



BUILDING
CAPACITY
WORLDWIDE

Community REACH

**Pact's HIV/AIDS Rapid Response
Mechanism**

**October 2006 to
September 2007
Annual Report**

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List of Abbreviations and Acronyms

AIDS - Acquired immune deficiency syndrome	USAID RDM/A – USAID Regional Development Mission of Asia
APS - Annual Program Statement	USG - United States Government
ARV - Antiretroviral	VCT - Voluntary counseling and testing
CBO - Community-based organization	WHO - World Health Organization
CDC - Centers for Disease Control	
Community REACH - Rapid and Effective Action Combating HIV/AIDS	
DfID - UK Department for International Development	
DHS – Demographic Health Survey	
DOT - Directly-observed treatment	
ECD - Early Childhood Development	
FBO - Faith-based organization	
FSW – Female Sex Worker	
FY - Fiscal year	
GIPA - Greater Involvement of People with HIV/AIDS	
GMR - Greater Mekong Region	
HBC - Home Based Care	
HIV – Human immunodeficiency virus	
IEC - Information, Education and Communication	
IDU - Injecting drug user	
IGA - Income Generating Activity	
INGO - International non-governmental organization	
LOP - Life of Project	
LWA – Leader with Associates	
M & E - Monitoring and evaluation	
MARP - Most-at-risk population	
MER - Monitoring, Evaluation and Reporting	
MOH - Ministry of Health	
MSM - Men who have sex with men	
NGO - Non-governmental organization	
OCA - Organizational Capacity Assessment	
OGAC - US Office of the Global HIV/AIDS Coordinator	
OI - Opportunistic Infection	
OVC - Orphans and vulnerable children	
PEPFAR - President’s Emergency Plan for AIDS Relief	
PLHIV - People living with HIV/AIDS	
PMTCT - Prevention of Mother to Child Transmission	
PVO - Private voluntary organization	
RFA - Request for applications	
RFP – Request for proposals	
STI - Sexually Transmitted Infection	
TB - Tuberculosis	
TOT - Trainer of Trainers	
USAID - United States Agency for International Development	

Program Overview

a. Background

The Community REACH (Rapid and Effective Action Combating HIV/AIDS) Leader with Associates (LWA) award is a global USAID program funded through the Global Bureau for Health's Office of HIV/AIDS managed by Pact, with monitoring and evaluation support from Constella Futures. The program is designed to facilitate the rapid award of grant funds to organizations playing valuable roles in the struggle against HIV/AIDS; thereby increasing access to services for individuals, families and communities most vulnerable to HIV/AIDS infection and its broader impacts. The core leader award NGO grants program promotes both scaling-up of successful programs and start-up of new programs with potential for demonstrable impact on the pandemic.

Through FY 07, USAID missions and bureaus for whom an Associate Award is not an appropriate fit had the additional option of developing country- or region-specific NGO grant programs through field support/buy-in funding to Community REACH. Currently, the Community REACH team is implementing country programs in Haiti, Liberia and Peru through this buy-in mechanism. Countries that transitioned from the buy-in mechanism to Associate Awards during this period were Namibia, Viet Nam and the Greater Mekong Region. Since its inception six years ago, Community REACH has managed more than US\$20 million in subgrant funds to more than 150 sub-recipients in 21 countries.

Associate Awards under the Community REACH Leader Award are managed at the country-level. The country-level teams report per their specific cooperative agreement directly to the relevant USAID mission.

b. FY07 Work Plan Activities

This annual report will serve as a report on FY07 Work Plan activities completed between October 1, 2006 and September 30, 2007. Key activities approved for the FY07 workplan include:

- **Core Grant Program**
 - Grant Solicitations
 - Follow-on Grants
 - Unsolicited Grants
- **Leader Buy-in Grant Activities**
- **NGO Grant Management**
- **NGO Technical Assistance**
- **Monitoring, Evaluation and Reporting (MER)**

c. Major Accomplishments and Key Program Results for Reporting Period

The Community REACH program continues to build capacity of local and international NGOs to better respond to HIV/AIDS issues at the community level. A number of grantees have moved to transition grants and others have moved on to solicit funding from other donors, as planned. The program continues to initiate new associate awards and roll ongoing buy-in programs into associate awards that will continue for up to five years past the September 2008 end date of the Community REACH Leader Award Program. Highlights from this twelve-month reporting period include:

- Completion of two competitive country-level RFAs in Zimbabwe and Cambodia in partnership with Pact country teams
- Award of 19 new grants through these RFAs (ten in Zimbabwe and nine in Cambodia)
- Close-out of 19 grants
- Start-up of new \$1.67 million country program in Peru, including award of eight new grants
- Rollover of the Namibia, Greater Mekong Region and Viet Nam buy-in programs to associate awards
- Two presentations on the Community REACH publication “Engaging Local Non-Governmental Organizations (NGOs) in the Response to HIV/AIDS,” made at the 2007 Global Health Council Conference in Washington, DC.

Table 1 below shows the number of grants that have been awarded through the Community REACH Leader award; under the global and buy-in country programs.

Table 1: Leader Grant Awards		
Global Grants	Oct 06 to Sept 07	Life of Project
Competitive Awards	19	59
Unsolicited Awards	1	9
Transition Awards	2	7
Total	22	75
Country Program Grants		
Viet Nam	3	17
Greater Mekong Region	4	8
Haiti		3
Liberia		1
Namibia		14
Peru	8	8
Total (buy-ins)	15	51

Community REACH’s NGO partners continue to deliver innovative programming and services that have an impact the epidemic. These partners in the field receive comprehensive training in the area of MER and receive on-going technical support to ensure correct and accurate reporting on their programming. A summary of results on key indicator categories is presented in Tables 2

and 3. Expanded PEPFAR indicators reported by grantees for the current reporting period (Oct 06 – Sept 07) are presented in Tables 9 and 10 in Section V (Monitoring and Evaluation).

Table 2. Leader Grantee Service Delivery		
A. Global Grants	FY07	LOP
People reached with prevention messages	108,504	2,708,288
People who received counseling and testing for HIV and received their test results	12,980	106,988
OVC reached with care/support	1,045	29,170
PLHIV provided with Palliative Care (non ART)	43,405	185,820
B. Country Program Grants¹	FY07	LOP
Viet Nam²		
People reached with Prevention AB info	100,367	209,299
People reached with Prevention/Other info	515	30,710
People who received counseling and testing for HIV and received their test results	406	2,430
OVC reached with care/support	528	1,661
PLHIV provided with Palliative Care (non ART)	865	4,167
PLHIV provided with ART treatment/services	62	403
Namibia³		
People reached with AB info	26,859	38,625
People reached with Prevention/Other info	17,304	25,455
PLHIV provided with Palliative Care (non ART)	22,737	33,030
OVC reached with care/support	30,928	69,452
Haiti		
OVC reached with care/support	1,116	1,116
Peru		
People reached with Prevention/Other info	39,180	39,180
People who received counseling and testing for HIV and received their test results	2,347	2,347
PLHIV provided with Palliative Care (non ART)	669	669
C. GRAND TOTAL - Leader Award Activities	FY07	LOP
People reached with Prevention messages	292,729	3,051,557
People who received counseling and testing for HIV and received their test results	15,733	111,765
OVC reached with care/support	33,617	101,399
PLHIV provided with Palliative Care (non ART)	67,676	223,686
PLHIV receiving ART (Viet Nam only)	62	403

¹ These country program results are being directly reported to the in-country USAID missions as per the Country Operational Plan process. The Greater Mekong Region program uses non-PEPFAR indicators and reports directly to the USAID Thailand mission and therefore is not included in this table.

² Indicators for Viet Nam reflect only grantees that remain under buy-in funding. Grantees funded under the Associate Award are reported directly to the USAID mission.

³ Namibia indicator numbers have been adjusted to correct for previous double counting.

Table 3. Select Life of Project Training Results	
Includes core grantees and buy-in programs not directly reported to country missions	
Program Area	Total No. of Persons Trained to date
Prevention: Other Behavior Change	34,583
HIV Counseling & Testing	1,241
Palliative Care (non ART care)	18,004
Orphans & Vulnerable Children (OVC)	3,639

d. Selected Stories from the Field

The quantitative results of Community REACH show the program’s effectiveness and the impact of the partners’ activities. The following stories from selected grantees provide a snapshot of the **qualitative** impact these activities have on the clients they serve.

Finding New Ways to Increase ARV Adherence ~ Submitted by LLAVES (Honduras)

ARV adherence is a serious problem in most treatment programs. In an effort to find new ways to support ARV adherence and share information, HIV-positive individuals in Honduras reached through LLAVES Foundation came together to form the first self-support group in Honduras developed especially for PLHIV reporting adherence problems.

The initiative began in August 2006 with six participants at the first session; four men and two women. During this session individuals discussed the different challenges that they faced that made adherence to ARV treatment difficult. They talked about forgetting to take medicines, workers with night journeys, lack of potable water available to people taking drugs away from home, embarrassment to take medicines in public places or in front of others and feelings of fatigue brought on by the medication.



Llaves, Honduras

The participants felt that the first meeting was a success and decided to hold monthly meetings at the LLAVES Foundation. The second meeting had seven participants, during which information about how ARVs work was provided. PLHIV also received pill boxes to assist them to take their pills correctly.

During the third meeting, twelve PLHIV participated and discussed schedules for taking medications and names of ARV drugs. It was evident that the trust between members was quickly growing. People began to refer to others by their first names. They shared daily situations about living with HIV and brainstormed on how to help each other improve adherence. At the start of the meeting, some of the original seven participants

mentioned that having a pill box and the “tip” made at previous meetings to carry a bottle of water facilitated taking pills during work hours. The exchange of information among PLHIV on ARV adherence was making a positive impact and strengthening adherence strategies for support group members.

Support group counselors are now working to develop a better structure for the sessions and are investing more time to prepare the material and topics to be reached every month. As the only adherence- focused support group in the country, this group is unique. The support that LLAVES Foundation gives to this growing support group has the potential to greatly improve the effectiveness of anti-retroviral treatment among PLHIV in the area.

Passing Hope Along ~ A personal narrative submitted by Network on Ethics, Human Rights, Law, HIV/AIDS (NELA) (Nigeria)

“I am Khadijat Raji, a Program Assistant at NELA under the [Pact] Community REACH Project in Nigeria. I am 30 years old. Living with HIV has been a major challenge in my life. Before I came in contact with NELA, I was diagnosed to have TB and I was referred to NELA from the TB clinic for HIV screening. I was counseled and tested positive. It was as if there was no hope for me. With the post test counseling, I realized that I could live a positive life with my status... I [had] just completed my Higher National Diploma in Business Administration; there was no job, nobody to help. My fiancé ...ran away.

Along the line I was informed of an advertisement for the post of Program Assistant [at NELA.] I applied... At the end of the interview, I was appointed... Since I have taken the job, I have not been disappointed. I was sent for training in basic facts about HIV, home-based care and counseling. This indeed has been very helpful for me in coordinating the support group meeting. I am glad I have hope and that after all being HIV positive is not the end...I am happy that I am alive and healthy.

Just few days ago, I came across a woman who is HIV positive and was worried about her status. I took time to counsel her on her status, and other opportunistic infections. When I informed her that I am also HIV positive, she was dumbfounded. She could see that I am healthy. At first, she could not believe me and kept on asking the question – is it true that you are HIV positive? I said yes... She felt elevated that if somebody with HIV could look the way I look, and then she is sure that she can get over it and also live a positive life.

I thank NELA and the Community REACH project for giving me the opportunity to serve other people like myself. I wish to continue what I am doing and to share the message that HIV/AIDS is not a death sentence. PLHIV can still live a healthy and productive life. I am ready to join the campaign against stigma and discrimination against PLHIV in Oyo state and in Nigeria at large.”

Life Changing Referrals ~ A client success story submitted by CHEC (Cambodia)

Saut Leang Chor is a 30-year old HIV-positive woman from Sa Ang district. Her husband died of an AIDS-related illness in 2005. She cares for her 76-year old mother and her 12-year old

daughter. Her daughter eventually had to drop out of school to look after the two adult women when Saut Leang Chor's illness progressed. The family's only income came from collecting wild morning glories and water lilies from the water to sell in the market. These plants were also the family's main source of food. Saut Leang Chor was very thin and suffering HIV-related opportunistic infections. People would not allow their children to play with her daughter nor visited her.

In 2006, after hiding her status for several years she was put into contact with the CHEC HBC team. She was sent to the Referral Hospital and put on antiretroviral therapy. Since then her health has improved dramatically and she continues to receive regular support from the CHEC HBC team. She is now strong enough to work and has received a loan from the Saving Fund Committee to purchase cattle. Her daughter is going back to school and sometimes helps her mother with the business. Saut Leang Chor shares her experience with members of the Self Help Group and neighbors at home. She said, "Now I learn how to care myself and my family and I hope I can live longer. I am much obliged to the CHEC HBC program. Without this program, I would not have been able to survive."

II. Core Grant Program

a. Country-Level RFAs

During the reporting period two country-level RFA processes were completed in Zimbabwe and Cambodia, resulting in nineteen new grants. Country-level RFAs enable the Community REACH program team, jointly with the Pact country office teams, to address gaps in HIV programming at the country-level by focusing on specific technical areas and implementation issues.

Zimbabwe RFA

In January 2007, the Community REACH team worked closely with the Pact/Zimbabwe country office and USAID mission in Zimbabwe to develop an RFA through which to award up to ten one-year grants of \$50,000 to local NGOs. The grants in Zimbabwe aim to improve the quality of life of HIV infected individuals and their families through the provision of community home-based care. The RFA highlighted Pact's strategy of integrating mitigation care and prevention in programming for holistic interventions. Main activities focus on building the capacity of community home-based care givers and creating a supporting and enabling environment for them to effectively provide palliative care to individuals living with HIV/AIDS.

The RFA was a single-phased application review process that facilitated participation of USAID mission staff and other stakeholders. A total of twenty-two local NGOs submitted applications. A technical review panel consisting of Pact Zimbabwe staff, representatives from the Hospice Association of Zimbabwe (HOSPAZ), the Zimbabwe National Network of People Living with HIV/AIDS (ZNNP+), the Zimbabwe Association of Church Related Hospitals (ZACH), and the National AIDS Council of Zimbabwe (NAC) reviewed the applications.

Ten local organizations were awarded \$50,000 grants. These CBOs and FBOs are located across seven districts. Table 4 shows the details of Community REACH's newest NGO partners.

Table 4. New Awards in Zimbabwe		
Grantees	District	Type of NGO
1. Musume Mission Hospital	Mberengwa	FBO
2. Midlands Aids Caring Organisation	Mberengwa	CBO
3. St Theresa Mission Hospital	Chirumhanzu	FBO
4. Dananai Child Care	Chirumhanzu	CBO
5. Seke Rural Home Based Care	Hwedza	CBO
6. Mt St Mary's Mission Hospital	Hwedza	FBO
7. Uzumba Orphan Care	Mutoko	CBO
8. Regina Coeli Mission Hospital	Nyanga	FBO
9. Old Mutare Mission Hospital	Mutasa	FBO
10. Mutambara Mission Hospital	Chimanimani	FBO

In April 2007, Community REACH and Pact Zimbabwe jointly conducted a start-up workshop at which all grantees were represented by either their coordinators or directors. This workshop oriented the grantees on the programmatic and financial requirements of the Community REACH program.

During this reporting period all grantees informed their communities about the project and identified caregivers and OVC with whom to work. The grantees successfully prepared their Program Implementation Plans (PIPs). All grantees have started offering services to both HBC clients and OVC. As of September 2007, the grantees had provided treatment for TB to 3,352 HIV-infected clients attending HIV care/treatment services and trained 698 individuals to provide palliative care. New Community REACH supported programs in Zimbabwe also provided care and support to 929 OVC.

The Zimbabwe programs have faced significant challenges during the reporting period due to the current hyperinflationary environment of the country. The cost of goods and services has increased dramatically, and a shortage of basic commodities and resources has limited the ability of grantees to offer incentives to volunteers. In addition, fuel shortages sometimes compromises the supervisory follow-ups for HBC clients.

Cambodia RFA

Community REACH and Pact Cambodia, in collaboration with USAID/Cambodia, developed an RFA that responds to the challenges identified by the National AIDS Authority in the 2005 *Situation and Response Analysis* in the area of prevention with most-at-risk populations.

The technical foci chosen for this RFA build upon the experience of NGOs, many of which have already expanded to incorporate prevention work with MSM and entertainment workers in karaoke clubs, bars, parks and beer gardens. The RFA also addresses two of the seven key areas identified as important to meeting Cambodia's universal access targets. These are increasing coverage of prevention programs targeting informal sex workers, especially the difficulty of reaching their male clients and other partners; and expanding service coverage for especially vulnerable and most-at-risk populations.

Successful applicants demonstrated their commitment to behavior change, rather than basic awareness, and their ability to coordinate with and complement rather than duplicate existing initiatives. The nine organizations shown in Table 5 were selected to receive awards of between \$30,000 and \$50,000 through a competitive process.

Table 5. New Awards in Cambodia		
Grantees	District	Type of NGO
1. Cambodian Human Rights and HIV/AIDS Network (CHRHAN)	Phnom Penh	Local Network
2. Cambodian Women for Peace and Development (CWPD)	Phnom Penh	Local NGO
3. KANHNHA	Phnom Penh	CBO
4. Men's Health Cambodia (MHC)	Phnom Penh	Local NGO
5. Men's Health Social Service (MHSS)	Phnom Penh	Local NGO
6. Phnom Srey Association for Development (PSAD)	Phnom Penh	Local NGO
7. Women Organization for Modern Economy and Nursing (WOMEN)	Phnom Penh	Local NGO
8. Khmer Women's Cooperative for Development (KWCD)	Phnom Penh	Local NGO
9. Save Incapacity Teenagers (SIT)	Kandal Province	Local NGO

b. Follow-on Grants

Community REACH selected three high-performing grantee organizations with the concurrence of the relevant missions to receive follow-on grants in FY 07. These grantees have the capacity to take lessons learned from their initial grant award experience and address needs and gaps in programming with additional grant funds. In this way, Community REACH supports innovative grantees looking to improve their current programming. Community REACH awarded two follow-on grants to **Training and Resources in Early Education (TREE)** in South Africa, and **Network on Ethics/Human Rights, Law, HIV/AIDS – Prevention, Support, Care (NELA/PSC)** in Nigeria. A follow-on grant for **Hodi** in Zambia was being processed at the close of this reporting period.

Under its previous OVC research grant, TREE researched new roles for early childhood development (ECD) practitioners in supporting OVC in KwaZulu-Natal province, South Africa. The follow-on grant allows TREE to implement the findings of its research. Through a series of workshops TREE aims to make a sustainable change in the well-being of OVC by equipping the ECD practitioners with skills and contacts necessary to identify young orphans and vulnerable children in their environment, to assess the children's needs, and to set up ongoing and sustainable support for the children.

The first NELA grant supported by Community REACH was so successful that demand for home-based care and support services for PLHIV increased significantly, especially in Oyo state. NELA's follow-on grant will enable them to improve and scale up service delivery in the areas of prevention and care and support. New programming will strengthen the capacity of volunteer health professionals to improve the delivery of HBC, address linkages between HIV and malaria

and clean water issues, disseminate information and materials to reduce stigma and discrimination and promote VCT and positive living.

c. Unsolicited Grants

Community REACH continued support to two unsolicited grants during FY07 at the request of the Office of HIV/AIDS at USAID (OHA).

Lott Carey International-- Foreign Baptist Mission

Lott Carey International (LCI) is a Washington, DC headquartered, faith-based organization committed to empowering people around the world to improve their quality of life. USAID requested that Community REACH establish a partnership with LCI and provide capacity building to establish an umbrella grants program with their international partners and churches. With its Community REACH grant LCI supported the following sub-award recipients:

- Lott Carey Ethiopian Addis Kidan Baptist Church (EAKBC), Ethiopia to implement programs in care and support and livelihood training for PLHIV
- African AIDS Initiative International Inc. (AII), Ethiopia to implement counseling and testing and HIV/AIDS education for university students
- Lott Carey Baptist Mission (LCBM-Delhi), India supporting a community clinic providing treatment for STIs and OIs, home-based care and community outreach
- The Friendly Integrated Development Initiatives in Poverty Alleviation (FIDIPA), Kenya to empower HIV-positive women and youth through; training in home-based care, behavior change communication, leadership skills and stigma and discrimination reduction; increased access to counseling and testing and ARVs; training in sustainable agriculture techniques and income generation

By the end of the grant in August, 2007, the organizations receiving subgrants had each received significant programmatic and organizational support from LCI. The subgrantees executed a number of innovative approaches including:

- Community outreach through free health check-up camps operated in conjunction with community education events such as puppet shows and street plays.
- Training in sustainable agriculture techniques and other income generating skills to improve the self-reliance of PLHIV resulting in improved attitudes among PLHIV as well as reduced stigma and discrimination towards PLHIV in communities.
- Training HIV positive women in leadership and human rights issues as well HIV/AIDS prevention education to facilitate their active involvement in community mobilization.

International Community of Women Living with HIV/AIDS (ICW)

In April 2007, Community REACH awarded an unsolicited one-year grant to ICW for activities in Namibia. A Namibian coordinator has been identified to lead project activities of mobilizing a social network of young positive women in Namibia. ICW began networking with NGOs, CBOs, FBOs, and the University of Namibia in seven regions of the country. Thirty young women living with HIV have been identified by support groups, who will attend an upcoming workshop / training to raise PLHIV advocacy skills.

III. Buy-in Activities/Country Programs

The Community REACH country buy-in program portfolio saw the transition of three country programs to associate awards and the addition of a program in Peru. In Viet Nam, the Greater Mekong Region (GMR) and Namibia, the Community REACH and country teams continue to manage the buy-in programs while they make their transition to the Associate Awards. The Community REACH team continues to support buy-in activities through country programs in Haiti and Liberia. The Pact Brazil team is taking the lead in management of program in Peru with back-up from the Community REACH team.

The Viet Nam program completed its transition early in FY07 and began reporting directly to the mission. Indicator numbers for only the Viet Nam grantees that remained under buy-in funding through this reporting period can be found in Tables 2 and 9.

a. Greater Mekong Region (GMR)

The overall strategy of Pact's GMR program is to focus on most-at-risk-populations (MARPs) as well as on geographic, "hot spots" in Thailand, Laos and Myanmar. At the request of the USAID Regional Development Mission of Asia (RDMA) in Bangkok, Pact Thailand also supported HIV/AIDS activities in Mongolia.



GMR grantee SWING conducts a training in Thailand

Thailand

To support USAID/RDMA strategies on HIV/AIDS in the Greater Mekong Region (GMR), Pact Thailand (a) promotes synergies among national and international organizations involved in the implementation of USAID HIV/AIDS strategy in the GMR; (b) improves the organizational management capacity of the local NGOs; and (c) supports the scaling-up of HIV/AIDS interventions implemented by local NGOs.

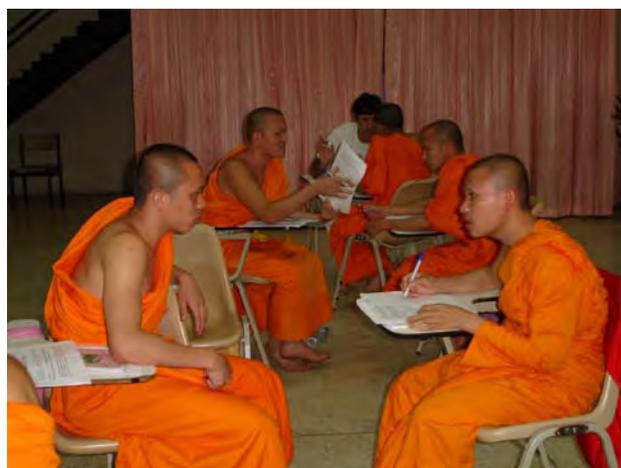
The Greater Mekong Regional Program provides subgrants to NGOs implementing HIV/AIDS/STI prevention, care and support activities targeting the most-at-risk populations (MARPs) including men who have sex with men (MSM), male sex workers (MSW), female sex workers (FSW), injecting drug users (IDU), and people living with HIV (PLHIV.) The program implementation sites in Thailand cover Pattaya in Chonburi Province, Bangkok and Chiang Mai; in Lao PDR, Pact's subgrantee works in Vientiane.

Three new organizations received grants effective September 2007 (see Table 6). One more grant has been issued, with an award effective date of October 2007. Pact also added funding to a current subgrant recipient (SWING) to support its Bangkok activities. These grants will end in December 2007, and it is anticipated that Pact will continue supporting these organizations through new grants under the Associate Award.

Table 6. New Awards under GMR Program		
Grantees	Geographic Area	Grant Amount
1. MPlus	Chiang Mai, Thailand	\$26,582
2. Rainbow Sky Association of Thailand	Bangkok, Thailand	\$32,200
3. Burnet Institute	Vientiane, Lao PDR	\$12,076

Laos

During this reporting period, the GMR program, in cooperation with Norwegian Church Aid (NCA), provided both financial and technical support to partner institution, Mahachulalongkorn Rachavidhayalaya University (MCU)/Chiang Mai Campus, implementing HIV/AIDS education and prevention activities with Laotian monk students from eight provinces, including the hot spot areas of Savannakhet, Vientiane, Champasak and Luangprabang.



A training course for Lao Monk Students on KAP

The major achievements during this reporting period include completion of a training curriculum for Buddhist monk students, conducting the training to Lao monk students, and implementing HIV/AIDS prevention activities by Lao monk students during summer-break in their hometowns. All activities implemented by Lao monk students were concluded in November 2006. Pact Thailand worked closely with NCA on the monitoring of final activities and data collection for the compilation of the final report.

While this project was successful, NCA felt that the future funding terms of one year of confirmed funding with additional years of funding being dependant upon availability if funds from USAID, was too short term to sustain their partner, Chiang Mai Buddhist University. The project closed during this period.

Myanmar

Through the GMR program, the Myanmar Network of PLHIV (MNP⁺), initiated by the Norwegian Church Aid Home, supported PLHIV through home visits, education and communication programs, referrals to public health services, and psychological support. MNP⁺ also produced and distributed educational materials and provided training for members of PLHIV networks and NGO staff. NCA implemented the MNP⁺ project in partnership with the Myanmar Council of Churches (MCC). The project established a drop-in-center in Yangon and made linkages with local church associations under MCC, involving a total of 861 individual PLHIV throughout the project life. The project strived for the reduction of discrimination and

stigma. PLHIV self-help groups were formed and these groups were linked together and trained to be able to take up roles and responsibilities to manage their own initiatives and projects.

This subgrant closed during this reporting period because the strategy of NCA was no longer in line with RDM/A's country strategy.

Mongolia

In Mongolia, Pact worked to increase the overall awareness of HIV through a multimedia approach and build the capacity of local organizations to provide information and services to most-at-risk-populations through a grant mechanism.

Under the HIV prevention program, Pact Mongolia issued an award and provided technical support to the National HIV/AIDS Foundation (NAF). The main focus of this project was to reduce high-risk behaviors contributing to increasing STI/HIV/AIDS infection rates among FSWs and MSMs in Ulaanbaatar City and Darkhan-Uul Province of Mongolia. To this end, two CBOs and one NGO received subgrants from NAF to implement STI/HIV/AIDS prevention projects aimed to improve knowledge, skills and accessibility to health services among these two high risk groups.

Some of the activities carried out through the subgrants during the current reporting period include: development and distribution of television and radio programs to combat discrimination based on sexual orientation, delivery of mobile VCT services to MSM and FSW communities, organization of training for peer educators and outreach workers, launch of educational events for students, health workers, police officers and community members.

The Mongolia activities were completed during this reporting period and will not be continuing under the GMR Associate Award due to RDM/A's assessment that Mongolia is not a priority country in terms of epidemiology.

b. Haiti

Pact continued to provide grants management and technical support to three subgrantees, FOSREF, *La Maison L'Arc En Ciel* (MAEC) and *Foundation of Compassionate American Samaritans* (FOCAS) working on strengthening communities to meet the needs of OVC in Haiti. In addition, Pact provided technical and management support through its stigma and discrimination grant to Promoteurs Objectif Zerosida (POZ), a local NGO. POZ was given a no-cost extension to September 30, 2007 to support their work with remaining unused funds.

c. Liberia

In Liberia, Community REACH provides the Christian Health Association of Liberia (CHAL) with on-going mentoring and on-site technical assistance. CHAL awarded five grants of \$25,000 to local organizations to establish rural VCT centers to act as an entry point for home-based care, orphan support, prevention programming and referrals. CHAL has also provided a grant to an FBO working on home-based care programs in Monrovia, and to a local NGO providing OVC services in three counties. See Table 7 for CHAL subgrant details.

Table 7. CHAL Subgrantees		
Organization	Period of Award	Geographic Area
Liberia Orphans of AIDS Foundation (OVC Program)	June 2006 - November 2007	Rivercess County and Monrovia
ELWA (HBC Program,)	June 2006 - June 2007	Monrovia
Open Bible Mission Clinic (Prevention/VCT)	July 2006 - July 2007	Rivercess County
Newaken Clinic (Prevention/ VCT)	July 2006 - July 2007	Grand Kru County
St. Francis Clinic (Prevention/ VCT)	June 2006 - June 2007	Maryland County

Together, CHAL subgrantees provided significant levels of services in FY07. Through subgrantee programs 37,729 individuals were reached with prevention messages promoting behavior change beyond abstinence and being faithful. Subgrantees also provided counseling and testing to 8,669 individuals; provided palliative care to 83 people; and served 41 OVC.

d. Namibia

In Namibia, the Community REACH buy-in program manages grants to 14 community, faith-based, local not-for-profit organizations working in areas of prevention - predominantly through abstinence and being faithful, palliative care, and care and support for orphans and vulnerable children. In FY07, Pact worked with subgrantees on two important levels: improving organizational effectiveness and strengthening technical capacity for implementation of prevention, care and support activities.



Patient receiving services at a clinic run by Catholic AIDS Action

All subawards under the approved workplan were scheduled to end in June 2007. Because the Associate Award process was delayed, Pact/Namibia prepared twelve subgrantees for extensions under buy-in funding to bridge funding gaps until the Associate Award was in place.

USAID awarded the Community REACH Namibia Associate Award in September 2007. Effective October 1, 2007, Pact's new associate award will support 12

organizations previously funded under a Community REACH buy-in.

In addition to working with local NGOs, Pact worked with the Ministry of Gender Equality and Child Welfare (MGECW) to implement an OVC database to register orphans and vulnerable children (OVC) and key services they receive. Pact also supported the MGECW in establishing OVC forums at regional and constituency levels in several regions of Namibia, aimed at

mobilizing community action and response. Pact also collaborated with the Ministry of Health and Social Services for developing palliative care standards.

e. Peru

During this report period, in collaboration with the Pact Brazil team, Community REACH completed the start-up phase of the new Peru program. Eight grants were awarded to local organizations (See Table 8). The activities supported under these sub-grants include research on HIV and STIs in three major cities in Lima, Iquitos, and Pucallpa; research on HIV and STDs in the Amazon River Basin; and a condom social marketing program in Lima, Iquitos and Pucallpa; support to PLHIV; and work with vulnerable populations. The programs work with MSMs, TGs, prison inmates and the national police force in three cities. Indicators reflecting program progress to date are included in Tables 2 and 10.

During this first year, the Peru program designed a new Business Coalition Initiative and which was presented to the Ministry of Health. The team also produced a series of IEC materials in association with the new initiative. In addition, a two-day MER workshop was held for grantees. Five of the grantee organizations participated in the “OCA process” to assess strengths and weaknesses.

Table 8. New Peru Awards		
Grantee	Geographic area	Award Value
Universidad Peruana Cayetano Heredia (UPCH)-PREVEN	Lima, Callao, Trujillo, Chiclayo, Arequipa, Bagua, Yurimaguas, and Puerto Maldonado	\$400,000
Universidad Peruana Cayetano Heredia (UPCH)	Iquitos, Pucallpa, Yurimaguas, and Puerto Maldonado	\$160,000
APROPO- Condom Social Marketing	Lima, Iquitos and Pucallpa	\$135,000
PROSA- HIV Prevention Alternatives	Lima	\$ 62,000
PROSA- INPE	Lima, Iquitos and Pucallpa	\$ 82,000
Vía Libre – PNP	Lima, Iquitos and Pucallpa	\$100,000
Pact Perú (<i>independent local NGO</i>)	Lima and Pucallpa	\$160,000
Asociación Civil Cayetano Heredia Salud y Educación	Pucallpa	\$ 58,000

f. OVC Tool for Care and Quality Improvement

The Community REACH team has been working with USAID Africa Bureau to develop a tool to assist programs working with OVC by establishing service standards as part of providing quality care. The development of a draft tool “*Achieving Standards of Care and Quality Improvement in Programming for Orphans and Vulnerable Children*” was followed by a workshop in Ethiopia in February 2007 where Lori DiPrete Brown, the main author, presented the draft tool to colleagues from USAID Africa Bureau, Family Health International and MEASURE for feedback on the tool’s usability and application.

Lori DiPrete Brown reported the results of the Ethiopia workshop at a workshop in Washington DC entitled, “Supporting Standards-based Quality for the Care for Orphans and Vulnerable Children”. Additionally, the workshop discussed the four phases of quality improvement with a focus on dimensions of quality and establishing service standards linked to outcomes and explored practical means for applying methods for quality improvement and assurance in different country contexts.

g. International Center for Research on Women (ICRW)

USAID’s Interagency Gender Working Group (IGWG) provided buy-in funding through Community REACH for an unsolicited grant to ICRW to identify ways to increase the age of marriage in developing countries. In April, 2007 ICRW submitted its final report to Community REACH, entitled, “New Insights on Preventing Child Marriage: A Global Analysis of Factors and Programs.” Key findings highlighted in the report, as supported by ICRW’s research, are: 1) while a wide range of programs exist around the world, they are not always in the countries with the highest prevalence of child marriage; 2) there is a lack of program evaluations even if programs do exist, so there is a lack of data to support or discern what interventions work; 3) the programs that exist are isolated from one another, so there is no sharing of lessons learned across programs. Two recommendations of the report include setting up monitoring and evaluation systems in the existing programs as well as promotion of primary education and secondary education as interventions to reduce child marriage.

On May 15, 2007, ICRW disseminated the findings of their research in an ICRW Insight & Action seminar. The Community REACH supported research also contributed to the development of legislation introduced by Sen. Dick Durbin (D-Ill.) to both the House and Senate to reduce child marriage. The document can be accessed through the ICRW website at: <http://www.icrw.org/docs/2007-new-insights-preventing-child-marriage.pdf>.

IV. Grants Management and Technical Assistance

a. Ongoing NGO Grants Management

The Community REACH team works on a daily basis to ensure quality grants management and collaborative support to its NGO partners. The major activities during this reporting period included:

- Preparation of grant agreements and award of grants
- Program description review and refinement for select grantees
- Implementation of start-up workshops to orient grantees in grants administration and PEPFAR reporting requirements
- Review of grantee Quarterly Performance and Financial Reports with feedback provided as necessary
- Transfer of grant funds on a monthly basis
- Review of grantee Final Reports
- Drafting and execution of award modifications
- Support to country offices in the management of the RFA process to solicit new grantees

b. Core Grant Technical Assistance

While most of the technical assistance Community REACH provides is virtual, during this reporting period, team members worked directly with several grantees. This assistance included grants management, grant monitoring, capacity assessment and preparation of sub-grants. The following is a summary of the technical assistance.

Technical assistance for India grantees

In November 2006, Community REACH staff specializing in both programmatic and grants administration focus areas, traveled to India to provide support to two grantees, INP+ and Positive People, in their capacity to manage their cooperative agreements. INP+, based in Chennai, faced significant start-up problems due to delays in executing its planned subawards to NGOs working in Kerala and Goa. Orientation meetings with INP+ and its sub-recipients greatly improved their understanding of the requirements of their award and programmatic expectations under Community REACH. Since the site visit,



Community REACH staff working with INP+

INP+ successfully developed a year two implementation plan, has reached its year one targets and continues to build the capacity of its two subgrantees in Kerala and Goa.

In Goa, the team met with Positive People to provide orientation for staff to the grant since this sub-recipient was not able to attend the 2006 start-up workshop. The site visit provided Community REACH with a greater understanding of Positive People's programmatic challenges and necessary changes to their award agreement. In addition, the site visit afforded a visit to Sangath, a sub-recipient providing support under the mental health component of Positive People's home-based care program. Since the visit by Community REACH staff, Positive People have entered into partnership with INP+ subgrantee, Zindagi Goa, to provide training to PLHIV in nutrition, mental health

Start-up Workshop for new Zimbabwe grantees

In March, a joint Community REACH-Pact Zimbabwe team conducted a four-day start-up workshop in Harare for the ten selected NGOs under the Zimbabwe RFA. The workshop provided an introduction and orientation to working under a USG-funded grant mechanism. The Program Specialist-Health, from USAID/Zimbabwe also attended the workshop. Workshop topics included orientation to award documents, compliance with standard provisions and highlights of USG rules and regulations. Tie-in sessions covered Pact policies as they relate to USG rules, especially with respect to financial and performance reporting and budget management. One full day of the workshop was devoted to the establishment of appropriate PEPFAR indicators and M&E requirements. The final two days were dedicated to budget review and preparation of budget notes; Pact finance officers worked with each grantee to put together comprehensive budgets that aligned with proposed program activities.

Technical Assistance to CHC in Cambodia

Community REACH staff traveled to Cambodia in March, 2007 to work with the Pact Cambodia office and spent time working individually with CHC, one of our grantees under the ARV Preparedness RFA. Because the CHC representatives were unable to participate in the 2006 start-up workshop, the team member reviewed the sub-recipient award document in detail and answered specific questions. The site visit also allowed the sub-recipient an opportunity to present an overview of the organization and discuss the progress of their activities.



Pact Cambodia staff is introducing the training objectives during the five-day training on Advocacy and Planning.

Organizational Development and Capacity Building for New Cambodia Grantees

Pact Cambodia staff conducted three training workshops for grantees during the reporting period:

1. Two-day workshop on project orientation and planning with the nine new grantees to present their projects activities, monitoring and evaluation and reporting system.

2. Five-day communications, facilitation and presentation skills training with 34 participants from Pact Cambodia's NGO partners.
3. Five-day workshop on advocacy and planning for 36 NGO participants.

Pact Cambodia HIV/AIDS staff also provided technical assistance to the **IEC working group**, a group comprised of Pact grantees whose programs include dissemination of IEC materials. The working group is led by CHRHAN and includes peer facilitators and NGO staff from CHRHAN, PSAD, CWPD, WOMEN, KWCD and SID. Pact Cambodia provided assistance in the development of IEC materials related to HIV/AIDS prevention with entertainment workers (EW) regarding condom use and negotiation.

Lott Carey International

During the reporting period, Community REACH continued to provide mentoring and training to LCI in grants management and USAID rules and regulations. The Community REACH team guided LCI through the proper documentation and execution of modifications to sub-award agreements. More specifically, the team advised LCI on how to adjust its sub-award agreements based on current programmatic realities and negotiated a corresponding modification to the award to reflect those changes.

Community REACH worked closely with LCI to complete the modifications that were necessary due to the ineligibility of one of the partners included in the original work plan. Community REACH helped LCI identify the problem and find a suitable solution that allowed LCI to support the proposed activity through a different existing partner.

Because this shift of activities between partners constituted a significant shift of costs from the sub-award budget category to other budget line items, as well as adjustments to LCI's originally approved sub-award recipients, Community REACH staff and LCI negotiated a modification to the agreement to incorporate a new approved budget, including names and funding amounts per LCI sub-award recipient. Also because of the delays, Community REACH staff agreed to extend the period of award by one month to provide LCI the time required to complete its program.

Honduras

In July, 2007, two Community REACH team members traveled to Honduras to provide on-site technical assistance to LLAVES, a grantee under the RFA focused on ARV Preparedness and to visit the Honduran Red Cross, a grantee whose Youth VCT award ended during the reporting period. The team provided grants and program management support and monitoring to LLAVES and attended an ARV Adherence Workshop to get a first hand look at the work that LLAVES is doing in the community and provide feedback. Program implementation systems and financial capacity and management systems in place at LLAVES were strong. Community REACH staff were able to work with LLAVES during the visit to establish a plan to effectively increase its burn rate for the remainder of the program so that all funds are utilized, review LLAVES quarterly financial reporting system and address concerns for any missing reporting documents.

In addition to providing TA for LLAVES, the team was also able to visit the Honduran Red Cross to review the key lessons learned and best practices from their Community REACH grant that ended in December 2006. This program focused on youth VCT with homeless and other at risk youth. Best practices discussed included:

- *Implementing the rapid test protocol:* This test is reliable, sensitive, and the results can be obtained in 15 minutes. The HRC was the first private organization that was authorized by the Ministry of Health to use these tests.
- *The formation of five self-support groups:* Numerous people have been integrated into these peer support groups after testing positive. Family members are encouraged to attend as well to provide the psychosocial that PLHIV need.



PLHIV at a LLAVES support group discussing ARV side-effects

c. Buy-in/Country Program Technical Assistance

During this reporting period the Community REACH team provided hands-on technical assistance to NGO partners supported with buy-in funding in Liberia, the Greater Mekong Region (GMR), Namibia and Peru.

Liberia

In November 2006, Community REACH staff traveled to Liberia to review the Christian Health Association of Liberia (CHAL) program and provide assistance in implementing its subgrants program. Staff spent two days at the CHAL headquarters in Monrovia to review quarterly reports, revise M&E systems, provide refresher training on PEPFAR indicators, and identify savings in the budget that could be shifted towards program activities. The Community REACH staff, CHAL Program Coordinator and Assistant, spent the remainder of the week visiting three CHAL grantees: Eternal Love Winning Africa (ELWA), Liberia Orphans of AIDS Foundation (LOAF), and Open Bible.

- ELWA program funded by CHAL provides HBC services to PLHIV in the outskirts of Monrovia, is partnering with the World Food Program (WFP) to support the nutritional needs of PLHIV, and provides referrals to the ELWA hospital. The team worked with ELWA to review data collection tools, review current procedures for timely submission of indicators and financial reports, and identify savings in the budget that could be used to provide incentives for HBC caregivers that were experiencing burnout.

- Community REACH and CHAL staff met with LOAF staff at their headquarters in Monrovia and visited a project site in Rivercess County. This project provides services to OVC in three pilot sites. The team was made aware of a need for LOAF to restructure staff LOE and the budget. Because the budget modifications were significant, Community REACH staff worked with CHAL to prepare a modification to the award with a revised budget.
- Community REACH staff traveled to Rivercess County to meet with Open Bible which provides rural VCT. The center was operational and receiving test kits from the National AIDS Control Programme (NACP). It operates in the same facility as the Open Bible mission clinic, and sees an average of six clients per day. The lack of ARVs in the districts discourages individuals from testing.

In June 2007, two Pact Zimbabwe staff provided technical capacity building assistance and training to CHAL and the five organizations that receive subgrants from CHAL through the Community REACH funding. This assistance focused on VCT, HBC and OVC program implementation. The team conducted discussions with CHAL and the subgrantees to identify challenges and developed recommendations to help overcome these challenges and improve program implementation and impact.

The Pact Zimbabwe staff members also interacted with ten members of a PLHIV support group and facilitated a discussion on the role of PLHIV in HIV/AIDS awareness raising, advocacy, and stigma reduction. Pact staff discussed challenges with this group and made recommendations to CHAL.

Finally, staff held a three-day workshop focusing on home-based care (HBC), orphans and other vulnerable children (OVC) and voluntary counseling and testing (VCT). Each day was dedicated to a specific thematic area: Day 1 to HBC, Day 2 to OVC and Day 3 to VCT. The participants included VCT coordinators, peer counselors, support group members (PLHIV), community mobilizers and care facilitators.

Greater Mekong Region (GMR)

Pact Thailand's approach to grant monitoring and technical assistance involves ongoing capacity building of its in-country partners. The Pact Thailand team has continued to work closely with the grantees to strengthen their program management and monitoring. While two of the grants have come to an end during the reporting period, work with SWING has been extended and one-on-one mentoring work has taken place with grantees regarding program implementation, monitoring, proposal writing and financial management.

Namibia

During this period, the Pact Namibia team, with support from Community REACH staff, provided ongoing technical assistance via workshops, trainings and site visits to grantees in its three program areas, care for orphans and vulnerable children, prevention, and home-based

palliative care to PLHIV. In addition, the team supported its NGO partners to strengthen monitoring and evaluation, program and financial reporting.



Catholic AIDS Action, Namibia

The following are highlights of the technical assistance provided:

- **Behavior change communication workshops** – Pact Namibia organized grantee workshops focusing on evidence-based planning, messaging to specific populations and creation of linkages with clinical and social services, and community mobilization. Stigma reduction and anti-discrimination was also addressed during the three-day workshop.
- **Developing standards for OVC service delivery** –In August 2007, Pact and FHI co-sponsored a workshop with a group of 36 OVC to gain input on OVC service delivery standards from a child's perspective, and to better understand which of the service areas are considered most important by children.
- **Palliative care pilot program** - Pact Namibia supported grantee Catholic AIDS Action in launching a pilot program for Palliative Care in Anamulenge and Rehoboth that integrates trained nurses into CAA's volunteer training and supervisory structure with the goal of improving client care, ensuring clinical and palliative care with skills nurses, and increasing linkages between CAA's community volunteers and local government health facilities.

Organizational assistance for grantees included:

- Strengthening financial and program systems, management and reporting;
- Institutional strengthening through support in program design;
- Building / strengthening organizational Monitoring, Evaluation, and Reporting systems;
- Leadership/management skills training.

Peru

The Pact Brazil team conducted a week-long training with the eight organizations that received sub-grants under the Peru buy-in program. In addition, grantees received a two-day training on sub-grant management and Monitoring and Evaluation Reporting following PEPFAR guidelines.

Pact Brazil staff continue to review quarterly performance and financial reports and provide support to grantees to help them ensure accuracy, consistency and compliance with approved budgets. Grantees were also provided with tailored financial and technical reporting forms. Pact Brazil and Community REACH provide support to the Peru program virtually and through site visits.

V. Monitoring and Evaluation

a. Core and Buy-in Grant M&E

Training sub-grantees on the development and management of on-going monitoring and evaluation systems is one of the key contributions that the Community REACH team makes to increase the capacity of our partners. During this reporting period the Community REACH team continued to assist grantees with their M&E reporting and conducted M&E training for both new and continuing sub-grantees during field visits and workshops. One of the main areas in which Community REACH provides guidance and training is accurately reporting against PEPFAR indicators.

Program results as reported by active grantees for the current reporting period are presented in Table 9. Those buy-in programs reporting directly to country Missions are not included in this table to ensure the avoidance of double counting. Results for these buy-in programs are presented separately in Table 10.

TABLE 9: PEPFAR Indicators Reported October 2006 – September 2007		
Includes core grantees and buy-in programs not directly reported to country missions		
Prevention/Abstinence and Being Faithful		
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful		
	Male	18,213
	Female	17,446
	Gender not Specified	2,381
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful		36
Prevention/Other Behavior Change		
Number of targeted condom service outlets		406
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful		
	Male	24,873
	Female	27,960
	Gender not specified	17,631
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful		2,417
Counseling and Testing		
Number of service outlets providing counseling and testing according to national and international standards		11

Number of individuals who received counseling and testing for HIV and received their test results		
	Male	7,246
	Female	5,734
Number of individuals trained in counseling and testing according to national and international standards		802
Palliative Care (including TB/HIV care)		
Total number of service outlets providing HIV-related palliative care (including TB/HIV)		13
Total number of individuals provided with HIV-related palliative care (including TB/HIV)		
	Male	15,723
	Female	24,146
	Gender not specified	3,536
Total number of individuals trained to provide HIV palliative care (including TB/HIV)		5,207
Orphans and Vulnerable Children		
Number of OVC served by OVC programs		
	Male	339
	Female	322
Number of providers/caretakers trained in caring for OVC		866
Number of OVC who receive Primary Direct Support (support in three or more areas) (this is a subset of all OVC)		
	Male	532
	Female	588
Number of OVC who receive Supplemental Direct Support (support in one or two areas) (this is a subset of all OVC)		
	Male	368
	Female	400
Laboratory Infrastructure		
Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests		15
Number of individuals trained in the provision of laboratory-related activities		60
Strategic Information		
Number of local organizations provided with technical assistance for strategic information activities		39
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)		43
Other/policy development and system strengthening		
Number of local organizations provided with technical assistance for HIV-related institutional capacity building		81
Number of individuals trained in HIV-related stigma and discrimination reduction		2,593
Number of individuals trained in HIV-related community mobilization for prevention care and/or treatment		8,048

TABLE 10: PEPFAR Indicators Reported Directly to Country Missions by Buy-in Program Grantees October 2006 – September 2007

Note: These indicators have been reported directly to relevant missions and should not be recounted. Also, because programs implemented by grantees are different, not all indicators are reported on by all grantees.

~ HAITI ~		
Prevention/Other Behavior Change		
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful		908
Orphans and Vulnerable Children		
Number of OVC served by OVC programs		
	Male	553
	Female	563
Number of providers/caretakers trained in caring for OVC		225
Number of OVC who receive Primary Direct Support (support in three or more areas) (this is a subset of all OVC)		
	Male	389
	Female	349
Number of OVC who receive Supplemental Direct Support (support in one or two areas) (this is a subset of all OVC)		
	Male	165
	Female	214
Other/policy development and system strengthening		
Number of individuals trained in HIV-related stigma and discrimination reduction		528
~ NAMIBIA ~		
Prevention/Abstinence and Being Faithful		
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful		26,859
	Male	10,779
	Female	16,062
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence		12,733
	Male	5,044
	Female	7,689
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful		1,212
Prevention/Other Behavior Change		
Number of targeted condom service outlets		115
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful		17,304
	Male	9,970
	Female	7,334
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful		409
Palliative Care		

Total number of service outlets providing HIV-related palliative care (including TB/HIV)	198
Total number of individuals provided with HIV-related palliative care (including TB/HIV)	22,737
Male	7,292
Female	15,445
Total number of individuals trained to provide HIV palliative care (including TB/HIV)	4,536
Orphans and Vulnerable Children	
Number of OVC served by OVC programs	30,928
Male	13,741
Female	17,187
Number of providers/caretakers trained in caring for OVC	1,698
Strategic Information	
Number of local organizations provided with technical assistance for strategic information activities	68
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	1,243
Other/policy development and system strengthening	
Number of local organizations provided with technical assistance for HIV-related policy development	20
Number of local organizations provided with technical assistance for HIV-related institutional capacity building	51
Number of individuals trained in HIV-related policy development	204
Number of individuals trained in HIV-related institutional capacity building	82
Number of individuals trained in HIV-related stigma and discrimination reduction	946
Number of individuals trained in HIV-related community mobilization for prevention, care and/pr treatment	2,363
~ Peru ~	
Prevention/Other Behavior Change	
Number of targeted condom service outlets	58
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	
Male	21,990
Female	17,190
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	404
Palliative Care (including TB/HIV care)	
Total number of service outlets providing HIV-related palliative care (including TB/HIV)	4
Total number of individuals provided with HIV-related palliative care (including TB/HIV)	
Male	459
Female	210
Total number of individuals trained to provide HIV palliative care (including TB/HIV)	4
Counseling and Testing	
Number of individuals who received counseling and testing for HIV and received their test results	

Male	2,320
Female	27
Number of individuals trained in counseling and testing according to national and international standards	4
Strategic Information	
Number of local organizations provided with technical assistance for strategic information activities	14
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	15
Other/Policy development and system strengthening	
Number of local organizations provided with technical assistance for HIV-related institutional capacity building	12
Number of individuals trained in HIV-related institutional capacity building	37
Number of individuals trained in HIV-related stigma and discrimination reduction	150
~ Viet Nam ~	
Note: Viet Nam grantees are transitioning from management under the buy-in program to management under the Associate Award. Numbers reported here reflect only data submitted by grantees that remain under buy-in funding.	
Prevention/Abstinence and Being Faithful	
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	
Male	100,171
Female	196
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	12
Prevention/Other Behavior Change	
Number of targeted condom service outlets	25
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	
Male	255
Female	260
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	12
Counseling and Testing	
Number of service outlets providing counseling and testing according to national and international standards	3
Number of individuals who received counseling and testing for HIV and received their test results	
Male	264
Female	141
Palliative Care (including TB/HIV care)	
Total number of service outlets providing HIV-related palliative care (including TB/HIV)	29
Total number of individuals provided with HIV-related palliative care (including TB/HIV)	
Male	605
Female	260

Total number of individuals trained to provide HIV palliative care (including TB/HIV)	436
Orphans and Vulnerable Children	
Number of OVC served by OVC programs	
Male	250
Female	278
Number of providers/caretakers trained in caring for OVC	54
Number of OVC who receive Primary Direct Support (support in three or more areas) (this is a subset of all OVC)	287
Number of OVC who receive Supplemental Direct Support (support in one or two areas) (this is a subset of all OVC)	242
HIV/AIDS Treatment /ARV Services	
Number of service outlets providing antiretroviral therapy	4
Number of individuals newly initiating antiretroviral therapy during the reporting period	
Male	12
Female	10
Number of individuals who ever received antiretroviral therapy by the end of the reporting period	
Male	34
Female	28
Total number of health workers trained to deliver ART services, according to national and/or international standards	1
Other/policy development and system strengthening	
Number of local organizations provided with technical assistance for HIV-related policy development	5
Number of local organizations provided with technical assistance for HIV-related institutional capacity building	21
Number of individuals trained in HIV-related policy development	92
Number of individuals trained in HIV-related institutional capacity building	53
Number of individuals trained in HIV-related stigma and discrimination reduction	273
Number of individuals trained in HIV-related community mobilization for prevention care and/or treatment	92

b. USAID Mission and Grantee Satisfaction Survey

As part of the program's on-going monitoring and evaluation efforts, Community REACH conducted a pair of surveys among USAID Missions and grantees to gain both the donor and recipient perspectives on the Community REACH grants making mechanism. Overall, both USAID missions and community/NGO grantees expressed high levels of satisfaction with the Community REACH grant making process and implementation support provided by Pact staff.

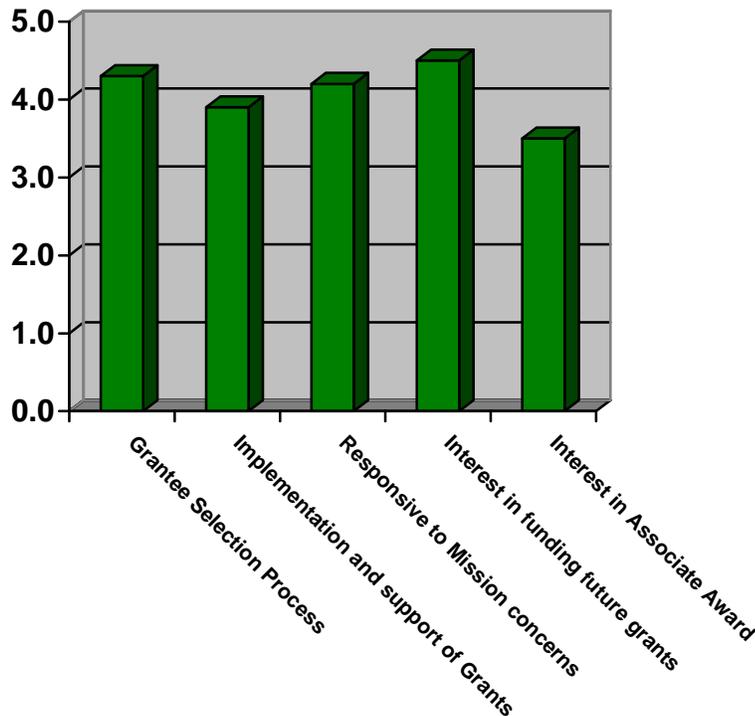
Mission Survey

In early 2007, Community REACH carried out a survey designed to assess USAID missions' satisfaction with the Community REACH program. Twenty-one (21) USAID missions were

requested to complete the survey and eleven (11) missions from the Asia, Central America, Africa and Eurasia regions responded; a response rate of about 50 percent.

The survey requested the missions' perceptions about several dimensions of the grants making process, including: solicitation and grantee selection; implementation and support of the grantees; responsiveness to mission concerns; and the missions' interest in participating in future Community REACH funded grant solicitations or Associate Awards in their country.

Community REACH Mission Satisfaction Survey Responses



Responding missions reported a high level of satisfaction (4.3 out of 5) with the grant solicitation and selection process. Regarding implementation and support of grants, missions reported a high level of satisfaction with implementation and support to the grants (3.9 out of 5). Missions also reported a high level of satisfaction with Community REACH's responsiveness to their concerns and queries (4.2 out of 5).

“Community REACH has kept the Mission well informed of the different steps of the solicitation process. Community REACH has been careful in gathering enough information about grantees and the selection process.”

~ *USAID Haiti representative*

“Community REACH has provided the Missions with briefings when in country and has kept the Mission up to date on reports. The Mission is very satisfied with the management of these two grants.”

~ *USAID South Africa representative*

“There was a lot of guidance from the program which helped ADRA (an award recipient) to move quickly to implement activities.”

~ *USAID Nepal representative*

“The Mission is very interested in participating in grant solicitation in the future. The Community REACH program provided an excellent opportunity to broaden the spectrum of services and engage new players from the NGO sector.”

~*USAID Russia representative*

Overall, if given the opportunity to participate in Community REACH funded grant solicitations in the future, missions reported a very high level of interest in participating (4.5 out of a possible score of 5). In addition, five of the 11 reporting missions expressed interest in developing an associate award grants program (Haiti, India, Nigeria, South Africa, and Ukraine).

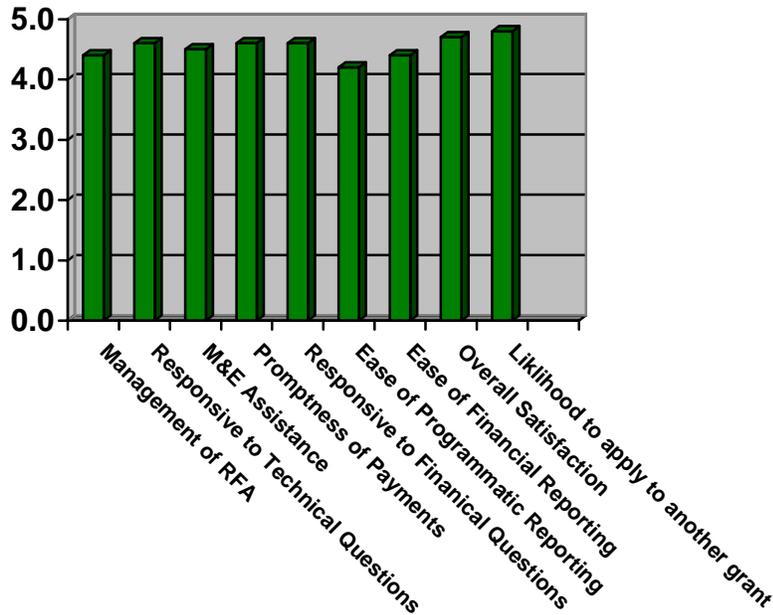
Grantees Survey

The grantees’ satisfaction survey of 50 of its previous and current grantees (various community/civil society organizations in nineteen (19) countries looked at three aspects of the grants program: the grant process; technical assistance; and impact/results. Forty (40) grantees responded to the survey, an 80 percent response rate.

Part one of the survey addressed several dimensions of the grant making and management process, including: management of the RFA process; responsiveness to grantee’s questions; assistance on monitoring and evaluation and PEPFAR indicators; ease of reporting; and likelihood of the organizations applying for another grant in the future. Regarding the management of the RFA process, responding organizations reported a high level of satisfaction with solicitation, concept paper and full application rounds (4.4 out of a possible score of 5). Organizations also reported a very high level of satisfaction with responsiveness to their concerns and queries (4.5 out of 5).

The lowest scoring question was regarding the ease of Community REACH’s programmatic reporting (4.2 out of 5), a relatively high level of satisfaction. Although many organizations had comments on what they would change about the grant making and reporting process, they reported a very high level of satisfaction with the overall REACH grant process (4.7). Grantee suggested changes included: stability and continuity of contact persons; and, quarterly transfer of funds. Responding organizations reported a high likelihood of applying for another Community REACH grant (4.8 out of 5).

**Community REACH Grantee Satisfaction
Survey Responses**



Part two of the survey looked at the grantees’ satisfaction with technical assistance provided by Community REACH. Of the 40 responding organizations, 30 acknowledged having received some sort of technical assistance. Of those that received technical assistance, their satisfaction was very high (4.6). Organizations that responded “yes” to receiving technical assistance indicated the majority of assistance was provided via telephone and email, and occasional field visits in some cases.

“The project provides us with an opportunity to use a creative and flexible approach to achieve goals and objectives. The project contributes to capacity building of our organization(strengthens and develops resources of the organization)” .Russian Red Cross, Russia

“The Community REACH processes are quite impressive and easy to comprehend and we see opportunities for us to further the relationship as the only way forward. We will definitely participate in any further RFA calls. The team also provides a lot of support to grantees, which makes it working Pact quite enjoyable and helpful.” SPW, Zimbabwe

“...the PEPFAR indicators could stand some improvement, but to the degree that ANYONE can explain them, Community REACH staff have! Fundación MIR, Dominican Republic

Part three of the survey focused on the impact and results of the grants program, and requested the respondents to provide written comments and examples. When asked to describe the most significant way in which the organization benefited as a result of the Community REACH grant, responses included: raised awareness of ARV therapy and PLHIV communities; strengthened grants management skills; attracted additional funding; broadened recognition of the organization’s projects; and, helped to expand activities in their communities. Selected excerpts below demonstrate the range of comments received from grantees about the impact of their Community REACH grant on their organizations and programming.

“This grant was the first funding that we received to specifically implement VCT; this activity gave us the activity and the know-how to expand our testing services and attract other funding, particularly PEPFAR. Experience was gained at the organizational and administrative level with basic grant management and managing several grants, and also at the individual level, with program staff understanding how to run these 5 youth-friendly testing centers before expanding to now over 50 testing centers.” Health Alliance International, Mozambique

“The input from the relationship positioned ICROSS for the global fund, helped in restructuring, strengthened the whole organization and greatly increased capacity.” ICROSS, Kenya

“The Community REACH projects have been very important for FOSREF...the three projects have used very innovative pilot strategies, have been used as models for FOSREF and for the Ministry of Health, that have permitted FOSREF to replicate them through the country with the support of the global fund and PEPFAR. The strategies used by these projects have been adopted as best practices...” FOSREF, Haiti

“Transportation and home-based care resources have greatly improved our ability to expand our outreach to over 1,000 clients. M&E assistance has allowed us to really showcase the work that is being done, and its impact on the lives of our clients. The M&E assistance has allowed us to put together quickly proposals for other donor funding which has positioned us to become among the top NGO recipient of DR government financial support in the country. Our M&E has allowed us to identify areas where our services need improvement, tools to improve and strategies to quickly assess progress towards our goals.” Fundacion MIR, Dominican Republic

*“Through the project, JAAIDS was able to create awareness about HIV & AIDS related Stigma in major communities across the country as well as profile the factors responsible for such AIDS related stigma. As a result of the project interventions, participants in the various project sites were able to coin new words to describe HIV/AIDS that were non- stigmatizing. The project also helped transform journalists we worked with from mere reporters to advocates as we were able to build a corps of Stigma Fighters.”
JAAIDS, Nigeria*

Overall, both the Mission and Grantee Satisfaction Survey show very positive feedback, and a high level of satisfaction with the Community REACH program. Many grantees and missions not only rated their satisfaction on the survey, but also provided comments commending the support of the Community REACH staff. Based on the success of the grants program and on their overall satisfaction, both missions and NGOs expressed interest in participating in future Community REACH grant solicitations. The feedback gained from both surveys will be incorporated into on going and future Community REACH programming.

VI. Financial Summary and Pipeline Analysis for Core NGO Grants

	Sub-Awards	Administration	Total
Leader Award budget ceiling⁴	\$ 35,000,000	\$ 5,000,000	\$ 40,000,000
Funds obligated through FY 07 to Core programs	\$ 11,886,557	\$ 4,628,721	\$ 16,515,278
Grant funds awarded through Sept 07	\$ 9,759,210	\$ 3,713,482 ⁵	\$12,834,146
Grant funds expensed through Sept 07	\$ 8,474,261		
FY 08 obligation	\$ 750,000	\$ 870,000	\$ 1,620,000
Total funds obligated	\$ 12,636,557	\$ 5,498,721	\$ 18,135,278
Funds available for FY08	\$ 2,877,347	\$ 1,785,239	\$ 4,662,586
Grant funds earmarked	\$ 470,000		
Funds available less earmarks	\$ 2,407,347		

⁴ Budget breakdown based on request for budget realignment submitted April 2007.

⁵ Includes all overhead expenses

Annex I: Community REACH Leader Grantee Data

Grants shown in Green are active

Grants shown in Grey are closed

REGION	AFRICA
Bananyole Youth Development Society (BAYODA)	BAYODA - Uganda
<p>Type of Organization: Local NGO</p> <p>Grant Awarded: \$60,188 Start date: August 2004 End date: December 2006</p> <p>Local Partners: Child Health and Development Centre</p>	<p>BAYODA explored the intra-household differences between migrant, orphans, vulnerable children and other children in Tororo district, Uganda. Their research focused on issues of vulnerability and protection (including livelihood strategies), and documented the range and nature of existing OVC services provided by households and communities both formal and informal. The study concluded that real life for migrant and OVCs is not clear-cut. When analyzing their situation, it is important to take into consideration the local economic and socio-cultural realities as these aspects are intertwined and they re-enforce each other in influencing the lives of migrant and orphaned children.</p> <p>Program Focus: OVC Research</p>
CARE	CARE – Rwanda
<p>Type of Organization: International NGO</p> <p>Grant Awarded: \$442,455 Start date: June 2002 End date: July 2005</p> <p>Local Partners: Cyeza Parish, Abizera PLWA Association, Urukundo PLWA Association, Duteraninkunca PLWA Association</p>	<p>This grant program strengthened local NGO/CBO/FBO capacity to provide community support and referral systems for services for OVC and PLHIV. With this award, CARE Rwanda trained home-based caregivers, provided support to child-headed households by training and assigning adult child mentors and supported stigma reduction campaigns in the Gitarama province of Rwanda.</p> <p>Program Focus: Care and Support</p> <p>Target Population: CBOs/FBOs, OVC, PLHIV</p> <p>Life of Project Results:</p> <ul style="list-style-type: none"> • Served 5,000 PLHIV households • Trained 585 home-based caregivers in palliative care • Served 5,000 orphans • Trained 274 household and community members to provide care to OVC • Strengthened 3 PLHIV Associations and 1 FBO livelihoods and care and support activities <p>Sustainability: PEPFAR funding is continuing to support some aspects of the program initiated under Community REACH. The World Food Programme is providing food aid for the most vulnerable PLHIV and orphans. FHI/Impact funded a continuation of Urukundo Association livelihoods activities and the European Union is funding Cyeza Parish supporting community centers.</p>

CARE	CARE – Uganda
<p>Type of Organization: International NGO</p> <p>Grant Awarded: \$299,817 Start date: January 2003 End date: June 2005</p> <p>Local Partners: Rubanda PHC, Rugarama FBO, Kitanga FBO, Pentecostal 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 Anti-AIDS group, Karubanada Youth Association, Karujanga Fighters against HIV/AIDS group, Butare Bakyara Tukore Association, Buhara Health Center FBO</p>	<p>Community REACH supported Care Uganda’s Sexual Health for Adolescents Project (SHADO) in Kabale District in southwestern Uganda to strengthen the capacity of district health providers and community and faith-based organizations offering VCT for youth. The program established peer educator networks providing youth with key behavior change messages and guidance on VCT.</p> <p>Program Focus: Voluntary Counseling and Testing, Linkages and Referrals</p> <p>Target Population: Youth</p> <p>Life of Project Results:</p> <ul style="list-style-type: none"> • Established 6 new VCT sites • Supported 9 more USAID-funded VCT centers • Tested and counseled over 15,000 youth for HIV • Aired 450 radio spots on youth and VCT • Held 22 advocacy events with religious, governmental, community leaders • Trained 18 CBOs/FBOs in VCT and peer education networking and in establishing PLHIV groups <p>Sustainability: Some of the activities supported under Community REACH were picked up by the Core Initiative program in Uganda. The following CBOs/FBOs received additional funding at the end of the program:</p> <ul style="list-style-type: none"> • 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
<p>Type of Organization: International NGO</p> <p>Grant Awarded: \$150,000 Start date: February 2004 End date: January 2006</p> <p>Local Partner: Church of Christ</p>	<p>Office of Population Flexible Funds were awarded through Community REACH to CEDPA in its support of a local reproductive health organization, the Church of Christ in Nigeria, in the Plateau State of Nigeria. The program increased reproductive health awareness among community and religious leaders; increased referral, use and access to family planning and reproductive health services; increased youths’ access to youth-friendly reproductive health services; and improved the skill level of reproductive health providers. The program also expanded and improved the existing reproductive health services provided by the Church of Christ in Nigeria.</p> <p>Program Focus: Adolescent Reproductive Health</p> <p>Target Population: Adolescents, adolescent peer educators, parents and community leaders</p>

Dananai Child Care Organization	Dananai Child Care Organization-Zimbabwe
<p>Type of Organization: Local NGO</p> <p>Grant Awarded: \$50,009 Start date: April 2007 End date: March 2008</p>	<p>Dananai childcare is strengthening and supporting the capacity of community care givers, by promoting their physical, psychological, and economic well being to increase quality home based care for people living with HIV/AIDS in Chirumhanzu district. Dananai is providing community home based care, and supporting OVCs through community mobilization activities for the community to respond positively to the HIV Epidemic by knowing their HIV sero status. Dananai child care has trained caregivers to provide support to both PLHIV and OVC. Provides referrals for OVC and PLHIV</p> <p>Programme focus: Positive HIV prevention, Support to OVC and PLHIV</p> <p>Target population: Care givers (50) PLHIV (630), OVC(300), Family of PLHIV (150), community members</p>
Dawn of Hope	Dawn of Hope - Ethiopia
<p>Type of Organization: Local NGO</p> <p>Grant Awarded: \$149,516 Start date: December 2004 End date: June 2007</p>	<p>Dawn of Hope is scaling up positive prevention, care and support among five of its branches throughout Ethiopia. Dawn of Hope is increasing the knowledge of HIV/AIDS issues of PLHIV, increasing awareness and understanding of antiretroviral treatment among PLHIV and community leaders, improving home-based care services for PLHIV and providing support to OVC.</p> <p>Program Focus: Positive Prevention, Support to OVC</p> <p>Target Population: PLHIV, OVC, family of PLHIV and community members and leaders</p> <p>Life of Project Results:</p> <ul style="list-style-type: none"> • Reached over 52,000 people with prevention activities • Designed and distributed over 22,000 brochures on positive living and ART in two local languages. • Trained 40 HBC providers on counseling and support skills • Provided palliative care to 211 people • Provided educational support to 100 OVC <p>Note: Final report will be received during the following reporting period.</p>
Diocese of Mutare Community Care Program (DOMCCP)	DOMCCP- Zimbabwe
<p>Type of Organization: Local FBO</p> <p>Grant Awarded: \$157,851 Start Date: June 2006 End Date: June 2008</p>	<p>DOMCCP supports and enhances the capacity of community caregivers through protecting and promoting their physical, psychosocial and economic well-being in order to achieve increased quality home-based care for PLHIV. The project improves the working conditions of formal and informal volunteer caregivers through provision of material incentives, capacity building and training of caregivers in quality home care and support. In addition, DOMCCP provides counseling and spiritual support to caregivers and assists caregivers through income generation and food security projects.</p> <p>Program Focus: Support to Caregivers</p> <p>Target Population: 1,200 volunteer caregivers</p>

	<p>FY07 Results:</p> <ul style="list-style-type: none"> • 105 caregivers (90 female and 15 males) attended quality home care training • 1494 individuals were provided with palliative care • Distributed 1046 tennis shoes among the volunteer caregivers • 7 additional bicycles bought to support care givers of Makoni district
<p>Family Planning Association of Kenya (FPAK)</p>	<p>FPAK - Kenya</p>
<p>Type of Organization: Local NGO</p> <p>Grant Awarded: \$318,165 Start date: March 2003 End date: November 2005</p>	<p>FPAK created seven youth-friendly VCT centers throughout Kenya: Kakamega, Mombasa, Nairobi, Eldoret, Nakuru, Nairobi West and Kibera. Eight youth VCT counselors and over 150 peer educators and friends of youth volunteers were trained. Formalized support were provided through “post-test” clubs which promotes linkages to community leaders, health centers, schools, parents, and faith based organizations.</p> <p>Program Focus: Voluntary Counseling and Testing, Linkages and Referrals</p> <p>Target Population: Youth</p> <p>Life of Project Results:</p> <ul style="list-style-type: none"> • Reached 50,000 people through parent-youth forums, outreach activities and IEC events • Established and strengthened 3 post-test clubs • Over 29,000 youth tested and counseled • Established 7 youth-friendly VCT centers • Nakuru VCT center voted the “best VCT” site in Kenya <p>Sustainability: Five of the seven Community REACH supported youth VCT centers have been picked up for continued funding by Family Health International (FHI) in Kenya.</p>
<p>GOAL</p>	<p>GOAL – Uganda</p>
<p>Type of Organization: Local NGO</p> <p>Grant Awarded: \$107,213.82 Start date: May 2003 End date: May 2005</p> <p>Local Partners: Bugiri Network of AIDS Service Organizations (BUNASO), National Community of Women Living with HIV/AIDS (NACWOLA)</p> <p>Subgrant Amounts: BUNASO- \$15,221 NACWOLA- \$68,610</p>	<p>The project addressed stigma and discrimination at individual, community, and institutional levels in the Bugiri District of Uganda by integrating information-based approaches, built coping skills, advocacy, and policy dialogue.</p> <p>Program Focus: Stigma and Discrimination Reduction</p> <p>Target Populations: PLHIV, Healthcare Providers, Orphans and Vulnerable Children (OVC), Policy Makers, Regional and Traditional Leaders</p> <p>Life of Project Results:</p> <ul style="list-style-type: none"> • Supported 300 HIV positive women in increasing and applying coping skills • Sensitized 15,000 members of the general population through stigma reduction and anti-discrimination messages • Supported 300 orphans and HIV positive women in developing memory books • Increased membership of NACWOLA from 130 to over 400 members <p>Sustainability: The Irish government became the donor for this program, including continuation funding for NACWOLA and BUNASO.</p>

Health Alliance International (HAI)	HAI – Mozambique
<p>Type of Organization: International NGO</p> <p>Grant Awarded: \$304,605 Start date: November 2002 End date: December 2005</p>	<p>HAI implemented a project targeting young people in Manica and Sofala provinces of Mozambique to expand the capacity of existing youth-friendly health centers to conduct HIV testing and counseling, forming anti-AIDS clubs and youth PLHIV groups and strengthening referral systems for care and treatment.</p> <p>Program Focus: Voluntary Counseling and Testing, Linkages and Referrals</p> <p>Target Population: Youth</p> <p>Life of Project Results:</p> <ul style="list-style-type: none"> • Tested and counseled over 7,000 youth (of these, 7% male and 18% female were HIV+) • Aired 10,000 media spots solely discussing youth VCT • Trained 8 youth VCT counselors • Established youth PLHIV groups • Trained over 150 peer educators and youth outreach volunteers • Established 5 VCT centers <p>Sustainability: HAI's model of integrating VCT services into Youth Friendly Health Centers (YFHC) was adopted by the Ministry of Health of Mozambique, and is scaling up this program. Other donor funding was identified for a continuation of project activities.</p>
Hiwot HIV/AIDS Prevention, Care and Support Organization (HAPCSO)	HAPCSO – Ethiopia
<p>Type of Organization: Local NGO</p> <p>Grant Awarded: \$147,716 Start date: July 2002 End date: July 2005</p>	<p>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 southeast Addis Ababa. The organization was actively involved in stigma reduction and capacity building for community based organizations, in particular, burial societies or Idiris.</p> <p>Program Focus: Care and Support</p> <p>Target Populations: OVC, PLHIV</p> <p>Life of Project Results:</p> <ul style="list-style-type: none"> • Served 315 people with basic health care and support (non TB/HIV) • Served 1,352 people with palliative care • Served over 1,000 OVC • Trained 265 people in palliative care • Counseled and tested over 500 youth received • Conducted 50 community HIV/AIDS awareness and anti-stigma campaigns through neighborhood associations • Facilitated 300 referrals to government health clinics for opportunistic infections and tuberculosis (OI/TB) treatment <p>Sustainability: As a result of the success of the Community REACH program, Family Health International provided \$340,000 for one year to scale-up activities to reach 1,500 orphans and 2,000 PLHIV.</p>

Hodi	Hodi – Zambia
<p>Type of Organization: Local NGO</p> <p>Grant Awarded: \$149,574 Start date: December 2004 End date: April 2007</p>	<p>The focus of Hodi’s program is to support positive prevention among PLHIV through community mobilization activities and individually focused health promotion. Activities will consist of increasing positive prevention awareness among PLHIV, training PLHIV 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.</p> <p>Program Focus: Positive Prevention</p> <p>Target Population: PLHIV, community members and leaders</p> <p>Life of Project Results:</p> <ul style="list-style-type: none"> • Reached 23,185 people through Prevention activities • Established 20 positive living support groups serving 1578 individuals • Provided 4,315 people with home-based care services • Trained 390 individuals to provide Palliative Care Services • Trained 39 peer educators <p>Sustainability: Hodi received additional funding From Novib, a Netherlands based organization to improve incomes through agriculture among HIV/AIDS affected households. In addition, Hodi is partnering with Community REACH on a ten month follow-on grant to implement lessons learned from this award.</p>
International Community for the Relief of Starvation and Suffering (ICROSS)	ICROSS – Kenya
<p>Type of Organization: International NGO</p> <p>Grant Awarded: \$234,061 Start date: September 2002 End date: November 2004</p>	<p>The primary focus of the ICROSS Kenya’s Nakuru home care project was to enhance the quality of life of people living with HIV and their families through provision of home-based care. It further strengthened existing community care structures to support OVC.</p> <p>Program Focus: Care and Support</p> <p>Target Population: PLHIV, OVC, Community Health Workers</p> <p>Life of Project Results:</p> <ul style="list-style-type: none"> • Trained 30 trainers from MOH as care providers and supervisors • Trained 270 community health workers on home-based care and orphan support • Provided 12,822 PLHIV with palliative care (non ART care) • Served 7,127 OVC • Trained 77 people in providing OVC services <p>Sustainability: The UK Department for International Development (DfID) provided continuation funding of the program which allowed ICROSS to continue its care and support services in Nakuru.</p>
International Community of Women Living with HIV/AIDS (ICW)	ICW - Namibia
<p>Type of Organization: International NGO</p>	<p>ICW aims to develop the capacity of young HIV positive women in Namibia in the areas of networking, advocacy, and participation in social and policy developments in Namibia that</p>

<p>Grant Awarded: \$109,281 Start date: April 1, 2007 End date: March 31, 2008</p>	<p>would affect their health. Thirty HIV positive young women will attend a workshop which will provide them with the skills to mobilize more young position women in each region of Namibia. ICW will work with the local and national government, University of Namibia, local organizations, and other INGOs and multinational organizations in Namibia, to coordinate advocacy efforts.</p> <p>Program Focus: Advocacy, networking</p> <p>Target Population: HIV Positive Women</p> <p>Sustainability: Pact funding will secure the first step of mobilization and capacity building of the project and its beneficiaries. The Pact funding will inform ICW's regional and national fundraising plan and activities. This project will self-sustain after 1 year of Pact funding.</p>
<p>International Rescue Committee</p>	<p>IRC – Republic of Congo</p>
<p>Type of Organization: International NGO</p> <p>Grant Awarded: \$1,288,048 Start date: October 2002 End date: June 2005</p>	<p>Through funding from USAID's Displaced Children and Orphans Fund (DCOF) Community REACH supported the International Rescue Committee in the Republic of Congo to strengthen the capacity of local service providers for street children and involve the community in child protection and reunification and reintegration.</p> <p>Program Focus: Street Children and OVC</p> <p>Target Population: Street Children, Families, CBOs, Communities</p> <p>Life of Project Results:</p> <ul style="list-style-type: none"> • 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 • Reunified 376 children with their families • Developed 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 <p>Sustainability: IRC partially transferred the street children activities to 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.</p>
<p>Journalists Against AIDS (JAAIDS)</p>	<p>JAAIDS – Nigeria</p>
<p>Type of Organization: Local NGO</p> <p>Grant Awarded: \$103,843.54 Start date: December 2002 End date: June 2005</p>	<p>JAAIDS worked in three communities in North, East and West Nigeria. Project activities focused on reduction of stigma and discrimination by engaging PLHIV, community members and the media.</p> <p>Program Focus: Stigma and Discrimination Reduction</p> <p>Target Population: PLHIV, Journalists, Community Leaders, Faith Leaders, Civil Society Groups</p> <p>Life of Project Results:</p> <ul style="list-style-type: none"> • Journalists in the three provinces covered by JAAIDS have started replacing the

	<p>commonly used terms for HIV/AIDS which were stigmatizing, with new terms coined during JAAIDS' workshops</p> <ul style="list-style-type: none"> • Trained 150 key individuals on skills and strategies necessary to reduce stigma and discrimination • Published and disseminated 24,000 copies of the quarterly newsletter <i>Speak Out</i> were throughout the country to help deepen policy dialogue around stigma and discrimination • Reached 8,950 people through prevention activities • Published an <i>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</i> <p>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 PLHIV seems to be permanent as many journalists have started responding to the change.</p>
JHPIEGO	JHPIEGO – Ghana
<p>Type of Organization: Local NGO</p> <p>Grant Awarded: \$262,484 Start date: End date: June 2005</p> <p>Local Partner: Family Health Foundation</p>	<p>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.</p> <p>Program Focus: Voluntary Counseling and Testing, Linkages and Referrals</p> <p>Target Population: Youth</p> <p>Life of Project Results:</p> <ul style="list-style-type: none"> • Tested and counseled Over 4,000 youth • Established referral System and Support Groups • Operated one mobile VCT site • Trained local organization on conducting VCT based on the Center for Disease Control Standards <p>Sustainability: As a result of the skills gained through JHPIEGO'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.</p>
Kara Counseling	Kara Counseling and Training Trust – Zambia
<p>Type of Organization: Local NGO</p> <p>Grant Awarded: \$105,714 Start date: September 2003 End date: December 2006</p>	<p>Kara Counseling and Training Trust program worked to raise awareness and to create safe spaces needed to allow communities to begin the process of creating a social movement in reducing the impact of HIV and TB-related stigma. The program used International Center for Research on Women's <i>Understanding and Challenging HIV/AIDS Stigma: A Toolkit for Action</i> in a series of workshops with key community members. Kara facilitated and supported community initiatives that develop stigma reduction activities and address knowledge gaps, in order to reduce fears around HIV/AIDS.</p> <p>Program Focus: Stigma and Discrimination Reduction</p> <p>Program Sub-Focus: Psychosocial Support, IEC, Capacity Building</p>

	<p>Life of Project Results:</p> <ul style="list-style-type: none"> • Distributed 6,000 IEC materials • Tested 3031 people for HIV/AIDS • Provided basic health care and support to 163 individuals • Trained 312 people to use anti stigma tools • Established two VCT sites • Established three support groups; two for PLHIV and one for widows • Carried out Impact Assessment
<p>Kimara Peer Educators and Health Promoters Fund</p>	<p>Kimara Peer Educators and Health Promoters Fund – Tanzania</p>
<p>Type of Organization: Local NGO</p> <p>Grant Awarded: \$95,921 Start date: September 2003 End date: May 2005</p> <p>Local Partner: Trust Fund</p>	<p>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.</p> <p>Program Focus: Stigma and Discrimination Reduction</p> <p>Target Population: PLHIV, Affected Families and Communities</p> <p>Life of Project Results:</p> <ul style="list-style-type: none"> • Trained 90 key community players 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 • Trained 235 people to promote behavior change • Provided Basic health care and support for 4590 individuals • Served 586 OVC <p>Sustainability: As a result of Kimara’s achievement additional funding was received from USAID through International AIDS Alliance (Zambia) and from ICRW.</p>
<p>Medical Care Development International (MCDI)</p>	<p>MCDI – South Africa</p>
<p>Type of Organization: International NGO</p> <p>Grant Awarded: \$180,647.15 Start date: May 2003 End date: May 2006</p> <p>Local Partner: National Association of People Living with HIV/AIDS (NAPWA) – South Africa</p>	<p>Support groups are the main vehicle through which MCDI conducted its activities to sensitize people and increase their involvement in reducing stigma and discrimination in South Africa. MCDI also raised awareness of HIV/AIDS-related stigma and discrimination among religious groups, traditional leaders and traditional healers and worked with them to disseminate information and to change attitudes of communities towards PLHIV. Attention and resources were also devoted to strengthening their local partner, NAPWA (National Association of People Living with HIV/AIDS).</p> <p>Program Focus: Stigma and Discrimination Reduction</p> <p>Target Population: PLHIV, Affected Families and Communities, Religious and Traditional Leaders</p> <p>Life of Project Results:</p> <ul style="list-style-type: none"> • Established nine support groups • Engaged and trained over 700 religious leaders in reducing stigma and discrimination • Reached over 35,000 with IEC/BCC info <p>Sustainability of this project has been achieved through the institutionalization of practices,</p>

	transferring management responsibilities to partners, organized and empowered communities to start IGAs and, have the Department of Health continue to provide support for some of the activities.
Midlands AIDS Caring Organization (MACO)	MACO-Zimbabwe
Type of Organization: Local CBO Grant Awarded: \$50,556 Start date: April 2007 End date: March 2008	MACO supports and strengthens the capacity of community home based caregivers through protecting and promoting their physical, psychosocial and economic well-being in order to achieve increased quality home-based care for PLHIV. The project improves the working conditions of volunteer caregivers through provision of material incentives, capacity building and training of caregivers in quality home care and support. The project actively mobilizes community members. to access testing and counseling services. Establishes linkages for referrals of PLHIV and OVC. Program Focus Care and support and referrals Target Population Caregivers, PLHIV, OVC, Family of PLHIV and community
Mildmay International	Mildmay International – Kenya
Type of Organization: International FBO Grant Awarded: \$104,339 Start date: June 2003 End date: July 2005 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 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 OVC, stigma reduction, and elimination of discriminatory barriers to access health services in partnership with the Kenya Ministry of Health. Program Focus: Stigma and Discrimination Target Populations: OVC, Youth, Children, PLHIV, general population Life of Project Results: <ul style="list-style-type: none"> Reached over 10,000 community members by CBO activities Trained over 700 community members including head teachers, chiefs, pastors, and government healthcare workers as home-based care workers and community sensitizers, and/or in reduction of stigma and discrimination Sensitized over 1,200 people, and as a result, have skills to provide VCT referral Provided social support/nutrition or home-based care to over 1,000 orphans Mobilized eight PLHIV groups and initiated 10 income-generating programs Sustainability: As a result of the success of the program, Mildmay received funding from DFID HIV/AIDS Prevention and Care (HAPAC III) program.
Mt. St. Mary’s Mission Hospital	Mt. St. Mary’s Mission Hospital-Zimbabwe

<p>Type of Organization: Local FBO</p> <p>Grant Awarded: \$50,349 Start date: April 2007 End date: March 2008</p>	<p>The project supports and strengthens the physical, psychological, and economic well being of community caregivers to respond to needs of PLHIV and OVC. Mobilizes the community to access Testing and counseling services. Also offers Testing and Counseling services from different funding.</p> <p>Program Focus Care and support , HIV prevention, testing and counseling</p> <p>Target population Caregivers (50), OVC (100) PLHIV (640), Families of PLHIV, community</p>
<p>Musume Mission Clinic</p>	<p>Musume Mission Clinic-Zimbabwe</p>
<p>Type of Organization: Local FBO</p> <p>Grant Awarded: \$50,244 Start date: April 2007 End date: March 2008</p>	<p>The project is training community HBC caregivers to provide care and support to PLHIV and OVC. Improves lives of PLHIV by forming vibrant support groups and trains youth peer educators to work along side adult caregivers with special emphasis on OVC support. Strong at advocacy issues related to HIV prevention, care and support of PLHIV and OVC. Enjoys a strong relationship with its church institution that has made ARV treatment available to 20 members of the support groups who are HIV positive. Mobilizes the community for Testing and Counseling (T&C) services and offers T&C services supported by a different funding</p> <p>Program focus Care and support, HIV prevention ,testing and counseling, advocacy</p> <p>Target Population Caregivers (175)PLHIV(3000), OVC (100), Families of PLHIV and community including community leaders</p>
<p>Mutambara Mission Hospital</p>	<p>Mutambara Mission Hospital-Zimbabwe</p>
<p>Type of Organization: Local FBO</p> <p>Grant Awarded: \$50,256 Start date: April 2007 End date: March 2008</p>	<p>This grant supports and cares for PLHIV and OVC through strengthening capacity of community HBC caregivers on care and support issues. Has trained adult care givers and out of school youth peer educators. Strong in mobilizing the community for Testing and Counseling services offered by the grantee. Also runs an ART program supported by Global fund. Operates in the Chimanimani district of Manicaland Province.</p> <p>Program focus Care and support , HIV prevention, Testing and counseling and ART</p> <p>Target population Caregivers (50),PLHIV (500), OVC(100)Community, families of PLHIV</p>
<p>Network on Ethics/Human Rights, Law, HIV/AIDS – Prevention, Support, Care (NELA/PSC)</p>	<p>NELA/PSC – Nigeria</p>
<p>Type of Organization: Local NGO</p> <p>Grant Awarded: \$132,833 Start date: March 2005 End date: May 2007</p>	<p>The purpose of the NELA project is to increase the access of PLHIV and of communities to effective and 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, increase access to VCT and the promotion of positive living.</p> <p>Program Focus: Positive Prevention</p> <p>Target Population: PLHIV, community members, local leaders, healthcare providers</p> <p>Life Of Project Results:</p>

	<ul style="list-style-type: none"> • Sponsored a series of phone-in radio programs that raise awareness to stigma and discrimination and PLHIV issues • Reached 7,000 people with Prevention activities • 4,118 people provided with VCT, of which 10.8% tested positive • 140 PLHIV received Palliative Care services • 22,795 people reached with IEC/BCC materials • Scaled up existing care and support services to PLHIV through home based care, health education, referral to other specialized care, linkages to on-going programs, peer support group meeting and palliative care • Built capacity of PLAN members, a group of PLHIV, in different thematic areas empowering them to participate and implement HIV/AIDS programs in the area of positive prevention. <p>Sustainability: NELA has received a six month transition grant from Pact as they continue to mobilize community and international resources to support this project.</p>
Old Mutare Hospital	Old Mutare Hospital - Zimbabwe
<p>Type of Organization: Local FBO</p> <p>Grant Awarded: \$49,628 Start date: April 2007 End date: April 2008</p>	<p>Old Mutare mission Hospital is strengthening and supporting the capacity of community care givers, by promoting their physical, psychological, and economic well being to increase quality home based care for people living with HIV/AIDS in Mutasa district The project 's focus is on building capacity of community care givers to offer quality services to PLHIV and OVC. Has a strong base of support groups of people living with HIV. Involved in positive HIV prevention through community mobilizing to seek Testing and Counseling services.</p> <p>Program focus: HIV prevention, care and support.</p> <p>Target populations:</p> <p>Caregivers, PLHIV, OVC families of PLHIV and community</p>
Project Concern International (PCI)	PCI – Zambia
<p>Type of Organization: International NGO</p> <p>Grant Awarded: \$488,398 Start date: July 2002 End date: April 2006</p> <p>Local Partner: Bwafwano Home Based Care Organization</p>	<p>In partnership with Bwafwano Home-Based Care Organization, PCI's Community REACH project scaled up home-based care and support services in peri-urban areas of Lusaka, Zambia. The focus of the program is to provide services for PLHIV and OVC. OVC were provided with care, including nutritional support, schooling and income-generation opportunities.</p> <p>Program Focus: Care and Support</p> <p>Target Populations:</p> <p>OVC, PLHIV, TB Patients, Patients with sexually transmitted diseases (STI)</p> <p>Life of Project Results:</p> <ul style="list-style-type: none"> • Provided over 3,000 OVC with services • Provided over 900 PLHIV with TB treatment • Referred over 4,600 patients for OI/TB clinical treatment • Supported over 1,700 households through home-based care services • As a result of PCI mentoring, Bwafwano trained and built the home-based care and orphan support capacity of Bauleni Catholic Diocese HBC, and three rural CBOs: Taonga, Masansa, and Chibeswe • Set the national standard for home-based care training curriculum for Zambia • Developed national standards and training manuals for OVC

	<p>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 OVC care. HAPCSO, another Community REACH grantee, is the partner organization to Bwafwano for its OVC program.</p>
Regina Coeli Mission Hospital	Regina Coeli Mission Hospital - Zimbabwe
<p>Type of Organization:</p> <p>Grant Awarded: \$49,899 Start date: April 2007 End date: March 2008</p>	<p>The project supports and strengthens the capacity of community caregivers to provide care and support to PLHIV and OVC. Regina Coeli is very strong at mobilizing the community for testing and counseling services supported by its strong Community Management Board. Also engaged in young people we care project where it has trained out of school youths to be peer educators and caregivers who work along side the adult caregivers. Supports child headed and granny headed families. Has a strong base of support groups. Operates in Nyanga District in Manicaland Province.</p> <p>Program Focus: HIV Prevention, Care and support</p> <p>Target Populations: Community caregivers(50), PLHIV (1000), OVC(100) , families of PLHIV and community</p>
Reseau Ivoirien Des PVVIH (RIP+)	RIP+ - Cote d'Ivoire
<p>Type of Organization: Local NGO</p> <p>Grant Awarded: \$150,000 Start date: February 2005 End date: Dec 2007</p>	<p>The RIP+ program focuses on increasing the understanding and support for 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 PLHIV, developing and promoting ARV treatment literacy to PLHIV community and the larger population through mass media campaign.</p> <p>Program Focus: Positive Prevention</p> <p>Target Population: PLHIV, RIP+ member organization, media representatives, local leaders and politicians</p> <p>FY07 Results:</p> <ul style="list-style-type: none"> • Continued work on enhancing community coping mechanisms through Cote d' Ivoire Media Exchange (CIMEX) activities (round tables, etc.) • 11000 people reached through prevention activities • 81 people trained on prevention activities • Continued work with traditional healers in order to build their capacity in HIV/AIDS prevention <p>Sustainability: RIP+ was on of the 23 recipients worldwide to receive a grant (\$1.56 million USD) under PEPFAR's New Partners Initiative (NPI). Over the next three years RIP+ will continue to build the capacity of its 26 member organizations nationwide to provide prevention, care, and support services for people living with HIV/AIDS and for orphans and vulnerable children and to promote HIV counseling and testing. Some of the activities developed under the Community REACH Award will be continued under the NPI award.</p>
Salvation Army World Service Office (SAWSO)	SAWSO – Malawi

<p>Type of Organization: International FBO</p> <p>Grant Awarded: \$228,595 Start date: June 2002 End date: June 2005</p>	<p>The project 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.</p> <p>Program Focus: Care and Support</p> <p>Target Population: General Population, PLHIV</p> <p>Life of Project Results:</p> <ul style="list-style-type: none"> • Implemented community home-based care programs in 15 villages of Bangwe Township • Reached 5,891 individuals with physical and psychosocial support and palliative care • Distributed 300 home care kits 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 PLHIV and OVC donated by the World Food Programme • Served 7,129 OVC • Facilitated HIV testing for more than 400 community residents • Distributed 6,589 IEC literature materials both on cultural practices and general information on HIV/AIDS <p>Sustainability: The Salvation Army provided bridge funds for the program from the Frisby Foundation.</p>
<p>Seke Rural Home Based Care</p>	<p>Seke Rural Home Based Care - Zimbabwe</p>
<p>Type of Organization: Local CBO</p> <p>Grant Awarded: \$50,013 Start date: April 2007 End date: March 2008</p>	<p>Seke Rural Home Based Care supports and enhances the capacity of community caregivers through protecting and promoting their physical, psychosocial and economic well-being in order to achieve increased quality home-based care for PLHIV. The project improves the working conditions of volunteer caregivers through provision of material incentives, capacity building and training of caregivers in quality home care and support. The program has a strong base of support groups of people living with HIV. Engaged in HIV prevention through mobilising community to go for testing and counseling and creating awareness about HIV and AIDS issues. Has established a good traceably referral system for its clients in need of ART.</p> <p>Program focus Prevention, care and support.</p> <p>Target populations: Caregivers(62), PLHIV(1500), OVC(100), and community members.</p>
<p>St. Theresa's Mission Hospital</p>	<p>St. Theresa's Mission Hospital Zimbabwe</p>
<p>Type of Organization: Local FBO</p> <p>Grant Awarded: \$51.216 Start date: April 2007 End date: March 2008</p>	<p>St Theresa Mission Hospital has built and continues to strengthen capacity of community caregivers physical, psychological, and economic well being to give quality home based care and support to PLHIV and OVC. It works closely with the Dominican sisters to build shelter for needy OVC and to assist granny and child headed families. Has established a Chief's granary to supplement food requirements for PLHIV and OVC especially those living in granny and child headed families. Strong support group base involved in knitting and drip irrigation gardening. Involved in positive prevention by way of mobilizing community for testing and counseling and offering testing and counseling services,</p> <p>Program focus: Prevention, testing and counseling, care and support</p>

	<p>Target populations: Caregivers(177), PLHIV(3 500), OVC (100), Families of PLHIV and community.</p>
<p>Students Partnership Worldwide Zimbabwe Trust (SPW)</p>	<p>SPW- Zimbabwe</p>
<p>Type of Organization: Local NGO</p> <p>Grant Awarded: \$155,701 Start Date: March 2006 End Date: March 2008</p>	<p>Students Partnership Worldwide (SPW) project is designed to provide a comprehensive approach in supporting youth community caregivers in Community Home Based Care and support for PLHIV. Working through 46 professionally-trained peer educators and 23 youth clubs, SPW works to relieve pressure on household caregivers and to better link all caregivers and PLHIV to nearby community health services. SPW peer educators also work to increase HIV/AIDS awareness and reduce stigma in each community through regular workshops and community events such as marches and health festivals.</p> <p>Program Focus: Support to Caregivers</p> <p>Target Population: Caregivers, PLHIV</p> <p>FY07 Results:</p> <ul style="list-style-type: none"> • Trained 191 Young People We Care (YPWC) and peer educators to provide palliative care • Conducted 9267 home visits • Reached 4,343 individuals through prevention outreach
<p>Tanzanian Essential Strategies Against HIV/AIDS (TANESA)</p>	<p>TANESA – Tanzania</p>
<p>Type of Organization: Local NGO</p> <p>Grant Awarded: \$97,396 Start date: September 2004 End date: January 2007</p> <p>Local Partners: Tanzania National Institute for Medical Research, Mwanza Centre; Shaloom Care House</p>	<p>TANESA conducted two studies aimed at raising local awareness of the need to improve support to OVC in Tanzania. TANESA tested a rapid assessment tool for OVC care and support, and conducted a second study to evaluate how OVC programs can best address the needs of older, primary caregivers. The research looked at the situation of OVC vis-à-vis a number of well being indicators. The study concluded that orphans are more vulnerable than other children with regard to most indicators of wellbeing. Foster children also have poorer circumstances than children living with both of their biological parents. Subgroups of these children are particularly disadvantaged with regard to specific indicators. For example female paternal orphans have especially high pregnancy rates and male maternal orphans were the most likely to have had to do paid work. It is important to further consider these distinctions in future research and program planning.</p> <p>Program Focus: OVC Research</p>
<p>Training and Resources in Early Education (TREE)</p>	<p>TREE – South Africa</p>
<p>Type of Organization: Local NGO</p> <p>Grant Awarded: \$99,300 Start date: August 2004 End date: January 2008</p> <p>Local Partners: Human Sciences Research Council, University of Natal</p>	<p>TREE investigated new roles for early childhood development (ECD) practitioners in supporting orphans and vulnerable children in KwaZulu-Natal province, South Africa. The study utilized 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 were used to develop a manual in Zulu to assist ECD practitioners in the identification of, and care and support for OVC. Community REACH issued a transition grant for TREE to allow them to integrate the findings in training provided to ECD for a one year period.</p> <p>Program Focus:</p>

	OVC Research
Uzumba Orphan Care	Uzumba Orphan Care - Zimbabwe
Type of Organization: Local CBO Grant Awarded: \$50,094 Start date: April 2007 End date: March 2008	Uzumba Orphan Care supports and enhances the capacity of community caregivers through protecting and promoting their physical, psychosocial and economic well-being in order to achieve increased quality home-based care for PLHIV. The project improves the working conditions of volunteer caregivers through provision of material incentives, capacity building and training of caregivers in quality home care and support. The project Operates in Mutoko district in mashonaland East Province.. Program focus: Care and support of OVCs and People living with HIV Target Populations Caregivers (62), families of PLHIV(90), OVC(100) and community members.
Voahary Salama	Voahary Salama – Madagascar
Type of Organization: Local NGO Grant Awarded: \$150,000 Start date: September 2004 End date: July 2005	Office of Population Flexible Funds were awarded through Community REACH to Voahary Salama of Madagascar to support them in their continuation of organizational structure strengthening activities. Program Focus: Network Strengthening Target Population: Voahary Salama organizational members and partners Life of Project Results: <ul style="list-style-type: none"> • Revised mission statement and bylaws • Drafted strategic planning plan • Developed official partnerships Sustainability: Voahary Salama received ongoing administrative and planning assistance from Minsonga, a local sub-award recipient of Pact Madagascar.
REGION	ASIA & NEAR EAST
Adventist Development and Relief Agency (ADRA)	ADRA – Cambodia
Type of Organization: International FBO Grant Awarded: \$126,396 Start date: June 2003 End date: May 2005 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. Buddhist monks were trained to promote stigma and discrimination reduction in the communities they serve. ADRA had included two local sub-award recipients, COHN and RADE, in stigma and reduction project. Program Focus: Stigma and Discrimination Reduction Target Population: Youth, PLHIV, Affected Communities, Persons at risk Life of Project Results: <ul style="list-style-type: none"> • Reached 44,259 people through behavior change campaigns • Provided 636 PLHIV with basic health care and support

	<ul style="list-style-type: none"> Published 200 copies of the Buddhist Perspective Practice, (Help compassion toward PLHIV) <p>Sustainability: Many of the Buddhist monks became involved in the HIV/AIDS work and were able to generate a minimum income needed to continue their good work. ADRA Czech also provided additional funds in order for the stigma and discrimination reduction activities to continue. Cohn and RADE received additional funds to continue their work from Khana and PSI respectively.</p>
Adventist Development and Relief Agency (ADRA)	ADRA – Nepal
<p>Type of Organization: International FBO</p> <p>Grant Awarded: \$359,221 Start date: January 2003 End date: August 2005</p> <p>Local Partners: Association of Medical Doctors of Asia (AMDA), Nepal Red Cross Society</p>	<p>ADRA Nepal in partnership with the Association of Medical Doctors of Asia (AMDA), Nepal Red Cross (NRC) and Deep Jyoti (PLHIV group) 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.</p> <p>Program Focus: Voluntary Counseling and Testing, Linkages and Referrals</p> <p>Target Population: Youth, Parents, Teachers, General Population</p> <p>Life of Project Results:</p> <ul style="list-style-type: none"> Established 2 youth-friendly VCT sites Established 2 mobile clinics to reach rural target populations Tested and counseled 2,794 individuals Distributed over 30,000 IEC materials Increased knowledge of HIV prevention <p>Sustainability: ADRA Nepal received funding from Family Health International and the Global Fund to integrate a full service VCT clinic into a hospital site.</p>
Action for Integrated Rural and Tribal Development Social Service Society (AIRTDS)	AIRTDS – India
<p>Type of Organization: Local NGO</p> <p>Grant Awarded: \$72,144 Start date: August 2004 End date: January 2007</p>	<p>AIRTDS conducted participatory research to evaluate the needs of orphans and vulnerable children infected and affected by HIV/AIDS in foster care. AIRTDS 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. The study looked into four models and deemed them all appropriate for children of both genders. Of particular note is the finding that informal foster care should be considered a medium term strategy in care giving for OVC with “exit options” toward independent living. The older OVC in informal foster care exhibited desire to eventually leave their foster homes and become independent with requested agency support for vocational training. Study results will be used to both strengthen AIRTDS support services for OVC and foster families, and develop tools for advocacy and community programming.</p> <p>Program Focus: OVC Research</p>
Cambodian Health Committee (CHC)	CHC – Cambodia

<p>Type of Organization: Local NGO</p> <p>Grant Awarded: \$149,958 Start date: March 2006 End date: March 2008</p>	<p>Through its existing ART clinic and current PLHIV networks, CHC will mobilize the community in expanding access to ART. PLHIV groups will be trained in ART adherence and advocacy. Staff will conduct community mobilization events as well as awareness campaigns. CHC PLHIV will carry out home visits to increase the knowledge of community members on treatment, access, and adherence.</p> <p>Program Focus: Community Engagement in ART</p> <p>Target Population: PLHIV and family of PLHIV, PLHIV group leaders and members, local community</p> <p>FY07 Results:</p> <ul style="list-style-type: none"> • 8,181 people provided with HIV-related palliative care • 788 people trained on stigma and discrimination reduction • 3088 people trained in HIV-related community mobilization for prevention, care and/or treatment
<p>Cambodian HIV/AIDS Education and Care</p>	<p>CHEC – Cambodia</p>
<p>Type of Organization: Local NGO</p> <p>Grant Awarded: \$152,384 Start Date: March 2006 End Date: March 2008</p>	<p>Cambodian HIV/AIDS Education and Care (CHEC) HBC model is based on the development of HBC Teams under the existing Community Action Groups. HBC Teams work in pairs to make visits to PLHIV, caregivers, orphans, and assist with counseling, referral and education. Teams will have a Home Care Kit of basic medical and nursing supplies to help home-based caregivers in managing symptoms of opportunistic infections. Structures and consultations have been implemented to ensure community involvement and PLHIV participation.</p> <p>Program Focus: Support to Caregivers, Support to OVC</p> <p>Target Population: 200 PLHIV, 400 caregivers, 546 OVC</p> <p>FY07 Results:</p> <ul style="list-style-type: none"> • Provided HBC kits to a total of 777 clients • Developed a linkage directly benefiting 245 PLHIV and OVC in 3 districts with rice and food supplementation by signing a joint agreement with NCHADS and World Food Program
<p>Cambodian Women for Peace and Development(CWPD)</p>	<p>CWPD – Cambodia</p>
<p>Type of Organization:</p> <p>Grant Awarded: \$36,616 Start Date: June 2007 End Date: May 2008</p>	<p>CWPD established as a non-governmental organization in 1991 and aims at improving the status of women in Cambodian society. CWPD's structure reflects the involvement of Cambodian women at community level in the organization's day-to-day operation. The goal of the CWPD program is to prevent HIV-AIDS/STIs transmission and mitigate the impact of HIV/AIDS among women in entertainments worker in Kompong Thom and Kandal province. CWPD is using the 2 existing drop-in centers in target area (one in Stoeung Sen district, KgThom province, and 1 in Takmao district Kandal province). Drop-in-center will be serve as safeties place that EW can come to relax, meet for discuss and solve their problem and as outreach education center.</p>
<p>CARE</p>	<p>CARE – Cambodia</p>
<p>Type of Organization: International NGO</p>	<p>Care Cambodia's work followed three directions: partnering with Buddhist monks and other religious leaders to stimulate <i>methakaruna</i> (empathy and compassion); empowering and involving people living with HIV; and sensitizing and mobilizing community members and</p>

<p>Grant Awarded: \$113,757 Start date: October 2003 End date: September 2005</p> <p>Local Partner: Special, Environment, Agricultural Development Organization</p>	<p>leaders.</p> <p>Program Focus: Stigma and Discrimination Reduction</p> <p>Target Population: OVC, PLHIV, communities</p> <p>Life of Project Results:</p> <ul style="list-style-type: none"> • Expanded the program to include Muslim Imams • Improved attitudes of families, neighbors and health care staff towards HIV • Increased number of people from different social classes who are interested and willing to participate in HIV/AIDS related activities • Created greater respect for PLHIV and enhanced PLHIV's confidence by involving PLHIV in HIV/AIDS program delivery • Organized support groups to demand more access to ART from the government <p>Sustainability: The Buddhist monks generated their own resources and used them according to their own priorities. Villages affected by HIV/AIDS organized savings groups, revolving loans and established small businesses.</p>
<p>Indian Network for People Living with HIV/AIDS (INP+)</p>	<p>INP+ - India</p>
<p>Type of Organization: National NGO</p> <p>Grant Awarded: \$155,460 Start date: March 2006 End date: April 2008</p> <p>Local Partners: CPK+ (Kerala), Zindagi (Goa)</p>	<p>INP+ focuses on strengthening the state-level PLHIV networks in Kerala and Goa states advocating for improved access to treatment and care and providing treatment education and psychosocial support to PLHIV and their families. To accomplish its program objective, INP+ translates treatment education modules and materials into local languages and conducts treatment education/advocacy workshops.</p> <p>Program Focus: Community Engagement in ART</p> <p>Target Population: PLHIV and their families, local partners, local community</p> <p>FY07 Results:</p> <ul style="list-style-type: none"> • Provided technical assistance in HIV-related policy development to both state-level PLHIV network partners • Conducted training sessions for nurses on positive living and treatment • 133 providers were trained to provide palliative care
<p>KANHNHA</p>	<p>KANHNHA-Cambodia</p>
<p>Type of Organization:</p> <p>Grant Awarded: \$30,900 Start date: June 2007 End date: May 2008</p>	<p>KANHNHA was created as a response to the risk and need assessment in Phnom Penh, Cambodia among the MSM between the periods November 2002-November 2004. The goal of the KANHNHA project is to reduce the risks of HIV/AIDS and STI infection among 1,000 MSM (180 male sex workers, 170 male clients, 200 hidden MSM , 300 Self identified MSM, 150 transgender people) in Kein Svay District, Kandal Province by May 2008.</p>
<p>Khmer Women's Cooperation Development (KWCD)</p>	<p>KWCD-Cambodia</p>

<p>Type of Organization:</p> <p>Grant Awarded: \$49,657 Start date: June 2007 End date: May 2008</p>	<p>KWCD's ongoing aim to contribute to reduce HIV/AIDS/STI infection, to increase skills and to improve the quality of health care by scale-up the depth, scope and quality of our programmatic response to HIV/AIDS in Cambodia depends on building and strengthening the capacity of vulnerable groups. By reaching out to these vulnerable populations and engaging them in workshops, meetings, and self-help groups we have significantly increased their knowledge of HIV/AIDS issues, treatments and services. This work continues to produce tangible results, with strong indications of a decrease in risk-taking behavior</p>
<p>Men's Health Cambodia (MHC)</p>	<p>MHC-Cambodia</p>
<p>Type of Organization:</p> <p>Grant Awarded: \$30,900 Start date: June 2007 End date: May 2008</p>	<p>Men's Health Cambodia (MHC) is a Cambodian non-profit and non-partisan NGO established and accredited in 2002. Its goal is to contribute to the reduction of the incidence of HIV/AIDS among MSM and sex workers in Cambodia. MHC's interventions have proven to be effective in reaching both <i>Srey Sros</i> and <i>Pros Saat</i>. This is behind its expansion in terms of geographic coverage and programme scaling in recent years.</p>
<p>Men's Health Social Service (MHSS)</p>	<p>MHSS-Cambodia</p>
<p>Type of Organization:</p> <p>Grant Awarded: \$30,900 Start date: June 2007 End date: May 2008</p>	<p>The goal of the MHSS project is to reduce HIV transmission amongst most at-risk population (MSM/DU, Youth MSM) and improve quality of life of MSM infected and affected by HIV/AIDS /IDU in two districts (Seareysophan and Mongkultborey) of Banteaymeanchey province and other two districts (Steung Sen, and Stung) of Kg Thom province.</p>
<p>Phnom Srey Association for Development (PSAD)</p>	<p>PSAD-Cambodia</p>
<p>Type of Organization:</p> <p>Grant Awarded: \$31,287 Start date: June 2007 End date: May 2008</p>	<p>PSAD coordinates and collaborates with other NGOs, the Provincial AIDS Office (PAO), government-designated clinics for indirect sex workers, and other relevant authorities to ensure that appropriate support/services are available and accessible for indirect sex workers. PSAD is also actively involved with various mapping meetings organized by PSAD and other NGOs, to ensure that their coverage area, target groups and activities do not overlap, to share information and experiences, and to more effectively collaborate to meet the needs of the indirect sex workers.</p>
<p>Positive People</p>	<p>Positive People - India</p>
<p>Type of Organization: Local NGO</p> <p>Grant Awarded: \$151,070 Start date: April 2006 End date: April 2008</p> <p>Local Partners: Sangath</p>	<p>Program Focus: Positive People, in partnership with Sangath, program is based on four guiding principles of community participation, stakeholder involvement, strengthening networks, and documenting best practices and lessons learned. The project seeks to improve quality of life and mental health of caregivers, expanding its network of informal caregivers to 600 and increasing the coverage of PLHIV accessing quality care and support in the South of Goa to 400.</p> <p>Program Focus: Support to Caregivers</p> <p>Target Population: 450 family caregivers, 400 PLHIV</p> <p>FY07 Results:</p>

	<ul style="list-style-type: none"> • Mapped formal and informal caregivers • Identified referral networks • Assessed needs of PLHIV and Caregivers through in-depth interviews • 48 Outreach workers trained to provide HIV related palliative care • 117 individuals provided with HIV related palliative care
Save Incapacity Teenagers (SIT)	SIT-Cambodia
<p>Type of Organization:</p> <p>Grant Awarded: \$30,392 Start date: June 2007 End date: May 2008</p>	<p>The programs target populations are Entertainment Workers (EW), including Beer Promotion Women, Karaoke Singers, Waitresses and staff working in restaurants, beer gardens, guesthouses and hotels in the Russey Keo, Phnom Penh. The sexual partners of these women will also be a targeted; including their sweethearts, casual sexual partners and men who purchase their sexual services. The goal of the program is to significantly reduce HIV/AIDS and STI infections amongst Entertainment Workers and their clients through prevention education to 250 EWs and 850 potential sexual partners in Sangkat Prek Leap, Khan Russey Keo, Phnom Penh by May 2008.</p>
Society for Service to Urban Poverty (SHARAN)	SHARAN - India
<p>Type of Organization: Local NGO</p> <p>Grant Awarded: \$201,192 Start date: August 2002 End date: July 2006</p>	<p>SHARAN worked to ensure a continuum of prevention, care and support services to PLHIV in several slum areas of New Delhi, India. The program increased PLHIV utilization of existing healthcare services. SHARAN provided psychosocial support and home-based care through shelters while working with healthcare providers to reduce discrimination attached to PLHIV accessing public health services. Income generation, support groups and nutrition support were also elements of the project.</p> <p>Program Focus: Care and Support</p> <p>Target Populations: IDUs, PLHIV</p> <p>Life of Project Results:</p> <ul style="list-style-type: none"> • Provided nutrition for 150 clients daily • Provided VCT, care and support, and clinical referrals for close to 2,000 clients • Referred over 400 clients to free antiretroviral therapy provided by the government of India • Established PLHIV income generation group • Conducted nearly 250 IEC events • Reached over 6,800 people through IEC • Served over 7,800 IDUs with a variety of services <p>Sustainability: Several components of the Community REACH-funded program have been picked up for funding by the local government municipality.</p>
Tean Thor Association (TTA)	TTA-Cambodia
<p>Type of Organization: Local NGO</p> <p>Grant Awarded: \$151,070 Start date: April 2006 End date: April 2008</p> <p>Local Partners: Sangath</p>	<p>TTA has been working in the field of HIV/AIDS preventive education in Battambang, at first in the education of prostitutes, bar and beer girls, soldiers, policemen, deminers, and militiamen. TTA has 8 staff members trained as nurses in the border camps; these nurses have up-to-date knowledge about the types of medicines appropriate for AIDS care and methods of caring for AIDS patients.</p>

Women Organization for Modern Economy and Nursing (WOMEN)	WOMEN-Cambodia
Type of Organization: Grant Awarded: \$31,854 Start Date: June 2007 End Date: May 2008	The goal of the WOMEN program is to reduce HIV/AIDS infection amongst the most at risk population specifically to the 1200 entertainment workers (EW) and 400 clients at 11 Sangkat in 5 Khan, Phnom Penh by May 2008. The WOMEN program supports entertainment workers to assess their personal risks for HIV/AIDS and adapt safer sex practices, in accordance with ABC approach through peer education strategy and setting up drop-in center (library, basic counseling and information) for entertainment workers.
REGION	EUROPE & EURASIA
AIDS infoshare	AIDS infoshare – Russia
Type of Organization: Local NGO Grant Awarded: \$149,916 Start date: March 2006 End date: March 2008	AIDS infoshare provides PLHIV with information on access to ART. AIDS infoshare supports NGOs and PLHIV through training and support group meetings and provides PLHIV with web-based resources and printed materials. By providing up-to-date information, AIDS infoshare hopes to foster community action and national dialog around ARV access. Program Focus: Community Engagement in ART Target Population: Medical personnel, PLHIV, PLHIV networks, other local NGOs FY07 Results: - 4145 PLHIV provided with accurate treatment information through their website - 75 ART professionals (state and NGOs) provided with treatment related information through web-site - 18,350 brochures were printed and distributed on ART related topics - in November 2006, AIDS infoshare held 1 TOT workshop and trained 27 trainers from partner NGOs on HIV-related community mobilization for prevention, care and treatment - established online interactive counseling network
Community of People Living with HIV	Community of People Living with HIV – Russia
Type of Organization: Local NGO Grant Awarded: \$153,798 Start date: April 2006 End date: Dec 2007 Local Partners: 6 local PLHIV organizations	The Community of People Living with HIV trains, consults, and finances PLHIV-led local organizations, enabling them to be experts, decision makers and providers of HIV-related services. The local organizations administer programs aimed at scaling up access to ART, and treatment education and support. PLHIV-led organizations receive training on fundraising and management of projects. Program Focus: Community Engagement in ART Target Population: PLHIV, local partners FY07 Results: <ul style="list-style-type: none"> • Awarded small grants of approximately \$10,000 each to 6 PLHIV organizations in 6 different districts of Russia • Provided all 6 local partners with ongoing technical assistance in HIV-related

	<p>institutional capacity building</p> <ul style="list-style-type: none"> • Trained partners in basics of peer counseling in terms of HIV/AIDS, networking cooperation for service provision, activism of PLHIV as an important element of service delivery, HAART and adherence to treatment.
Doctors to Children – St. Petersburg	Doctors to Children, St. Petersburg – Russia
<p>Type of Organization: Local NGO</p> <p>Grant Awarded: \$151,829 Start date: April 2006 End date: March 2008</p>	<p>This grant enables DTC to support caregivers who provide home-based care to HIV-positive mothers and their children in Saint Petersburg. Caregivers receive psychosocial assistance through counseling, access to social and healthcare services, training and home-based assistance, financial assistance, peer support, and access to community resources.</p> <p>Program Focus: Support to Caregivers</p> <p>Target Population: Caregivers (formal and informal), PLHIV, pregnant women, PLHIV mothers, OVC</p> <p>FY07 Results:</p> <ul style="list-style-type: none"> • 47 new families of PLHIV mothers with children under age 3 enrolled and served • 64 new family caregivers were enrolled into the project • 71 newly enrolled participants of the project were trained to provide palliative care
Public Movement “Faith, Hope, Love”	Public Movement “Faith, Hope, Love” – Ukraine
<p>Type of Organization: Local NGO</p> <p>Grant Awarded: \$150,174 Start date: March 2006 End date: March 2008</p>	<p>Faith, Hope, Love supports 500 PLHIV in Odessa in ART adherence. Relatives and friends of HIV-positive project clients receive training and counseling in ART adherence. Community members participate in a series of roundtables and trainings on stigma reduction.</p> <p>Program Focus: Community Engagement in ART</p> <p>Target Population: PLHIV, social workers, police, psychologists, teachers, medical personnel</p> <p>FY07 Results:</p> <ul style="list-style-type: none"> • Operated 4 “offices of hope” in Odessa where clients visit with social workers • Created 3 self-help groups • Conducted trainings for 10 participants (social workers, volunteers, PLHIV) on adherence to ART • Operated hotline that received 268 calls
Russian Red Cross – Irkutsk Branch	Russian Red Cross / Irkutsk Branch – Russia
<p>Type of Organization: Local NGO</p> <p>Grant Awarded: \$149,983 Start date: March 2006 End date: March 2008</p>	<p>The RRC trains healthcare workers and home-based caregivers on home-based care and stigma reduction. RRC also builds capacity and improve coping skills of informal caregivers caring for PLHIV through training and counseling.</p> <p>Program Focus: Support to Caregivers</p> <p>Target Population: Home-based caregivers, medical personnel, PLHIV</p> <p>FY07 Results:</p> <ul style="list-style-type: none"> • 16 trainings were conducted on stigma and discrimination reduction for healthcare workers of orphanages, Center for Medical-Social Assistance to Children, teacher’s

	<p>training college, penitentiary, and Children’s Tuberculosis Hospital;</p> <ul style="list-style-type: none"> • 19 trainings were conducted on prevention of emotional burnout, for healthcare workers in orphanages and infectious disease hospital.
Siberia AIDS Aid	Siberia AIDS Aid – Russia
<p>Type of Organization: Local NGO</p> <p>Grant Awarded: \$269,000 Start date: December 2002 End date: February 2007</p> <p>Local Partners: Humanitarian Project, Siberian Initiative, PLHIV Initiative Group Omsk, Steps Club Plus, The Colour of Life, Clear Look, PLHIV Initiative Group Kemerovo Obereg</p>	<p>Siberia AIDS Aid Tomsk Regional Charity Fund served to provide a variety of support services for PLHIV, 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 three year project supported the development of a network of AIDS service organizations in Siberia. The transition grant that was awarded to Siberia-AIDS Aid in January 2006 allowed them to carry out a subgrant competition on the development of new services for PLHIV in Siberia. Awards were made to 8 local organizations.</p> <p>Program Focus: Care and Support</p> <p>Program Sub-Focus: Psychosocial Support, Stigma Reduction, Behavioral Change Communication, Legal Support</p> <p>Target Population: General Population, PLHIV</p> <p>Life of Project Results:</p> <ul style="list-style-type: none"> • Distributed 806 condoms • Counseled over 10,000 via telephone hotline, e-mail and walk-in clients • Assisted 8 PLHIV groups in capacity building • Involved 25 organizations in advocacy efforts
REGION	LATIN AMERICA & CARIBBEAN
American Red Cross (ARC)	ARC – Honduras
<p>Type of Organization: International NGO</p> <p>Grant Awarded: \$294,308 Start date: January 2003 End date: December 2006</p> <p>Local Partners: Honduran Red Cross, Casa Alianza, APSONAPVSIIDA</p>	<p>American Red Cross International Services, in partnership with the Red Cross Society of Honduras (HRC), offered counseling, referrals for support and preventive education to homeless youth and other youth groups at high risk for contracting HIV. Additionally, the project enabled seropositive youth to plan and better cope with HIV/AIDS related issues.</p> <p>Program Focus: Voluntary Counseling and Testing, Linkages and Referrals</p> <p>Target Population: Youth</p> <p>FY05 Results:</p> <ul style="list-style-type: none"> • Tested and counseled (with pre and post-test counseling) 10,747 people, including 8,840 homeless youth and 1,907 deferred blood donors • Trained 173 counselors in VCT • Operated 3 VCT clinics & opened 1 new VCT clinic • Formed 5 PLHIV self-support groups; 2 in Tegucigalpa and 3 in San Pedro Sula • Distributed 14,611 IED brochures <p>Sustainability</p>

	<p>While no funding has been secured to continue his specific program targeting at-risk youth, the Honduran Red Cross has received additional funds from the Global Fund to work with inmates as well as mobile populations.</p>
<p>Fondation Esther Boucicault Stanislas (FEBS)</p>	<p>FEBS - Haiti</p>
<p>Type of Organization: Local NGO</p> <p>Grant Awarded: \$100,000 Start date: June 2003 End date: October 2006</p>	<p>FEBS worked to reduce HIV/AIDS stigma and discrimination and scaled-up care and support services for PLHIV in Haiti. Building on an existing program established by FEBS in 1995, this grant helped FES expand medical and psychosocial services for PLHIV, disseminate targeted messages, and increase awareness of HIV/AIDS prevention, care and support.</p> <p>Program Focus: Stigma and Discrimination Reduction</p> <p>Program Sub-Focus: Care and Support, Prevention, VCT referrals and counseling</p> <p>Target Population: PLHIV, general population, youth</p> <p>FY07 Results:</p> <ul style="list-style-type: none"> • Distributed over 80,000 condoms (condoms were not provided by Community REACH) • Reached over 58,000 individuals with behavior change campaigns • 1,558 individuals served by home-based care programs • Reached 230 OVC <p>Note: Final report will be received during the following reporting period.</p>
<p>Foundation for Reproductive Health and Family Education (FOSREF)</p>	<p>FOSREF – Haiti</p>
<p>Type of Organization: Local NGO</p> <p>Grant Amount: \$290,266.27 Start date: March 2003 End date: June 2006</p>	<p>The youth VCT FOSREF sites provided 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.</p> <p>Program Focus: Voluntary Counseling and Testing</p> <p>Target Populations: Adolescent Youth, Linkages and Referrals</p> <p>Life of Project Results:</p> <ul style="list-style-type: none"> • Established 3 youth-friendly VCT sites • Provided VCT services to over 1,500 youth • Established 3 post-test clubs • Trained 20 youth-friendly VCT counselors <p>Sustainability: FOSREF successfully worked with Haiti’s MOH and were able to establish a national VCT protocol and age of consent policy for youth. The government of Haiti secured Global Funds’ support for FOSREF to establish up to 27 youth-friendly VCT centers throughout Haiti modeled on the Community REACH program.</p>

Foundation for Reproductive Health and Family Education (FOSREF)	FOSREF – Haiti
<p>Type of Organization: Local NGO</p> <p>Grant Awarded: \$150,000 Start date: December 2004 End date: March 2007</p>	<p>FOSREF’s program focuses on scaling up its existing programming in VCT, PLHIV activities, support groups and youth based programming to include positive prevention strategies. Activities under the project include: promotion of positive prevention among PLHIV, increasing access to comprehensive HIV/AIDS care, increasing support to PLHIV and their families, reduction of stigma and discrimination against PLHIV.</p> <p>Program Focus: Positive Prevention</p> <p>Program Sub-Focus: Youth based HIV Programming</p> <p>Target Population: Youth and adult PLHIV</p> <p>FY07 Results:</p> <ul style="list-style-type: none"> • Developed PLHIV groups network for advocacy purposes • Over 6,000 reached through media campaign on prevention • 6,397 people reached with Prevention activities • 61 people trained as peer educators and volunteers • 135 people provided with Palliative Care services • 1057 people trained in HIV related stigma & discrimination reduction <p>Note: Final report will be received during the following reporting period.</p>
Fundacion Mir	Fundacion Mir – Dominican Republic
<p>Type of Organization: Local NGO</p> <p>Grant Awarded: \$155,285 Start Date: April 2006 End Date: April 2008</p> <p>Local Partners: Centro de Familia, Hijas de Maria</p>	<p>Fundacion MIR, in partnership with Centro de Familia and Hijas de Maria, empowers and strengthens community-based and family support for under-privileged PLHIV, OVC, and for their caregivers in the eastern region of the Dominican Republic through a program of home-based care, micro-enterprise, and care for caregivers.</p> <p>Program Focus: Support to Caregivers, Support to OVC</p> <p>Target Population: Caregivers of at least 2,000 PLHIV and OVC</p> <p>FY07 Results:</p> <ul style="list-style-type: none"> • Served 409 OVC • Adapted WHO home-based care guidelines • Provided 164 PLHIV with palliative care
Llanto, Valor, y Esfuerzo (Llaves)	Llaves – Honduras
<p>Type of Organization: Local NGO</p> <p>Grant Awarded: \$150,614 Start date: April 2006 End date: March 2008</p>	<p>Llaves implements a radio advocacy/education information campaign on ART, reaching the community of PLHIV, the general public, and decision-makers in northern and central Honduras. Llaves also provides direct treatment information and referrals, and trains approximately 45 PLHIV in 12 support groups in treatment counseling and adherence, with the aim of reaching approximately 300 support group members.</p> <p>Program Focus: Community Engagement in ART</p>

	<p>Target Population: PLHIV, San Pedro Sula and Tegucigalpa communities</p> <p>FY07 Results:</p> <ul style="list-style-type: none"> • 318 individuals trained in HIV-related community mobilization and prevention, care and treatment • 52 radio shows aired • 1043 phone calls received at the call center • 15 support groups trained in ARV treatment and adherence • 3212 outreach and counseling sessions carried out by Llaves counselors • 423 referrals to medical services and/or support groups
<p>Project Hope</p>	<p>Project Hope - Honduras</p>
<p>Type of Organization: International NGO</p> <p>Grant Awarded: \$326,766 Start date: June 2002 End date: August 2004</p> <p>Local Partner: Asociacion de Salud Integral (ASI)</p>	<p>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 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. Project Hope coordinated the linkage of a home-based care system to the clinic and a referral program for pregnant women for prevention of mother-to-child HIV transmission (PMTCT).</p> <p>Program Focus: Care and Support</p> <p>Program Sub-Focus: Clinical Care, Behavioral Change Communication, Prevention of Mother-to-Child HIV Transmission, Psychosocial Support, Stigma Reduction</p> <p>Target Population: General Population, Pregnant Women, PLHIV</p> <p>Life of Project Results:</p> <ul style="list-style-type: none"> • Trained over 300 service providers in palliative care • Distributed 3,000 IEC materials • Established 2 VCT sites • Established 1 HIV/AIDS Clinic • Served 10,200 HIV positive clinic clients • Served 1,300 Households • Provided 1,500 HIV positive individuals with home-based care <p>Sustainability: Project Hope sustained the Trejo Clinic and associated services by securing funding from the Academy for Educational Development (AED) and private donors.</p>
<p>Les Promoteurs de l'Objectif Zerosida (POZ)</p>	<p>POZ – Haiti</p>
<p>Type of Organization: Local NGO</p> <p>Grant Awarded: \$109,690</p>	<p>POZ worked on reducing stigma and discrimination and the spread of HIV in four geographical areas of Haiti. They focused on helping create and strengthen grassroots groups of PLHIV and peer leaders to become more self-supportive and thereby capable of affecting national policies, discriminatory attitudes, sexual behavior and thus contributing to</p>

<p>Start date: July 2003 End date: July 2005</p>	<p>the reduction of the current rate of infection.</p> <p>Program Focus: Reducing Stigma and Discrimination</p> <p>Program Sub-Focus: Care and Support</p> <p>Target Population: PLHIV, general population</p> <p>Life of Project Results:</p> <ul style="list-style-type: none"> • Distributed 14,500 flyers – part of the behavior change campaign • Reached 25,000 people through advocacy campaign • Trained 450 youth in schools on stigma and discrimination issues <p>Sustainability: Through the Community REACH USAID Haiti Buy-In program, POZ is funded for an additional year in order to expand and scale-up its stigma and discrimination reduction activities.</p>
<p>REGION</p>	<p>GLOBAL</p>
<p>International Center for Research on Women (ICRW)</p>	<p>ICRW</p>
<p>Type of Organization: International NGO</p> <p>Grant Awarded: \$80,000 Start date: November 2005 End date: April 2007</p>	<p>USAID’s Interagency Gender Working Group (IGWG) is providing funding through Community REACH for a two-year grant to the International Center for Research on Women (ICRW) to identify ways to increase the age of marriage in developing countries.</p>
<p>International Community of Women Living with HIV/AIDS (ICW)</p>	<p>ICW</p>
<p>Type of Organization: International NGO</p> <p>Fixed Obligation Grants Totaling: \$50,719</p>	<p>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.</p> <p>A second grant was awarded to ICW for rapidly starting a young women’s dialogue program in Namibia and Zambia by hosting a planning meeting. It is anticipated that the planning meeting would result in a young women’s dialogue program in Namibia and Zambia, with in-country advocacy work.</p>
<p>Lott Carey International</p>	<p>LCI</p>

<p>Type of Organization: International FBO</p> <p>Fixed Obligation Grant: \$32,000</p>	<p>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 sub-award program.</p> <p>Community REACH assisted LCI in reviewing 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 for sub-award activities: Ethiopia Addis Kidan Baptist Church, Lott Carey India, African AIDS Initiative International, Kipsitet Orphanage Kenya, FIDIPA Kenya.</p>
<p>Lott Carey International</p>	<p>LCI</p>
<p>Type of Organization: International FBO</p> <p>Grant Awarded: \$207,762 Start date: March 2006 End date: May 2007</p> <p>Local Partners: Ethiopia Addis Kidan Baptist Church, Lott Carey India, African AIDS Initiative International, FIDIPA Kenya, LCBM-Kericho</p>	<p>The goal of this award is to build the capacity of Lott Carey International to expand current HIV/AIDS activities in their countries. Community REACH is providing direct ongoing mentoring on program development and design in addition to sub-award management, budgeting, USAID rules and regulations and President's Emergency Plan reporting.</p> <p>During this reporting period, LCI continued its support to four of its five originally proposed sub-award recipients as follows:</p> <ul style="list-style-type: none"> • Lott Carey Ethiopian Addis Kidan Baptist Church (EAKBC) Ethiopia • African AIDS Initiative International Inc. (AAIL) Ethiopia • Lott Carey Baptist Mission (LCBM-Delhi) India • Lott Carey Baptist Ministries (LCBM-Kericho) Kenya • The Friendly Integrated Development Initiatives in Poverty Alleviation (FIDIPA) Kenya
<p>National Association of People Living with HIV/AIDS</p>	<p>NAPWA</p>
<p>Type of Organization: International NGO</p> <p>Fixed Obligation Grants Totaling: \$115,000</p>	<p>Community REACH worked with the National Association of People Living with HIV/AIDS (NAPWA) to strengthen PLHIV networks in Africa. The following activities took place through 2004:</p> <p>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 PLHIV in Africa. During the meeting, participants discussed issues around treatment preparedness and mainstreamed into the current NAP+ strategic plan.</p> <p>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.</p> <p>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.</p>

HBCU/MI Consortium for National and International Programs	HBCU/MI
<p>Type of Organization: International NGO</p> <p>Fixed Obligation Grants Totaling: \$75,270</p>	<p>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:</p> <ul style="list-style-type: none"> • 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 for the development of 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