



# Community REACH

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

**October 2003 to September 2004  
Annual Report**

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**community REACH**  
rapid and effective action combating HIV/AIDS



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## Acknowledgements

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We would like to express our appreciation to our grant partners, who work tirelessly (and often without due praise) to support the needs of those infected with and affected by HIV/AIDS. For a description of all the Community REACH grantee programs please visit the website at [pactworld.org/reach](http://pactworld.org/reach). For information on all of Community REACH's grant programs' contact information, see page 32.

We would like to acknowledge those who contributed to this annual report: Allison Campbell as the lead writer and coordinator and to the other contributing writers and editors: Sujata Rana, Dwan Dixon, Christine Talbot, Helen Cornman, Minki Chatterji and a special thanks to Megan Noel for the Emergency plan indicator grantee data and Matt Iden for technical assistance in the design and formatting. We would also like to acknowledge Ron MacInnis, the Community REACH Cognizant Technical Officer (CTO) at USAID for his full support and championship of local NGOs and to Polly Mott, the Community REACH Program Director for her vision.

# Introduction

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**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 the international non-governmental organization Pact, with Futures Group providing monitoring and evaluation. It is designed to rapidly award grant funds to organizations playing valuable roles in the struggle against HIV/AIDS. The program promotes both scaling-up of successful programs and start-up of new programs with potential for demonstrable impact on the pandemic. This dynamic USAID funding mechanism quickly makes funds available to non-governmental organizations (NGOs) for HIV/AIDS grants that reach individuals, families, and communities most vulnerable to HIV infection and HIV-related consequences with the services they need most. Areas of intervention encompass the entire HIV/AIDS prevention-to-care continuum.

Through the Associate Award Mechanism USAID missions and bureaus have the opportunity to develop country- or region-specific NGO grant programs. These programs have their own Cognizant Technical Officer (CTO) and separate financial and program reporting. Interested missions or bureaus and the Community REACH team work together to develop the programs and define the grant details. The Community REACH team is now implementing associate awards in Brazil and South Africa.

## **Pact**

Founded in 1971, Pact is a premier networked global organization helping to strengthen the capacity of local organizations to meet community needs in dozens of countries in Asia, Africa and Latin America. Our work is firmly rooted in the belief that local communities must be the driving forces in ending poverty and injustice. To achieve this we work in partnership with local organizations in a variety of sectors, including HIV/AIDS, livelihoods, peace-building and civil society to strengthen their capacity to deliver services and advocate for favorable policies, connect to information and resources, account to their stakeholders, and link to local government, business and the larger global community. Pact's activities are supported through grants and contracts from the U.S. Agency for International Development (USAID), as well as United Nations agencies, European bilateral organizations, private foundations, and fee-for-service contracts for short-term consulting services and product design.

# **Community REACH**

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# Community REACH Results

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## October 2001 – September 2004 Community REACH project achievements

- ✓ Developed a rigorous highly competitive rapid global grants solicitation, review and award process (ten weeks from posting to selection using a two-tiered process).
- ✓ Awarded \$8 million dollars of direct and mentoring subgrants to 80 organizations working in 21 countries (11 President's Emergency Plan countries) 55 of the 80 recipients are local NGO partners new to US government funding.
- ✓ Developed and issued five global request for applications reviewing 520 applications on 1) home-based care and support 2) youth voluntary counseling and testing linkages and referrals 3) reducing stigma and discrimination 4) improving support to orphans and vulnerable children 5) positive prevention, care and support for PLWHAs.
- ✓ Produced a results framework and comprehensive results monitoring, evaluation and reporting system based on USAID SYNERGY standard indicators and developed a mapping system to meet The President's Emergency Plan program level framework reporting.
- ✓ Designed an extensive database used for tracking all applications, award data and statistics as well as M&E indicator data and implemented a comprehensive system of capturing lessons learned from grantees over the life of the program in the form of a "Learning Agenda."

# Grantee Results



**Table 1: The President’s Emergency Plan program-level reporting framework: Community REACH life of project data**

Program/Service Area	Number of service outlets/ programs	Number of clients served, disaggregated by sex			Number of people trained
		Female	Male	Not disaggregated	
<i>Prevention</i>	41	179,433	191,302	152,036	5,595
Abstinence and Be faithful	3 <sup>1</sup>				
Other Behavior Change	38	179,433 <sup>2</sup>	191,302 <sup>2</sup>	152,036 <sup>3</sup>	5,595 <sup>9</sup>
<i>Counseling and Testing Treatment (ART)</i>	20	14,147	13,740		346
<i>Palliative Care (non-ART care)</i>	28	38,355	36,302		3,271
Basic Health Care & Support (excluding TB/HIV)	27	30,500 <sup>5</sup>	29,284 <sup>5</sup>		2,882 <sup>8</sup>
TB/HIV	1 <sup>4</sup>	7,855 <sup>6</sup>	6,918 <sup>6</sup>		389 <sup>7</sup>
<i>OVC</i>	12	10,449	9,716		567

**Note:** Data is from grant programs in presidential initiative and non-initiative countries: Ethiopia, Ghana, Kenya, Malawi, Mozambique, Nigeria, Rwanda, South Africa, Tanzania, Uganda, Zambia, Haiti, Honduras, Cambodia, India, Nepal, and Russia. Upon request Community REACH can present data per grantee and per country.

- 1) 3 grant programs managed by The Salvation Army, ADRA Nepal and ADRA Cambodia have abstinence, be faithful components to the care and support and prevention programs. However, the numbers of clients served on the current abstinence be faithful components are not disaggregated from the total numbers – these numbers will be broken out in future reporting.
- 2) Total clients served by prevention other behavior change is based on the numbers reached by information education campaigns and one mass media program.
- 3) 152,036 clients reached with other behavior change prevention messages were not reported as disaggregated data by sex.
- 4) 1 TB/HIV non-ART palliative care program is clinic based. The remaining non-ART palliative care programs are community based with referrals and linkages.
- 5) #s client served with non-ART palliative care basic health care and support is equal to 9439 males and 11626 females receiving nutritional care and support and 19845 males and 18874 females served by community and home-care programs.
- 6) #s clients served with non-ART palliative care TB/HIV is equal to 1347 males and 2016 females receiving TB prophylaxis and TB treatment and 5571 males and 5839 females HIV affected individuals served by clinic based care.
- 7) 389 people trained in palliative care TB/HIV is equal to #s service providers trained in clinic-based care, #s service providers trained in opportunistic infections and # service providers trained in TB.
- 8) 2282 people trained in non-ART palliative care basic health care and support is based on capacity building #s trained under the care and support grant programs which is equal to 34% of total grant funding.
- 9) 5595 people trained in prevention is based on the capacity building indicator #s trained under the prevention and stigma and discrimination grant programs which is equal to 66% of total grant funding.

## 2004 Activities

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### Grant solicitations, selection and award including buy-in OVC RFA

The Community REACH team conducted two Request for Applications (RFA) competitions in fiscal year 2004.

#### Improving support to orphans and vulnerable children

Community REACH issued a request for application (RFA) restricted to local NGOs on *Improving Support to Orphans and Vulnerable Children Through Focuses Study* in November 2003 with applications due in January 2004.

The primary purpose of the RFA was to provide organizations with a funding mechanism to collect data that can be used to *design and further refine* programs for orphans and vulnerable children or to *evaluate* aspects of ongoing orphans and vulnerable children programs in order to introduce or scale-up effective approaches for care and support.

Community REACH expects that by conducting these studies, local NGOs will further develop their capacity in the areas of monitoring, evaluation, and research. Funding has been set aside to provide participating NGOs with funds to operationalize their research findings to improve OVC programming.

The RFA document was developed through a consensus process involving the Community REACH team and a small team at USAID Office of HIV/AIDS and other key stakeholders at UNICEF and NIH. The four awards are:

Bananyole Youth Development Agency (BAYODA), in partnership with the Child Health and Development Centre, will study migration characteristics of orphans infected and affected by HIV/AIDS in Bunyole County, Uganda. Their research will explore issues of vulnerability and protection (including livelihood strategies), and seek to document the range and nature of existing services for OVC provided by formal and informal households and communities.

Tanzanian Essential Strategies Against HIV/AIDS (TANESA) will conduct two studies aimed at raising local awareness of the need to improve support to OVC in Tanzania. TANESA, operating in the

### OVC Research Grant Statistics

- ❖ 46 applications; requesting \$3.8 million dollars
- ❖ Applications from 9 rapid scale-up and intensive focus countries in Africa and Asia
- ❖ 26 of the 46 applications were compliant
- ❖ 4 awards totaling \$400,000 (1 Asia, 3 Africa)

# Grant Solicitations



Mwanza and Shinyanga Regions, will first field test a UNICEF-funded, rapid assessment tool for OVC care and support, and then conduct a second study to evaluate how OVC programs can best address the needs of older, primary caregivers.

Training and Resources is Early Education (TREE) will investigate new roles for early childhood development (ECD) practitioners in supporting orphans and vulnerable children in the KwaZulu-Natal and Western Cape provinces of South Africa. TREE will utilize both 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 will be used to develop a manual in Zulu to assist ECD practitioners in the identification of and care and support for OVCs.

Action for Integrated Rural and Tribal Development Social Service Society (AIRTDS) will conduct participatory research to evaluate the needs of orphans and vulnerable children infected and affected by HIV/AIDS in foster care in India. This will be done specifically in the Tenali Region of Andhra Pradesh State. AIRTDS will conduct key informant interviews to determine levels of acceptance of OVC in foster families and communities, quality of care by primary caregivers, and availability of psychosocial support for OVC and their foster families. Study results will be used to strengthen AIRTDS support services for OVC and foster families, and to develop tools for advocacy and community programming.

## Positive living, prevention and care for people living with HIV/AIDS

Community REACH had planned a multi-themed Annual Program Statement for FY04, however, due to a reduced funding level from an estimated \$8 million in grants to \$2.3 million, the team, in consultation with the program's CTO developed a RFA integrating two themes: positive prevention and PLWHA networks. Also, due to later than anticipated obligation of Community REACH's FY 04 funding level, the RFA release date was moved from January to July 2004.

The RFA *For Positive Living, Prevention and Care for People Living with HIV/AIDS (PLWHAs)* sought applications for innovative community-

## Positive Prevention Grant Statistics

- ❖ 128 applications received from local NGOs in nine participating Emergency plan countries requesting \$22 million
- ❖ 103 of the 128 applications were compliant with the RFA guidelines
- ❖ 5 applications were selected for \$750,000 in funding

# Grant Solicitations

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based approaches to positive prevention and care among diverse vulnerable groups. Community REACH particularly encouraged applicants to undertake activities that promote beneficial disclosure while at the same time reinforcing positive prevention through home-based care.

By linking individually focused health promotion, active promotion and availability of essential care services and community mobilization strategies, Community REACH anticipates that positive prevention measures will be more successful in an environment that fosters individual protection, where stigma and discrimination against people with HIV is minimized and assures/provides essential care services for PLWHAs are assured.

Five organizations will receive a combined total of nearly \$750,000 in grants over the next two years for HIV/AIDS projects. The projects focus on providing service delivery to PLWHAs.

Community REACH is in the final phase of awarding the grants. The following is a description of the grant activities:

One organization in Ethiopia, founded and comprised of PLWHAs, will carry out a series of activities to benefit 7,000 members. The organization will expand its comprehensive counseling program, which includes pre-test, post-test, and ongoing counseling services. An important aspect of the comprehensive counseling plan is the incorporation of ART preparedness. Current home-based care service delivery will be made more effective by providing the proper materials, medical supplies, and ongoing training to its home-based care providers.

In Haiti a group will provide ongoing counseling for PLWHAs, facilitate post-test clubs and support groups, and offer home-based care and referrals for anti-retroviral therapy (ART). Also youth PLWHAs will be trained in prevention and counseling, which they will then share with other youth and the community as a whole.

The principle objective of a grant winner in Zambia is to increase the participation of PLWHAs in Namwala District. The organization will focus on providing improved care to an increasing number of PLWHAs as well as reducing stigma and discrimination. Under this project, PLWHAs will be trained as home-based care givers and provide services throughout the district. A partner organization will

When my husband died of AIDS five years ago, life changed. My husband's parents and would not live with me. They said I was a prostitute who came to kill their son. My husband's property was taken away from me by the clan. I was given one month to leave.

I had five children to care for. I am an illiterate woman with a primary six level education. I could not think of getting a job anywhere. I had to leave my husband's village to go and live in Bugiri town. Rumor had already spread in town that a woman with AIDS had come to town. No landlord would accept me as a tenant.

After securing accommodation in the outskirts of the town, I met one person who was openly talking about her HIV+ status. I could not believe my eyes.

- taken from Ruth, 35, a beneficiary of Goal Uganda

## Grant Solicitations

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provide mobile voluntary counseling and testing (VCT) to reach rural communities.

In South Africa an organization will train its rural PLWHAS support groups in counseling, prevention, ARVs, and increasing the access of PLWHAs to legal rights. Through work with the support groups the organization will increase the uptake of VCT services at the community level. A key component of the organization's project is to register support groups as CBOs. This will provide them with opportunities for direct government funding.

In Cote D'Ivoire, the grant winner will implement its own small grant program, awarding eight to ten grants to organizations to provide care and support services to PLWHAs throughout the country. Each of these grantees will receive training and participate in regular workshops. The program consists of a media initiative which will include making its website a more useful resource to PLWHAs and the general public, working with a network of journalists to encourage ongoing media involvement, and broadcasting advertisements and talk shows, all focusing on prevention and the reduction of stigma and discrimination.

After about a month and a half in Akanshay, I felt confident enough about myself to do something. I asked them if I could go home to Kanpur where my father lived. The SHARAN center was called once again and they came to see me.

They asked me if I would like to try any other option besides going to see my dad. I wanted to be with my dad very badly, during this time I had given up drugs and smoking, too. I felt good about my self. I even began smiling which I could not when I first came to the SHARAN center.

I was put on the bus for Kanpur by the SHARAN center staff and with that we bid farewell. I am very grateful for the love I was given by one and all and I look forward to a better future.

- taken from Deepak, age 21, a beneficiary of SHARAN in India

## Joy's Story - Uganda

Joy\* is one of the members of National Community of Women Living with HIV/AIDS National Community of Women Living with HIV/AIDS (NACWOLA), a subgrant partner of GOAL Uganda under Community REACH, which has benefited from the memory book project and has this story to tell.



*Members of National Community of Women Living with HIV/AIDS*

"I'm 48 years old. I'm a widow living with five orphaned children, 3 boys and 2 girls. My husband died two years ago. I tested positive when I went in for VCT, after which I joined NACWOLA as a member. By the time my husband died, he had not written a will. Upon his death, the relatives attacked our home and grabbed all the property, leaving almost nothing for me and my children.

Recently, as a member of NACWOLA, I was invited to a training about how to write a memory book. Local leaders also attended the workshop. We were taught the importance of writing a memory book and a will.

Upon completion of the training, I visited my in-laws to get the details of my late husband, which is needed, for writing a memory book. Equipped with the information, I embarked on writing the two documents, with assistance from very close friends and the local leaders who had participated in the training. The memory book enabled me detail the lineage of my husband and the property he had and who had taken what. The local leaders enabled me get back most of the property that had been grabbed by the in-laws, together with the information of the debtors, who were asked to pay back.

After getting back the property, I resorted to writing the will for my late husband. I distributed the assets among the family members, which was welcomed by the close relatives. During this process, I was reconciled to the in-laws as well as my children.

I'm very grateful to NACWOLA for organizing the training for the memory book project. By participating in this training, I gained the skills to write both the will and the memory book. With this knowledge, I was able to recover the assets of the family and reconcile with my in-laws. The children have all the information concerning their family and lineage. They now go to school, being supported by proceeds generated from a small retail shop that I set up. Through living positively, survival for me and my children are guaranteed and the future is bright."

\* not her real name





Community REACH recognized the unique opportunity this community-focused, locally driven program presented for learning more about community-led HIV/AIDS response outside formal health networks. To capture this information and share it across Community REACH grantees as well as key decision-makers within USAID and the broader USG response, a learning agenda has been developed.

## Lessons learned working with local NGOs / new partners to USAID

### Local NGOs and the competitive grants process

- ✓ Local NGOs cannot compete with international NGOs. To address this issue Community REACH set aside RFA competitions strictly for Local NGOs. This has been essential in order to offer a fair and competitive process and gain invaluable input from community based organizations. A future recommendation is to set up proposal writing and results reporting workshops for local NGOs at the country and regional level to improve their future performance in heads up competition with their international counterparts.
- ✓ Local NGO grant competitions should be for lower amounts of funding with more prescriptive RFAs. Included in the application process detailed formats and templates to help guide local NGOs should be provided.
- ✓ Local NGOs benefit from multi-year grants. Organizations cannot invest in long-term planning with short-term financing.
- ✓ When involving international NGOs in grant competitions to reach more local organizations Pact required International NGOs to provide 60% of funding as sub-grants to local partners to assure local capacity is being built and that international NGOs are mentoring their partners. A rapid scale-up model under this type of competition is an international NGO mentoring a strong local partner that in turn mentors several community based organizations – Community REACH has documented several successful mentoring partnerships.
- ✓ The Internet and electronic mail via list serves is an effective

## Values

Community REACH's shared values include community participation, active stakeholder and target audience involvement, building capacity at the grassroots level, strengthening community-based networks, and adding to the body of knowledge on effective responses to HIV/AIDS through continuous learning and ensuring a results oriented focus of its grants program.

## Working with Local NGOs



means of reaching local NGOs. In the last round RFA 129 local NGO grant applications were received.

- ✓ A two-tiered competitive process with an initial concept paper round is less burdensome and costly for local NGOs.

### Successful partnerships with local NGOs

- ✓ Local NGOs have a clear understanding of in-country needs, culture and the local dynamics of the HIV/AIDS epidemic. They are in the best position to implement rapid scale-up community programming. Local NGOs are often founded and managed by dynamic leaders who have worked in the health sector in their communities. These leaders easily gain the respect and trust of the beneficiaries in addition to local health care and other support service providers.
- ✓ Local NGOs are best at producing culturally appropriate prevention materials and reaching the target populations with these messages as well as identifying the individuals who require care and treatment.
- ✓ Local NGOs partnering with faith-based groups are reporting that working with local faith-based organizations is crucial in reducing stigma and discrimination and in increasing uptake of services.
- ✓ Local NGOs are able to easily disaggregate different funding streams and results and can report specifically on the exact use of USG funding.

### What are the vital aspects of effective local partnerships?

- ✓ Trust in local partner organizations to effectively plan interventions and target beneficiaries in their own community.
- ✓ The ability and willingness of an international NGO or government agency to partner with local NGO organizations as colleagues and peers providing advice and assistance in managing US government grant funding is more effective than simply “managing” the local NGO.

Six Youth Post Test Club meetings were held, which focused on various club activities. The members looked into the issue of partner referral, which was discussed at length being a critical aspect in HIV and AIDS prevention.

Post Test Club members in Kakamega initiated an Income Generating Activity for its sustainability. They started a chicken rearing project. Using members' contributions, the club bought eight chickens at the beginning of the month of April 2004. These were divided among five members who will rear them till the end of this year (2004) after which they will return ten chickens to the club.

The members will use the money generated to support members who are unable to fend for themselves in their last stages of the HIV and AIDS infection.

- taken from Family Planning Association of Kenya on Youth VCT Post-test Clubs



### Some barriers for faith-based and new partners to access US Government (USG) international assistance funding

Despite successful experiences in working with local NGOs, faith-based groups and new partners to USG funding, these organizations still face barriers in accessing USG assistance funding. The following highlights some key issues and recommendations.

- ✓ Securing diversified funding is often challenging due to the lack of staff resources to fund-raise, inadequate public/donor relations knowledge and the overwhelming work load- Pact is planning to produce a manual that assists NGOs in writing success stories and in working with donors and the media to help with sustainability.
- ✓ Complex and changing reporting requirements are not readily understood and are not always easily adapted. Community-based organizations, particularly local NGOs, need explicit reporting information. Donors need to provide clear definitions of the indicators and work with the partner on defining the program's goals, objectives and targets that relate to the donors' desired outcomes - Pact has adapted an M&E workbook for local organizations that specifically guides the organizations in building their results framework and reporting around President's Emergency Plan indicators.
- ✓ Patience and the ability to provide technical assistance in working with local NGOs are required. Understanding USG regulations in financial and administrative management is difficult and requires repeated reinforcement - Pact provides this mentoring through long distance one-on-one communication, assistance from Pact country level offices and site visits.
- ✓ Local organizations are not highly skilled at developing and writing proposals and designing and implementing programs based on US government assistance and acquisition regulations - Pact released RFAs specifically for local NGOs to level the competitive field but has found that proposal writing and program design training is still required.
- ✓ Segregating religious activities from federally funded activities

## Working with Local NGOs



can be a challenge for faith-based groups - Pact recommends training for these organizations on how to legally segregate and qualify for USG funding.

- ✓ US-based organizations previously working only domestically have difficulty transitioning to international program management - Pact has found that these organizations need strong mentoring and training in program design, implementation, results reporting and financial and administrative USG regulations.
- ✓ Replicating model programs in other geographic regions is at times difficult for local NGOs due to a lack of infrastructure and trained staff members. Local NGOs suffer from the HIV/AIDS “brain drain.” Attracting and sustaining fully qualified and trained staff is difficult.



Collage of photos above: taken from  
*Snapshots: Ten lives Affected by HIV/AIDS.*

Read more about Community REACH's  
grant beneficiaries by visiting  
[www.pactworld.org/reach/documents/snapshots.pdf](http://www.pactworld.org/reach/documents/snapshots.pdf)

## Phanet's Story - Cambodia

Sovann Phanet is 12 years old. Unlike most children his age, Phanet knows first hand what discrimination and stigma is. As an orphan he holds onto memories of happier times in his life.

His father, a taxi driver, was tested for HIV/AIDS, when he became sick for no apparent reason - his result, positive. Shortly after the death of his father, Phanet's mum, a home maker, became ill and was diagnosed HIV/AIDS positive. With both parents having tested positive to HIV/AIDS, Phanet and his two sisters were tested also. Results revealed that Phanet's younger sisters were both HIV/AIDS positive.



*Sovann Phanet, 12, an orphan from Cambodia*

With the death of his father and the positive test results for his mum and two sisters, Phanet's family no longer had transportation available to reach facilities that were able to give them the needed anti-viral drugs. The local community did not want to help them, because they thought that they would get HIV/AIDS if they came near them. Isolated by her neighbors and seeing her children face acts of discrimination each day, Phanet's mum asked her widowed sister living in another village if she could look after her children, while she was sick. Soon after moving to their aunt's house, Phanet's mum died from Acute Respiratory Infection secondary to HIV/AIDS. Phanet was 11 years old.

A few months after the death of their mother Phanet's younger sister became severely ill with diarrhea. Phanet's aunt's neighbors often helped look after Phanet and his sisters while his aunt was out earning what little money she could. When his sister became ill Phanet's aunt was not at home. The neighbors, knowing she had HIV/AIDS refused to give proper care to Phanet's sister saying that she had HIV/AIDS. As a result she died of dehydration.

Phanet and his only remaining sister moved to their grandmother's house in a different village, after the death of their younger sister. This move to avoid discrimination and stigma took them further away from the local school. Phanet's grandmother, not having a regular income, struggles to support her grandchildren. Walking 13 kms to school each day, Phanet does not have suitable clothing for school and often does not have the books and pens needed to complete his school work. But he wants to finish primary school.

Phanet regularly deals with discrimination. He often feels rejected in class by other students not wanting to associate with him on school activities. Phanet feels pain for his sister, as her HIV/AIDS status continues to increase, sores have developed on her face and body. Their neighbors detest Phanet and his sister, saying "when a girl has this illness there is no need for treatment, it only wastes money and she will be die soon anyway."

Recently Phanet shared his story on the local radio through ADRA Cambodia's project RESTORE, aimed at HIV/AIDS anti-discrimination and stigma and education. The listeners hearing Phanet's story, resulted in community support, with some giving writing books and others giving clothing for school. Phanet now sees in the midst of his suffering that there are people who do not discriminate and attach stigma to HIV/AIDS. He sees that there may be hope for the future.



# Unsolicited Grants

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The Pact Rapid Response Mechanism was developed by USAID to quickly get resources to NGOs in response to increased funding authorizations for HIV/AIDS and to quickly move funds from USAID through a cooperating agency “Pact” to rapidly respond to requests for funding made directly to USAID Office of HIV/AIDS from NGOs. Pact has placed these two perspectives of the mechanism under the categories of competitive requests for applications (issued annually) and non-competitive unsolicited requests from USAID Office of HIV/AIDS to fund NGOs.

Examples of unsolicited grant funding include the following new partners for USAID, the National Association of People with AIDS (NAPWA), International Community of Women Living with HIV/AIDS (ICW), the HBCU/MI consortium and Foundation Esther Boucicault Stanislas (FEBS) in Haiti.

## Unsolicited grant programs

During 2004 the Community REACH program added four new partners – National Association of People Living with AIDS (NAPWA), International Community of Women Living with HIV/AIDS (ICW), HBCU/MI Consortium for National and International Programs and the Foundation Esther Boucicault Stanislas (FEBS). The program continued collaboration with the Office of Population Flexible Fund and the Displaced Children and Orphans Fund (DCOF) funding the Centre for Development and Population Activities (CEDPA) in Nigeria and International Rescue Committee (IRC) in Brazzaville, Congo.

## National Association of People Living With HIV/AIDS (NAPWA)

Community REACH is working with the National Association of People Living with HIV/AIDS (NAPWA) to strengthen PLWHAS networks in Africa. The following activities took place over 2004:

- NAPWA facilitated a Network of African People Living with HIV/AIDS (NAP+) 2001-2004 Strategy Review Workshop at the Ethiopian Red Cross Training Institute, Addis Ababa, Ethiopia. The purpose of the NAP+ strategic plan review meeting was to bring NAP+ board members and representatives together to



assess progress in reaching objectives of the strategic plan and to ensure that goals and objectives matched changing needs of PLWHASs in Africa. During the meeting, participants discussed issues around treatment preparedness and mainstreamed into the current NAP+ strategic plan.

- NAPWA worked with the Network of Zambian People Living with HIV/AIDS (NZP+) in assessing immediate and long term needs, developing a work plan, strengthening leadership, advocacy and building partnerships with stake holders including USAID and other cooperating agencies.
- In Kenya, NAPWA worked with the National Empowerment Network of People Living with HIV/AIDS (NEPHAK) to host a national conference to identify priority issues regarding ARVs, and to start the strategic planning process.

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

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, sexual and reproductive health and experience to HIV positive women around the world.

### **HBCU/MI consortium for national and international programs**

At the request of the Office of HIV/AIDS, the Community REACH team worked with the HBCU/MI consortium. This support:

- Guided the consortium on the development of a capacity statement to use for marketing purposes and when applying for USG HIV/AIDS funding
- Provided guidance and training on USAID cost principles
- Conducted a pre-award desk review and discussed findings with



- HBCU/MI and suggested methods compliance for USG funding
- Encouraged and provided proposal writing consultations on submitting applications for USG funding under RFPs/RFAs
- Funded an information gathering trip to Namibia to visit potential partners such as the University of Namibia to enhance the HBCU/MI capabilities to develop a country-level program based on a people-to-people approach
- Co-facilitated and funded a workshop for HBCU member institutions as a “visioning” exercise to develop a consortium mission statement and methodology for HBCU members to put proposals jointly together in response to opportunities posed by USAID, CDC and DHHS.

### **Foundation Esther Boucicault Stanislas (FEBS) - Haiti**

The USAID Mission in Haiti identified FEBS to receive Community REACH grant funding. During this fiscal year a Community REACH consultant performed a Pact Management Capacity Assessment Tool (MCAT) pre-award review with FEBS and an agreement signed in July. FEBS is currently working on improving the quality of life of PLWHAS in Bas-Artibonite by providing quality care and support services and reducing stigma and discrimination.

Quality care services include:

- Up-to-date and appropriate clinical and counseling practices
- Flexible clinic hours and location to meet the needs of the target community
- Referral systems to HIV/ AIDS clinical care and support services and strong linkages to other organizations providing general support and education to the PLWHAS community.
- Reduction of stigma and discrimination through a communication campaign and through provision of peer education and sponsoring advocacy activities.

### **Office of Population Flexible Fund buy-in funding**

During fiscal year 2003, Community REACH received \$400,000 from the USAID GH/PRH/SDI to work with Centre for Development and Population Activities and the Church of Christ of Nigeria (CEDPA/COCIN) in Nigeria and Society for Women Against AIDS (SWAA) in Senegal in order to specifically integrate family planning (FP) into their already successful HIV/ AIDS program.



The CEDPA/COCIN program, which focuses on increased awareness, use, and access to quality, youth-friendly family planning / reproductive health (FP/RH) services in Plateau state, Nigeria, conducted start-up activities in February 2004. CEDPA/COCIN is in the process of refining the project's scope of work to include details of the project's LQAS survey methodology and current and proposed FP service delivery in the target area.

After careful consideration and dialogue between USAID/Washington and the Mission in Senegal, it was determined that the SWAA program would be capable of collecting only one of the nine Flexible Fund core indicators. The program is essentially an HIV/AIDS program that will not be integrating family planning into current activities to the degree that would justify using population funds therefore this grant was cancelled in February 2004. Community REACH is working with the Flexible Fund in determining potential alternate grantees for this funding.

### **Displaced Children and Orphans Fund (DCOF) buy-in activity**

Community REACH provided capacity building support to International Rescue Committee's (IRC) local street children program's partner organizations in Brazzaville, Congo in order to assist with the sustainability of street children services after IRC's exit in 2005. A learning exchange visit was conducted between the Pact Congo vulnerable children's program and the IRC street children's program. Community REACH trained the IRC Street Children program team on using an organizational capacity assessment tool (OCAT) and adapting it to the local context. Pact and IRC conducted seven organizational capacity assessments (OCA) on seven local street children organizations. The OCA findings showed that many of the organizations were strong in financial management but weak in terms of sustainability and technical knowledge.

The assessments determined that two capacity building workshops were a priority. The first workshop Pact developed with IRC was on "Street Children Care and Prevention." This five-day workshop developed a shared vision of best practice in caring for street children among seven local NGOs active in serving this group. It also assisted participating local organizations to develop their vision of what a street children prevention program would look like. By working

## Unsolicited Grants

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intensively together during the workshop, the links among the participating NGOs were strengthened. This will increase the chances that they will work collaboratively as a network on improving the quality of care they provide to street children, and in the process, increase the efficiency with which their limited resources are used. Pact developed a second workshop on project planning and proposal development. The same NGOs worked on translating their vision of prevention into a project proposal. Pact provided IRC with \$10,000 in funding to assist these local partners start up their street children care and prevention programs.

# Grant Management and Technical Assistance



As part of Pact's Community REACH grant monitoring and management process, from the beginning of the selection to award, the team provides grant management technical assistance to all grantees using peer partnership principles. The current grants portfolio consists of 34 competitive grants working with over 80 NGOs and eight non-competitive grants with five of the non-competitive organizations new USAID partners for a total dollar amount close to \$8 million dollars.

## Grantee start-up workshop

This fiscal year the Community REACH team decided to bring the last round of grant winners together and conduct a start-up workshop. A program and finance officer from all nine grantee organizations working in seven countries participated.

The nine grants are innovative initiatives that address stigma and discrimination. As the primary barrier to effective HIV prevention and care programming, stigma is being addressed by the grantees in many different ways and the team recognized the need to provide an opportunity for networking and sharing of strategies among its grantees. Another aim of the four-day workshop held at the Pact Tanzania office in January 2004, was to design a workshop that could be replicated for future grant rounds to facilitate the successful life of project implementation of the grant programs. A bonus during the workshop was a presentation by one of the authors, Jessie Mbwambo, on the USAID funded *Understanding and Challenging HIV/AIDS Stigma: A Toolkit for Action*.

The key results of the workshop were:

- ✓ Informal network formed among stigma and discrimination (S&D) grantees relating to sharing of best practices.
- ✓ Grantees introduced participants to the proposed USAID standardized S & D indicators (yet to be field tested) within the overall context of project monitoring. As a result of a facilitated discussion on the S & D indicators, Community REACH was able to provide feedback at the *HIV/AIDS-related Stigma and Discrimination Indicators Development Workshop* organized by the USAID HIV/AIDS Stigma and Discrimination Inter-Agency Working Group (IWG-S&D) on February 10, 2004 held in Washington DC.



- ✓ S & D grantees familiarized with PEPFAR.
- ✓ S & D grantees familiarized with USAID monitoring strategies including how to roll up program results).
- ✓ S & D grantees familiarized with USAID rules & regulations.
- ✓ Frequently asked questions for grantees was developed for this workshop and the document is available on the Community REACH website for reference [www.pactworld.org/reach](http://www.pactworld.org/reach) under frequently asked questions for grantees.

## Technical assistance site visits

In addition to providing technical assistance to grantees virtually and in start-up workshops, during FY04 team members made site visits to eight grantee organizations.

- Siberia AIDS Aid in Russia received assistance in performance reporting, USAID rules and regulations, sub-grant management and budget development.
- Kara Counselling in Zambia received monitoring and evaluation training on work plan development and indicator reporting.
- JAAIDS in Nigeria received follow-up training on performance and financial reporting and assistance with work plan development.
- Fondation Esther Boucicault Stanislas (FEBS) in Haiti was supported in project start-up activities including the development of the project's strategy, implementation and evaluation plans, and budget.
- JHPIEGO Ghana and its subgrantee, Family Health Foundation, received assistance to evaluate options to increase service delivery, address issues of volunteer retention and limited counselor availability, and enhance the project's referral system.
- CEDPA and its subgrantee, Church of Christ in Nigeria (COCIN), were assisted in the revision of their program implementation plan to meet Flexible Fund requirements and provided training on performance and financial reporting.

## XV International AIDS Conference in Bangkok, Thailand

Pact Community REACH sponsored representatives of eight grantees to attend the AIDS conference in Bangkok, Thailand to present

## Grant Management and Technical Assistance



findings related to their programs. Exposure at the AIDS conference had the added benefit of helping to raise the organizations' visibility and to network for future funding. The following organizations made these presentations:

- MCDI/NAPWA South Africa partnership presented a "Baseline Survey of HIV Stigma & Discrimination in Ndwedwe, South Africa"
- Health Alliance International (HAI) Mozambique presented "Youth-focused VCT - An Opportunity for Maximizing Prevention in Mozambique"
- Family Planning Association of Kenya presented "Intensifying Youth-friendly VCT Services"
- Journalists Against AIDS Nigeria presented "Media and Community Partnership in Stigma Reduction in Nigeria"
- Project Concern International/Bwafwano Home-Based Care Organization Zambia presented "Overcoming the Challenges of Stigma Related to Opportunistic Infections to REACH More PLWHAS"
- FOSREF Haiti presented "A Model to Deliver VCT/HIV Services to the Haitian Youth Using a Youth-to-Youth Approach"



*Siberia AIDS Aid  
Bangkok Conference  
Delegation  
including PLWHA  
Representatives*



In addition to grantee participation, Community REACH M&E team members made presentations at the conference on:

- “Examining the impact of orphanhood on sexual initiation among adolescents ages 10-19 in Rwanda and Zambia”
- “Examining the impact of biological relatedness on intra-household material distribution in Rwanda and Zambia”
- “Examining the impact of orphanhood on school-leaving among children aged 6-19 in Rwanda, Zambia, and Cambodia”

## Monitoring and evaluation data collection assistance

The Community REACH M&E team reviewed and provided feedback on grantee annual workplan data collection worksheets and grantee periodic project specific and summarized data. The team developed a reviewer’s M&E checklist which was utilized during this period to ensure pre-specified criteria were met by grantees in their data reporting, and to aid in organizing the review process. The team worked together with program staff on rolling up indicator data to match President’s Emergency plan program-level indicator framework in addition to contributing to grantee final report guidelines.

## Library of tools and resources developed by grantees

Community REACH has developed the Grantee Tool Library in order to share and feature tools produced by our grantees. The tools include baseline study and focus group discussion reports on knowledge level of HIV/AIDS and sexual behavior patterns as well as training guides for home-based care for PLWHAs, VCT, disclosure and public speaking for PLWHA self-help groups, and addressing stigma and discrimination. Community REACH plans to further develop the library of resources for grantees.

## Enat's story - Ethiopia

Enat Gedamu, age 30, died very recently of AIDS. She had been chronically ill and bed-ridden for more than seven months. HAPCSO volunteer care providers were giving her palliative care, providing necessary material support (i.e. mainly nutritious food supply) and giving a hand with the household tasks.



*These are some of HAPCSO's staff that were able to help Enat, and who work to help others like her.*

She didn't have any income or any close relatives who could help support her. As it was difficult for our volunteers to provide all the support she needed, they had to find someone who knew her well and was willing to support her. Finally, they found the information that she had a mother living in Addis Ababa who did not have the financial capacity to assist her daughter.

Volunteers went to the said place and after a long search they managed to find her. They convinced her that HAPCSO would give her the necessary support (both financial and material) that would enable her to provide support to her daughter. After a long discussion she agreed on the proposal. Hence, mother and daughter were reunited and HAPCSO rented a house for them and continued to provide care and support to Enat up until the time she passed away.





## Learning agenda methodology

Community REACH poses specific learning agenda questions related to each grant program's HIV/AIDS service delivery area. The questions revolve around the following themes: community-based referrals and linkages, participation of the target population and policy and operational barriers. These questions are answered over the life of grant period beginning with the first work plan, throughout the program and data reporting cycles and concluding in overall lessons learned and best practice models' summary in the grantee final report. Grantees tie increased or improved service delivery or demands to the lessons learned over the life of the project. As grantees learn new things or overcome programmatic barriers they share their experiences with Community REACH tying the new knowledge to new ways of implementing the programs.

The Community REACH summary of the learning agenda is completed by analyzing information and service delivery data received from all grantees working in a particular service delivery area (e.g. Youth VCT) and comparing successful programming on "what works" or "what is innovative" across programs operating in at least seven different countries and in different regions of the world.

This learning agenda is intended to provide valuable lessons learned for USAID, HIV/AIDS NGO grant support programs and the NGOs/CBOs themselves as well as for informational purposes for HIV/AIDS implementing organizations.

### Care and support for PLWHAs preliminary findings on "what works"

- ✓ Projects that have care and support for people infected and affected by HIV/AIDS should be *formally* integrated into existing community structures.
- ✓ Food and nutrition provide an essential foundation on which to build care and support for PLWHAs.
- ✓ Economic opportunities for PLWHA caregivers are essential to avoid burnout and volunteer retention. These income-generating activities are most effective when community-led and managed.

# Learning Agenda



- ✓ Involvement of PLWHAs helps to fight HIV related stigma and provide invaluable insight into how to successfully approach and retain clients.

## Some innovative approaches to community and home-based care programming for PLWHAs:

- ✓ In New Delhi, India, Sharan's support group is managing the nutritional component of the project. Support group members provide information using simplified IEC materials as well as nominating group members as cooks on a rotating basis.
- ✓ In Nakuru province, ICROSS has tapped into the private sector workplace setting to recruit home-based care providers. This not only broadens the "community" from which to draw upon volunteers but also positively addresses the stigma around HIV/AIDS.
- ✓ Through the active participation of key community leaders in the Salvation Army's Community Action Teams (CATs), general community members have come forward to assist HBC caregivers in PLWHAs care in Bangwe district, Malawi.



*Fidelis Banda, an orphan supported by Bwafwano's home-based care and support services in Zambia*

- ✓ In Zambia, PLWHAs registered with Bwafwano HBC Organization, have formed an HIV/AIDS Advisory Group (Tilimbikane) with members acting as role models to encourage suspected PLWHAs to access care and support services.
- ✓ In Malawi, Kenya and Zambia, communities have been successful in identifying and funding economic opportunities for PLWHAs and their caregivers – funds have been used to set up vocational training schools for OVCs and land has been donated for crops to support nutritional needs of PLWHAs.

Coordination among different partners, governmental and non-governmental and at different levels of care is crucial to carrying out (home-based care) HBC activities. Participant understanding of their role and other's roles is important, in order to create synergies and avoid duplication.

- taken from Project Hope, Community REACH grantee Honduras

# Learning Agenda



- ✓ In Zambia, PLWHAs are trained in the preparation of high-energy food supplements (HEPS-comprised of soya powder and oil) for sale and consumption. Proceeds raised from the sale of HEPS are ploughed back into a revolving fund that PLWHAs access to supplement their livelihood income. These PLWHAs are also trained in micro business management. Over two years, the program/project has generated over \$19,000 from such income generating activities. Other income generating activities include quilt making, a fee paying community health center and tailoring.



*American Red Cross  
VCT counselors  
during the HIV Rapid  
Test Training in  
Tegucigalpa,  
Honduras*

## **Youth VCT preliminary findings on “what works”**

Youth VCT services work best when delivered by a youth-to-youth approach through training youth from National VCT protocol standards

Youth VCT programs are most successful when integrated into existing youth/adolescent sexual reproductive health (SRH) services - “one-stop shop”

Continuous community outreach and discussions with religious leaders, schools, government, youth groups, peer groups (sex workers, IDUs etc.), and parents are key to success. Other key factors to the success of youth VCT programs:

- Rapid testing, ideally with government-provided rapid kits is best
- Testing must be free for increased access and use
- Mobile clinics are important to reach most at-risk youth with minimal resources
- Volunteer retention depends on clarity of expectations of volunteers during recruitment and incentives for retention

# Learning Agenda



- such as t-shirts, bicycles, vocational training etc.
- Youth accessing VCT at times prefer their own gender to provide VCT services
- Outreach and recruitment for VCT most effective when implemented by the same sex and target group (e.g. IDUs for IDUs, girls for girls, sex workers for sex workers)

## Some innovative approaches to successful youth VCT programming

In Haiti FOSREF sponsors a social youth sex worker club that generates new clients to the VCT and Adolescent Reproductive Health Center (ARHC).

In Nepal ADRA promotes “exposure visits” from schools to the testing site, which leads to students returning for testing.

In Nepal ADRA supports a family education program through the post test clubs, which brings parents into the picture that helps reduce stigma and discrimination.

In Kenya FPAK promotes a “youth center first” then the adolescent reproductive health clinic and VCT Testing.



FPAK Kenya  
Youth VCT Site

Now that I have the chance to be HIV negative, my life will change. I was in the sex business because of my poor socio-economic condition. Now that I am HIV negative, I prefer to die of starvation instead of dying of AIDS.

- taken from Marci, 16, a participant in FOSREF's youth program

In Haiti FOSREF is linking VCT program to an in-house Youth focused clinical care and treatment center to increase utilization rates since youth referred a treatment center for the general population are tending not to use those services.

In Mozambique Health Alliance International (HAI) provided information and expertise to convince the MOH in Mozambique to formally adopt a national strategy to integrate VCT services into government supported Youth-Friendly Health Center (YFHC).



## Stigma and discrimination

Pervasive stigma has surrounded HIV/AIDS since the beginning of the pandemic. Enforced by systemic discrimination, it continues to undermine the efforts of individuals and communities alike to fully engage in HIV/AIDS prevention, care and support. Over the last year, Community REACH grantees have challenged social and cultural structures.



*"Take a look, stigma kills. Hate AIDS, not AIDS patients."  
ADRA Nepal banner*

Their work creates spaces within societies where members can consider and respect the rights of infected and affected individuals as valued elders, parents, children, and workers. Through innovative interventions and applying Greater Involvement of People Living with AIDS (GIPA) principles, these grantees demonstrate that stigma and discrimination and their impact can be reduced through increased awareness, positive dialogue, community mobilization, and the active involvement of PLWHAs.

### Stigma and discrimination preliminary findings on "what works"

#### Applying GIPA principles

Pact has learned that GIPA Principles should be adhered to by donors and required by the sub-grant partner. The Pact Community REACH team has PLWHAs on its program advisory committee providing input to our strategy and annual work plans. PLWHAs participate as technical reviewers of grant applications. Pact additionally requires GIPA principles to be applied in grant applications and this is part of the evaluation criteria for selecting successful applicants.

I am very impressed by the way the Ministry of Health is taking the leading role in the activities that Mildmay is initiating in the districts. I admire the involvement of the beneficiaries (PLWHAs orphans and Youths) in the project implementation and the collaboration of other stakeholders in the whole process.

- the reaction of visiting professional Ms. Mapanda from Zimbabwe, upon seeing the work of Community REACH's subgrantee, Mildmay International, in Kenya.

# Learning Agenda

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- ✓ Religious leaders are key change agents when addressing community-level Stigma and Discrimination against PLWHAs.

## Benefits to care and support programs from involving PLWHAs

Grantees reported that involving PLWHAs in the design, implementation and evaluation of service delivery interventions benefits programs in a number of ways: PLWHAs have identified the need to strengthen referral systems, PLWHAs attract and inspire clients; PLWHA support groups help conduct community sensitization campaigns aimed at de-stigmatizing HIV/AIDS, and training PLWHAs as community health volunteers increases the opportunities to reach more PLWHAs with services through PLWHA social networks.

## Some innovative approaches to successful stigma and discrimination programming

In Kenya, Mildmay International is working with its 16 community-based partners to facilitate exchange visits between organizations to share lessons learned, develop new and strengthen existing networks, and foster future opportunities for joint proposals and funding.

In Uganda GOAL has expanded its subgrantee's memory project to not only include mothers and young children but also friends of PLWHAs, older children, memory book trainers and local leaders. At the project's start, participant illiteracy posed a significant constraint to the success of the activity. In response, GOAL Uganda, its partners, and PLWHAs encouraged the participation of community members who could write the memories of illiterate PLWHAs. The success of this approach has been two-fold. More community members have been trained as memory book trainers and community leaders, whom otherwise would not have been reached. Another result is that these people have also been sensitized.

In South Africa, Medical Care Development International (MCDI) has identified income generation as one strategy to reduce stigma and discrimination. Income generating activities (IGA) provide PLWHAs with an opportunity to be seen as productive, independent members of their communities. MCDI is providing training in project management and constitution development to five support groups.

By saying my illness has no cure, I am being stigmatized by my own family. Thanks to Kara we are able to share some of the experiences like this at gatherings of people living with HIV/AIDS.

- taken from a PLWHAS helped by Kara Counselling

## Learning Agenda



This capacity building will enable these groups to register as CBOs that will allow them access to government funds that can support the development of IGA-focused project activities.

In Cambodia CARE has trained more than 225 religious leaders in how to address stigma and discrimination through home visits, village meditation, and meditation for PLWHAs. As a result, these religious leaders provide spiritual and social support through regular home visits to 150 families. Monks in Poipet are working with 44 PLWHAs to teach them how to relax and live in greater peace through meditation.

Also in Cambodia, ADRA has identified monks, nuns and achars (religious teachers) as key behavioral change agents. Through training of trainers (TOT) awareness and sensitization workshops, these spiritual leaders are being trained in advocacy for the care and support of PLWHAs and their families. The grantee has fostered a partnership with the Department of Religion and Cults to promote opportunities for advocacy at ongoing public ceremonies in 16 targeted pagodas.



*A monk from ADRA Cambodia at a home visit modelling supporting for PLWHAs following the Buddhism role of compassion, help, love and support.*

Involvement and participation of the community reduces stigma towards the target group and enhances a sense of ownership and identity toward the programme.

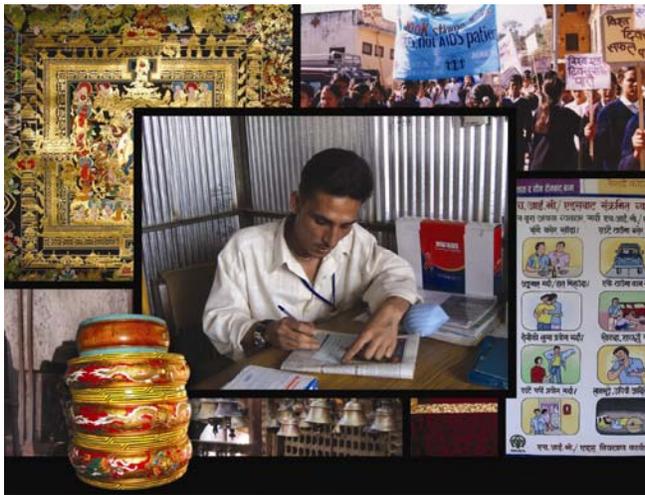
- taken from ICROSS, Community REACH grantee, Kenya



## Community outREACH communications and strategy

Community REACH's outreach into the larger HIV community made some great strides during 2004.

Community REACH developed a new booklet entitled "Snapshots: Ten Lives Affected by HIV/AIDS," featuring the stories of ten individuals who have benefited from our NGO grants. Launched at the Bangkok International conference, Pact distributed more than 500 copies.



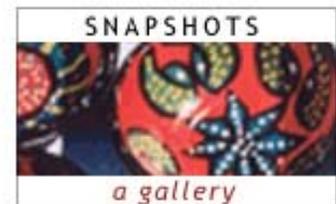
For more information about Bikash, one of ADRA Nepal's beneficiaries, visit

"Snapshots: Ten Lives Affected by HIV/AIDS" at [www.pactworld.org/reach/documents/snapshots.pdf](http://www.pactworld.org/reach/documents/snapshots.pdf)

## Enhancement of Community REACH's website

The website has been expanded to include a multimedia section (see picture below) that showcases the day-to-day work of our grantees, includes a "day in the life" story of John taking his HIV test in Kenya in addition to featuring *Snapshots*. This year Community REACH grantee "Orphaned in Zambia: The Story of Fidelis Banda," was featured as the cover story in Global AIDSLink's December 2003/January 2004 issue.

## Multimedia



## OVC Research

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The website also contains OVC resources based on the Community REACH M&E team OVC research and costing tool testing. These resources include a research protocol, various survey instruments, an interview guide, as well as an overview of Community REACH's grantee research.

### **Congressional visits**

In an effort to inform U.S. decision-makers of the impact of Community REACH as a rapid response mechanism in reaching local community-based organizations (CBOs), team members and Pact President and CEO Sarah Newhall visited Congresswomen Barbara Lee (D-9<sup>th</sup> CA) and Sheila Jackson-Lee (D-18<sup>th</sup> TX). Both Congresswomen were familiar with the Community REACH project through a visit to Zambia in August of 2003 to Bwafwano Home-Based Care Organization. Both were very interested to learn about US government's funding and its impact on local grassroots organizations.

## **Buy-in OVC Research**

### **Leader buy-in orphans and vulnerable children research and OVC costing tool**

Community REACH M&E team finalized the data collection in Rwanda that had been postponed due to security concerns related to the November 2003 elections. Data entry also took place in Zambia and in February 2004 data cleaning and review began. The team found that the quality of the data entry warranted on-site follow-up and technical assistance in training and supervision of data entry and sent a staff member to provide technical assistance in these areas. The data entry was completed in June 2004, and the quality of the data was excellent. The baseline report will be available in January 2005.

In partnership with Family Health International (FHI/IMPACT), the M&E team assisted in the preparation of OVC costing guidelines. The purpose of these guidelines is to provide the international community with instruments for estimating costs related to OVC interventions; to provide information on actual costs of OVC interventions useful in OVC costing models, decisions on scaling-up and reproducing OVC activities and other uses; and to assist local NGOs in the development of mechanisms to assess costs for programmatic needs and effective resource management. The guidelines were tested in February 2004 in Zambia with Community REACH grantee Project Concern International and Bwafwano Home Based Care Organization. The report on this will be available in December 2004.

# Grant Partner Contact Information



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## Associate Awards



### South Africa Rapid Response Mechanism Associate Award Program (February 2004 through September 2008)

Pact signed an associate award cooperative agreement with USAID South Africa in January 2004 to fund HIV/AIDS grants to local and international NGOs, faith-based organizations (FBOs) and community-based organizations (CBOs) in South Africa. The five-year program is designed to facilitate the efficient flow of grant funds to organizations playing valuable roles in the fight against HIV/AIDS. Grant activities are consistent with the US Government's President Emergency Plan for AIDS Relief goals of:

- Preventing 7 million new HIV infections
- Treating at least 2 million HIV-infected people; and
- Caring for 10 million HIV-affected individuals and orphans and vulnerable children (OVC)

The program serves as an umbrella mechanism for making grants directly to recipient organizations. Pact South Africa (Pact SA), through its grants, will contribute to achieving the following USG/South Africa's 5 year Emergency Plan goals to:

- Prevent 1.8 million new HIV infections
- Treat at least 2 million HIV-infected people; and
- Care for 500,000 HIV-affected individuals and OVC

In order to ensure that this program maximizes synergies and linkages with other programs in South Africa, Pact SA has built into its program a high level of participation and transparency both in developing and implementing its strategy. Pact SA's primary interface with the Government of South Africa will be through feedback provided by the senior management team (SMT) which includes key staff from USAID, national Department of Health, and representatives from provincial departments.

The following key principles form the basis of the Pact SA program:

1. Activities structured and implemented to maximize sustainability.
2. Grants result from fair and transparent competitive process and are integrated into the government's health program and/or be complementary to it.

Everyday life for Nicholas Jaca is infinitely more difficult than that of the hundreds of orphaned and vulnerable children from poverty-stricken families in South Africa. 'Home' is a one-room shack made of cardboard and corrugated iron, where Nicholas lives with his mother and sister.

At the Noah centre the picture is far more hopeful, as Nicholas seems to be thriving.

The Noah centre provides day-care for pre-school children, and an active after-care program for school-going children has recently been initiated to help relieve the burden felt by families under the emotional and financial strain of the impacts of AIDS.



*Nicholas, at the Olievenhoutbosch Noah Resource Centre in South Africa*

## Associate Awards

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3. Continued provision of technical assistance to grantees consistent with implementation priorities and needs.
4. Use of locally available expertise maximized.
5. Activities assessed through a lens of rapid implementation for achievement of key targeted results.

In the last calendar year Pact has awarded \$14 million dollars worth of grants to 5 NGOs working to provide palliative care, support to orphans and vulnerable children and prevention programs.

### **Brazil Associate Awards Programs (August 2003 through September 2006)**

USAID Brazil in August 2003 signed an associate award program with Pact to implement a prevention based HIV/AIDS grants program. The NGO program expands coverage and seeks influence sexual behaviors of vulnerable groups and replicates successful prevention models.

A second associate award was signed in September 2003 to conduct a condom social marketing (CSM) project to increase correct and consistent condom use among vulnerable groups. Both associate award programs complement efforts by the National AIDS Program, World Bank, and other donors.

The first RFA was issued this year. A three-staged application review and evaluation were done by a technical review committee. 198 concept applications were received and 55 invited to send a full application. Of these 22 were selected after the full application review process. A pre-award assessment was then done for each to ensure that organizations had financial and programmatic capabilities to administer the projects.

Two short commercials were produced in order to disseminate Pact Brazil's activities during the National AIDS Congress held in Recife. They can be seen on Pact Brazil's website ([www.pactbrasil.org.br](http://www.pactbrasil.org.br)).