BUILDING CAPACITY WORLDWIDE

Pact

Community REACH

Pact's HIV/AIDS Rapid Response Mechanism

October 2004 to September 2005 Annual Report

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community REACH

rapid and effective action combating HIV/AIDS

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LIST OF ABBREVIATIONS AND ACRONYMS

AED - Academy for Educational Development
APS - Annual Program Statement
ARV - Antiretroviral
CABA - Children Affected by AIDS
CATF - Community AIDS Task Force
CBO - Community-based organization
CDC - Centers for Disease Control
CEDPA - Center for Development and Population Activities
CHW - Community Health Workers
COCIN - Church of Christ in Nigeria
Community REACH - Rapid and Effective Action Combating HIV/AIDS
COP - Country Operational Plan
CSM - Condom Social Marketing
CTO - Cognizant Technical Officer
DCOF - Displaced Children's and Orphans Fund
DfID - UK Department for International Development
FBO - Faith-based organization
FEBS - Foundation Esther Boucicault Stanislas
FHI - Family Health International
FOSREF - Foundation for Reproductive Health and Family Education
FP - Family Planning
FY - Fiscal year
GIPA - Greater Involvement of People with HIV/AIDS
GMR - Greater Mekong Region
HAI - Health Alliance International
HBC - Home Based Care
ICW - International Community of Women Living with HIV/AIDS
ICROSS - International Community for the Relief of Starvation and Suffering
IEC - Information, Education and Communication
IDU - Intravenous drug user
IGA - Income Generating Activity
INGO - International non-governmental organization
IRC - International Rescue Committee
JAAIDS - Journalists Against AIDS
LCI- Lott Carey International
LOP - Life of Project
M & E - Monitoring and evaluation
MARP - Most-at-risk population
MCDI - Medical Care Development International
MER - Monitoring, Evaluation and Reporting
MOH - Ministry of Health
MSM - Men who have sex with men
MOU - Memorandum of Understanding
NAPWA - National Association of People Living with AIDS
NGO - Non-governmental organization
NRC - Nepal Red Cross
OCA - Organizational Capacity Assessment
O/GAC - US Office of the Global HIV/AIDS Coordinator
OHA - Office of HIV/AIDS
OVC - Orphans and vulnerable children
PCI - Project Concern International
PEPFAR - President's Emergency Plan For AIDS Relief
PLWHA - People living with HIV/AIDS
PMTCT - Prevention of Mother to Child Transmission
PVO - Private voluntary organization
RFA - Request for applications
RHAP- Regional HIV/AIDS Program for Southern Africa
ROC - Republic of Congo
REIPER - Reseau des Intervenants sur le Phenamene des Enfants Vivant et Travailland dans le Rue
RH - Reproductive Health
SA - South Africa
STI - Sexually Transmitted Infection
TB - Tuberculosis
TOT - Trainer of Trainers
USAID - United States Agency for International Development
USG - United States Government
VCT - Voluntary counseling and testing
WHO - World Health Organization

I. INTRODUCTION

Community REACH completed its fourth year of funding under the Leader Cooperative agreement on 30 September 2005. During this fiscal year, the program awarded 30 grants (including Buy-in Associate awards) for a total of $4.5 million dollars. Since the program's inception, Community REACH has awarded a total 69 HIV/AIDS grants in 22 countries. These grants undertake activities in care and support for OVC and PLWHA, youth VCT, reduction of stigma and discrimination, positive prevention and treatment. The table below is a summary of the program's major accomplishments in FY05.

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.

MAJOR ACCOMPLISHMENTS
✓ Award of five new global grants to local NGOs and six transition grants to successful ongoing projects totaling $1.1 million
✓ Solicitation under two RFAs for $2.1 million in new awards
✓ Close-out of 17 grants of which 11 are continuing with other donor funding
✓ Completion of OVC research studies in Rwanda and Zambia
✓ Publication and field validation of Monitoring, Evaluation and Reporting Handbook for PEPFAR programs
✓ Initiation of three new country/regional programs and one new regional associate award
✓ Award of 24 new grants within buy-in country programs, totaling $3.4 million.

Pact's Community REACH (Rapid and Effective Action Combating HIV/AIDS) leader program is funded through the United States Agency for International Development's (USAID) Global Bureau for Health's Office of HIV/AIDS (OHA) and designed to facilitate the efficient flow of grant funds to organizations playing valuable roles in the struggle against HIV/AIDS. It does this by promoting both scaling-up of successful programs and start-up of new programs with potential for demonstrable impact in primary prevention and education, voluntary counseling and testing, and care for those living with HIV and AIDS. The program focuses on reaching the most vulnerable groups with the services they need most.

Community REACH funds local non-governmental organizations (NGOs), faith-based organizations (FBOs), people living with HIV/AIDS (PLWHA) associations, and international organizations working at the grassroots level. Community REACH supports grants which are predominantly competitively awarded through solicitations for work in President's Emergency Plan for HIV/AIDS Relief (PEPFAR) focus sites and other priority countries worldwide. In addition Community REACH implements country programs with USAID Mission buy-in funding and awards a small number of unsolicited grants in consultation with USAID OHA.

Mission

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

Community REACH Key Program Results

TABLE 1: LEADER GRANT AWARDS

	FY 05 (Estimated Annual)	LOP
Competitive Awards	5	33
Unsolicited Awards	1	6
Transition Awards	5	5
Leader Country Programs (Buy-In)		
Vietnam	12	12
Republic of Congo	0	1
Tanzania	12	12

TABLE 2: LEADER GRANTEE SERVICE DELIVERY

Number of service outlets	FY 05 (Estimated Annual)	LOP
Prevention	5	46
VCT	0	20
Palliative Care	0	28
OVC	0	12
Services Provided		
People tested for HIV	43,600	71,487
Referrals for STI Diagnosis & Treatment	3,510	3,942
People received post-test counseling and VCT results	37,534	70,866
Palliative Care (non ART)	45,669	122,056
OVC reached	6,376	26,541
Condoms* sold/distributed	834,585	1,548,036

**condoms provided by other donors*

II. Global Grant Activities

A. Grant Solicitations

During this fiscal year, Community REACH developed two requests for applications (RFAs) through a consensus process involving Community REACH team members and USAID Office of HIV/AIDS (OHA) which were facilitated by the program's cognizant technical officers (CTOs). These were issued simultaneously in August 2005 with concept papers due in October and finalists' full applications in November. Local NGOs from the following ten countries were eligible to apply: Malawi, Zimbabwe, Cambodia, India, Indonesia, Nepal, Russia, Ukraine, Dominican Republic and Honduras. Community REACH will select up to fifteen new grant recipients in December 2005.

One RFA, "Support for HBC Volunteers and Caregivers," responds to the needs of those key lynchpins in the provision of community-based care and support to PLWHAs. Primary caregivers provide a range of essential services to PLWHAs but often their own needs are unmet. The focus of the RFA is on promoting support to caregiver initiatives that advance increased quality of care to PLWHAs by protecting and promoting the physical and psychosocial well-being of community caregivers; this includes activities such as skills training, volunteer retention strategies and coping mechanisms for stress/burn-out among others.

The other RFA, "Community Engagement in ARV Treatment," addresses the potential impact of initiatives such as the President's Emergency Plan and the World Health Organization (WHO's) 3 by 5 Program that aim to roll out ARV treatment. With the possibility of increased ARV availability in a range of different country settings, there is a clear need for communities to become fully engaged. Communities need to engage in the area of treatment literacy and adherence, peer counseling on ARV, monitoring usage of ARV, addressing stigma and discrimination, etc. This RFA focuses on community-level initiatives that work with individual PLWHAs and the communities they live in to prepare for ARV availability and/or initiatives that link clinical service provision with community-level support mechanisms that will ensure safe and effective roll out of ARV treatment programs.

B. Ongoing Grants and Grants Closed Out in FY 05

Care and Support

In 2002, Pact's Community REACH program funded eight care and support grants globally. These two- and three-year projects provided a range of care and support services for PLWHA and their families at the community level, including home-based care, palliative care, counseling and emotional support, assistance for orphans and vulnerable children, food/nutrition and referrals to available health services. This section includes highlights, summary results and lessons from selected Care and Support grantees.

Highlights from Care and Support Grantees

- In Kenya, ICROSS tapped into the private sector workplace setting to recruit home-based care providers. This not only broadened the "community" from which to draw volunteers but also positively addressed the stigma around HIV/AIDS.

- Through the active participation of key Bangwe district leaders in the Salvation Army's Community Action Teams, community members came forward to assist HBC caregivers in PLWHA care in Malawi.
- In Malawi, Kenya and Zambia, communities were successful in identifying and funding economic opportunities for PLWHA and their caregivers – funds were used to set up vocational training schools for OVC and land was donated for crops to support nutritional needs of PLWHA.

Art created by PLWHA – POZ - World AIDS Day 2004, Port-au-Prince, Haiti.

Summary Results for Care and Support Grantees

Project Hope- Honduras

During the reporting period Project Hope's two-year program ended. The program successfully established and strengthened the Dr. Jose Roberto Trejo HIV/AIDS Clinic in an existing Honduran Ministry of Health (MOH) facility. The clinic provided 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. The program trained MOH workers in home-based care and reduction of stigma and discrimination. Also, community-based activities such as a home-based care system that is linked to the clinic and a referral program for pregnant women for prevention of mother to child transmission (PMTCT) were developed through program activities. Project Hope has sustained the Trejo Clinic by securing funding from the Academy for Educational Development (AED) and private donors.

ICROSS- Kenya

ICROSS Kenya established the Nakuru Home Care project with the support of Community REACH funding. The primary focus of the project was to enhance the quality of life for people living with HIV/AIDS and their families through provision of HBC. It also aimed to strengthen the existing community care structure to be able to accommodate PLWHAs and OVC.

A community garden in Mavela, Ndwedwe

ICROSS approached home-based care through a comprehensive partnership with the MOH which included the involvement of the MOH staff as facilitators of trainings and Trainers of Trainers (TOT). TOT from different MOH health facilities trained 270 community health workers, nearly 240 of whom were still active at the end of the grant period. The CHWs mobilized the

communities and served a total of 16,645 clients and 6,012 OVC. The UK Department for International Development (DfID) has provided funding of the program which allows ICROSS to continue implementing its care and support activities.

Lessons Learned from Care and Support Grantees

- Economic opportunities for PLWHA caregivers are essential to avoid burnout and increase volunteer retention.
- It is important to work within the MOH services and clinics because it provides an opportunity to reach a wider target audience and to create systemic change within the MOH systems and staff.
- Training and updating skills of staff within the MOH helps to make them more supportive of PLWHA.
- Recruiting volunteers with direct HIV experience, whether they are HIV infected or are close to an HIV positive person, can enhance the effectiveness of the volunteer with clients, increase the visibility of PLWHA in the community, and offer a powerful and continuous statement against HIV stigmatization.
- Community leaders must be sensitized and trained on national policies related to children and OVC to help them to understand the rights of children and privileges that are afforded children affected by HIV/AIDS.
- Establishing OVC committees in the community ensures that needs like school fees and medical support are accessed by the OVC.

Youth HIV Voluntary Counseling and Testing

In 2003, Pact's Community REACH program funded seven grants focused on voluntary counseling and testing (VCT) for youth. Subgrantee activities strengthened linkages between VCT and prevention and care, and supported programs for youth at the community level. This section details selected highlights, summary results and lessons from these grantees.

Sharan's Star Outreach Worker

Her name is Laila Sui*and she is an outreach worker in the New Delhi slums the Society for Service to Urban Poverty (or Sharan). Sharan is dedicated to providing care and support to injecting drug users, most of whom live in the streets.

Laila is a 40-something woman with a smile that conceals what she has survived. As a child in Christian northeast India, she faced sexual abuse at the hand of her older brother. To escape this she dropped out of school and eloped at 16 with a man who also abused her. She was widowed at 18 and ostracized by her family and neighbors. The pain of this led her to escalating substance abuse, including heroin.

For ten years she says her life was full of guilt and a sense of worthlessness. With help from a drug treatment program and her caring sister, Laila turned her life around. She has been clean for over 14 years and for the last few has worked with Sharan to help other drug users and people at risk for HIV. She has said that helping others is her life and Sharan is her family.

Overcoming drug addiction, Laila Sui says, gave her the strength to face cancer this last year. She is still recovering from radiation and chemotherapy but full of optimism. Because of her weakened immune system, her doctors have forbidden her to do the field work she loves so instead she is learning computer skills and helping in the Sharan offices.

** (not her real name)*

Highlights from Youth HIV VCT Grantees

- Health Alliance International (HAI) convinced the Ministry of Health in Mozambique to formally adopt a national strategy to integrate VCT services into government supported Youth-Friendly Health Centers.
- In Haiti, FOSREF linked a youth VCT program to an in-house youth focused clinical care and treatment center.
- In Nepal ADRA promoted "exposure visits" from schools to the testing sites, which provide students with information and options for VCT.
- ADRA Nepal also supported a family education program through its post test clubs, which involved parents to help reduce stigma and discrimination.

Summary Results for Youth HIV VCT Grantees

JHPIEGO and Family Health Foundation- Ghana

The grant was implemented from January 2003 to July 2005 during which time JHPIEGO mentored Family Health Foundation (FHF) and supported this local organization with a subgrant. FHF received training and technical assistance in VCT based on Center for Disease Control (CDC) standards, monitoring and evaluation (M&E) training, community outreach and financial reporting.

JHPIEGO's Youth VCT program successfully provided VCT services via a mobile site to nearly 4,300 migrant youth in Agbogbloshie, Ghana. A referral system and a support group were established for both negative and positive people. The Youth VCT model was used to train health professionals as VCT counselors and youth as peer educators. Drama and local dances were performed at the service delivery site at an open market to attract clients and IEC was provided by peer educators. As a result of the skills gained through its mentorship and increased visibility due to Community REACH funding, FHF received funding to continue its activities from the Ghana AIDS Commission and World Education Ghana.

ADRA International, AMDA and Nepal Red Cross- Nepal

ADRA Nepal in partnership with the Association of Medical Doctors of Asia (AMDA), Nepal Red Cross Society (NRCS) and Deep Jyoti (PLWHA group) administered a grant from January 2003 to August 2005. The project focused on five key activities: community sensitization and advocacy, VCT service delivery, training, youth awareness and psychological support and capacity building of AMDA, NRC and Deep Jyoti.

The project established two youth-friendly VCT sites in existing health facilities in the Kavre District of Kathmandu. The VCT

Health Alliance International, Mozambique

Lazaro Cinturão: A Model for Our Community

Since he was a teenager, Lazaro Cinturão had always felt a motivation to work with his community to provide support to other young people. From 1998 until 2001, Lazaro worked as a trained volunteer peer educator and activist in a rural district in central Mozambique, leading debates and discussions about HIV and adolescence with young people and working in the community to promote HIV prevention. In 2001, Lazaro moved to the city of Chimoio, the capital of Manica province, continuing to work as an activist and creating a strong support system and connection for other young people who come to the big city from rural areas.

When Health Alliance International was approved to open five youth-friendly VCT sites with a grant from Community REACH in 2002, they wanted to find individuals who could connect with young people, as well as provide the emotional maturity that is necessary for a counselor involved in HIV work. Lazaro was the perfect choice to be a youth VCT counselor for the city of Chimoio.

Since May, 2003, Lazaro has been providing counseling and testing services for young people at a site housed in a youth center with active peer educators. Trained by the Ministry of Health, he has tested almost 2,000 young people, mostly between ages 15 to 24 years old. The seroprevalence of the young people who test at Lazaro's site is typically much lower than the "regular" VCT site in the city, about 9% as compared to 30%. This presents an excellent opportunity for prevention efforts at the youth center, in which Lazaro has been quite active. He also facilitates a weekly "post-test" club for young people who test, facilitating mobilization efforts, and linking this group to other organizations working with young people. He is a leader in his personal life as well, encouraging neighbors and people from his church to also visit him to get tested.

When asked why he does this work, Lazaro replies, "It's in my soul." Growing up he did not have much family support and learned to help himself and his community. Providing counseling and testing services, he said, allows him to grow, learning how to work with other people and being exposed to new ideas. Sitting in front of a young person in the counseling and testing room, Lazaro feels that he is sitting in front of the same type of person as him—a person that needs help. "It even helps me when I'm helping them."

At 30 years old, he is much more than just a counselor for young people. His optimistic spirit, supportive demeanor, energy, and motivation to help his community has led him to be a leader not only for young people but also for adults working in HIV efforts.

centers were made "youth-friendly" by setting up a separate youth corner, allocating adequate space for confidential VCT services, providing other youth services, hiring courteous and empathetic service providers, and reducing waiting time for youth within the existing facilities.

ADRA established coordination and networking with National Centre for AIDS and STD control office and many local NGOs. The project also worked to encourage individuals to access VCT through outreach education, mass awareness, family education,

FOSREF Youth VCT Program. Celebration of Mother's Day (HIV+ Mothers and Youth)

school education, training, workshops on HIV/AIDS and VCT. The project fostered a referral and linkage mechanism with different hospitals, organizations which are involved in HIV/AIDS programs and health institutions. At the two VCT sites, 2,794 people (75% youth) were tested and 150 (5.4%) people tested positive. Results from baseline/endline surveys of the catchment area populations demonstrate a general increase in knowledge of HIV prevention. As a result of the program ADRA Nepal is integrating a full VCT clinic into its hospital site. AMDA is receiving VCT support from Family Health International and the Global Fund.

Changing Language to Reduce Stigma

One of the successes of the JAAIDS/Nigeria project was the coinage and adoption of new words and phrases in the indigenous Igbo language to replace commonly used words which were inaccurate and communicated negative attitudes about HIV/AIDS. Terms previously used to describe AIDS or HIV in the Igbo language included: "Mminwu", which means drying up, "Oria obili na aja ocha", or the disease that ends in the grave and "echi eteka", which means tomorrow is too far. The new terms created by participants in JAAIDS workshops included: "Oria Ozurumba", which translates to the disease of pandemic proportions and "Nje Ori ngbochi oria", the virus that eats the immune system.

Lessons Learned from Youth HIV VCT Grantees

- Youth VCT services work best when delivered by a peer to peer approach using national VCT protocol standards and when integrated into existing youth/adolescent sexual reproductive health services, giving them access to a "one-stop shop"
- Programs should involve community and traditional leaders to enlist their support for VCT services and to help select peer educators.
- Young clients attend VCT not just to know their HIV status, but to ask questions and receive advice.
- Post test clubs are most effective when they provide comprehensive support for PLWHAs and meet most of their urgent needs as well as answer their questions.
- Formal training and education is a good motivator/incentive for peer educators interested in improving career opportunities.

- The active participation and partnership with PLWHAs is essential to developing and establishing VCT sites because
  - It helps to increase the number of individuals coming to the clinic for testing
  - Interaction between VCT staff and the PLWHAs provides an example for the community that promotes the acceptance of HIV positive individuals
  - The PLWHAs provide a positive role model for youth and other PLWHAs as they demonstrate that it is possible to live being HIV positive in the community

Reducing HIV Stigma and Discrimination

Pact's Community REACH program is funding nine two-year stigma and discrimination reduction projects within community settings, the media, and the public sector. The grantees began their work in 2003. This section includes highlights, summary results and lessons from several of these grantees.

Highlights from Stigma and Discrimination Grantees

- In Kenya, Mildmay International worked with 16 community-based partners to facilitate exchange visits between organizations to share lessons learned, develop new and strengthen existing networks, and foster future opportunities for joint proposals and funding.
- In South Africa, Medical Care Development International (MCDI) has identified income generation activities (IGA) as a strategy to reduce stigma and discrimination and provide training in project management and constitution development to five PLWHA support. This capacity building will enable the groups to register as CBOs and to access government funds that can support the development of IGA-focused project activities.

Tanzania

Kimara PLWHA Support Group

Income generation activities at the Kimara's main office have grown strong as we continued to receive ideas for projects from staff/volunteers and the community surrounding us. The purpose of the income generating activities is to gainfully engage Kimara PLWHA support group participant's at the program office and/or for them to carry out similar initiatives in their homes in order to earn money for themselves and Kimara's programs. The PLWHAs who participate in our projects have continued to define the income generation activities as means of keeping them gainfully employed. This has been the driving force behind Kimara acquiring more skills to initiate income generation activities of different natures to train PLWHAs. To date the core income generation activity has been the tie-dye print unit at our project's main office. Some of the PLWHAs also sell items such as necklaces made of beads, bungles, decorative table clothes, and stylish hats.

Sales of Kimara Income Generating Products

Kimara Tye-Died Fabrics

In Cambodia CARE has trained more than 225 religious leaders in how to address stigma and discrimination through home visits, and meditation for PLWHA. As a result, these religious leaders provide spiritual and social support through regular home visits to 150 families.

- ADRA/Cambodia has identified monks, nuns and achars (religious teachers) as key behavioral change agents. Through TOT awareness and sensitization workshops, these spiritual leaders are being trained in advocacy for the care and support of PLWHA and their families. The grantee has fostered a partnership with the Department of Religion and Cults to promote opportunities for advocacy at ongoing public ceremonies in 16 targeted pagodas.
- In Tanzania, Kimara used national and local elections to raise awareness to stigma and discrimination by involving politicians and would-be politicians in discussions, debate and commentary on their plans for reducing stigma and discrimination

Summary Results for Stigma and Discrimination Grantees

JAAIDS received a two-year grant to reduce HIV/AIDS-related stigma and discrimination in the media and within communities in Nigeria. The project was the first ever to engage in a community-level response to

reduction of HIV/AIDS stigma and discrimination in Nigeria.

Due in part to actions undertaken by JAAIDS, stigma and discrimination reduction activities were included in the new National Strategic Framework and the National AIDS Action Plan for 2005-2009.

Mildmay- Kenya

Mildmay was awarded a grant to reduce HIV/AIDS-related stigma and discrimination by strengthening the public health systems' capacity to provide a community-based response to the HIV epidemic in Kenya. The project's approach was to improve upon existing systems within the MOH and the community to provide quality services with a particular emphasis on caring for vulnerable groups.

During the two-year project, Mildmay awarded 15 subgrants to local NGOs who provided home-based care to more than 1,000 PLWHA and their families and referrals to MOH services. These organizations also developed over 50 support groups for vulnerable populations and provided training on reduction of stigma and discrimination to leaders from sectors such as churches, business', education and government.

Mildmay supported the CBOs in the enhancement of their management structures and in the design and implementation of their program plans and activities. Under Mildmay's guidance, the 15 CBOs developed viable income generating activities (IGAs) at both the group and individual levels that will assist them in raising funds for continued activities. As a result of the success of the stigma and discrimination activities and improved internal capacity, all 15 CBOs were selected to receive funding from DfID through Pact Kenya with Mildmay providing ongoing technical assistance.

Lessons Learned from Stigma and Discrimination Grantees

- Even in the absence of an enabling law and government response, coalition building among civil society groups can make a great difference.

- Involving stigma and discrimination reduction in all elements of HIV/AIDS programming helps to ensure that it is addressed from all angles and that the largest audience possible is reached.

- Grantees reported that involving PLWHA in the design, implementation and evaluation of service delivery interventions has benefited programs in a number of ways:

    - PLWHA have identified the need to strengthen referral systems

    - PLWHA attract and inspire clients

    - Training PLWHA as community health volunteers increases the opportunities to reach more PLWHA with services through PLWHA social networks.

- PLWHA support groups help to:
  - reduce self stigmatization and improve PLWHA health
  - improve PLWHA health
  - encourage discussion
  - enhance community sensistization
- Youth can themselves face stigma in the community when they begin activities such as HBC
- If well managed, IGAs provide a focus and motivator for the group and an incentive for individuals. They also reduce over dependence on external donor funding.

Malia Jean, spokesperson for people living with HIV/AIDS for POZ, Port-au-Prince, Haiti.

Turning the Pain of Stigma into Living Positively

Christopher visited a doctor so that he could get treatment for the TB symptoms that he had again. The doctor counseled him about HIV and suggested that he get an HIV test. When Christopher learned that his test results were positive, he shared the news with his sister. Since his wife had died earlier that year, his closest friend was his sister. When he told his sister that he was HIV positive, she told him that she felt very sorry for him. To confirm whether he had HIV or not, she combed his hair with her plastic comb- to see whether his hair was falling out as was believed of people with HIV.

To his surprise, Christopher's sister told him that he could keep the comb- that she no longer wanted it. Her response frightened and ashamed him so much that he never thought of telling anyone else about his HIV sero-status not even his own seven (7) children.

Christopher told his story at the anti-stigma training workshop which was organized by Kimara Peer Educators.

At the workshop he learned that many other PLWHAs had similar stories and experiences. He realized that it was important to speak out about the stigma and discrimination that happened to him and other PLWHA. The workshop changed Christopher's life- it helped him to decide to perform stigma reduction outreach work with Kimara in Tanzania.

Besides being a trainer on stigma and discrimination, Christopher encourages PLWHA to talk to people about stigma with the aim of showing the damage wrought by negative actions against PLWHAs.

To-date, Christopher has been able to mobilize a support group of 32 PLWHAs. He has encouraged the group to come together and face the real world of positive living by challenging HIV related stigma and the associated discrimination. As a group, they are working hard to correct misconceptions and myths around HIV/AIDS.

Health Alliance- VCT

Hope for a Family

Lach Mao lives with HIV in Thnal Tupun, a rural village in Cambodia. Mao's husband died six months after he tested positive for HIV several years ago and three of Mao's nine children also died of AIDS complications. Mao and her surviving children experienced much discrimination and stigma from community members and health officials due to their family association with HIV. Their neighbors would not allow their children to play with Mao's children and she had great difficulty in finding work to support the family.

Community REACH's grantee, ADRA and its Project Restore program educated people in Mao's village on HIV/AIDS and stigma and discrimination. The resulting change in the community members and health official's perceptions of HIV/AIDS was positive for Mao and her children. She said, "I see that the villagers living around me have stopped discriminating against me and my children. They allow their children to play with mine, and I am hired as a rice worker. With this work I can earn some money to support my children."

Lach Mao attends a people living with HIV and AIDS support group supported by Project Restore where she is able to share her experiences and receive health care services. In addition, she receives some food and money to support her efforts to take care of her family. She said that before the ADRA/Project Restore activities, "I had never thought my family had hope, but we have it today!

Positive Prevention

In November 2004, Community REACH finalized the selection of grantees for its first RFA to be managed under the President's Emergency Plan, "Positive Prevention, Care and Support for PLWHA". Awards and technical support began in late 2004 and early 2005 to five grantees in Emergency Plan Focus countries; Cote d'Ivoire, Ethiopia, Nigeria, Zambia and Haiti.

Positive prevention aims to increase the self-esteem and confidence of HIV positive individuals to protect their health, to avoid new STIs, to delay HIV/AIDS disease progression, avoid re-infection, and to prevent passing their infection on to others and adopt a wellness lifestyle aimed at prolonging life. Positive prevention needs to be implemented within an ethical framework that respects the rights and needs of people living with HIV and it needs a supportive legal and policy environment. Positive prevention represents the most fundamental synergy between prevention, care, treatment, and support.

In this section is a summary of highlights, results and lessons from these grantees.

Highlights from Positive Prevention Grantees

- Dawn of Hope in Ethiopia developed the first ever ARV Treatment training guide and pamphlets for the Ethiopian context
- Network on Ethics/Human Rights, Law, HIV/AIDS –Prevention, Support and Care (NELA-PSC) sponsors a phone-in radio program that focuses on raising awareness of stigma and discrimination and PLWHA issues.
- In Zambia, HODI worked with HBC groups, HIV/AIDS organizations, FBOs, the MOH and PLWHAs to develop a standardized referral system for PLWHAs
- HODI supports a "Living Positive" campaign, which facilitates PLWHAs sharing their stories at community, government and religious events
- HODI facilitated the development of Community AIDS Task Forces (CATF) in four areas. The CATFs link to the district level Task Forces, which feed into national forums for information, advocacy and policy change.
- FOSREF in Haiti is leading the development of an association that links PLWHA groups in order to provide them with greater advocacy and political power
- FOSREF co-sponsored an indigenous art exhibit to raise awareness

Nela : My Hope Restored

I am Khadijat Raji, a Program Assistant for the NELA'S Community REACH Project in Nigeria. I am 30 years old and living with HIV. I was diagnosed with TB and referred to NELA for HIV screening. During the first moments that I knew of my positive status I felt as though there was no hope for me-for my future. The post test counseling that I received from NELA, along with being part of a PLWHA support group has helped me to learn that I can live a good life being HIV positive.

I have learned a great deal about HIV and positive living from working with NELA and I have shared my knowledge with other PLWHA. I am happy that in my work with NELA I have been able to help so many people to come to terms with their HIV status and bring joy and hope back to people's life. I wish to continue what I am doing and to share the message that HIV/AIDS is not a death sentence. PLWHAs CAN live a healthy and productive life.

Summary Results for Positive Prevention Grantees

FOSREF –Haiti

FOSREF began its Positive Prevention grant with Community REACH funds in December 2004. They proceeded to rapidly build upon their existing VCT, PLWHA and support group activities and networks in order to reach more than 15,000 people with information and techniques for positive prevention. Some of the important activities that they began implementation of during the reporting period are:

- Community sensitization on stigma and discrimination and positive prevention that commemorate holidays such as Mother's Day and the International Day of Youth
- Development of a PLWHA theater club, "The Positive Action" and six new support groups
- Training of PLWHA on peer education, communication and counseling
- Awareness raising on stigma and discrimination, VCT and positive prevention at community, church and social events
- Counseling to sero-discordant couples

FOSREF has established formal partnerships with many community groups that are involved in the fight against stigma and discrimination against PLWHAs. These partnerships help to benefit staff, clients and people who are educated by FOSREF by providing them with direct links to nutritional support programs, ARV clinical management, peer support, legal advocacy and home based care provision.

Maurice's Story

A once devout young high school teacher in Port-au-Prince, Haiti, Maurice had all but given up. When he learned he was HIV positive, his wife rejected him and forbade him to see his young daughter. The fear of more rejection cut Maurice off from family and friends. He was depressed and alone when he befriended a FOSREF counselor. The counselor convinced him to attend a PLWHA support group meeting. He did so, hesitantly at first but now admits this group changed his life. The group helped him regain his faith and his confidence and find a new life partner. He is now sharing what he has learned with his students, encouraging responsible behavior and open communication.

HODI- Zambia

HODI began its Community REACH funded program in December 2004. Their program objectives focus on the scaling up of their existing VCT, HBC and PLWHA activities; all of which support positive prevention concepts. HODI has accomplished a number of exciting activities that involve PLWHAs, their communities and leaders in understanding and supporting positive prevention. They have:

- Created a local chapter of the national Zambia Counseling Council to advocate and promote ethical practices related to VCT
- Formed new PLWHA support groups
- Expanded support groups to include people who are not HIV positive
- Recruited HBC providers from PLWHA, civic, religious and educational organizations
- Initiated school debates on HIV/AIDS, VCT and S&D
- Trained community leaders, traditional healers and community members on

stigma and discrimination and positive prevention; with focus on dispelling myths and misconceptions on HIV/AIDS

HODI- Zambia's "Buddy System"

HODI found that it is very effective for people starting on ARVs for the first time to partner with PLWHA that are already receiving treatment. PLWHA with ARV experience are seen as leaders by others- they are respected and listened to more than the doctors or nurses. The partnering system is the best way to teach PLWHA that are starting ARVs the importance of compliance with treatment regimens and following up with medical and nutritional advice.

Lessons Learned from Positive Prevention Grantees

- Young PLWHA need positive prevention services tailored for their specific needs
- It is essential that traditional leaders be included in HIV/AIDS awareness raising and stigma and discrimination reduction activities. They have the ability to generate support for VCT, and PLWHAs and to encourage the changing harmful traditional behaviors through modeling.
- The majority of PLWHA stigmatize themselves, even when no one knows about their HIV status. With peer support, especially from those who disclose their status openly, more PLWHA are coming to terms with their sero status and are living positively with HIV.

Transition Grants

Community REACH's overall program strategy includes funding transition grants to a limited number of successful grantees. The rationale for this approach is that Community REACH wants to ensure that good service provision is not halted abruptly and that new ideas and initiatives to provide better services to vulnerable populations are given the opportunity to be implemented through transition funding.

The purpose of the transition grants is to provide support to:

- Current grantees that are implementing best practices in service provision
- Existing grantees in need of transition funding to start new initiatives that have grown out of their existing Community REACH projects
- Current grantees to carry-on basic service delivery until a new donor is secured

The following criteria were used to determine which grantees Community REACH would invite to submit a proposal for further funding:

- Organizations that are complying with Community REACH programmatic and financial reporting requirements.
- Priority is given to local NGOs, specifically those that have a strong likelihood of securing funding from other donors.
- For PVOs, the focus of transition funding must be on capacity building of local NGO partners including strategic planning, proposal development assistance, etc.

Based on the above criteria, Community REACH identified six organizations for

further funding during FY 05 in India, Kenya, Namibia, Nepal, South Africa and Zambia.

Selected Transition Grant Recipients

Bwafwano Home-Based Care Organization and Project Concern International (PCI) – Zambia Care and Support Grantee

Since July 2002, PCI Zambia has received support from Community REACH to assist in the scale-up of community- and home-based care and support services in partnership with Bwafwano Community Home Based Care Organization. Through its network of community volunteers, Bwafwano provides care and support services for OVC, PLWHA and other chronically ill patients and manages a community-based tuberculosis (TB) treatment program.

The number of OVC provided with community-based care and support through Bwafwano—including education, medical care, nutritional support, psychosocial counseling, skills training, home care, and recreational activities—has increased from 670 in 2002 to almost 1,900 in 2005. OVC registered in the program continue to live in their own homes or those of other family or community members, and receive support through the Bwafwano community center or through home visits.

The transition funding will:

- Maintain the current level of service delivery for PLWHA, TB patients, and OVC;
- Scale-up and expand service delivery to new and existing sites;
- Build the capacity of Bwafwano as a "Center of Learning" for its partner CBOs.

ADRA International Nepal, Nepal Red Cross Society - Youth VCT Grantee

For the last 23 months ADRA Nepal has been implementing the Nepal Youth Voluntary Testing Counseling Linkage and Referral Project. The project is a partnership with AMDA Nepal, NRCS and Deep Jyoti Group. The primary objective has been to prevent HIV transmission and to provide quality VCT services for youth.

Project activities include provision of comprehensive VCT services, advocacy, community sensitization, mobilization of peer educators, training to CBOs and partners, capacity building of CBOs and youth awareness and psychological support through post test clubs. It has succeeded in reaching sexually active youth with high risk behaviors and emphasized harm reduction and safer practices to reduce STI and HIV transmission. To date, this project has provided VCT to more than 2,300 vulnerable youth.

Transition funding allows the project to:

- Continue the provision of VCT services and the focus on youth
- Identify new potential donors
- Assist each of the implementing partners to integrate project activities and service delivery into existing health services in their respective service delivery outlets
- Continue working on sustainability, capacity building, community sensitization and awareness and support.

Unsolicited Grants

Community REACH manages a small number of unsolicited grants with funding from Office of HIV/AIDS (OHA), the Office of Population Flexible Fund, Office of Displaced

Children and Orphans Fund and USAID mission field support.

OHA Unsolicited Grants

Lott Carey International- Global

Lott Carey International (LCI) is a Washington, DC headquartered, faith-based, not-for-profit agency committed to empowering impoverished people around the world to improve their qualities of life. USAID requested Community REACH establish a partnership with LCI and provide capacity building support on the development of a LCI subgrants program.

Community REACH assisted LCI to review proposals from overseas partners to help identify eligible programs on prevention, orphan care and support and/or pastoral education and home-based care and income generation. As a result, Lott Carey has identified three initial partners for subgrant activities. The partners are Lott Carey International India, Ethiopian Addis Kidan Baptist Church and All African Conference of Churches in Kenya. The program in India will support HIV/AIDS education and training. In Ethiopia the program will support orphans, HIV/AIDS counseling and testing and community mobilization. In Kenya LCI's partner is providing HIV/AIDS education and training and support to youth and orphans and income generation.

Community REACH provided direct ongoing mentoring on program development and design in addition to subgrant management, budgeting, USAID rules and regulations and President's Emergency Plan reporting.

Office of Population, Health and Nutrition Flexible Fund Grants

Voahary Salama- Madagascar

In September 2004, Community REACH awarded a Flexible Fund grant to Voahary Salama, a Malagasy health, population, and environment network, to provide bridge funding through February 2005. The funds from Community REACH supported the continuation of its activities in population and environment and strengthened its restructuring.

Voahary Salama's achievements include a revised mission statement, a draft strategic planning document, revised bylaws and an updated list of network members. They selected new members for their network and oriented them on their roles and responsibilities. They also worked with members to obtain input and approval of final strategic plans and to establish official partnerships with various organizations supporting the same mission and establish a forum for which community members and stakeholders can work in partnership. Voahary Salama continues to receive administrative and planning assistance from Misonga, a local subgrantee of Pact Madagascar.

Church of Christ in Nigeria- Nigeria

In February 2004, Community REACH awarded a Flexible Fund grant to the Church of Christ in Nigeria (COCIN) in Plateau State, Nigeria in partnership with the Centre for Development and Population Activities (CEDPA). The two-year project's goal is to improve the health and well being of the young people (aged 15-24) in Plateau State, through increased awareness, use, and access to quality youth-friendly Family Planning(FP)/Reproductive Health(RH) services.

The project activities build on the lessons learned from prior CEDPA RH programs with COCIN and complement the on-going HIV/AIDS prevention, care, and support program that is present in the same areas. The activities provide accurate information on HIV/AIDS, dual protection, and FP in order

to improve the RH outcomes of youth using the COCIN youth fellowship outreach.

During this reporting period COCIN had great success both in terms of reaching adolescents and their families with information about reproductive health issues, particularly HIV prevention, and increasing the distribution of condoms, pills and other contraceptive methods. Also achieved was the inauguration of the Youth Center in Bokkos which has facilitated the coordination of IEC events, the distribution of non-prescription contraceptives and referrals.

T-shirt - COCIN-Flex Fund Grant

Displaced Children and Orphans Fund (DCOF) Grants

International Rescue Committee (IRC) - Congo

Community REACH's support for the International Rescue Committee's Street Children Assistance and Prevention Program in Republic of Congo (ROC) ended July 2005. This grant supported IRC during the program implementation stage and assisted with its exit strategy over the last eighteen months.

The program implementation stage consisted of a three-part strategy to strengthen the capacity of local service providers and involve the community in child protection and reunification/reintegration. Over the life of the program IRC established and managed two day care centers in Brazzaville and Point Noire, providing services to 1,035 children. The project served over half of the estimated total number of children living on the streets of Brazzaville and Pointe Noire. Of those served, 376 children were reunited with their families or care providers; an estimated 275 (73%) of them were still living at home six months after reunification.

Over the last eighteen months of the project, IRC incrementally implemented its exit strategy which included a partial transfer of service provision from the IRC managed day care centers to local entities to ensure sustainability of the activities. IRC facilitated the transfer of street children services by building the capacity of local organizations and assisting in the creation of the street children consortium- a collaborative network of governmental and non-governmental service providers and policy makers.

As a result of an extensive organizational needs assessment of the local NGOs that IRC assisted with the capacity development of the organizations by conducting five large, multiple-day workshops that covered: psychological approaches, management skills, financial management and administrative management. IRC also helped to "enable" the organizations by assisting them in developing proposals for small projects that could be funded by IRC.

C. Grants Management and Technical Assistance

As part of Community REACH's grant monitoring and management process, headquarters staff provide grant management technical assistance to all grantees from pre-award through the close-out,. On a regular basis Community REACH staff provide assistance and support in the following areas:

- USG/USAID grant management rules and regulations
- Donor reporting
- Program design and budget development
- M&E systems and systems strengthening
- Annual work plan development
- Activity-based and line-item budgeting
- Benchmark (milestones) calendar and deliverable schedule planning
- Organizational systems strengthening
- Review of results data and guidance in tracking results and outcomes
- M&E Reporting in accordance with PEPFAR guidelines
- Subgrant monitoring

In addition to the day-to-day technical assistance, during this reporting period Community REACH assisted The Salvation Army, ICROSS, Care Rwanda, Project Hope and JHPIEGO on close-out issues and final reporting. Community REACH staff reviewed and approved transition grants for ADRA Nepal, FPAK, ICW, MCDI, PCI, and SHARAN.

Direct on-site technical assistance and support was provided to several grantees by Community REACH staff, including; Kimara Peer Educators in Tanzania, Project Hope in Honduras and Action for Integrated Rural and Tribal Development Social Service Society (AIRTDS) in India. Assistance was also provided in the start-up of the Pact Tanzania, Vietnam, the Greater Mekong Region, the Regional HIV/AIDS Program for Southern Africa and Pact South Africa country programs.

III. MONITORING AND EVALUATION

A. ACTIVITIES

During the past 12 months the Community REACH M &E team assisted grantees and reviewed and provided feedback on quarterly, semi-annual and final programmatic and financial reports. Summaries of grantee programmatic results for PEPFAR indicators are shown in Table 4.

In response to new guidelines for monitoring and evaluation from PEPFAR, Community REACH collaborated with Pact M&E experts to field-test and finalize the manual titled "Building Monitoring, Evaluation and Reporting Systems for HIV/AIDS Programs". The manual guides organizations through the entire M&E process associated with the PEPFAR program-level indicators.

In conjunction with the manual, the M &E team also participated in the review of a new reporting database designed to support PEPFAR program level results reporting. This new format for reporting data is being rolled out with the Positive Prevention and future grantees.

Additional activities carried out during the year included a detailed review of grantee reporting in Haiti, support for design of a data review by auditors for Haiti grantees, and the reporting of life of project data (LOP) for grantees that closed out. The LOP reports are designed to confirm the overall results data reported by a grantee over the life of their grant funded activities.

Table 3 below details the Programmatic and Financial Reports reviewed by Community REACH staff throughout the year.

TABLE 3: REPORTING FOR FY 05

Type of Report	Number of Reports
Financial Report	140
Quarterly Report	80
Semi-Annual Report	22
Final Report	16
Financial Report	140

B. Results

Table 4: Community REACH Results for PEPFAR Indicators Grants for Care & Support, Youth VCT, Reducing Stigma, Support to OVC and Positive Prevention	FY05	LOP
Total People Educated on Prevention-Other Behavior Change	1,397,900	1,921,371
People trained in Other Behavior Change	3,288	8,883
Total People Received Counseling and Testing (VCT)	43,570	71,457
People trained in VCT	0	327
Total People Served by Palliative Care (non ART care)	45,669	122,056
Basic Health Care & Support (non TB/HIV)	39,303	99,436
People trained in Basic Health Care & Support (non TB/HIV)	1,677	4,559
Basic Health Care & Support (TB/HIV)	4,939	19,720
People trained in Basic Health Care & Support (TB/HIV)	48	437
Total OVC Served	6,376	26,541
People trained in caring for OVC	0	544

IV. Learning Agenda

Community REACH is engaged in an active, integrated and far-reaching effort to identify and document key policy and operational barriers, lessons learned and model programs. To do so, the program has developed a learning agenda. Four main approaches are being used to inform Community REACH's Learning Agenda. These are:

- Periodic Reporting – Grantees provide regular reporting on key lessons learned questions.
- Technical assistance site visits – Community REACH staff conduct technical assistance site visits to improve grantee capacity in monitoring and evaluation, provide suggestions to elicit case studies and stories of beneficiaries, lead interviews, and conduct field observation.

Community REACH formally documented key best practices and lessons learned within its learning agenda and will release the following publications in 2006.

- Benefits and challenges of engaging local NGOs respond to HIV/AIDS and best practice models for funding local NGOs
- Youth VCT: Lessons from the Field
- Best practices in reducing stigma and discrimination against PLWHA

V. Communications and Materials

A. Communications and Outreach Strategy

Community REACH has begun making major efforts to expand its outreach into the larger HIV community. These efforts have focused primarily on Community REACH's website as well as the development of technical publications. Several of these publications are currently underway.

The website has been modified to feature prominently Community REACH's major publication to date, "Snapshots: Ten Lives Affected by HIV/AIDS," which includes case studies from ten grantee beneficiaries. The website also contains resources for proposal development, useful links to sites that are good technical resources for HIV/AIDS programming, and search engines for funding.

Behavior changing communication material. Pact Tanzania.

B. Publications

During this reporting period Community REACH has made several important additions to its publications library:

1. Pact and Community REACH field-tested and finalized the manual "Building Monitoring, Evaluation and Reporting Systems for HIV/AIDS Programs". Finalized in March 2005, it is an easy-to-use manual that provides valuable information on the basic principles of Monitoring, Evaluation and Reporting (MER), results-based MER, and indicators. It is a tool designed to assist NGOs/FBOs/CBOs in developing an MER framework for HIV programming with "how-to" sections and practical data protocol sheets that serve as a guide in adapting MER systems to the President's Emergency Plan M&E requirements. http://www.pactworld.org/reach/mer.htm

2. Community REACH released "The Well-Being of Children Affected by HIV/AIDS in Lusaka, Zambia, and Gitarama Province, Rwanda: Findings from a Study". http://www.pactworld.org/reach/OVCResources/

3. Community REACH released "A Costing Analysis of Community-Based Programs for Children Affected by HIV/AIDS Results from Zambia and Rwanda". http://www.pactworld.org/reach/OVCResources/

C. Grantee Tools and Resources

The Community REACH resource library consists of tools including baseline studies and focus group discussion reports on knowledge level of HIV/AIDS and sexual behavior patterns as well as training guides for home-based care for PLWHAs, VCT, disclosure and public speaking for PLWHA self-help groups, and addressing stigma and discrimination.

VI. Buy-In Activities

A. Global RFA- Research Grants to Improve Support to OVC

During the reporting period, grantee research projects focusing on improving care and support to OVC in Tanzania, Uganda, South Africa and India progressed significantly. Community REACH conducted technical site visits to all four grantees to further define and focus feasible research objectives, outline grantee and research partner roles and responsibilities, and refine research protocols. A Community REACH team member also provided technical assistance in Uganda to assist with finalizing study tools and setting data collection and data entry systems. All research protocols have received Community REACH approval and received Institutional/Internal Review Board concurrence.

Bananyole Youth Development Agency - Uganda and Tanzanian Essential Strategies Against HIV/AIDS collected and submitted preliminary data sets to Community REACH in September 2005 for review. Training and Resources for Early Education- South Africa has completed their first round of data collection and a draft research report was submitted in August 2005. AIRTDS - India is in the process of finalizing its study instruments and will begin data collection in September 2005.

B. Buy-In OVC Research

In the past year, Community REACH finalized the baseline and costing reports based on research on orphans and vulnerable children conducted in collaboration with Community REACH grantees, PCI- Zambia, Bwafwano-Zambia, and CARE Rwanda in April 2005. The team disseminated 700 copies of the research summary, "The Well-Being of Children Affected by HIV/AIDS in Lusaka, Zambia and Gitarama Province, Rwanda: Findings from a Study" and 350 copies each of the baseline report and costing report to USAID/W, USAID missions throughout Sub-Saharan Africa, implementing partners within Zambia and Rwanda, and interested professionals outside of Sub-Saharan Africa.

See Table 5 for a summary of the baseline well-being research.

Full reports are available at http://www.pactworld.org/reach/OVCResources and were also announced on the Children Affected By AIDS (CABA) listserv. A Community REACH staff member made a presentation summarizing the results of the baseline report at USAID Zambia and USAID Rwanda in June 2005. The endline survey will be conducted in Zambia in early 2006 under the MEASURE Evaluation project. The final report will be produced during the summer of 2006.

Table 5: Summary of findings from Community REACH OVC baseline report

	Orphans and/or CWCIC* Worse off than Other Children	Orphans and/or CWCIC* Similar to Other Children	Orphans and/or CWCIC* Better off than Other Children
Education		No difference in both countries	
Socio-Economic Status	Households with orphans, CWCIC are less well-off in Zambia Orphans, CWCIC in particular have fewer personal possessions in both countries	No difference in household wealth in Rwanda	
Health and Nutrition	Orphans, CWCIC have lower food intake in Zambia Orphans, CWCIC in particular have worse health indicators in both countries	No difference in food intake in Rwanda	
Risk behaviors and knowledge	Orphans, CWCIC are more likely to have ever had alcohol in Zambia CWCIC are less knowledgeable about AIDS in Zambia	No difference in sexual debut in both countries	Orphans, CWCIC less likely to have ever had alcohol in Rwanda Orphans more knowledgeable about AIDS in both countries
Psychological well-being	Orphans, CWCIC 6-12 have slightly higher levels of worry in Rwanda CWCIC 6-12 have higher level of burden in Rwanda	No difference in psychological well-being in Zambia	

** Children with chronically ill caregivers*

C. Country Programs

Tanzania

The goal of Pact Tanzania's program under Community REACH is to "reduce stigma and discrimination and improve the quality of life for persons infected and affected by HIV/AIDS." The program has two main components;

- Training and supporting FBO networks to address stigma and discrimination in their communities
- Training and supporting selected Tanzanian NGOs to implement HIV/AIDS workplace interventions

During the reporting period, Community REACH and Pact Tanzania provided grants and technical support to four faith-based networks to implement stigma and discrimination reduction programs based on the AED CHANGE document, "Understanding and Challenging HIV Stigma: Toolkit for Action Trainers Guide", which was translated and simplified.

Nearly 1,200 people were trained on stigma and discrimination reduction, including several hundred who were trained as trainers. The program is estimated to have reached over 300,000 people with stigma and discrimination reduction messages through training, community events, leaflets, t-shirts, flyers, posters, newspapers, and radio and television programs. At least 17 religious communities were involved in the program's activities through the four networks, including Christian, Muslim and Indigenous faiths. In addition, Pact Tanzania provided technical support to eight organizations implementing HIV/AIDS workplace interventions.

Lessons Learned from Pact Tanzania and Working with FBO's

Religious bodies are a good avenue for addressing HIV/AIDS stigma. Religious leaders have very high credibility among their constituencies. If these leaders have appropriate messages on understanding HIV/AIDS and stigma, they can be of great help in carrying these messages to their congregations.

FBO are grassroots, hence the potential to reach people at all levels. They have networks that are very strong and widely spread throughout the country. If such networks are well supported, they could reach many people with social services and programs for behavioral change.

Greater Mekong Region

The Greater Mekong Region (GMR), which is comprised of Thailand, Cambodia, Myanmar, Laos, Vietnam and the Yunnan and Guangxi provinces of China, has emerged as the epicenter of the HIV/AIDS pandemic in Asia. The GMR program is focusing on increasing access to information and services for the most at-risk populations in hotspots initially in Thailand and Laos. Pact is starting work with key partners to ensure that there is a comprehensive package of prevention and care services available to men who have sex with men (MSM) and injecting drug users (IDU). To date Pact supported two initial sectoral assessments to assist in the design of a comprehensive, clientfriendly outreach and peer-education focused interventions for MSM and IDUs.

During this reporting period, Pact hired the Coordinator for this regional program as well as establishing relationships with key stakeholders to move the program forward. Based on the findings of the sectoral assessments in IDUs and MSM, Pact has

worked closely with USAID/RDM/A and others, including Family Health International (FHI) to establish partnerships with local, faith-based and international organizations implementing HIV programs in Thailand and the region.

The program will support NGO grants for counseling and testing; HIV prevention for most at risk populations (MARPs); care and support for people living with HIV/AIDS (including economic strengthening opportunities); referrals for STI treatment, and systems strengthening. Pact's programming will be closely coordinated with other USAID programming to ensure that programming gaps are filled and avoid duplication.

Vietnam

In June 2004, the U.S. Office of the Global HIV/AIDS Coordinator (O/GAC) selected Vietnam as the fifteenth focus country under the Emergency Plan. With USAID/Vietnam funding, Pact is supporting an NGO grants program that includes antiretroviral services for PMTCT, palliative care, voluntary counseling and testing, and care for orphans and vulnerable children in six high prevalence provinces.

Community REACH has awarded grants to World Vision and Médecins du Monde—organizations that had been selected by USAID/Vietnam. Pact has provided management and technical support to partners both pre- and post-award, in the following ways:

- Site visits and targeted technical and management assistance with sub-partners in HCMC, Hai Phong, and Hanoi
- Ongoing review and feedback on quarterly performance and financial reports
- Ongoing budgeting and implementation planning support
- Ongoing support to the development of indicator protocols and M&E tools.
- Collaboration with United States Government (USG) team on various issues

PLWHA Support in Vietnam

After being released from a rehabilitation centre, jobless and sick, Trung was introduced to An Hoa Clinic, the MDM Day Care Center (DCC) in HCMC District 6, by one of his uncles – also HIV+. Though his uncle died, Trung continued to visit the DCC to receive counseling and care. Based on his health status, he was selected to be among the first DCC clients to receive antiretroviral therapy (ART). Once treatment was initiated, he rapidly gained weight and his health improved. Full of hope, he applied to work as peer educator for one of the DCC's mobile teams, and was hired to work part time. Every day, he provides peer education in the streets of District 6. He also visits PLWHAs at home, linking them with health care and support. His experience and perspectives have greatly enhanced the mobile team's understanding of PLWHA, treatment adherence challenges, and other issues. Trung says that he now feels as happy and healthy as he was before he became addicted to drugs. After a month of ART, he has asked to work full time, and continues to propose a range of ideas for supporting PLWHA, which may result in a new local organization of PLWHA – for PLWHA.

Mai Hoa Center, Vietnam

Sister Tue Linh, a Catholic nun, is the director of the Mai Hoa Center in Ho Chi Minh City. The Center was established in 2001 as a respite care facility for homeless and indigent people at the end stage of AIDS. Since it opened, the center has provided service to more than 300 people. At any point in time, the center houses about thirty residents- adults and children.

Sister Tue Linh heads a team of five nuns who run the center and take care of the residents. They keep up the center with a garden, a TV, reading and lounge area for adults, a play space for children. Caring deeply about the residents, Sister Tue Linh has been assisting residents improve their quality of life through ARV medications and easing the suffering and pain of those that are dying. She has brought doctors with expertise in HIV/AIDS care and other specialties from the city to work as volunteers at the Center. She has advocated for the Center and received donations to cover residents' drug costs and to put a small number of residents on antiretroviral treatment.

In the last year, sister Tue Linh has been actively participating in the dialogue and capacity building activities of the group of organizations providing HIV/AIDS treatment in Ho Chi Minh City. She does this to keep herself up to date on the knowledge and practices and to make sure residents of the center can access much needed resources. A USAID/Pact grant to Mai Hoa will help systematize the treatment and care provided in the center and cover some of the costs of much needed activities to care for both the adult and child residents of the center.

VII. Associate Awards

Brazil

HIV/AIDS is a primarily urban epidemic in Brazil, with highest prevalence rates among sex workers, MSM, and IDUs. More than 80% of the reported AIDS cases are located in the south and southeastern regions of the country. Based on these trends USAID/Brazil developed a strategy for 2003 through 2008 to support targeted interventions in the most affected geographical regions. This strategy complements efforts by the National Aids Program, World Bank and other donors.

USAID/Brazil signed two associate awards with Pact under the Community REACH program to implement the Elos Program in Brazil. This program has two components; a prevention based HIV/AIDS grant program and a condom social marketing program (CSM). The goal is to help reduce HIV/AIDS incidence and prevalence within the more vulnerable population groups in the south and southeast regions of Brazil. Its specific objective is to promote behavior change for safer practices, by extending the coverage of prevention activities. Pact Brasil is responsible for the local implementation and management of the Elos Program, which strategies are (1) supporting prevention projects developed by Brazilian NGOs, (2) strengthening their technical and project management skills, (3) promoting behavior change by producing and airing communication campaigns and, (4) fostering condom social marketing initiatives.

Elos supports grants to 22 Brazilian NGOs working in seven high prevalence states. To date some 400,000 people have been reached with a wide range of prevention activities and more than 1.2 million condoms have been distributed. Among its activities, the CSM component supported two grants aimed at expanding condom use through non-traditional outlets. Through these grants more than 1.4 million low-cost condoms have been sold to date.

South Africa

USAID/South Africa has been a strong partner in supporting the development of South Africa's primary health care system. Pact's associate award allows the mission to expand its support by increasing the number of grants made to local organizations implementing programs that address key technical focus areas of the PEPFAR and USAID's initiative to integrate HIV/AIDS activities into the Primary Health Care System.

In 2004, the USAID mission selected seven local and non-U.S. organizations to receive funding through Pact program. Within two weeks of receipt of funds Pact managed a rapid roll-out of grants.

In June 2005, Pact SA's cooperative agreement with USAID was modified to reflect a new estimated total of $73 million to accommodate the increased level of sub grants in FY 05. Ten organizations were selected through PEPFAR Track 3 for funding under the Pact Grant Management Program. During the course of this reporting period, Pact SA signed grant agreements with all of the grantees selected for funding in FY 05 with the exception of two.

Pact continued to provide one-on-one training and mentoring for all grantees in developing and implementing their M&E plans including the development of required tools for data collection and management. For grantees that have well-established, basic M&E systems, assistance in data quality

management will be a key focus of the supporting the projects.

During the reporting period, Pact continued to provide one-on-one training and mentoring for all grantees in developing and implementing their M&E plans including the development of required tools for data collection and management. For grantees that have well-established, basic M&E systems, assistance in data quality management will be a key focus of the supporting the projects.

At the request of USAID, Community REACH participated in a country-wide rapid appraisal of USG/South Africa-funded care and treatment partners to identify the current status of HIV/AIDS palliative care services, providers, delivery models, and in-country resources. Community REACH team members provided technical assistance with appraisal instrument development and the collection of key current standard and programmatic documents. It is expected that the appraisal will collect sufficient information and recommendations will inform objectives and goals included in the USG/SA FY06 Country Operational Plan for PEPFAR.

Also during this reporting period, Pact SA began start-up activities for Pact's new regional HIV/AIDS program in Lesotho, Swaziland, and Botswana, which will be managed from the South Africa office. The establishment of country offices and preparations for the issuing of Annual Program Statements (APS) for the award of $2.7 million in grants to support HIV/AIDS counselling and testing, palliative care, and support to orphans and vulnerable children was conducted in the early part of the reporting period. By the end of the reporting period three APS' (one for each country) had been issued, finalists were selected and assessments of the finalists were being conducted by the country offices in collaboration with Pact SA, USAID Regional HIV/AIDS Program for Southern Africa (RHAP) and local governments.

SOUTHERN AFRICAN REGION

RHAP signed a Cooperative Agreement with Pact in April 2005. Under the agreement, Pact SA received funding to provide grant management and capacity building services to organizations working in the HIV/AIDS sector in Botswana, Lesotho and Swaziland. Pact will fund $1.5 million to organizations in both Lesotho and Swaziland and $3 million to organizations in Botswana to local and international NGOs, FBOs and CBOs. The five-year program is designed to facilitate the efficient flow of grant funds to organizations playing valuable roles in the fight against HIV/AIDS. The program will serve as an umbrella mechanism for making grants directly to recipient organizations.

IX. ANNEX

COMMUNITY REACH GRANTEE DATA

The data presented in this appendix were compiled from all grants that were active during Year 5 of the Community REACH Program. Due to differences in the time periods of the awards, the grantees did not all report on the same HIV/AIDS indicators. Both the Expanded Response and PEPFAR Indicators have been utilized by Community REACH grantees.

The following grantees have responded to Expanded Response Indicators:

- Care and Support (8)
- Youth VCT (7)
- Reducing Stigma and Discrimination (9)
- Support to OVC (4)

The following grantees have responded to PEPFAR Indicators

- Positive Prevention (5)

The data found in this table is a collation from both these two indicator sets.

REGION	AFRICA
Bananyole Youth Development Society (BAYODA)	**BAYODA - Uganda**
Type of Organization: Local NGO Grant Awarded: $60,188 Length of Project: 18 months Local Partners: Child Health and Development Centre	BAYODA has studied migration characteristics of orphans infected and affected by HIV/AIDS in Uganda. Their research will explore issues of vulnerability and protection (including livelihood strategies), and seek to document the range and nature of existing services for OVC provided by households and communities both formal and informal. **Program Focus:** OVC Research
CARE	**CARE – Rwanda**
Type of Organization: International NGO Grant Awarded: $442,455 Length of Project: 3 years Local Partners: Cyeza Parish, Abizera PLWA Association Urukundo PLWA Association, Duteraninkunca PLWA Association	This grant program strengthened local NGO/CBO/FBO capacity to provide community support and referral systems for services for OVCs and PLWHAs in addition to training home based care workers, providing support to child-headed households by training and assigning adult child mentors and supporting stigma reduction campaigns in the Gitarama province of Rwanda. **Program Focus:** Care and Support **Program Sub-Focus:** Home-based care, Behavioral Change Communication, Legal Support, Psychosocial Support, Stigma Reduction, Livelihoods **Target Population:** CBOs/FBOs, OVC, PLWHA **Close-out date:** 7/15/2005

	Life of Project Results: • 5,000 PLWA households served • 585 trained in palliative care • 5,000 orphans reached • 274 people trained in providing care to OVC • 3 PLWA Associations and 1 FBO strengthened in livelihoods and care and support activities **Sustainability:** PEPFAR funding is continuing to support some aspects of the program initiated under Community REACH and the World Food Programme is providing food aid for the most vulnerable PLWHA and orphans. FHI/Impact is funding a continuation of Urukundo Association livelihoods activities and the European Union is funding Cyeza Parish supporting community centers.
CARE	**CARE – Uganda**
Type of Organization: International NGO Grant Awarded: $299,817 Length of Project: 3 years Local Partners: Rubanda PHC, Rugarama FBO, Kitanga FBO, Pentacostal Assemblies of God, Muhanga Women in Development, Kakatunda VCT FBO, Diocese of Kigezi HIV/AIDS Program, Rushoroza CHBC, Kigezi Health Care Foundation (KIHEFO), Save the Street Children Kabale, All Saints Youth Anit-AIDS group, Karubanada Youth Association, Karujanga Fighters against HIV/AIDS group, Butare Bakyara Tukore Association, Buhara Health Center FBO	Community REACH is supporting Care Uganda's Sexual Health for Adolescents Project (SHADO) in Kabale District in southwestern Uganda, strengthening the capacity of district health providers and community and faith-based organizations to offer VCT for youth. The program established peer educator networks to provide youth with key behavior change messages and guidance on VCT. **Program Focus:** Voluntary Counseling and Testing, Linkages and Referrals **Target Population:** Youth **Close-out date:** 6/30/2005 **FY05 Result:** • 4,699 youth received HIV tests and counseling **Life of Project Results:** • Six new VCT sites established • 9 VCT centers already established with USAID assistance • Over 15,000 youth received HIV tests and counseling • 450 radio spots aired on youth and VCT • 22 advocacy events held with religious, governmental, community leaders • 18 CBOs/FBOs trained in VCT and peer education networks and establishing PLWHA groups **Sustainability:** Part of the activities supported under Pact Community REACH funding was picked up by the Core Initiative program in Uganda. The following CBOs/FBOs received additional funding at the end of the program: • Rubanda Primary Health Care Project • Buhara Health Unit • Rugarama Health Center • All Saints Anti AIDS Youth Group • Pentecostal Assemblies of God • Diocese of Kigezi HIV/AIDS Control Project • Rushoroza Community HIV/AIDS Control Initiative
Centre for Development and Population Activities (CEDPA)	**CEDPA - Nigeria**

Type of Organization: International NGO Grant Awarded: $150,000 Length of Project: 2 years Local Partner: Church of Christ	Flexible grant funds were awarded through Community REACH to CEDPA in its support of a local RH organization in the Plateau State of Nigeria. The project goal is to improve the health and well being of young people through increased awareness, use and access to family planning and reproductive health services. Project funds are used to expand and improve the existing services provided by COCIN. **Program Focus:** Adolescent Reproductive Health **Target Population:** Adolescents, adolescent peer educators, parents and community leaders **Close-out date:** 1/31/2006 **FY05 Results:** Increased number of people referred for FP/RH services Increased numbers of FP methods distributed Increased numbers of youth accessing youth-friendly RH services Improved skills of RH providers Increased level of RH awareness among community and religious leaders **Sustainability:** Continued funding from Community REACH until 01/31/2006. Project Advisory Committee is working with COCIN leadership to development post-Community REACH sustainability.
Dawn of Hope	**Dawn of Hope - Ethiopia**
Type of Organization: Local NGO Grant Awarded: $149,516 Length of Project: 2 years	Dawn of Hope is scaling up positive prevention, care and support among five of its branches throughout Ethiopia by; increasing capacity of PLWHA, increasing awareness and understanding of ARVs among PWLHA and community leaders, improving home based care for PLWHA and providing support to OVC. **Program Focus:** Positive Prevention **Program Sub-Focus:** Support to OVC **Target Population:** PLWHAs, OVC, family of PLWHA and community members and leaders **Close-out date:** 12/31/2006 **FY05 Results:** • Began development of Amharic language brochures on ARV information, adherence and instructions. • Trained 26 HBC providers on counseling and support skills. • 1,393 people received Palliative Care • 26 people trained on providing Palliative Care • 100 OVC provided with educational support **Sustainability:** Continued funding from Community REACH until 12/31/2006.
Family Planning Association of Kenya (FPAK)	**FPAK - Kenya**

Type of Organization: Local NGO Grant Awarded: $318,165 Length of Project: 3 years	FPAK created seven youth-friendly VCT centers in Kakamega, Mombasa, Phoenix House Nairobi, Eldoret, Nakuru, Nairobi West and Kibera in Kenya. Eight youth VCT counselors were trained and over 150 peer educators and friends of youth volunteers recruited and trained. Formalized support is provided through "post-test" clubs which promotes linkages to community leaders, health centers, schools, parents, and faith based organizations. **Program Focus:** Voluntary Counseling and Testing, Linkages and Referrals **Target Population:** Youth **Close-out date:** 11/30/2005 **FY05 Results:** • 13,595 youth tested and counseled for HIV **Life of Project Results:** • 50,000 people reached through parent-youth forums, outreach activities and IEC events • 3 post-test clubs established and strengthened • 29,556 Over 15,000 youth tested and counseled • 7 youth-friendly VCT centers established • The Nakuru VCT center that was developed under Community REACH funding was voted the "best VCT" site in Kenya **Sustainability:** Five of the seven Community REACH supported youth VCT centers have been picked up for continuation funding by Family Health International (FHI) in Kenya.
GOAL	**GOAL - Uganda**
Type of Organization: Local NGO Grant Awarded: $105,700 Length of Project: 2 years Local Partners: Bugiri Network of AIDS Service Organizations (BUNASO), National Community of Women Living with HIV/AIDS (NACWOLA) Subgrant Amounts: BUNASO- $15,221 NACWOLA- $68,610	The project addressed stigma and discrimination at individual, community, and institutional levels in the Bugiri District of Uganda by integrating information-based approaches, coping skills acquisition, advocacy, and policy dialogue in order to maximize reduction of institutionalized stigma and discrimination. **Program Focus**: Stigma and Discrimination Reduction **Program Sub-Focu**s: Nutrition, Psychosocial Support, Socioeconomic Support **Target Populations**: PLWA, Healthcare Providers, Orphans and Vulnerable Children (OVC), Policy Makers, Regional and Traditional Leaders **Close-out date:** 5/14/2005 **Life of Project Results:** • 300 HIV positive women reporting increased coping skills • 280 women applying skills acquired as part of the project • 15,000 members of the general population sensitized by anti-stigma and discrimination messages • 300 orphans and HIV positive women developed memory books • NACWOLA's membership increased from 130 to over 400 members **Sustainability:** The Irish government became the donor for this program, including continuation funding for NACWOLA and BUNASO.

Health Alliance International (HAI)	**HAI - Mozambique**
Type of Organization: International NGO Grant Awarded: $304,605 Length of Project: 3 years	HAI is implementing a project that targets HIV/AIDS prevention and care services for young people in Manica and Sofala provinces of Mozambique by expanding the capacity of existing youth-friendly health centers to conduct HIV testing and counseling, forming anti-AIDS clubs and young groups for people living with HIV/AIDS and strengthening referral systems for care and treatment **Program Focus:** Voluntary Counseling and Testing, Linkages and Referrals **Target Population:** Youth **Close-out date:** 12/31/05 **FY05 Project Results:** • 5,290 youth tested and counseled **Life of Project Results:** • Over 7,000 youth tested and counseled (7% male positive, 18% female) • 10,000 media spots aired solely discussing youth VCT • 8 youth VCT counselors trained • Youth PLWHA groups established • Over 150 peer educators, youth outreach volunteers trained • 5 VCT centers established **Sustainability:** HAI's model of integrating VCT services into Youth Friendly Health Centers (YFHC) has been adopted by the Ministry of Health of Mozambique so the national government is scaling up this program. Other donor funding has been identified for a continuation of project activities.
Hiwot HIV/AIDS Prevention, Care and Support Organization (HAPCSO)	**HAPCSO – Ethiopia**
Type of Organization: Local NGO Grant Awarded: $150,000 Length of Project: 3 years	HAPCSO's project implemented 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 one of the poorest areas in south east Addis Ababa. The organization was actively involved in stigma reduction and capacity building for community based organizations, in particular, burial societies or Idirs. **Program Focus**: Care and Support **Program Sub-focus**: Home-Based Care, Nutrition Programs, OVC, Psychosocial Support, Stigma Reduction **Target Populations**: OVC, PLWHA **Close-out date:** 7/8/2005 **Life of Project Results**:

	• 315 people served with basic health care and support (non TB/HIV) • 1,352 people served with palliative care • Over 1,000 OVC served • 265 people trained in palliative care • Over 500 youth received counseling and testing • Conducted 50 community HIV/AIDS awareness and anti-stigma campaigns through neighborhood associations (Idirs) • Facilitated 300 referrals to government health clinics for opportunistic infections and tuberculosis (OI/TB) treatment **Sustainability**: As a result of the success of the Community REACH program, Family Health International made HAPCSO a major implementing partner and provided $340,000 for one year to scale-up activities to reach 1,500 orphans and 2,000 PLWHA.
Hodi	**Hodi – Zambia**
Type of Organization: Local NGO Grant Awarded: $149,574 Length of Project: 2 years	The focus of Hodi's program is to support positive prevention among PLWHA through community mobilization activities and individually focused health promotion. Their activities will consist of increasing positive prevention awareness among PLWHA, training PLWHA in management of Community Based Care, and increasing the participation of community members in the support of positive prevention initiatives in the Namwala region of Zambia. **Program Focus:** Positive Prevention **Target Population:** PLWHA, community members and leaders **Close-out date:** 12/31/2006 **FY05 Results:** • Facilitated the development of Community AIDS Task Forces • Developed and supported the "Living Positive" campaign • More than 1,900 people reached through Prevention activities • 38 people trained on Prevention • More than 300 people provided with Palliative Care Services **Sustainability:** Continued funding from Community REACH until 12/31/2006.
International Community for the Relief of Starvation and Suffering (ICROSS)	**ICROSS – Kenya**
Type of Organization: International NGO Grant Awarded: $234,000 Length of Project: 2 years	The primary focus of the ICROSS Kenya's Nakuru home care project was to enhance the quality of life of people living with HIV/AIDS and their families through provision of home-based care. It further strengthened existing community care structures to support OVC. **Program Focus:** Care and Support **Program Sub-Focus:** Home-based care, OI/TB Prevention, Psychosocial Support **Target Population:** PLWHA, OVC, Health Workers

	Close-out date: 11/30/2005 **Life of Project Results:** • 30 TOT from MOH trained as care providers and supervisors • 270 CHWs trained on home-based care and orphan support • 12,822 served palliative care (non ART care) • 7,127 OVC served • 77 people trained in providing OVC services **Sustainability:** The UK Department for International Development (DfiD) will provide continuation funding of the program which allowed ICROSS to continue providing care and support services in Nakuru.
International Rescue Committee	**IRC – Republic of Congo**
Type of Organization: International NGO Grant Awarded: $1,288,048 Length of Project: 2.5 years	Community REACH supported the International Rescue Committee in the Republic of Congo through funding from the Displaced Children and Orphans Fund (DCOF) to strengthen the capacity of local service providers for street children and involve the community in child protection and reunification and reintegration. **Program Focus:** Street Children and OVC **Program Sub-Focus:** Psychosocial, Quantitative and Qualitative Research on Street Children, Reintegration into Community Life, Reunification with Families **Target Population:** Street Children, Families, CBOs, Communities **Close-out date:** 6/30/2005 **Life of Project Results:** • Project served over half of the estimated total number of children living on the streets of Brazzaville and Pointe Noire at the IRC day care centers • Conducted outreach to 1,035 street children • 376 children were reunified with their families • Development of a Consortium of local NGOs the REIPER (Street Children) network including development of its guiding principles and memorandum of understanding • Provided 8 small grants to CBO members of the network **Sustainability:** IRC partially transferred the street children activities to the Street Children Consortium (REIPER), a collaborative network of governmental and non-governmental service providers and policy makers. The IRC exit strategy was to build the capacity of the local organizations composing the network to take over service provision previously provided under IRC managed day care centers.
Journalists Against AIDS (JAAIDS)	**JAAIDS – Nigeria**
Type of Organization: Local NGO Grant Awarded: $103,843.54 Length of Project: 2 years	JAAIDS worked in three communities in North, East and West Nigeria. Project activities focused on reduction of stigma and discrimination by engaging PLWHA, community members and the media. **Program Focus:**

	Stigma and Discrimination Reduction **Program Sub-Focus:** Community Mobilization, Networking and Coalition Building, Advocacy and Public Policy Dialogue **Target Population:** PLWHA, Journalists, Community Leaders, Faith Leaders, Civil Society Groups **Close-out date:** 6/9/2005 **Life of Project Results:** • Journalists in the three provinces covered by JAAIDS have started replacing the commonly used terms for HIV/AIDS which were stigmatizing, with new terms coined during JAAIDS' workshops. • 150 key individuals were trained on skills and strategies necessary to reduce stigma and discrimination • 24,000 copies of the quarterly newsletter *Speak Out* were published and disseminated throughout the country to help deepen policy dialogue around stigma and discrimination. • 8950 people reached through prevention activities • Published an *Analysis of Policies and Interventions on HIV/AIDS-related Stigma and Discrimination in Nigeria, Combating Stigma and Discrimination in Nigeria, Media and Stigma in Nigeria* **Sustainability:** Influential community groups that were trained by JAAIDS have taken up the campaign on stigma and discrimination reduction and are conducting further training and interventions among their members. The impact on the common language used to refer to PLWHA seems to be permanent as many journalists have started responding to the change.
JHPIEGO	**JHPIEGO – Ghana**
Type of Organization: Local NGO Grant Awarded: $262,484 Length of Project: 3 years Local Partner: Family Health Foundation	JHPIEGO's Youth VCT program provided VCT services via a mobile site to migrant youth in Agbogbloshie, Ghana. The Youth VCT model was used to train health professionals as VCT counselors and youth as peer educators. **Program Focus:** Voluntary Counseling and Testing, Linkages and Referrals **Target Population:** Youth **Close-out date:** 6/31/2005 **FY05 Results:** • 1,644 youth tested and counseled **Life of Project Results:** • Over 4,000 youth tested and counseled • Referral System and Support Groups established • One mobile VCT site operated • Local organization trained on conducting VCT based on the Center for Disease Control Standards **Sustainability:** As a result of the skills gained through JHPEIGO's mentorship and increased visibility due to Community REACH funding, Family Health Foundation received funding to continue outreach and prevention activities from the Ghana AIDS Commission and World Education Ghana.

Kimara Peer Educators and Health Promoters Fund	**Kimara Peer Educators and Health Promoters Fund - Tanzania**
Type of Organization: Local NGO Grant Awarded: $95,921 Length of Project: 2 years Local Partner: Trust Fund	Under the grant received from Community REACH, Kimara Peer and Educators in Tanzania incorporated Stigma and Discrimination reduction in all their existing activities. Thus, in community education and mobilization on VCT and PMTCT, stigma and discrimination reduction became a second focus. **Program Focus:** Stigma and Discrimination Reduction **Program Sub-Focus:** Counseling, Community Mobilization **Target Population:** PLWHA, Affected Families and Communities **Close-out date:** 6/14/2005 **Life of Project Results:** • 90 key community players trained in stigma and discrimination reduction • Conducted counseling sessions targeting affected and infected in 192 households • Produced and distributed 14,000 IEC materials with stigma and discrimination focus • 235 people trained to promote behavior change • Basic health care and support provided for 4590 individuals • 586 OVC served **Sustainability:** As a result of the achievement Kimara achieved under the Community REACH grant, additional funding has been received from USAID through International AIDS Alliance (Zambia) and it is also expected from ICRW.
Medical Care Development International (MCDI)	**MCDI – South Africa**
Type of Organization: International NGO Grant Awarded: $180,647 Length of Project: 3 years Local Partner: National Association of People Living with HIV/AIDS (NAPWA) – South Africa	Support groups are the main vehicle through which MCDI conducts its activities to sensitize people and increase their involvement in reducing stigma and discrimination in South Africa. MCDI also raises awareness of HIV/AIDS-related stigma and discrimination among religious groups, traditional leaders and traditional healers and works with them to disseminate information and to change attitudes of communities towards PLWHA. Attention and resources are also devoted to strengthening their local partner, NAPWA (National Association of People Living with HIV/AIDS). **Program Focus:** Stigma and Discrimination Reduction **Program Sub-Focus:** Behavior Change **Target Population:** PLWHA, Affected Families and Communities, Religious and Traditional Leaders **Close-out date:** 5/14//2006 **FY05 Results:**

	• 13,421 people reached through behavior change educational campaigns • Has established nine support groups that are regularly attended by 548 PLWHAs **Sustainability:** MCDI has received a transitional grant from Community REACH to continue their work in improving the overall quality of life for PLWHA in the rural areas of Ndwendwe. They will continue to provide basic training and education to PLWHA, promote uptake of VCT and ART services and reduce stigma and discrimination directed towards PLWHA. The program is also sustaining income-generating activities for PLWHA.
Mildmay International	**Mildmay International- Kenya**
Type of Organization: International FBO Grant Awarded: $102,350 Length of Project: 2 years Local CBO/FBO Partners: Nyamrerwa HBC Self Help Women's Group, Vadd Elimination Campaign Team, Dadre Self-Help Group, Badelika STI/HIV/AIDS Project, Wings of Love, Kakelo HIV/AIDS Care and Support Group, Chulaimbo Grail/Cofido Home-Based Care, Sony Home-Based Care Group, Uranga Home-Based Care Group, Keumbo Home-Based Care Group, Hawi Women's Group, Urusi Care and Support, Bar Chando, Bondo Stars, and Kalenyo Anti-AIDS Youth Group	This program addressed 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 utilized existing relationships with selected health professionals in eight districts in Nyanza province in Kenya to scale up 16 community-based initiatives supporting home-based care and orphan support, stigma reduction, and removal of discriminatory barriers to access health services in partnership with the Kenya Ministry of Health. **Program Focus**: Stigma and Discrimination **Program Sub-focus**: Advocacy, IEC, Capacity Building, Care **Target Populations**: OVC, Youth, Children, PLWA, general population **Close-out date:** 7/3/2005 **Life of Project Results:** • Over 10,000 community members were reached by CBO activities. • Over 700 community members including head teachers, chiefs, pastors, and government healthcare workers received training as home-based care workers and community sensitizers, and/or in how to reduce stigma and discrimination. • Over 1,200 people have skills to refer for VCT as a result of community sensitization. • Over 1,000 orphans received support in the form of social support/nutrition or home-based care. • Eight PLWHA groups were mobilized and 10 income-generating programs were initiated. **Sustainability:** As a result of the success of the program, DFID HIV/AIDS Prevention and Care (HAPAC III) program will continue funding Mildmay at the conclusion of Community REACH funding.
Network on Ethics/Human Rights, Law, HIV/AIDS – Prevention, Support, Care (NELA/PSC)	**NELA/PSC - Nigeria**
Type of Organization: Local NGO Grant Awarded: $132,833 Length of Project: 2 years	The purpose of the NELA project is to increase the access of PLWHAS and communities to effective comprehensive HIV/AIDS services in Oyo State, Nigeria. Positive prevention activities include; community mobilization around positive prevention and HIV, reduction of stigma and discrimination, promotion of positive prevention in health care sectors, increasing access to VCT and the promotion of positive living. **Program Focus:**

	Positive Prevention **Program Sub-Focus:** VCT **Target Population:** PLWHA, community members, local leaders, health care providers **Close-out date:** 3/31/2007 **FY05 Results:** • Sponsored a phone-in radio program that raised awareness to stigma and discrimination and PLWHA issues. • More than 5,700 people reached with Prevention activities • 592 people received VCT • 529 people received Palliative Care services **Sustainability:** Continued funding from Community REACH until 03/31/2007.
Project Concern International (PCI)	**PCI - Zambia**
Type of Organization: International NGO Grant Awarded: $350,000 Length of Project: 3 years Local Partner: Bwafwano Home Based Care Organization Subgrant Amount: $182,000	In partnership with Bwafwano Home-Based Care Organization, PCI's Community REACH project works to scale up home-based care and support services in peri-urban areas of Lusaka, Zambia. The focus of the program is to provide services for PLWHAs and OVC. OVC are provided care, including nutritional support, schooling and income-generation opportunities. **Program Focus**: Care and Support **Program Sub-Focus**: Home-Based Care, OI/TB Prevention, Psychosocial Support, Livelihoods **Target Populations**: OVC, PLWHA, TB Patients, Patients with sexually transmitted diseases (STI) **Close-out date:** 4/30/2006 **FY05 Results**: • Over 1,000 OVC were provided with services. • Over 400 provided basic health care and support (TB/HIV) • Over 3,000 served through non-TB/HIV basic health care and support • Over 500 provided with palliative care • Over 100 trained in providing palliative care) **Life of Project Results**: • Over 2,000 OVC were provided with services. • 500 PLWHA received TB treatment. • Over 3,000 were referred for OI/TB clinical treatment. • Over 1,700 households received home-based care services. • As a result of PCI mentoring, Bwafwano is now providing training and has built the home-based care and orphan support capacity of an FBO, Bauleni Catholic Diocese HBC, and three rural CBOs: Taonga, Masansa, and Chibeswe. • With Community REACH funding, Bwafwano put together the national standard for home-based care training curriculum for Zambia. • Community REACH funds are currently being used by Bwafwano to develop national standards and training manuals for OVC.

	Sustainability: PCI and Bwafwano won a USAID award under PEPFAR funding to scale up OVC programming in Zambia and Ethiopia. Bwafwano will be the lead local NGO in training other NGOs in Zambia and Ethiopia on orphan care. HAPCSO, another Community REACH grantee, is the partner organization to Bwafwano for the orphan program.
Reseau Ivoirien Des PVVIH (RIP+)	**RIP+ - Cote d'Ivoire**
Type of Organization: Local NGO Grant Awarded: $150,000 Length of Project: 2 years	RIP+'s program's focus is to increase understanding and support of positive prevention among its network members, community residents, media and leaders. Program activities include; training network members on positive prevention, developing the capacity of RIP+ member and traditional healers, providing care and support to PLWHAs, developing and promoting ARV treatment literacy to PLWHAs community and the larger population through a mass media campaign. **Program Focus:** Positive Prevention **Program Sub-Focus:** Media Advocacy **Target Population:** PLWHAs, RIP+ member organization, media representatives, local leaders and politicians **Close-out date:** 4/15/2007 **FY05 Results:** • Conducted organizational development assessments on 15 member organizations • Initiated Cote d' Ivoire Media Exchange (CIMEX) • Developed partnerships with media and advocacy groups • Initiated an HIV/AIDS Journalism contest **Sustainability:** Continued funding from Community REACH until 04/15/2007.
Salvation Army World Service Office (SAWSO)	**SAWSO – Malawi**
Type of Organization: International FBO Grant Awarded: $228,595 Length of Project: 3 years	The project has established a community action team (CAT) to identify community needs in relation to HIV/AIDS and to provide an integrated response to HIV/AIDS in Bangwe Township, Blantyre District, Malawi. The CAT is a community-led, community-owned structure comprised of a task force, three care and prevention teams and community volunteers. **Program Focus:** Care and Support **Program Sub-Focus:** Home-based Care, Behavioral Change Communication, Stigma Reduction, Voluntary Counseling and Testing **Target Population:** General Population, PLWHA **Close-out date:** 6/30/2005

	Life of Project Results: • Implemented community home-based care programs in 15 villages of Bangwe catchment • 5,891 individuals reached with physical and psychosocial support and palliative care • 300 home care kits distributed to volunteers • Established communal gardens and chicken rearing projects • Established a vocational skills center to train OVC in carpentry, knitting and sewing • Distributed supplementary food rations to 1,260 PLWHA and OVC donated by the World Food Programme • 7,129 OVC served • Facilitated HIV testing for more than 400 community residents • Distributed 6589 IEC literature materials both on cultural practices and general information on HIV/AIDS **Sustainability:** The Salvation Army is providing bridge funds for the program from the Frisby Foundation and potential other donor funding from the International Food Relief Partnership and Family Health International.
Tanzanian Essential Strategies Against HIV/AIDS (TANESA)	**TANESA – Tanzania**
Type of Organization: Local NGO Grant Awarded: $97,396 Length of Project: 18 months Local Partners: Tanzania National Institute for Medical Research, Mwanza Centre; Shaloom Care House	TANESA has conducted two studies aimed at raising local awareness of the need to improve support to OVC in Tanzania. TANESA first field tested a rapid assessment tool for OVC care and support, and then conducted a second study to evaluate how OVC programs can best address the needs of older, primary caregivers. **Program Focus:** OVC Research
Training and Resources is Early Education (TREE)	**TREE – South Africa**
Type of Organization: Local NGO Grant Awarded: $99,300 Length of Project: 18 months Local Partners: Human Sciences Research Council, University of Natal	TREE is investigating new roles for early child development (ECD) practitioners in supporting orphans and vulnerable children in KwaZulu-Natal province, South Africa. TREE utilizes qualitative and quantitative research methods (including focus groups and key informant interviews) to assess community perceptions of how OVC can best be supported and nurtured. Results are being used to develop a manual in Zulu to assist ECD practitioners in the identification of, and care and support for OVC. **Program Focus:** OVC Research
Voahary Salama	**Voahary Salama - Madagascar**
Type of Organization: Local NGO Grant Awarded: $150,000 Length of Project: 1 year	Flexible grant funds were awarded through Community REACH to Voahary Salama of Madagascar to support them in their continuation of activities in population and environment and in strengthening their organizational restructuring. **Program Focus:** Network Strengthening **Target Population:**

	Voahary Salama organizational members and partners **Close-out date:** 07/31/2005 **Life of Project Results:** • Revised mission statement and bylaws • Draft strategic planning plan • Official partnerships developed **Sustainability:** Voahary Salama continues to receive administrative and planning assistance from Minsonga, a local subgrantee of Pact Madagascar.
REGION	**ASIA & NEAR EAST**
Adventist Development and Relief Agency (ADRA)	**ADRA – Cambodia**
Type of Organization: International FBO Grant Awarded: $126,396 Length of Project: 2 years Local Partners: Rural Association for the Development of the Economy (RADE), Cambodia Organization for Human Rights and Development (COHRD)	ADRA Cambodia worked with religious leaders and communities in their activities aimed at reducing stigma and discrimination. The Buddhist monks were trained to promote stigma and discrimination reduction in the communities they serve. ADRA had included two local subgrantees, COHN and RADE, in stigma and reduction project. **Program Focus:** Stigma and Discrimination Reduction **Program Sub-Focus:** Care and Support **Target Population:** Youth, PLWHA, Affected Communities, Persons at risk **Close-out date:** 5/13/2005 **Life of Project Results:** • 44,259 people reached through behavior change campaigns • 636 PLWHA provided with basic health care and support • Published 200 copies of the Buddhist Perspective Practice, (Help compassion toward PLWHA), 2004 **Sustainability:** Many of the Buddhist monks have become involved in the HIV/AIDS work and they are able to generate a minimum income needed to continue their good work. ADRA Czech will also provide additional funds in order for the stigma and discrimination reduction work to continue. Cohn and RADE also received additional funds to continue their work from Khana and PSI respectively.
Adventist Development and Relief Agency (ADRA)	**ADRA – Nepal**
Type of Organization: International FBO Grant Awarded: $398,014 Length of Project: 3 years Local Partners: Association of Medical Doctors of Asia	ADRA Nepal in partnership with the Association of Medical Doctors of Asia (AMDA), Nepal Red Cross (NRC) and Deep Jyoti (PLWHA group) program focused on five key activities: community sensitization and advocacy, VCT service delivery, training, youth awareness and psychological support and capacity building of AMDA, NRC and Deep Jyoti. The project conducted outreach education, mass awareness, family education, school education and training workshops on HIV/AIDS and VCT. **Program Focus:**

(AMDA), Nepal Red Cross Society	Voluntary Counseling and Testing, Linkages and Referrals **Target Population:** Youth, Parents, Teachers, General Population **Close-out date:** 8/31/2005 **FY05 Results:** • 1,072 youth tested and counseled **Life of Project Results:** • 2,794 tested and counseled • Results from baseline/endline surveys of the catchments area populations demonstrate an increased knowledge of HIV prevention • 2 VCT sites established and made youth-friendly • 2 mobile clinics set-up to reach rural target populations • Over 30,000 IEC materials distributed **Sustainability:** ADRA Nepal received continuation funding from Family Health International and the Global Fund to integrate a full service VCT clinic into a hospital site.
Action for Integrated Rural and Tribal Development Social Service Society (AIRTDS)	**AIRTDS – India**
Type of Organization: Local NGO Grant Awarded: $72,144 Length of Project: 18 months	AIRTDS has conducted participatory research to evaluate the needs of orphans and vulnerable children infected and affected by HIV/AIDS in foster care. AIRTDS has conducted key informant interviews to determine levels of acceptance of OVC in foster families and communities, quality of care by primary caregivers, and availability of psychosocial support for OVC and their foster families. Study results will be used to both strengthen AIRTDS support services for OVC and foster families, and develop tools for advocacy and community programming. **Program Focus:** OVC Research
CARE	**CARE – Cambodia**
Type of Organization: International NGO Grant Awarded: $113,757 Length of Project: 2 years Local Partner: Special, Environment, Agricultural Development Organization	Care Cambodia's work followed three directions: partnering with Buddhist monks and other religious leaders to stimulate *methakaruna* (empathy and compassion); empowering and involving people living with HIV/AIDS; and sensitizing and mobilizing community gatekeepers and villagers. **Program Focus:** Stigma and Discrimination Reduction **Program Sub-Focus:** OVC, Care and Support, Prevention, Community Mobilization **Target Population:** OVC, PLWHA, General Communities **Close-out date:** 9/30/2005 **Life of Project Results:** • The program was expanded to include Muslim Imams • PLWHA have reported more than 70% improvement in the attitudes of families,

	neighbors and health care staff • The number of people from different social classes who are interested and willing to participate in HIV/AIDS related activities has increased sharply • Involving PLWHA in HIV/AIDS program delivery has created greater respect for PLWHA and has enhanced the PLWHAs' confidence • Some of the support groups have organized themselves to demand more access to ART from the government **Sustainability:** The Buddhist wats generate their own resources and can use them according to their own priorities, their interest in stigma and discrimination reduction indicates that there is potential for the work to continue past the end of the program. Villages affected by HIV/AIDS are implementing savings groups, revolving loans and establishing small businesses. CARE's strong ties with local government, other NGOs and the affected communities will insure support and nourishment of the activities undertaken into the future.
Society for Service to Urban Poverty (SHARAN)	**SHARAN - India**
Type of Organization: Local NGO Grant Awarded: $201,192 Length of Project: 3 years	SHARAN is ensuring a continuum of prevention to care and support services are available to PLWHAs in a slum area of New Delhi, India. The program is working to increase PLWHAs utilization of existing health care services. SHARAN provides psychosocial support and home-based care through shelters while working with health care providers to remove discrimination attached to PLWHAs accessing public health services. Income generation, support groups and nutrition support is also part of the program. **Program Focus**: Care and Support **Program Sub-Focus**: Nutrition, Psychosocial Support, Socioeconomic Support **Target Populations**: IDUs, PLWHA **Close-out date:** 7/30/2006 **FY05 Results:** • 1,205 people served basic health care and support (not TB/HIV) • 1,448 people served palliative care **Life of Project Results:** • Provided nutrition for 150 clients daily • Provided VCT, care and support, and clinical referrals for close to 2,000 clients • Referred over 400 clients for free antiretroviral therapy provided by the government of India • Established PLWHA income generation group **Sustainability:** The project has continued funding from Community REACH until 02/30/06. Several components of the Community REACH-funded program have been picked up for funding by the local government municipality.
REGION	**EUROPE & EURASIA**
Siberia AIDS Aid	**Siberia AIDS Aid - Russia**
Type of Organization: Local	Siberia AIDS Aid Tomsk Regional Charity Fund provides a variety of support services for

NGO Grant Awarded: $203,960 Length of Project: 3 years Local Partners: Humanitarian Project, Siberian Initiative, PLWHA Initiative Group Omsk, Steps Club Plus, The Colour of Life, Clear Look, PLWHA Initiative Group Kemerovo Obereg	PLWHA, including the development of psychosocial and legal support groups, counseling, IEC prevention messages, training curriculum and management of an HIV/AIDS hotline and manual for treatment for medical personnel of HIV positive patients. The project also supports the development of a network of AIDS service organizations in Siberia. **Program Focus:** Care and Support **Program Sub-Focus:** Psychosocial Support, Stigma Reduction, Behavioral Change Communication, Legal Support **Target Population:** General Population, PLWHA **Close-out date:** 1/30/2006 **FY05 Results:** • Over 10,000 counseled via telephone hotline, e-mail and walk-in clients • Over 7,000 IEC materials distributed • Nearly 6,000 reached through prevention – other behavior change • 8 PLWHA groups capacity built **Sustainability:** The project is currently funded by Community REACH until 01/30/2006. Other donor funding is being sought.
REGION	**LATIN AMERICA & CARIBBEAN**
American Red Cross (ARC)	**ARC - Honduras**
Type of Organization: International NGO Grant Awarded: $294,308 Length of Project: 3 years Local Partners: Honduran Red Cross, Casa Alianza, APSONAPVSIDA	American Red Cross International Services, in partnership with the Red Cross Society of Honduras (HRC), offers counseling, referrals for support and preventive education to homeless youth and other youth groups at high risk for contracting HIV/AIDS. Additionally, the project facilitates preventive behavior in at-risk youth and enables seropositive youth to plan and better cope with HIV/AIDS related issues. **Program Focus:** Voluntary Counseling and Testing, Linkages and Referrals **Target Population:** Youth **Close-out date:** 9/30/2006 **FY05 Results:** • 3,519 people received testing and counseling • 41 Shelter Educators trained • Over 4,000 IEC materials distributed • 18 shelters providing on-site VCT services • 1 Manual developed on providing psychosocial support to HIV positive clients • 50 PLHA self-help group members trained • 3 VCT clinics operational **Sustainability:** Program is on-going with Community REACH funds.

Fondation Esther Boucicault Stanislas (FEBS)	**FEBS - Haiti**
Type of Organization: Local NGO Grant Awarded: $100,000 Length of Project: 2 years	FEBS is working to reduce HIV/AIDS stigma and discrimination and is scaling-up care and support services for PLWHA in Haiti. Building on an existing program established by FEBS in 1995, this two year project, 31 July 2004 to 30 July 2006, is expanding medical and psychosocial services for PLWHA and disseminating targeted messages, through print and community-based activities, to increase awareness of HIV/AIDS prevention, care and support amongst the general population. **Program Focus:** Stigma and Discrimination Reduction **Program Sub-Focus:** Care and Support, Prevention, VCT referrals and counseling **Target Population:** PLWHA, general population, youth **Close-out date:** 7/31/2006 **FY05 Results:** • 12500 adults reached with behavior change campaigns • 8750 youth reached with behavior change campaigns • 255 individuals served by home-based care programs **Sustainability:** The project is currently funded by Community REACH until 07/31/2006.
Foundation for Reproductive Health and Family Education (FOSREF)	**FOSREF – Haiti**
Type of Organization: Local NGO Grant Amount: $285,714 Length of Project: 3 Years	The youth VCT FOSREF Community REACH project is the first of its kind in Haiti. The sites provide access to a full range of VCT-related services including youth-friendly VCT/HIV services, stigma reduction counseling, training for health care providers, post-test clubs, psychosocial support to HIV (+) youth and their families and refers HIV (+) youth to clinical care. **Program Focus:** Voluntary Counseling and Testing **Target Populations**: Adolescent Youth, Linkages and Referrals **Close-out date:** 5/30/2006 **Life of Project Results:** • 3 youth-friendly VCT sites established • Over 1,500 youth received VCT services; following national VCT protocol standards • 3 post-test clubs established • 20 youth-friendly VCT counselors trained **Sustainability:** FOSREF successfully worked with the Haiti MOH and was able to establish a national VCT protocol and age of consent policy for youth. The government of Haiti secured global funds for FOSREF to establish up to 27 youth-friendly VCT centers throughout Haiti modeled on the Community REACH program.

Foundation for Reproductive Health and Family Education (FOSREF)	**FOSREF – Haiti**
Type of Organization: Local NGO Grant Awarded: $150,000 Length of Project: 2 years	FOSREF's program focuses on scaling up its existing programming in VCT, PLWHA activities, support groups and youth based programming to include positive prevention strategies. Activities under the project include; promotion of positive prevention among PLWHA, increasing access to comprehensive HIV/AIDS care, increasing support to PLWHAs and their families, reduction of stigma and discrimination against PLWHAs. **Program Focus:** Positive Prevention **Program Sub-Focus:** Youth based HIV Programming **Target Population:** Youth and adult PLWHA **Close-out date:** 12/31/2006 **FY05 Results:** • Began development of an association to link PLWHA groups for advocacy purposes • 17,845 people reached with Prevention activities • 38 people trained on Prevention • More than 300 people provided with Palliative Care services **Sustainability:** Continued funding from Community REACH until 12/31/2006.
Project Hope	**Project Hope - Honduras**
Type of Organization: International NGO Grant Awarded: $326,766 Length of Project: 3 years Local Partner: Associacion de Salud Integral (ASI)	The program successfully established and strengthened the Dr. Jose Roberto Trejo HIV/AIDS Clinic in an existing Honduran Ministry of Health (MOH) facility. The clinic provides comprehensive care to people living with HIV and AIDS and community education and advocacy to increase knowledge about HIV/AIDS and to reduce the associated stigma. The program trained MOH workers in home-based care and reduction of stigma and discrimination. The program coordinated the linking of a home-based care system to the clinic and a referral program for pregnant women for prevention of mother to child transmission (PMTC). **Program Focus:** Care and Support **Program Sub-Focus:** Clinical Care, Behavioral Change Communication, Prevention of Mother-to-Child-Transmission, Psychosocial Support, Stigma Reduction **Target Population:** General Population, Pregnant Women, PLWHA **Close-out date:** 9/30/2004 **Life of Project Results:** • Over 300 service providers trained in palliative care • 3,000 IEC materials distributed • 2 VCT sites established • 1 HIV/AIDS Clinic established • 10,200 HIV positive clinic clients served

	• 1,300 Households served • 1,500 HIV positive individuals reached with home-based care **Sustainability:** Project Hope has sustained the Trejo Clinic and associated services by securing funding from the Academy for Educational Development (AED) and private donors.
Les Promoteurs de l'Objectif Zerosida (POZ)	**POZ - Haiti**
Type of Organization: Local NGO Grant Awarded: 109,690 Length of Project: 2 years	POZ worked on reducing stigma and discrimination and the spread of HIV/AIDS in four geographical areas of Haiti. They focused on helping create and strengthen grassroots groups of PLWHA and peers leaders to become more self-supportive and thereby capable of affecting national policies, discriminatory attitudes, sexual behavior and thus contributing to the reduction of the current rate of infection. **Program Focus:** Reducing Stigma and Discrimination **Program Sub-Focus:** Care and Support **Target Population:** PLWHA, general population **Close-out date:** 7/31/2005 **Life of Project Results:** • 14,500 flyers distributed – part of the behavior change campaign • 25,000 people reached through advocacy campaign • 450 youth trained in schools on stigma and discrimination issues **Sustainability:** POZ has initiated a one-year award through the Community REACH USAID Haiti Buy-In in order to expand and scale-up its stigma and discrimination activities
REGION	**GLOBAL**
International Community of Women Living with HIV/AIDS (ICW)	**ICW**
Type of Organization: International NGO Fixed Obligation Grants Totalling: $30,000	Community REACH awarded a grant to the International Community of Women Living with HIV/AIDS (ICW) for "Developing the ICW Community and Increasing the Voice of HIV Positive Women Worldwide". This grant enabled ICW to improve and increase its outreach to women worldwide through the development of a membership database and a method for distributing survival kits of information to HIV+ women worldwide. The grant also allowed ICW to enhance its website to increase the information distributed to its membership base and to encourage dialogues in chat rooms. Finally the grant funded two internationally distributed newsletters in French, Spanish and English that provide advocacy messages and vital information on access to care and treatment to HIV positive women around the world.
Lott Carey International	**LCI**

Type of Organization: International FBO Fixed Obligation Grant: $32,000	Lott Carey International (LCI) is a Washington, DC headquartered, faith-based, not-for-profit agency committed to empowering impoverished people around the world to improve their qualities of life. USAID requested Community REACH establish a partnership with LCI and provide capacity building support on the development of a LCI subgrants program. Community REACH assisted LCI review proposals from Lott Carey International Baptist Mission partners overseas to help identify eligible programs on prevention, orphan care and support and/or pastoral education and home-based care and income generation. During the past year Lott Carey has identified five initial faith-based partners partners for subgrant activities: Ethiopia Addis Kidan Baptist Church, Lott Carey India, African AIDS Initiative International, Kipsitet Orphanage Kenya, FIDIPA Kenya . Community REACH is providing direct ongoing mentoring on program development and design in addition to subgrant management, budgeting, USAID rules and regulations and President's Emergency Plan reporting. An additional grant will be given to Lott Carey making the total award $240,000.
National Association of People Living with HIV/AIDS	**NAPWA**
Type of Organization: International NGO Fixed Obligation Grants Totalling: $115,000	Community REACH worked with the National Association of People Living with HIV/AIDS (NAPWA) to strengthen PLWHAS networks in Africa. The following activities took place over 2004: NAPWA facilitated a Network of African People Living with HIV/AIDS (NAP+) 2001-2004 Strategy Review Workshop at the Ethiopian Red Cross Training Institute, Addis Ababa, Ethiopia. The purpose of the NAP+ strategic plan review meeting was to bring NAP+ board members and representatives together to assess progress in reaching objectives of the strategic plan and to ensure that goals and objectives matched changing needs of PLWHASs in Africa. During the meeting, participants discussed issues around treatment preparedness and mainstreamed into the current NAP+ strategic plan. NAPWA worked with the Network of Zambian People Living with HIV/AIDS (NZP+) in assessing immediate and long term needs, developing a work plan, strengthening leadership, advocacy and building partnerships with stake holders including USAID and other cooperating agencies. In Kenya, NAPWA worked with the National Empowerment Network of People Living with HIV/AIDS (NEPHAK) to host a national conference to identify priority issues regarding ARVs, and to start the strategic planning process.
HBCU/MI Consortium for National and International Programs	**HBCU/MI**
Type of Organization: International NGO Fixed Obligation Grants Totalling: $74,000	At the request of the Office of HIV/AIDS at USAID, the Community REACH team worked with the HBCU/MI consortium to build their capacity in 2004. This support: • Guided the consortium on the development of a capacity statement to use for marketing purposes and when applying for USG HIV/AIDS funding • Provided guidance and training on USAID cost principles • Conducted a pre-award desk review and discussed findings with HBCU/MI and suggested methods for compliance for USG funding • Funded an information gathering trip to Namibia to visit potential partners such as the University of Namibia to enhance HBCU/MI capabilities to develop a country-level program based on a people-to-people approach • Co-facilitated and funded a workshop for HBCU member institutions as a "visioning" exercise to develop a consortium mission statement and methodology for HBCU members to put proposals jointly together in response to opportunities posed by

	USAID, CDC and DHHS.