

**STRENGTHENING NETWORKS OF PEOPLE
LIVING WITH HIV/AIDS PROGRAM**

FY2009 WORK PLAN

October 1, 2008 – September 30, 2009

**Cooperative Agreement
512-A-00-03-00054-00**

Submitted by: PACT BRASIL

To: USAID/ BRAZIL



LIST OF ABBREVIATIONS AND ACRONYMS

AIDS	Acquired Immunodeficiency Syndrome
ARV	Anti-Retroviral
BCC	Behavior Change Communication
CA	Cooperative Agreement
CDC	Centers for Disease Control
CSS	Community Service Site
GIPA	Greater Involvement of People Living with Aids
HIV	Human Immunodeficiency Virus
IEC	Information, Education and Communication
M&E	Monitoring and Evaluation
MoH	Ministry of Health
NAP	National AIDS Program
NOTIVISA	National Adverse Events Reporting System
CSO	Civil Society Organization
PEPFAR	President's Emergency Plan for AIDS Relief
PLHIV	People Living with HIV/AIDS
REACH	Rapid and Effective Action combating HIV and AIDS
RNP⁺	National Network of People Living with HIV and AIDS
S&D	Stigma and Discrimination
SSO	Strategic Support Objective
SUS	Unified Health System of Brazil (<i>Sistema Único de Saúde</i>)
TA	Technical Assistance
USAID	United States Agency for International Development

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SECTION I: PROGRAM DESCRIPTION

1. EXECUTIVE SUMMARY

This program is implemented as an Associate Award under the Community REACH (Rapid and Effective Action Combating HIV and AIDS) Leader with Associate Award and focuses on health promotion, HIV prevention, and strategic support to HIV and AIDS treatment monitoring and evaluation (M&E) activities. The methodology and strategies set out for its design and implementation are in line with USAID-CDC priorities in Brazil, and aligned with the current directives of the National HIV/AIDS Program (NAP) for confronting the HIV and AIDS epidemic. The program's objective is to contribute toward improving the quality of life of people living with HIV and AIDS (PLHIV) in conditions of social vulnerability in São Paulo, Salvador and Brasilia.

The program's strategy is comprised of three key components: governmental HIV and AIDS monitoring and evaluation (M&E) strategies; implementation of pilot projects in partnership with Civil Society Organizations (CSOs) that are directed at PLHIV; and development of an information system to report the adverse effects of ARV therapies. Pact Brasil provides direct technical and financial support for the activities related to these components. Program activities are consistent with USAID/Brazil Strategic's Objective: "Transmission of selected communicable diseases reduced in target areas" and its intermediate result "Increased use of HIV/STI prevention and care practices among high-prevalence groups."

The activities implemented in Year II of this program will provide continuity for the support of National AIDS Program (NAP) M&E strategies for HIV and AIDS and the pilot projects developed by CSO partners. Given the difficulties related to developing a National Adverse Events Reporting System (NOTIVISA) system, adjustments for the third program component are foreseen for Year II in order to direct the available funds to support other priorities.

Pact will continue to guarantee a high level of participation in the program implementation through the performance and participation of the Program Steering Committee and Local Advisory Committees that guide the program and its pilot projects strategies and activities development.

This is the final year of program implementation; the project ends on September 30th, 2009. Activities during the final quarter of FY09 will focus on project close-out and final reporting requirements.

2. BACKGROUND

During the early stages of the epidemic in Brazil, HIV and AIDS was primarily concentrated among MSM. In more recent years, the prevalence of HIV has increased in the heterosexual population, specifically in young people and in women, although men still account for the majority of infections – latest estimates suggest that 1.5 men are infected for every one woman¹. From the diagnosis of the first AIDS case through June 2008, 506,499 AIDS cases were registered in Brazil and during the same period, 205,409 people died as a result of the disease.

¹ Ministry of Health Brazil (2008). 'Bulletin Epidemiological STD/AIDS - January to June 2008'. www.aids.gov.br

The epidemic is considered to be stable in Brazil and by the end of 2007 – twenty-five years after the first HIV case was recorded in Brazil – 630,000 Brazilians were living with HIV. Brazil's Unified Health System (SUS – *Sistema Único de Saúde*), established under the country's constitution in 1988, recognizes the right of all Brazilians to universal health care. The SUS has led the way with treatment, care and prevention services for HIV and in 1991 made ARV drugs available for free to all Brazilians who needed them. By the end of 2005, it was estimated that 180,000 PLHIV were receiving ARV medicaments – which represents nearly 85% of formally reported cases of PLHIV in need of treatment.² This level of treatment coverage is more typical of a developed nation than a middle-income country such as Brazil³.

The epidemic in Brazil reflects not only gender inequalities, but socioeconomic disparities in access to information and healthcare resources. The epidemic is most highly concentrated among individuals with low levels of education and low socioeconomic status. Given this context and the high rate of treatment coverage in the country, the importance of working in complementary areas to improve the quality of life of PLHIV is becoming increasingly a priority for the public policies on HIV and AIDS. USAID/Brazil is currently supporting and funding activities targeting different programmatic areas to strength and increase the government's efforts to confront the epidemic. Year II of program implementation will complement these activities, filling existing programming gaps and/or needs to improve the quality of life of PLHIV.

SECTION II: PROGRAM OVERVIEW

1. SUMMARY

The goal of this program is to improve the quality of life of PLHIV in socially vulnerable situations in three Brazilian cities. Activities will support four strategic objectives:

- 1) To strengthen health promotion and HIV prevention activities;
- 2) To promote the social inclusion of PLHIV by investing in integrated initiatives with the private sector and civil society;
- 3) To contribute to the sustainability and institutional strength of CSOs working with PLHIV;
- 4) To increase access to HIV and AIDS information systems implemented by the Brazilian government.

During FY09 the program will continue the collaborative work it is undertaking with key stakeholders -CSOs in São Paulo, Brasilia and Salvador; National Network of People Living with HIV and AIDS (RNP+); the private sector; and NAP- as well as support NAP strategies related to the M&E of the HIV epidemic through the MONITOR AIDS system. Given a number of circumstance that were beyond Pact's control, it was not possible to implement the NOTIVISA data system during FY08. During FY09 adjustments will be made to direct the available funds to support other priorities identified during the first quarter in partnership with NAP. These activities will focus on strategies to monitor the adverse effects of ARV therapy as well as other policy needs identified by USAID/Brazil, NAP and Pact.

During FY2009 Pact Brasil will focus program implementation and monitoring on the following key activities:

² World Health Organization (2007), Towards Universal Access: Scaling up priority HIV/AIDS interventions in the health sector, April 2007

³ <http://www.avert.org/AIDS-brazil.htm>

A. Governmental HIV/AIDS M&E strategies:

- Negotiate and formalize a new contract for 2008 data purchase;
- Provide support to Synovate in obtaining a letter of approval (IRB documentation) from National Research Ethics Committee;
- Support NAP activity to disseminate by publication or an event the consolidated data about the epidemic in the country.

B. Pilot projects in partnership with CSOs:

- Conduct meetings with the Steering Committee to share results and challenges of pilot projects, to review strategies and define program adjustments if necessary;
- Support pilot project activities, materials production and events related to the lipodystrophy;
- Support (partial) CSOs for specific events related to PLHIV quality of life improvement and network strengthening;
- Provide technical support to the pilot projects in the implementation of field activities and in M&E;
- Operationalize the administrative and financial processes related to all field activities developed by the CSOs partners;
- Conduct meetings with NAP and local tutors to monitor the pilot project activities and to discuss adjustments for strategies related to coverage, youth people, and positive prevention;
- Facilitate and support new activities to strengthen the partnership between the pilot projects and the public health service activities in the three cities;
- Conduct supervisory site visits with NAP and USAID participation;
- Participate on Local Adviser Committees with NAP and USAID representatives;
- Support NAP initiative to form new PLHIV leaderships through a internship for youth people living with HIV and AIDS at local HIV/AIDS program;
- Review the strategy of “Opportunities and Skills Database” considering the profile and needs of the PLHIV reached through the pilot projects;
- Produce, in partnership with NAP, IEC materials related to PLHIV and pilot project initiatives;
- Conduct a mid-term evaluation and final evaluation of the pilot projects with NAP and USAID;
- Intensify the support and development of activities related to income generation, social inclusion and professional skills improvement;
- Support for existing income generation initiatives involving PLHIV and CSOs partners;
- Promote and stimulate business participation in activities and policies against stigma and discrimination;
- Conduct the final evaluation based on the World Health Organization’s Quality of Life Survey;
- Conduct an evaluation workshop with pilot project staff, NAP and Local and National Committees representatives;
- Facilitate, review and approve new workplans for the pilot projects to be implemented during three months after June/09;
- Disseminate through an event and/or publication the pilot projects’ achievements, lessons learned and challenges.

C. Adverse Effects of ARV Therapy Information System:

- Support NAP manuals production about facial lipoatrophy, lipodystrophy and its prevention through physical activities;

- Support NAP National Seminar to disseminate and discuss themes related to the adverse effects of ARV therapy.

2. PROGRAM ACTIVITIES

A. Funding and Support of CSO Pilot Project Activities

During Year II the program will continue to provide technical and financial support to three pilot projects implemented by local CSOs in order to achieve their expected results of increasing the quality of life of PLHIV. Adjustments will be made to CSO activities related to positive prevention, income generation and professional skills improvement directed at the PLHIV reached during the first six month of pilot projects implementation (July/08 – January/09). These adjustments will be based on the challenges and/or results obtained of the pilot projects' implementation.

Pact Brasil is responsible for the payment of expenses related to the CSOs' field activities that were approved through their work plans in June 2008. Although there is no signed grant agreement, payments related to the pilot projects are consistent with the requirements of ADS 303.5.15.

In June 2009 the pilot projects will complete one year of implementation. Pact Brasil will review the CSO's workplans in order to identify key activities to be support during the final three months of FY09. Negotiations related to the terms and conditions of these new CSO workplans and budgets will be conducted by Pact Brasil to align with USAID/Brazil, NAP and Steering Committee directives.

It is important to note the program's commitment stated in the Request of Proposal (RFA) launched in Year I in funding the approved pilot projects for 24 months. Therefore, considering the difference between the program and pilot projects timeline, by June/2009 it will also be necessary to negotiate a program extension in order to complete the two years of funding for the CSO pilot projects. The possibility to maintain the support for year two of each pilot project (after the end of FY09) should be also determinate by the achievements and results obtained by the CSO partners. Pact Brasil will work with each CSO to develop new work plans and budgets for their second year of implementation.

B. Technical Assistance

During FY09 Pact will strength the technical assistance for the pilot projects by concentrating its efforts on work plan and budget monitoring and revision; monitoring, evaluation, and reporting strategies; organizational systems strengthening; and pilot project alignment with the program's goals to increase the PLHIV quality of live. Technical assistance for the pilot projects will be strongly linked to NAP technical directives. USAID/Brazil, NAP and Pact Brasil will provide technical assistance through site visits and Steering Committee recommendations.

C. Pilot Projects Reporting

The templates, reporting formats, and database systems developed during Year I will be used to track information related to CSO's activities and to monitor the pilot projects implementation and performance. Pact Brasil's program management strategy is guided by principles of participation and flexibility, emphasizing results and ensuring coordination between all partners. The program team will report quarterly to USAID on established indicators and submit a full program activity report on a semi-annual basis. The CSOs will continue report to Pact Brasil on a quarterly basis detailing their activities and MER indicators.

D. Closeout

Pact Brasil will begin closeout activities in June 2009 to ensure sufficient time to fulfill programmatic and financial reporting requirements to USAID. Pact Headquarters will handle submission of the program final financial report to USAID, including the repayment of any unexpended project funds. The main activities related to the program closeout include:

- Write and submit the final programmatic report;
- Complete all program-related financial tasks and elaborate the final financial report to be submitted to Pact Headquarters;
- Submit final field expenditure reports, cash and bank reconciliation statements, checks and petty cash registers, vouchers and receipts and supporting documentation for field expenditures to Pact Headquarters;
- Review of local field staff employment contracts and other contractual obligations;
- Prepare an inventory list of all equipment, supplies and furniture purchased with program funds;
- Submit to USAID a request to retain all property and equipments listed in the inventory;
- Revise contractual obligations and related financial obligations to discharge and/or renegotiate some as necessary;
- Prepare and retain all financial and programmatic records and other supporting documents, for three years;
- Prepare and submit to USAID final financial report and closeout information sheet.

3. MONITORING, EVALUATION AND REPORTING

The primary objective of the MER component is to track the efficiency and effectiveness of the program in achieving its established results and objectives. The program will continue to use a MER system developed in coordination with the Steering Committee during Year I. This MER system includes a results framework that guides Pact Brasil and CSOs reporting, with an emphasis on monitoring programmatic achievements, evaluating results, and identifying best practices. MER activities for FY09 are in line with Pact's M&E Plan developed, revised, and approved in Year I by USAID, NAP and the Steering Committee and which defined how each program indicator would be collected and reported to ensure data quality. Pact will report on the program's progress during FY09 using these specific process and the output indicators designed to reflect each pilot project's activities as defined in the program M&E Plan.

MER activities to reach the outputs and inputs described in the approved M&E plan during Year I will continue to ensure program accountability, provide data to inform decisions regarding program management, and fulfill USAID reporting requirements. MER efforts for FY09 will also include a final evaluation based on the World Health Organization's Quality of Life Survey.⁴ This survey will be used to measure program and pilot project results in terms of quality of life, health promotion, and social inclusion for PLHIV. Baseline results from the surveys were used to develop the focus of pilot project activities, make projects adjustments to improve initial CSO activities and identify activities for the second year of pilot project implementation. Final evaluation results will be used to reflect on best practices and lessons learned through these pilot projects.

In addition, CSOs will be provided with substantial support in the MER process during the implementation, finalization and review phases of their pilot projects. The MER process will include reviewing work plans carefully to ensure that indicators proposed for measuring pilot

⁴ World Health Organization: Department of Mental Health and Substance Dependence. (2002). *WHOQOL-HIV Instrument: The 120 Questions with Response Scales and 38 Importance Items*. Accessed on August 28, 2007, on: http://www.who.int/mental_health/media/en/557.pdf

project outputs and outcomes are coherent with the proposed activities and consistent with USAID-CDC reporting guidelines; assisting in the development of MER plans for each project; analyzing reports and results; and responding to CSO requests for MER assistance through on site visits and workshops, support from external consultants, and e-mail and telephone contacts.

SECTION III: PROGRAM MANAGEMENT

1. PROGRAM STAFF

The program staff includes Pact’s Brasil team and external consultants that contributes to the development of activities. These consultants include professionals to fill the main positions: (i) CSOs’ pilot projects key personnel; (ii) CSO officers to accompany and support locally the CSOs’ activities; and (iii) Employment opportunities and social inclusion expert to support the pilot project initiatives. The temporary involvement of other external consultants to assist the program activities is foreseen and will depend on the needs presented during FY 09 program implementation.

Pact staff members will be involved in the solicitation, review, and support of the current CSOs’ work plans as well for those to be approved for the final three months of FY09 (July to September 2009), in addition to tracking and monitoring application-related data and maintaining a comprehensive database for the pilot projects development. Moreover, Pact staff members will also guarantee the support for the other program strategies related to the MONITOR AIDS system and to monitor the adverse effects of ARV therapy.

2. DATA MANAGEMENT

During FY09, Pact Brasil will continue to use the database systems implemented in Year I to track a wide range of information from CSOs on program activities. The database contains program level indicators and serves as the base for reporting results that respond to OHA and OGAC requirements. For Year II Pact will continue to guide CSOs on how to correctly report data and review and approve all data collection and analysis reporting instruments to ensure data quality.

SECTION IV: DETAILED MATRIX OF PLANNED ACTIVITIES

1. DETAILED ACTION PLAN FOR FY09

Conduct a evaluation workshop with pilot projects staff, NAP and Local and National Committees representatives;

OBJECTIVES	ACTIVITIES
Strengthen health promotion and HIV prevention activities	Conduct meetings with Steering Committee
	Support pilot project activities, materials production and events related to Lipodystrophy
	Support (partial) four specific CSOs’ events related to PLHIV quality of life and network
	Operationalize administrative and financial processes to support pilot projects activities
	Provide technical support to the pilot projects in implementation of field activities and M&E
	Conduct supervisory site visits to the three pilot projects with NAP representative participation
	Conduct meetings with the three local tutors and NAP
	Facilitate and support new activities with pilot projects and public health services
	Participate on the Local Adviser Committees meetings
	Support NAP initiative to form new youth people living with HIV/AIDS leaderships (internships)
	Conduct a mid-term evaluation and final evaluation of the pilot projects with NAP and USAID

OBJECTIVES	ACTIVITIES
	<p>Conduct an evaluation workshop with pilot projects, Local and National Committees representatives</p> <p>Define with Steering Committee and implement new strategies for the pilot projects after June/09</p> <p>Facilitate, review and approve new workplans for the pilot projects to be implemented during three months after June/09;</p> <p>Conduct the final evaluation based on the World Health Organization's Quality of Life Survey</p>
Promote the social inclusion of PLHIV	<p>Intensify the development of activities related to income generation, social inclusion and professional skills improvement</p> <p>Review the strategy of "Opportunities and Skills Database"</p> <p>Produce, in partnership with NAP, IEC materials related to PLHIV and pilot projects initiative</p> <p>Support for existing income generation initiatives involving PLHIV and CSOs partners</p> <p>Promote and stimulate business participation in activities and policies against stigma and discrimination</p> <p>Disseminate by event and/or publication the pilot projects achievements, lessons learned and challenges</p>
Increase access to HIV/AIDS information systems	<p>Acquisition of Synovate database (2008) for MONITOR AIDS</p> <p>Support Synovate's process to obtain IRB approval</p> <p>Support NAP activity to disseminate the consolidated data about the epidemic</p> <p>Support NAP manuals production on facial lipoatrophy and lipodystrophy</p> <p>Support partially NAP National Seminar to disseminate and discuss themes related to the adverse effects of ARV therapy</p>
Closeout Activities	<p>Elaborate and submit the final programmatic report</p> <p>Complete all program-related financial tasks and elaborate the final financial report</p> <p>Submit final field expenditure reports, cash and bank reconciliation statements to Pact Headquarters</p> <p>Review of local field staff employment contracts and other contractual obligations</p> <p>Receive and pay final bills</p> <p>Prepare an inventory list of all equipment, supplies and furniture purchased with U.S. government</p> <p>Submit to USAID a request to retain all property and equipments listed in the inventory</p> <p>Revise contractual obligations and/or renegotiate some as necessary</p> <p>Prepare and retain all financial and programmatic records and other supporting documents</p> <p>Prepare and submit to USAID final financial report and closeout information sheet</p>

2. IMPLEMENTATION TIMELINE

ACTIVITIES	EXECUTION PERIOD											
	FY 2009											
	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
Conduct meetings with Steering Committee												
Support pilot projects activities, materials and events (Lipodystrophy)												
Support (partial) four specifics CSOs events related to PLHIV												
Operationalize administrative and financial processes for pilot projects												
Provide technical support to the pilot projects in field activities and M&E												
Conduct supervisory site visits												
Conduct meetings with the three local tutors and NAP												
Facilitate and support activities - pilot project and public health services												
Participate on the Local Adviser Committees meetings												
Support NAP initiative to form new youth people' leaderships (internships)												
Conduct a mid-term evaluation and final evaluation of the pilot projects												
Conduct a evaluation workshop with pilot projects												
Define with Steering Committee and implement new strategies												
Facilitate, review and approve new workplans for the pilot projects												
Conduct the final evaluation based on the WHOQOL Survey												
Intensify activities of income generation, social inclusion and professional skills												
Review the strategy of "Opportunities and Skills Database"												
Produce in partnership with NAP IEC materials related to PLHIV												
Support for existing income generation initiatives involving PLHIV												
Promote and stimulate business participation in activities against S&D												
Disseminate the pilot projects' achievements, lessons learned and challenges												
Acquisition of Synovate database (2008) for MONITOR AIDS												
Support the Synovate's process to obtained IRB documentation												
Support NAP activity to disseminate the consolidated data about the epidemic												
Support NAP manuals production about facial lipoatrophy and lipodystrophy												
Support partially NAP National Seminar - adverse effects of ARV therapy												

3. DEVELOPED FOCUSED BUDGET

STRATEGIC AREA: INVESTING IN PEOPLE	YEAR 2 -FY 2009			
PROGRAM AREA 1: HEALTH	COMPONENT 1	COMPONENT 2	COMPONENT 3	TOTAL (US\$)
PROGRAM ELEMENT: 3.1 HIV/AIDS	SUPPORTING PLHIV	MONITOR AIDS	NOTIVISA	FY 2009
SALARIES				
FRINGE BENEFITS				
TRAVEL, TRANSPORTATION AND PER DIEM				
EQUIPMENT				
CONSULTANTS				
WORKSHOPS AND TRAININGS				
OTHER DIRECT COSTS				
Sub-Total Direct Costs				
SUB-GRANTS & SUB-CONTRACTS				
OVERHEAD				
GRAND TOTAL				

4. OBLIGATION MATRIX

CATEGORY OF EXPENSES	TOTAL (US\$)
(+) OBLIGATED FOR CONDOM SOCIAL MARKETING (CSM) COMPONENT	3,068,000
(-) LIQUIDATED EXPENSES UNTIL SEP 30, 2008	2,428,051
RESIDUAL BUDGET	639,949
(+) NEW OBLIGATED FUND	735,000
TOTAL BUDGET FOR FY 2009	1,374,949

SECTION VI: TRAVEL

Activity Name	Kind of Trip	Traveler	From	To	No/Duration of Trips
Program management support	International	Pact HQ staff	W/DC	RJ	1 trip x 1 week x 1 person

SECTION V: ANNEX

PACT TEAM CONTACT LIST

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