used the messages for HIV/AIDS awareness campaigns.

Members of PLWA association are currently helping youth groups in their districts/sectors to learn the messages and use them during campaigns to reach their peers. A more organized plan for message dissemination will be done in April in collaboration with CARE staff. The groups will be able to reach the very remote places as they start utilizing the sub-grants.

Leaders working under the local authority government structure such as social workers do not recognize Nkundabanas who volunteer to provide psychosocial support. This has contributed in slowing down implementation of their action plans on key psychosocial activities identified because of lack of appropriate support. Child Mentors (Nkundabana) have low level of education therefore their level of understanding and ability to learn new ideas is low, they require intensive regular support and follow -up. Understaffing of health service providers has hindered quick progress on developing referral tools in a participatory manner due to the heavy workload the staff are experiencing. Therefore it has delayed the action of connecting the service providers with associations of people living with AIDS for finalization of referral tools.

A workshop was organized, where local leaders, civil society representatives and Nkundabana came together to discuss vulnerability issues concerning PLWA and CHH. During the workshop the leaders were introduced to the CARE's approach of Nkundabana, and they get to know them and their work. Slowly the leaders and the rest of the community are getting to know these child mentors.

New initiatives within the organization (CARE) targeting Nkundabana are coming up, new activities with nkundabana will increase their capacities.

Regular formal and informal visits to health centers and meetings with the staff are slowly improving the relationship between the health service providers and the project, thus, creating awareness on the need to partner with associations of PLWA. This will facilitate the connection of the health centers with association of PLWA.

#### ICROSS Kenya:

- As this is voluntary work, not all community nurses approached were willing.
- Nurses employed by the government appeared overloaded by work
- The urban setting makes the spirit of volunteerism fragile.
- Recruitment of CHWs has been much easier due to the fact that most are self employed and/or live with relatives who are themselves HIV+.

Mobilization in all the target areas through the chief Barazas, AIDS committees and CBOs is ongoing. The community especially some of the chiefs still feel that the volunteers have to be given some allowance but the field staff have managed to explain to them the essence of Community Health Volunteers.

#### The Salvation Army Malawi

Among Village Headman, Community Action Team, Task Force, Care and Prevention Team, Traditional Initiators, there has been terrific community response (volunteer participation thus far). Community members attend IEC and discussions. The community seems to recognize that it will be responsible for sustaining this initiative (15) report.

#### Sharan India

Participation in World AIDS day, events hosted by people living with HIV (from Sharan, REACH project (20). This event was conducted during RAMADAN, and tried to link a widely practiced Muslim cultural event to the global response to HIV/AIDS. The participants were acknowledged by important religious leaders and were welcomed, in spite of their positive status, for the first time. People in the communities were eager to make contact with participants, and a constructive discussion was generated about the need for communities to accept and care for people living with HIV.

#### *RFA #2 Adolescent Volunteer Counseling Testing and Referral (VCTR)*

The second RFA grantees for Adolescent VCTR received the questions prior to the submission of their work plans. Because the questions were received in advance, many of the grantees developed strategies for collecting information specific to the lessons questions in their work plans. The grantees also included background information relevant to the questions in their first work plans. Five of the seven grantees have responded to the questions. The grantees that have responded are The Health Alliance

International (HAI) (Mozambique), FOSREF (Haiti), JHPIEGO (Ghana), ADRA (Nepal) and American Red Cross (Honduras). Responses to the questions are reported below.

- What is the effectiveness of post-test clubs in providing psychosocial support to positive adolescents and in helping positive and negative adolescents develop a prevention plan?

HAI has found that the most effective post-test clubs are those with religious affiliation or those that specifically support pregnant and postpartum women. However, overall very few post-test clubs have been formed in Mozambique and the majority of people who do test do not access the existing post-test clubs because they are not informed of their existence or because they are not conveniently located. There is also stigma against girls accessing post test clubs

JHPIEGO has created a database to track all partners and stakeholders that will help with referrals

- What are some lessons learned concerning youth peer educators?

No information is available at this time.

- What are some problems and solutions surrounding staff retention of youth volunteers?

HAI has found that retaining youth volunteers requires rather intensive ongoing support. Accordingly, the organization has started to implement a strategy to provide focused incentives, both monetary (school fees, etc) and otherwise (uniforms, trainings, field trips to other sites, etc), to a smaller contingent, as resources allow. Providing ongoing supervision to identify and overcome challenges also communicates to adolescents the importance of their work. Likewise, having health officials from the provincial directorate and NGO workers providing supervision demonstrates that both entities see their work as valuable.

Some of the other problems that have been harder to overcome include the retention of girl peer educators, due to numerous pressures (pregnancy, marriage, work). Also the concept of volunteerism is not well understood and often there is skepticism among parents as to why the organization is asking their adolescent children to “work for free”. The best solution HAI has found is to have smaller groups of youth peer educators and pay them small stipends as junior professionals.

- Are there policy and operational barriers to adolescent VCT services (participation of youth, age of consent)? How were barriers overcome? What about issues of confidentiality?

HAI mentioned that policy barriers exist related to the age at which parental consent for VCT is required (prior to 18 years), though YFHCs are well situated to provide

information on testing to youth and to counsel their peers on how to communicate their desire to be tested to their parents. In year one of operations, the HAI project plans to overcome this policy barrier via community meetings to introduce the benefits of testing services for youth. Advocacy at the national level will also be carried out to lower the parental consent requirement to 16 years, as has been done in neighboring Zimbabwe, which makes sense given that the national average for first birth is 17 years.

For the American Red Cross project, Honduran Law considers 18 years as the age of majority. All blood donors are older than 18. Those older than 18 will sign their own informed consent form before receiving VCT services. For homeless youth under 18 that are referred through the homeless coalition programs, legal consent will be obtained from the organization housing them, as Honduran law gives the shelter legal guardianship. Homeless youth under 18 that are not in shelter programs will need to have a parent's or legal guardian's consent prior to VCT. They are currently advocating to the ministry and have asked UNICEF to help. If the age is not changed they will draft parental consent forms.

Operational barriers for the HAI project include ensuring counseling and testing services are appropriate for youth, as the national training was designed for the general population. HAI proposes to include a qualitative planning and evaluation cycle that will focus on adolescent client satisfaction, combined with base utilization data, to troubleshoot quality control. In addition, problems surrounding the logistics of test kit procurement and delivery, data collection and management, and making and tracking referrals are all areas that need to be considered as potential weak points.

Quality control during VCT implementation at individual sites has been carried out via an initial six month period of intensive weekly monitoring visits with both HAI and provincial health authorities. This period was followed by ongoing monthly visits to troubleshoot in the areas of data management and general service delivery. Test delivery outside of the capital remains a barrier as the national health system has not developed a plan to systematically send tests and reagents to the provinces; thus, HAI plans to advocate at the national level that such a plan become a priority for the MOH in its national VCT strategy. Data collection has changed over the last year as the MOH has changed and lengthened the individual form, which has added to difficulties in management. The national policy has also changed from a central data management system to a computerized system at the site level, whereby individual VCT sites are outfitted with computers and are responsible for entering their own data. HAI is providing technical assistance to these sites which are having a good amount of difficulty adjusting to this system.

Finally, the tracking of referrals remains a high priority for HAI's project. To date the focus has been on the development of quality services to which VCT counselors could refer HIV+ patients. Thus a tracking system to monitor these referrals is a crucial next step.

For HAI, confidentiality has not been a problem, as most centers have been urban with high utilization and testing is anonymous. More rural sites were recently introduced

which have provided a new challenge to ensure confidentiality. This challenge has been addressed via intensive supervision and follow-up support training focusing on the importance of confidentiality, and a zero-tolerance policy for any lack of confidentiality.

The Honduran Ministry of Health policy on reporting requirements for HIV testing is not currently confidential since an epidemiological form is filed that has identifying information. However an agreement has been made with MoH officials that the epidemiological forms can be filed without the client's name given. Both the Honduran Red Cross (HRC) National Blood Program's and the MoH's database is managed by responsible professionals and access is limited, further insuring confidentiality.

In Haiti, there are no official policies yet on adolescent VCT services. The FOSREF project has implemented a policy whereby adolescents 19 years and older can receive VCT without adult consent. For adolescent school children less than 19 years, the project will require parental consent.

For confidentiality for VCT/HIV in Haiti, the youth express some concerns for the youth as post-test counselors (the ones who give the results of the test). They would prefer physicians, nurses or psychologists. For the pre-test counseling, there is no constraint. In the youth project, confidentiality has always been a priority, and it has always been addressed properly in rape / sexual violence cases / teen pregnancy / STI / etc.

In Ghana, JHPIEGO has found confidentiality to be a big issue and they are looking for a location that is private and accessible. They are also going to offer services two days a week and weekend evening services are needed.

In Nepal there are no national policy guidelines to orient district community leaders on VCT principles or on issues of parental consent. The project has therefore decided to provide VCT to all clients presenting at the clinic.

- Were there a significant number of youth interested in counseling without testing?

In general, HAI has found that everyone counseled has accepted testing. Fewer than 5 people in 2002 opted not to test after the counseling session.

HRC has found in their previous HIV prevention project that many youngsters are interested in counseling without testing. Many who considered themselves not to be at risk still desire correct information obtained in pretest counseling that can be useful to their understanding of HIV/AIDS. Much of this information is already included in the general preventive materials used by HRC youth peer educators.

- To what extent were the youth participants in VCT engaged in high risk behaviors?

HAI reports that according to GTZ, 60% of the participants of school clubs have reduced high-risk behavior since first attending the clubs. If a 60% reduction is possible, it

indicates that the baseline of high-risk behavior must be substantial among the school population as a whole, one of the major groups using VCT services.

In Nepal, ADRA has found that youth do not talk about their high risk behavior

In the HRC project, it is expected that all youth involved will be at risk for HIV because the two major target groups have been identified as being so through the prevention education activities (donor screening process for deferred donors; prevention activities for homeless youth).

- Special situations-rape and domestic violence: What are the lessons learned about how to support young rape victims or those with ongoing violence? How did the program try to accommodate these young people?

No information was reported for this question.

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## Appendix D

### Community REACH Program Strategy

#### I. Project Purpose

The Community REACH (Rapid and Effective Action Combating HIV/AIDS) Leader Award is a global USAID program funded through the Global Bureau for Health's Office of HIV/AIDS and designed to facilitate the efficient flow of grant funds to organizations playing valuable roles in the struggle against HIV/AIDS. The program promotes both scaling-up of successful programs and start-up of new programs with potential for demonstrable impact on the pandemic.

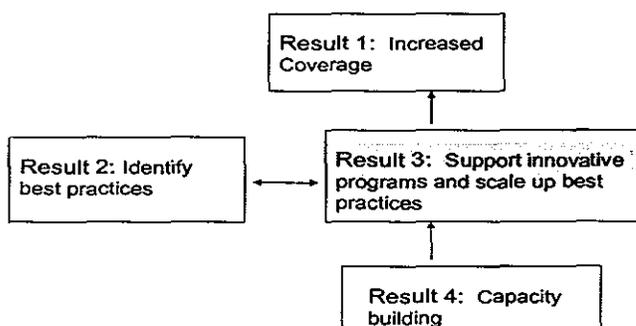
Managed by the international non-governmental organization Pact, with Futures Group providing monitoring and evaluation, this dynamic new USAID funding mechanism will quickly make funds available to non-governmental organizations (NGOs) to support HIV/AIDS programs that reach individuals, families, and communities most vulnerable to HIV infection and HIV-related consequences with the services they need most.

The project was developed to help USAID's Global Bureau meet identified critical global needs:

- Increased use of improved, effective and sustainable responses to reduce HIV transmission and to mitigate the impact of the HIV/AIDS pandemic. ~ *Strategic Support Objective 4*
- Strengthened and expanded private sector organizations in delivering HIV/AIDS information and services. ~ *Intermediate Result 4.4.*

Areas of intervention will encompass the entire HIV/AIDS prevention-to-care continuum. Figure 1 describes expected project results as a flowchart which begins with capacity building (Result 4) to achieve increased coverage of individuals and communities served by HIV prevention, VCT, and care and support services (Result 1). Community REACH will maximize the effectiveness and efficiency of grant funds by identifying and scaling up best practices of service delivery (Results 2 and 3). (See Attachment 1 for complete strategic results framework.)

Figure 1: Community Reach Project Results – a flowchart



## II. Project Background

Awarded in October 2001, Community REACH program has two components - the Leader Award and Associate Awards. The five-year Leader Award is centrally-funded and includes a competitive grants program and other activities supported through buy-ins. The ten-year Associate Award component allows USAID regional bureaus and country missions to work with Community REACH to develop NGO grant programs tailored to their specific geographic areas and needs. USAID funding for the Leader Award is available through September 2006 with an initial ceiling of \$40 million. The total obligation as of the end of fiscal year 2002 was \$6.31 million. Based on information from the program's CTO, Community REACH anticipates a sharp reduction in funding to \$2 million for FY03. Associate Award funding has a ceiling of \$80 million and an end date of September 2011.

Under the Leader Award, legally-established non-governmental and community-based organizations working on a local, regional or worldwide basis in selected countries are eligible to apply for grants in three categories: (1) primary prevention and education, (2) voluntary counseling and testing (VCT), and (3) care and support for those living with and affected by HIV/AIDS. Community REACH is conducting two to three competitive requests for applications (RFAs) per year. The number of RFAs, the funding level and length of individual grants depends upon USAID's fiscal year funding obligation to Community REACH. Grants are typically \$100,000 to \$300,000 for two to three years for projects starting 2002 through 2003. Grants for projects starting 2004 through 2006 will be offered for shorter project periods unless the Leader Award is granted an early extension by USAID-OHA.

The Associate Award mechanism is designed for USAID missions and bureaus that wish to develop and fund country- or region-specific grant making programs without taking on all the management burdens these may entail. The Associate Awards provide a rapid mechanism with a short procurement time frame to put resources directly into the hands of NGOs and community-based organizations (CBOs) working on HIV/AIDS. Under this mechanism, Community REACH assumes administrative responsibility for awarding and monitoring local grants, while missions and bureaus retain substantial technical involvement. Community REACH provides teams of program and grants management and evaluation experts to help missions design programs, manage grants competitions, conduct organizational capacity assessments, provide capacity-building and offer technical assistance to grantees on monitoring and evaluations.

Community REACH is now in its second year. To date, the program has completed two Leader Award solicitations; the first focused on care and support and the second on youth voluntary counseling and testing (VCT). The two solicitations generated over 200 applications from more than 20 countries which were submitted to rigorous review by panels of technical experts. Community REACH has selected for award fifteen grants in 13 countries. Eight organizations are now implementing care and support grants. The program chose seven NGOs to receive youth VCT grants. These awards are in process in early 2003. The total funding for the 15 grants is \$4 million.

- Program Years 2003-2004 (FY 03-04)

The project will continue to issue two to three RFAs for the next two years. The level of resources allocated for these RFAs depends upon the amount of funding obligated yearly by USAID to the program. During these years, Community REACH will focus on grant monitoring, looking for potentially promising approaches and documenting lessons learned by grantees.

- Program Years 2005-2006 (FY05-06)

During the final 18 to 24 months Community REACH will *not* issue standard RFAs due to the necessarily shortened funding periods. Instead, the program will reinvest in successful ongoing grants, offering additional funding to expand or extend activities. If the Leader Award receives an early extension from USAID, the project will consider issuing additional RFAs for new grants.

### III. Project Vision & Mission

#### Vision

Community REACH envisions communities united by courage and hope, equipped with strengthened capacity, and energized by ownership to lead an expanded fight against HIV/AIDS. This fight will result in decreasing transmission of HIV, better care for those living with HIV/AIDS, especially among the most vulnerable, and a safer, more interconnected world.

#### Mission

Our mission as Community REACH is to rapidly make support available to community-based HIV/AIDS programs that reach the most vulnerable groups that are unserved or underserved with the most needed services.

### IV. Guiding Principles/Values

The two partner organizations, Pact and Futures Group, are guided by the following principals and values:

**Pact** helps build strong communities globally that provide people with an opportunity to earn a dignified living, raise healthy families, and participate in democratic life. Pact achieves this by strengthening the capacity of grassroots organizations, coalitions and networks, and by forging linkages among government, business and the citizen sectors to achieve social, economic and environmental justice.

Key organizational values that guide its work include participation, networked communities, continuous learning, and peer partnerships.

**The Futures Group** provides management, marketing, research and strategic planning assistance to help clients make comprehensive, creative, and contextually-appropriate solutions today for the public health and social issues facing the world tomorrow.

The Futures Group works in developing countries to build local capacity for addressing critical issues. Futures seeks to make a positive difference in the world's response to public health and social issues, present thoughtful, strategic, and relevant policy and program options, and promote

an environment in which skilled, innovative, and dedicated researchers and practitioners can work to help improve the human condition throughout the world.

**Community REACH team** shared values include community participation, active stakeholder and target audience involvement, building capacity at the grassroots level, strengthening community-based networks and adding to the body of knowledge on effective responses to HIV/AIDS, by documenting lessons learned by Community REACH grantees.

## V. Strategic Direction

Community REACH provides a rapid response to the HIV/AIDS pandemic by achieving community-level impact in the hardest-hit regions and countries, specifically USAID priority countries. Most grants will be awarded for scaling up proven service delivery models or replicating these models in new geographic areas. To help strengthen and expand the capacity of private sector organizations working on HIV/AIDS, Community REACH require international private voluntary organizations (PVOs) applying for grant funds propose local partnerships with one or more local organization that provides formal capacity building and sub-grants. Community REACH will give preference to PVO applications that allocate at least 60% of their budgets to this partnership. Community REACH will also earmark 30% of its grant funds for awards to local NGOs and community-based organizations (CBOs).

### Key Elements of the Strategic Direction

#### 1. Geography and Scope

Community REACH will support programs in countries classified by USAID as "rapid scale up" and "intensive" countries. Under the current classification, Rapid Scale-Up countries include Cambodia, Kenya, Uganda and Zambia. Intensive countries include Ethiopia, Ghana, Malawi, Mozambique, Nigeria, Rwanda, Senegal, South Africa, Tanzania, Zimbabwe, India, Indonesia, Nepal, Brazil, Dominican Republic, Haiti, Honduras, Russia and Ukraine. Under the Leader Award, Community REACH will not support grants in "basic" category countries. The Office of HIV/AIDS will review these classifications regularly, making revisions as needed based upon changing realities.

Community REACH will aim for geographic diversity among its grants, balancing between regions. Community REACH expects that approximately half of its grants will be for interventions in Africa. The other half will be distributed among Asia and the Near East, Europe, Eurasia, and Latin American and the Caribbean. The project expects to cover most if not all of the 23 priority countries, although this is contingent upon USAID mission participation and receiving quality proposals.

Community REACH grants will serve the district level and below. USAID missions wishing to support country-wide, comprehensive NGO programs may consider the Associate Award mechanism.

#### 2. Interventions

The Community REACH program was designed to cover three broad areas encompassing the entire HIV/AIDS prevention – care continuum to be the focus of the grants. These were (1) primary prevention and education, (2) voluntary counseling and testing, and (3) care and support for those living with and affected by HIV/AIDS. Community REACH acknowledges the interconnectedness among these three areas and supports grants that allow for overlap and respond to real needs at the community level. Community REACH's target population will vary by country and encompass those most vulnerable groups. Community REACH will design its RFAs to encourage innovative and potentially replicable models that respond to the many different facets of the HIV/AIDS pandemic.

Themes for future RFAs will fall into two basic categories: "recognized best practices" and "promising innovations." Specific definitions will be refined, but generally "recognized" will refer to

documented, research-based best practices acknowledged to be effective by the international HIV/AIDS community. "Promising innovations" refers to community-level interventions that are based on sound programming principles (e.g. community mobilization; PLWHA involvement) and are documented to be effective within the limited community context. These interventions are not necessarily being replicated elsewhere nor are they well documented at a regional or international level. Community REACH will work to identify those technical areas. Community REACH will design its RFAs to encourage innovative and potentially replicable models to respond to the many different facets of the HIV/AIDS pandemic.

### 3. Best Practices and Promising Approaches

Community REACH will provide funding both to scaling up recognized best practices and to promising community-based interventions. Community REACH will award grant funds to projects that scale up established best practices, either through expansion in a given country or replication in a new country or location. Other awards will be available for piloting new approaches—particularly where best practices are not commonly identified or acknowledged by the HIV/AIDS program community.

All grantees will be asked to reflect on and analyze their implementation practices, according to the above, in their quarterly reports and annual work plans. Through this process, grantees will be encouraged to identify circumstances that were very important for the development of the practice and which parts were crucial for success and which parts should be taken into account by others who want to adapt or adopt the practice.

The identification of "best practices" and promising approaches through grantee reporting may also help generate hypotheses about effective interventions that may be later be tested by other organizations in other settings through the use of more rigorous quantitative methods. Community REACH will prepare a synthesis on these practices and approaches on an annual basis.

### 4. Linkages.

Community REACH anticipates that its grants to NGOs will be a component of larger scale initiatives and/or national programs. The program will encourage and foster linkages to networks, to other donors, and to local USAID mission programs as a way of encouraging grantees to establish close coordination and collaboration with other groups providing complementary services. These may include hospitals, clinics, government programs, community groups, PLWA support groups, STI treatment facilities and others. Community REACH will require that grant applications demonstrate the above. The program does not plan to fund stand-alone interventions.

### 5. Capacity Building

Community REACH does not provide extensive, formal capacity building technical assistance to its grantees. Nevertheless, Community REACH will provide informal capacity building technical assistance when opportunities arise during project management. Such opportunities include monitoring visits and guidance given to NGOs related to work planning, financial reporting, and monitoring and evaluation plan development. Capacity building may be tied into ongoing, existing technical assistance provided through both Pact's country program infrastructure and USAID SO4 cooperating agencies (CAs) with similar or larger mandates in NGO capacity building, operations research or NGO grant-making. For example, Community REACH expects to collaborate with Population Council/Horizons, the International HIV/AIDS Alliance, FHI/YouthNET and the new CORE project.

To foster this collaboration, Community REACH, together with its CTO, will:

- Make RFA focus/themes known early
- Provide information on grants funded under Community REACH
- Encourage formal partnership within our grants
- Share information regularly with CAs.

## 6. Program Advisory Committee

Community REACH will form and activate a small program advisory committee to serve as program advisors. The committee will meet once a year to assist the Community REACH team in a yearly review of its strategy and refining of the project's RFA themes and process. The committee members will include youth, PLWA, an NGO expert and other target population stakeholders in addition to technical experts with crosscutting skills, with one or two members from overseas.

## 7. Timeline

Community REACH's detailed program timeline is in Attachment 2.

## VI. Learning Agenda

As a result of the review processes for Community REACH's first two RFAs, the program team identified three broad, crosscutting themes that will form the learning agenda. These broad thematic areas will be used to reflect on grants made under all of Community REACH's RFAs, and are defined as: 1) referrals/linkages, 2) participation of target population, and 3) policy and operational barriers.

For each RFA, the Community REACH team, with input from technical experts, will develop two to three general "lessons learned" questions under each of the three themes during the full application review process. Upon receipt of their awards, grantees will be given these questions and asked to provide responses to these questions quarterly and annually.

The Community REACH team will use these responses to look for promising approaches and/or potential best practices. The experiences of the grantees in these areas will be summarized in Community REACH annual reports as stated in the strategic results framework.

While the learning agenda will depend completely on grantee responses to the questions within the three thematic areas, the limited budget for evaluation in Community REACH makes this approach the most feasible.

The Community REACH team will actively seek additional opportunities to conduct and participate in research related to the interventions supported by program grants. In FY02, USAID made funding available for operations research on OVC which will fill in some of the gaps in that area as well as developing a replicable protocol for wider use. The team will explore other possible collaborations, including with FHI/YouthNET related to youth and VCT, seeking funding from various sources to support this research.

## VII. Strengths of Community REACH

Strategic assets of the management team and special advantages of the funding mechanism include:

- A rapid RFA dissemination, review and award process was in place quickly and is working currently.
- Funding of recipients not typically funded by USAID, either directly or through sub-grants, is explicitly anticipated and planned.
- Funding of programs aimed at providing the most needed services to the most vulnerable populations.

- The combined technical skills of partner organizations specifically Pact's management of complex global grant-making programs, practical implementation of Leader with Associate awards, global institutional strengthening, and Futures Group's monitoring and evaluation of HIV/AIDS programs support effective programming.
- Commitment to and practice of teamwork between Pact and Futures Group enables open, transparent project management.
- The opportunity for leveraging additional funding from mission budgets for HIV/AIDS programs at the country level provides additional programmatic flexibility and responsiveness.

### **VIII. Challenges Remaining for Community REACH**

A number of challenging issues inherent to the project and/or the funding mechanism remain to be resolved. Community REACH will adopt the following approaches to address these challenges.

#### *Leader Award Level of Funding*

Due to the FY funding obligation mechanism of USAID, the annual level of funding for Community REACH is unpredictable. While our strategy assumes the funding levels specified in our Leader cooperative agreement under a \$40 million ceiling, the first two fiscal year obligations have been significantly below the expected ceiling. Therefore, our strategy will need to remain flexible. During yearly reviews, the team may have to make adjustments in accordance with our financial reality.

#### *Associate Awards*

During the first year of the program, no USAID missions have made an Associate Award to Community REACH. However, USAID/W has since awarded a number of LWA cooperative agreements and mission understanding of the mechanism seems to be growing. Based on the stakeholder interviews with missions and USAID/Washington, the following next steps are planned as a way to "market" the Associate Award mechanism:

- In December 2002, team prepared a discussion paper to supplement the Community REACH brochure;
- Community REACH team and CTO conduct meetings in Washington whenever mission staff are in town;
- Community REACH team and CTO educate USAID Office of HIV/AIDS (OHA) staff who work on strategy design teams, targeting those who will participate on teams in eligible countries developing those countries' HIV/AIDS strategies.

#### *Capacity Building*

To the extent possible within our budgetary constraints, Community REACH will support technical assistance directly for its local NGOs. Whenever appropriate, the program will access available Pact country/regional resources to provide assistance. The team will work to identify other creative capacity building options, such as requiring international PVOs to include building local partners' capacity in their applications and linking grantees to opportunities available through other USAID CAs. When Community REACH identifies a need for capacity building that it is unable to meet, the team will strive to identify other affordable resources to assist. Such needs could include financial accounting, meeting grant reporting requirements, data collection and analysis and other monitoring and evaluation needs.

#### *Documenting and Sharing Lessons Learned*

The current structure of the Community REACH budget and scope of work limits the program's ability to critically analyze and synthesize overarching lessons learned. Information the grantees will submit in quarterly reports and annual work plans will be the norm at this time. The team will explore funding opportunities for operations research and other options for addressing Community REACH's learning agenda.

Contingent upon availability of funds, Community REACH will assess the feasibility of convening a mid-project grantee workshop focusing on lessons learned. This would be held prior to the end of FY04.

*Staying Aligned with Focus, Strategy, Directions*

Community REACH principals, the Program Advisory Committee and key USAID personnel will meet and review the strategy versus actual performance in July/August each year. While it is anticipated that this will happen throughout the project period, this yearly review will be incorporated as part of the annual work plan development process. Any revisions made including any updated strategy will be documented and included as part of the early preparation process for upcoming RFAs, overall project evaluation and reporting.

**IX. Outcomes/Results/Strategic Goals & Objectives**

Community REACH has developed a strategic results framework for the program. (See Attachment 1) The following are results for which Community REACH is directly responsible and illustrative targets for high, medium and low scenarios for these are as follows:

- Result # 3: Grants managed efficiently

	High	Medium	Low
# RFAs issued	10	8	6
# proposals received	1,100	800	600
# grants awarded	70	50	40
\$ awarded	\$35 M	\$25M	\$10 M
# Associate Awards received	7 for \$80M	5 for \$50	3 for \$25M

Efficiency of grants-awarding procedures: Award grants within 16 weeks of solicitation (RFA)  
 Selection process: 10 weeks  
 Award process: 6 weeks

- Result #4: Increased local capacity

# documented lessons learned	5
# organizations with strengthened technical skills and management systems	minimum of 35
# organizations participating in coalitions	minimum of 50

Community REACH has intentionally set these targets high based upon the original projected funding levels when USAID designed the program. This is meant as a challenge for the program. The team is cognizant of the possibility that the program will be unable to meet its targets and that some of the reasons for this are not within the control of the program.

**X. Prospectus of Possible RFA Themes**

RFA themes will be drafted as narrowly as possible to ensure impact and to limit the number of applications and focus the relevance of the applications. The following RFA themes suggested for FY03 and FY04 represent current, emerging, and high priority areas:

- Reducing stigma and discrimination through innovative and proven effective approaches (GIPA) – January 2003
- Prevention for younger adolescents (ages 10-14) in vulnerable settings
- Targeted interventions for sex workers (both female and male) scaling up best practices
- Two or three RFAs with focuses on gender-based violence, men who have sex with men (MSM)

The final selection of RFA themes must also take into consideration the current political climate in which the program is working. Community REACH will seek USAID CTO approval prior to deciding on each theme.

Other possible focuses for subsequent years:

- Integrated programs (reproductive health/family planning -RH/FP models) in high prevalence countries (late 2003 or 2004.) [Suggest reviewing the literature before developing this theme.]
- Prevention for youth (e.g. behavior change communication (BCC), peer education; adult-youth partnerships; school-based programs, edutainment)
- Prevention for PLWA, or prevention through PLWA (such as post-test clubs, PLWA networks Network and coalition building)
- Community mobilization/advocacy

In developing the individual RFAs themselves, Community REACH will more clearly define and narrow the themes; clarify the balance of innovation versus scale-up for each focus; and determine when in the life of the project the proposed focus holds the most promise for effective projects.

*Areas and Themes outside Community REACH's focus*

Certain interventions will be excluded because they are highly medicalized and do not fit within the parameters of the Community REACH focus on community-level, community-based programs focus. Government programs are in a better position to provide these services. They include

- Hospital-based services
- Direct provision of anti-retroviral (ARV) treatment for PLWA and PMTCT
- Direct provision of tuberculosis (TB) treatment, and
- Management of sexually -transmitted infection (STI) treatment programs

Further, at least for 2003, RFAs will not focus on programs targeting injection drug users (IDUs) because of the current federal government restrictions on domestic funding for needle exchange activities.

**Attachment 1: Community REACH project results framework**

Level	Result	Indicators	Data Sources
Outcome	1. Increase number of individuals served by HIV prevention, VCT, and care and support services	<ul style="list-style-type: none"> <li># individuals reached (by target population, service provided, and country)</li> </ul>	Annual and Quarterly reports
	2. Identify potential "best practices"	<ul style="list-style-type: none"> <li>Syntheses in reports on select topics issued (e.g. scaling up, innovative approaches, and satisfaction of beneficiaries)</li> </ul>	Annual and Quarterly reports
Process	3. Support Programs through the efficient awarding and management of small/medium grants	<ul style="list-style-type: none"> <li># RFAs issued</li> <li># proposals received</li> <li># grants awarded</li> <li>\$ awarded</li> <li>Efficiency of grants-awarding procedures</li> <li>Satisfaction of USAID/W stakeholders</li> <li>Satisfaction of USAID missions</li> <li>Satisfaction of grantees</li> </ul>	Project records  Consumer Satisfaction Surveys to be done by e-mail
Support	4. Increase local capacity to respond to the HIV/AIDS epidemic	<ul style="list-style-type: none"> <li># organizations with strengthened management systems</li> <li># organizations with strengthened technical skills</li> <li># organizations participating in coalitions</li> </ul>	Quarterly Reports (See Table 1)

50

**Community REACH project**

**Table 1 Tool to track indicators under Support result 4: Increased local capacity to respond to the HIV/AIDS epidemic**

Technical Assistance (TA) provided by your organization

Type of TA provided	TA provided by	TA provided to	Type of organization	How TA was provided	Type & #s people trained	Duration of TA	Results of TA	Follow-up TA planned
(Technical area e.g. HBC, Finance etc.)	(title of staff)	(name of organization)	(CBO, Faith-based, govt)	(workshop, site visit etc)	(counselors, peer educators etc)	(# of days)	(new activities implemented, new service delivery etc)	(Yes/no)

TA received by your organization

Type of TA received	TA provided by	TA provided to	Type of organization	How TA was provided	Type & #s of staff trained	Duration of TA	Results of TA	Follow-up TA planned
(Technical area e.g. HBC, budgeting etc.)	(title of staff)	(name of organization)	(INGO, UN, govt)	(workshop, site visit etc)		(# of days)	(new activities implemented, new service delivery etc)	(Yes/no)

## **Appendix E**

### **Community REACH Grantee Beneficiary Stories**

#### **CARE Rwanda Beneficiary Story**

##### **Living Positively**

After the loss of her husband Beatrice MUHAWENIMANA, 33 years, suspected that he was HIV/AIDS positive. The husband had never gone for an HIV test, and before he died they consulted local traditional healers for many times but his life deteriorated till he died. Beatrice got advice from other women who were already in an association of people leaving with AIDS called DUTERANINKUNGA to go and check her sero-status, because she was falling sick and had skin infection. When she went for the test she found out that she was positive, and she decided to join the association in 2001. Beatrice is happy because her 2 children are not infected with AIDS.

She says that through the association in collaboration with CARE she has been able to improve her life. She was able to deal with stigma, which to her is a very important thing to a person with AIDS to continue living positively. Because her children are not positive she got the courage and a reason to work hard for them so that even if she dies they are left with some assets however small to continue schooling or to meet other basic needs in life.

The nutritional support she gets through CARE's LIFE project food assistance project component has made it possible for her to save some money and invest in small business. She has been selling small merchandise in the market to generate income. The income takes care of school fees (primary school), cloths for her and the children. She has also been able to repair her house, which was in a bad condition. She had to sell most of the family assets to get money to pay for medicines of her husband when he was very ill.

She has been elected to be the accountant of the association, and since then she is sent for various seminars and training's which has improved her skills. Because of the improved skills that she now has she feels that she is respected by many people including other members of the association because of her contribution through the work she does for the association. Neighbors have accepted her since she does not ask for help from them as they initially thought she was going to be a burden to them as they had started shunning her company.

When REACH project started in 2002, together with other association members, she has been going for training and has learned how to improve her skills in fund management, and other organizational matters. She hopes for a much better life in future as they work with REACH project.

Through various training's provided by NGOS she is no longer lonely, she is able to provide home care to other sick people from the association and also give her personal testimony on how she has lived with HIV to others in an effort to fight against the spread of HIV.

## **Appendix E**

### **Community REACH Grantee Beneficiary Stories**

#### **Project Concern International – Zambia**

With Community REACH funding PCI is helping to build the capacity of the Bwafwano Home-based Care Organization to scale-up services to orphans and vulnerable children. Below is a story of an orphan who has been helped by Bwafwano.

##### **The Story of Paul Chibesa**

My name is Paul Chibesa and I am 12 years old. I am an orphan who was until recently heading a household of five siblings. I took up the responsibility of taking care of my four young brothers and sister after my mother died in June 2002.

I still can't believe that I once had caring parents. The first one to die was my father in 2000. Life after my father was not as hard as life after my mother. My mother worked very hard to provide for us. We continued going to school and we could eat at least two meals a day. Things changed drastically when my mother died.

When none of my parents' relatives was willing to offer us shelter, my siblings and I moved to an unfinished abandoned house. My older brother, Micheal, 14, could not stand the sudden suffering we were exposed to so he ran away from us. I still remember the day he left home assuring us that he was going to the shops to beg for food. That was the last day we saw him. Some of my friends say they see him in town begging for food and money. I was so upset with my brother-how could he leave his young siblings with nothing at all? My youngest sibling, Morgan at the time was only 6 months old and he used to cry perpetually for food. I promised my younger siblings when my brother left that I was not going to abandon them.

I started to do all sorts of odd jobs to raise money. Whenever I went out to raise money, I had Morgan on my back. The jobs I did ranged from assisting shoppers with luggage to drawing water for community members at a fee. All the money I raised went into buying food for my brothers and sister. I used to make sure that Morgan eats at least one meal a day.

Then one day my cries and my prayers were answered. In July 2002 Bwafwano OVC caregivers were going round the community registering OVC who needed assistance. One Good Samaritan referred them to where we staying. Immediately the caregivers saw us, they took us to Bwafwano to interview us and record the details in the OVC register. I could see that Mrs. Chola (Director of Bwafwano) was touched. She immediately asked to see where we were staying. As soon as she saw our place, she arranged for us to move in with one of her caregivers (who was also willing to assist) because she said the house we were staying in-with no roof, was not conducive for young children like us.

To my siblings and me, Bwafwano is like a father and a mother. We are all attending community school and we are getting three meals a day. Look at the way my little brother Morgan is looking now, if you saw him three months ago, you wouldn't believe

## Appendix E

### Community REACH Grantee Beneficiary Stories

he is the same child you are seeing now. Morgan no longer looks as malnourished as he looked before Bwafwano came to our aid. Bwafwano should continue with the good work they are doing to orphans like myself. May God bless you all!



Paul, standing with Morgan in his hands, and from left his brothers John and Saidi and his sister Doris.

### **SHARAN - Society for Service to Urban Poverty-India**

With Community REACH funding SHARAN is addressing stigma and discrimination against injecting drug users (IDUs) by working to sensitize health care and outreach workers in their community. SHARAN also refers IDUs for HIV testing and post-test counseling. Below is an excerpt from SHARANs journal of activities.

#### ***SHARAN Journal of Events: Seeking Admission for an Injecting Drug User (IDU) with a Serious Health Condition.***

##### **10.30am**

An individual from Agra came into the SHARAN drop-in center with a large open wound that was the result of intravenous drug use (IDU.)

##### **10.45am**

The Sharan doctor recommended that he immediately be taken to the hospital as the wound appeared to be infected with gangrene.

## **Appendix E**

### **Community REACH Grantee Beneficiary Stories**

#### **11.30am**

Sharan staff took the patient to the emergency department of LNJP, a large government hospital within a few kilometers of the drop-in center. Staff were then instructed to take him to the Out-Patient Department (OPD.)

#### **11.40am**

The patient was registered by Sharan staff at the desk in the OPD and then preceded to a doctor for medical consultation.

#### **1.45pm**

The doctor inquired how the abscess formed and was told that it is a result of ID Usage. After writing a 'precautionary' card to a hospital nurse stating that the patient may be infected with HIV/AIDS, he referred the patient to the emergency room so that the wound could be dressed.

#### **2.10pm**

The doctor in the emergency department told the patient to wait outside the minor operating theatre and submit the card the doctor had given him there.

#### **4.30pm**

After waiting for more than two hours, the patient still had not been called for treatment. Sharan staff inquired about the delay and found out that his card was being kept at the bottom of the pile and was of the least priority. When they complained to the doctor, he said that a more senior doctor in the main operating theatre should deal with this case.

#### **4.35pm**

The senior doctor recommended that the patient go for an HIV test. When challenged about the need for the test, the doctor said that it was a hospital policy to do HIV tests on all injecting drug users. He refused to carry out any further activity without the test. Six hours after arriving at the Sharan drop-in center, the patient left LNJP hospital, without any medical treatment. He was refused treatment on the basis of his being an IDU and suspected of being HIV positive.

#### **Follow up**

There is only one place in Delhi, the Michael Care Home (MCH), a residential AIDS care facility, which would provide medical care to this patient. However, the co-founding factor in gaining admission to MCH is that individuals who are HIV positive are preferable. The staff at MCH received him two days later, but they wanted to know what his HIV status was. The patient was provided with pre-test counseling and he chose to have an HIV test.

### **Project Concern International – Zambia**

With Community REACH funding, Project Concern International is helping to build the capacity of Bwafwano Home Based Care Organization to scale-up its services to PLWHA and TB patients. Below is a story of a Bwafwano home based care provider.

## **Appendix E**

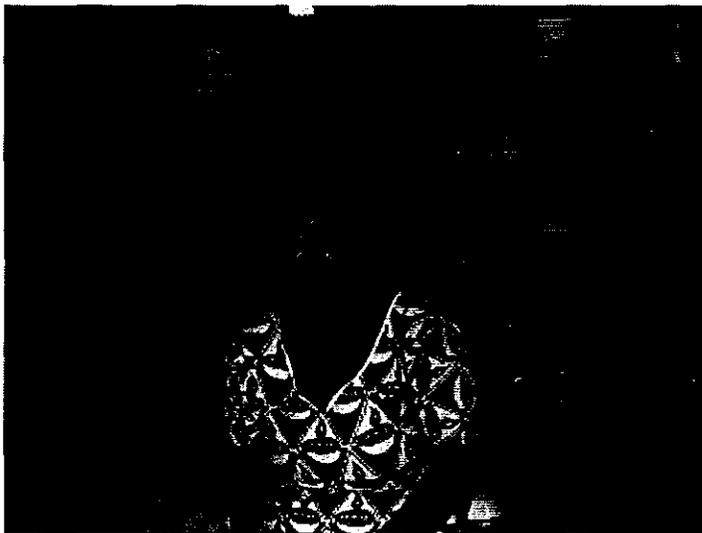
### **Community REACH Grantee Beneficiary Stories**

#### **The story of Volunteer caregiver – Chika Njovu**

My name is Chika Njovu and I am 57 years. I started my volunteer work as an HBC caregiver in 1998 and I have never looked back since. Something strong tells me my calling in life was to do this kind of work. Whenever I wake up everyday I am elated because I know I am going to make a difference in somebody's life.

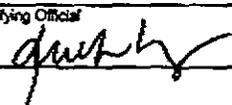
Empathy for the sick people drove me into joining Bwafwano to provide home care services right in the community. It pained me everyday when I visited my fellow community members who were too sick to visit the health center or to look for food. Immediately I heard of the work Bwafwano was doing I knew that was the kind of work I had always wanted to do. The days of my work are filled with both sad and happy moments. I have shed tears in my work when I lose patients-I have lost 20 patients since I started work, but I have also shed tears of joy to see lives of about 100 of my patients prolonged because of the extra care we are providing them.

I have been a widow for the past 7 year but this has never made me relent in my work. I know there are some people in my community who need my assistance as much as my 7 children and 5 grand children. It has not been easy living home everyday and not taking an income at the end of the month. I have been involved in a backyard business of selling vegetables ever since my husband died. The money I raise from this small business goes into buying food for my children. I know some of my friends can't cope with this kind of volunteer work and I can't blame them because they also come from poor households that require assistance. But this kind of illness (HIV/AIDS) that has befallen us calls for a concerted community effort. If we don't care for our fellow community members, nobody else will and we will lose all our energetic young men and women. You need to have 'ichikuku' (local term for compassion) for you to do this kind of work because if you don't, you will not succeed in your work.



***Chika Njovu***

**FINANCIAL STATUS REPORT**  
(Long Form)

1. Federal Agency and Organizational Element to Which Report is Submitted United States Agency for International Development		2. Federal Grant or Other Identifying Number Assigned By Federal Agency GPH-A-00-01-00007-00 ✓		OMB Approval No. 80-R0180	Page 1	of 1 pages		
3. Recipient Organization (Name and complete address, including ZIP code) Pact, Inc. 1200 18th Street, N.W. Suite 350 Washington, DC 20036 <b>COMMUNITY REACH</b> ✓								
4. Employer Identification Number 13-2702768		5. Recipient Account Number or Identifying Number LOC# HHS-19B3P		6. Final Report <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		7. Basis <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual		
8. Funding/Grant Period (See Instructions) From: (Month, Day, Year) 28-Sep-01 ✓ To: (Month, Day, Year) 27-Sep-05 ✓			9. Period Covered by the Report From: (Month, Day, Year) 1-Jan-03 To: (Month, Day, Year) 30-Mar-03 ✓					
10. Transactions:								
		I Previously Reported		II This Period		III Cumulative		
a. Total outlays		✓ 1,170,043.77		✓ 578,887.81		✓ 1,748,931.58		
b. Refunds, rebates, etc.		0.00		0.00		0.00		
c. Program income used in accordance with the deduction alternative		0.00		0.00		0.00		
d. Net outlays (Line a, less the sum of lines b and c)		✓ 1,170,043.77		✓ 578,887.81		✓ 1,748,931.58		
Recipient's share of net outlays, consisting of:								
e. Third party (in-kind) contributions		0.00		0.00		0.00		
f. Other Federal awards authorized to be used to match this award		0.00		0.00		0.00		
g. Program income used in accordance with the matching or cost sharing alternative		0.00		0.00		0.00		
h. All other recipient outlays not shown on lines e, f, or g		0.00		0.00		0.00		
i. Total recipient share of net outlays (Sum of lines e, f, g and h)		0.00		0.00		0.00		
j. Federal share of net outlays (line d less line i)		✓ 1,170,043.77		✓ 578,887.81		✓ 1,748,931.58		
k. Total unliquidated obligations		[REDACTED]				3,764,069.58		
l. Recipient's share of unliquidated obligations						0.00		
m. Federal share of unliquidated obligations						3,764,069.58		
n. Total federal share (sum of lines j and m)						5,512,969.94		
o. Total federal funds authorized for this funding period						6,310,800		
p. Unobligated balance of federal funds (Line o minus line n)						797,830		
Program income, consisting of:								
q. Disbursed program income shown on lines c and/or g above								0.00
r. Disbursed program income using the addition alternative								0.00
s. Undisbursed program income								0.00
t. Total program income realized (Sum of lines q, r and s)						0.00		
11. Indirect Expense ***								
a. Type of Rate (Place "X" in appropriate box) <input checked="" type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input type="checkbox"/> Fixed								
b. Rate Direct 30% Subgrant 2.50%		c. Base 102,743.21 434,459.94		d. Total Amount 41,684.46		e. Federal Share 41,684.46		
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.								
13. Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents.								
Typed or Printed Name and Title Evelyn Miyasato Vice President of Finance				Telephone (Area code, number and extension) (202) 406-5686				
Signature of Authorized Certifying Official 				Date Report Submitted 30-Apr-03				

PACT, INC.  
 PROJECT: COMMUNITY REACH  
 Project life from Sept. 28, 2001 to Sept. 27th, 2004  
 Report for the period Jan. 1, 2003 to March 30, 2003

PCT  
 2002012

Date BL# / A/C code	Budget Head/Subhead	FY 2002 Budget	[Oct 01 - Sept 02]		[Oct 02 - Mar 03]		[Oct 01 - March 03] CUMULATIVE EXPENSES	[Oct. 01 - Dec. 02] Net Outlays Previously Reported	[Jan-Mar. 03] Current Period	Project Life Obligated Budget	Project Life Obligated@Budget Balance	
			FY02 Expense	Balance	FY 2003 Budget	FY03 Expense						Balance
1	PERSONNEL	333,264	279,937.51	52,346.48	435,857.00	171,245.36	284,611.64	442,162.87	359,884.88	82,588.01	400,000	(42,183)
2	CONSULTANTS	40,000	35,315.46	4,684.54	80,000.00	25,854.89	34,345.11	80,873.38	89,337.90	1,638.75	70,000	9,027
3	TRAVEL & PER DIEM	50,010	10,172.05	39,837.95	68,800.00	13,907.07	51,882.93	24,079.72	19,199.54	4,880.18	60,250	38,170
4	EQUIPMENT/SUPPLIES	30,883	29,851.30	1,031.70	3,200.00	0.00	3,200.00	29,881.30	29,551.30	0.00	25,000	5,448
5	OTHER DIRECT COSTS	34,910	22,742.23	12,167.77	36,131.09	8,679.73	27,551.27	31,321.86	29,222.28	5,089.70	55,000	23,878
6	GRANTS & PARTNERSHIPS	4,180,000	169,767.69	4,010,232.31	4,180,000.00	418,784.82	5,786,215.08	583,552.81	417,720.80	165,832.11	4,984,905	4,281,252
7	OVC-OR				350,000	46,949.83	313,050.17	46,949.83	0.00	46,949.83	80,000	13,050
8	TOOL-KIT				100,000	7,792.96	92,207.04	7,783.94	632.85	7,151.31	100,000	82,208
9	CONGO IRC Other				567,900	321,861.00	245,039.00	321,861.00	100,303.00	221,678.00	350,000	28,019
	SUB TOTAL	4,648,067	638,889.84	4,130,867.16	7,807,888.00	1,811,275.82	6,796,712.88	1,649,784.86	1,012,861.71	537,263.18	6,895,855	32,141
	OVERHEAD	226,317	115,030.88	119,286.16	378,774.00	88,135.87	292,638.33	189,198.52	157,482.68	41,684.48	314,845	115,778
	GRAND TOTAL	4,874,384	753,920.72	4,250,153.32	8,186,662.00	1,900,411.69	7,089,351.21	1,748,983.38	1,170,344.39	578,947.66	7,210,700	147,919
	Overall total	4,874,384	753,920.72	4,250,153.32	8,186,662.00	1,900,411.69	7,089,351.21	1,748,983.38	1,170,344.39	578,947.66	7,210,700	147,919

OH rate on Direct exp  
 OH rate on Subgrant/Partners

20.00%  
 1.77%

30.00%  
 2.50%

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