AIDSTAR-Two Annual Performance Report (Oct. 01, 2008 to Sept. 30, 2009)

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USAID FROM THE AMERICAN PEOPLE

AIDS Support and Technical Assistance Resources

AIDSTAR-Two
capacity for impact

Annual Performance Report

October 1, 2008 to September 30, 2009

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Acronym List

AIDSTAR	AIDS Support and Technical Resources
ASICAL	*Asociación para la Salud Integral y la Ciudadanía de America Latina y el Caribe*
CBO	Community-based organization
CCABA	Coalition on Children Affected by AIDS
CCM	Country Coordinating Mechanism
CONGA	*Coalición de Organizaciones Gay de América Central*
COP	Country Operational Plan
COTR	Contracting Officer's Technical Representative
CSO	Civil society organization
CSW	Commercial sex worker
DC/VA	District of Columbia/Virginia
DfID	(UK) Department for International Development
EMG	Emerging Markets Group
F&A	Finance and administration
FHI	Family Health International
GIS	Geographic information system
HDA	Health and Development Africa
HDN	Health and Development Networks
HES	Household economic strengthening
HIV/AIDS	Human immunodeficiency virus/acquired immune deficiency syndrome
ICAAP	International Conference on AIDS in Asia and the Pacific
IDU	Injecting drug users
INGO	International nongovernmental organization
INSULAR	Island and Peninsular South East Asia MSM Organizations
IQC	Indefinite quantity contract
IR	Immediate result
IT	Information technology
JSI	John Snow International
KM	Knowledge management
LDP	Leadership Development Program
M&E	Monitoring and evaluation
MARP	Most-at-risk population
MOST	Management and Organizational Sustainability Tool
MSH	Management Sciences for Health
MSM	Men who have sex with men
NGO	Nongovernmental organization
OVC	Orphans and vulnerable children
PEPFAR	President's Emergency Plan for AIDS Relief

PMP	Performance monitoring plan
PY	Project year
RFP	Request for proposals
RFQ	Request for quotes
RFTOP	Request for task order proposals
SOW	Scope of work
TA	Technical assistance
TWG	Technical Working Group
UNAIDS	Joint United Nations Program on HIV/AIDS
USAID	United States Agency for International Development
USG	United States Government
WCRP	World Conference of Religions for Peace
WHO	World Health Organization

EXECUTIVE SUMMARY

Introduction

The US President's Emergency Plan for AIDS Relief (PEPFAR) was launched in 2003 to advance global treatment, prevention, and care for those living with or affected by HIV/AIDS. While much has been learned since then about how to fight the epidemic, a substantial amount of this knowledge remains in the hands of those on the front lines in specific countries, or those leading specific programs or interventions; or only is disseminated regionally despite its potential for global application. In order to share the best practices of HIV/AIDS programming and thus magnify the collective impact of such programs, the AIDSTAR-Two project was launched in 2008. AIDSTAR-Two is a three-year task order issued under the AIDSTAR Sector II indefinite quantity contract (IQC) and totaling $32.3 million (with the option of two additional years).

AIDSTAR-Two's objective is to deliver systematic capacity-building assistance to implementing PEPFAR partners and networks. The AIDSTAR-Two consortium brings together the expertise, resources, and global reach of seven organizations to help improve the impact and scale of quality HIV/AIDS programming worldwide. Led by Management Sciences for Health (MSH), consortium partners are the International HIV/AIDS Alliance (Alliance); Emerging Markets Group (EMG); Health and Development for Africa (HDA); Save the Children; World Conference of Religions for Peace (WCRP); and Initiatives, Inc.

The principal tasks of AIDSTAR-Two are to promote best practice modules for capacity-building (Task 1), to support service provider networks that are working in areas of concentrated or generalized epidemics (Task 2), and to provide assistance to USG field missions in support of their HIV/AIDS programming (Task 3). This report details the progress achieved for each of these tasks in the program's first year, highlights obstacles encountered in the implementation of program activities and describes how these issues were resolved, and summarizes the anticipated activities for the coming six months. The "report on activities" section delineates the progress, obstacles, and future activities within the context of the task or subtask. The following paragraphs of this executive summary present an overview of the results and activities for Project Year 1 (PY1).

Building Consensus: AIDSTAR-Two's Key Accomplishments in Project Year 1

AIDSTAR-One and AIDSTAR-Two established a supportive, collaborative system for effective knowledge management between our two projects, furthering economies of scale and efficient use of technology resources (e.g., web development), and also advancing programmatic synergy to improve the delivery of HIV/AIDS services in developing countries.

Much of the work for AIDSTAR-Two involves the core components of capacity-building: practices, tools, standards, and indicators of progress. Establishing consensus on a relevant definition of capacity-

building among all consortium partners was a key achievement in the program's first year. AIDSTAR-Two consortium partners also reached agreement regarding an organizational structure and its components (based upon a revised Pathway to Improved HIV/AIDS Implementing Partners and Networks); this serves as a foundation for conversations that will occur with the larger community of capacity-building stakeholders in PY2.

In terms of particular resources that will be shared with the larger HIV/AIDS programmatic community, the consortium collected almost 200 capacity-building tools; these will be the initial tools housed in the web-based knowledge management delivery system (working name: Capacity Builders Knowledge Exchange Network) that will be launched in PY2. AIDSTAR-Two also developed the preliminary information architecture and content outline for the Capacity Builders Knowledge Exchange Network. Recognizing that many PEPFAR implementing partners and USG missions are supporting vertical programs, the project achieved significant progress toward the launch of initiatives that will target specific vulnerable groups and most-at-risk populations, including orphans and vulnerable children (OVC), injecting drug users (IDUs) and those affected by HIV and injecting drug use, HIV-positive women facing increased risk of cervical cancer, and men who have sex with men (MSM).

In its first year, AIDSTAR-Two provided assistance to two USAID field missions, starting field support projects in Honduras and Guatemala.

Surmounting Obstacles: Challenges and How They Were Addressed in Project Year 1

Staffing

Two key staff left the project during the first project year. The first was the Capacity-building Advisor, and the second was the Director for Finance and Administration. The Capacity-building Advisor has now been replaced, and we expect to place a new Director for Finance and Administration (subject to USAID approval) as soon as possible.

Knowledge Management

The bulk of the challenges in PY1 were related to the large scope of the knowledge management component of the program. At the program's launch, there was a lack of clarity about the knowledge management roles and relationships between AIDSTAR-One and AIDSTAR-Two; however this was resolved when teams from both programs met to discuss and clarify their responsibilities.

Ongoing knowledge management activities revealed important limitations in the evidence base to allow for a comparison of the effectiveness of different capacity-building approaches. Plans are now underway for operations research in PY2 and PY3 to help close this gap. Another issue related to knowledge management: the information gathered on each of the almost-200 tools is inconsistent throughout the collection. Repeated appeals to IQC members by the project director and the COTR for further submissions yielded limited responses. It is anticipated that with the additional efforts in consensus building and the launch of the Capacity Builders Knowledge Exchange Network in PY2, the stakeholders

will understand how they can benefit not only as users of the system but also as contributors to the global knowledge base.

Network Support and Mission Activity

Other challenges related specifically to networks or mission activity. Midway through PY1, there was still discussion about which service provider networks AIDSTAR-Two would be supporting. Since then, three networks have been identified, and activities will focus on improving direct services, referral systems, and overall organizational effectiveness, as well as advancing these specific networks' capacity to act as key national stakeholders in HIV/AIDS programming.

The original labor categories as defined in the AIDSTAR-Two contract required modification to meet USAID Mission requirements for key staff in two different countries. AIDSTAR-Two engaged these staff as consultants while awaiting USAID approval for permanent employee status.

Continued Commitment: A Look Ahead at the Next Six Months

Among the major activities planned for implementation by AIDSTAR-Two consortium members over the next six months are an intensified consensus-building process with key members of the capacity-building community; participation in the Pact Community REACH Capacity-Building Summit in November; the launch and promotion of the Capacity Builders Knowledge Exchange Network; the launch of the new and improved OVCsupport.net web site; the planning and execution of a workshop in Africa that will focus on capacity-building for household economic strengthening (HES) programs for OVC; and strengthening activities of up to two national networks across a wide range of issues, including USAID compliance, programming, funding opportunities and grant management, and relationships with partners. AIDSTAR-Two will also continue with field support activities in Honduras and Guatemala, while looking to expand the program's geographic reach in Eastern Europe and Tanzania.

In addition to highlighting results, issues, and next steps for AIDSTAR-Two, this report also includes an overview on issues related specifically to program management and supervision, and provides a detailed overview of project finances.

REPORT ON MANAGEMENT AND SUPERVISION OF PROGRAM

The management and supervision of the program is now running smoothly, but there were complications at the outset of the program (outlined below), which have been addressed.

Staffing

AIDSTAR-Two's key technical position of Capacity-building Advisor was filled for only two and one-half months at the beginning of the project. Since that time, the position remained vacant. The absence of key personnel has hampered progress within all aspects of the program, in particular Task 1. However, MSH has identified, received approval for, and hired a highly qualified replacement (Sarah Ford) who began work as the new Capacity-building Advisor on October 19, 2009.

AIDSTAR-Two has also not retained a second staff member, the Director for Administration and Finance. Filling this gap, other AIDSTAR-Two and MSH staff stepped in to make a number of improvements in the budgeting and expenditure tracking process per the COTR's request, the most important of which is budgeting and expenditure tracking at the activity level. The project is actively recruiting for a replacement, and expects to have a candidate on board in November 2009.

Mr. Elden Chamberlain began work as the Network Capacity-Building Specialist in September 2009, focusing on Task 2 activities. Ms. Yadira Almodovar-Díaz, Senior Program Officer, joined the project in August 2009 and serves as the principal contact and project lead on field support activities. Ms. Rebecca Bennett, Knowledge Management and Communications Officer, joined the project in April 2009, and will continue to focus principally on Task 1 activities (in close collaboration with Sarah Ford) in PY2.

Political Instability in Honduras

Political instability in Honduras has complicated program implementation, and could result in a premature closure of the project. AIDSTAR-Two staff in country are monitoring the situation closely, and continue to make progress on critical program activities in spite of the turbulence.

CLIN1/2 Realignment

The initial project contract budget was not structured in a way that allowed for senior Chief of Party staff to be hired (there was no corresponding labor category in CLIN 2). As a result, our Chiefs of Party in both Honduras and Guatemala were hired on consultant contracts. A significant disadvantage of this approach has been the lack of normal employee benefits for these staff. However, MSH submitted a request to realign the contract budget in July 2009, and that request is currently under review at USAID.

Anticipated Activities/Plan for Next Six Months

Given the complexity of and PY2 emphasis on developing and rolling out indicators to measure capacity-building, AIDSTAR-Two is actively recruiting for a full-time M&E Advisor to replace La Rue Seims's who was dedicated 25% to the project in PY1. Ms. Seims's good work will provide the foundation for the expansive M&E efforts in PY2; she will continue with the project until her full-time replacement is hired and then will migrate to the Leadership, Management, and Sustainability (LMS) project 100%. AIDSTAR-Two hopes to fill this position in November 2009.

In response to the OVC Technical Working Group (TWG) request, AIDSTAR-Two anticipates recruiting for a half-time DC/VA-based Knowledge Management position to liaise with the OVC TWG and other USAID staff, and to serve as point person for collection of new material for OVCsupport.net. This role could be filled by a current Alliance employee.

The project's growth—particularly in Task 3/field support activities—has also made it necessary and appropriate to recruit a second administrative coordinator to complement Lauren Bailey's efforts to date. AIDSTAR-Two has listed this position and hopes to fill it in November 2009.

RESULTS AND ACTIVITIES

Task 1: Promote Best Practices Modules for Capacity-Building

In PY1, the Task 1 of AIDSTAR-Two was divided into five subtasks to tackle the myriad current challenges to promoting capacity-building best practices. These tasks are related to establishing one global knowledge base of capacity-building; creating a delivery system to disseminate this knowledge; and supporting capacity-building for those working with specific target groups such as OVC, HIV-positive IDU and people affected by HIV and drug use, and HIV-positive women who are (by definition) at increased risk for cervical cancer. The following section breaks down the results, challenges, and future activities as related to the specific subtasks.

Subtask 1.1: Identify, assess, and analyze key capacity-building challenges and methods to address them, and develop a knowledge base for capacity-building and its program implementation.

Progress toward Results

Activity 1.1.1: Collaborate with consortium partners to define capacity-building in multiple contexts and to determine criteria for participation in capacity-building advisory panel.

Capacity-building: A definition

The AIDSTAR-Two consortium met in the UK in December 2008 and agreed to move forward with the following definition of capacity-building (adapted from the definition included in the AIDSTAR-Two proposal):

> *Capacity-building is an evidence-informed set of activities or interventions that specifically and systematically address performance gaps identified with an individual, an organization, or network. Capacity-building leads to the measurable and sustainable transfer of skills, knowledge, or ability to improve the impact and scale of health programs.*

AIDSTAR-Two shared this definition and gathered and solicited additional definitions of capacity-building from more than 30 organizations/projects via the literature review and tools collection activities (see pages 12-15). Upon analysis, it became clear that variances in definitions tend to relate to the specifics of the organization's mission or target groups; the AIDSTAR-Two definition of capacity-building is deliberately broad so as to be relevant to a wide range of organizations.

Activity 1.1.2: Engage key technical experts and partners to form a capacity-building advisory panel.

A capacity-building advisory panel: The "expert panel"

The scope of work (SOW) for participants on the expert panel was developed by the AIDSTAR-Two consortium with input from USAID and further reviewed by expert panel members. AIDSTAR-Two envisioned two tiers of an expert panel: Tier 1 that would convene physically and include about 15

members (14 confirmed in 2009) and Tier 2 that would include a larger group of stakeholders who would engage virtually over specific technical areas and fill gaps in Tier 1 participation as needed.

Expert Panel Participation	
Tier 1	**Tier 2**
WHO; UNAIDS; USAID; MSH; FHI; JSI; Alliance; Initiatives, Inc.; Save the Children; Project Concern International; Pact, World Bank (pending)	Save the Children; MSH; Macro International; USAID; multiple nominees from consortium partners

The expert panel and related activities have been removed from the PY2 work plan (see page 13), yet these contacts remain important resources for future engagement with capacity-building partners and HIV implementers.

Activity 1.1.3: Establish agreement on key barriers or problems to be addressed.

Pathway framework refinement

The Pathway to Improved HIV/AIDS Implementing Partners and Networks and The Core Competencies to Build the Pathway were originally presented in the AIDSTAR-Two proposal/contract, but as PY1 progressed, it became evident to the AIDSTAR-Two team that a significant refinement of the Pathway and its subcomponents was necessary to ensure broad relevance to different projects with capacity-building activities, and to incorporate indicators to assess the value-added of specific tools implemented to improve practices and achieve standards. The refinement carries over into PY2 and includes substantive engagement with stakeholders in the capacity-building community.

Phase 1 of the refinement was completed in PY1 (August 2009). AIDSTAR-Two reviewed the AIDSTAR-Two Pathway and key Alliance materials (particularly *Alliance Accreditation Standards and Annexes for NGO Analysis*). As a result, some components of the framework were renamed, reorganized, and refined; others were identified as needing to be developed (common standards and indicators of progress, see Anticipated Activities/Plan for Next Six Months).

To engage and gather input from the full AIDSTAR-Two consortium (Phase 2 of the refinement), 15 representatives from six of the seven consortium partners participated in a webinar in September 2009 to discuss the Phase 1 results (WCRP could not attend). In addition to providing input during the webinar, partners were encouraged to prepare detailed comments on the refined organizational structure and its specific components. The underlying theories of this framework are central to PY2 activities that are dedicated to consensus-building in the capacity-building community (see Anticipated Activities/Plan for Next Six Months on page 14).

Activity 1.1.4: Identify, collect and analyze good and promising programmatic practices (GPPP) for institutional capacity-building.

PY1's literature review, key informant interviews, and tools collection were distinct but related activities. Each helped AIDSTAR-Two amass a body of knowledge about evidence, tools, approaches, and major players in the capacity-building arena. The literature review (see Annex B for complete SOW) included peer-reviewed articles (n=70), gray literature, and websites (n=49). Key informant interviews provided recommendations for tools and approaches, detailed information about their application, input on AIDSTAR-Two's definition of capacity-building (see page 10), and suggestions for other interviewees ("snowball interviews"). AIDSTAR-Two collected almost 200 tools through the search and interviews, as well as from list servs and emailed submissions. The organizations approached included but were not limited to 38 AIDSTAR II IQC members; about 20 organizations participated in interviews and about 50 organizations recommended and provided information on particular tools.

The literature review and tools/approaches collection validated many things that AIDSTAR-Two and the greater capacity-building community already suspected: namely that **there is a lack of research and evidence with regard to the impact of capacity-building or proven approaches**. Many tools and approaches were initially developed to address a specific situation, yet, many similar approaches are used in different organizations, tools, and situations (see box below).

Common Themes from Literature Review and Tools Collection

• Defining capacity-building
• Advocating for capacity-building
• Presenting common approaches to capacity-building, for example
  o Communicating well
  o Mentoring, supportive supervision
  o Being team-oriented, collaborative
  o Working within the local context
• Calls to action for capacity-building stakeholders
  o Conduct research and then close the gap between research and practice
  o Clarify the difference between training and capacity-building
  o Plan for sustainability

AIDSTAR-Two fully expects—and will enable—this collection of nearly 200 tools to evolve as the HIV implementing environment changes, as AIDSTAR-Two gathers evidence on particular approaches, and as more tools and approaches are developed by and collected from the greater capacity-building community. Stored temporarily in an eRoom database, in PY1 each tool was delineated by application; in PY2 the delineations will be fine-tuned in accordance with the organizational structure refinements resulting from PY2 consensus-building activities (see page 14). This collection is the backbone of PY2 knowledge management (KM) activities (see pages 15-17) that will be conducted in close collaboration with AIDSTAR-One's KM team in order to make efficient use of technological resources and experiences,

but also to produce the powerful synergy between the two projects envisioned by USAID in development of the two RFTOPs.

Update on Resolution of Issues Raised in Previous Reports

No issues raised in previous report (semiannual).

New Problems Encountered and Proposed Solutions

Expert panel

Upon review of PY2 activities with the COTR, AIDSTAR-Two determined that the expert panel was not a priority for PY2; related activities have been removed from the PY2 work plan. Contacts from the PY1 expert panel activities remain important resources for implementing partner engagement and consensus-building activities.

Tools collection

In spite of repeated and varied requests—including those from the AIDSTAR-Two project director and the AIDSTAR II IQC COTR—for submissions, responses from the 38 members of the IQC are limited in quantity and vary in their thoroughness. Some explanations include the perceived time burden and concerns about losing a competitive advantage in future task orders or divulging their organization's proprietary information. Although AIDSTAR-Two has been—and remains—open for additional submissions, as of the end of PY1, information on each tool varies and end-users won't immediately have consistent information to compare tools "apples to apples." This is underscored by lack of common indicators and/or evidence of impact. We expect that the consensus-building process will help improve submissions as organizations will see what they have to gain by participating.

Once a core group of organizations are engaged and come to consensus, and the knowledge base of tools is available and promoted to the capacity-building community, AIDSTAR-Two anticipates that the community will see that this resource is not merely theoretical and be eager to contribute substantially to something that is "real" and promotes advances in the field of organizational capacity-building. Furthermore, AIDSTAR-Two's work plan for PY2 includes development of a system for collecting and aggregating information (common standards and indicators of progress) about different tools as they are applied in the field by AIDSTAR-Two buy-ins and non-AIDSTAR-Two projects that opt to participate.

Lack of operations research, common standards, and indicators of progress

The literature review and tools/approaches collection and analyses validated a common hypothesis: that there is an overall lack of evidence for capacity-building approaches and a gap between research and practice. Critical gaps include the lack of:

- Results of a rigorous, controlled study demonstrating that capacity-building leads (or does not lead) to changes in service delivery.
- Common standards for the level of capacity-building in an organization that is acceptable (critical minimum) or ideal (aspirational), independent of the approach used.

- Widely applicable indicators of progress with which to measure capacity-building, independent of the capacity-building approach used.

To address these gaps, AIDSTAR-Two will be planning and conducting operations research (PY2 and PY3, respectively), and working with the greater capacity-building community to develop common standards and indicators of progress (see Anticipated Activities/Plan for Next Six Months below). Through the work done in PY1 (literature review, tools collection, and Pathway framework refinement as summarized in page 11), AIDSTAR-Two has initiated the collection of existing resources for developing these standards and indicators; the widely accepted resources (see box below) will allow the greater capacity-building community to further develop existing work in this area. By doing the "legwork," AIDSTAR-Two is providing the greater community with an accessible foundation for PY2 discussions.

Some Existing Resources: Common Standards and Indicators of Progress
• **Health Metrics Network, WHO.** "Recommended Indicators, Activities, Sub-activities, and Inputs to Guide Country, National Health Information Systems Strengthening: Global Fund Round 9 Applications." (2009) • **WHO.** Draft 'Toolkits' for HSS Indicators. (from WHO website) • **Global Fund.** Monitoring and Evaluation Toolkit Part 2 – Health Systems Strengthening, Third Edition. (2009) • **Global Fund.** Annex 1: TB, Malaria, and HIV and AIDS Indicator Matrix. (2008) • **Global Fund.** Monitoring and Evaluation Toolkit: HIV/AIDS, Tuberculosis, and Malaria, Second Edition (2006) • **PEPFAR** Next Generation Indicator's Guide. (2009)

Anticipated Activities/Plan for Next Six Months

During the first half of PY2, key Task 1 activities will further AIDSTAR-Two's mandate.

Consensus building

AIDSTAR-Two will convene a core group of capacity-building leaders and then a larger group of capacity-building stakeholders in a series of engagements to develop and refine a process for achieving consensus on capacity-building tools, approaches, and interventions, as part of an organizing framework for capacity-building comprised of core organizational elements, essential organizational practices, common standards of performance, and indicators of progress. It is hoped that this effort will result in a shared commitment to adopt and implement all of the above as appropriate in their own projects. The consensus-building process will also deeply inform the development of the Capacity Builders Knowledge Exchange Network (web-based knowledge management system) in collaboration with AIDSTAR-One.

An important early step in this process is AIDSTAR-Two's participation in the Pact Community REACH Capacity-Building Summit (November 17-18, 2009). This summit and AIDSTAR-Two's participation will

help reinforce that Pact Community REACH is a seminal project in the capacity-building arena and will serve as one of several partner engagement events AIDSTAR-Two will participate in during PY2.

Performance monitoring

To make best use of the consensus-built common standards and indicators of progress, AIDSTAR-Two will use the resulting system to provide guidance on capacity-building monitoring and evaluation (M&E) to missions for the FY11 Country Operational Plan (COP) process. In preparation for PY3 operations research, AIDSTAR-Two will also develop a comprehensive operations research plan and corresponding budget.

Disseminate PY1 findings

AIDSTAR-Two will formally document and disseminate findings from the PY1 literature review and tools search (PY1 Activity 1.1.4) to the larger capacity-building community through a Position Paper[1] that synthesizes the current capacity-building knowledge base (literature, tools, and approaches). The Position Paper will inform the consensus-building process by reviewing the evidence base, highlighting gaps in evidence and M&E systems, and classifying tools and approaches by function and application. In addition to posting and disseminating (via email, list servs, etc.) the paper, AIDSTAR-Two will conduct a webinar using LeaderNet to present the paper's findings and to solicit feedback from members of the capacity-building community.

Subtask 1.2: Develop plans for the identification, dissemination, and use of capacity-building best practices.

Progress toward Results

Most of Subtask 1.1's PY1 activities—gathering and classifying capacity-building approaches—serve as the foundation for disseminating and applying the capacity-building tools and approaches in the subsequent years of the project. PY1 activities carried out under Subtask 1.2 are important precursors to the PY2 KM focus of making the stakeholder-accepted organizing framework, tools, and approaches widely available to stakeholders and implementers. The organizing framework for capacity-building will be comprised of core organizational elements, essential organizational practices, common standards of performance, and indicators of progress; the tools and approaches will be organized around the stakeholder-accepted framework and its components.

In PY1, AIDSTAR-Two's Knowledge Management & Communications Officer and AIDSTAR-One's KM team (including JSI's web development subcontractor, GMMB) established a working relationship and began operationalizing the "collaboration" called for in both task order contracts. Effective KM

[1] Position Papers (formerly known as "Occasional Papers") are a designed to present state-of-the-art techniques or thinking to the larger development community. MSH has published several with USAID funding; they are widely disseminated electronically and have been well received by donors and implementers.

collaboration between the two projects will allow for economies of scale and efficient use of information technology (IT) resources, but also for programmatic synergy that can help advance and improve the delivery of HIV/AIDS services in developing countries.

In preparation for the PY2 design and launch of the web-based knowledge management delivery system (working name: Capacity Builders Knowledge Exchange Network), AIDSTAR-Two developed preliminary information architecture ("wireframe") and content outline, vital steps for any web-development project.

Identifying and cultivating relationships with potential users—in the case of the Capacity Builders Knowledge Exchange Network this means stakeholders and other implementers throughout the capacity-building community—are key to creating a useful product and to rapidly expanding use and uptake of that product. As discussed previously (see Subtask 1.1), PY1's literature review, key informant interviews, tools collection, and expert panel recruitment each had their own purposes, but also a secondary benefit of helping AIDSTAR-Two identify and establish contact with stakeholders and implementers in the capacity-building community; these contacts will be further cultivated through PY2's consensus-building and the design, launch, and dissemination of the Capacity Builders Knowledge Exchange Network.

The dissemination plan for the Capacity Builders Knowledge Exchange Network will be closely linked with other AIDSTAR-Two consensus-building activities, and development of common standards and indicators of progress.

AIDSTAR-Two has been invited to participate in the Pact Community REACH Capacity-Building Summit (November 2009); see Anticipated Activities/Plan for Next Six Months on the next page).

New Problems Encountered and Proposed Solutions

In late PY1, the AIDSTAR-Two team made a clarification regarding activities 1.2.1 and 1.2.2: what was previously and erroneously called a "manual" refers to the Capacity Builders Knowledge Exchange Network that will be designed and implemented with AIDSTAR-One in PY2. The web-based product is and has long been envisioned as the cornerstone of AIDSTAR-Two's KM activities.

Confusion about KM roles between AIDSTAR-One and AIDSTAR-Two was cleared up in late PY1 through a few key frank conversations across projects; KM teams on both task orders are optimistic about fruitful collaboration in the coming year.

Update on Resolution of Any Issues Raised in Previous Reports

No issues raised in previous report (semiannual).

Anticipated Activities/Plan for Next Six Months

Develop Capacity Builders Knowledge Exchange Network

AIDSTAR-Two will continue to work closely with AIDSTAR-One's KM team to develop a web-based system that—among other features—makes capacity-building tools and approaches available to missions and implementers worldwide. The database of tools and complementary website that comprise the Network will rely heavily on the results of the consensus-building process: the tools and approaches database will be built around the organizing structure developed and refined by stakeholders (see page 11); the site will provide users with agreed-upon common standards and indicators of progress; and innovative-yet-accessible web design will allow and encourage users to add their own results, experiences, and tools and approaches to the knowledge base. The joint AIDSTAR-One and AIDSTAR-Two KM team will build the network with the utmost consideration given to the end users and conduct rigorous field research and testing during and after the development process.

AIDSTAR-Two is working with AIDSTAR-One to launch a temporary web page (at www.aidstar-two.com and www.aidstar-two.org) to establish a minimal web presence for the project while the Network is under development.

Subtask 1.3 (OVC TWG): Upgrade www.OVCsupport.net to assure real-time provision of state-of-the-art practices and standards, and create a user-friendly platform to promote learning and exchange.

Progress toward Results

From March to September 2009, AIDSTAR-Two achieved significant progress towards the redevelopment of OVCsupport.net in accordance with the April 2009 project brief reviewed and accepted by USAID. The project is on track to launch a site that will become

- A global hub for information and exchange on children and HIV that is used by US Government (USG) missions, community groups, nongovernmental organizations (NGOs), international nongovernmental organizations (INGOs), academics, governments, and policy makers;
- A structured and accessible knowledge-sharing hub that attracts a wide range of people addressing responses to children and HIV, and that includes the latest tools and resources;
- An innovative platform that offers interactive tools to promote open dialogue and exchange of learning and information.

Specific activities to support the redevelopment included:

Activities Advisory Committee

A project advisory group was established, involving five senior-level representatives of PEPFAR and USAID.[2] The group met in April 2009 to confirm the vision/brief for the redeveloped OVCsupport.net;

[2] Gretchen Bachman (Sr. Technical Advisor OVC, PEPFAR OVC TWG Co-Chair, USAID/OHA/ISD); Beverly Nyberg (Senior Technical Advisor for OVC, Office of the United States Global AIDS Coordinator); Susan Becker (Public Health Analyst, Co-Chair PEPFAR OVC TWG, HRSA Global HIV/AIDS); Roslyn Matthews (Director of Communications, USAID/OHA); and Dr. Margaret Brewinski (PEPFAR PMTCT/PEDS TWG).

review the work plan/timeframe; and discuss ideas for Phase 2 of the project. Subsequent communication was carried out via email, including members being asked to review the project brief and participate in the pilot testing.

Monitoring use of toolkit

To inform the redesign of OVCsupport.net, an electronic survey was conducted of current and potential users of the site. This secured feedback from 136 respondents in Asia, Africa, Europe, and North America from diverse stakeholder groups. The results (see Annex C) highlighted the potential areas for improvement to OVCsupport.net.[3]

Design, rebranding, and content update

Significant progress has been achieved on rebranding and redesigning OVCsupport.net as a global resource on children and HIV. The project has been led by the Alliance, with technical redevelopment implemented by Health and Development Networks (HDN). The results include:

- **Cobranding.** This reflects the critical support provided by recent and current donors (USAID, PEPFAR, and DfID) as well as the Alliance's management of and vision for the site.
- **Enhanced design and navigation.** Progress has been made with redesigning the site to benefit from a lighter and brighter visual appearance, and improved navigation. This work will continue through December 2009.
- **Strengthened existing website sections.** The following aspects have been transferred from the prior OVCsupport.net and enhanced within the new site:
  - **Programming.** Updated to provide current information, links, and resources on principles of programs (such as children's rights), running a program (including the Quality Improvement Initiative), and technical areas (covering the key areas such as protection and economic strengthening).
  - **Library.** Updated to provide access to over 600 reports, toolkits, and other resources produced by a range of stakeholders. Users can search for relevant resources, while an interactive function informs them of the most recent, highest rated, and most frequently downloaded resources.
- **Addition of new sections.** The following sections are being added to the site**:**
  - **News and exchange.** To provide users with means to access the latest news on children and HIV and to share their own experiences and ideas. The section will include a forum, news blog by different contributors, daily news stories, weekly news digests, latest videos, recent bookmarks, and upcoming events. Users can receive updates on these via RSS feeds.
  - **Policy and research.** To provide users with the latest news from the fields of policy and research on children and HIV. It will showcase relevant resources and organizations, as well as advocacy and campaign initiatives.
- **New interactive functions.** Examples of these are outlined above.

[3] *OVCsupport.net: Survey Results*, Health Development Networks, 18 March 2009.

- **Updated and additional content on children and HIV.** In its different sections, the redeveloped site is benefitting from both updated "static" content on children and HIV (including revised texts introducing technical areas of programming, such as psychosocial support), and additional news content on children and HIV, including news blogs and news articles.

Conference presentations

The project's abstract for the 2009 Implementers' Conference was submitted but not accepted, however the International Conference on AIDS in Asia and the Pacific (ICAAP) accepted an abstract on OVCsupport.net. Felicia Wong (Head of Program and Development, HDN) gave oral presentations in a session on *Strengthening by Networking*[4] and a satellite hosted by the Coalition on Children Affected by AIDS (CCABA). The latter involved over 60 participants from diverse sectors. The presentation demonstrated significant potential for OVCsupport.net's interactive tools to facilitate exchange in a geographically widespread region that has currently sees little networking on children and HIV.

Additional supporting activities

In addition to the deliverables outlined in the AIDSTAR-Two work plan, from March to September 2009, the project also executed the following:

- **Pilot testing of redeveloped OVCsupport.net.** In August 2009, a pilot test[5] was carried out on the redeveloped site, involving 36 participants from a range of stakeholder groups. It tested the site's interactive functions, and invited user feedback on the site's design, navigation, content, etc. Priority feedback will be used to complete the redevelopment of the site by the end of December 2009, as well as to inform further development during the second phase of the project (from January 2010).

- **Development of M&E plan for OVCsupport.net.** An M&E plan was drafted to assess the site's use and efficacy, and support the identification of areas for future improvement. Among other indicators, it will monitor the following AIDSTAR-Two Performance Monitoring Plan indicators/targets: # of documents downloaded from OVCsupport.net increased by 20% the year after re-launch, and # of visits to OVCsupport.net increased by 20% the year after relaunching.

- **Development of proposal and plan for Phase 2 of re-development of OVCsupport.net.** Based upon the sustainable management platform, a comprehensive proposal has been developed for Phase 2 of the redevelopment of OVCsupport.net (see Anticipated Activities/Plan for Next Six Months on next page).

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[4] *Strengthening Networks on Children and AIDS in Asia Pacific through an Interactive Global Resource,* Felicia Wong (Health & Development Networks), Kate Iorpenda (International HIV/AIDS Alliance), and John Berman (Management Sciences for Health), ICAAP 9, Bali, Indonesia, 11 August 2009.

[5] Re-developed OVCsupport.net Pilot Test Report, Health and Development Networks, September 2009.

New Problems Encountered and Proposed Solutions

To ensure that OVCsupport.net is sustainable and is consistent with the Alliance's strategy of rooting technical work in developing countries (while ensuring quality through support from the UK Secretariat), a strong and sustainable management platform has been developed for OVCsupport.net. This will involve collaboration among the Best Practice Unit and Communications Team in the UK Secretariat, a new "home organization" team at the India HIV/AIDS Alliance, and the Alliance's Regional Technical Support Hubs in Kampala (Anglophone Africa) and Ouagadougou (francophone Africa). Clear roles and responsibilities are being developed, as well as a regular coordinating mechanism. Illustrative roles and responsibilities for the Alliance/India Office includes

- Supporting IT-related operations and requirements of OVCsupport.net;
- Moderating interactive functions;
- Managing the receipt and posting of new resources;
- Regularly producing and disseminating a CD-ROM of the site's library section;
- Managing the monitoring and evaluation for the site, and making modifications accordingly.

Anticipated Activities/Plan for Next Six Months

The redeveloped site will serve as a community of practice, providing a space for those involved in issues relating to children and HIV to meet and interact. The exchange of opinions and good practices will be facilitated by the range of interactive functions being added to OVCsupport.net. Examples of these include a calendar of events, commenting on articles, rating of resources, RSS feeds, group blogs, and social networking media (such as Facebook and Twitter). Anticipated activities/plans for the next six months include the following.

Completion and launch of OVCsupport.net, redevelopment phase 1

- **Redeveloping OVCsupport.net as a global hub on children and HIV,** including fine-tuning interactive tools, adding human interest content, improving design, editing content, and further strengthening navigation (by December 2009).
- **On-going transfer of OVCSupport.net to sustainable management platform,** including the newly recruited staff team taking over the redevelopment project managed by HDN.

Commencement of OVCsupport.net, redevelopment phase 2

Depending on available resources, this will include:

- **High-quality management and moderation of OVCsupport.net.** As outlined previously, through collaboration among the Alliance's UK Secretariat, Regional Technical Support Hub in Delhi, and hubs in Kampala and Ouagadougou.
- **Enhancement and profile-raising of OVCsupport.net as a global hub.** Key activities include developing a comprehensive marketing and communications plan; promoting the site through key initiatives (e.g., International Symposium on Children Affected by HIV and AIDS, Vienna, 2010); ensuring high-quality, interesting, and relevant news and content; actively moderating the interactive functions (regional forums, etc.); expanding strategic relations between

OVCsupport.net and key stakeholders in the global field of children and HIV (AIDSportal, CRIN, etc); tracking and reporting on global policy and research initiatives; building a group of contributors (bloggers, key correspondents, etc.); managing the library (identifying newly published resources, etc.); and implementing an M&E plan for the site.

Sustainability plan, additional donor resources for OVCsupport.net
AIDSTAR-Two will conduct a feasibility study (likely outsourced to a consultant) in early PY2. Among other likely activities, the study's recommendations are likely to include using the relaunched site to mobilize funding from additional donors to leverage USAID's investment, strengthen the site's longer-term sustainability, and ensure shared commitment to and promotion of the site as a global hub.

Subtask 1.4 (**Care and Support TWG):** Collect and disseminate state-of-the-art practices for the support of HIV-positive IDU populations. Dissemination and technical assistance will be launched through a regional workshop.

Progress toward Results
As of the semiannual report, the specifics of activities under Subtask 1.4 had not been determined, pending discussions with the Care and Support TWG. Since then, several exchanges with the TWG resulted in substantially modified activities. Instead of collecting "state of the art practices for the support of HIV positive IDU populations" and disseminating these through a regional workshop, Subtask 1.4 now includes four activities with two different focuses, as discussed below.

Activities 1.4.1 and 1.4.2: People Directly Affected by Drug Use and HIV

Consortium partners drafted a survey and, after incorporating feedback from TWG members, a second draft was well received. Partners also drafted and submitted to the TWG for discussion an outline of a multi-country report (an expanded version of previously called-for "case studies"), and identified staff and consultants to carry out these time-specific tasks within PY1. Later, as discussions with the TWG continued, the timeline was revised to complete activities within the 2009 calendar year.

In discussions on the thematic focus of Activities 1.4.1 and 1.4.2, AIDSTAR-Two proposed that the survey and report focus on care and support as an integral part of comprehensive responses for "people directly affected by drug use and HIV." This would enable interested stakeholders to consider aspects of different affected populations—injecting drug users, IDU living with HIV, spouses and sexual partners, other family members, and highly affected communities—as well as a range of possible responses that USG might be interested in developing further.

The TWG decided to address the survey to USAID missions, rather than USG missions, and also decided to hold the survey for release until October 2009 (after the period in which missions are focused on writing COPs). The TWG was also in discussion about the multi-country report, and it was not clear

whether this would proceed through a contractor or be carried out by one of the agencies represented on the TWG.

Activities 1.4.3 and 1.4.4: HIV-positive Women at Increased Risk for Cervical Cancer

Midway through PY1, AIDSTAR-Two was approached by the Care and Support TWG about implementing a cervical cancer activity. While recognizing the importance of addressing the increased cervical cancer risk faced by women living with HIV, AIDSTAR-Two consortium members agreed that this topic is outside our collective expertise. AIDSTAR-Two approached Jhpiego—an organization highly regarded for their work in cervical cancer prevention and treatment—and they agreed to take on this activity for implementation in PY2.

New Problems Encountered and Proposed Solutions

The principal issues for AIDSTAR-Two are related to getting these activities started. As such, we continue to be prepared to undertake these activities through specific agreement with the TWG and the COTR to proceed.

Anticipated Activities/Plan for Next Six Months

We are prepared to carry out any of these activities planned for PY1, upon agreement with the COTR and the TWG.

Subtask 1.5 (OVC TWG): OVC Household Economic Strengthening (HES): Increase and strengthen family capacity to provide OVC with comprehensive care through increased access to household resources.

Progress toward Results

The consortium partners held their initial consultation with OVC TWG regarding this activity. In collaboration with the Senior OVC Technical Advisor and OVC Technical Advisor, four key phases of activity were defined: a workshop, the portfolio review, technical assistance, and reporting.

For the workshop, the group collaborated to determine objectives, requirements, and the criteria for judging the workshop a success. The workshop invitation was developed, finalized, and sent to OVC Program Managers and MED Program Managers in Tanzania, Kenya, Mozambique, Uganda, Ethiopia, Rwanda, and Nigeria

In addition, the group began the process of identifying and collecting internal and external tools, annotated bibliographies, and other resources. The initial desk review of 2008 HES OVC activities portfolio is near completion.

Update on Resolution of Issues Raised in Previous Reports
No issues raised in previous report (semiannual).

New Problems Encountered and Proposed Solutions
AIDSTAR-Two's COTR noted that OGAC regulations require that Richard Daly must approve most workshops. Proposed solution: COTR to provide additional information on actions required for approval.

Anticipated Activities/Plan for Next Six Months
Key activities for the next six months include:

"Kick-off Learning and Planning Meeting" and "Portfolio Review" preparation: Q4 2009
EMG will work with the project team, external economic strengthening experts, and participants to prepare the workshop (logistical efforts, participant communication, and workshop content); the latter includes the methodology for the portfolio review.

"Kick-off Learning and Planning Meeting" implementation: January/February 2010
During this three-day meeting in Africa, participants (select USG OVC Program Managers and MED Program Managers) will be oriented on HES objectives, tools, good practices, and high-potential interventions; assess their portfolio and review their current program and future plans in light of what has been presented; and develop a plan for the in-country reviews to follow.

In-country portfolio reviews and action planning: Begin in Q1 2010, after workshop
During a one- or two-week in-country assessment, consultants will work with OVC Program Managers and MED Program Managers to further assess their HES portfolio; identify and overcome common barriers; and identify concrete ways to improve strategy, program implementation, and evaluation. HES portfolio reviews may include recommendations for the design or adjustment of HES interventions, new partnerships and collaborations, further technical assistance (TA), and other next steps. There will be a total of four reviews carried out by EMG economic strengthening experts in four African countries.

Task 2: Support Service Provider Networks

The overview and objectives related to supporting service provider networks were completed toward the end of PY1. It is important to note that Task 2 now comprises three related projects: central AIDSTAR-Two activities related to developing and documenting a replicable methodology from the experiences of working with two networks, supporting a network of indigenous civil society organizations in Mexico, and supporting a network of CSOs in El Salvador.

Subtask 2.1: Improve the direct services, referral systems, and overall effectiveness of at least three national or regional networks in a concentrated or generalized epidemic.

Subtask 2.2: Develop a plan for the compilation and dissemination of lessons learned from all networks that will receive support in preparation for future program replication.

Progress toward Results

By August, AIDSTAR-Two had reached agreement with USAID Washington, El Salvador, and Mexico on the overview and objectives of AIDSTAR-Two to support capacity-building of networks of indigenous civil society organizations, the criteria used to confirm the project activities and the partner organizations, and an outline of developmental activities and timeline. Please note that these activities are under review and have not been approved for PY2 implementation; *the overview provided below is illustrative.*

The first objective is to support the capacity-building and development of a network of men who have sex with men (MSM) organizations (in Mexico) and a network of most-at-risk population (MARP) NGOs and community-based organizations (CBOs) (in El Salvador) so they can achieve the following outcomes:

- Expand their organizational functions and capacity to contribute to improved outreach, service delivery, and referrals that are relevant for the improved health and well-being of MSM and highly affected populations;
- Become active key stakeholders in their country (e.g., become a Global Fund Country Coordinating Mechanism [CCM] member);
- Increase capacity to become eligible to receive relatively significant direct funding (from Global Fund or another source).

The second objective is to contribute to AIDSTAR-Two's knowledge-sharing mandate by:

- Elaborating a methodology that will allow participating organization(s) to develop expanded or new roles and expand their organizational functions as appropriate;
- Working in collaboration with the organization(s) and relevant technical resources that are based in the region;
- Establishing baseline data and evaluating the outcomes of capacity-building;
- Disseminating the knowledge regarding this project's methodology, activities, and results to other interested networks and organizations as well as other interested stakeholders.

New Problems Encountered and Proposed Solutions

There have been no significant new problems, but there are a few issues that still need resolution in order to move activities forward:

In terms of levels of effort, scope of activities, and budgets, it is important for internal stakeholders to recognize that Task 2 has developed into three related projects: (1) central activities of AIDSTAR-Two in developing and documenting a replicable methodology, based on the experiences of working with two networks, and evaluating the results; (2) support to a network of indigenous civil society organizations (CSOs) in Mexico; and (3) support to a network of CSOs in El Salvador. This needs to be kept in mind in order to undertake feasible activities, and to understand the various stakeholders and their priorities.

In PY1, there was no specific allocation of activity-related funds (although the Alliance set aside a small amount of its "core" sub-obligation to get started). In PY2, the scope of activities will depend on the budgeting that was being finalized at the end of PY1.

The issues above will inform further discussions with stakeholders. The related questions of the project's specific activities and budgets have already been raised by mission staff and by the potential partner networks, recognizing that this will be an ambitious undertaking in the next two years (AIDSTAR-Two project's initial phase). AIDSTAR-Two has asked mission staff and networks to be patient while details are worked out, and therefore we will still need to cross the threshold of further mission and partner buy-in based on the specific parameters of activities, timeframes, and budgets.

Update on Resolution of Issues Raised in Previous Reports

The semiannual report highlighted one specific issue: the identification of specific networks that could receive AIDSTAR-Two support. As envisioned, the COTR has been actively involved in this activity and has now identified two networks in Central America *(Asociación para la Salud Integral y la Ciudadanía de America Latina y el Caribe* [ASICAL] and *Coalición de Organizaciones Gay de América Central* [CONGA]) and one in Asia (Purple Sky) with whom the project may ultimately work. In collaboration with the COTR, AIDSTAR-Two consortium members will now develop a detailed scope of work to implement in the coming months. Further discussions have focused on two topics in an iterative fashion:

- Specific objectives for this particular capacity-building effort—in other words, AIDSTAR-Two will help networks to become stronger in order to achieve what specific objectives?

- Based on these objectives, there should be a verification of the specific networks that AIDSTAR-Two could support, as well as the countries where this could take place, in order for the activities to be relevant to missions, partners and the national contexts.

Based on the original request for task order proposal (RFTOP) and subsequent proposal, there was an agreement that activity outcomes should contribute to improving service delivery, referral systems, and overall effectiveness. In refining these, it was felt that it would be appropriate to add ambitious

objectives regarding networks building their capacity to act as key national stakeholders, and to receive significant direct funding.

El Salvador and Mexico were chosen because there are relevant stakeholders in both countries that can benefit from participation, and the project is likely to be acceptable to immediate stakeholders, including national and local organizations and USG missions in both countries. El Salvador and Mexico are two operating environments with their own needs as well as possibilities for expanding capacity; stakeholders can offer complementary perspectives on the process and outcomes of this project.

Anticipated Activities/Plan for Next Six Months

The agreed outline of activities for this project focus on building capacities of two national networks and their member civil society organizations in the following areas:

- USAID compliance readiness;
- Conceptualizing new programming;
- Managing future funding opportunities;
- Managing technical support to partners within the networks;
- Managing expanded collaborations with other key national stakeholders;
- Managing new grant(s);
- Managing expanded operations as a result of expanded programming and resources.

On the first point, USAID compliance readiness will be supported by AIDSTAR-Two consortium member EMG, which has resources in Latin America that will allow these networks to ensure they can manage USAID financial support, whether they are related to these activities or future funding.

The other priority areas were proposed based upon actual experiences of several national-level organizations that became Global Fund Principal Recipients, and the issues they went through as they proposed new significant programming, sought resources, and expanded service delivery.

There has been agreement with the missions in both countries to start PY2 activities with a country visit, in which institutional arrangements and refined work plans would be developed.

Task 3: Provide Assistance to Field Missions/Bureaus
The AIDSTAR-Two consortium provided assistance to two PEPFAR country implementing partners in its first year: Honduras and Guatemala. Similarities between these two country programs include a focus on MARPs. As noted previously in the Report on Management and Supervision of Program section (page 8), political instability in Honduras has complicated the program implementation there, and could result in a premature closure of the project.

Subtask 3.1: Provide technical assistance to at least two PEPFAR country implementing partners to better deliver HIV/AIDS programs.

Activity 3.1.1: Honduras field support.

Progress toward Results
AIDSTAR-Two Honduras has activities built around three intermediate results (IRs):

- **IR1:** Enhanced organizational capacity to deliver prevention and care services
- **IR2:** Improved enabling environment to facilitate access to prevention and care services
- **IR3:** Provision of prevention and care services through local organizations

As part of IR1, a focus group assessment of 27 Global Fund NGOs was conducted in June 2009. The purpose of this activity was two-fold: to identify their technical and organizational capacity needs and to select key grantees that work with populations similar to those targeted by AIDSTAR-Two (MSM, commercial sex workers [CSWs], and Garifuna populations). Six Global Fund NGOs were selected, and a two-phase capacity-building plan was developed for them; the first phase is focused on leadership development and the second on strategic planning. The Leadership Development Program (LDP) was launched in August 2009 and will be carried out by trained local AIDSTAR-Two staff through March 2010. One-on-one technical assistance and site visits are being conducted to ensure progress toward desired goals. During the second phase of this activity, the Global Fund NGOs will participate in a series of workshops focused on various elements of strategic planning.

Under IR2, several online training meetings facilitated by the AIDSTAR-Two Project Director and the Senior Program Officer were conducted with the team in Honduras during September 2009. The purpose of these meetings was to discuss social mobilization theory and methodology, and to plan the strategy and process for rolling out these activities in Honduras. In October 2009, a group of MSM leaders and stakeholders participated in the launch of the small-scale social mobilization program. This is an important opportunity to get their buy-in and for them to take ownership of the process. A series of meetings have been planned with the goals of: analyzing the problem and identifying structural or social barriers to prevention and care, building consensus around these barriers and developing strategies to address them, identifying and engaging key sectors in Honduras who are central to the reduction of barriers, aligning strategies/activities of those sectors involved, and supporting financially

and technically the implementation of activities to reduce social and structural barriers that drive the HIV/AIDS epidemic among MSM in Honduras.

To reach the objectives of IR3, a request for proposals (RFP) was developed, approved by USAID/Honduras, and released in July 2009. The purpose of this RFP was to provide funding and technical assistance to local NGOs in Tegucigalpa, San Pedro Sula, Ceiba, Comayagua, and the North Atlantic Coast to deliver prevention, care, and treatment services targeting MARPs. To fairly evaluate the proposals received, the team organized internal and external committees and developed criteria and a process for scoring the proposals. This proposal evaluation process was submitted to USAID and received the COTR's approval. The local team placed an ad for the competition in local newspapers *(La Prensa, El Heraldo,* and *La Tribuna).* The RFP was distributed upon request from July 29 through August 7, 2009, followed by a full week for questions and answers.

The NGOs had until September 4, 2009 to submit project proposals to AIDSTAR-Two. Based on technical evaluation results, a select group of organizations was invited to submit full applications and detailed budgets. AIDSTAR-Two received, reviewed, and scored 39 project proposals and then pre-selected the best nine which had scored 70 percent or more (the threshold to determine grant worthiness). From September 7 to 14, 2009, the team conducted QuickStart assessments with a sample of applicants that had scores of 70 percent or more to determine their readiness to receive and manage grant funds. On September 18, 2009, the team held an external panel committee meeting in which they selected six final grantees to implement seven projects. Given the political unrest of the country, the final negotiations had to be postponed. The grant packets were submitted for review to USAID in both Washington and Honduras on October 23, 2009; AIDSTAR-Two looks forward to USAID comments and approval.

Update on Resolution of Issues Raised in Previous Reports

No issues raised in previous report (semiannual).

New Problems Encountered and Proposed Solutions

Due to the current political situation in Honduras and the recent curfew, the AIDSTAR-Two staff has been forced to postpone the final negotiations with the six selected grantees. Thus, this activity is slightly behind schedule.

The strict labor categories in the AIDSTAR-Two contract made it very difficult for MSH to hire Licida Bautista as Chief of Party and Luis Suarez as Director of Finance and Administration (F&A). Therefore, they have been consultants since July 2009. The Director of F&A resigned and his last day of work was September 25, 2009. A new and experienced Director of F&A was hired and she began work on October 1, 2009. She was also hired as a consultant while waiting to get USAID's approval on the new labor categories for the field.

Anticipated Activities/Plan for Next Six Months

October

- Finalize AIDSTAR-Two sub-grantee agreements with six local NGOs. This activity was originally planned to be executed by October 19, 2009, but was postponed due to the worsening political situation.
- Submit agreements to USAID for approval.
- Plan the comprehensive assessment of AIDSTAR-Two sub-grantees to identify their organizational capacity development TA needs.
- Host the first series of meetings on social mobilization with key leaders of communities of MSM. This will be the launch of a small-scale social mobilization program that will be carried out through the end of the project.
- Begin holding meetings with sub-grantees to discuss TA and social mobilization activities, create synergy among organizations, and plan upcoming interventions.
- Conduct the second LDP workshop with six Global Fund NGOs. The first phase of TA to Global Fund NGOs focused on the LDP process, began in July 2009, and will conclude in March 2010.

November

- Establish and activate a grants management infrastructure to ensure compliance with USAID and MSH policies and regulations.
- Conduct workshops with the *Management and Organizational Sustainability Tool (MOST)* for AIDSTAR-Two sub-grantees. Using the outcomes of this assessment, develop six-month action plan for technical, financial and management support.
- Hold a monitoring and evaluation workshop with sub-grantees to develop their own M&E plans.
- Conduct TA visits to Global Fund grantees partnering with AIDSTAR-Two.
- Hold first training on finance and operations for sub-grantees.
- Conduct TA visits to support sub-grantees with technical, financial, and administrative issues.

December

- Convene a series of meetings to conduct the problem analysis and to identify key social norm(s) to be addressed, as well as to engage key intersectorial partners in support of the small-scale social mobilization program.
- Consolidate finding(s) from the problem analysis and develop a position paper (statement) that defines: key social norm(s) to be addressed and sectors of Honduran society that should be included in the process to bring about change.
- Conduct dissemination workshops/meetings to share the results of the analysis process with key constituencies.
- Continue the engagement of key sectors and begin developing sector-level commitment statements.
- Conduct site visits and provide ongoing technical assistance to Global Fund NGOs on a needs basis.

- Begin planning the second phase of TA support focused on Strategic Planning for the Global Fund NGOs.

Activity 3.1.2: Guatemala field support.

Progress toward Results

AIDSTAR-Two in Guatemala is working with local NGOs, government ministries, private sector providers, and civil society organizations to address social and structural factors driving the HIV epidemic among MARPs. During the PY1, AIDSTAR-Two's geographic focus is in Petén and Izabal, two of the departments with the highest HIV transmission rates among MARPs. At the close of PY1, we will evaluate the possibility for expansion to other departments. The scope of the work is currently focused on three IRs:

- **IR1:** Enhanced local organizational capacity for sustainable HIV response
- **IR2:** Improved social environment for vulnerable populations accessing HIV services
- **IR3:** Improved continuum of preventive services in select geographical areas

In April 2009, USAID/Guatemala requested the technical support of AIDSTAR-Two to strengthen the capacity of local organizations working on HIV/AIDS prevention activities in Petén and Izabal. During this initial planning phase, AIDSTAR-Two Project Director John Berman traveled to Guatemala along with AIDSTAR-Two COTR Christian Fung to meet with local mission staff, discuss potential activities, and begin drafting an 18-month work plan. This visit was followed by a number of discussions that led to the second planning phase to refine the work plan and test draft assessment materials.

In June 2009, the AIDSTAR-Two Project Director conducted a second visit to meet with USAID staff and stakeholders from local NGOs in Petén and Izabal. During this visit it was decided that the main strategies of the program will focus on:

- building local NGO capacity to develop and implement self-sustainable HIV prevention programs (IR1);
- conducting an assessment of structural and social factors driving the epidemic among MSM and CSW in Petén and Izabal—this study would serve as a basis to implement a small-scale social mobilization program (IR2);
- conducting geographic information systems (GIS) mapping and assessing the barriers to improving the quality of existing preventive, treatment, and support services available to MARPs in the target areas (IR3). These services included both public and private providers. The results of this mapping activity would be used to prioritize organizations that needed technical and financial support to deliver high-quality services in areas where there is a gap. In addition, the GIS component of AIDSTAR-Two will complement the work done by *Proyecto Diálogo para la Inversión Social* (Social Investment Dialogue Project) also funded by USAID, which is in the process of finalizing an extensive mapping of public health services in the country.

Also in June 2009, MSH Public Health Analyst Ana Diaz traveled to Petén and Izabal to develop a protocol and a plan for the mapping of HIV-related services as described above. Anuar Luna, a

consultant for the International HIV/AIDS Alliance, also participated in this visit and his primary responsibilities were to: conduct key informant interviews to identify gaps and challenges as well as appropriate strategies to address the needs of MARPs in Petén and Izabal (this activity would complement a literature review already done by the consultant); pre-test the research instruments to be used on the mapping and assessment of the quality of services; and conduct focus groups with at-risk individuals (MSM, CSW) to identify barriers to HIV prevention in the target geographic area. The results from these activities were incorporated into the work plan submitted on July 31, 2009.

In August, Senior Program Officer Yadira Almodovar-Diaz and Human Resources Manager Martha Rodriguez conducted a site visit to finalize the recruitment of local staff and opening of the office in the city; meet with USAID's Activity Manager, Fidel Arevalo, to discuss his input on the work plan; and follow-up on partnership activities with *Proyecto Dialogo*.

During this visit, USAID/Guatemala requested several changes to the work plan including the replacement of the GIS mapping and quality assessment activities with a soon to-be designed human/sexual trafficking initiative. These activities would be drawn from the results of a conference titled *Human Trafficking and HIV within a Context of Migration, Multiculturalism, and Borders (La Trata Humana y el VIH en un Contexto Migratorio, Multicultural y de Fronteras)* hosted September 15-19, 2009, in Chetumal, Mexico. This conference was planned at the request of USAID/Guatemala and cosponsored by USAID, AIDSTAR-Two, the University of San Carlos and its University Centers of Petén and Izabal, the University Rafael Landivara in Guatemala, the University of Quintana Roo in Mexico, and the National University of Honduras. Twenty-five participants from various government offices, universities, and local NGOs from Petén and Izabal participated and provided input on issues related to human/sexual trafficking, particularly the situation along the borders of Honduras, Guatemala, and Mexico. A literature review was completed and presented at the conference. A full report is currently being produced.

At the end of September, USAID/Guatemala requested that a number of activities focused on human/sexual trafficking be added to the revised work plan. By the time this report was completed, AIDSTAR-Two was waiting to get additional input from the mission to finalize the work plan and commence activities in the field.

New problems encountered and proposed solutions

The strict labor categories in the AIDSTAR-Two contract made it very difficult for MSH to hire Eugenia Monterroso as Chief of Party and Lilian Rodas as Director of F&A. Therefore, they were hired as consultants in October 2009. We expect to get USAID approval in order to hire them as staff.

AIDSTAR-Two in Guatemala is awaiting comments from USAID to finalize the work plan and commence project activities in Petén and Izabal.

Update on resolution of any issues raised in previous reports

No issues were reported in previous reports.

Anticipated activities/plan for next six months

October

- Receive comments from USAID to finalize the work plan.
- Finalize start-up activities including but not limited to hiring of staff, delivering staff orientation, procuring office equipment, etc.
- Revise the budget pipeline to reflect the second funding installment received.
- Revise and submit the M&E plan for USAID approval.
- Revise the Alliance scope of work and budget (based upon work plan input) and begin planning their activities including the small-scale social mobilization program.
- Conduct site visits to Petén and Izabal to meet with local NGOs working with AIDSTAR-Two target groups, introduce the project to key stakeholders, and get their buy-in and interest in being part of this major effort.

November

- Implement program activities in Petén and Izabal.
- Finalize and implement M&E plan.

TRIP REPORT SUMMARIES

Travelers: La Rue Seims, John Berman, Martha Rodriguez, and Lauren Bailey
Destination: Honduras
Dates: May 11-22, 2009

Based on the DIP workshop outcomes, Ms. Seims developed a Microsoft Project schedule outlining activities from May to December 2009 to serve as an important tool for project management, tracking, and progress reporting. Ms. Seims also developed performance monitoring plan (PMP) indicators (measuring output and outcome-level indicators) based on the AIDSTAR-Two Honduras work plan, and did so in conjunction with the DIP process to ensure full alignment. She also defined indicator data sources, estimated targets, and frequency of measurement.

Ms. Rodriguez delivered the formal MSH orientations, and Mr. Berman and Ms. Seims oriented Dr. Licida Bautista (Chief of Party) to the AIDSTAR-Two Project. The process of developing the DIP and the PMP served to help orient Dr. Bautista to the project objectives and assure that the AIDSTAR-Two staff in Washington and Honduras have a shared vision and understanding of programmatic objectives, activities, and priorities.

With extensive administrative support from Ms. Bailey, the team identified and leased a shared office for AIDSTAR-One and AIDSTAR-Two, met with four architects, and issued request for quotes (RFQs) for office furniture, equipment, and 12 months of security services. Ms. Rodriguez continued and expanded recruitment efforts and identified candidates for several key positions.

Representatives from MSH/AIDSTAR-Two, CHF, and the Global Fund signed a memorandum of understanding on May 14, 2009. This represents an important opportunity both for the individual projects and for the donors to see their work and investments scaled up and closely coordinated for greater health impact.

Traveler: Lourdes de la Peza
Destination: Honduras
Dates: June 8-19, 2009

The purpose of this trip was to conduct an assessment of and to develop a plan of action to strengthen core organizational elements of Global Fund NGOs. The assessment methodology was designed by Lourdes de la Peza and Inge Jacobs from CHF. Lourdes de la Peza was also responsible for developing the focus group questionnaire and Inge Jacobs handled all the logistics. A total of six focus groups were conducted in three cities: San Pedro Sula, La Ceiba, and Tegucigalpa. Thirty-three Global Fund NGOs participated in the focus group discussions. Given that AIDSTAR-Two is targeting MARPs, MSH and USAID/Honduras decided to prioritize those Global Fund NGOs that work with these at-risk groups. Using the focus group results, an intervention strategy was designed and it focused on three key areas: 1) strengthening of leadership and board management; 2) developing of strategic plans; and 3) strengthening proposal development skills for fund generation. The results of this assessment and the final action plan were presented to and approved by USAID and CHF.

Traveler: Ana Diaz
Destination: Guatemala City
Dates: June 17-28, 2009

Ana Diaz traveled to Guatemala City, Petén, and Izabal departments to meet with USAID and potential local clients to explore opportunities to strengthen HIV/AIDS multi-sectoral prevention as well as to identify barriers to HIV/AIDS services of MARPs. She aligned the program objectives with USAID regarding GPS mapping of HIV/AIDS services for MARPs offered by the public and private sector and the HIV/AIDS services survey instrument was further refined with input from Proyecto Dialogo staff and USAID/Guatemala. Ms. Diaz also discussed technical resources to facilitate the implementation of the survey with *Proyecto Dialogo* staff; produced and discussed a capacity-building development plan with local civil society organizations with USAID/Guatemala; and obtained a better understanding of leadership and management opportunities and gaps of key local CSOs in Petén and Izabal, and whether a multi-sectoral approach would be feasible.

Traveler: Anuar Luna
Destination: Guatemala
Dates: June 17-30, 2009

Anuar Luna, an independent consultant for the Alliance, traveled to Guatemala to conduct a qualitative assessment of: the HIV prevention, care and treatment services available for MARPs specifically in Petén and Izabal; the perceived barriers to accessing or delivering high quality services to these populations; and to identify capacity-building needs of local NGOs and civil society groups to deliver appropriate services. During his visit, Mr. Luna also met with the DC AIDSTAR-Two team and Fidel Arevalo, USAID Activity Manager, to finalize the assessment process, define activities for visits to Petén and Izabal, and learn about USAID expectations with respect to the AIDSTAR-Two project. He also contributed to the development of the initial work plan submitted to the Mission in July 2009. During this visit, Mr. Luna also met with John Berman and Edgar Cajas to agree on the next steps for opening the MSH office in Guatemala City as well as the staff recruitment. The outcomes of this assessment are included in a report, which was submitted to USAID.

Traveler: John Berman
Destination: Guatemala City and Petén
Dates: June 17-31, 2009

The AIDSTAR-Two team developed a work plan as required by USAID, and presented the same to USAID/Guatemala in a debriefing meeting. The mission concurred with the design and structure of the program as presented to them. Future steps include:

- revising the work plan based on feedback from USAID/Guatemala;
- confirming AdCo Lauren Bailey's travels to Guatemala to begin project launch process (recruiting staff, finding office space at three locations, etc.);
- revising the budget for the project as per feedback from USAID/Guatemala.

Traveler: Lauren Bailey
Destination: Guatemala City, Petén, Izabal
Dates: July 9-30, 2009

Ms. Bailey traveled to Guatemala City, Petén, and Izabal to initiate the AIDSTAR-Two office start-up. They identified office spaces in each of the three locations complete with rental information. Job descriptions for various positions were also finalized and posted on the MSH website along with ads in La Prensa Libre that generated publicity. The first round of interviews was set up with qualified candidates and Yadira Almodovar-Diaz will be completing the recruitment process. Ms. Bailey also met with CitiBank and BAM Bank to open an account and developed the necessary forms to solicit quotes from vendors. She also prepared a detailed list of items to be procured; all requests for quotes will be submitted in Guatemala by Jorge Montoya on behalf of MSH. Mr. Montoya will follow a "procurement guide" that Ms. Bailey has prepared, which outlines the procurement process and guidelines to follow. After quotes and vendors have been analyzed and selected, the offices will be fully equipped.

Travelers: Yadira Almodovar-Diaz and Martha Rodriguez
Destination: Guatemala City
Dates: August 10-14, 2009

Yadira Almodovar-Diaz and Martha Rodriguez traveled to Guatemala City to conduct the final round of interviews for key positions, to meet with USAID/Guatemala and representatives of Proyecto Dialogo, and to follow-up on the opening of the offices. They met with Fidel Arevalo, the Activity Manager at USAID/Guatemala to discuss his input on the work plan for Year 1 and they also briefly discussed upcoming activities like the Human Trafficking and HIV Conference in Chetumal, Mexico. They agreed on activities to be included in an MOU between AIDSTAR-Two and Proyecto Dialogo regarding the GPS mapping of HIV/AIDS services for MARPs offered by the public and private sector in Petén and Izabal. Interviews were finalized and they began the hiring process for key positions including COP, Social Mobilization Advisor, Monitoring and Evaluation Specialist, and Logistics Officer. The SOW for a lawyer had been drafted and they began the process of registering MSH legal representatives to obtain NGO status. Ms. Almodovar-Diaz and Ms. Rodriguez also identified a bank and gathered paperwork to open a corporate account.

Traveler: Yadira Almodovar-Diaz
Destination: Chetumal, Mexico
Dates: September 14-19, 2009

Yadira Almodovar-Diaz attended the *Human Trafficking and HIV within a Context of Migration, Multiculturalism, and Borders Conference* to discuss USAID input to the revised work plan. Ms. Almodovar-Diaz drafted key deliverables for the sexual/human trafficking component in collaboration with USAID/Guatemala and our COP. As a result of the conference, a University Consortium was formed and this group was comprised of the University of San Carlos, Guatemala; the University Rafael Landivar, Guatemala; the University of Quintana Roo Mexico and the National University of Honduras, Honduras. Also per USAID/Guatemala request, they drafted a scope of work for the research proposal to be developed by the University Consortium and agreed to revise the budget to allocate $100,000 for research activities related to sexual/human trafficking. Round table discussions ensued and they met with our COP to discuss the overall work plan and budget, and crafted a three-month action plan to jump start project activities.

Travelers: Yadira Almodovar-Diaz and John Berman
Destination: Brighton, UK
Dates: August 30-September 4, 2009

A revised work plan for Guatemala reflecting Alliance roles and responsibilities for IR2 (including the Human Trafficking and HIV conference in Chetumal) was accomplished during this trip. To ensure the success of program implementation for PY2, MSH and the Alliance crafted a memo on priority actions and ways to ensure better collaboration. The team also generated a two-month "start up" work plan for Elden Chamberlain and a 30-day "transition/hand over" work plan for Kevin Orr.

Travelers: Natasha Sakolsky
Destination: Brighton, UK
Dates: August 31-September 5, 2009

This travel supported an intensive orientation for Alliance secondee Elden Chamberlain, new to the AIDSTAR-Two project. The week also provided the opportunity for further progress on Alliance-led activities under AIDSTAR-Two and in team-building with MSH staff. Meetings were held on the Bali insular meeting debrief, US Office vs. Secretariat Roles, and IDU sub-activity discussion with Susie McLean. This lent support to further planning efforts, clarity of activity status, and clarity on roles between US office and Alliance Secretariat overall and with regards to AIDSTAR. Other meetings' outcomes gave a better understanding of the working environment, roles and responsibilities, expectations, AIDSTAR-Two project, and Alliance's role in supporting Task One. There was also clarity achieved on next steps with regard to OVCsupport.net and an additional understanding of AIDSTAR-Two provided to Field Programs.

Travelers: Elden Chamberlain
Destination: Bali, Indonesia
Dates: August 2-6, 2009

Elden Chamberlain attended a meeting organized by a number of representatives from Island and Peninsular South East Asia MSM organizations (INSULAR), which gathered prior to ICAAP to discuss the creation of a new regional network. The purpose of this travel was to gather information about the proposed new network's profile; understand its purpose and the role of this regional network vs. national membership organizations; discuss capacity-building and next steps; and report on any information discussions with USG Mission staff.

AIDSTAR-Two
PY 1 Final Financial Report

10/30/09	b **Award Ceiling**	c **PY1 Obligations Received**	d **COP 09/ HOP 09 Obligations Received**	e **Total Obligations Through Year Two**	f **Estimated Balance to Ceiling**	g **Accrued Expenditures thru 9/30/09**	h **Pipeline Balance 9/30/09**	i **PY2 Planned Expenditures**	j **Projected Pipeline Balance 9/30/10**
				c+d	b-e		e-g		h-i
Care & Support		210,000	210,000	420,000		9,949	410,051	410,051	0
OVC		900,000	500,000	1,400,000		344,820	1,055,180	1,055,180	0
OPHSS		1,890,000	2,527,575	4,417,575		1,009,815	3,407,760	3,407,760	0
HSS HMIS			380,000	380,000		0	380,000	380,000	0
CLIN 001	12,772,041	3,000,000	3,617,575	6,617,575	6,154,466	1,364,585	5,252,990	5,252,990	0
	39.5%	61.7%	69.6%	65.8%	27.7%	55.0%	69.3%		
								FS WPs in development	
Africa Bureau		265,136	0	265,136		4,731	260,405		260,405
E&E Bureau		100,000	406,000	506,000		2,257	503,743		503,743
Guatemala		-	1,175,000	1,175,000		284,223	890,777		890,777
Honduras		1,153,520	0	1,153,520		825,888	327,632		327,632
Lesotho			0	0		0	0		0
Malawi			0	0		0	0		0
Tanzania		340,000	0	340,000		0	340,000		340,000
CLIN 002	19,533,479	1,858,656	1,581,000	3,439,656	16,093,823	1,117,100	2,322,556	0	2,322,556
	60.5%	38.3%	30.4%	34.2%	72.3%	45.0%	30.7%		
TOTAL	32,305,520	4,858,656	5,198,575	10,057,231	22,248,289	2,481,684	7,575,547	5,252,990	2,322,556
	100%	100%	100%	100%	100%	100%			

*Note- We currently have not received second tranche ($2.1m) of Honduras funding, Malawi or Lesotho funding, and have received $1,175,000 of $1,710,000 Guatemala funding.

ANNEX A: AIDSTAR-Two Staffing Table

Position	Status	Details
Project Director	Position Filled	John D. Berman
Director of Finance and Administration	Position Not Currently Filled	
Capacity-Building Technical Advisor	Position Filled	Sarah Ford
Senior Program Officer	Position Filled	Yadira Almodovar-Diaz
Network Capacity-Building Advisor	Position Filled	Elden Chamberlain
Knowledge Management and Communications Officer	Position Filled	Rebecca Bennett
Monitoring and Evaluation Technical Advisor	25% LOE Will be rehired at 100% starting November 1	La Rue Seims
Program Officer	Position Filled	Curtis Feather
Administrative Coordinator	Position Filled	Lauren Bailey
Administrative Coordinator #2	Position Not Yet Filled	

ANNEX B: Consultant Scope of Work: Literature Review

Scope of Work for Literature Review on Capacity Building
Draft 1.0

1. Overview

The purpose of this review is to identify, catalogue and summarize approaches to institutional capacity building in the developing world. This review is being launched to support the work of an expert panel which is being formed to review and recommend "best practices" for capacity building for broad dissemination. The purpose of this dissemination is to support capacity development for organizations implementing HIV/AIDS programs in the developing world.

2. Scope

This review will draw from the following materials and sources:

- Peer review literature
- Gray literature
- Unpublished literature identified in expert interviews
- USAID, other USG data bases (including contractors funded by the USG)
- Bi-lateral donor data bases (including contractors/agencies that receive their funding)

3. Deliverables

- Development of search and inclusion criteria (in consultation with MSH staff, expert sources)
- Catalogue of materials used for institutional capacity building in international setting
- Delineation of categories for materials and tools by application (or other key characteristics as appropriate)
- Review and documentation of evidence establishing efficacy of alternative strategies or tools
- Categorization of strategies/tools by evidence of efficacy

ANNEX C: Survey Results: Current and Potential Users of OVCsupport.net

Ovcsupport.net

Survey Results

Niamh Barry-HDN
18th March 2009

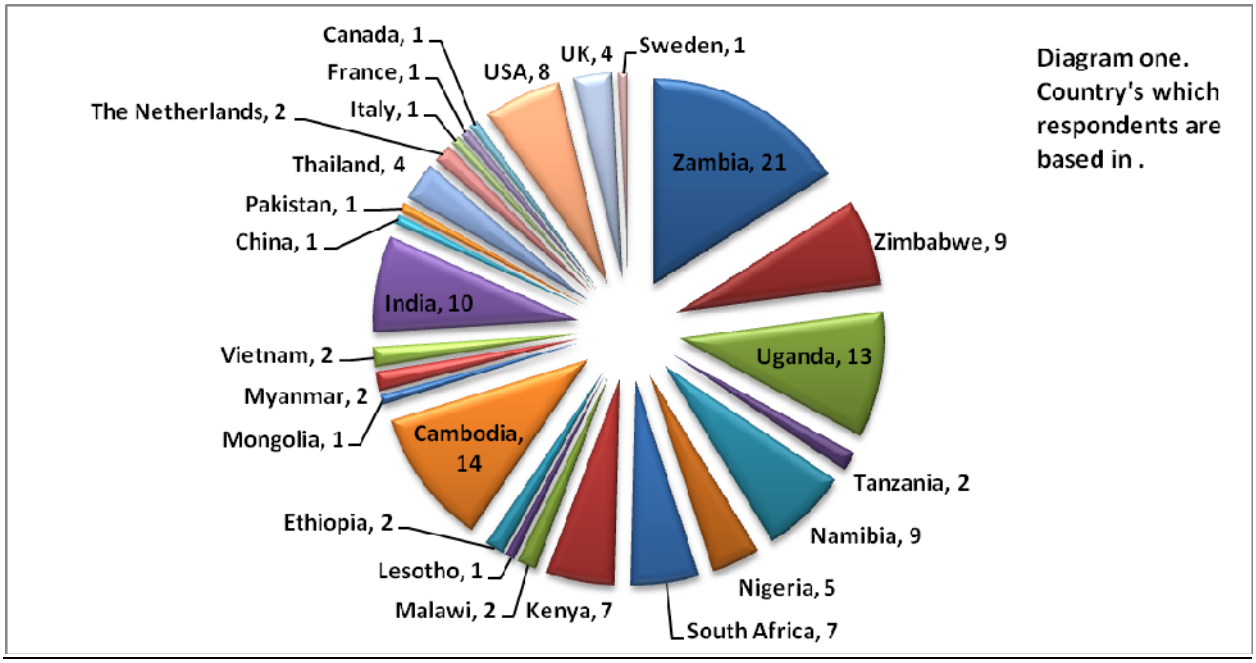
Background

On the 4th of March a survey was disseminated among a wide list of identified stakeholders both working in development and specifically within the Orphans and Vulnerable Children (OVC) sector. The objective of the survey was to obtain input from OVC stakeholders to facilitate the re-design of ovcsupport.net, an online OVC toolkit. Rather than remaining a site to download and access tools, documents and publications, it is expected that ovcsupport.net will become an interactive hub in which to exchange experiences, discuss and review resources, and generally increase networking and knowledge sharing between stakeholders working in the OVC sector. The findings of the survey have a central role in understanding OVC stakeholder's key information and interaction needs and also ensuring that the beneficiaries of the re-designed toolkit are central in its conceptual formulation. This report provides a synopsis of views on the current toolkit and contribution to the design of content and functionality. It also highlights key points to consider under each section.

1. Profile of respondents

1.1 Respondent's country of work (133 answered)

There was significant diversity in the respondents working context, the survey captured representatives from North America, Europe Africa and Asia **(Diagram 1).** However, the majority of respondents were working in southern Africa.



1.2 Type of organization (119 answered)

A large percentage of respondents are working with Non Government Organisations (NGOs) (41.2%) and international NGOs (37%). A minority identified as working in United Nations (UN)

agencies, national government and research institutions. Other types of organizations included media, networks of NGOs and Community Based Organisations (CBOs). Specific examples of the organisations the respondents worked for are World Vision, UNAIDS, International HIV/AIDS Alliance (IHAA) CARE and numerous CBOs and network organisations. The majority of respondents were positioned at senior management level and identified as executive directors, country coordinators, project/programme managers and officers. Several of the organisations were working within the broad sector of HIV, with a smaller number of organisations specifically dedicated to working with OVCs.

1.3 Areas of OVC support respondents are working in (115 answered)

Respondents selected a number of areas of OVC support which they worked in, rather than one specific area. The most common area was Education (80), followed by Health and Nutrition (76), Psychosocial Support (75), Children's' Rights (62) Economic Strengthening (56) and Quality Improvement (41). Other areas specified were as care givers at the grassroots level, monitoring and evaluation, vocational training, media and capacity strengthening of OVC organisations.

1.4 Main Sources of OVC information (114 answered)

The respondents' main sources of information on OVC were quoted as national and global policy papers, documents and toolkits from international organisations, program evaluations/research, academic journals and the OVC community. Generally, the respondents obtain their OVC information from the internet, websites such as UNICEF, IHAA, AIDS portal and FHI were mentioned as being informative. 'Googling' for relevant documents was another employed method. It was reiterated a notable number of times that many of the respondents obtain their information from OVCs themselves through face to face interaction. Other lesser mentioned areas were information sharing in the field, workshops and local media.

Key Points for Consideration

- ⇒ Many respondents sources of information are web based and 'googling' for documents is a relied upon method. It would be useful to know how visible the toolkit is through search engines
- ⇒ National documents were a key source of information on OVCs. A possibility could be to integrate these documents into the toolkit under country specific sections.
- ⇒ A notable number of respondents represented the grass-roots/community sector and further in the survey it was indicated that interaction with the grassroots/community sector is a deeply desired component.
- ⇒ In the development of content, CBOs could be given a channel to generate content and discussion as they are well positioned to obtain detailed dialogue directly from the OVCs.

2. <u>Usage of internet and ovcsupport.net</u>

This section was designed to gather information on respondent's ability to access the internet and knowledge and use of ovcsupport.net.

2.1 Access to the internet (117 answered)
47% of respondents have access to the internet 'all the time' and 41.9% have access to the internet 'everyday, but not all the time', 11.1% have access 'a few times a week' and 0% stated that access is less frequently than this. Thus the respondents have the ability to access the internet, what is not know is the speed or reliability of the connection.

2.2 Use of ovcsupport.net (112 answered)
Conversely only 24.1% of respondents have used ovcsupport.net. Thus 75.9% of the respondents had never, before this survey, accessed the site. For those who have accessed the site 34.8% access it at least once a month, 25.8% access it several times a week and 24.2% access it once every one to three months.

2.3 Referral to ovcsupport.net (51 answered)
The most common methods in which users were referred to ovcsupport.net was through a colleague (33.3%), other websites (29.4%) and posting in a news group (19.6%). A significant number of respondents noted that this was their first referral to the site and that the information came from the Partner eForums. A minority mentioned obtaining the ovcsupport.net CD from a colleague and also being introduced to the toolkit through workshops. Conversely a significant 85.7% of respondents have never used the ovcsupport.net CD.

2.4 Reasons for accessing ovcsuppot.net (52 answered)
Respondents who have used ovcsupport.net do so to access programme tools, publications and research examples of best practices. The reasoning is to further their general work, obtain information for workshops and learn through experience of others in implementing effective programmes. A reiterated objective for accessing ovcsupport.net was to search for other organisations working in the OVC sector.

Key Points for Consideration

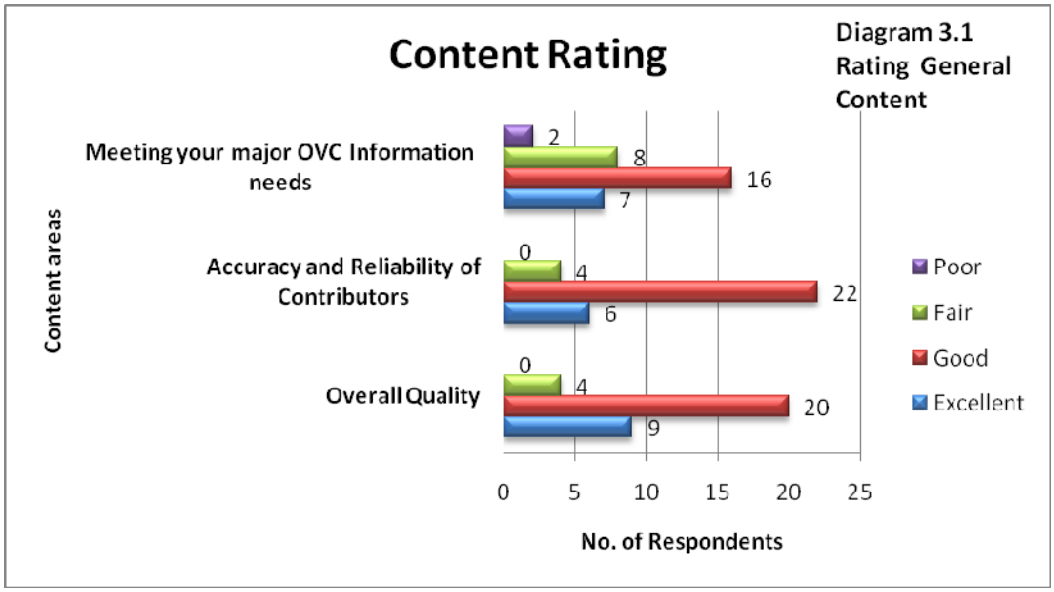
- ⇒ A significant percentage of respondents have regular access to the internet.
- ⇒ Those who access ovcsupport.net do so regularly.
- ⇒ eForims have introduced a large number of respondents to the toolkit for the first time
- ⇒ While the ovcsupport.net CD is a highly requested toolkits, evidence sustains that the majority of respondents and thus stakeholders are unaware of its availability or existence.
- ⇒ It is noted that the respondents' *reasons* for accessing ovcsupport.net were often their *expectations* of the toolkit. These expectations included detailed information on similar OVC organisations, current and up to date research within the OVC sector, in addition to details of key funders of the OVC sector.

3. Content of ovcsupport.net

Respondents were asked to rate and comment on the present content of ovcsupport.net and also to contribute additional sections/content that may be more useful and relevant to their work on the future toolkit.

3.1 Rating general content (34 answered)

Content was rated in the following three categories: 1) Overall quality, 2) Accuracy and reliability of contributors and 3) Meeting your major information needs on OVC issues **(Diagram 3.1).** Overall quality was described by 27.3% of respondents as *excellent*, 60.6% as *good*, 12.1% as *fair* and 0% as *poor*. Accuracy and reliability of contributors was rated by 18.8% as *excellent*, 68.8% as *good*, 12.5% as *fair* and 0% as *poor*. Meeting your major information needs on OVC issues was rated by 21.1% as *excellent*, 48.5% as *good*, 24.2% as *fair* and 6.1% as *poor*. Overall content is predominately described as *good;* however, considering that all categories were also rated to a lesser extent as *fair* there is considerable room for improvement in each category. Meeting stakeholders major information needs is rated most poorly within these categories, thus implying it needs the most attention and that gaps in information have been identified by the respondents.



3.2 Most accessed sections (31 answered)

Respondents stated their top three most accessed sections of the site. The top three most popular sections of ovcsupport.net was Psychosocial Support (16), Health and Nutrition (15) and Quality improvement (13). Also regularly accessed were Running a Programme and Education. The section on Living Environment was rated very low with 1 respondent stating that they access it.

3.3 Most Useful Sections (25 answered)

The most useful and recently used sections were cited as Running a Programme, and Quality Improvement. Respondents cited these as particularly helpful because of the participatory methods integrated into the tools. Health and Nutrition was another notable section especially in its

relationship to health and HIV. In general respondents referred to the usefulness of using best practice examples and tools and services such as participatory methods.

3.4 Additional sections (27answered)

Respondents contributed valuable input on additional sections they considered useful for a redesigned site. It was strongly stated that details of OVC organisations should be added to the toolkit. Additional sections that were mentioned a number of times were an update on ongoing and completed research relating to OVCs, in addition to a section on policy and advocacy. Other lesser mentioned areas were stigma and discrimination, conflict management, capacity building and child labour. It was suggested a number of times that the toolkit should include more testimonies and case studies from OVCs themselves and from organisations working directly with OVCs.

Key Points for Consideration

- ⇒ An additional thematic section on policy and advocacy for OVCs was a firm recommendation.
- ⇒ The toolkit should keep up to date with ongoing and completed research in the OVC sector
- ⇒ An additional section on organizations working in the OVC sector was very strongly emphasised throughout the survey.
- ⇒ Posting case studies and direct testimonies from OVCs was a consistent recommendation in various sections of the survey as it is viewed as decreasing the information gap between community organizations and international players and deepening the connecting with grass-root organisations.
- ⇒ A specific training toolkit aimed at community based care and out reach workers is highlighted.
- ⇒ More information is requested on M&E and assessment methods for different types of programmes.
- ⇒ Information on meaningful participation of OVCs is highlighted as a popular information need.
- ⇒ Suggestions for using the toolkit to deepen understanding of the variety of contexts which children are vulnerable in i.e. double vulnerability. For example, children in conflict settings, children with disabilities and child labour.
- ⇒ Need to revaluate the usefulness of each current section (base this on downloads from each section and correlate it with these findings)**.**

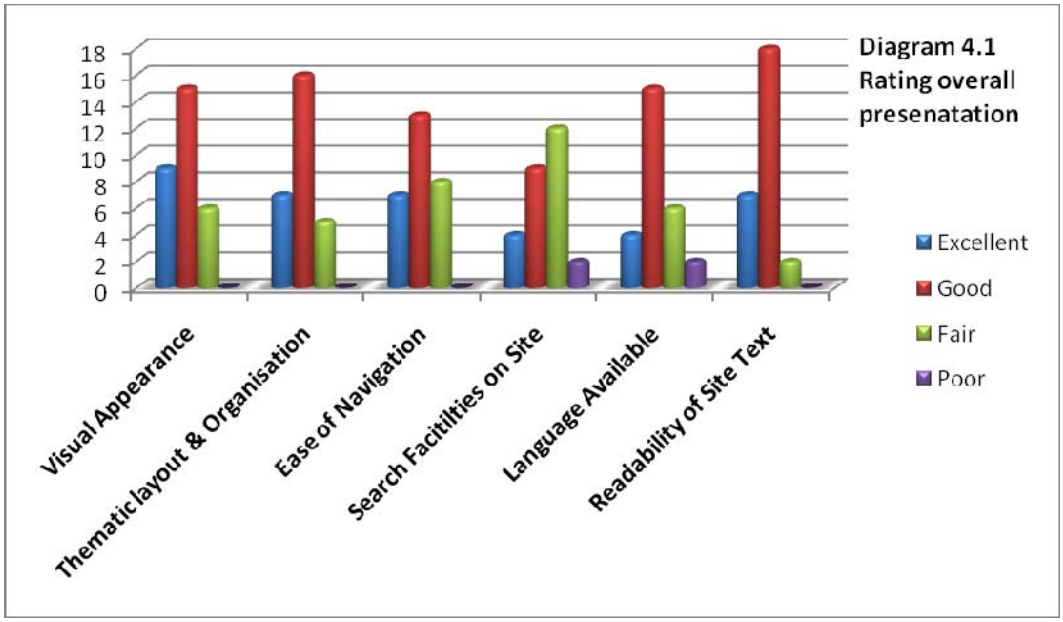
4. <u>Design and Functionality of ovcsupport.net</u>

This section was designed to gather input and from the respondents on the overall design and desired interactive components.

4.1 Rating presentation of ovcsupport.net (30 answered)

Respondents were asked to rate the overall presentation of ovcsupport.net in the following six categories 1) Visual appearance 2) Thematic layout and organization, 3) Ease of navigation, 4)

Search facility on site, 5) Language available and 6) Readability of site text **(Diagram 4.1).** Visual Appearance was rated by 30% as *excellent*, 50% as *good*, 20% as *fair* and 0% as *poor*. Thematic layout and organization was rated by 25% as *excellent*, 57.1% as *good*, 17.9% as *fair* and 0% as *poor*. Ease of Navigation was rated by 25% as *excellent*, 46.4% as *good*, 28.6% as *fair* and 0% as *poor*. The search facility was rated by 14.8% as *excellent*, 33.3% as *good*, 44.4% as *fair* and 7.4% as *poor*. Languages available were rated by 14.8% as *excellent*, 55.6% as *good*, 22.2% as *fair* and 7.4% as *poor*. Readability of Text was rated by 25.5% as *excellent*, 66.7% as *good*, 7.4% as *fair* and 0% as *poor*. The variety in the rating of each category can be an indication of the toolkit requiring improvement in each of these sections. This is particularly the case with the Search facility and Ease of navigation. It was reiterated through the respondents open-ended comments that these components are '*currently useless'*. Additionally it was suggested (and is consistent with the poorer rating the language section received) that the toolkit should be made available in the major international languages of English, French, Spanish and Portuguese. Other languages mentioned were Hindi, Khmer, Shona and Swahili.



4.1 Preference on interactive components (30 answered)

Extremely integral to the re-design of the site is OVC stakeholder's desire and preference on a number of interactive components. Respondents were asked to list their top five interactive components. The highly rated components are illustrated in **Table 4.2**. The Number one component was the ability to upload documents for comment. Closely following this was 2) an advanced search facility 3) calendar of key events, 4) e-Learning and training tools and 5) newsletters. Moderated eForums and networking facilities while not rated in to the top five are component that respondents had been insinuating throughout the survey, particularly regarding matrixes and details of organizations working in the OVC sector. Lesser interest was shown in audio bulletins, information portals and RSS feeds.

Table 4.2 Respondent's preference on interactive components

Components	Total No. of Respondents
Moderated eForums/List serves	**12**
SMS Alerts	10
E-Learning Training Tools	**18**
RSS feeds into your organizations website	7
Blogs	10
Personalized Information portal	6
Advanced search facility	**20**
On-line Chat Facility	7
Online meeting facility	9
Newsletter/e-Bulletin	**17**
Calendar of key events	**19**
Online networking facilities	11
Ability to upload articles/documents for comment	**23**
Video Clips	11
Audio Bulletins	8

4.2 Further recommendations on site design and functionality (20 answered)

A variety of recommendations and issues were considered by respondents. Overall it was strongly reiterated that respondents are eager to see an increase in interactivity of ovcsupport.net. It was re-emphasied that it should include a facility for eForums with structured discussions. An example of this was a respondent calling for a discussion on policy barriers. It was also mentioned (though not strongly supported from above evidence of desired interactive components) that' provisions should be made for 24 hour chat facility. Quite a number of participants commented on the *'appealing pictures'* and thought that more pictures should be added.

4.3 Issues to note when considering re-design and functionality

While all respondents responded very enthusiastically to the interactive concept of ovcsupport.net some respondents pointed to a number of issues regarding unreliable internet connections and questioned how a site with quite a number of interactive functions could be adapted to a context with slow internet connections. For example if too many pictures are on each page then it may fail to open, a similar situation was mentioned regarding downloading publications. Additionally, it was mentioned that care should be taken to link to other relevant sites when necessary and not to duplicate the work of others sites such as AIDS portal.

Key Points for Consideration

- ⇒ Research a selection of OVC information sites that the respondents had specified, to ensure there is limited unnecessary duplication of efforts.
- ⇒ Consider the profile of respondents when considering other languages.
- ⇒ Emphasis on search engine as needing considerable attention in addition to the site map which was also revealed to be unclear.

- ⇒ Due to a large number of respondents who were, before this survey, unaware of the toolkit it was stated that a 'marketing plan' should be designed to increase awareness.
- ⇒ While respondents stated that they would appreciate interactive facilities, a level of innovation is required due to bad internet connections.
- ⇒ Key events/calendar was referred to many times in the open ended responses as desired component.
- ⇒ Do not remove photos on the toolkit as these were highly regarded.

5. Follow Up and Concluding Comments.

63 respondents provided their contact details to receive information on the progress and re-launch of ovcsupport.net (see separate attachment).

Increasing interaction between users of ovcsupport.net was extremely well received among the all the respondents and they were very keen to contribute to the design. Although a significant number had never used ovcsupport.net before and could not contribute to a number of sections, they also stated in their open-ended responses that are very interested in viewing the toolkit and seeing how it can be used for their work.

The survey responses are highly informative and the key points for consideration under each section should form key discussion points in the further formulation of the revised toolkit. When doing this, it is important to note the number of respondents answering each question and decide how much weighting should be applied to the key points (this has been considered in the write up of key points). Overall the survey results are guidelines and should be used accordingly.