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AIDS Support and Technical  
Assistance Resources



**AIDSTAR-Two**  
capacity for impact

## AIDSTAR-Two Project Final Performance Report

*Results and Lessons Learned: September 26, 2008-November 23, 2013*



**DATE: November 4, 2013**

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## Acronym List

AIDS	Acquired Immune Deficiency Syndrome
AIDSTAR	AIDS Support and Technical Resources
amFAR	Foundation for AIDS Research
AMShE	African Men for Sexual Health and Rights
ART	Antiretroviral Therapy
ARV	Antiretroviral
BCC	Behavioral Change Communication
CBKEN	Capacity Building Knowledge Exchange Network
CCI	Country Collaboration Initiative
CCM	Country Coordinating Mechanism
CHW	Community Health Worker
CIDRZ	Centre for Infectious Disease Research in Zambia
COR	Contracting Officer's Representative
CSO	Civil Society Organization
CSW	Commercial Sex Worker
EE	Eastern Europe & Eurasia Bureau of USAID
GALCK	Gay and Lesbian Coalition of Kenya
HDA	Health and Development Africa
HES	Household Economic Strengthening
HMIS	Health Management Information Systems
HSS	Health Systems Strengthening
HIV	Human Immunodeficiency Virus
ICT	Information and Communications Technology
IEC	Information, Education, and Communication
KAP	Knowledge, Attitudes, and Practices
LDP	Leadership Development Program
M&E	Monitoring and Evaluation
MARP	Most-At-Risk Population
MENA	Middle East and North Africa Region of USAID
MOU	Memorandum of Understanding
MSH	Management Sciences for Health
MSM	Men who have Sex with Men
NACOPHA	National Council for People Living with HIV and AIDS
NGO	Non-Governmental Organization
OVC	Orphans and Vulnerable Children
PEPFAR	President's Emergency Plan for AIDS Relief
PLHIV	People living with HIV
PMP	Project Monitoring Plan
PMTCT	Prevention of Mother-To-Child Transmission
PWID	People who Inject Drugs
PY	Project Year

RCC	Rolling Continuation Channel
SAME	Sub-Saharan Africa MSM Engagement (Tool)
SOW	Scope of work
SR	Sub-recipient
STI	Sexually Transmitted Infection
TB	Tuberculosis
TWG	Technical Working Group
UCDC	Ukrainian Center for Disease Control
UNAIDS	Joint United Nations Program on HIV/AIDS
UNDP	United Nations Development Program
USAID	United States Agency for International Development
USG	United States Government
VCT	Voluntary Counseling and Testing
VLDP	Virtual Leadership Development Program
WHO	World Health Organization

## Introduction

AIDS is neither unbeatable nor a natural catastrophe that high-prevalence countries and communities have to endure. A range of proven ways to control the spread of HIV and to prolong the lives of those already infected is now available. Scaling-up effective bio-medical, behavioral and structural interventions could save millions of lives and stabilize the epidemic. However, success in all countries depends importantly on the capabilities of local individuals, teams, organizations, institutions and networks to plan for the future around a common strategy and vision; effectively manage people, finances, data, and knowledge; use evidence-based practices and lead and govern with accountability and transparency.

The U.S. President's Emergency Plan for AIDS Relief (PEPFAR) was created in 2003 to advance global treatment, prevention, and care for those living with or affected by HIV and AIDS. Supported by the USAID Global Health Bureau's Office of HIV/AIDS, the AIDSTAR-Two Project (2008-2013) was launched on September 26, 2008 with a mandate to contribute to stronger and more sustainable, country-led HIV and AIDS programs, organizations, and networks by offering systematic capacity building and identifying and sharing proven practices to magnify impact. Led by Management Sciences for Health (MSH), the AIDSTAR-Two active project partners have included the International HIV/AIDS Alliance, Save the Children and Cardno Emerging Markets USA, Ltd. AIDSTAR-Two also engaged other organizations for specific assignments including the Human Sciences Research Council in South Africa, NPOKI, University of Cape Town, CoHeNa in Namibia, the National Association of Social Workers, the Iris Group and OASYS. Many individual contractors also added great value to the project.

AIDSTAR-Two defined capacity building as an on-going evidence-driven process to improve the ability of an individual, team, organization, network, sector, or community to create measurable and sustainable public health results. The project's organizational strengthening approach was based on a capacity building framework (see Figure 1) which outlines key organizational functions and components of organizational anatomy; capacity building needs to focus on building capable, well led, well managed and well governed local organizations with sound evidence-based HIV programming. As shown in the outer circle, the external environment impinges on local organizations and must be taken into account in capacity building.



**Figure 1. Capacity Building Framework**

Over the project's five years, AIDSTAR-Two strengthened 127 civil society organizations (CSOs), public institutions, networks and multi-sectoral bodies in 23 countries. More than 4,500 participants attended regional, national, and local workshops, conferences, and events focused on organizational capacity building and improving HIV programming through HIV best practices. In addition, AIDSTAR-Two provided direct technical support to USAID missions and PEPFAR teams in five countries and three regions, and worked collaboratively with eight PEPFAR Technical Working Groups on a wide array of technical issues related to improving HIV programming. This report covers AIDSTAR-Two's activities and achievements during the life of the project, from September 26, 2008 to October 31, 2013. With the 60-day no cost extension, the project closes November 23, 2013. The project results and achievements are described in more detail in the pages that follow.

# 1. Key Results of the AIDSTAR-Two Project

In fulfilling its mandate to contribute to stronger, more sustainable, country-led HIV programs, organizations and networks, AIDSTAR-Two's day-to-day work achieved results in four specific areas. First, AIDSTAR-Two expanded the evidence base through research, literature reviews, comprehensive analyses of existing research and evidence, and the development of other publications. Second, the project promoted global knowledge exchange on organizational capacity building best practice as well as best practices for various HIV technical areas (e.g., key populations, gender, orphans and vulnerable children, care and support, etc.). Third, AIDSTAR-Two strengthened the service delivery and advocacy capacity of many organizations around the world. Finally, the project also strengthened local organizations' leadership, management, and governance capacity.

## 1.1 Expanding the Evidence Base

To develop and implement policies, programs, and best practices that advance the response to HIV and AIDS and strengthen local organizations—and to enable donors to target money more effectively—it is critical to understand the evidence relating to the epidemic, including the epidemiology, HIV and organizational development best practices, lessons learned, and the gaps that still remain. Throughout the project's five years, AIDSTAR-Two conducted literature reviews, analyzed existing resources and interventions, documented practical and effective examples of interventions that deliver results, evaluated programs, conducted and reported on research, identified areas where work still needs to be done, and made key recommendations in these areas.

These contributions to the evidence base were documented through a variety of written products, including assessments and evaluations; evidence papers and literature reviews; a series of technical briefs; another series of case studies; and three Knowledge, Attitudes and Practice (KAP) studies in Honduras. Some of these publications have focused broadly on the area of organizational capacity building, while others have focused on meeting the needs of those affected by HIV and AIDS. Other activities targeted toward expanding the evidence base included research summaries disseminated via eNewsletters and assessments of gaps in services to key populations. These activities are described further in Section 2, Collaboration with PEPFAR Technical Working Groups (TWGs).

### Examples of results and accomplishments: Expanding the Evidence Base

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- Jamaica's National AIDS Commission used the causal pathway assessment findings from the AIDSTAR-Two analysis in Jamaica to reorient their strategic plan and budget to focus more on key populations.
  - In Vietnam, the Ho Chi Minh Provincial AIDS Council and the MSM delegation used the findings from the application of the causal analysis methodology to orient their strategic plan more toward MSM subgroups. The project published a causal pathway guide that was widely disseminated.
  - 6 technical briefs written and widely disseminated on organizational capacity building.
  - 3 case studies on CSO sustainability and two case studies on HIV and AIDS networks developed and disseminated.
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## 1.2 Promoting Global Knowledge Exchange

Information on promising practices and emerging research is vital for effective HIV programming and policy and organizational strengthening. This information, however, is only useful if it is globally accessible and reaches both policy makers and local implementers. Promoting global knowledge exchange has been a key mandate of the AIDSTAR-Two project. The project used a variety of mechanisms to expand global knowledge exchange including two technical websites, webinars and virtual seminars on organizational capacity building, HIV evidence and best practice, in addition to conferences, workshops, and direct technical assistance.

AIDSTAR-Two promoted global knowledge exchange through two project-supported web platforms—the Capacity Building Knowledge Exchange Network (CBKEN), a technical site that has reached local organizations and organizational capacity builders in 170 countries, and the OVCsupport.net website, a global knowledge-sharing hub that has linked 113,767 unique users from 200 countries to the most up-to-date information on children affected by HIV and AIDS (see screen shot at left). Both platforms initiated eNewsletters to further engage their users, and OVCsupport.net also used social media—in particular Facebook and Twitter—to spread key messages and drive users to the web site and particular events.



The project also hosted knowledge exchange activities through different virtual platforms. The first virtual seminar on capacity building, hosted through MSH’s LeaderNet platform, was held in May 2010 and attracted 500 people from 20 countries. In 2012, OVCsupport.net launched its own webinar series, ultimately hosting nine webinars and one week-long online seminar, with topics including but not limited to the evidence on early childhood development, understanding status disclosure, and care for children who have suffered sexual violence. Webinars reaching hundreds of people were also held on other important HIV programming-related topics including parenting, HIV and AIDS and health among transgender people, gender based violence toward key populations and new cadres in the social services workforce that serves children.

Knowledge exchange was not limited to the virtual realm, but also came through the project’s support of a wide variety of global conferences and meetings, many of them in conjunction with PEPFAR’s Technical Working Groups. AIDSTAR-Two’s activities in this area included serving as conference secretariat, providing technical input, presenting on various topics and writing technical papers and conference reports; in some cases, the project also provided logistical and administrative support and funding for these events. These forums helped to establish promising practices in areas including OVC, key populations, gender, and prevention and increased the dissemination of proven approaches, leading to more effective HIV programming and implementation worldwide.

## Examples of results and accomplishments: Global Knowledge Exchange

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- 113,766 unique users from 200 countries on the global OVCsupport.net website, an increase of 484% from April 2010.
  - 311,802 documents downloaded from OVCsupport.net.
  - 19 issues of the OVC research eNewsletter sent to more than 3,000 people.
  - Essential Package of Services for Early Childhood Development rolled out to 14 CSOs in Lesotho.
  - Over 100 technical papers, toolkits, handbooks, guides, evidence papers, evaluation and research summaries written and disseminated to guide HIV policy and programming and organizational strengthening.
  - 10,575 unique users on CBKEN from 170 countries.
  - 19 issues of the CBKEN eNewsletter sent to more than 8,600 people.
  - 4,500 people participated in regional, national, and local workshops, conferences and events on organizational capacity building and HIV and AIDS issues, evidence and best practices.
  - 392 people participated in a four-part discussion series on organizational capacity building held at USAID in Washington that was simultaneously webcast.
  - 150 organizational development resources on CBKEN transferred to the USAID-funded FANIKISHA Institutional Strengthening Project in Kenya and the K4Health project websites.
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### 1.3 Strengthening Service Delivery and Advocacy of HIV Organizations

As the global HIV prevalence stabilizes or decreases among the general population, evidence points to a rising swell of the epidemic among key populations in the Middle East and Northern Africa, Eastern Europe and Central Asia. Key populations, also known as most-at-risk populations, include people who inject drugs (PWID), MSM, transgender women and men, and commercial sex workers and their clients. According to UNAIDS, key populations are the main drivers of HIV in countries with concentrated epidemics. This section briefly highlights some of the contributions and results of the project's work in strengthening HIV and AIDS service delivery and advocacy of local NGOs and CSOs in the MENA Region, Eastern Europe, Honduras, Central Asia, Malawi and Guatemala.

For instance, through the Responding to MARPs in the Middle East and North Africa (MENA) Region project, AIDSTAR-Two provided technical support to CSOs in four countries that deliver prevention services to MSM and work with PLHIV. In Eastern Europe, AIDSTAR-Two supported the development, pilot test and roll out of a Regional Package of Services for MSM. The package was developed as a result of an extensive process involving an assessment in seven countries of HIV service gaps. In many countries, this process was the first opportunity to openly address the needs of MSM in the overall national HIV response.

Two examples of AIDSTAR-Two successes in strengthening the advocacy capacity of local organizations come from the Central Asia Region (see photo at right) and Malawi. During the project's NGO capacity building initiative in Tajikistan, Kazakhstan, and Kyrgyzstan—involving 49 NGOs—the project developed and disseminated *The Capacity Developer's Guide to Advocacy for HIV and AIDS Organizations*, a resource designed to strengthen NGO capacity to conduct evidence-based advocacy at the local, national, regional, and international levels to advance the interests of People Living with HIV and AIDS (PLHIV) and members of key populations.



In Malawi, AIDSTAR-Two strengthened the organizational capacity of 14 local HIV and AIDS CSOs using a demand-driven approach. With the project's support, the beneficiary CSOs developed their first advocacy action plans. One CSO, MANERELA+ is now running a campaign focused on mitigating the side effects of ARVs on women. Another CSO, CAVWOC, developed an advocacy fact sheet to support its campaign to lawmakers to increase the marriage age for girls in Malawi.

## **Examples of results and accomplishments: Strengthening Service Delivery and Advocacy of HIV organizations**

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- More than 235,000 individuals from key population groups, peers and clients of sex workers were reached with HIV prevention services delivered by local CSOs, NGOs and network member organizations in Honduras, Guatemala, Morocco, Algeria, Tunisia, and Lebanon.
  - 92 NGOs that provide HIV-related services to key populations received technical support and/or funding resulting in quality service delivery and advocacy.
  - 40 technical briefs, literature reviews, case studies and other evidence-based documentation that focused on issues affecting key populations were produced and disseminated to local implementers as well as to USAID missions, regional bureaus and PEPFAR Technical Working Groups.
  - 95 people from 39 CSOs in Tajikistan, Kazakhstan and Kyrgyzstan were trained in advocacy and building partnerships and developed draft advocacy strategies for a priority issue.
  - 8 CSOs in Kazakhstan participated in a skills and knowledge strengthening workshop on MSM HIV Prevention best practices and service packages as well as network creation to advocate for and implement non-discrimination legislation.
  - An HIV service package for MSM was developed and rolled out to representatives from Ministries of Health, local NGOs, and donor agencies in various Eastern European countries.
  - Colectivo Sol in Mexico produced a Best Practice Prevention Compendium that was rolled out to 70 local NGOs.
-

## 1.4 Strengthening Management, Leadership, and Governance Organizational Capacity

An effective and sustainable national HIV and AIDS response depends as much on well-prepared and valued health leaders and managers and staff working in strong, capable organizations as it does on clinically prepared nurses, doctors and other health providers. The challenge in most developing countries is not a lack of clinical or public health knowledge. What is missing is the knowledge and skills to: (1) lead and manage the supportive requirements of an organization (human resources, systems and policies, data, and finance), and (2) to put in place the clinical and community health and education practices we know protect and promote health. The CSO sector is a strong and important partner, both for the public sector and USAID, in this response, and especially for vulnerable populations.

Over the last five years, the AIDSTAR-Two project worked in 28 countries—directly strengthening management, leadership and governance capacity of 127 local organizations in 23 countries, and also working directly with USAID Missions and PEPFAR teams in seven countries and three regions. The contributions included a variety of written products, including strategy documents, face-to-face and virtual training programs, on-site follow up support, and collection and dissemination of organizational development resources.

In the MENA region, AIDSTAR-Two provided technical assistance to NGOs serving MSM to improve administrative and financial procedures, grants management, and service delivery. In Honduras, NGOs received assistance in a wide-range of organizational areas including governance, management of performance-based contracts, human resource management, and internal quality controls. This led these organizations to compete, for the first time, for government funding and, as a result, all six NGOs received funding through a competitive process from the Honduran Ministry of Health. In Malawi, the project used a client-centered, demand-driven approach to work with 14 CSOs to strengthen internal administrative and financial systems, leadership and governance, advocacy, workforce management and performance, and monitoring and evaluation (M&E), among other areas, which contribute to achieving sustainable results. In the photo at right, a participant from Luntha Television, a local CSO in Malawi, presents the results framework her CSO designed as a result of AIDSTAR-Two's technical assistance.



## **Examples of results and accomplishments: Strengthening Management, Leadership, and Governance Capacity**

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- 4,566 participants attended regional/national/local workshops, conferences and discussion series on organizational capacity building and HIV and AIDS issues.
  - 127 CSOs, public sector institutions, networks and multi-sectoral bodies in 23 countries improved their management, leadership and governance capacity.
  - 14 virtual seminars on organizational capacity building topics reached 2,655 implementers worldwide.
-

## 2. Collaboration with the PEPFAR Technical Working Groups and Foundational Activities

AIDSTAR-Two worked collaboratively with eight PEPFAR Technical Working Groups on a wide array of technical issues related to improving HIV programming. The project also had an array of foundational activities that reinforced AIDSTAR-Two's identity as a systematic organizational capacity building project contributing to the body of knowledge on capacity building best practice. Activities and results from this work are described in this section, and deliverables are presented in tables in Annex A.

### 2.1 Orphans and Vulnerable Children (OVC) Technical Working Group

More than 17 million children worldwide have lost one or both parents to HIV. Without support, these children are more likely to drop out of school, experience poverty, be exploited, and contract HIV. Since 2008, the AIDSTAR-Two project collaborated with the PEPFAR Orphans and Vulnerable Children (OVC) Technical Working Group to expand the knowledge base for OVC programming, promote global knowledge exchange on OVC issues and best practice, and ensure that knowledge is applied in the field.

#### ***Expanding the evidence base:***

**1. Technical papers examining the impact of HIV and AIDS on children:** In 2013, AIDSTAR-Two partnered with the Human Services Research Council in South Africa to produce a series of technical papers that examine the impact of HIV and AIDS on children. During the first phase of this activity, AIDSTAR-Two produced three papers as well as a summary document that explored the impact of HIV on children on health, psychological, and social outcomes. During the second phase, an additional nine papers and a summary document were written that examined the long-term impact of HIV in areas such as child growth and development, resilience, nutrition, and socio-economic conditions. The results from both phases will be developed into an economic forecasting tool to be used by implementers and policy-makers to inform programming decisions.

**2. Parenting:** Family-based programming and support for caregiver relationships are critical for ensuring the well-being of children affected by HIV and AIDS. In 2013, AIDSTAR-Two organized the public launch and webinar where the findings of the Human Sciences Research Council's paper, "*A Review of Published Literature on Supporting and Strengthening Child-caregiver Relationships*" were presented. The launch was part of a three-day meeting with implementing partners to share key research findings on the types and functions of parenting programs, collect recommendations to inform future parenting programs, critically examine existing tools and resources used by OVC programs in low resource and HIV affected settings, and identify gaps in research and program implementation.

**3. OVC Education:** Evidence suggests that education can improve sustainability and long-term effectiveness of both prevention and care efforts. AIDSTAR-Two collaborated closely with the OVC TWG and an expert education consultant to develop a comprehensive report examining the nexus between the OVC and education sectors in Kenya, Lesotho, Zimbabwe, and Haiti. The report focused on current gaps and successes in OVC education programming, identified challenges to improving access to education for OVC, and provided recommendations on how to better coordinate and systematize support for OVC educational access across stakeholders. In addition, AIDSTAR-Two produced *the OVC Education Decision Making Guide*, designed for OVC Focal Points and USAID at the country level, which provides a systematic process for identifying and making strategic, evidence-based decisions for investing in OVC education programming.

**4. Technical brief on the child and youth care workers in South Africa:** Some countries have developed new cadres like South Africa's Child and Youth Care Workers (CYCW) to help to address the weak social service workforce and the enormous need for services by children affected by HIV and AIDS and their caregivers. This technical brief described the process behind the scale-up of this cadre, including the rationale for its expansion, the proposed regulations for ensuring an educated, trained and qualified CYCW workforce, the plans for supporting this cadre, the lessons learned to date in this particular aspect of South Africa's drive to transform its social services, and recommendations for others on how to plan and operationalize similar program elsewhere. The technical brief was presented via webinar to interested OVC focal points in different countries and disseminated via OVCsupport.net.



**Promoting global knowledge exchange:**

**1. OVCsupport.net:** Under the AIDSTAR-Two project, OVCsupport.net was redeveloped by AIDSTAR-Two partner, the International HIV AIDS Alliance. In PY2 the site was transferred to MSH, which has managed the site since then. From PY2 to PY5, the number of users on the site increased by 484%. Users include community and nongovernmental organizations, policy-makers, donors, and others who come to share experiences, practices, and tools related to OVC. The site's searchable library of more than 1,000 technical documents continues to be its most accessed area. An editorial board of 13 OVC experts from various organizations around the world was instrumental in contributing content and ensuring that technical information is accurate and up-to-date. To extend the site's reach, AIDSTAR-Two initiated a bi-monthly eNewsletter that reaches 2,800 OVCsupport.net users, with themes including child protection, gender, and monitoring and evaluation. In 2012, OVCsupport.net expanded its knowledge exchange activities through the launch of a webinar series. The site hosted nine webinars and one week-long online seminar. More than 320 people attended these webinars and engaged with the expert presenters. AIDSTAR-Two also completed a sustainability study in August 2013 and presented the findings of the report to the OVC TWG and the COR team. The study's recommendations are expected to guide the future directions of the site.

**2. What's New in Research:** While research regarding the effectiveness of OVC programming has identified a number of successful interventions, many policy makers and program implementers remain unaware of the evidence and continue to pursue programmatic approaches and strategies that are unproven or untested. To help close this gap, AIDSTAR-Two collaborated with Human Sciences Research Council (HSRC) based in Durban, South Africa, to develop the *What's New in Research?* eNewsletter. Each month, the newsletter summarized six peer-reviewed research articles and provided commentary and guidance on how the findings can be implemented in programming. Since January 2012, 19 newsletters were disseminated to over 3,000 readers, thereby increasing access to evidence on best practices. The content from each newsletter was posted and archived on the OVCsupport.net website.

**3. OVC Conferences and technical meetings:** Further knowledge exchange has come through AIDSTAR-Two's organization of several global conferences and meetings that have pioneered approaches and policy for children affected by HIV and AIDS. These include the PL109-95 conference "Coordinating US Government International Assistance for Highly Vulnerable Children: A Whole-Of-Government Response on Child Welfare and Protection," a PL109-95 learning seminar on social protection, and an OVC Forum that brought together 67 representatives to discuss the PEPFAR Guide for OVC Programming. In November 2010, USAID and PEPFAR, through AIDSTAR-Two, organized a global conference in South Africa to highlight the challenges facing the social service workforce at a country and global level. More than 160 participants from 18 countries came together to share experiences and promising practices and develop concrete action plans for strengthening the workforce. The AIDSTAR-Two project sub-contracted the National Association of Social Workers (NASW) to assist with the conference. The conference resulted in the implementation of action plans and the founding of the Global Social Services Workforce Alliance, of which AIDSTAR-Two was a founding member and an active participant.

***Strengthening the AIDS response to OVC needs:***

**1. OVC Household Economic Strengthening:** In PY2 and PY3, AIDSTAR-Two partner Cardno Emerging Markets trained USG OVC Focal Points and several local partners in designing and tracking the outcomes of Household Economic Strengthening (HES) programs for OVC households. Cardno provided follow-up short term technical assistance to USAID Missions in South Africa, Kenya, and Haiti, to analyze their OVC portfolios, develop a strategy and scope of work for HES activities within the country, and provide technical assistance to implementing partners. Cardno also developed a HES Toolkit.

**2. Early Childhood Development:** In Lesotho, AIDSTAR-Two partner, Save the Children, provided training to 16 program managers representing 14 local implementing organizations on integrating the Essential Package, an innovative action framework recently developed by Save the Children and CARE, into their current work and scaling up its use. Participants learned how to effectively address the needs of young vulnerable children and their caregivers in their existing programs, improve their skills in training and facilitation, and understand and apply specific monitoring and evaluation tools to monitor outcomes for children over time. The Essential Package is currently being rolled out in other countries based on the results from AIDSTAR-Two's work in Lesotho.

**3. Technical strengthening in social services workforce and country systems:** AIDSTAR-Two also provided technical assistance to USAID/PEPFAR Swaziland in August 2013. The purpose of the work was to make recommendations for moving social welfare workforce strengthening forward given the current political climate and status of reforms, inclusive of national, district and local levels. This report provided recommendations for strategic investments in social work and the social welfare system for the next two to four years in these priority areas: (1) Improved service models and delivery approaches such as case management; (2) Workforce development, i.e., pre-service and in-service training and performance management; (3) Integration of services provided by all levels of government, NGOs and communities; and (4) Information and management (tracking and accountability) systems.

**4. Photographs of OVC programs in Eastern and Southern Africa:** Photographs capture important examples of PEPFAR OVC programs in strengthening the capacity of families and communities to promote the health, safety, and well-being of children affected by HIV and AIDS. The OVC TWG asked the AIDSTAR-Two project to support a photo documentation project in three Sub-Saharan Africa countries that would document and share best practices in OVC programs and disseminate important information about programs to a global audience. This included photos about the strengths and resiliencies of HIV-affected families and children in dealing with the social and emotional aspects of HIV and AIDS, as well as photos on child protection

interventions, parenting and support programs, household economic strengthening and early childhood development and programs for primary school age children. AIDSTAR-Two contracted Natasha McCarroll, a professional photographer based in Rwanda to take photos in Uganda, Lesotho, and South Africa at the end of August/beginning of September 2013. She



delivered 200+ photographs to OVC TWG. Seen here is one of Natasha McCarroll's photos.

## 2.2 Health Systems Strengthening (HSS) Technical Working Group

Weak health systems are often identified as a constraint to furthering progress on improving health outcomes around the world. With funding from the PEPFAR Health Systems Strengthening (HSS) TWG, the AIDSTAR-Two project implemented activities that expanded the evidence base, promoted global exchange and strengthened organizational capacity.

### *Expanding the evidence base:*

**1. Health System Strengthening causal pathway assessment report in Vietnam and Jamaica:** The Health System Strengthening causal pathway assessment methodology, developed and implemented by AIDSTAR-Two in Vietnam and Jamaica, involved tracing the causal pathway to reduce HIV transmission in key populations through a six-step process that would help to identify the most cost effective, evidence-based preventive and curative interventions and current and required coverage levels in at risk populations; determine the health system requirements for delivering vital interventions and the system bottlenecks that negatively affect their delivery at scale; and identify the health system strengthening actions needed to improve health system performance specific to identified bottlenecks. In Jamaica, the findings from this analysis were used by the National AIDS Commission to re-orient the Jamaica national HIV and AIDS strategic plan more towards key populations. The methodology was shared with representatives from Caribbean National AIDS Commissions, USG staff and other donors at a regional conference held in Nassau,

Bahamas in March 2011 where AIDSTAR-Two also participated in a panel on coordination and sustainability of the AIDS response. AIDSTAR-Two also produced a guide so that others can replicate the causal pathway approach used in Vietnam and Jamaica.

**2. Performance Based Financing Handbook:** USAID is supporting a range of performance based financing (PBF) or performance-based initiatives (PBI) in the health sector in different countries. With Management Sciences for Health's extensive PBF experience in multiple countries, AIDSTAR-Two and MSH developed the Performance Based Financing Handbook. The Handbook was disseminated to local USAID Missions, and MSH financed the translation of the Handbook into Spanish and French. At the request of USAID, AIDSTAR-Two and the Health Systems 20-20 Project coordinated a day-long Performance Based Initiatives consultation meeting in February 2012 for USAID staff in the Global Health Bureau in Washington DC and provided the technical input for the meeting. The meeting allowed 32 USAID participants to understand and document the range of PBF programs that USAID is supporting; identify operational challenges that missions encounter and options to address these; and identify tools and approaches that can be shared to improve USAID mission capacity to support PBF programming and next steps.

**3. Case studies of HIV and AIDS networks:** Local, national, regional and international HIV networks have played a significant role in the fight against HIV and AIDS in terms of advocacy, building public-private partnerships, and building and providing a continuum of services. AIDSTAR-Two developed case studies on two successful networks: REDSO, a local network in Guatemala, and the Purple Sky Network, a regional network in the Asia-Pacific region. Lessons learned from the REDSO case study and staff from REDSO were used to nurture two other networks that AIDSTAR-Two strengthened in Petén and Izabal, Guatemala. The Asia Pacific network case study serves as a model for process and growth for other large regional HIV networks. These cases studies were distributed to more than 8,000 people.

#### ***Promoting Global Knowledge Exchange:***

**1. Asia Regional Consultation on MSM HIV Care and Support November 2009:** Recognizing the crucial need to scale-up the provision for care, support and treatment for MSM, USAID and UNDP co-hosted the first Asia Regional Consultation on MSM HIV Care and Support in Bangkok, Thailand in November 2009. This three-day meeting brought together over 90 participants representing donors, policy makers, implementing partners and community members. The meeting served to raise awareness of key opportunities and challenges related to MSM uptake of HIV counseling and testing, as well as to share experiences and lessons learned regarding community-based services aimed to improve access and to identify promising practices, key principles and technical and programmatic roles and responsibilities of community and public providers in the delivery of a continuum of HIV services for MSM living with HIV. AIDSTAR-Two provided financial support for the meeting.

**2. Action Planning Meeting of Men who have sex with Men and Transgender Populations Multi City Initiative in Hong Kong 2010:** Men who have sex with men (MSM) are facing a severe and rapidly growing HIV epidemic in the Asia-Pacific Region; MSM in Asia are 19 times more likely to be infected with HIV than the general population. AIDSTAR-Two participated in the three-day Action Planning Meeting of MSM and Transgender Populations Multi City Initiative in Hong Kong in December 2010. Delegations from Bangkok, Chengdu, Ho Chi Minh City, Jakarta, Manila and Yangon attended the meeting. AIDSTAR-Two provided follow-up technical support to the Ho Chi Minh City

(HCMC) Provincial AIDS Council and the HCMC MSM delegation that had attended the meeting, resulting in a five year MSM strategic plan based on evidence from the application of the causal pathway methodology.

**3. Using Information and Communication Technology for HIV Prevention for Men Who have Sex with Men:** AIDSTAR-Two produced a Technical Brief that examined strategies that have been employed for reaching MSM with electronic HIV and AIDS messages. The technical brief increased awareness of how Information and Communication Technology (ICT) can be used for HIV and AIDS prevention among MSM. The brief was shared with the Key Populations TWG and disseminated on AIDSTAR-Two's CBKEN website.

### ***Strengthening local HIV and AIDS CSO and network capacity:***

**1. Capacity building support for Colectivo Sol, a CSO in Mexico, and Red Legal, a regional Human Rights Network in in El Salvador:** AIDSTAR-Two supported Colectivo Sol in Mexico to develop an online platform that connects a network of over 70 local CSOs that provide services to MSM, transgender people, commercial sex workers and people who inject drugs. This platform was used to discuss and disseminate a best practice prevention compendium, produced with the support of AIDSTAR-Two. This compendium was the result of a consensus among MSM CSOs for implementing standard prevention interventions. The CSOs also leveraged additional resources from the Global Fund. This best practice was presented at the International HIV AIDS meeting in July 2012. AIDSTAR-Two also strengthened Colectivo Sol's capacity in monitoring and evaluation and strategic planning. In addition, AIDSTAR-Two also worked with Red Legal, a human rights network in El Salvador, to assess the capacity of local national chapters and to develop medium-term strategic and operational plans for the chapters in Nicaragua and El Salvador.

In addition to the activities funded by the HSS TWG, AIDSTAR-Two worked with over 100 CSOs and other local HIV and AIDS implementers to strengthen their capacity to advocate, deliver HIV services according to best practices and improve their organizational capacity, discussed elsewhere in this report and supported by USAID regional bureaus and local missions.

## **2.3 Care and Support Technical Working Group**

The AIDSTAR-Two Project collaborated closely with the Care and Support TWG on four activities to strengthen the evidence base for HIV programming as well as an activity to further promote and enhance global knowledge exchange.

**1. Care and Support Evidence Review of People Living with HIV and AIDS:** AIDSTAR-Two prepared the Care and Support Evidence Review of People Living with HIV and AIDS on thirteen identified care and support strategies to determine their impact on patient outcomes. The objective of this paper was to inform the Care and Support TWG and PEPFAR country teams on effective care and support strategies so as to maximize the impact of care and support activities. This 125-page paper provided an overview of the most effective care and support services and strategies in these areas: (1) Clinical staging/ measurement of CD4 count; (2) Cotrimoxazole prophylaxis; (3) Diagnosis and treatment of tuberculosis; (4) Positive health, dignity, prevention (PHDP)/prevention with PLHIV; (5) Screening and treating for cryptococcal antigenemia to prevent cryptococcal meningitis; (6) Screening and treating for viral hepatitis B and C; (7) Malaria prevention; (8) Safe water, sanitation and hygiene (WASH); (9) Nutritional assessment, counseling and support (NACS); (10) Prevention of cervical

cancer; (11) Mental health services focused on addressing depression among HIV infected persons; (12) Pain and symptom management and end of life care; and (13) Social services, income generating activities and legal services.

**2. Evaluating Retention of Women in Care following initiation of Option B+ in Malawi:** In July, 2011, Malawi became the first country to introduce Option B+ as the national strategy for the prevention of maternal to child transmission of HIV (MTCT). While the increase in initiation of ART among women noted by the Malawi MOH is encouraging, there is a lack of evidence on the extent to which women initiating care under Option B+ are retained in care after delivery, the breastfeeding period and longer term, as well as a lack of information on their retention to and utilization of clinical care and support programs. AIDSTAR-Two conducted an evaluation to examine retention rates among HIV-infected pregnant women initiating ART under Option B+ at antenatal clinics in Malawi. Retention rate and care and support service utilization was evaluated by utilizing data from the health registry system in each clinic. Data findings show high rates of attrition.

**3. Cervical Cancer and HIV + woman:** The AIDSTAR-Two Project worked closely with the cervical cancer sub-workgroup of the Care and Support TWG and the Center for Infectious Disease Research in Zambia (CIDRZ) to host the PEPFAR Cervical Cancer Prevention and Screening Regional Conference in May 2010 in Lusaka, Zambia attended by 42 participants from 10 sub-Saharan African countries. CIDRZ is a leading clinical, research and training institution in Zambia. Following the initial conference in 2010, AIDSTAR-Two provided support for MOH colleagues from Kenya and Botswana to receive training from CIDRZ in 2012.

**4. Regional Workshops on best practices in providing services for People Who Inject Drugs:** The Care and Support TWG and the Key Populations TWG, with the support of AIDSTAR-Two, co-sponsored a series of three regional workshop in 2011 in Ukraine, Kenya, and Vietnam to disseminate the new PEPFAR Guidance on Prevention, Care and Treatment Services for People Who Inject Drugs (PWID). The Gender TWG also provided funding for the Vietnam workshop. The workshops brought together over 360 high-level representatives from 32 countries to exchange best practices in providing services for PWID.

## 2.4 Key Populations Technical Working Group

Key populations, also known as most-at-risk populations (MARPs), include people who inject drugs (PWID), men who have sex with men (MSM), transgender women and men, commercial sex workers (CSW), and clients of persons engaged in sex work, who according to UNAIDS, are the main drivers of the spread of HIV in countries with concentrated epidemics. Although HIV prevention efforts implemented in an enabling environment that protects the rights and dignity of key populations are essential to preventing the spread of the virus and mitigating the impact of the disease, punitive laws and policies, widespread stigma and discrimination in health care settings and society at large, and other structural barriers adversely affect the health and well-being and limit the access to quality services for these vulnerable groups. The AIDSTAR-Two Project collaborated with the Key Populations TWG to contribute to expanding the evidence base, promoting global knowledge exchange, and strengthening the capacity of local implementers.

### **Expanding the evidence base:**

**1. Implementing Comprehensive HIV/STI Programmes with Sex Workers: Practical Approaches from Collaborative Interventions:** AIDSTAR-Two engaged a project coordinator and editor to work with the PEPFAR TWG and an array of international donors and experts to produce sex workers operational guidelines (known as the SWIT tool). The guidelines were based on recommendations in the guidance document, *Prevention and treatment of HIV and other sexually transmitted infections for sex workers in low- and middle-income countries*, published in December 2012 by the World Health Organization, the United Nations Population Fund, the Joint United Nations Program on HIV/AIDS and the Global Network of Sex Work Projects. This tool offers practical advice on implementing HIV and STI programs for and with sex workers. Designed for use by public-health officials and managers of HIV and STI programs; NGOs, including community and civil-society organizations; and health workers; the tool was published in early October 2013.

### **Promoting Global Knowledge Exchange:**

**1. Injecting Drug Users survey:** AIDSTAR-Two partner, the International HIV/AIDS Alliance, designed an online survey which USAID provided to local USAID missions. The survey was designed to ascertain the level of current programs implemented by missions and the scope and nature of USG supported activities for injecting drug users at high risk for HIV and AIDS. AIDSTAR-Two produced and disseminated a report highlighting the survey results.

**2. Regional Workshops on best practices in providing services for People Who Inject Drugs:** The Key Populations TWG co-sponsored three workshops with the Care and Support TWG in Kenya, Ukraine, and Vietnam in 2011 and 2012, as noted in Section 2.3 above.

**3. Good Practice Guide on HIV and Drug Use in Arabic with the Middle East and North Africa Harm Reduction Association (MENAHR):** Under the leadership of MENAHR, a Good Practice Guide on HIV and Drug Use originally developed by the International HIV/AIDS Alliance, was adapted for the MENA region, translated into Arabic and also expanded to include the latest PEPFAR Guidance on Prevention, Care and Treatment for PWID and the most up-to-date epidemiological data and resources. The mission of MENAHR is to support, develop and advocate for the adoption of harm reduction approaches in the field of drug use, HIV, public health and social inclusion by following the principles of humanity, tolerance and partnership with respect to human rights and freedoms. Injecting drugs is a key driver of the HIV epidemic. MENAHR will share the guide with over 250 stakeholders from 18 countries during its regional meeting in November 2013.

**4. Sub-Saharan Africa MSM Engagement (SAME) Tool and case studies:** AIDSTAR-Two, in collaboration with amfAR, The Foundation for AIDS Research, Johns Hopkins School of Public Health (JHSPH), and local USAID Missions, supported the development of the Sub-Saharan Africa MSM Engagement (SAME) Tool to measure the level and quality of engagement of MSM in national and sub-national HIV planning processes in Sub-Saharan Africa. The SAME Tool was pilot tested with a total of 8 CSO members of the African Men for Sexual Health and Rights (AMSHer) network based in Cameroon, Ghana, Malawi, Mozambique, Rwanda, Tanzania, Togo, and Zambia. The findings were presented at the First African Conference on Key Populations in the HIV Epidemic in Dar Es Salam, Tanzania in August 2013 and are being used to explore future opportunities to expand MSM engagement at country and regional-levels. Case studies were also produced on organizations in Malawi and Zimbabwe.

## 2.5 Gender Technical Working Group

The AIDSTAR-Two Project collaborated closely with the Gender TWG on four activities:

**1. Technical documents related to gender based violence against key populations:** AIDSTAR-Two conducted an analysis of existing programming and training resources on gender-based violence (GBV) against four key populations – MSM, transgender people, commercial sex workers, and people who inject drugs. The project produced an annotated bibliography and a technical paper from this analysis, with contributions of materials for the annotated bibliography from key population networks. A virtual seminar on LeaderNet was also conducted to solicit feedback from additional key population networks on the annotated bibliography. A webinar was held to disseminate the findings, and the documents were also disseminated through CBKEN.

**2. Transgender men and women and HIV and AIDS:** AIDSTAR-Two conducted an extensive literature analysis of factors that affect the health and increase the vulnerability of transgender populations to HIV and AIDS to orient future programming priorities and investment in these areas. A report on the Global Health Needs of Transgender Populations was developed to highlight existing individual, social, and structural factors affecting transmen and transwomen and the approaches, policies, programs and services needed for these specific groups. A webinar was held to disseminate the findings and the report.

**3. “The Night is Another Country: Violence and impunity against transgender women human rights defenders in Latin America” presentation.** In August 2013, AIDSTAR-Two sponsored an event at the Regional Coordination Mechanism (RCM) meeting in El Salvador where the International HIV/AIDS Alliance and REDLACTRANS report, *The Night is Another Country: Violence and impunity against transgender women human rights defenders in Latin America*, was presented. The RCM was commissioned by the Council of Ministers of Health of Central America and the Dominican Republic (COMISCA) and includes representatives from nine countries in the region. The presentation of this report in El Salvador raised awareness on the vulnerability of transgender people in the country and region in order to contribute to the reduction of violence and impunity faced by this population and begin to build legislative and policy processes for the legal recognition of gender identity. The event began with a moment of silence for those who recently died as the result of transphobia. 110 participants including those from the RCM were present. The local event was spearheaded by ASPIDH ARCO IRIS, a non-governmental, non-profit, and non-partisan organization that aims to promote, defend, demand and generate respect for human rights of the El Salvadoran transgender population. *The Night is Another Country* is available on the Alliance website.

**4. Regional Workshops on best practices in providing services for People Who Inject Drugs:** The Gender TWG provided technical support and funding for the PWID workshop held in Vietnam in 2011. See Section 2.3 for more details.

## 2.6 Prevention Technical Working Group

AIDSTAR-Two collaborated with the Prevention TWG on one specific activity:

**Combination Prevention Conference:** The Advancing Combination HIV Prevention in Generalized Epidemics Conference was held in Johannesburg, South Africa in June 2013 to address overarching issues of planning prevention portfolios to align with new priorities as well as challenges that PEPFAR teams are grappling with as they seek to maximize the impact of prevention activities. The workshop, co-sponsored by the AIDSTAR-Two Project, brought together USG staff and representatives from across sub-Saharan Africa from USAID, the Centers for Disease Control (CDC), the Office of Global AIDS Coordinator (OGAC), and the Department of Defense (DOD). The 75 participants came from Botswana, Kenya, Lesotho, Malawi, Mozambique, Namibia, South Africa, Swaziland, Tanzania, Uganda, Zambia, and Zimbabwe.

## 2.7 HIV/TB Technical Working Group

AIDSTAR-Two collaborated with the HIV/TB TWG on one specific activity:

**WHO/USAID Tuberculosis Conference:** The AIDSTAR-Two Project provided support to the HIV/TB TWG for the WHO and USAID-sponsored conference entitled: Elimination of the Catastrophic Economic Burden of Tuberculosis (TB): Universal Health Coverage and Social Protection Opportunities, hosted by the Ministry of Health in Brazil and the University of São Paulo, April 29-May 1, 2013. Fifty five representatives from high burden countries, multilateral agencies, civil society organizations, and research institutions met in São Paulo for this important WHO consultation. AIDSTAR-Two coordinated and paid for travel for five sponsored participants coming from Zambia, Kenya, and Peru.

## 2.8 Health Management Information Systems (HMIS) Technical Working Group

Well-functioning health information systems are vital for identifying and monitoring morbidity and mortality trends, identifying health risks, monitoring the delivery of health services and the quality of the same and establishing and monitoring health goals. Information is collected by Ministries of Health, but various other ministries may also be responsible for collecting and analyzing health-related information (e.g., Ministries of Social Welfare, Defense, Education, etc.) or supporting more timely collection (e.g., Ministries of Communication).

AIDSTAR-Two worked with the HMIS TWG on activities focused on strengthening multi sectoral country-owned health information systems and the role of organizational development in fomenting needed change in HMIS.

**1. Asia Pacific Leadership Forum on Health Information Systems in June 2011 in Manila, Philippines and follow-on Virtual Leadership Development Program (VLDP):** The Forum was attended by 120 senior leaders from multi-sectoral HIS teams from nine Asian countries. The AIDSTAR-Two Project served as forum Secretariat, coordinating the planning and implementation of the meeting with USAID, PEPFAR, the WHO and other donors. AIDSTAR-Two wrote the technical paper, *National Health Information Systems: The Role of Effective Multi-Sectoral Collaboration* that was disseminated prior to the meeting and presented at the event; the project also produced the

conference report. AIDSTAR-Two also facilitated the Virtual Leadership Development Program (VLDP) for country teams that attended the Forum in Manila to strengthen their leadership skills and practices in order to complete action plans for HIS improvements that they developed in Manila.

**2. Africa Leadership Forum on Health Information Systems in Windhoek, Namibia in October 2010:**

AIDSTAR-Two provided technical guidance on this forum that was attended by HIS teams from nine countries in eastern and southern Africa, participating in the planning of the event and the development of the country ownership HIS framework. AIDSTAR-Two attended the forum and also co-facilitated the team meetings of the Namibia HIS team.

**3. WHO workshop in Bangkok:** The WHO conducted a series of multi-country Country Health System Surveillance (CHeSS) workshops in different parts of the world to share and discuss improved tools and methods and key indicators to measure national health progress and performance. At the request of the WHO and USAID, AIDSTAR-Two facilitated two sessions on the importance of overall institutional strengthening in improving national health data collection, analysis, and use systems at the CHeSS workshop in Bangkok, Thailand in July 2011. The workshop was attended by 80 participants from 13 countries in the Southeast Asia, Western Pacific and African regions.

**4. Country Ownership Guide:** The AIDSTAR-Two Project contributed to the Country Ownership Guide developed by HMIS technical staff in OHA and others. This guide is being finalized by the Implementation Support Division in OHA.

**5. Honduras HIV Prevention services assessment:** The AIDSTAR-Two Project conducted an assessment of the country's technical, financial and political capacity to assume financial and technical responsibility for HIV-related prevention services for key populations, which are currently being entirely financed by external donors. The methodology applied included key informant interviews and focus groups with MOH staff at the central and regional level, NGOs, USAID, UNAIDS, WHO/PAHO, private sector representatives and the Global Fund PR and CCM. The results of the assessment were discussed and validated during an in-country multi-sectorial meeting and distributed in a report available in Spanish and English.

**6. Namibia Centerships Project:** In 2010, the HMIS TWG, in collaboration with USAID Namibia, began planning a community-based health initiative entitled "centerships" to address the issues of access to services and the HIV epidemic. Centerships are community entities defined, owned, and operated by community members. Their primary purpose is to implement community health projects, particularly outreach, education and referrals and collect local health information through Centership community health worker volunteers (CHWs). Two centership projects were established in Namibia—in Onderombapa and Rosh Pinah—and are still continuing. The project was jointly funded by the HMIS TWG and the Namibia Mission. A fuller description of this activity can be found in section 3.10.

## 2.9 Foundational Activities

Foundational activities during the AIDSTAR-Two Project helped to establish the identity of AIDSTAR-Two as a systematic organizational capacity building project that contributes to the body of knowledge on organizational capacity building best practice and promotes knowledge exchange.

### ***Expanding the evidence base:***

**1. Organizational Capacity Building Technical Briefs:** The AIDSTAR-Two Project developed and disseminated a series of six technical briefs related to organizational capacity building. These technical briefs have been widely disseminated through CBKEN and virtual seminars on the MSH LeaderNet.

**2. Case Studies on Organizational Sustainability:** USAID has long played a crucial role in the growth and development of local NGOs across the development spectrum in various areas including health and HIV and AIDS and has made significant investments in strengthening the capacity of these local institutions. In 2012, the AIDSTAR-Two Project conducted case studies of three NGOs in Central America, Eastern Africa and Southeast Asia to examine the role of USAID-funded capacity building assistance in the organizational sustainability of these NGOs and to understand retrospectively the factors that contributed to the institutional, financial and programmatic sustainability of the selected organizations.

### ***Promoting Global Knowledge Exchange:***

**1. Capacity Building Knowledge Exchange Network (CBKEN):** Starting in PY3 and continuing until the conclusion of the project, AIDSTAR-Two promoted global knowledge exchange through the Capacity Building Knowledge Exchange Network (CBKEN), reaching organizational capacity builders in 170 countries. Today the site has 10,575 unique users. Through CBKEN, AIDSTAR-Two developed and disseminated technical notes on various management, leadership and governance topics to thousands of CBKEN users. Six virtual seminars on various organizational development topics were delivered to local implementers on the MSH LeaderNet platform. More than 150 tools and organizational development resources were collected and put on the site's resource data base. These resources have now been transferred to two projects: FANIKISHA, a USAID-funded project in Kenya providing support for many CSOs, and Knowledge for Health, a public health knowledge management project focusing on family planning, reproductive health, HIV and AIDS, and other health areas. These tools can be accessed directly by CSOs from the FANIKISHA website. They will also be used by the project's institutional strengthening advisors in their work with the CSOs.

**2. Discussion Series:** The AIDSTAR-Two Project hosted four discussions at Ronald Reagan Building in Washington D.C. during the project's fifth and final year. These included: *Walking Faster and Reaching Farther: Strengthening Public Sector-NGO Partnerships in the AIDS Response* (held in June 2013); *Organizational Capacity Development: How do we measure impact?* (held in May 2013); *The Sustainability Gap for CSOs: What is it and why does it matter?* (also held in May 2013); and *Capacity Development 2.0: Approaches and Innovations*, which took place in March 2013. These events, using a lively moderated discussion format, were designed to be provocative and raise important issues in organizational capacity development today. The discussions attracted large live audiences from USAID and different international NGOs and were also broadcast via webinar to USAID, INGO and

local implementers in different countries. Summaries of each discussion were disseminated to all participants.

***Strengthening Organizational capacity of HIV local implementing organizations:***

**1. Regional AIDS Training Centre (RATN) support:** AIDSTAR-Two provided technical input to RATN, a network of 30 African organizations, in terms of strategic directions and, by working with RATN, called greater attention to the need for organizational/institutional strengthening. In March 2011, 225 government, donor, academic, and civil society organizations including groups of People Living with HIV and AIDS from 24 countries in Eastern, Central, and Southern Africa met in Nairobi for the inaugural HIV Capacity Building Partners Summit, spearheaded by RATN. The goals of this event were to take stock of progress, achievements, lessons learned in HIV capacity building, share best practices and innovations and plan for future efforts to strengthen capacity building. AIDSTAR-Two provided partial financial support for this event, contributed to the planning of the summit, and presented on a plenary panel. AIDSTAR-Two Deputy Director Ummuro Adano wrote daily blogs from the Summit that were posted on the MSH website; one of these was also featured on the Global Health Council's website.

**2. HIV and AIDS Civil society organizational assessments:** AIDSTAR-Two evaluated the work of nine local civil society organizations involved in HIV and AIDS in four provinces in Burundi (Kayanza, Muyinga, Kirundo, and Karuzi) to assess their strengths and weaknesses. This assessment work covered, among other areas: legal status; technical service delivery capacity including comparative advantage; and the organizations' institutional, administrative, and financial capacity (including their ability to comply with USG financial requirements). These CSOs work in different areas including voluntary counseling and testing, PMTCT, services for OVCs, medical treatment, preventive prophylaxis, home-based care, and income generating activities for most-at-risk people. The assessment report data was used by USAID Burundi to help strengthen the CSOs.

## 3. Country Programs

### 3.1 Africa Bureau

In 2011, AIDSTAR-Two received a scope of work from USAID Washington's Africa Bureau to research and produce a technical paper that examined the current use of Information Communications Technology (ICT) to advance family planning, reproductive health and other health programs, and identify the enabling conditions for further scale up.

**Program Dates:** July 2011 – November 2011

#### Challenges Addressed:

ICT can play an integral part in addressing family planning, reproductive health, HIV and AIDS, and other health needs. ICT methods can be used to inform and educate family planning/reproductive health program planners, local clinic staff, community health workers, and other service providers, as well as clients. Appropriately applied, ICTs—particularly mobile technologies—have the capacity to improve access to family planning/reproductive health information and services for women, men, and youth, as well as to increase their opportunities to more effectively engage in the economy, with the ultimate potential to better both their health status and their quality of life. However, no systematic review of existing ICT applications in family planning and reproductive health programs existed, and the USAID Africa Bureau approached AIDSTAR-Two to draft a technical paper that would provide a systematic review of the existing trends and evidence to share with program planners and practitioners.

#### Key Results:

- Technical paper widely disseminated.

#### Deliverables:

- The paper: *"The Use of ICT in Family Planning and Other Health Programs: A Review of Trends and Evidence."* In the paper, the examples of ICTs at work are structured around five key activity areas that were captured in the 2008 USAID-

funded report, *Elements of Success in Family Planning Programming*: (1) building a high-performing, well-trained staff; (2) providing strong leadership; (3) communicating effectively; (4) basing decisions on evidence; and (5) assuring contraceptive security. The paper was disseminated – in both English and French – by USAID at the International Conference on Family Planning in Dakar, Senegal at the end of November 2011, as well as through CBKEN and other outlets.

### 3.2 Central Asian Republics (Kazakhstan, Tajikistan, and Kyrgyzstan)

From 2010 to 2013, with the support of both USAID's Central Asia Mission and PEPFAR, AIDSTAR-Two provided technical assistance in the region through several scopes of work. The project's work focused on: (1) expanding the evidence base on gaps in HIV services, gender dynamics among key populations, and capacity building needs of NGOs serving key populations; (2) supporting the development of strategies; and (3) providing capacity building to address the multi-faceted needs of local NGOs.

In 2010, AIDSTAR-Two began collaborating with USAID, PEPFAR Central Asia, local civil society organizations and the public sector to increase the knowledge base for HIV programming for key populations and to ensure that knowledge is applied in the field. AIDSTAR-Two conducted assessments in Kazakhstan and Tajikistan to identify the coverage and quality of HIV services provided to key populations, the challenges and gaps that needed to be addressed, and recommendations for improving access to and the quality of services provided by the facilities that were assessed.

In 2011, AIDSTAR-Two also conducted a mid-term evaluation of the USAID Dialogue on HIV and TB project, which provides technical assistance to HIV and AIDS CSOs. The goal of the evaluation was to identify the results achieved and good practices implemented by the project, as well as existing challenges and recommendations for how to address them.



*Participants at a CSO capacity assessment workshop in the Central Asia region.*

The project conducted two additional assessments at the request of the Central Asia PEPFAR Team in 2013. The first, a gender assessment in Tajikistan and Kazakhstan, identified gender-based constraints to equitable participation and access of male and female key affected populations to HIV and AIDS programs and services. It also identified opportunities for collaboration and strengthening gender-based approaches, and strategies to enhance the accessibility and equitability of its HIV and AIDS programs to both male and female members of key populations and their sexual partners.

The second assessment was conducted with 49 NGOs in Kyrgyzstan, Kazakhstan and Tajikistan to identify their organizational capacity building needs.

**Program Dates:** October 1, 2010 – October 3, 2013

#### **Challenges Addressed:**

- Lack of a comprehensive, multi-year, multi-agency regional PEPFAR strategy to integrate gender into HIV programming.
- Lack of a comprehensive strategy to strengthen the organizational capacity of NGOs that serve key populations in the three countries.
- Lack of technical resources for NGOs to support improvements in their internal systems and quality of services, expand their strategic partnerships, increase the involvement of key populations in advocacy and other activities, and promote the generation of new funding sources.

#### **Key Results:**

- 95 people from 39 NGOs trained in advocacy and building partnerships and developed draft advocacy strategies for a priority issue.
- 5 NGO trained in business planning; each one developed a draft business plan.
- 8 NGOs strengthened their skills and knowledge in MSM HIV Prevention best practices and service packages as well as network creation to advocate for and implement nondiscrimination legislation.

#### **Deliverables:**

- *PEPFAR Central Asia Region Gender Strategy: Strategic Opportunities 2013-2020*
- Two country-specific gender assessments: *Access to HIV Services by Key Populations in Kazakhstan; Access to HIV Services by Key Populations in Tajikistan*
- *PEPFAR CAR Regional NGO Capacity Development Strategy: Strategic Options 2013-2019*
- Three country-specific NGO capacity assessments: *Central Asian NGO Capacity Building Strategy in Kazakhstan; Central Asian NGO Capacity Building Strategy in Kyrgyzstan; Central Asian NGO Capacity Building Strategy in Tajikistan*

- Seven guides to support local organizational development needs, published and disseminated in English and Russian:
  - *The Capacity Developer’s Guide to Human Resource Management for HIV and AIDS Organizations*
  - *The Capacity Developer’s Guide to Business Planning for HIV and AIDS Organizations*
  - *The Capacity Developer’s Guide to Advocacy for HIV and AIDS Organizations*
  - *The Capacity Developer’s Guide to Governance in Non-Governmental Organizations*
  - *The Capacity Developer’s Guide to Partnership and Coordination for HIV and AIDS Organizations*
  - *The Capacity Developer’s Guide to Quality Service Delivery for Key Populations*
  - *The Capacity Developer’s Guide to Strengthening the Involvement of People Living with HIV and Others from Affected Communities within HIV and AIDS Organizations*
- Published *Mid-Term Evaluation of the USAID Dialogue on HIV and TB Project*
- Two country-specific service delivery assessments: *Mapping of Key HIV/AIDS Services, Assessment of their Quality, and Analysis of Gaps and Needs of Most at Risk Populations in Selected Sites of Kazakhstan; Mapping of Key HIV/AIDS Services, Assessment of their Quality, and Analysis of Gaps and Needs of Most at Risk Populations in Selected Sites of Tajikistan*
- Facilitated the first Central Asia People Living with HIV (PLHIV) Summit, held in Kazakhstan in April, 2013; and provided assistance to support the development of a regional, one-year strategy for the Central Asia Association of People Living with HIV

### 3.3 Democratic Republic of Congo

In 2012, AIDSTAR-Two was asked by the USAID Mission in the DRC to provide technical support to one of its Global Fund Principal Recipients—*Soins de Santé Primaires en Milieu Rural* (SANRU)—for the transfer of the Round 7 and Round 8 HIV/AIDS grants from the United National Development Programme (UNDP) to SANRU as well as their consolidation into a single consolidated grant.

AIDSTAR-Two provided technical assistance in the areas of M&E, work plan reprogramming, budgeting, procurement and supply management, and support for iterative revisions of documents following comments from the Global Fund Secretariat. The technical team of three AIDSTAR-Two consultants worked with another team from Grant Management Solutions (GMS) to support the other DRC principal recipient, CORDAID. The teams were deployed in February, March, and May 2012 for several weeks each visit. In June, during the fourth and final visit, the team (with one AIDSTAR-Two consultant funded by GMS), supported the finalization of the procurement and supply management plan and budget and the selection of the sub recipients. They also supported SANRU and CORDAID during the negotiations, making modifications required by the Global Fund.

**Program Dates:** January – June 2012

#### **Challenges Addressed:**

- Monitoring and evaluation
- Work plan development and reprogramming
- Budgeting, procurement, and supply management
- General support following comments from the Global Fund Secretariat

**Key Results:**

- Finalization of the procurement and supply management plan and budget and the selection of the sub recipients.
- Grant consolidation paperwork officially signed in July 2012.

**Deliverables:**

- Procurement and supply management plan and budget.

### 3.4 Eastern Europe and Eurasia Bureau

From 2009-2013, the USAID E&E Bureau provided funding to AIDSTAR-Two to research the issue of MSM and HIV in the Eastern Europe and Eurasia (E&E) region. As result of this effort, the *Signs of a Hidden HIV Epidemic: Men Who Have Sex with Men in E&E Countries Project* was developed to help assess and address the challenges of responding to HIV and AIDS among MSM and transgender people.

The project – the most comprehensive project to date in addressing the growing HIV epidemic in Eastern Europe – was conducted in three phases. The first phase involved an assessment of eight countries – Albania, Azerbaijan, Armenia, Georgia, Russian Federation, Belarus, Moldova and Ukraine – to identify gaps in services and the needs for developing programs for MSM. Phase Two was the development of the Regional Package of Services for MSM. During the third phase, the project provided technical assistance to three local NGOs in the South Caucasus.

**Program Dates:** October 2009 – May 2013

**Challenges Addressed:**

The EE region has one of the fastest-growing HIV and AIDS epidemics in the world. According to UNAIDS, the estimated number of people living with HIV in this region increased by more than 50% between 2001 and 2011, from 970,000 to 1.4 million. By 2011, only 25% of those eligible for HIV treatment were receiving

it. The epidemic is concentrated among key populations, namely people who inject drugs, MSM, and commercial sex workers. MSM face high levels of discrimination and lack access to HIV health care services; many also live with the knowledge that they may be physically attacked or arrested. These problems are often echoed within Eastern Europe’s health system, where many providers see no need for MSM specific programs and do not recognize MSM as a priority for HIV interventions.



*Peer educators from the NGO "We for Civil Equality" in Yerevan, Armenia, gather with beneficiaries after a peer education session.*

**Key Results:**

- Regional Package of Services for MSM was developed and seven countries—Armenia, Azerbaijan, Belarus, Georgia, Moldova, Russia and Ukraine—agreed to incorporate the Package into their National AIDS Plans.
- Stakeholders in Armenia, Azerbaijan and Georgia developed consensus for a national package of services for MSM and to move toward state funding of these services.
- A regional network of specialists on the HIV response among MSM was developed and is now actively and widely sharing knowledge with NGO and governmental officials through virtual platforms and regional meetings.
- Three selected NGOs in Armenia, Azerbaijan and Georgia received specific technical

support to improve their capacity to deliver the package of services to MSM in their communities.

**Deliverables:**

- *Signs of a Hidden HIV Epidemic: Men Who Have Sex with Men in Eastern European Countries: Revised Package of prevention, care and support services for men who have sex with men, and lesbian, gay, bisexual and transgender people*
- *Signs of a Hidden HIV Epidemic: Men Who Have Sex with Men in Eastern European Countries: Program Monitoring Guidelines*
- Regional analysis report: *Men having sex with men in Eastern Europe: Implications of a hidden HIV epidemic*

### 3.5 Guatemala

From April 2009 through January 2011, the AIDSTAR-Two Project, in collaboration with its partner, the International HIV/AIDS Alliance and with funding from USAID Guatemala, provided technical support and grant funds to two multi-sectoral HIV and AIDS networks in the departments of Petén and Izabal with the goal of expanding services and improving the continuum of HIV prevention and care services for key populations including MSM, transvestite and transgender individuals, CSWs, and migrants.

Additionally, NGOs affiliated with the networks received technical assistance to improve internal and external communications, expand their advocacy efforts and community engagement to better respond to the needs of key populations. The networks and their affiliates also designed and implemented an anti-stigma campaign with the support of Red Nacional de la Diversidad (REDNADS) reaching more than 10,000 community members, elected officials, and other stakeholders in Petén and Izabal. This campaign was designed using the results of a participatory community

assessment carried out with both networks and key population representatives.

**Program Dates:** April 1, 2009 to January 31, 2011

**Challenges Addressed:**

- Increasing the involvement and representation of key populations within HIV and AIDS networks, as well as improving the networks' internal structure and coordination.
- Addressing social and structural barriers affecting access to services for key populations.
- Identifying the level of knowledge among migrant populations regarding HIV prevention and the services available to them locally, as well as health care providers' perceptions about migrant populations.

**Key Results**

- Increased the engagement of key populations by actively involving 27 new representatives of MARP-focused NGOs in the networks' activities in Petén and Izabal, an increase of 100% from the project's beginning.
- Both networks successfully redefined their internal structures, developed governance manuals and trained their members how to use them. They effectively managed their grant funding and accomplished programmatic activities focused on advocacy, communications, better coordination, and M&E.
- Both networks also were accepted for the first time as members of the National Legal Network and are now part of the national human rights movement to defend people living with HIV and AIDS.
- Through eight small grants and direct technical assistance from AIDSTAR-Two, the NGO affiliates of the networks improved their advocacy skills, media outreach, and community involvement. In addition, cross-

pollination between members of the Petén and Izabal HIV/AIDS Networks and the Southwestern Network (REDSO), allowed for the replication of successful practices such as the collection, analysis, and use of shared HIV data for evidence-based decision-making and advocacy.

- An anti-stigma media campaign reached over 10,000 people in Petén and Izabal to raise awareness of discriminatory practices against gays, transgender, and MSM. Other efforts targeted local government, elected officials, and civil society leaders to improve coordination and to protect the rights of key populations.

#### **Deliverables:**

- A comprehensive administrative and financial procedures manual for each network.

### **3.6 Honduras**

Between 2009 and 2013, with funding from USAID Honduras, AIDSTAR-Two provided technical assistance and performance-based funding to local NGOs, with the goal of contributing to the reduction of HIV/ STI transmission among MSM, transgender persons, CSWs, and Garifunas. The project designed and implemented a dual approach to improve internal organizational systems and processes, as well as the access to and quality of HIV/STI prevention services for key populations provided by seven local NGOs: *Asociación Hondureña Mujer y Familia (AHMF)*, *Comisión de Acción Social Menonita (CASM)*, *Programa para el Desarrollo de la Infancia y la Mujer (PRODIM)*, *Centro de Orientación y Capacitación en SIDA (COCSIDA)*, *Ecología y Salud (ECOSALUD)*, *Comunidad Gay Sampedrana para la Salud Integral (CGSSI)*, and the Pan American Social Marketing Organization (PASMO).

AIDSTAR-Two also collaborated closely with the Global Fund Principal Recipient, Global

Communities, to conduct an assessment of the capacity of its sub sub-recipient NGOs that provide services to key populations and implemented the Leadership Development Program (LDP) with seven of these organizations. Additionally, AIDSTAR-Two worked with the Country Coordinating Mechanism (CCM) to strengthen its governance and strategic monitoring of the Global Fund sub-grants.

The project also supported the Honduran MOH for the implementation of the pilot phase of the National Strategy for Integrated STI/HIV/ AIDS Services in five regions in Honduras. It also provided technical assistance to the ministry to help them mount a competitive bidding process and issue awards to local HIV and AIDS NGOs serving key populations.



*Presentation from an NGO-sponsored theater group that promotes HIV prevention messages within a Garifuna community.*

**Program Dates:** June 1, 2009–October 30, 2012 (in-country program); through September 2013 for short-term technical assistance (Honduras HIV Prevention Services Assessment, see section 2.8)

#### **Challenges Addressed:**

- Improving NGOs' internal management, financial, administrative and technical systems and processes to ensure high quality service delivery and effective contract and grant management.

- Preparing the NGOs to respond to competitive requests for applications (RFAs) from the MOH and other donors.
- Supporting the MOH to adapt its internal contractual and monitoring systems to execute decentralized, results-based contractual agreements with NGOs for the delivery of HIV-related services.
- Improving internal operation and oversight of the Global Fund grants, which are key responsibilities of the CCM.

#### Key Results:

- Over \$1.76 million provided to local NGOs using performance-oriented sub-contracts and grants for the delivery of high quality HIV-prevention services.
- Seven NGOs strengthened in financial and project management and M&E.
- 32,111 individuals in the target communities received VCT services.
- 4,856 individuals from key populations trained to serve as leaders and mentors reached 48,210 peers and partners annually, increasing awareness of HIV prevention and motivating those at risk to adopt healthy behaviors.
- Adapted, pilot tested and disseminated the Guide to Deliver Risk-Reduction VIH & AIDS Counseling within the Context of Rapid HIV Testing (*Guía para brindar consejería en VIH y SIDA basada en riesgo en los servicios de pruebas rápidas del VIH* in Spanish).
- Distributed more than 1,163,735 condoms through social marketing efforts and 659 marketing outlets established and maintained.
- Successfully assisted the MOH to issue the first decentralized contracts with local NGOs for the provision of HIV-related services to key populations within the framework of the national health sector reform and as part of the pilot phase of the National Strategy for STI/HIV/AIDS Integrated Services.

- Successfully assisted the CCM to update its internal regulation guidelines, statutes, and monitoring of the Global Fund grants.

#### Deliverables:

- Final Report: *Assessment of Honduras' technical, financial and political capacity to assume HIV-related services with an emphasis on prevention in key populations as presently supported by the Global Fund, USAID and other donors* (July 2013).
- Knowledge, Attitudes, and Practices Assessment reports (December 30, 2010; October 4, 2011; September 16, 2010).
- Risk-reduction HIV/AIDS Counseling Guide (November 14, 2012).
- Organizational capacity development materials for seven CSOs, including financial management manuals, human resource management manuals, performance monitoring plans, board governance guidelines, proposal development tools and strategies, and business planning materials.

### 3.7 India

AIDSTAR-Two completed a scope of work for USAID/India in early 2013. The India HIV/AIDS Alliance, a member of the International HIV/AIDS Alliance, was asked by the India CCM to be the new Principal Recipient for the Global Fund consolidated Round 4 Rolling Continuation Channel (RCC) Phase 2 grant, 'Promoting Access to Care and Treatment for People Living with HIV and AIDS.' The India HIV/AIDS Alliance was required to continue all activities as of April 1, 2013 in the phase 2 of the RCC grant. However, since this was not a new grant, the Global Fund did not have a mechanism for funding pre-grant costs for its activities related to its start-up preparations up to March 2013. To address this situation, USAID/India agreed to fund pre-grant activities through the AIDSTAR-Two project.

**Program Dates:** January 2013 – April 2013

**Challenges Addressed:** This scope of work was for short-term funding for the India HIV/AIDS Alliance to support pre-grant activities – there were no challenges.

**Key Results:**

- 19 sub-recipients (SRs) selected through an open and competitive process.
- Assessment and selection of 225 sub sub recipients (SSRs) across 31 states in India.
- 10 regional community consultations and orientations of 31 State AIDS Control Societies held.
- Start-up meeting with all 19 SRs held; SRs held start up meetings with all 225 SSRs.
- All PR staff recruited and hired.

**Deliverables:**

- Draft Community Support and Care Guidelines and Standard Operating Procedures Manual developed and shared with key stakeholders.
- Four training modules updated to address key capacity building needs for SSRs: Psychosocial Support, Sexual and Reproductive Health, Positive Prevention and Treatment Adherence.

### 3.8 Malawi

From 2011 to 2013, at the request of USAID Malawi, AIDSTAR-Two employed a demand-driven organizational capacity development approach to enhance the capacity of 14 CSOs to deliver quality HIV services.

While Malawi has made progress in tackling the HIV and AIDS epidemic— the country’s HIV prevalence now at 12.6%, down from 14% in 2006—there are still substantial structural and capacity barriers to an effective country-led and locally owned response to HIV and AIDS. CSOs play an active role—providing services and advocating for the vulnerable populations affected by HIV and AIDS.

The AIDSTAR-Two Malawi HIV and AIDS Civil Society Organization Capacity Building Project provided needs-assessed, context-specific interventions requested by the organizations themselves. During the engagement phase, the CSOs identified and prioritized organizational challenges—in advocacy, resource mobilization, financial management, board governance, USG rules and regulations, fraud prevention, leadership and management, M&E, and human resource management, among others. The CSO teams participated in capacity building events, peer learning exchanges, and received on-site coaching and mentoring support.

**Program Dates:** October 1, 2011 – October 15, 2013



*HIV Counseling & Testing Day at a community based organization in Malawi.*

**Challenges Addressed:**

- Insufficient organizational monitoring and evaluation skills
- Inadequate knowledge and skills in best practices and board governance
- Capacity building gaps in human resource management (HRM)
- Inadequate knowledge and skills in resource mobilization
- Insufficient understanding of donor regulations, fraud prevention, and risk management
- Inadequate knowledge, skills and understanding on how to develop advocacy policies
- Inadequate financial management skills

- Insufficient leadership and management skills and techniques for addressing organizational challenges

#### **Key Results:**

- Nine CSOs strengthened in human resource management.
- Fourteen CSOs strengthened in organizational M&E. CSOs developed organizational theories of change, results frameworks, and organizational performance monitoring plans.
- Fourteen CSOs strengthened in financial management with new or revised financial and administrative manuals.
- Twelve teams successfully completed the 3-month Leadership Development Program and received equipment and/or software programs to implement action plans developed under this program.
- Strong partnerships formed among CSOs through peer-learning visits and multi-partner capacity development events.

#### **Deliverables:**

- Organizational capacity development materials including but not limited to financial management manuals, human resource manuals, pathways to change, organizational results frameworks, performance monitoring plans, risk management registers, board governance guidelines, and advocacy plans (throughout program).
- Technical Brief: *Demand-Driven Organizational Capacity Development* (October 2013).

### **3.9 Middle East and North Africa (MENA) Region (Algeria, Lebanon, Morocco, and Tunisia)**

From 2011 through the end of the project in 2013, AIDSTAR-Two supported USAID's *Responding to Most-at-Risk Populations in the MENA Region Project*, the only USAID-funded HIV project in the MENA region. At the

conclusion of AIDSTAR-Two, this project was transitioned to the USAID-funded Leadership, Management and Governance Project.

Through its partner, the International AIDS Alliance, AIDSTAR-Two supported eight civil society organizations in Algeria, Morocco, Lebanon, and Tunisia to strengthen their service delivery and influence their environments to increase access to key population-friendly services in locations that are generally hostile to these groups. The CSOs deliver community-based programs to reach MSM by supporting effective strategies such as HIV prevention outreach and interpersonal communication through peer educators, distribution of commodities such as condoms and lubricant, voluntary counseling and testing and referrals to other social services such as legal assistance or psychologists. Additionally, they have leveraged their work to become key stakeholders on the national level. AIDSTAR-Two also worked to strengthen the involvement of people living with HIV (PLHIV) by supporting four fledgling PLHIV groups to develop their own IEC materials for use in individual and group support and education sessions.

**Program Dates:** October 2011 – September 2013

**Challenges Addressed:** The MENA region has one of the fastest-growing HIV epidemics in the world, along with Eastern Europe [UNAIDS 2011]. In the past decade, annual estimated new infections have almost doubled and AIDS-related mortality has also almost doubled. HIV prevalence rates are rising among key populations, particularly MSM [World Bank 2010]. Access to testing is not always readily available to key populations. The estimated regional coverage of anti-retroviral therapy (ART) remains low at approximately 8% [UNAIDS 2011]. Stigma and discrimination, exacerbated by criminalization of homosexual behavior, play a major role in the spread of HIV throughout the region, with STIs also contributing to high rates of infection.



*A candlelight event to stop stigma and discrimination against PLHIV in Lebanon.*

By strengthening organizations working with MSM, the project aimed to address the challenge of reaching this vulnerable group with high quality prevention interventions in order to encourage less risky behavior. Additionally, the project addressed the overall enabling environment by working with local organizations to better represent the health needs of MSM at the national level, through participation in the CCM or the inclusion of interventions for MARPs in National AIDS Plans.

#### **Key Results:**

- Eight CSOs were supported in financial and project management as well as programmatic support through 49 technical assistance activities.
- More than USD \$778,122 was provided to CSOs to strengthen and expand the delivery of high quality HIV-prevention services.
- An estimated 29,300 MSM reached through one-to-one peer support and small group discussions, educational sessions and counseling.

- 154,080 people reached through public events, media and information materials to reduce stigma and discrimination against key populations.
- 130,331 condoms and 40,751 sachets of lubricants distributed to key populations.
- 5,831 referrals to services for STI testing, diagnosis and/or treatment.
- 4,060 MSM received VCT services provided by the CSOs. Additionally, 7,000 referrals were made to public VCT services.

#### **Deliverables:**

- Regional Report: *Demonstrating Results of the 'Responding to MARPs in the MENA Region' Project using the Most Significant Change Methodology*; produced in English and French
- The Alliance toolkit, *Understanding and challenging HIV stigma: toolkit for action*, was revised and translated as a training resource in English and French
- *Strengthening the involvement, care and support of PLHIV in the MENA Region: Situational Overview*; produced in English and French
- *The NGO Communications Guide: A Guide to developing a communications plan for NGOs working on HIV prevention projects in the MENA Region*; produced in English and French

### **3.10 Namibia**

HIV, AIDS, and TB are major health challenges and are among the leading causes of morbidity and mortality in Namibia. In 2010, the USAID Office of HIV/AIDS, in collaboration with USAID Namibia, began planning a community-based health initiative entitled "centerships" to address the issues of access to services and the HIV epidemic. Centerships are community entities defined, owned, and operated by community members. Their primary purpose is to implement community health projects, particularly outreach, education and referrals

and collect local health information through community health worker (CHWs) volunteers.

Working in two communities, Rosh Pinah and Onderombapa, AIDSTAR-Two focused on strengthening the centerships to ensure that they could eventually continue providing quality health education and consistent health data collection without USAID funding. AIDSTAR-Two prioritized three areas: (1) the community health information system and health education; (2) income generating activities to support the health activities and the CHWs; and (3) local partnerships to provide continued technical support to the centerships upon the project's close.

**Program Dates:** September 2010 – August 2013

**Challenges Addressed:**

- The communities had limited capacity in health and health information data collection, and business and livelihood activities.
- Onderombapa has a dispersed population and limited transportation, making it difficult for CHW volunteers to conduct home visits.
- In Rosh Pinah, the highly politicized environment, and the language barriers among the population, presented obstacles for community health volunteer activities.



*Community health workers in Rosh Pinah working in their community garden.*

**Key Results:**

- 470 households received health education from community health workers (CHWs), 93 referrals were made to the health clinic, and 3,797 condoms were distributed.
- 63 CHWs were trained on topics including effective counseling of people affected by HIV and AIDS, ARV adherence and effective data collection and reporting.
- 62 CHWs participated in a Business Planning for Health training.
- CHWs trained 390 local residents on important health issues.
- CHWs in Onderombapa began managing a small goat farming project that included a herd of 20 which already produced two offspring. Once the goats produce more offspring, the CHWs will sell them to begin earning income for themselves and for the centerships.
- A public-private-partnership was brokered by AIDSTAR-Two for the Rosh Pinah centership with RoshSkor, the corporate social responsibility arm of the local mining company. RoshSkor committed to continuing payment of stipends to the CHWs for the period of one year. In addition to paying stipends, RoshSkor also generously contributed an office for the CHWs and provided land for their small income generating community garden.
- CHWs in Rosh Pinah established a community garden that will provide nutritious food for up to 92 local residents and will provide a livelihood income of \$500N for each CHW.

### 3.11 PEPFAR Caribbean Regional Program

In 2012/2013, AIDSTAR-Two undertook and completed a scope of work for the PEPFAR Regional Caribbean Program Coordination Team, based in Barbados. This team manages a vast portfolio with programs in 12 countries, two regional partners, six USG Embassies, and seven USG Agencies. Each agency has its own set of Implementing Mechanisms (IMs), adding to the wide array of programs to monitor and manage. AIDSTAR-Two developed a regional PEPFAR program monitoring dashboard system and, once the dashboard was completed, led the initial implementation phase of this monitoring Dashboard system. The goal of the PEPFAR Caribbean Regional Program Dashboard is to provide a more streamlined process and system that facilitates information sharing and program monitoring and management by the PEPFAR Caribbean Team, USG Agency staff, National AIDS Programs (NAPs), and other key stakeholders.

The dashboard offers users a visual presentation of the PEPFAR indicators and targets and progress towards achieving them, as well as budget execution information, all presented from the level of individual IM to the overall regional program totals. The dashboard allows program managers and other key stakeholders to more easily focus on the program's progress towards the achievement of PEPFAR targets, consolidate information for review, and view the information at different levels of detail (such as by individual IM, country, agency, or regional program total). Through a series of collaborative engagement and design TDYs, working closely with the PEPFAR Coordinator and team, other key USG agency stakeholders, National AIDS Programs from the region, and the PANCAP team, AIDSTAR-Two developed individual dashboards for each of the 12 countries in the regional program, an overall regional totals dashboard, and a Dashboard User Manual.

**Program Dates:** March 2012 – January 2013

#### **Challenges Addressed:**

- PEPFAR program monitoring and management across a wide array of countries, USG agencies, regional programs, and implementing mechanisms (projects)
- Coordination of reporting formats and processes with many stakeholders involved
- Data management and version control
- Timely use of data for decision making and monitoring budget and technical indicators together

#### **Key Results:**

- Training of the PEPFAR Team and PANCAP on use of the dashboard and ongoing management

#### **Deliverables:**

- 12 individual country dashboards and a regional totals dashboard
- Dashboard User Manual
- Standardized indicator reporting/data compilation forms

### 3.12 South Sudan

In 2012, AIDSTAR-Two received a scope of work from USAID South Sudan to support the South Sudan National AIDS Commission to develop a new five year National AIDS Strategic Plan, an operational plan and a costing plan.

South Sudan has a national HIV prevalence rate estimated at 3.04%. The country has a generalized HIV epidemic with pockets of high concentration among key populations that include sex workers and clients, military personnel, long distance truck drivers, internally displaced persons, returnees and refugees, and young people. Communities close to urban townships, cross border points, and transport corridors tend to have higher prevalence than those in remote and inaccessible areas. The HIV epidemic in South Sudan also has a

humanitarian dimension due to the high number of returnees and internally displaced persons due to tribal conflicts. The country had an old national strategic plan that had not been costed and needed to be reviewed and replaced with a new plan focused on intensifying efforts to eliminate HIV and AIDS that offered strategic guidance on the overall investment framework for the national AIDS response.

**Program Dates:** November 2012 – April 2013

#### **Challenges Addressed:**

- The scale-up of the national AIDS response, focusing primarily on priority populations, geographic areas and the underlying economic, social and cultural factors driving new HIV infections.
- Lack of costing data and financial information to better understand the cost implications and inform decisions on resource allocation.
- Development of the capacity of service providers and health system strengthening.
- Stakeholder coordination and accountability.
- Resource mobilization, monitoring and evaluation.

#### **Key Results:**

- Through a consultative process involving the participation of public sector, civil society, and development partners, and in-depth HIV epidemic and response analysis process, stakeholders developed a new strategic plan. The completed plan is aligned with other relevant frameworks, including the South Sudan Development Plan, the National HIV and AIDS Policy and the Health Sector Development Plan at the national level, and at the international level, the 2011 UN General Assembly High Level Meeting Outcomes and Commitments, the Global HIV and AIDS Strategic Plan (Getting to Zero) and the Global HIV Investment Framework.

#### **Deliverables:**

- *South Sudan National HIV and AIDS Strategic Plan (2013 – 2017)* – a comprehensive plan that outlines clear strategic goals, targets, programmatic components, interventions, and indicators for tracking results.
- *An Operational Plan* with a clear breakdown of strategies, activities, and timelines.
- *A Costing Plan* that was developed using an outcome based cost structure.

### **3.13 Tanzania**

From 2010 to 2012, AIDSTAR-Two worked with Tanzanian CSOs at the request of the USAID Tanzania Mission. The Tanzania Youth Alliance (TAYOA) works with youth to promote dialogue and positive change in attitude, skills and practices in order to strengthen governance and reduce poverty and HIV and AIDS transmission. The National Council for People Living with HIV and AIDS (NACOPHA) is a small organization with a big mandate – to strengthen the network of PLHIV organizations in the country to ensure their visibility and influence at various levels of policy and decision making and implementation in Tanzania. NACOPHA is also responsible for mobilizing support for and building capacity of member organizations. Since its inception, the council has registered 12 national networks of PLHIV and 74 PLHIV district clusters, but continued to face performance gaps.

The scope of work with TAYOA was focused on strengthening its M&E system and developing a communication strategy. The goal was to strengthen the organization's strategic capacity and extend its ability to advocate for and influence the creation of an enabling policy environment for sustainable support to PLHIV in Tanzania.

**Program Dates:** March 2010 – June 2012

### Challenges Addressed:

- Strengthening organizational capacity in planning, strategic management, program development, resource mobilization, and monitoring and evaluation.
- Building advocacy and networking capacity to influence policy, legal framework, and mainstreaming of PLHIV in national framework of AIDS response; community mobilization through PLHIV district clusters and groups as well as the strategic engagement of the private sector.

### Key Results:

- Two organizations strengthened to provide a more strategic local response to the HIV and AIDS epidemic.

### Deliverables:

#### TAYOA:

- Communication Strategy
- Monitoring and Evaluation Strategy

#### NACOPHA

- A comprehensive strategic plan developed through a consultative two-phase process involving all primary stakeholders, including district cluster representatives
- Advocacy and communication strategy
- Resource mobilization and sustainability plan

## 3.14 Ukraine

AIDSTAR-Two began working with USAID Ukraine in May 2012, to support its efforts under the PEPFAR Country Collaboration Initiative (CCI) to build the programmatic, financial, and operational capacity of the Ukrainian Center for Disease Control (UCDC). The UCDC had been selected as a Global Fund co-Principal Recipient (PR) for the recently awarded Round 10 Grant.

The project focused on developing UCDC's management capacity and procurement

capabilities, and addressing staff remuneration issues stemming from the Global Fund mandate that staff salaries ultimately be transferred to the Government of Ukraine. AIDSTAR-Two also assisted the UCDC to prepare for selection and management of SR organizations, in accordance with UCDC's priorities in complying with Global Fund management actions and Conditions Precedent in its role as PR. During the latter stages of the project, AIDSTAR-Two was asked by USAID to engage a local consultant to work with the Ukrainian Ministry of Health, State Service, and the UCDC to develop the costing for the new five-year National AIDS Plan for Ukraine (2014-2018).

**Program Dates:** July 2012 – June 2013



*UCDC finance and procurement staff during a meeting to discuss procurement guidelines.*

### Challenges Addressed:

- AIDSTAR-Two's scope of activities changed periodically over the first several months of the project due to emerging urgent requirements for the UCDC to respond to Global Fund requests and conditions.
- The merger of UCDC with the TB Center mid-way through the activity led to a host of challenges as the administrative and operational issues that came out of the merger were taxing on the UCDC and thus impacted staff availability to address some of the CCI issues.
- Limitations to what can be accomplished through short-term technical assistance.

AIDSTAR-Two recommended the hiring of a long-term permanent advisor for UCDC for work that will be continuing under the MSH Leadership, Management and Governance (LMG) project.

**Key Results:**

- AIDSTAR-Two served as a catalyst in addressing gaps in the Ukrainian legal, regulatory, and governmental environment that impact UCDC's ability to operate as a successful PR.
- A costed Ukrainian National HIV/AIDS Strategy for the period 2014-2018.
- The UCDC transferred funds to a Global Fund Sub-recipient (SR) on October 2, 2013, the first time ever that a Ukrainian government agency granted funds under the sub-granting mechanism.

**Deliverables:**

- Revised procurement guidelines that met Global Fund requirements, and enabled UCDC to continue procurement of supplies and to pay consultants who played a central role in grant implementation activities.
- A suite of management tools that the UCDC can use to assess, select and manage SRs under both the HIV and TB grants.
- Sample job descriptions for UCDC to manage workforce recruitment and growth, and timelines of actions needed for staffing up and for enlisting SRs.

## 4. Lessons Learned

Five key overarching lessons have emerged related to organizational effectiveness: strengthening internal and external capacity; evidence-based organizational capacity development; demand-driven capacity development; the organizational sustainability of local CSOs; and measuring the effect of organizational capacity development.

### 1. Strengthening internal and external capacity to foster organizational effectiveness

Over the last five years, AIDSTAR-Two has engaged directly with more than 100 local civil society and public sector organizations, held four high-level technical discussions on organizational development at USAID in Washington DC, conducted 14 virtual seminars, and participated in the Africa HIV and AIDS Capacity Building Summit with leading practitioners and thinkers in the field of organizational capacity building.

The lessons learned from these experiences point to the importance of taking a “whole of organization” approach to capacity building. Organizational performance and capacity depend not only on what happens *inside* the organization; it also depends on what is going on *outside* it. While internal competencies such as management, leadership and governance are essential ingredients for success as well as HIV prevention, care and support, treatment and OVC best practices, organizations also need competencies such as partnership building; advocacy; negotiation; data gathering, analysis, and use; knowledge of civil society; and overall adaptive capacity to strengthen the external environment and their ability to navigate this environment. Donor-funded capacity building is often focused on strengthening capacities directly related to the specific project funded by the donor rather than taking a broader “whole of organization” approach. Instead, donors should pay attention to the capacity gaps of the entire organization. Donors as well as national governments and CSOs should also consider the impact of the external environment on organizations and what they can do to strengthen the enabling environment.

A creative amalgam of internal and external capacity strengthening approaches eventually leads to the establishment of foundational social capital needed to create capable, sustainable organizations. For example, through peer exchange forums, organizations can tap the capacity of other organizations or peers that are better able than themselves to carry out specific functions. In AIDSTAR-Two’s work with 14 HIV and AIDS civil society organizations in Malawi, such peer exchanges proved to be an effective way to achieve results. Using a neighborly metaphor, a CSO leader in Malawi described the peer exchanges, “almost like borrowing sugar from a neighbor.” In the MENA region, HIV and AIDS CSOs working with key populations regularly support each other and attend regional and national meetings with other CSOs to share approaches and strategies; they work plan together and strengthen their network. Leveraging this capacity that is available in-country calls for higher level of comfort with interdependence, and the ability of people and organizations to establish and sustain connections and partnerships.

### 2. Evidence-based organizational capacity development

Organizational capacity building interventions should be evidence-based. Although research on and evaluation of the impact of organizational capacity building are greatly needed to build a richer body of evidence to ensure that systematic and tested approaches are available, a body of evidence on strengthening organizational effectiveness through better leadership, governance and management does exist but must be reviewed, discussed and disseminated. The evidence base for effective

organizational capacity approaches must be expanded not only by the North but by developing countries themselves. Leaders of public sector institutions and civil society organizations need to further prioritize evidence-based organizational capacity development and not just investment in HIV or other health best practices.

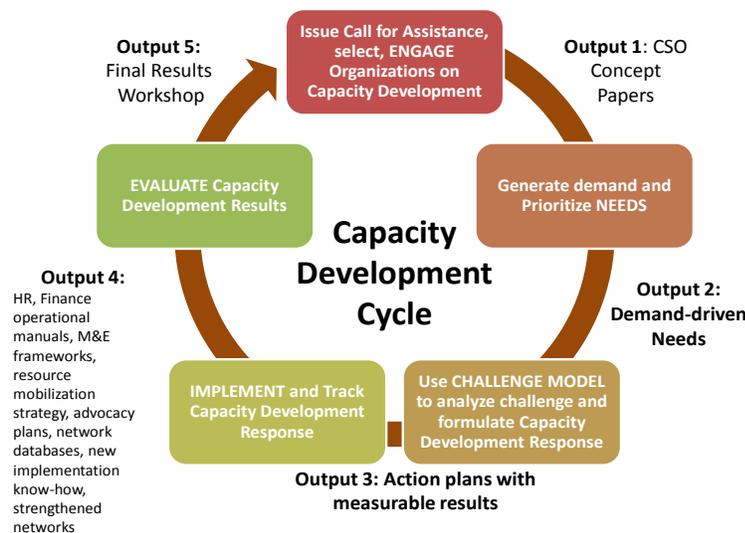
CSOs, as well as the public sector, can use existing evidence more intentionally including their own data to make sound programming decisions. In Honduras, CSOs utilized the findings of a Knowledge, Attitudes and Practices survey to improve data-driven decision making and strengthen the technical quality and appropriate targeting of their services to key populations. They also met monthly with AIDSTAR-Two staff to analyze progress toward indicators in their performance monitoring plans. In the MENA region, CSOs interpreted data from previous organizational assessments to strengthen financial and other management systems. MENA CSOs used the Most Significant Change methodology, a participatory monitoring and evaluation technique that enables them to collect and analyze significant change stories from the field. The technique provides data on impact and outcomes that can be used to report results, assess program performance, and make changes as needed. CSOs in Malawi used Theory of Change and Pathways to Change and examined assumptions and consulted with each other, and the AIDSTAR-Two team about what works in organizational strengthening as well as HIV interventions. CSOs and public sector institutions need to consider multiple strategies to facilitate and promote evidence-based organizational strengthening practice; and managerial support, facilitation, and a culture that is receptive to evidence-driven change are essential.

### **3. Demand-driven capacity development**

Technical assistance and capacity building programs for local organizations have commonly been supply-driven—by donors and international NGOs. This approach has often been criticized for a lack of ownership by local partners and a failure to address their genuine needs. This has resulted in a recent trend toward a more demand-driven approach whereby interventions are designed to meet needs and demands for change. AIDSTAR-Two defines demand-driven capacity development as a process of reflection, leadership and adaptation that gives a local organization the space to identify and prioritize its own capacity challenges, participate in the selection and implementation of plausible interventions and measurable results, and internalize the results to improve performance.

In Malawi, the project used an action-oriented demand-driven capacity development cycle to strengthen the capacity of 14 HIV and AIDS CSOs. Figure 2 below captures the phases of this approach that build on some of the principles of effective capacity development and organizational effectiveness.

**Figure 2. Demand-driven capacity development cycle**



Using a complementary bundle of capacity development methods, including multi-partner skill development workshops, virtual and face-to-face leadership development programs, on-site mentoring and coaching, and peer exchange learning, the project enhanced the knowledge, skills and operational effectiveness of the CSOs in financial management, human resource management, leadership development, board governance, advocacy, monitoring and evaluation. Although the AIDSTAR-Two Project issued grants to CSOs in Honduras, Guatemala and the MENA region, the CSOs in Tanzania, Malawi, Central Asia, Eastern Europe and Eurasia and elsewhere received only technical assistance.

Several other important lessons also emerged from this experience with CSO teams in Malawi and other countries. These include:

- Most local CSOs do need technical skills, knowledge and stronger operational systems to improve performance, but on their own, these attributes have limited impact if organizations are unable to react to changes in their internal and external environment through advocacy, innovation and overall leadership.
- Even CSOs that receive direct funding from donors face challenges far beyond financial and administrative management, including how to engage with donors; how to respond to Requests for Proposals or Applications and write winning proposals; how to diversify revenue sources; how to implement projects successfully; how to identify, contract and manage consultants; how to lead and sustain a change process; and how to obtain and use direct technical assistance offered to them.
- CSOs ultimately need to lead their own improvement processes: articulating need and demand, setting priorities, defining and owning capacity building approaches that work, establishing networks and making key decisions that lead to organizational effectiveness and achieve results.

Technical assistance providers and development practitioners also need to be more thoughtful about their roles in the process of demand-driven capacity development, and look at new roles and ways to

lend their support as “discovery agents” and “conveners of conversations” and “relationship brokers,” and not just conveyors of technical expertise to single organization or to a network.

#### **4. Organizational Sustainability of Local CSOs – What Works**

Systematic organizational sustainability focuses on three key areas: *institutional sustainability*, *financial sustainability* and *programmatic sustainability*.

In 2012, AIDSTAR-Two conducted case studies evaluating the support of USAID capacity building efforts and the factors related to organizational sustainability, focusing on three mature CSOs in Honduras, Uganda, and Cambodia. The case studies identified some common factors that contribute to the institutional, financial and programmatic sustainability of local organizations, as outlined below:

##### **a) Institutional sustainability**

- Knowledge of and adherence to the organizational mission
- Clear lines of authority and decentralized decision-making
- A strong human resources management unit, supported by adequate funding, talented staff, documented policies and procedures, and a defined structure
- A commitment to monitoring and evaluation that is evidenced by adequate funding, capable and sufficient staff, and systems to ensure data quality and comprehensive and timely reporting
- Engagement in networking within and across sectors in the country where the organizations are located, as well as identification and pursuit of strategic partners to generate greater exposure, technical complementarity, and options for new streams of revenue
- A strong executive leadership and board of directors, particularly where board members have the skills necessary to carry an organization into the future

##### **b) Financial sustainability**

- Clear, documented, and accessible financial procedures
- Sound practices, coupled with adequate and capable staff, for the following functions:
  - Accounting and record keeping
  - Purchasing and procurement and asset management
  - Payroll management
  - Financial reporting and audit
  - Cash and bank management
  - Budget development and monitoring
  - Internal financial controls
  - Grants management, planning and administration, where executed

##### **c) Programmatic sustainability**

- Program/project monitoring and reporting
- Program/project execution or implementation

## 5. Measuring the Effect of Organizational Capacity Building

The ultimate goal of capacity development is to build organizational capacity, improve performance, and achieve organizational results including improved access to quality HIV and AIDS and health services.

The AIDSTAR-Two Project convened various technical discussions and contributed to the creation and functioning of a network of capacity development practitioners who met regularly in the Washington DC area to discuss and expand the thought leadership required to enhance the practice of measuring the impact of organizational capacity building efforts, amongst other goals.

Some of the key lessons that emerged from these engagements include the realization that measuring organizational capacity is:

- **Multi-dimensional**, and results ought to look beyond output measures such as number of people trained, number of assessments conducted, or number of manuals produced. Instead, the focus should be on the performance of the organization, particularly in the areas of sustainability outlined above in addition to service access, quality and productivity, and the role of change agents. Results, including intermediate capacity outcomes such as raised awareness, strengthened skills and knowledge, strengthened networks and new implementation know-how amongst change agents need to be tracked and measured over time.<sup>1</sup>
- **Centered** on the organization itself: The organization whose capacity is being developed must be central to measurement and evaluation efforts. It is essential to consider and measure what the organization wants to see change, in its own capacity, over time.

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<sup>1</sup> Guide to Evaluating Capacity Development Results, World Bank Institute, 2012

## 5. Looking Forward

AIDSTAR-Two offers the following recommendations for those working on strengthening organizational capacity development in the future.

### **1. Strengthen internal and external capacity to foster organizational performance and effectiveness.**

Currently, much of the training and capacity development technical assistance provided to local organizations involve internal organizational capacity strengthening efforts. Financial accounting and management systems; human resources and supervisory skills training, senior leadership and board development, planning, monitoring and evaluation, knowledge management, and resource mobilization skills are all staples that build and stabilize internal organizational capacity and capacity building should continue in these areas. However, all aspects of organizational life are influenced, often profoundly, by its external environment.

Looking ahead, donors, governments and technical assistance providers should collaborate and focus on the capacity needed to strengthen the external enabling environment both at the individual organization and civil society sector level, which are equally important in any organization's quest to improve performance, relevance, and impact. Such a process that strengthens both internal and external capacity will eventually enable local organizations to remain mission driven, create social value, and adapt to their complex, fluid and at times hostile environments. In short, organizational leaders need the skills and competencies to navigate the external environment and influence it; in addition, donors, governments, and CSOs must work together to strengthen the enabling environment for civil society.

### **2. Increase the capacity of implementers to use evidence-based practice.**

Significant organizational development resources and evidence already exists that local organizations can benefit from, but these need to be adapted locally to maximize uptake, relevance and effectiveness. For example, encouraging local organizations to utilize their own data to design and respond to internal and external capacity gaps and committing staff time and financial resources to thoughtful experimentation, and articulating new challenges that force the staff to collaborate with others and stretch their thinking will lead to even more context-specific evidence that will generate appropriate local solutions. Adopting such an approach will require the use of local talent, expertise and systems. Where local organizations and their systems are not strong enough, they should be strengthened and not bypassed.

### **3. Remain accountable to local partners and donors by tracking and communicating results.**

As we look ahead, donor interest in capacity development will grow, as will the pressure to be accountable for the results of capacity development initiatives. When it truly works, capacity development unleashes local knowledge, experience, and skills and acts as a driving force for generating meaningful results that empower local organizations and communities to shape their own destinies. So we must pay more attention to the approaches we use to strengthen capacity as well as the methods that we use to measure and communicate results. This does not mean that everything needs to be measured, but we should remember that things may change over time as the organization and the organization's needs as well as the indicators for measuring change evolve or change over time. For example, one set of measures used at the baseline may no longer be relevant a year or two down the line. This is an area that requires more concerted effort in terms of generating consensus on what

constitutes “organizational performance results” and metrics to measure the effectiveness of the capacity development approaches.

#### **4. Respond to demand and put organizations in the driver’s seat.**

In Malawi and many other places, AIDSTAR-Two observed that local organizations are often best placed to identify and prioritize their own capacity gaps, assume leadership for the implementation of interventions, and track their own results. Such a demand driven approach to capacity development draws upon voluntary learning, with genuine commitment, demand and interest on the part of the local partners. It also resonates with the evidence in the literature on the endogenous nature of capacity and how organizations and people actually learn, grow, adapt to changes and achieve results.

#### **5. Make sustainability the ultimate goal.**

The ultimate goal of any organizational capacity development initiative is to contribute to building sturdy and resilient organizations with the infrastructure, systems and practices and people that allow them to meet their social mission and make them less vulnerable to internal and external risks and shocks.

Looking ahead, donors, civil society organizations and capacity development advisors need to clearly understand all aspects of sustainability, particularly institutional, financial and programmatic capacity; build capacity in all these areas, and support local organizations to take control of their own capacity building and develop simple tools that they can use consistently to track and measure progress on their own organizational sustainability.

# 6. Annexes

## Annex A: Deliverable Tables

**Table 1: Deliverables for the Orphans and Vulnerable Children TWG**

<b>Expanding the Evidence Base: Assessments, Evaluations, Technical Papers, Tools and Literature Reviews</b>		
<b>Name</b>	<b>Dates</b>	<b>Description</b>
<i>OVC Education Decision-Making Tool</i>	October 2013	Documented a systematic process for identifying and making strategic, evidence-based decisions for investing in OVC educational programming.
<i>Predicting Long-Term Outcomes for Children Affected by HIV and AIDS: Phase Two Summary Paper</i> Phase 2: OVC Economic Forecasting	October 2013	Highlighted the critical points on the Phase 2 OVC Economic Forecasting papers that are listed below.
<i>Parental mental health and child outcomes: Implications for children affected by HIV and AIDS</i> Phase 2: OVC Economic Forecasting	October 2013	Examined the evidence around how psychiatric disorders in parents are associated with an increase in psychological and developmental disturbances in children.
<i>Understanding and Changing the Long-term Effects of HIV and AIDS-related Adult Caregiver Illness and Death on Children’s Development: Toward the Evidence Base Needed for Action</i> Phase 2: OVC Economic Forecasting	October 2013	Examined the current state of evidence on the short-term effects of caregiver illness or death on children; outlined the evidence needed to better understand the long-term implications.
<i>Nutrition and Human Capital – Considerations for the HIV-affected Children</i> Phase 2: OVC Economic Forecasting	October 2013	Reviewed the recent literature relating early nutrition to developmental outcomes for HIV-affected children.
<i>HIV and AIDS and Child Development: Some notes from an attachment perspective</i> Phase 2: OVC Economic Forecasting	October 2013	Discussed how the presence of HIV and/or AIDS can impact children’s attachment formation.
<i>Understanding the Effects of HIV and AIDS on Child Development: An Ecological Perspective on the Human Rights of Children</i> Phase 2: OVC Economic Forecasting	October 2013	Examined how HIV and AIDS-affected children’s specific life contexts—“ecological niches” – inform their development.

<i>Developmental sequelae of childhood loss due to parental death and divorce: Implications for OVC in the AIDS epidemic</i> Phase 2: OVC Economic Forecasting	October 2012	Examined the literature on the impact of parental death and divorce, including the long-term consequences, since it may provide clues as to what to expect long-term for children affected by HIV.
<i>Growth and Development Among HIV Infected/Affected Children</i> Phase 2: OVC Economic Forecasting	October 2013	Examined the impact of HIV on young children's physical growth and cognitive development.
<i>The Enduring Impact of Violence Against Children</i> Phase 2: OVC Economic Forecasting	October 2013	Reviewed the literature on the health consequences associated with exposure to violence as a child, as well on the emerging literature on the economic costs.
<i>AIDS-related Stigmas and Children Affected by AIDS</i> Phase 2: OVC Economic forecasting	October 2013	Provided an overview of HIV-related stigma, particularly how stigma pertains to children affected by AIDS.
Swaziland Social Work and Social Welfare Consultancy Report	September 2013	Summarized the technical assistance in Swaziland and the recommendations to USAID/PEPFAR Swaziland for moving social welfare workforce strengthening forward.
200+ photographs of orphans and vulnerable children by Tash McConnell	August-September 2013	Supported a photo documentation project in Uganda, South Africa and Lesotho.
<i>Lifelong Implications: Pathways to Psychological Impacts and Responses of HIV and AIDS on Children</i> Phase 1: OVC Economic Forecasting	June 13, 2013	Reviewed the literature describing the psychological outcomes of children who are affected by HIV and those who are exposed to the virus but are uninfected.
<i>The Health Impacts of HIV on Exposed, Uninfected, and Affected Children</i> Phase 1: OVC Economic Forecasting	June 11, 2013	Reviewed the literature describing the physical health outcomes of children who are affected by HIV and those who are exposed to the virus but are uninfected.
<i>Consequences of HIV and AIDS for Affected Children: Phase 1 Summary Paper</i> Phase 1: OVC Economic Forecasting	May 30, 2013	Summarized the Phase 1 OVC Economic Forecasting papers describing the social, health, and psychological outcomes of children affected by HIV.
<i>Identifying Causal Chains Linking HIV Affected to Children's Social Outcomes: Predicting the long-term outcomes for children affected by HIV</i> Phase 1: OVC Economic Forecasting	May 28, 2013	Reviewed the literature describing the social outcomes of children who are affected by HIV and those who are exposed to the virus but are uninfected.

<i>The Nexus of Orphans and Vulnerable Children, HIV and AIDS, and Equitable Access to Education: Executive Summary</i>	April 4, 2013	Summarized results of discussions in Haiti, Kenya, Lesotho and Zimbabwe with USAID missions and other stakeholders regarding access to education for orphans and vulnerable children.
<i>Child and Youth Care Workers in South Africa: A Technical Brief</i>	March 2013	Described the process behind the scale-up of a cadre of community-based child and youth care workers.
<i>South Africa Technical Assistance Final Report: Household Economic Strengthening for Orphans, Vulnerable Children and their Caregivers</i>	June 3, 2011	Summarized key results of AIDSTAR-Two's Household Economic Strengthening work in South Africa.
<i>South Africa: Household Economic Strengthening: Workshop Summary</i>	May 26, 2011	Presented key results of the HES workshops hosted by AIDSTAR-Two partner Cardno Emerging Markets USA, Ltd. On May 10 and May 19, 2011 in Pretoria, South Africa.
<i>Kenya Household Economic Strengthening Final Report: Household Economic Strengthening for Vulnerable, Marginalized and Underserved Populations, including Orphans and Vulnerable Children</i>	March 25, 2011	Summarized key results of AIDSTAR-Two's Household Economic Strengthening programming work in Kenya.
<i>Technical Guide for Household Economic Strengthening Site Visits: Targeting Vulnerable Households, Orphans and Vulnerable Children and their Caregivers</i>	March 25, 2011	Produced at the request of USAID Kenya to provide guidance to USAID AOTR and project managers during visits to implementing partners' economic strengthening activities for vulnerable households, OVC, and their caregivers.
<i>Kenya Household Economic Strengthening Workshops Report: Household Economic Strengthening for Vulnerable, Marginalized and Underserved Populations, including Orphans and Vulnerable Children</i>	March 25, 2011	Presented key documents from the HES workshops hosted by AIDSTAR-Two partner Cardno Emerging Markets USA, Ltd. March 1 and March 10, 2011 in Nairobi, Kenya.
<b>Global Knowledge Exchange through eNewsletters</b>		
<b>Name</b>	<b>Dates</b>	<b>Description</b>
OVCSupport.net Bulletin	September 9, 2012	Featured winning essays from the OVCSupport.net Second Annual Writing Contest
What's New in Research, Issue 19	July 31, 2013	
What's New in Research, Issue 18	July 3, 2013	
OVCSupport.net Bulletin	June 10, 2013	Highlighted Pact's Parenting Program: Caring for Carers.

What's New in Research, Issue 17	May 31, 2013	
What's New in Research, Issue 16	May 9, 2013	
What's New in Research, Issue 15	April 15, 2013	
OVCSupport.net Bulletin	March 29, 2013	Highlighted article, <i>Where are Children and Youth with Disabilities in the HIV/AIDS Paradigm?</i>
What's New in Research, Issue 14	February 28, 2013	
OVCSupport.net Bulletin	February 1, 2013	Highlighted features on strengthening the social service workforce.
What's New in Research, Issue 13	January 30, 2013	
What's New in Research, Issue 12	December 31, 2012	
What's New in Research, Issue 11	December 4, 2012	
OVCSupport.net Bulletin	November 30, 2012	Highlighted report, <i>Reducing HIV and Transactional Sex among South African Youth.</i>
What's New in Research, Issue 10	October 31, 2012	
What's New in Research, Issue 9	October 8, 2012	
What's New in Research, Issue 8	August 31, 2012	
OVCSupport.net Bulletin	August 29, 2012	Featured the winning essays from the OVCSupport.net First Annual Writing Contest.
What's New in Research, Issue 7	August 6, 2012	
What's New in Research, Issue 6	July 3, 2012	
OVCSupport.net Bulletin	June 22, 2012	Focused on monitoring and evaluation.
What's New in Research, Issue 5	June 1, 2012	
What's New in Research, Issue 4	May 7, 2012	
OVCSupport.net Bulletin	April 18, 2012	Focused on child protection.
What's New in Research, Issue 3	February 29, 2012	
What's New in Research, Issue 2	March 19, 2012	
What's New in Research, Issue 1	February 29, 2012	Debut issue, preceded by a letter of introduction from Ambassador Goosby.
OVCSupport.net Bulletin	February 9, 2012	Focused on research.
OVCSupport.net Bulletin	December 1, 2011	Focused on social protection.
OVCSupport.net Bulletin	October 3, 2011	Focused on UNICEF document, <i>Taking Evidence to Impact: Making a difference for vulnerable children living in a world with HIV and AIDS.</i>

OVCSupport.net Bulletin	July 28, 2011	Focused on psychosocial support.
OVCSupport.net Bulletin	May 18, 2011	Focused on gender.
OVCSupport.net Bulletin	March 2, 2011	Focused on USG release of whole-of-government report on approach to child welfare and protection.
<b>Global Knowledge Exchange OVC Webinars</b>		
Testing Times: A Review of HIV Counselling and Testing within Sport Development Programmes for Young People in Southern Africa	July 31, 2013	Webinar featured Clare Barrell and Annemarie Elsom.
The Clinical Management of Children and Adolescents who have Experienced Sexual Violence	July 24, 2013	Webinar featured Barbara Kenyon and Dr. Lino Digolo-Nyagah.
Strengthening the Social Service Workforce from the Bottom-Up: Lessons from Child and Youth Care Workers and Isibindi Model in South Africa	April 22, 2013	Webinar featured Zeni Thbadoo, Lucy Jamieson, and Kathy Scott.
Infant Feeding in the Context of HIV	April 18, 2013	Webinar featured Dr. Nigel Rollins, Linda Beyer, Luis Corral, and Joanne Bosworth.
Supporting & Strengthening Child-Caregiver Relationships: A Review	March 26, 2013	Webinar held in conjunction with live event in Washington DC, featuring Dr. Linda Richter of HSRC and a panel.
Understanding Status Disclosure for Children and Youth	September 27, 2012	Webinar featured Dr. Vicki Tepper, Dr. Susan Strasser, Sue Gibbons, and Takira Stokes.
Strengthening the capacity of local organizations serving OVC and their caregivers: The role of effective management and supervision of staff and volunteers	July 16-20, 2012	LeaderNet seminar presented by AIDSTAR-Two's Sarah Johnson and Ummuro Adano.
Maternal Mental Health and its Effects on Child Outcomes	June 20, 2012	Webinar featured Dr. Judith Bass, Dr. Shannon Senefeld, and Dr. Kristen Hurely.
Using Household Economic Assessments in Tanzania to Improve Programming for Families Affected by HIV	May 31, 2012	Webinar featured Herbert Mugumya, Gevis Sakwe, and Colleen Green.

Evidence Behind Early Childhood Development Programming for Children affected by HIV and AIDS	April 27, 2012	Featured presenters Lorraine Sherr, Kendra Blackett-Dibinga, and Pablo Stansbery.
Household Economic Strengthening for OVC	February 23, 2012	First in the series of webinars hosted by OVCSupport.net, featuring Jason Wolfe and Margie Brand.
<b>Global Knowledge Exchange through OVC Conferences, Meetings and Events</b>		
Consultative Meeting on Economic Forecasting for OVCs: Phase 2  Washington DC	August 7-8, 2013	Discussed findings from nine research papers focusing on the long-term impact of HIV on children, to guide the development of a forecasting model. 32 experts participated.
Designing and Implementing Social Protection Programs in Africa  Mombasa, Kenya	June 24-July 5, 2013	Supported 12 African government officials to attend this two week training, at the request of the PEPFAR OVC TWG.
Consultative Meeting on Economic Forecasting for OVCs: Phase 1  Washington DC	April 23-24, 2013	Discussed findings from three research papers on the health, social, and psychological impact of HIV on children. 17 experts participated.
Supporting & Strengthening Child-Caregiver Relationships: A Review  Washington, DC	March 26, 2013	Featuring Dr. Linda Richter of the Human Sciences Research Council and a panel discussion.
OVC Forum  Washington, DC	February 13-17, 2012	Organized and hosted forum attended by focal points from 19 countries. Produced forum report.
South Africa: Household Economic Strengthening Workshop  Pretoria, South Africa	May 10 and May 19, 2011	Conducted two HES workshops for seven service delivery partners in USAID South Africa's health portfolio

Kenya: Household Economic Strengthening Workshop Nairobi, Kenya	March 1 and March 10, 2011	Conducted two HES workshops for six service delivery partners in USAID Kenya's health portfolio.
Investing in Those Who Care for Children: Social Welfare Workforce Strengthening Conference Cape Town, Africa	November 15-18, 2010	Global event attracted more than 160 participants from 16 African countries plus Haiti and Vietnam. Conference Report published March 2011.
Coordinating US Government International Assistance for Highly Vulnerable Children: A whole-of-government response to child welfare and protection Washington, DC	May 6-7, 2010	Assisted in organizing this event, attended by 75 participants.

**Table 2: Deliverables for HSS TWG**

<b>Expanding the Evidence Base: Assessments, Technical Papers, Tools and Case Studies</b>		
<i>Asking the Right Questions: A Guide to Achieving Impact in HIV/AIDS Programs through Causal Analysis</i>	October 2013	Provided step-by-step guidance on how to use a causal pathway to achieve impact, citing examples from AIDSTAR-Two's work in Vietnam and Jamaica.
<i>Summary paper: Know your epidemic, know your system, know your response</i>	July 25, 2011	Summarized the results of the causal assessment work done in Jamaica and Vietnam.
<i>Using Information and Communication Technology for HIV Prevention for Men Who Have Sex with Men</i>	July 18, 2012	Focused on the use of ICTs for reaching MSM with HIV and AIDS prevention messages, including an examination of where ICTs are currently being used.
<i>Meeting the Needs of Vietnam's Most-at-Risk Populations: A Health System Strengthening Approach to the HIV/AIDS Response</i>	May 13, 2011	Reported on the results of the causal assessment work done in Vietnam.

<i>Meeting the Needs of Jamaica's Most-at-Risk Populations: A Health System Strengthening Approach to the HIV/AIDS Response</i>	May 10, 2011	Reported on the results of the causal assessment work done in Jamaica.
<i>Case Study: The Sky's the Limit: Addressing HIV among MSM and transgendered people through the Purple Sky Network</i>	August 2011	Examined the work of the Purple Sky Network, which operates in the Greater Mekong Sub-Region (Cambodia, China, LAO PDR, Myanmar, Thailand, and Vietnam).
<i>Case Study: Together We Can: Developing a Network for Tackling HIV/AIDS in a Guatemalan Region</i>	August 2011	Examined the work of REDSO (the South-West Network for HIV Prevention, Surveillance and Care).
<i>El Manual de Financiamiento Basado en el Desempeño: Diseño e Implementación Efectiva de Programas de Financiamiento Basado en el Desempeño</i>	October 2011	Spanish translation of handbook described below. Supported by Management Sciences for Health.
<i>Le Manuel du Financement basé sur la performance: Conception et mise en oeuvre de programmes efficaces de financement bases sur la performance</i>	September 2011	French translation of handbook described below. Supported by USAID-funded Integrated Health Project in the DRC.
<i>The PBF Handbook: Designing and Implementing Effective Performance-Based Financing Programs</i>	May 2011	Designed to help USG PBF program design officers and national implementers integrate PBF into existing health programming.
<b>Global Knowledge Exchange through Conferences, Meetings and Events</b>		
Performance-based Financing Consultation Meeting	February 2012	Worked with USAID's HS 20/20 project to provide 32 USAID Washington colleagues with technical input on this topic.
Regional HIV Prevention Meeting Bermuda	March 2011	Presented preliminary findings of the causal pathway analysis work in Jamaica.
MSM and Transgender Populations Multicity HIV Meeting Hong Kong	December 7-9, 2010	Co-sponsored part of this meeting, facilitating two sessions, and presenting causal framework work in Vietnam. Event was attended by more than 100 delegates from six Asian cities.
Asia Regional MSM HIV/AIDS Care and Support Meeting Bangkok, Thailand	November 17-19, 2009	Provided financial and logistical support via a subcontract to Family Health International. Event attended by 90 participants who discussed how to improve care, support and treatment for MSM in Asia.

**Table 3: Deliverables for Care and Support TWG**

<b>Expanding the Evidence Base: Technical Papers</b>		
<i>PROBE: Evaluating Retention of Women in Care following Initiation of Option B+ in Malawi</i>	October 29, 2013	Evaluated factors influencing retention in care and treatment of pregnant and breastfeeding women starting ART under Option B+ in Malawi.
<i>Care and Support Evidence Paper</i>	August 2013	Published literature review on 13 care and support strategies to inform PEPFAR country teams on promising practices/strategies that demonstrate impact on outcomes for PLHIV.
<b>Global Knowledge Exchange through Conferences, Meetings and Events</b>		
Cervical Cancer Prevention and Treatment Trainings Lusaka, Zambia	September 2012	Trained 15 doctors and nurses from Botswana and Kenya at the Centre for Infectious Disease Research (CIDRZ) to develop and implement cervical cancer screening and treatment programs for HIV-positive women.
Regional Workshop on HIV and Drug Use Hanoi, Vietnam	November 7-10, 2011	Helped organize this regional meeting, which had 135 participants from 12 countries in Asia. Conference Report published September 2012. Co-sponsored with Key Populations and Gender TWGs.
Regional Workshop on HIV and Drug Use Kyiv, Ukraine	July 11-15, 2011	Helped organize this regional meeting which had 114 participants from 10 countries in Eastern Europe and Central Asia. Conference Report published January 2012. Co-sponsored with Key Populations TWG.
Regional Workshop on HIV and Drug Use Nairobi, Kenya	June 13-15, 2011	Helped organize this regional meeting which had 89 participants from 8 countries in Africa. Conference Report published September 2011. Co-sponsored with Key Populations TWG.
PEPFAR Cervical Cancer Prevention and Screening Regional Conference Lusaka, Zambia	May 26-28, 2010	Collaborated with the cervical cancer sub-workgroup in the C&S TWG to plan and implement this event, attended by 42 participants from 10 sub-Saharan African countries.

**Table 4: Deliverables for Key Populations TWG**

<b>Expanding the Evidence Base: Assessments, Technical Papers, Tools and Case Studies</b>		
<i>The Good Practice Guide for People Who Inject Drugs</i>	October 2013	Translated into Arabic and updated the English edition, which will be distributed to more than 250 stakeholders at MENAHRA's regional meeting in November 2013.
<i>Case Study: The Center for the Development of People (CEDEP) in Malawi Enhanced engagement and increased leadership among men who have sex with men and other sexual minorities in Malawi</i>	October 2013	Highlighted the engagement strategy that CEDEP implemented to advocate for the health and human rights of MSM/LGBTI and to become a key player in national HIV planning processes.
<i>Case Study: The Gay and Lesbian Coalition of Kenya (GALCK): An Effective Approach to Engaging in National HIV Policy and Planning</i>	October 2013	Documented GALCK's approach to increase their visibility and credibility, becoming engaged in the development of the Kenya National AIDS Strategic Plan.
<i>Implementing Comprehensive HIV/STI Programmes with Sex Workers: Practical Approaches from Collaborative Interventions</i>	October, 2013	Supported the development of technical guidelines for sex worker programs.
<i>Sub-Saharan Africa MSM Engagement Tool (SAME Tool)</i>	August 2013	Supported the development of this tool to measure level and quality of engagement of MSM in national and sub-national HIV planning processes in Sub-Saharan Africa. Presented at the First African Conference on Key Populations in the HIV Epidemic in Dar Es Salam, Tanzania (see below).
<i>HIV Programming with Injecting Drug Users: Report on a Survey of USAID Missions</i>	June 24, 2010	Surveyed USAID Missions to determine their interest in providing technical assistance and support for policy and programming efforts to address HIV in the context of PWID.
<b>Global Knowledge Exchange through Conferences, Meetings and Events</b>		
First African Conference on Key Populations Dar Es Salaam, Tanzania	August 19-21, 2013	Presented the Sub-Saharan MSM Engagement (SAME) Tool.
Regional Workshop on HIV and Drug Use (co funded with Care and Support and Gender TWGs) Hanoi, Vietnam	November 7-10, 2011	Helped organize this regional meeting, which had 135 participants from 12 countries in Asia. Conference Report published September 2012.

Regional Workshop on HIV and Drug Use (co funded with Care and Support TWG)  Kyiv, Ukraine	July 11-15, 2011	Helped organize this regional meeting which had 114 participants from 10 countries in Eastern Europe and Central Asia. Conference Report published January 2012.
Regional Workshop on HIV and Drug Use (co funded with Care and Support TWG)  Nairobi, Kenya	June 13-15, 2011	Helped organize this regional meeting which had 89 participants from 8 countries in Africa. Conference Report published September 2011. Co-sponsored with the Care & Support TWG.

**Table 5: Deliverables for Gender TWG**

<b>Expanding the Evidence Base: Technical Papers</b>		
<i>Technical Paper: Review of Training and Programming Resources on Gender-Based Violence against Key Populations</i>	September 30, 2013	Examined current training and programming resources on GBV against four key populations: sex workers, MSM, transgender people, and PWID.
<i>Technical Report: The Global Health Needs of Transgender Populations: A Review to Inform PEPFAR Programming</i>	September 5, 2013	Written to strengthen the ability of PEPFAR and its partners to better understand and respond to HIV risks among transgender women and men and reduce the burden of HIV in these communities.
<i>Annotated Bibliography: Training and Programming Resources on Gender-Based Violence against Key Populations</i>	June 25, 2013	Complemented the technical paper described above.
<b>Global Knowledge Exchange through Conferences, Meetings and Events</b>		
Results of the Review of Resources on Gender-Based Violence and Key Populations and the Global Health Needs of Transgender Populations	September 10, 2013	Webinar held in conjunction with meeting organized with the PEPFAR Gender TWG, marking the release of two reports on (1) gender-based violence and key populations and (2) the health needs of transgender populations. Featured Sarah Middleton Lee, Dr. Sari Reisner and Dr. Stefan Baral.
“The Night is Another Country” El Salvador	August 2012	Sponsored this event at the Regional Coordination Mechanism Meeting, in conjunction with the publication of the report, <i>The Night is Another Country: Violence and impunity against transgender women human rights defenders in Latin America</i> . 110 participants attended.
Regional Workshop on HIV and Drug Use (co-funded with Care and Support and Key Populations TWGs)  Hanoi, Vietnam	November 7-10, 2011	Helped organize this event, for which the Gender TWG provided technical support and funding. 135 participants from 12 countries in Asia.

**Table 6: Deliverables for Prevention TWG**

<b>Expanding the Evidence Base: Conference Report</b>		
Advancing Combination HIV Prevention in Generalized Epidemics Conference	August 2013	Summarized the proceedings of the PEPFAR conference described below, including a prevention update, challenges countries are facing, and priorities for COP FY14.
<b>Global Knowledge Exchange through Conferences, Meetings and Events</b>		
Advancing Combination HIV Prevention in Generalized Epidemics Conference  Johannesburg, South Africa	June 11-13, 2013	Partnered with the Prevention TWG to advance the implementation of PEPFAR’s new prevention guidance, which was received by this meeting’s 71 attendees.

**Table 7: Deliverables for HIV/TB TWG**

<b>Global Knowledge Exchange through Conferences, Meetings and Events</b>		
Elimination of the Catastrophic Economic Burden of TB: Universal Health Coverage and Social Protection Opportunities  São Paulo, Brazil	April 29 – May 1, 2013	Sponsored five participants who attended this event, sponsored by WHO, USAID and others; drafted report that summarized their participation. The meeting brought together diverse stakeholders to contribute to development of a draft post-2015 TB Strategy and to simulate collaborative action at country level to eliminate catastrophic direct and indirect costs of TB care for TB patients and their families.

## Table 8: Deliverables for HMIS TWG

Note: The HIS TWG financed a part of the Namibia Centership Project, an AIDSTAR-Two country program. See Section 3.10 for more details about that project.

<b>Expanding the Evidence Base: Assessments, Technical Papers, and Tools</b>		
<i>Assessment of Honduras' technical, financial and political capacity to assume HIV-related services with an emphasis on prevention in key populations as presently supported by the Global Fund, USAID and other donors</i>	July 2013	Evaluated capacity of the Government of Honduras to assume country ownership for HIV related services in Honduras.
Technical paper: <i>National Health Information Systems: The Role of Effective Multi-Sectoral Collaboration</i>	May 2011	Highlighted the role that multi-sectoral collaboration can play in contributing to a functional country-led and country owned health information system. Disseminated to HIS Forum conference participants in advance of event (see below).
<i>Country Ownership Guide</i>		Contributed to guide developed by USAID technical staff in OHA.
<b>Global Knowledge Exchange through Conferences, Meetings and Events</b>		
Virtual Leadership Development Program	July 18-October 21, 2011	Delivered a VLDP for eight country teams that participated in the Asia Pacific Leadership Forum on Health Information Systems (see below).
Health Progress and Performance Reviews, Analysis Methods and Tools Workshop  Bangkok, Thailand	July 11-15, 2011	Facilitated two sessions on institutional strengthening. This Country Health Systems Surveillance (CHeSS) workshop was attended by 80 participants from 13 countries in the Southeast Asia, Western Pacific and African regions.
Asia Pacific Leadership Forum on Health Information Systems  Manila, Philippines	June 13-16, 2011	Participated in Forum attended by 120 senior leaders from multi-sectoral Asian teams from nine countries. AIDSTAR-Two served as forum Secretariat. Produced technical paper referenced above and also produced the forum report.
Country Ownership Strategies: Leadership Forum on Health Information Systems  Windhoek, Namibia	October 25-29, 2010	Provided technical guidance, co-planned event and co-facilitated a session for the Namibia HIS team.

**Table 9: Deliverables as part of Foundational Activities**

<b>Expanding the Evidence Base: Assessments, Technical Briefs, and Case Studies</b>		
Organizational Sustainability in Civil Society Organizations: Contributing Factors and USAID-funded capacity development support	October 2013	Summarized three case studies of local NGOs in Honduras, Uganda, and Cambodia that have received USAID support and the factors contributing to the institutional, financial, and programmatic sustainability of these organizations.
Technical Brief: <i>Sustaining and Building Ownership of the HIV/AIDS Response: The Role of Civil Society Organizations</i>	October 2013	Described contributions of local CSOs and their role in HIV and AIDS and health system strengthening.
Technical Brief: <i>Country Ownership and Organizational Capacity Building</i>	May 2012	Outlined several key practices and approaches that can be used to strengthen country ownership.
Technical Brief: <i>Systematic Organizational Capacity Building: Tackling Planning and Implementation Challenges</i>	May 2011	Explored the types and causes of typical implementation challenges and shares promising practices from the field.
<i>Capacity Building Assessment of Burundian Civil Society Organizations</i>	March 10, 2011	Assessed the organizational capacity building needs of 6 CSOs in Burundi being considered for primary funding by PEPFAR.
Technical Brief: <i>Organizational Capacity Building Framework: A Foundation for Stronger, More Sustainable HIV/AIDS Programs, Organizations &amp; Networks</i>	January 2011	Provided an operational understanding of organizational capacity building, particularly in the context of civil society organizations.
Technical Brief: <i>Challenges Encountered in Capacity Building: Review of Literature and Selected Tools</i>	April 2010	Summarized the review of 300+ articles, tools, and approaches to identify four key capacity building challenges.
<b>Global Knowledge Exchange through CBKEN: eNewsletters</b>		
<b>Publication</b>	<b>Dates</b>	<b>Description</b>
Issue 19 of CBKEN Update	October 2, 2013	Focused on key populations.
Issue 18 of CBKEN Update	July 31, 2013	Focused on developing and implementing communications plans for CSOs and NGOs.
Issue 17 of CBKEN Update	January 17, 2013	Focused on business planning for civil society organizations.
Issue 16 of CBKEN Update	December 12, 2012	Focused on resource mobilization through cost recovery for CSOs.

Issue 15 of CBKEN Update	November 6, 2012	Focused on resource mobilization for civil society organizations.
Issue 14 of CBKEN Update	August 31, 2012	Focused on risk management for public and civil society organizations.
Issue 13 of CBKEN Update	July 18, 2012	Focused on grants management.
Issue 12 of CBKEN Update	April 24, 2012	Focused on country ownership and organizational capacity building for public, private and local CSOs.
Issue 11 of CBKEN Update	February 22, 2012	Focused on governance and civil society organizations.
Issue 10 of CBKEN Update	December 19, 2011	Focused on HIV and AIDS service and advocacy networks.
Issue 9 of CBKEN Update	October 6, 2011	Focused on monitoring and evaluation for local civil society organizations.
Issue 8 CBKEN Update	August 3, 2011	Focused on financial management.
Issue 7 of CBKEN Update	June 30, 2011	Focused on performance-based financing.
Issue 6 of CBKEN Update	May 9, 2011	Focused on human resource management.
Issue 5 of CBKEN Update	April 12, 2011	Focused on strategic planning.
Issue 4 of CBKEN Update	March 9, 2011	Highlighted the USG Global Health Initiative strategy document and focused on good governance.
Issue 3 of CBKEN Update	February 1, 2011	Promoted LeaderNet virtual seminar on building sustainable organizational capacity for public sector, NGOs and CSOs.
Issue 2 of CBKEN Update	January 11, 2011	Featured release of the AIDSTAR-Two technical brief, "Organizational Capacity Building Framework."
Issue1 of The Capacity Building Knowledge Exchange (CBKEN) Update	December 2, 2010	Featured AIDSTAR-Two report on the hidden HIV epidemic among MSM in Eastern Europe.
<b>Global Knowledge Exchange through Conferences, Meetings, Events and Virtual Seminars</b>		
Lessons Learned in Organizational Capacity Building	October 7-9, 2013	LeaderNet virtual seminar presented by AIDSTAR-Two's Sarah Johnson and Ummuro Adano.
Walking Faster and Reaching Farther: Strengthening Public Sector-NGO Partnerships in the AIDS Response	June 25, 2013	Fourth and final event of the AIDSTAR-Two Discussion Series. Held at USAID with 45 attendees and 41 people who participated via webinar. A summary note was disseminated via CBKEN.
Organizational Capacity Development: How do we measure impact?	May 30, 2013	Third event of the AIDSTAR-Two Discussion Series. Held at USAID with 58 attendees and 38 people who participated via webinar. A summary note was disseminated via CBKEN.

The Sustainability Gap for CSOs: What is it and why does it matter?	May 2, 2013	Second event of the AIDSTAR-Two Discussion Series. Held at USAID with 62 attendees and 42 people who participated via webinar. A summary note was disseminated via CBKEN.
Capacity Development 2.0: Approaches and Innovations	March 13, 2013	First event of the AIDSTAR-Two Discussion Series. Held at USAID with 76 attendees and 80 people who participated via webinar. A summary note was disseminated via CBKEN.
International AIDS Conference Washington, DC	July 22-27, 2012	Presented poster, "Turning the Tide on HIV among MSM in Eastern Europe by Developing an Inclusive Approach to Program Development." A second poster, submitted by the Alliance, highlighted AIDSTAR-Two's work with Colectivo Sol.
Panel Presentation and poster session at the USAID Local Capacity Development Summit	June 18-19, 2012	Presented at first-ever USAID summit on local capacity development that was attended by more than 200 people from 90 organizations.
Country Ownership and Organizational Capacity Building	April 30-May 4, 2012	LeaderNet seminar presented by AIDSTAR-Two's Sarah Johnson and Ummuro Adano.
Civil Society, Partnerships and Institutional Capacity Building	April 26, 2012	Presented by Ummuro Adano at the Society for International Development's Civil Society Workgroup Event
Governance and Civil Society Organizations	February 27-March 2, 2012	LeaderNet seminar presented by AIDSTAR-Two's Sarah Johnson and MSH's Xavier Alterescu.
Presentations on organizational capacity development at the Capacity Development Network (formerly the Capacity Building Health Roundtable)	2011 and 2012	Presentations by Sarah Johnson and Ummuro Adano.
Inaugural HIV Capacity Building Partners Summit Nairobi, Kenya	March 16-18, 2011	Helped to sponsor this meeting, which was attended by 225 people from 22 countries. AIDSTAR-Two presented on AIDSTAR-Two's "Organizational Capacity Building Framework."
Organizational Capacity Building Framework: A Foundation for Stronger, More Sustainable HIV/ AIDS Programs, Organizations and Networks.	January 31-February 4, 2011	LeaderNet seminar presented by AIDSTAR-Two's Sarah Johnson and Ummuro Adano.
International AIDS Conference Vienna, Austria	July 15-23, 2010	Held two consultations relating to the development of a core package of services for MSM, reaching a total of 80 people.

Systematic Organizational Capacity for Public Sector, NGOs and CSOs: Moving beyond assessments to planning and implementation	June 27-July 1, 2011	Led by AIDSTAR-Two's Ummuro Adano.
Improving the Design, Delivery, and Evaluation of Capacity Building	May 2010	First virtual AIDSTAR-Two seminar, hosted by AIDSTAR-Two's Sarah Ford and Elden Chamberlain

**Table 10: Deliverables by country or regional bureau/team**

<b>Africa Bureau</b>		
<b>Deliverable Name</b>	<b>Date Delivered</b>	<b>Brief description</b>
<i>L'utilisation des technologies de l'information et de la communication pour les programmes de planification familiale, santé de la reproduction, et autres programmes de santé</i>	November 15, 2011	French translation of paper below.
<i>The Use of Information and Communication Technology in Family Planning, Reproductive Health, and other Health Programs: A Review of Trends and Evidence</i>	November 7, 2011	Focused on the use of ICTs to advance family planning, reproductive health and other programs, structured around specific elements of success identified in a prior USAID report: <i>Elements of Success in Family Planning Programming</i> (2008).
<b>Central Asian Republics</b>		
Series of seven NGO Capacity Guides (see names in column at right)	July-October 2013	<p>Developed, translated into Russian, and used to train NGO teams and volunteers:</p> <ul style="list-style-type: none"> <li>• <i>The Capacity Developer's Guide to Human Resource Management for HIV and AIDS Organizations;</i></li> <li>• <i>The Capacity Developer's Guide to Business Planning for HIV and AIDS Organizations;</i></li> <li>• <i>The Capacity Developer's Guide to Advocacy for HIV and AIDS Organizations;</i></li> <li>• <i>The Capacity Developer's Guide to Governance in Non-Governmental Organizations;</i></li> <li>• <i>The Capacity Developer's Guide to Partnership and Coordination for HIV and AIDS Organizations;</i></li> <li>• <i>The Capacity Developer's Guide to Quality Service Delivery for Key Populations;</i> and</li> <li>• <i>The Capacity Developer's guide to Strengthening the Involvement of People Living with HIV and Others from Affected Communities within HIV and AIDS Organizations</i></li> </ul>

<i>PEPFAR Central Asia Region Gender Strategy: Strategic Opportunities 2013-2020</i>	June 25, 2013	Presented strategic opportunities to address underlying gender-based constraints and inequities in order to promote more effective prevention, care and support, and treatment programs and services for key populations.
<i>Gender Assessment Report: Access to HIV Services by Key Populations in Kazakhstan</i>	June 25, 2013	Prepared to inform and guide the design and formulation of the PEPFAR CAR gender strategy. Summarizes an intervention that included a key documents and literature review; and key informant interviews, roundtables and focus group discussions (in Almaty and Shymkent).
<i>Gender Assessment Report: Access to HIV Services by Key Populations in Tajikistan</i>	June 25, 2013	Prepared to inform and guide the design and formulation of the PEPFAR CAR gender strategy. Summarizes an intervention that included a key documents and literature review; plus key informant interviews, roundtables and focus group discussions (in Dushanbe and Kurgan-Tube).
<i>PEPFAR CAR Regional NGO Capacity Development Strategy: Strategic Options 2012-2019</i>	June 25, 2013	Presented strategic opportunities to strengthen key capacities in local NGOs in order to provide more effective prevention, care and support, and treatment programs and services for key populations.
<i>Central Asian NGO Capacity Building Assessment: Kazakhstan</i>	June 20, 2013	Assessed the services of NGOs in three major cities (Almaty, Ust-Kamenogorsk and Karaganda) through a participatory assessment tool that surveyed more than 40 NGO staff and volunteers.
<i>Central Asian NGO Capacity Building Assessment: Kyrgyzstan</i>	June 20, 2013	Assessed the services of NGOs in three major cities (Chui Oblast, Bishkek, and Osh) through a participatory assessment tool that surveyed more than 100 NGO staff and volunteers.
<i>Central Asian NGO Capacity Building Assessment: Tajikistan</i>	June 20, 2013	Assessed the services of NGOs in three major cities (Dushanbe, Kulob, and Khudjand) through a participatory assessment tool that surveyed more than 100 NGO staff and volunteers.
<i>Mid-Term Evaluation of the USAID DIALOGUE on HIV and TB Project Central Asian Republics</i>	November 29, 2012	Evaluated three years of this USAID-funded project, to assess performance and determine course corrections, if any.
<i>Mapping of Key HIV/AIDS Services, Assessment of their Quality, and Analysis of Gaps and Needs of Most at Risk Populations in Selected Sites of Kazakhstan</i>	March 7, 2011	Identified services provided to MSM, CSW, IDU, former prisoners and PLHIV in select areas of Tajikistan; examined quality and service gaps; made recommendations for improving access and quality.

<i>Mapping of Key HIV/AIDS Services, Assessment of their Quality, and Analysis of Gaps and Needs of Most at Risk Populations in Selected Sites of Tajikistan</i>	February 23, 2011	Identified services provided to MSM, CSW, IDU, former prisoners and PLHIV in select areas of Kazakhstan; examined quality and service gaps; made recommendations for improving access and quality.
<b>Democratic Republic of Congo</b>		
Procurement and supply management plan and budget	June 2012	Developed to support Global Fund Principal Recipients.
<b>Eastern Europe &amp; Eurasia Bureau</b>		
<i>Signs of a Hidden HIV Epidemic: MSM in Eastern European Countries Program Monitoring Guidelines</i>	August 20, 2012	Designed to provide implementation support for the M&E tool that tracks activities on HIV prevention, care and support, and community mobilization among MSM and transgender individuals.
<i>Signs of a Hidden HIV Epidemic: MSM in Eastern European Countries Revised package of prevention for MSM, and lesbian, gay, bisexual and transgender people</i>	July 26, 2013	Documented the development of the Eastern Europe package of services for MSM, initially developed by the AIDSTAR-Two Project in 2009-2011, but then revised to reflect the 2011 PEPFAR Technical Guidance on Combination HIV Prevention.
<i>Men having sex with men in Eastern Europe: Implications of a hidden epidemic. Regional analysis report</i>	November 2, 2010	Assessed eight countries (Albania, Azerbaijan, Armenia, Georgia, Russian Federation, Belarus, Moldova and Ukraine) to identify gaps in data on MSM and specific programming needs.
<b>Guatemala</b>		
<i>Diagnóstico de Situación del Continuo de los Servicios de Prevención, Atención y Cuidado del VIH, Departamento de Petén, Guatemala</i>	2010	Described the outcomes of the PCS conducted in Izabal. Available in Spanish.
<i>Diagnóstico de Situación del Continuo de los Servicios de Prevención, Atención y Cuidado del VIH, Departamento de Izabal, Guatemala</i>	2010	Described the outcomes of the PCS conducted in Izabal. Available in Spanish.
Human Trafficking and HIV within a Context of Migration, Multiculturalism, and Borders  Chetumal, Mexico	September 15-19, 2009	Sponsored by USAID, AIDSTAR-Two, and four universities in Guatemala, Mexico and Honduras. 25 participants came from local governments, universities and NGOs.

<b>Honduras</b>		
<i>Risk-reduction HIV/AIDS Counseling Guide</i>  <i>Honduras</i>	November 14, 2012	An adaptation of the client-centered risk-reduction counseling model called RESPECT developed by CDC that includes a series of steps and tips for how to facilitate a counseling session that addresses the specific HIV-related risks of the person being counseled.
<i>Knowledge, Attitudes and Practices Assessment Reports</i>	December 30, 2010 October 14, 2011 September 16, 2012	Assessments conducted to determine the effect of behavior change interventions implemented by NGOs among their primary target group (MSM, transgender, CSW and Garifuna) and a sample of their secondary target groups (partners and clients of CSW and peers of all intervened key populations).
<b>India</b>		
Draft Community Support and Care Guidelines and Standard Operating Procedures Manual	January-April 2013	Developed and shared with key stakeholders.
Four training modules: Psychosocial Support, Sexual and Reproductive Health, Positive Prevention and Treatment Adherence	January-April 2013	Updated to address key capacity building needs for Global Fund Sub sub recipients.
<b>Malawi</b>		
Technical Brief: <i>Demand-Driven Organizational Capacity Development</i>	August 2013	Described the process and results of AIDSTAR-Two's demand-driven approach to capacity development in Malawi.
<b>MENA</b>		
<i>Understanding and challenging HIV stigma: toolkit for action</i>	September 2013	An existing toolkit developed by the Alliance, which was revised and translated for MENA region as a training resource. The toolkit is available in English and French.
<i>Regional report on Demonstrating Results of the MENA Project Using the Most Significant Change Methodology (April-June 2012)</i>	July 8, 2013	A regional report that summarized the outcomes of the application of the Most Significant Change methodology, documenting the results and the effect of the services provided by local CSOs that receive the support of the AIDSTAR-Two project. The report is available in English and French.

<i>The NGO Communications Guide: A Guide to developing a communications plan for NGOs working on HIV prevention projects in the MENA Region</i>	May 15, 2013	Developed to support local CSOs develop a communication plan to better promote their services and the results they achieve. The guide is available in English and French.
<i>Le Guide de communication à l'intention des ONG</i>	May 15, 2013	French version of Communications Guide listed above.
<i>Strengthening the involvement, care and support of PLHIV in the MENA Regional: Situational Overview</i>	March 13, 2013	Summarized the outcomes of an assessment conducted with PLHIV groups in the region. The report is available in English and French.
<i>BCC materials including flash cards to discuss stigma against PLHIV and brochures regarding the importance of counseling and testing</i>	2013	Developed by the CSO partners in the region. They are available in French and Arabic.
<b>PEPFAR Caribbean</b>		
12 individual country dashboards and a regional totals dashboard; a Dashboard User Manual; standardized indicator reporting/data compilation forms	March 2012-January 2013	Developed to support PEPFAR dashboard program monitoring system.
<b>South Sudan</b>		
<i>South Sudan National HIV and AIDS Strategic Plan</i>	April 2013	Five year national strategy to guide the HIV and AIDS national response led by the National AIDS Commission. The strategy included an outcome-based costing plan and an operational plan.
<b>Tanzania</b>		
<i>NACOPHA Strategic Plan</i>	April 4, 2013	New four year strategic plan that outlines the vision, mission and strategic objectives of premier PLHIV organization in Tanzania.
<i>NACOPHA Advocacy and Communication Strategy (2012 – 2014)</i>	January 22, 2012	A two-year strategy to support the operationalization of Advocacy: one of the strategic objectives in the Strategic Plan.
<i>NACOPHA Resource Mobilization and Sustainability Plan (2012 – 2014)</i>	June 2012	A three-year strategy to diversify existing donor revenue base while establishing the organization's own income generation and sustainability capacity.

<b>Ukraine</b>		
Revised Procurement Guidelines	September 2012	Designed to meet Global Fund requirements.
A suite of management tools	January 2013	Designed to meet support the assessment, selection and management of Global Fund sub recipients.
Sample job descriptions	January 2013	Designed for the Ukrainian Center for Disease Control to manage its workforce recruitment and growth.

## Annex B: Performance Monitoring Plans (PMPs)

## Task One and Two: Promote Best Practice Modules and Support Service Provider Networks

		Year 1	Year 2	Year 3	Year 4	Year 5							
	Sub-task: PMP Indicators	Yr 1-5 Cumulative Target	Q3-4	Q1-4	Q1-4	Q1-4	Q1	Q2	Q3	Q4	Cumulative to Date	% of Cumulative Targets Achieved to Date	Comments
1.1	Number of hits on the AIDSTAR Project website (CBKEN)	19,000			9,828	5,243	942	1,079	1,108	1,116	18,785	98.9	Site was launched in Oct 2010 (Q1/Yr3); 105 countries/territories (Q3/Yr3); 152 countries by (Q1, Yr4); 170 countries by (Q3, Yr5) <b>NOTE:</b> Cumulative data is drawn from Google Analytics from Oct. 2010 to Sept. 30, 2013 and will not reflect sum of quarters when added together as there is an overlap.
1.2	Number of unique users to CBKEN after its launched October 2010	13,500			5,422	3,522	697	798	823	711	10,575	78.3	Users visited the site from 96 countries (Q1/Yr3); 54% increase in unique users Q2/Yr3 since launch; unique users from 105 countries/territories (Q2/Yr3); 35% increase in unique users over Q1+2, PY4. <b>NOTE:</b> Cumulative data is drawn from Google Analytics from Oct. 2010 to Sept. 30, 2013 and will not reflect sum of quarters when added together as there is an overlap.
1.3	Number of documents downloaded from OVCsupport.net (after re-branding, renovations and re-launching in March 2010)	200,000			87,958	81,572	25,502	39,916	33,675	21,876	311,802	155.9	The website was set-up not to measure number of documents downloaded, but rather captures the total number of documents (i.e. 1 document downloaded 10 times, is 10 downloads) (Q3/Yr2); 60% increase in downloads in Q2/Yr3 from Q1/Yr3; Data extracted from Google Analytics.

1.4	Number of unique users to OVCsupport.net (after re-branding, renovations and re-launching in March 2010)	60000		8,275	32,553	38,683	10,527	12,130	8,332	4,692	<b>113,766</b>	<b>189.6</b>	Unique visitors located in 133 different countries ( <b>Q3/Yr2</b> ); unique users in 149 countries by <b>Q1/Y3</b> , unique users in 163 countries by <b>Q2/Y3</b> , unique users from 167 countries/territories, total percentage increase since rebranding is 113% ( <b>Q3,Y3</b> ); 81% increase in unique users over <b>Q1+2, PY4</b> ; 200 countries/territories as of <b>Q2,Yr5</b> ; top 10 countries: US, UK, Kenya, South Africa, Uganda, India, Australia, Nigeria, Philippines, Zimbabwe; <b>NOTE:</b> Cumulative data is drawn from Google Analytics from Mar. 2010 to Sept. 30, 2013 and will not reflect sum of quarters when added together as there is an overlap.
1.5	Number of key AIDSTAR - Two technical resource materials developed and disseminated, including case studies and surveys	30		5	15	20	5	6	6	25	<b>82</b>	<b>273.3</b>	OVC eNewsletter Oct, Nov, Dec editions, Technical Notes - Resource Mobilization I & II ( <b>Q1, Yr5</b> ); Tech Brief 5 on Child and Youth Care Workers in South Africa; OVC Phase I Education Report (disseminated internally to USAID OVC TWG); OVC eNewsletter Jan, Feb, March editions, Technical Note - Business Planning ( <b>Q2, Yr5</b> ) GBV Annotated bibliography, Sub-Saharan Africa MSM Engagement Tool , C&S Evidence Review Paper, OVC eNewsletter April, May, June editions ( <b>Q3, Yr5</b> ) OVC eNewsletter July, Technical Brief on CSOs & NGOs, Sex Worker Tool, GBV technical paper, Investments in OVC Education Decision Making Guide; C&S Option B+ paper, Economic Forecasting papers (14); NGO Case Study; AIDSTAR-Two Lessons Learned, 2 MSM engagement case studies, Transgender Health Evidence Paper ( <b>Q4, Yr5</b> )

1.6	Number of regional/national/local workshops and conferences convened to address best and promising technical practices and policies that broaden a multi-sectoral approach to HIV/AIDS	20		4	4	12	3	2	6	5	36	180.0	MSM Regional Consultation Workshop - Thailand (Q1/Yr2); OVC HES Workshop in Kenya (Q2/PY2); Child Protection Workshop & Cervical Cancer Workshop- Zambia (Q3/Yr2); Social Welfare Workforce Strengthening Conference - Cape Town (Q1/Yr3); PWID Conference in Kenya- June 2011, Health Information System Forum in Philippines-June 2011 (Q3, Yr3); PWID Conference in Ukraine (Q4/Y3), Community Business Planning Module 1-2 Workshop, Namibia; PWID Conference in Vietnam; Strategic Planning Transgender Workshop in Vietnam (Oct 2011); PL109.95 Evidence Summit (Dec., Washington, DC) (Q1, Yr4); HCMC PAC workshop (Feb 2012), Namibia Centerships Business and Proposal Training Workshop (Feb 2012), OVC Forum (Feb, Washington, DC) (Q2, Yr4) Strengthening Community Health Worker Systems & Organizational Management - 2 in Namibia (June 2012) (Q3, Yr4); Technical Training on HIV/AIDS Community work, 2 in Namibia (Sept '12); CIDRZ trainings (Botswana team, Sept '12) (Q4, Yr4); CIDRZ training in Zambia (2 Kenyan teams, Oct '12), Lesotho- ToT on the Essential Package for OVC Implementers (Oct '12) (Q1, Yr5); Capacity Development & CO Discussion Series #1 (Mar '13); Supporting and Strengthening Child-Caregiver Relationships: Review Launch (Mar'13) (Q2, Yr5) OVC Eco Forecasting #1, Discussion Series #2, #3, #4, Lesotho SAVE Essential Package Meeting, USAID TB Meeting in Brazil (Q3, Yr5) Combination Prevention in S. Africa, EPRI Training, OVC Eco Forecasting #2; Transgender Lit Review meeting; GBV & Transgender Report Launch Meeting in El Salvador; AIDSTAR-Two End-of-Project Event (Q4, Yr5)
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1.7	Number of participants who attend regional/national/local workshops and conferences disaggregated by gender, organization and by country	1300			272		500		473		26		118		266		272		1,927	148.2	Lesotho- ToT on the Essential Package for OVC Implementers, 16 pax (Oct '12), <b>(Q1, Yr5)</b> ; 2 Kenyan teams trained at CIDRZ in Zambia (10 pax); 76 pax in Capacity Development & CO Discussion Series #1 (Mar '13); 42 pax in Supporting and Strengthening Child-Caregiver Relationships: Review Launch (Mar'13) <b>(Q2, Yr5)</b> OVC Eco Forecasting, Discussion Series #2, #3, #4, USAID TB Brazil meeting (5); Lesotho SAVE Essential Package Meeting, Combination Prevention in S. Africa (68), <b>(Q3, Yr5)</b> EPRI Training (11), OVC Eco Forecasting #2; GBV & Transgender Lit Review meeting; Transgender Report Launch Meeting in El Salvador (110); AIDSTAR-Two End of Project Conference (104) <b>(Q4, Yr5)</b>		
			F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M				F	M
					112	67	253	247	272	196	4	6	91	27	58	33	125	49					
1.8	Number of workshops and consultations completed to address assessment findings, discuss best practices, policies and programming recommendations	10					7		0						2		1		10	70.0	Haiti and Kenya - OVC HES workshops as well as consultations w/ mission and implementing partners <b>(Q2/Yr3)</b> ; South Africa OVC HES workshops as well as consultations w/ mission and implementing partners - 2 meetings; HSS for MARPs consensus meeting in Vietnam <b>(Q3/Yr3)</b> ; HSS for MARPs consensus meeting in Jamaica <b>(Q4/Yr3)</b> Consultation on Sex Worker Implementation Tool (Ghana); MSM Africa Workshop <b>(Q3, Yr5)</b> Honduras HIV Prevention Services Assessment <b>(Q4, Yr5)</b>		
1.9	Number of participants who attend workshops and consultations on assessment findings disaggregated by gender, organization and by country	200			129		0						98		33		260	130.0	Haiti HES for OVC workshop <b>(Q1/Yr3)</b> ; Kenya HES for OVC workshop (2 meetings) <b>(Q2/Yr3)</b> ; South Africa HES for OVC workshop (2 meetings) <b>(Q3/Yr3)</b> Consultation on Sex Worker Implementation Tool (Ghana); MSM Africa Workshop <b>(Q3, Yr5)</b> Honduras HIV Prevention Services Assessment <b>Q4, Yr5)</b>				
			F	M	F	M	F	M	F	M	F	M	F	M	F	M				F	M		
															23	20				20	13		

1.10	Number of USG country teams provided with technical assistance and strengthening activities	8			5	0				1	6	75.0	USAID/Haiti for HES OVC strengthening by Cardno (Q1/Yr3); USAID/Kenya for HES OVC strengthening by Cardno (Q2/Yr3); USAID/Vietnam - HSS MARPs assessment; USAID/S Africa OVC HES portfolio (Q3/Yr3); USAID/Jamaica - HSS MARPs assessment (Q4/Yr3) USG Swaziland (Q4/Yr5) Honduras HIV Prevention Services Assessment (Q4, Yr5)
1.11	Number of participants in virtual seminars and programs conducted by AS Two by gender, organization and country	3500		574	930	797	0	108	152	371	3220	92.0	80 ppl in CD&CO Discussion Series #1; 28 in Supporting and Strengthening Child-Caregiver Relationships Review Launch webinar (Mar'13); (Q2, Yr5) Discussion Series 2, 3, 4 GBV LeaderNet, Strengthening the SSW from the Bottom Up, Infant Feeding in the Context of HIV (Q3, Yr5) 337 participants in DDCD LeaderNet, 34 pax in Transgender Lit Review webinar; Testing Times - Review of HIV C&T for Youth in Africa, Clinical Management of Youth Who Experience Sexual Violence (Q4, Yr5)
1.12	Number of virtual seminars or programs conducted by type of virtual program	14		1	3	9	0	2	6	4	25	178.6	Social Work Diploma & Degree Programs (Oct '12) (Q1, Y5); CD&CO Discussion Series #1 (Mar '13); Supporting and Strengthening Child-Caregiver Relationships Review Launch webinar (Mar'13) (Q2, Yr5) Discussion Series 2, 3, 4, GBV LeaderNet, Strengthening the SSW from the Bottom Up, Infant Feeding in the Context of HIV (Q3, Yr5) Transgender Lit Review Meeting (via webinar); DDCD LeaderNet, Testing Times - Review of HIV C&T for Youth in Africa, Clinical Management of Youth Who Experience Sexual Violence (Q4, Yr5)

1.13	Number of technical seminars or conferences where AIDSTAR-Two staff or partners deliver technical presentations on organizational capacity building and/or technical topics as they pertain to HIV/AIDS to USAID, CAs, international partners and national/local organizations.	25			17	4	0	1	1	2	25	100.0	<p>(Sarah, Ummuro, Alyson) - Social Welfare Workforce Strengthening Conference in Cape Town, (Elden)- Action Planning Meeting - Men Who Have Sex with Men and Transgender Populations Multi-City HIV Initiative (Hong Kong), (Elden) - ILGA Conference in Amsterdam, (Sarah &amp; Yadira) - OHA Partners Meeting, Yadira in OHA Partners' Meeting – Presentation on Honduras <b>(Q1/Yr3)</b>, (Ummuro)- HIV Capacity Building Summit in Nairobi, (Elden) - Caribbean PEPFAR Annual Meeting in Nassau, (AS-Two) - OHA Presentation on AS-Two, (Ummuro &amp; Willow) - CBH Round Table presentation; (Willow &amp; Erin) - present OVCsupport.net to OVC Taskforce, (Ummuro) - present SWWS to OVC Taskforce <b>(Q2/Yr3)</b>; HIS Forum (Sarah &amp; Ummuro); GHC Poster - Systematic organizational capacity building for local organizations serving MARPs in Honduras <b>(Q3/Yr3)</b>; institutional capacity building at CHES meeting in Thailand (Yadira and Judy Seltzer); 'The challenge of CBO Capacity Building at GHC (Ummuro); OHA Annual Partners Meeting - Elden - E&amp;E <b>(Q4, Yr3)</b> Ummuro Adano, John Pollack, and Jean Kagubare represented AIDSTAR-Two provided technical input to the PBF Technical consultation (Feb 2012) <b>(Q2, Yr4)</b>, Ummuro presented at RATN workshop in Kenya on country ownership and CB (April '12) <b>(Q3, Yr4)</b>; AC, SJ and Jason Wright presented at LCD Summit (July '12); Elden presented at IAS on EE; Colectivo Sol representative presented at IAS (July '12) <b>(Q4, Yr4)</b> Ummuro - discussant in CD&amp;CO discussion series #1 <b>(Q2, Yr5)</b> Elden- discussant in Discussion Series #4; Darrin - Africa KP Conference in Tanzania, Darrin - Assessment findings of KP in Swaziland <b>Q4, Yr5)</b></p>
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1.14	Number of CSOs, public sector institutions, networks and multisectoral bodies for which technical assistance is delivered.	45		2	2	1			2	1	8	17.8	Red Legal (CA regional human rights network) and 6 national networks (El Salvador, Nicaragua, Panama, Guatemala, Costa Rica & Honduras) [Q3/Yr2]; Col Sol (Q3/Yr3)
1.15	Number of CSOs, public sector institutions, networks and multisectoral bodies that have received assistance and improved their management, leadership and governance capacity	45		2	2	1			2	1	8	17.8	Red Legal and Col Sol strengthened networks [Q3/Yr2]; Centerships in two communities in Namibia now have defined value statements, missions and visions, as well as an elected functioning governing board. (Q4/Yr3) Ho Chi Minh City PAC improved advocacy (Q2, Yr4); GROW and SWAALES in Lesotho trained in Essential Package for Early Childhood Development (Q3/Yr5) AMSHER in Kenya, improved programming and advocacy (Q4, Yr5)
2.1	Number of assessments of networks (regional or national) completed to inform capacity building of the organization	8		7		0			1		9	112.5	Red Legal (CA regional human rights network) and 6 national networks (El Salvador, Nicaragua, Panama, Guatemala, Costa Rica & Honduras) [Q3/Yr2]; AMSHER (using the SAME tool) (Q3/Yr5)
2.2	Number of assessments of CSOs/NGOs or other organizations that are members of the network	115			37	0			8		45	39.1	Assessments of 36 NGOs by Col Sol and of Col Sol (Q3/Yr3); Assessments of 8 CSOs by AMSHER (Q3/Yr5)

## Task Three: Provide Assistance to Field Missions/Bureaus

		Year 1	Year 2	Year 3	Year 4	Year 5						
Sub-task: PMP Indicators	Yr 1-5 Cumulative Target	Q3-4	Q1-4	Quarters 1-4	Quarters 1-4	Q 1	Q2	Q3	Q4	Cumulative to Date	% of Cumulative Targets Achieved to Date	Comments
3.1	Number of individual organizational assessments of civil society organizations (CSOs), networks, health facilities, CCMs, public sector institutions and multi-sectoral bodies completed to inform capacity building of the organization	33	28	76	19	3	504	1	49	712	508.6	Honduras (6 AS-Two - MOST & QuickStart] [Q1/Yr1]; Honduras- 33 Global Fund NGOs (Q4/Yr1); Guatemala - Peten and Izabal networks [Q1/Yr2]; Peten and ;Guatemala - Service Delivery Assessment [7 CSOs in Peten & 5 CSOs in Izabal] [Q2/Yr2]; Guatemala [QuickStart] [Q3/Yr2]; Service Delivery for MARPs Assessments in Tajikistan (31) and Kazakhstan (37) [Q1/Yr3]; Honduras: CCM-H and Ministerial Facilitating Team from the Ministry of Health (Q3/Yr3) 14 CSOs in Malawi conducted internal assessments of their CB needs (Q3/Yr3), Conducted an assessment of the Ukrainian AIDS Center's Procurement systems and processes; TVivre Positif in Lebanon, RAHMA and GS++ in Tunisia and AMEL in Algeria. (Q4, Yr4); E&E- Assessment of 3 NGOs: Gender and Development (Azerbaijan); TANADGOMA (Georgia) Package of Services Gap Analysis; "We For Civil Equality" (Armenia) (Q1, Yr5); Alliance/India (Global Fund PR in India) assessed 46 potential SRs and 458 potential SSRs (Q2/Yr5); Gender Assessment in Tajikistan and Kazakhstan (Q3, Yr5) 49 CAR assessments (Q4, Yr5)

3.2	Number of participants who attend workshops and consultations on assessment findings disaggregated by gender, organization, and by country	500			22		83		0				10		37		79		231	21.0	Debriefing session organized at the end of the exploratory mission on PLHIV involvement, care and support in Morocco; <b>(Q2, Yr5)</b> CAR Gender Assessment Workshop; <b>(Q3, Yr5)</b> ; CAR Capacity Dev. Guides Workshop 49 NGOs, 3 countries (Kazakhstan, Tajikistan and Kyrgyzstan) (79 pax); <b>(Q4, Yr5)</b>
			F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M			
					7	15							4	6	23	15	35	44			
3.3	Number of technical resources produced for organizational and public sector program managers and civil society practitioners to strengthen organizational and technical systems	65			1		9		14		3		2		7		14		47	72.3	CAR - Dialogue Project mid-term evaluation, Honduras Counseling Guide, Ukraine guide for SR management (UCDC); <b>(Q1, Yr5)</b> ; MENA - PLHIV Situational Analysis; Communications Guide <b>(Q2, Yr5)</b> Costing tool and M&E tool for E&E Bureau (2), Gender Assessment Report for Tajikistan and 1 for Kazakhstan; Gender Strategy for PEPFAR in Central Asia, Strengthening the Involvement, Understanding and challenging HIV stigma in the MENA region: Toolkit for action; HIV Strategic Plan for S.Sudan <b>(Q3, Yr5)</b> ; Capacity Developer's Guide to HRM; Capacity Developer's Guide to Quality Service; Capacity Developer's Guide to BPH; Capacity Developer's Guide to Advocacy; Capacity Developer's Guide to Partnership; Capacity Developer's Guide to Strengthening Involvement of PLHIV; Capacity Developer's Guide to Governance; Technical Brief #6 - Malawi; Eastern Europe MSM Package of Services; Signs of a Hidden HIV Epidemic: MSM in E&E Countries; CAR - 3 country reports and 1 regional strategy <b>(Q4, Yr5)</b>

3.4	Number of CSOs, public sector institutions, networks and multisectoral bodies for which technical assistance is delivered.	58		10	20	30	2	3	2	52	<b>119</b>	<b>205.2</b>	Honduras (6 AS-Two - MOST Action Plan] <b>(Q1/Yr2)</b> ; ; Guatemala - TA to Peten and Izabal for the development of grant proposals <b>[Q2/Yr2]</b> ; Tanzania - National AIDS Control Program (NACP) and Tanzania Youth Alliance (TAYOA); <b>[Q3/Yr2]</b> ; Guatemala NGOs (9); Honduras - 8 Global Fund recipients <b>(Q1/Yr3)</b> ; Honduras - PASMO <b>(Q2/Yr3)</b> ; Honduras - Ministerial Facilitating Team from the Ministry of Health <b>(Q3/Yr3)</b> ; Tanzania - NACOPHA <b>(Q4/Yr3)</b> ; 8 CSOs and 1 Network in MENA <b>(Q1, Yr4)</b> , PEPFAR Caribbean; SANRU in Kinshasa, DRC; <b>(Q2, Yr4)</b> 14 CSOs in Malawi received CB TA in <b>(Q3, Yr4)</b> , Ukrainian AIDS Center; PANCAP - Guyana; Unidad de Extensión de Cobertura y Financiamiento (UECF) - Honduras, 3 PLHIV NGOs in Tunisia, Algeria, and Morocco <b>(Q4, Yr4)</b> ; Groupe de Soutien Positif (Tunisia), South Sudan AIDS Commission <b>(Q1, Yr5)</b> ; 3 CSOs in EE (Armenia, Azerbaijan, Georgia), <b>(Q2, Yr5)</b> ; India GF PR, CoHeNa (Namibia) <b>(Q3, Yr5)</b> CAR PEPFAR team; 49 CAR NGOs, CAR Quality Project (Abt); CAR Dialogue Project (PSI) <b>(Q4, Yr5)</b>
3.5	Number of CSOs and networks receiving direct grant support from AS-Two aimed at improving organizational performance.	26		16	1	9	0	3			<b>29</b>	<b>111.5</b>	Honduras (6 AS-Two grantees), Guatemala 2 networks , 8 NGOs <b>(Q1,Yr2)</b> ; Honduras - PASMO <b>(Q2/Yr3)</b> ; 8 NGOs and 1 Network - MENA <b>(Q3, Yr4)</b> ;3 PLHIV groups in Algeria, Lebanon and Tunisia <b>(Q2, Yr5)</b>

3.6	Number of CSOs, public sector institutions, networks and multisectoral bodies that have received assistance and improved their management, leadership and governance capacity	50		4	25	31	2	3	2	52	119	238.0	<p>Tanzania - (NACP) and (TAYOA) -improved performance, including improved M&amp;E indicators and communication <b>(Q3/Yr2)</b>; Peten and Izabal in Guatemala and Gay Network in Honduras; the 8 key network development steps have been achieved; Guatemala - 8 NGOs, Honduras-6 NGOs, 8 Global Fund grantees. <b>(Q1/Yr3)</b>; Honduras - PASMO <b>(Q3, Yr3)</b>, Honduras - Ministry of Health, Tanzania - NACOPHA <b>(Q4,Yr3)</b>; Consultants working with SANRU (DRC) improved M&amp;E capacity and procurement and supply management systems for consolidating grants; MENA- 8 NGOs developed action plans for improving financial management and increasing USAID compliance; RANAA-improved communications, resource mobilization, and M&amp;E strategies; <b>(Q2, Yr4)</b> Improved the technical understanding of the UAC's procurement management systems, PEPFAR Caribbean Dashboard management responsibilities related to PANCAP and the general use of the SAP dashboard software; Malawi 14 CSO's strengthened in leadership, management, and governance. All CSOs have made progress on action plans.; UECF (Honduras) - strengthened grants/ procurement system; 3 PLHIV NGOs in MENA built partnerships and conducted technical exchange <b>(Q4, Yr4)</b>; Groupe de Soutien Positif (Tunisia), South Sudan AIDS Comission <b>(Q1, Yr5)</b>; 3 CSOs in EE (Armenia, Azerbaijan, Georgia), <b>(Q2, Yr5)</b>; India GF PR, CoHeNa - HRM systems improved <b>(Q3, Yr5)</b> CAR PEPFAR team; 49 CAR NGOs CAR Quality Project (Abt); CAR Dialogue Project (PSI) - improved partnership and advocacy <b>(Q4, Yr5)</b></p>
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3.10	Number of participants who attend face-to-face workshops and conferences disaggregated by gender, organization/networks, and by country.	1800	85		752		509		649		147		148		153		196		2639	146.6	<p>Malawi M&amp;E Workshops 2 (Oct '12) on Developing Organizational Results Frameworks and M&amp;E Workshop 3 (Nov'12) on Organizational PMPs; 40 pax in Supervisory Skills Development workshop (Dec '12); S.Sudan HIV Strategic Framework Stakeholder Meeting (Nov '12); Namibia - ARV adherence; Effective Communication on HIV/AIDS (both in both communities - total 4); MENA - consensus building meeting (December '12) in Oran (12 pax) <b>(Q1, Yr5)</b>; MENA - positive health, dignity and prevention workshop in Tunisia (12 pax); reducing internal stigma in Algeria (10 pax); sexual health and peer education skills in Algeria (24 pax); Namibia - Data Collection and Effective Partnership Trainings (both communities -2); Malawi - LDP Workshops 1 &amp; 2 <b>(Q2, Yr5)</b> MENA Workshop (24); Malawi- Advocacy Workshop (44); Results Review #2 (48); Risk Management (37) <b>(Q3, Yr5)</b>; Leadership and Governance Workshop (Aug 2013); Results Dissemination Workshop (Aug 2013); CAR Capacity Development Guides Workshops (79 pax) <b>(Q4, Yr5)</b></p>
			F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M			
			0	85	221	410	306	202	254	153	72	75	52	96	88	64	84	117			