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**Save the Children Federation, Inc
UMOYO NETWORK**

COOPERATIVE AGREEMENT No.: 690-A-00-03-00185-00

**CAPACITY BUILDING FOR QUALITY
HIV/AIDS SERVICES PROJECT**

Date of Report: 28th October 2003

Reporting Period: from 15th May to 30th September 2003

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List of Acronyms and Abbreviations

| | |
|--------|---|
| AED | Academy for Education and Development |
| ADRA | Adventist Development and Relief Association |
| AIDS | Auto-immune disease syndrome |
| ASO | AIDS Service Organization |
| AU | Administration Unit |
| AED | Academy for Education and development |
| CACC | Community AIDS Coordinating Committee |
| CBU | Capacity Building Unit |
| CDQ | Community Defined Quality |
| DHO | District Health Office |
| FGU | Finance and Grants Unit |
| FHI | Family Health International |
| IEC | Information, education and communication |
| HIV | Human immuno-suppresant virus |
| INTRAC | International Training and Research |
| M&E | Monitoring and evaluation |
| MANASO | Malawi Network of AIDS Service Organizations |
| MANET+ | Malawi Network of People Living with AIDS |
| MIM | Malawi Institute of Management |
| MRA | Malawi Revenue Authority |
| NAC | National AIDS Commission |
| NAPHAM | National Association of People Living with HIV/AIDS in Malawi |
| NGO | Non-government organization |
| OD | Organizational Development |
| OIs | Opportunistic Infections |
| PMTCT | Prevention of mother to child transmission |
| PLWHA | People living with HIV and AIDS |
| QA | Quality Assurance |
| RFP | Request for proposals |
| RH | Reproductive health |
| SC | Save the Children |
| SO | Strategic objective |
| STI | Sexually transmitted disease |
| USAID | United States Agency for International Development |
| VACC | Village AIDS Coordinating Committee |
| VCT | Voluntary counseling and testing |

1.0 Introduction

Save the Children Federation, with its partners ADRA, AED/LINKAGES and JHPIEGO, signed a cooperative agreement with USAID in May 2003 to implement a four-year program to support the Ministry of Health and the National AIDS Commission's plans to reduce new HIV infections in Malawi.

The **Capacity Building for Quality HIV/AIDS Services Project's** strategic objective is *to increase use of preventive services and practices*. It is expected that the Project's proposed approaches, strategies and interventions will lead to improved capacity of NGOs providing HIV-related support services, improved use of those services, and reinforcement of protective practices, ultimately reducing new HIV/AIDS infection. NGO strength will be measured by their governance and management systems, their human resources, their relationship with the communities, the quality and scope of the HIV-related services that they provide, and their ability to mobilize additional resources to sustain their project activities beyond the Project funding.

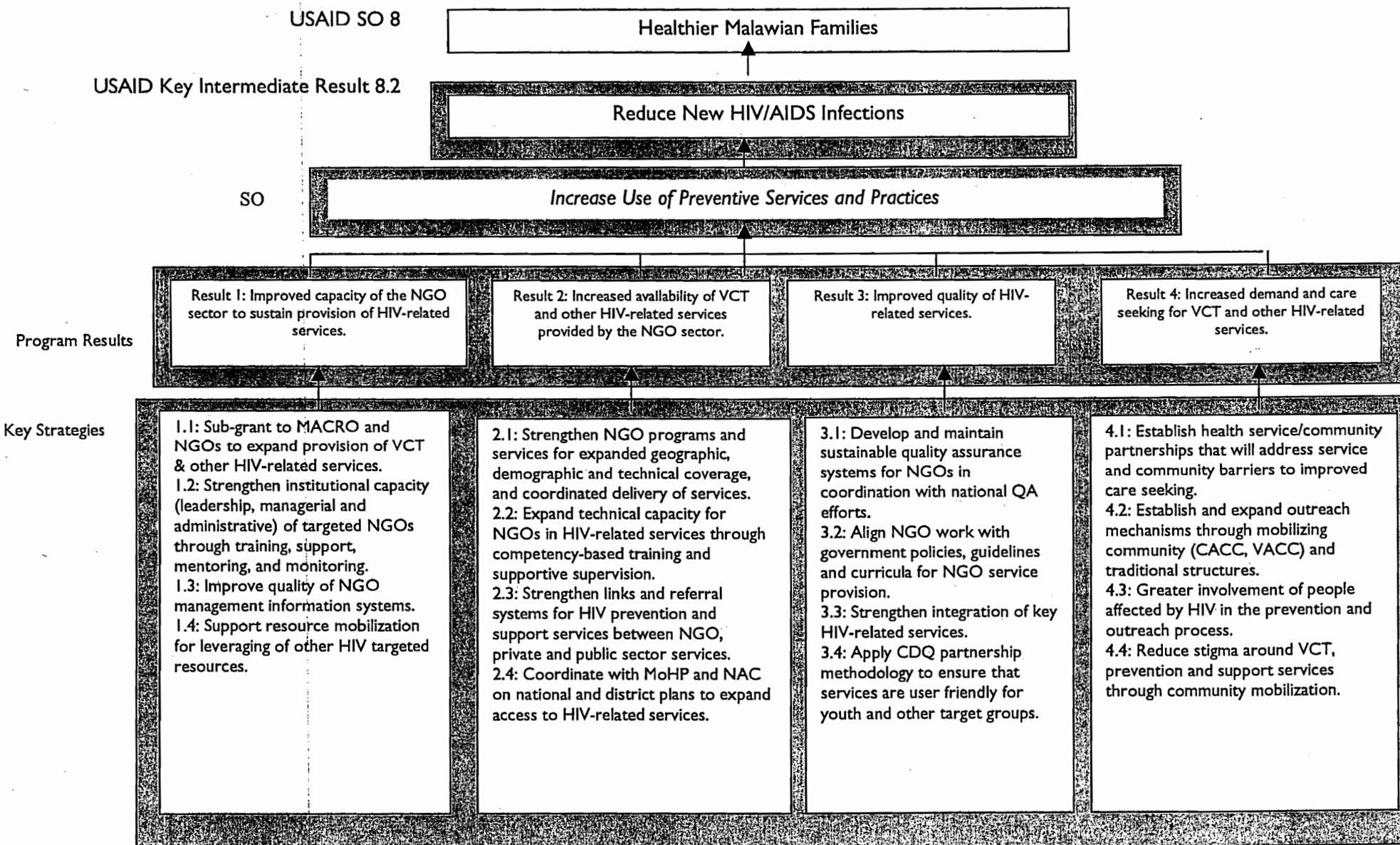
The causal relationship between the project's results and key strategies are depicted in the project Results Framework see Fig 1 below.

The program is being implemented by Save the Children's Umoyo Network, which was created as a field project of NGO Networks for Health in 1999 to build the capacity of Malawian NGOs working in reproductive health and HIV/AIDS. The overall approach is to foster networking and partnerships for the provision of comprehensive support for HIV/AIDS long the continuum of care. The program will ensure access to HIV-related services within a coordinated system of HIV prevention, management, treatment and care. Partnerships are forged at all levels from the community to the international levels to maximize the resources and technical expertise. The project is guided by national health strategies and policies, and provides constructive inputs into government policies and guidelines drawing from its own field experiences. The partnerships address the three main avenues for transmission of HIV infection - sexual, mother to child and parenteral routes.

This report covers the period from 15th May, when the Cooperative Agreement was signed, to 30th September and thus provides the results for the third and fourth quarters. It is a consolidated report covering the activities of the International Partners (AED/LINKAGES, ADRA and JHPIEGO) and the local NGO Partners, currently NAPHAM, MACRO, MANASO and MANET+. It also mentions the activities of the FHI/IMPACT funded project with Bowler Beverages Company Ltd., which is also managed under Umoyo Network.

The period has been busy with start-up activities, recruiting staff and setting up a new office in Lilongwe; undertaking a proposal application review process to take on local NGOs as sub-grantee partners; developing the instruments and tools to be used for organizational and service delivery assessments. The Year 1 detailed implementation plan has been developed and approved by USAID; the performance-monitoring plan is drafted and awaiting further discussions with USAID as they are currently reviewing their Results Framework.

Fig. 1 Project Results Framework



2.0 Performance (max. 5 pages)

2.1 Describe the various activities carried out in the quarter being reviewed and explain their contribution towards the overall project performance (i.e. major accomplishments made during the quarter). This should be related to the project's workplans.

Program Management

The sub-agreements with the International Partners, ADRA, AED/LINKAGES and JHPIEGO have been finalized and signed.

In July, the Lilongwe Office was opened and furnished within Save the Children head office. The Blantyre offices is operating without disruption continuing on from the previous grant.

Staff were either transferred from the previous grants or were recruited and inducted. New staff to Save the Children are:

- Margaret Phiri, Capacity Building Manager/Deputy Chief of Party
- Dennis Chiombeza, PMTCT Officer
- Dorothy Millinyu, Secretary
- Lloyd Kamuna, Driver
- Joseph Sipriano, Driver
- Mwate Chintu, RH/PMTCT Adviser, from AEDLINKAGES
- Eneud Gumbo, Quality Assurance Specialist, from JHPIEGO
- Hendrix Dzama, Faith Based Coordinator, from ADRA
- Martin Giannini, Peripatetic Computer Trainer, Crisis Corps
- Ceri Angood, Capacity Building Assistant, VSO Youth Training Placement

Additionally a third Finance Assistant, Cleo Kumwa, recruited on a short-term contract to cover maternity leave, has been extended to assist with the review of proposals.

Unfortunately the recruitment for two Capacity Building Coordinators failed as only one candidate was suitable and he left after three weeks in post as he had taken another job. These posts have been re-advertised and interviews will take place in early November. The recruitment of a behavior change specialist also failed; we are discussing with USAID and JHU for consultancy instead.

The major procurements during the quarter were of the four motor vehicles; two have been delivered, two are in transit.

On logistics management, HIV test kits were distributed to Mulanje District Hospital, Chikwawa District Hospital, Mangochi District Hospital, Ekwendeni Mission Hospital, Mulanje Mission Hospital, Malamulo Mission Hospital, AHS, Katete Mission Hospital (under Mzimba district hospital), Mzambadzi (under Mzimba district Hospital) and Mzimba District Hospital as per the arrangement with USAID. Test kits that had expired were incinerated in July 2003 in accordance with Medicine and Poisons Board Act.

The detailed development of the Year 1 Workplan and the Performance Monitoring Plan took place between 18 – 20 June 2003. The finalized document was submitted to USAID on 15 July 2003 and has recently been approved.

Program Delivery

Result 1 Improved Capacity of the NGO sector to sustain provision of HIV/AIDS programs and services.

Strategy 1.1 Provide sub-grants to MACRO and other NGOs to expand provision of VCT and other HIV-related services

The four NGOs, MANET, MANASO, MACRO and NAPHAM, selected by USAID for non-competitive sub-grants were awarded Bridge funding based on their previous agreements to enable them to be funded through the period of developing their main proposals. Technical assistance was given and the proposals are nearly ready for forwarding to USAID for final approval.

The competitive process of identifying the NGOs to fund commenced with a request for Concept Papers being advertised on 16 July 2003. Fifty-eight (58) Concept Papers were received and later reviewed by an Internal Review Team of six, including the staff from AED/LINKAGES and JHPIEGO, and SC staff – HIV/AIDS Adviser, Finance and Grants Manager Capacity Building Manager and Monitoring and Evaluation Specialist. Fourteen potential NGOs were short-listed. The process of short listing was complicated and challenging.

Guidelines for Proposals for the shortlisted NGOs were developed and proposal development workshops were held in Lilongwe and Blantyre on 19 and 21 August respectively. During the workshop, the NGOs were also provided with electronic templates for workplans and budgets and copies of the USAID standard agreement attachments and certifications. The 14 NGOs have since submitted their Proposals to Umoyo Network on 8 September 2003. An Internal Review Team of six has reviewed the proposals and feedback provided to some of the NGOs to improve their proposals. The NAC and MoHP have nominated staff to be on the Proposal Review Team with representatives from JHPIEGO, AED/LINKAGES, ADRA and SC. This review will be carried out between 27 – 28 October 2003.

Pre-award assessment tools for finance and administrative issues were designed. Finance and M&E staff were trained in facilitating the process on 23rd August. All the short-listed NGOs were assessed during the week of 29th August-4th September and the findings are available to the External Reviewers.

The development of the Partner SG Manual and the Grants Management Database is underway.

The FGU continued to provide support to MANASO Grants Management Unit; they have had three meetings with MANASO and noted tremendous progress.

A meeting was held with the Regional Contracting Officer of USAID on 25th September during which clarification was made on the various roles and responsibilities as stated in the Cooperative Agreement.

Strategy 1.2: Strengthen institutional capacity of targeted NGOs through training, support, mentoring and monitoring

As Umoyo Network prepares to implement the Capacity Building for Quality HIV-related Services Project, Umoyo wants to take a systematic approach to the monitoring and evaluation of changes in capacity of local NGO partners. In response to this need, the Capacity Building Unit facilitated the development of Organization Development (OD) indicators and OD Self-Assessment tools with consultation from INTRAC. A total of ten (10) Project staff and Eight (8) OD practitioners have also been trained in facilitation of OD Self-Assessment utilizing the developed tools. The activity was carried out between 11 to 14 August 2003.

Plans are now underway to facilitate the self-assessments of organization development and service delivery with the NGOs, initially with MACRO and NAPHAM and a sample of the ASOs and PLWA Support Groups under MANET+ and MANASO. The results from these assessments will provide the basis for agreeing a prioritized Capacity Building plan with the NGOs.

Regular coordination meetings of International Partners have been held; finance, personnel and management issues have been addressed as necessary. The three units have held technical meetings to clarify the role of the Units and individuals as they relate to the organization. Meetings reports are available.

It is recommended that capacity building training activities for Partner NGOs be institutionalized to ensure sustainability and continuity of the training interventions. The CBU is conducting an inventory of the professional training institutions in the country. So far discussions have been held with MIM to train on issues of Organization Development, Kamuzu College of Nursing to train in clinical areas of PMTCT and Malawi College of Health sciences, Lilongwe Campus to train in areas of STIs, TB, Counseling, OIs etc. From the discussions held with the institutions, they have adequate technical expertise and physical space to undertake the activity. When the Capacity Building Plans are ready, formal requests will be sent to these institutions to undertake such activities.

Strategy 1.3: Improve quality of NGO Management Information Systems Monitoring and Evaluation

In order for the project to systematically achieve and measure its goals and objectives, and realize its intended results, monitoring and evaluation has remained a key intervention during the reporting period. The CBU has facilitated the building up of monitoring and evaluation systems, which will enable the project to track outputs, effectiveness and efficiency of program interventions and enable Umoyo to provide feedback at different level of program management.

The M&E team has provided leadership in the development of Performance Monitoring Plan for the Year I Detailed Implementation Plan of the project; facilitated the institutionalization of NAC M&E plan including the Activity Reporting Documents in some of the Partner NGOs (MACRO, NAPHAM, MANET and MANASO) which will enable them to report their achieved targets to NAC.

With consultation from INTRAC, the CBU has also facilitated the development of a system for monitoring and evaluation of Capacity Building Inputs, which will enable Umoyo Network to capture its qualitative and quantitative Capacity Building changes in its Partner NGOs. The activity included development of Organization Development Indicators, OD self-assessment tools, and describing the process of carrying out the M&E of capacity building at different times of project life.

The M&E team has provided feedback to the short-listed NGOs to develop their Performance Monitoring Plans for their proposals, and also endeavored to harmonize the quarterly reporting formats for Umoyo and the Partner NGOs.

The M&E team attended the launch of the Vital Registration System, which will be carried out in some of the project districts – Mzimba, Kasungu, Mchinji and Blantyre. The vital events to be captured are births, orphanhood and deaths. This should provide excellent data for our NGOs for planning purposes.

Capacity building of the M&E staff to keep them abreast of new developments has also been a key activity during the reporting period (see Appendix 5).

Strategy 1.4 Support resource mobilization for leveraging of other HIV targeted resources

Activities during this quarter have been limited to providing advice on sources of to the donor funds that could be applied for to match the funds available from USAID. Some ideas for income generation have also been discussed with MACRO and NAPHAM.

Result 2 – Increased availability of VCT and other HIV-related services provided by the NGO sector

Strategy 2.1: Systematic Program and service strengthening for expanded geographic, demographic and technical coverage, and coordinated delivery of services

The development of Service Delivery Assessment tools, under the leadership of JHPIEGO with all other Partners and in collaboration with MoHP, has been another major activity. Service delivery tools have been developed and pre-tested. Ten (10) Project staff has been trained in administration of the tools. These activities took place between 26 to 28 August 2003. As mentioned earlier plans are underway to facilitate the self-assessments.

1. General Background Assessment Tool
2. Voluntary Counseling and Testing
3. Prevention of Mother to Child Transmission - General
4. Prevention of Mother to Child Transmission – Antenatal Care
5. Prevention of Mother to Child Transmission – Labour and Delivery/Postpartum Care.
6. Prevention of Mother to Child Transmission – Postnatal Care
7. Prevention of Mother to Child Transmission – Under Five Clinic
8. Other Services – Sexually Transmitted Infections
9. Other Services – Family Planning
10. Other Services – Opportunistic infections (including T.B.)
11. Other Services – Provision of Anti-Retroviral

12. Other Services – Supportive Counseling for People Living with HIV/AIDS
13. Other Services – Youth HIV – Related Services
14. Other Services – Male HIV – Related Services

In addition there were two questionnaires developed that will assess and capture the views of Providers and Clients. These have been captured in the following tools:

- a) Client Exit Interviews
- b) Staff/Provider Questionnaire

Apart from assessment tools the Clinical Observation Check-lists were developed. These will allow the assessing teams observe exactly what the NGO Partners Service Providers are doing and how they do it. The following Clinical Observation Check-lists were developed for use:

- a) Group Education for HIV/AIDS
- b) Voluntary Counseling and Testing
- c) Prevention of Mother to Child Transmission – Antenatal
- d) Prevention of Mother to Child Transmission – Labour and Delivery
- e) Prevention of Mother to Child Transmission – Post Natal Care
- f) Prevention of Mother to Child Transmission – Under 5 Clinic
- g) Sexually Transmitted infections
- h) Family Planning
- i) Opportunistic Infections (including TB)
- j) Provision of ARVs
- k) Counseling of People Living with HIV/AIDS

Most of the tools have been pretested at various sites. The ARVs and OIs tool will be pretested after the MoHP Guidelines are finalized and items incorporated.

Discussions have been held with CDC and the MoHP on the supplies of test kits; further discussions will be needed.

Strategy 2.2: Expand technical capacity for NGOs in VCT and other HIV-related prevention and support services through competency-based training and supportive supervision

The CBU Specialist staff and Advisers have been liaising with the MoHP and the NAC to identify the key training curricula, training materials and monitoring tools needed for the training and support of services providers and their trainers.

The Resource Centre in Blantyre continues to provide useful information to the NGOs and staff. New books relating to HIV/AIDS have been purchased. The Communications Assistant continues to download useful documents which are forwarded to the NGOs either by email or print.

The HIV/AIDS Adviser and the M&E Specialist have made monitoring visits to the four sub-grantee NGO Partners and reports of key issues prepared.

Strategy 2.3: Strengthen links and referral systems for HIV prevention and support services between NGO, private and public sector services.

Until it is clear which NGOs will be supported, visits to the various districts for discussions with the DHMTs and the DHO have been postponed. The mapping

report recently finalized by the Bowler Beverages Project provides useful information about services in Lilongwe, Mzuzu, Salima and Mchinji. The M&E team are gathering statistical information for each district.

Discussions have been held with MoHP on standardizing referral systems. Networking Development for Partner NGOs (MACRO, MANASO, MANET and NAPHAM) has remained a key activity for the unit during the reporting period. The Capacity Building Unit has facilitated Partner NGOs to continue collaborating with each other and share experiences on regular basis. Sharing of information has also been promoted at international levels. For example some members from the above organizations attended the SANASO Conference in Lusaka Zambia from 5 to 8 August 2003 and shared their country experiences with other countries.

Strategy 2.4: Coordinate with MoHP and NAC national and district plans to expand access to VCT and other HIV-related services

Regular meetings have been held with MoHP and USAID on the expansion of VCT and PMTCT services, as their strategy is currently being developed. Some other meetings have been awaiting the final approval of the workplan.

JHIEPGO has drafted an Advocacy Strategy for the Program that discusses the roles of the senior technical staff in the activities of national importance, such as policy development. This will be revised and agreed at the next Partners meeting. Senior staff have been assigned to attend the various national committees and working groups on behalf of the project, as per the Year I plan.

Result 3 – Improved quality of NGO HIV/AIDS prevention and support services

Strategy 3.1: Develop and maintain sustainable quality assurance (QA) systems for NGOs in coordination with national QA efforts

No progress.

Strategy 3.2: Align NGO work with Government policies, guidelines and curricula (covered under R2) for NGO service provision

See R2

Strategy 3.3: Strengthen integration of HIV-related services

The HIV/AIDS officer has visited the supported NGOs to follow up on the integration training held under the previous funding; progress is being made.

Strategy 3.4: Apply CD partnership methodology to ensure that services are user friendly for youth and other target groups

The Training of Trainers in Community Mobilization has been planned for February 2004. Issues on youth friendly services were followed up with the NGOs during their quarterly monitoring visits.

Result 4 – Increased demand and care seeking for NGO prevention and support services

Strategy 4.1: Established health service/community partnerships that will address service and community barriers to improved care seeking

The new Faith Based Coordinator has commenced his work to identify religious barriers to care seeking. He is reviewing religious texts, and will set up interviews with the NGOs, and with religious leaders and groups.

Strategy 4.2: Establish and expand outreach mechanisms through community and traditional structures

No progress yet.

Strategy 4.3: Involve people affected by HIV in the prevention and outreach process

MANET+ have continued their work with POLICY project on issues of stigma and discrimination and on the advocacy for the national HIV/AIDS policy. PLWAs have been involved in the planning of the OD assessment tools to take into account the special needs of PLWA organizations.

Strategy 4.4: Reduce stigma around VCT, prevention and support services

We have not been able to recruit a suitable Behavior Change Specialist; the plan now is to use expertise from JHU to assist the NGOs to develop their behavior change strategies as this can easily be followed up by the other specialist staff.

Some IEC materials developed under the previous Umoyo project have been printed up and circulated to NGOs for their use. A needs assessment on IEC materials will be included in the service delivery assessments.

2.2 Explain any significant differences between what you planned to do and what you did/ reasons for any deviations from the established workplan.

The proposal review process activity has taken longer than hoped. One of the reasons for this are that many NGOs did not follow the proposal format given and explained to them during the proposal development workshop, or did not provide consistent information in the narrative, the implementation plans and budgets. As a result most of the proposals submitted were of poor quality with information gaps. It was also observed from the quality of proposals given that some NGOs do not have the capacity to develop proposals to meet RFP requirements. The final review of proposals by the representatives from MoHP and NAC is now planned for late October, the approvals for the new NGOs will probably be in November and hence self-assessments and development of capacity building plans in November/December. This has also delayed the planning for the quality assurance process.

2.3 Explain how you have addressed gender concerns in the implementation of the activities.

Gender concerns were addressed in the review of the concept papers, proposal development, and the development of the assessment tools. We have ensured that

the teams for monitoring and evaluation and assessments have both male and female staff at different grades.

The M&E indicator reporting system has also mainstreamed gender to ensure disaggregation of male and female data so as to be able to provide this information for planning and local decision-making.

2.4 Describe in detail what you have achieved, both qualitative and quantitative, (the results and impact) and its contribution to what the project has achieved, including factors contributing to the project's successes or failures. Provide reasons why established targets and/or goals were not met, if appropriate.

Refer to Appendix 2 for the Results to date.

Most of the activities are interrelated and ongoing. So far the following have been completed:

- Detailed Year 1 workplan developed by project partners and submitted and approved by USAID
- Sub-grant RFP was advertised and concept papers received and reviewed by an Internal Review Team of six senior project staff
- Fourteen Potential NGOs have been short – listed
- Eighteen NGOs have been equipped with knowledge of proposal development
- All the eighteen NGOs have developed proposals for funding which the Internal Review team has reviewed
- OD assessment indicators developed and staff/consultants have been prepared to facilitate the assessments
- Service Delivery Assessment tools developed and staff have been prepared to conduct the assessments
- Meetings of International partners conducted and attended; finance, personnel and management issues addressed as necessary. Meetings reports made available
- Quality of proposals for the short-listed NGOs has been improved

2.5 If any special studies and/or evaluations have been done, highlight the findings.

None to report.

2.6 Whenever appropriate and the output of programs or projects can be readily quantifiable, such quantitative data should be related to cost data for computation of costs.

Not yet relevant

2.7 Give other pertinent information including, when appropriate, analysis and explanation of cost overruns or high unit costs.

In general expenditure is lower than planned, as the sub-grants do not have significant expenses yet. Vehicles and equipment has been ordered but not yet arrived in country nor paid for. Expenditure on the travel budget has been high this quarter as there has been more travel to the NGOs than expected to provide

technical assistance on proposal development and there has been a fuel price increase of 22.34%.

3.0 Problems or Issues (max 2 pages)

3.1 Describe any significant problems or issues encountered during the quarter that seriously affected the project's performance.

Save the Children when using USAID funds, has to comply with the bilateral memorandum of understanding that was signed by the Malawi Government and USAID. The agreement, among other clauses, stipulates that USAID or Federal funds should not be taxed so as to give the beneficiaries maximum benefits. However, of late, there have been some problems in that the Malawi Revenue Authority (MRA), which is mandated by government to collect taxes, has frequently refused to exempt surtax to Save the Children. The time taken to argue this is significant as is the need to document the issue to provide the information to USAID. As it is an issue that has been discussed with USAID at Synergy meetings it is expected that USAID will continue to take up this matter with the MRA.

It is clear that the requirement in this cooperative agreement for the sub-grantees to submit monthly funding requests rather quarterly requests is significantly increasing the amount of work of the finance staff, both in the NGOs and at Save the Children Umoyo Network. Many of the NGOs are working through multi-sites that had previously been requesting funds quarterly. For Umoyo it means that we have triple the number of finance staff visits to the NGOs as there is need to verify the finance report prior to disbursement of next funds. We will review this workload again next quarter when we have another 10+ NGOs to work with. It is likely that we will request a review of this by USAID. The NGOs find it difficult to always plan exactly when an activity will take place as communication can be difficult; the tight deadlines for cash requests has led to difficulties in managing their cash flow.

3.2 Report on how you have responded to those problems or issues.

See above.

3.3 Make recommendations about how they could be addressed in the future.

See above

4.0 Lessons learned during the quarter

Highlight lessons learned during the quarter that can be shared and adopted by USAID or other International Partners or local NGOs.

The weekly staff meetings and monthly Partner meetings have been useful to ensure that workplans keep on track or are revised according to need.

Now that the project has two offices instead of one, it is critical that Umoyo Network's contribution to the NGOs is jointly planned at all times and that the interventions are well coordinated and understood by all concerned and that each staff is clear about their specific roles and responsibilities.

5.0 Plans for next quarter

Indicate the major activities/actions planned or to be followed up during the next quarter. Include actions to address the identified problems/issues. Include targets for the activities/ actions.

The plans for the next quarter are attached in the Implementation Plan matrix.

A Calendar of Key meetings and events is also attached below.

Staff Key Activities and Meetings (7) 27th Oct 2003 – December 2003

| Date | Activity | Key People Involved |
|---|--|-------------------------------------|
| Sept/Oct | Staff appraisals | All staff with line managers |
| Weeks of 8/15/22 Sept 16/13/20/27 Oct | Proposal Review of non-competitive and competitive Proposals | CBM/FGM/HAA/RHA/MES/ QAS/ |
| Weeks of 15/22/29 Sept/6/13/20/27 Oct | Feedback on proposals to MACRO, NAPHAM, MANASO and MANET | PM/CBM |
| Weeks of 20/27 Oct/3 Nov | Feedback on proposals to Competitive applicants | PM/CBM/FGM |
| Due from 1 Oct | New funding due for Partner NGOs | FGM |
| W/o 23-30 Oct | Visit by Carolyn Kruger from AED/Linkages | PM/CBM/LINKAGES |
| Mon 27 Oct | SDA Orientation MACRO | QAS/HAA |
| Tues 28-Wed 29 Oct | SDA MACRO LLW | HAA/CBM/RHA/QAS |
| Tues 28 Oct | Visit by Brenda Lipson and Rick James INTRAC | PM |
| Wed 29 Oct | Meetings in LLW with Carolyn Kruger | PM/DPM |
| Wed 29 Oct | TWG HIV/AIDS UNAIDS 1330 | PM/HAA/ |
| Wed 30-Thurs 31 | SDA NAPHAM LLW | HAA/QAS |
| Sun 26 Oct – 9 Nov By 30 October | VSO on orientation Second SF269 to USAID | Ceri Angood FGM/PM |
| Thurs 30 Oct | Quarterly/Annual Report for the period 15 th May to 30 Sept submitted to USAID, and finance report | PM/CBM |
| Wed 5 Nov | Capacity Building Unit Meeting MIM Lilongwe | PM/ all CBU staff plus OM and FGM |
| Thurs 6 Nov | Project Partners meeting LLW 0830-1430 | PM/CBM/HAA/RHA/ QAS/FBC/Partners |
| Thurs 6 Nov | Staff meeting LLW 1500-1630 | PM/all staff LLW |
| Fri 7 Nov | USAID HIV/AIDS Partners meeting, LLW 0930-1130 | PM/CBM/HAA |
| Fri 7 Nov | USAID Synergy Meeting, LLW 1200-1330 | PM/CBM |
| Mon 10-Tues 11 Nov | SDA MACRO MZU | CBM, RHA, RHO |
| Mon 10-Tues 11 Nov | SDA MACRO BLT | HAA, HAO, QAS |
| Wed 12- Thurs 13 | SDA NAPHAM BLT | HAA/HAO/QAS |
| Wed 12-Thurs 13 | SDA NAPHAM MZU | CBM/RHA/RHO |
| 10-21 Nov | Review of Partner NGOs PMP, MIS Systems and adjust them accordingly to incorporate USAID Mission and Umoyo Network M&E needs | M&ES/M&EAs |
| Mon 17 Nov | Finance Meeting and senior staff meeting | PM/CBM/FGM/OM/HAA/ME S |
| Tues-Thurs 18-20 Nov | NGO Partners Quarterly Meeting | PM/CB staff/Finance staff |
| Fri 28 Nov | Close Out of BBCL- postponed | PM/FGM/HAA |
| 24 –28 Nov 03 | Training of NGOs in M&E (those planning to do Surveys/or just M&E training)? | M&ES/M&Es |
| Tues 2 Dec | Finance team meeting BLT 0900-1100 | PM/FGM/all finance staff |
| Tues 2 Dec | Admin staff meeting 1400-1500 BLT/LLW | OM/LLW admin staff |
| Wed 3 Dec | Staff meeting LLW 1000-1200 | CBM/OM/ all LLW staff |
| Thurs 4 Dec | Project Partners Meeting BLT.0830-1430 | PM/CBM/HAA/RHA/ QAS/FBC/Partners |
| Thurs 4 Dec | Staff meeting BLT 1500-1630 | PM/CBM/OM all BLT staff |
| Fri 5 Dec | USAID Synergy meeting BLT 0830-1030 BLT | PM/CBM/FGM |
| Fri 5 Dec | USAID HIV/AIDS Partners Meeting BLT | PM/CBM/HAA |
| W/o 8 Dec | Internal auditor visit BLT | FGM/Fas/PM |
| Wed 17 Dec | Finance Meeting Blantyre | PM/DPM/FGM |
| 14 Jan 2004 | Last date for Abstracts for Bangkok Conference | HAA/PM/MES |

Drafted CO 27th October 2003

Appendices

Appendix I: Implementation Outputs and Plans: Accomplishments versus planned activities for the quarter

See attached Excel document

| Task | Lead and other key staff involved (see key in narrative) | Year I | | | | | | | | | | | | Benchmarks/Outputs |
|---|--|--------|---|---|---|---|---|---|---|---|----|----|----|--|
| | | M | J | J | A | S | O | N | D | F | M | A | | |
| Program Management | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | |
| Finalize Sub-Grant agreements with International Partners | COP/FGM/Partners SC HQTA | X | | √ | √ | | | | | | | | | Sub-grant agreements signed and funds disbursed by July 03 for two and Aug for two |
| Hire, orient and locate staff | FOD/COP/CBM/OM/ Partners | | | √ | √ | √ | √ | | X | | | | | Capacity Building Manager, PMTCT Officer, VSO and PCV in place; ADRA recruited Faith Based Coordinator, JHPIEGO QA Specialist and AED PMTCT Adviser in place; all other staff transferred from Umoyo previous funding to this from June/July. Two Capacity Buildig Coordinators advertised again. Not able to find suitable BC Specialist. |
| Establishment of Offices (using existing SC & Umoyo Systems), procure vehicles and office equipment | COP/ OM | | √ | √ | | | | | | | | | | All offices staffed, systems in place and functioning. Two vehicles arrived , two awaited; Photocopier at customs clearance |
| Recruit Peace Corps, or other volunteers and interns, to provide TA to NGOs in organisational development and service delivery issues | COP/CBM, and HO Staff | | | X | | | | | X | X | | | | VSO Capacity Building Assistant arrived September; Crisis Corps Computer trainer due Oct |
| Finalize Year 1 workplan and Year 2 Workplan | COP/ partners/ LTTA | | √ | | | | | | | | X | | | Annual work plans submitted, revised and awaiting final approval by USAID |
| Finalize Two-Year M&E Plan | COP/Partners/ LTTA | | √ | | | | | | | | | | | M&E submitted to USAID for approval |
| Launch of Program with USAID and stakeholders | FOD/COP/CBM/ Partners/ USAID | | | | X | | | | | | | | | Awaiting plans from USAID |
| Meetings of International Partners, monthly for six months, then quarterly | COP/ CBM/ Partners | | | √ | √ | X | | X | | | X | | X | Meetings held; finance, personnel and management issues addressed as necessary. Meeting reports available |
| Quarterly Meetings: Supported NGOs and Project Partners | COP/CBM/ senior staff | | | √ | √ | √ | | | X | | X | | | Meeting reports, sharing of lessons learned and networking |
| Attend monthly meetings of all USAID HPN implementing partners | COP/CBM/ senior staff | | | | | | | X | X | X | X | X | X | USAID meetings attended and coordination issues addressed |
| Collect data, consolidate and prepare monthly/quarterly reports for NAC Activity Reporting System | MES/ MEA | | | √ | √ | √ | | X | X | X | X | X | X | Reports submitted to NAC |

| Task | Lead and other key staff involved (see key in narrative) | Year I | | | | | | | | | | | | Benchmarks/Outputs |
|--|--|--------|---|---|---|---|---|---|---|---|----|----|----|---|
| | | M | J | J | A | S | O | N | D | F | M | A | | |
| | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | |
| Receive reports from NGOs, review, consolidate data, prepare and submit quarterly and annual reports to USAID | COP/ CBM/ MES | | | | | | X | | | X | | | X | Reports submitted, feedback from USAID acted upon |
| Monitor Umoyo and NGO expenditure, report monthly to COP, prepare financial reports, submit to SC for submission to USAID quarterly | FGM/COP | √ | √ | √ | √ | √ | | X | X | X | X | X | X | Monthly and quarterly reports prepared and submitted on time |
| Conduct Internal Review | COP/CBM/ADH/ senior staff, LLTA | | | | | | | | | | | | X | Findings shared with stakeholders. Report available by June 2004 |
| Result: I: Improved capacity of the NGO sector to sustain provision of HIV-related services | | | | | | | | | | | | | | |
| I.1 Provide sub-grants to MACRO and other NGOs to expand provision of VCT and other HIV-related services | | | | | | | | | | | | | | |
| Review workplans and budgets, obtain USAID concurrence and award Bridge Funding Sub-agreements to MACRO, NAPHAM, MANET and MANASO, based on previous USAID funding proposals | FGM/COP | | | √ | √ | | | | | | | | | The four NGOs with Bridge Funding agreed by end August 2003 |
| Agree criteria and advert for request for Concept Papers | COP/CBM/All senior staff ,SC HQTA | X | | √ | | | | | | | | | | Criteria for NGO selection developed |
| Advertise for Concept Papers | COP/CBM/FGM | | | √ | | | | | | | | | | Advertisements made |
| Review concept papers and short list | COP/CBM/ All senior staff | | | | √ | | | | | | | | | Short list developed |
| Proposal Development Workshops for shortlisted NGOs | COP/CBM/HAA/MES/FGM | | | | √ | | | | | | | | | NGOs equipped with knowledge for proposal development |
| Provide TA to improve proposals of short listed NGOs | CBM/CBC/MES/HAA/ RHA/STTA from Policy Project | | | | √ | √ | | | | | | | | Quality of proposals improved though still not good generally, not adhering to guidelines, omitting critical information |
| Pre-award assessments | FGM/CBM/CBC/ FA | | | √ | | | | | | | | | | Assessment reports available. Not used for shortlisting; will be available for External Reviewers |
| Selection of NGOs by Proposal Review Committee and forward to USAID for approval | COP/ CBM/ MES | | | | | | X | | | | | | | Review of proposals more complicated and hence more time consuming than hoped. External Review now planned for 27th October |
| Negotiate proposals and budgets with selected local NGO Partners, sign sub-agreements | COP/FGM | | | | | → | X | X | | | | | | Delayed |
| Finalise Sub-Grants Manual, distribute and orient NGO senior staff | COP/FGM/CBM/SC | | | | | → | X | X | | | | | | Manual distributed to short listed NGOs |
| Develop improved database for grant tracking | COP/FGM/STTA | | | X | | → | X | | | | | | | Identifying database underway |
| SG disbursements and TA for grant start-up | COP/FGM | | | | | | X | X | | | | | | Workshop conducted, Grants disbursed, NGOs working on project activities |

| Task | Lead and other key staff involved (see key in narrative) | Year I | | | | | | | | | | | | Benchmarks/Outputs |
|--|--|--------|---|---|---|---|---|---|---|---|----|----|----|---|
| | | M | J | J | A | S | O | N | D | F | M | A | | |
| | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | |
| Review of Quarterly Financial Reports, monitor compliance with USAID regulations. Review quarterly financial requests and provide TA to improve. Disburse funds. | FGM | | | | | | X | | | X | | | X | Improved financial management |
| Quarterly vouching, monitoring and mentoring visits. Provide TA to Ngos on computerized financial books, reporting and budgeting. | FGM | | | | | | | X | | | X | | | Improved financial accounting, management, transparency and accountability |
| Assist NGOs to develop small grants management units | FGM | | | | | | X | X | X | X | | | | Grants units established and/or strengthened and functioning |
| Monthly monitoring visits to NGOs with sub-granting schemes | FGM | | | √ | X | √ | √ | X | X | X | X | X | X | No small grants by NGOs being disbursed |
| 1.2 Strengthen institutional capacity (leadership, managerial and administrative) of targeted NGOs | | | | | | | | | | | | | | |
| Meeting to agree OD indicators and training of project staff and OD practitioners in institutional self-assessments. | COP/CBM/HAA | | | | | | | | | | | | | OD Assessment indicators developed and staff/consultants prepared to facilitate assessments |
| Facilitate Institutional Self-Assessment of selected NGOs | CBM/CBC/ ODSTC | | | | | | | X | X | X | | | | NGO owned and agreed assessment of organisation completed |
| Develop an agreed OD component of NGO Capacity Building Plan with each NGO, hamonise with technical component | COP/CBM | | | | | | | X | | | | | | Capacity Building plans finalized |
| Develop Training Calendar, circulate and update as necessary | CBM | | | | | | | X | | | | | | Calendar in place to guide scheduling efforts and to avoid timing conflicts |
| Roll out OD component of Capacity Building Plans | CBM/ CBC | | | | | | | X | X | X | X | X | X | Capacity Building plans implemented |
| Develop inventory of existing training institutions for relevant training courses, update as necessary | CBM/ HAA/ QAS | X | | | | | | X | X | | | | | Inventory in place for use in guiding necessary TA efforts |
| Workshop on staff/volunteer development and training systems during quarterly meeting, and follow up on-site | QAS/ CBM | | | | | | | | | | X | | | The NGO management/training staff oriented to manage training issues within their organisations. Report available |
| NGOs to conduct training needs assessments based on information received at quarterly meeting | QAS/ CBM | | | | | | | | | | | X | | Data available to prepare evidence-based training plans |
| Conduct follow-up visits to NGOs to develop training plans based on results of training needs assessments | QAS/ CBM | | | | | | | | | | | X | X | Training plan in place to guide rational, evidence-based training decision-making by NGO staff; visit reports documenting discussions, recommendations and other issues |
| Assist NGOs to develop office systems & procedures, including inventory tracking and reporting format. | CBM/CBC/OM | | | | | | | X | X | X | X | X | X | Most NGOs have written office systems and procedures in place by April 2004 |

| Task | Lead and other key staff involved (see key in narrative) | Year 1 | | | | | | | | | | | | Benchmarks/Outputs |
|--|--|--------|---|---|---|---|---|---|---|---|----|----|----|---|
| | | M | J | J | A | S | O | N | D | F | M | A | | |
| | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | |
| OD Training depending on identified needs and priorities. May include: Program/Project Management and Logistics; Human Resource Management; Corporate Governance and Leadership; Strategic Planning or Strategic Review. | CBM/ODSTC/HAA/Deliver/ MoHP | | | | | | | X | X | X | X | X | X | NGO Board and/or staff trained in development and management skills, leading to improved NGO management |
| Finance Training - USAID Regulations and Grants Management | FGM | | | | | | | X | | | | | | NGO staff trained, and quarterly reports compliant with USAID regulations by April 2004 |
| Finance Briefing during quarterly meeting - Finance for non-financial managers | FGM/COP/CBM | | | | | | | | | X | | | X | NGO staff trained, and quarterly reports compliant with USAID regulations by April 2004 |
| 1.3 Improve quality of NGO Management Information System | | | | | | | | | | | | | | |
| M&E Plan harmonized with USAID, National HIV/AIDS strategic plan & NAC M&E plan | MES | | | | | | | X | | | | | | M&E Plan synergized |
| Document status of NGOs Management Information Systems | MES | | | | | | | | | X | | | | MIS Report available |
| Mentoring in writing quarterly reports, in qualitative, quantitative and operations research according to need | MES/ MEA | | | | | | | X | X | X | X | X | X | NGO monitoring/reporting capacity improved |
| Provide TA to Integrate quality measurements into MIS | QAS/MES | | | | | | | | | X | | | | Improved MIS |
| Provide training to managers and service providers on M&E and use of data for decision-making | MES | | | | | | | | | | | X | | Managers trained in M&E and service providers use data for decision-making |
| Quantitative baseline survey, using LQAS - questionnaire development, training, data collection, tabulation, data entry and report writing | MES/STTA | | | | | | | X | X | | | | | NGOs trained and using LQAS as a monitoring tool |
| Disseminate lessons learned at community, district, and national level. | MES | | | | | | | | | | X | | | Information shared and disseminated |
| 1.4 Support resource mobilization for leveraging of other HIV targeted resources. | | | | | | | | | | | | | | |
| Link supported NGOs to training in micro-finance | FGM/ FBC/ STTA | | | | | | | | | | X | X | X | NGOs identified micro-finance opportunities |
| Result 2: Increased availability of VCT and other HIV-related services provided by the NGO sector. | | | | | | | | | | | | | | |
| 2.1 Systematic Program and service strengthening for expanded coverage | | | | | | | | | | | | | | |
| Preparation of service delivery assessment tool, in line with the Health Facility survey needs of NAC/MoHP | QAS/MES/HAA/RHA/ADH | | | √ | √ | √ | | | | | | | | Service delivery assessment tool and process developed and |
| Training of Project staff to facilitate service delivery assessments | QAS/CBM/ADH/MES/MEA/HAA/HAO/RHA | | | | √ | | | | | | | | | Training conducted |
| Conduct participatory Service Delivery Assessment at NGO sites, including community baseline, see 1.3 | QAS/CBM/HAA/RHA/BCS/MES/MEA/ADH | | | | | X | X | X | | | | | | Assessments conducted and baseline used to develop Capacity Building Plans |
| Develop draft technical component of NGO Capacity Building Plan for each NGO | CBM/QAS/ CBC | | | | | X | X | X | | | | | | Draft technical component of Capacity Building Plan developed |

| Task | Lead and other key staff involved (see key in narrative) | Year I | | | | | | | | | | | | Benchmarks/Outputs |
|--|--|--------|---|---|---|---|---|---|---|---|----|----|----|--|
| | | M | J | J | A | S | O | N | D | F | M | A | | |
| | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | |
| On-site meetings with NGOs to review service delivery assessment results and finalize technical component of overall Capacity Building Plan, review with DHMT and harmonize with the OD component | CBM/QAS/CBC | | | | | | X | X | X | | | | | Technical component of Capacity Building Plan finalized and integrated with OD component into final Capacity Building Plan for each NGO; meeting reports documenting issues discussed and recommendations made |
| Roll out technical component of capacity building plan | CBM/QAS/CBC/HAA/HAO/RHA/RHO/BCS/FBC | | | | | | X | X | X | X | X | X | X | Increased availability and improved quality of HIV-related support services |
| Assist NGOs to improve supplies | CBM/QAS/HAA/RHA/CBC | | | | | | X | X | X | X | X | X | X | Stock control of supplies improved, no stock-outs of testkits, antibiotics or niverapine |
| 2.2 Expand technical capacity for NGOs in HIV-related services | | | | | | | | | | | | | | |
| Meeting at NGO districts with DHMTs and DACCs to discuss project objectives and illustrative activities | COP/CBM/CBC/HAA/RHA | | | | | X | X | | | | | | | Joint vision |
| Where required curricula do not exist, liaise with training institutions and/or Identify core competencies, standardize curricula or develop curriculum modules, materials and monitoring tools | CBM/HAA/RHA/STTA/RHO/HAO | | | | | | X | X | X | X | X | X | X | Agreed standard curricula |
| Training of Trainers (TOT) and/or Training of Service Providers according to assessed need and Capacity Building Plan. Subjects likely to include PMTCT, Infant Feeding and ARVs; OIs and TB; Management of STIs; VCT and Psychosocial Counseling; Supervision of Counselors for VCT; VCT site Management; Use of Rapid Whole Blood Testing; Caregivers in Stress Management; Community-based counselors; Positive Living. | CBM/HAA/HAO/RHA/RHO/STTA | | | | | | X | X | X | X | X | X | X | Increased pool of trainers and/or trained service providers |
| Follow up of action plans and mentoring of all training participants | CBC/ HAA/ HAO/ RHA/ RHO/ BCS/FBC, | | | | | | X | X | X | X | X | X | X | |
| Orient the NGOs to the integrated TIMS and ensure all training data collected and included in the National TIMS | QAS/LTTA | | | | | | | | | X | X | X | X | Training data available at national level |
| Exchange visits to NGOs in Malawi and Region | COP/CBM/CBC | | | | | | | | | X | X | X | | Lessons learned from observation of relevant projects in HIV-related services |
| Meeting in each District to share lessons learned and develop new NGO annual training plan | CBM/QAS | | | | | | | | | X | | | | Annual Training Plans developed |

| Task | Lead and other key staff involved (see key in narrative) | Year I | | | | | | | | | | | | Benchmarks/Outputs |
|---|--|--------|---|---|---|---|---|---|---|---|----|----|----|--|
| | | M | J | J | A | S | O | N | D | F | M | A | | |
| | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | |
| Maintain a resource center in Blantyre and provide up-to-date information to supported NGOs and Umoyo staff, provide TA to NGOs to set up own resource centers. Update promotional leaflet for Umoyo Network as necessary. Develop, print and circulate an Umoyo Network newsletter for local and International Partners. | OM/ all technical staff | | | | | | X | X | X | X | X | X | X | Resource centers functioning. New leaflet prepared. |
| Monitoring visits to NGOs, at least quarterly and as needed | CBM/CBM/CBC/MES/ MEA/HAA/HAA/RHA/ RHO/QAS/BCS/FBC | | | | | | X | X | X | X | X | X | X | Improved quality of services |
| 2.3 Strengthen links and referral systems for HIV prevention and support services. | | | | | | | | | | | | | | |
| Foster further links between NGOs, private sector, traditional practitioners & public health services in 18 districts | CBM/HAA/QAS/RHA/ BCS/FBC | | | | | | | | | X | X | X | X | Links made |
| Mapping of available services within the catchment area of each NGO and in each District, in conjunction with mapping exercise of Umbrella Organisations of NAC | CBM/QAS/HAA/RHA/ BCS/FBC | | | | | | | | | | X | X | X | Maps developed, mapping exercise report disseminated |
| Increase networking among NGOs providing HIV/AIDS related support services. | COP/CBM/CBC/HAA/ RHA/FBC | | | | | | X | X | X | X | X | X | X | Regional and District Networks developed e.g. for counselors, managers, CBOs |
| Assist NGOs to develop and utilize referral and back referral systems. | CBM/QAS/HAA/RHA | | | | | | | | | | X | X | X | Referral system agreed |
| 2.4 Coordinate with MoHP and NAC on national and district plans to expand access to HIV-related services. | | | | | | | | | | | | | | |
| Develop a Strategy to advocate on behalf of the NGOs with MoHP and NAC on issues related to the expansion of HIV-related services | QAS/COP/CBM | | | | | | | | | X | | | X | Advocacy strategy developed by end August 2003 and monitored quarterly |
| Participate in National HIV/AIDS Technical Working Group and Sub-committees and National Reproductive Health Coordinating Committee and other relevant meetings | COP/CBM/HAA/RHA/ QAS/FBC | | | | | | X | X | X | X | X | X | X | Meetings attended, reports available, Policies, protocols and guidelines developed |
| Hold regular meetings with RHU, Clinical services, prevention services of MOHP and departments of NAC | COP/CBM/HAA | | | | | | X | X | X | X | X | X | X | Other donor-funded training opportunities identified for NGO staff. |
| Result 3: Improved Quality of HIV prevention and support services. | | | | | | | | | | | | | | |
| 3.1 Develop & maintain sustainable quality assurance system for NGOs in coordination with national QA efforts | | | | | | | | | | | | | | |
| Stakeholder meeting to review PQI process and review national IP standards | QAS/LTTA | | | | | | X | | | | | | | NGO staff oriented to PQI for IP |
| Identify PQI team for each NGO | QAS/LTTA | | | | | | X | | | | | | | PQI team identified for each of the targeted NGOs |

| Task | Lead and other key staff involved (see key in narrative) | Year 1 | | | | | | | | | | | | Benchmarks/Outputs |
|---|--|--------|---|---|---|---|---|---|---|---|----|----|----|---|
| | | M | J | J | A | S | O | N | D | F | M | A | | |
| | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | |
| Training in Quality Assurance processes and module 1 of PQI process (Process Preparation and Start-Up) for PQI teams for each NGO, using VCT or IP as model | QAS/LTTA | | | | | | | | | X | | | | PQI teams competent in IP |
| Baseline assessment of quality criteria | QAS/LTTA | | | | | | | | | | X | | | Baseline assessment reports; data available to measure site progress. |
| PQI module 2 (Strengthening the process) | QAS/LTTA | | | | | | | | | | | X | | IP improved |
| Follow-up and support to PQI teams | QAS | | | | | | | | | | | X | X | Reports on all followup visits and other supporting activities. |
| 3.2: Align NGO works with Government Policies and guidelines and curricula for NGO service provision | | | | | | | | | | | | | | |
| Assist the NGOs to align their work with the National HIV/AIDS Policy and develop strategies to take it forward | CBM/HAA/STTA from Policy Project | | | | | | | | X | X | X | X | X | NGOs working within and taking forward the National HIV/AIDS policy |
| Orientation in National RH & HIV/AIDS Policies & Guidelines for service providers & HCs at Quarterly Meetings and through technical trainings | QAS/ HAA/RHA/ other technical staff/ | | | | | | | | | | | | X | Service providers trained in RH guidelines and well orientated in HIV/AIDS Policies and guidelines. |
| Orientation in National HIV/AIDS in the Workplace Policy and technical assistance to develop NGO Workplace Policies and strategies for own staff. | CBM/HAA/STTA from Policy Project | | | | | | | | | X | X | X | X | NGO workplace policies and strategies in place |
| 3.3 Strengthen integration of key prevention and support services | | | | | | | | | | | | | | |
| Follow up supervision of integration of HIV-related services and TOT or training of service providers if required | HAA/HAO/RHA/STTA | | | X | | | X | X | X | X | X | X | X | Improved integration of services encouraged |
| 3.4 Apply CDQ partnership methodology to ensure that services are user friendly for youth and other target groups. | | | | | | | | | | | | | | |
| Establish and support ongoing community-NGO partnership mechanisms. | CBM/QAS/MES/MEA/ HAO/FBC/LTTA/SCH | | | | | | | | X | X | X | X | X | Established community-health worker team. |
| Provide training and/or mentoring in developing and/or improving youth friendly services, follow up and support | CBM/HAA/HAO/RHA/ FBC | | | | | | | | X | X | X | X | X | Youth Friendly services established according to nationally agreed criteria |
| Result 4: Increased demand for and care seeking for VCT and other HIV-related services. | | | | | | | | | | | | | | |
| 4.1: Establish health service/community partnerships that will address service and community barriers to improved care seeking. | | | | | | | | | | | | | | |
| Assist NGOs to conduct qualitative research/ focus groups discussions in communities to identify barriers to care seeking | CBM/CBC/HAA/HAO/ RHA/RHO/BCS/MEA/ APD | | | | | | | | | X | | | | Report of qualitative findings |
| In collaboration with the NAC District Umbrella Organisations, assist NGOs to strengthen existing and develop new community structures to tackle community barriers to care-seeking | CBM/CBC/HAA/HAO/ RHO/ | | | | | | | | | | X | X | X | Strengthened / established community structures (Health Facility Management Committees, CACC, VACC) |
| 4.2: Establish and expand outreach mechanisms through community and traditional structures. | | | | | | | | | | | | | | |

| Task | Lead and other key staff involved (see key in narrative) | Year 1 | | | | | | | | | | | | Benchmarks/Outputs |
|---|--|--------|---|---|---|---|---|---|---|---|----|----|----|--|
| | | M | J | J | A | S | O | N | D | F | M | A | | |
| | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | |
| Mapping of existing of community mobilization and outreach structures | CBM/CBC/HAA/HAO/QAS/RHA/RHO/BCS/FBC/APD | | | | | | | X | X | | | | | Mapping exercises report disseminated |
| Support NGOs to develop an outreach strategy and establish outreach processes and activities that are gender sensitive | CBM/HAA/QAS/RHA/BCS/FBC | | | | | | | X | X | X | X | X | X | Outreach strategy document. Established outreach process for specific facilities and services. |
| 4.3: Involve PLWAs in the prevention and outreach process | | | | | | | | | | | | | | |
| Encourage PLWAs involvement in the planning and implementation of the program by actively seeking their participation | HAA/RHA/CBC/FBC | | | | √ | √ | X | X | X | X | X | X | X | PLWA involvement at all stages of planning and implementation of all NGO projects |
| 4.4: Reduce stigma around VCT, prevention and support services. | | | | | | | | | | | | | | |
| TOT in Behavior Change and Community Mobilization | BCS/HAO/MEA/STTA SCUS/FBC/ | | | | | | | | | | | X | | Increase pool of trainers |
| Assist the NGOs to develop a behaviour change strategy to reduce stigma around VCT and other related HIV services | BCS/FBC/APD/ STTA Policy Project | | | | | | | | X | X | X | X | X | Strategy developed |
| Mentoring and Follow up on behaviour change and community mobilization | BCS/HAO/MEA/RHA/QAS/APD/FBC | | X | | √ | √ | X | X | X | X | X | X | X | NGOs followed up by the HAO |
| Assist NGOs to develop a strategy to increase demand for VCT, prevention and support services among youth and women of childbearing age | HAA/BCS/FBC/RHA/APD/STTA Policy project and SCUS | | | | | √ | X | X | X | X | X | X | X | NGOs followed up by the HAO |
| Identify demand for, adapt or develop IEC and marketing materials and train NGOs in their use | HAA/BCS/APD/FBC/RHS/STTA | | X | | √ | √ | X | X | X | X | X | X | X | IEC leaflets on STIs and VCT available to NGOs |

Appendix 2. Performance Monitoring Plan

Strategic Objective: Increased Use of preventive services and practices

Result 1: Improved Capacity of the NGO Sector to sustain provision of HIV-related services

| Performance Indicator | Indicator Definition and Units of Measure | Target by end Year 1 | Final Target by end Year 2 | Data Source | Method of Data Collection | Frequency/Schedule of Data Collection | Responsibility for Data Collection | Year 1 July – Sept 2003 Accomplishments |
|---|--|----------------------|----------------------------|---|---|---------------------------------------|------------------------------------|--|
| I.1 Increased Availability of VCT and other HIV-related Support Services by providing sub-grants to MACRO and other NGOs | | | | | | | | |
| # of NGOs funded | Definition: NGOs funded which have met the criteria to be sub-grantee and funded Numerator: # of NGOs funded Denominator: N/A | 15 | 15 | Sub-grantees database | Review | Annually | COP | 4 NGOs recruited under non-competitive application (MACRO, NAPHAM, MANET+, MANASO) |
| % of program-supported NGOs that have added or expanded: - Interventions and services - Geographic coverage - demographic coverage - reach new groups | Coverage of each NGO at start Of project compared with coverage after 2 years | 75% | 100% | NGO reports/ Internal review and mid-term evaluation | NGO records/ internal review and mid-term evaluation | Biennial | CBM | |

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| Performance Indicator | Indicator Definition and Unit of Measure | Target by end Year 1 | Final Target by end Year 2 | Data Source | Method of Data Collection | Frequency/Schedule of Data Collection | Responsibility for Data Collection | Year 1 July - Sept 2003 Accomplishments |
|---|---|----------------------|----------------------------|----------------|--|---------------------------------------|------------------------------------|---|
| 1.2 Strengthened institutional capacity (leadership, managerial, and administrative) | | | | | | | | |
| % of supported NGOs with measurable improvement in organizational assessment (OA) scores | Scoring system to be agreed in initial workshop on development of OA tool | 84% | 100% | OD Assessments | Baseline Self-assessments and final evaluation | Biennially | CBM | |
| % of NGOs with capacity building and training plan (based on needs assessment of each agency) completed within first 6 months | <p>Definition: percentage of NGOs with developed and completed capacity building and training plan within 6 months to total NGOs funded</p> <p>Numerator: # of NGOs funded for at least 6 months with plans developed and completed</p> <p>Denominator: Total # of NGOs funded for at least 6 months</p> | 100% | 100% | Training plan | Regular MIS | Quarterly | M&ES/CBM | |

BEST AVAILABLE COPY

| Performance Indicator | Indicator Definition and Unit of Measure | Target by end Year 1 | Final Target by end Year 2 | Data Source | Method of Data Collection | Frequency/Schedule of Data Collection | Responsibility for Data Collection | Year 1 July - Sept 2003 Accomplishments |
|--|---|----------------------|----------------------------|--|--|---------------------------------------|------------------------------------|--|
| % of NGOs implementing capacity and training plans within one year of being funded | <p>Definition: percentage of NGOs implementing capacity and training plans within 1 year of being funded to total NGOs funded</p> <p>Numerator: # of NGOs funded for at least 6 months implementing capacity and training plans within 1 year of being funded</p> <p>Denominator: Total # of NGOs funded for at least 6 months</p> | 50% | 100% | NGO Reports and Mid term evaluation | Review of NGO Report and Mid Term Evaluation | Quarterly and at end of two years | M&ES | |
| % of NGOs with functional Boards | <p>Definition: percentage of target NGOs with Boards that hold quarterly meetings at least 3 times per year, and take action on minutes</p> <p>Numerator: number of target NGOs with active boards meeting regularly</p> <p>Denominator: total target NGOs</p> | 75% | 92% | Minutes, Internal review and Mid Term Evaluation | Review | Quarterly | M&ES | 100% (all 4) of the NGOs have functional and active boards |

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| Performance Indicator | Indicator Definition and Unit of Measure | Target by end Year 1 | Final Target by end Year 2 | Data Source | Method of Data Collection | Frequency/Schedule of Data Collection | Responsibility for Data Collection | Year 1 July - Sept 2003 Accomplishments |
|--|---|----------------------|----------------------------|----------------------------------|---------------------------|---------------------------------------|------------------------------------|---|
| Rate of staff attrition | <p>Definition: Turnover of staff in technical and administrative positions disaggregated by sex</p> <p>Numerator: total number of staff left during the year (any reason-death, resignation, dismissal)</p> <p>Denominator: average number of staff at the beginning of the fiscal year and at the end of that fiscal year</p> | 20% | 15% | Staffing Plan Annual Report | Review | Annually | CBM | |
| 1.3 Improved quality of NGO Management Information System | | | | | | | | |
| % of NGOs submitting progress reports in required format and on time | <p>Definition: percentage of target NGOs reporting in required format and within 15 days after end of quarter to total target NGO reports</p> <p>Numerator: number of target NGOs submitting reports within 21 days at the end of quarter</p> <p>Denominator: total target NGO reports</p> | 85% | 97% | Quarterly report tracking system | Review | Quarterly | M&ES | <p>25% (1 out of 4 i.e. MANASO) reported within time frame.</p> <p>They reporting since they had to finalize and submit their Year 1 proposals within the same period. However, all of them adhered to the new format with only minor fine-tuning needed.</p> |

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| Performance Indicator | Indicator Definition and Unit of Measure | Target by end Year 1 | Final Target by end Year 2 | Data Source | Method of Data Collection | Frequency/Schedule of Data Collection | Responsibility for Data Collection | Year 1 July – Sept 2003 Accomplishments |
|---|---|----------------------|----------------------------|--------------------------|---------------------------|---------------------------------------|------------------------------------|---|
| % of NGOs with improved documentation of results/indicator data | <p>Definition: percentage of NGOs currently documenting data/results (manually or electronically) to total NGOs supported</p> <p>Numerator: number of NGOs with improved data base for documentation</p> <p>Denominator: total target NGOs</p> | 80% | 100% | MIS documentation report | Review | Baseline and follow up | M&ES | |
| % of NGOs that use MIS for local decision making | <p>Definition: percentage of NGOs that utilize information from both qualitative and quantitative data for decision making and planning to improve their program performance</p> <p>Numerator: # of NGOs which report using MIS data for decision making</p> <p>Denominator: total number of NGOs funded</p> | 90% | 100% | MIS documentation report | Review | Baseline and follow up | M&ES | |

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| Performance Indicator | Indicator Definition and Unit of Measure | Target by end Year 1 | Final Target by end Year 2 | Data Source | Method of Data Collection | Frequency/Schedule of Data Collection | Responsibility for Data Collection | Year 1 July – Sept 2003 Accomplishments |
|--|--|----------------------|----------------------------|---|---------------------------|---------------------------------------|------------------------------------|---|
| I.4 Support resource mobilization for leveraging of other HIV-targeted resources. | | | | | | | | |
| % of NGOs trained in resource mobilization who have secured other HIV related resources | Definition: percentage of NGOs trained in resource mobilization strategies who have secured additional funds for improving the quality of their interventions Numerator: # of NGOs trained in resource mobilization who have secured additional funds Denominator: total target NGOs trained in resource mobilization | 20% | 70% | Quarterly report/ training report Mid term evaluation | Review | Quarterly | FGM | |

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Result 2: Increased availability of VCT and other HIV-related services provided by the NGO sector

| Performance Indicator | Indicator Definition and Unit of Measure | Target by end Year 1 | Final Target by end Year 2 | Data Source | Method of Data Collection | Frequency/Schedule of Data Collection | Responsibility for Data Collection | Year: July – Sept 2003 Accomplishments |
|--|---|----------------------|----------------------------|--|--|---|------------------------------------|--|
| 2.1 Systematic program and service strengthening for expanded coverage | | | | | | | | |
| # of USAID- assisted VCT centres | Definition: number of VCT sites opened to provide voluntary counseling and testing services with funding from USAID(stand alone, mobile and integrated) Numerator: # of VCT sites providing VCT services Denominator: N/A | 10 | 15 | Annual reports/ Mid term evaluation | Regular MIS | Annually | M&ES | 3 USAID assisted VCT sites providing VCT services. These are MACRO centres |
| % of program-supported NGOs with increase in type of HIV-related services provided | Definition: percentage of NGOs with increase in number and type of HIV-related services provided to target NGOs Numerator: # of NGOs with the capacity to expand HIV-related services who have increased number and type of HIV-related services Denominator: # of NGOs with the capacity to expand HIV-related services | 25% | 100% | MIS Documentation Internal Review Mid term evaluation | Qualitative research, & mapping exercise | Baseline and Internal Review Mid term evaluation | M&ES | |

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| Performance Indicator | Indicator Definition and Unit of Measure | Target by end Year 1 | Final Target by end Year 2 | Data Source | Method of Data Collection | Frequency/Schedule of Data Collection | Responsibility for Data Collection | Year 1 July-- Sept 2003 Accomplishments |
|---|---|----------------------|----------------------------|--|---------------------------------|---------------------------------------|------------------------------------|---|
| % of program-supported NGOs with increase in catchment areas | <p>Definition: percentage of NGOs with increase in catchment areas (defined by villages/locations/population) implementing HIV-related services to target NGOs</p> <p>Numerator: # of NGOs with the capacity to expand catchment area who have increased number of catchment areas</p> <p>Denominator: # of NGOs with the capacity to expand catchment areas</p> | 25% | 100% | Project proposal/ Quarterly reports | Regular MIS | Quarterly | M&ES | 25% (1 out of 4) of the partner NGOs have established new catchment areas i.e. NAPHAM is now operating in Thyolo district |
| 2.2 Expand technical capacity for NGOs in HIV-related services | | | | | | | | |
| % of trained providers meeting competency based performance standards | <p>Definition: percentage of trained providers meeting competence based performance standards to total personnel trained</p> <p>Numerator: # of trained providers providing services meeting the required standards</p> <p>Denominator: Total # of trained providers</p> | 60% | 80% | Facility Assessment/Service provision assessment | Qualitative research/ checklist | Biannually | RHA | |

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| Performance Indicator | Indicator Definition and Unit of Measure | Target by end Year 1 | Final Target by end Year 2 | Data Source | Method of Data Collection | Frequency/Schedule of Data Collection | Responsibility for Data Collection | Year 1 July – Sept 2003 Accomplishments |
|---|---|----------------------|----------------------------|---------------------|---------------------------------|---------------------------------------|------------------------------------|---|
| % of health facilities with trained providers adhering to service delivery guidelines and standards | <p>Definition: percentage of health facilities with trained providers providing services according to set guidelines and standards to total health facilities with trained providers</p> <p>Numerator: # of health facilities with trained providers adhering to guidelines and standards</p> <p>Denominator: total number of health facilities with trained providers</p> | 60% | 80% | Facility Assessment | Qualitative research/ checklist | Bi-annually | RHA | |
| % of NGOs that have established and functioning supervision structures | <p>Definition: percentage of NGOs with trained supervisors with competent skills in supervision using checklist and ensuring adherence to protocols and guidelines by staff to the total target NGOs</p> <p>Numerator: # of NGOs with supervisors trained and using checklists for supervision</p> <p>Denominator: total target NGOs</p> | N/A | 75% | Facility survey | Interviews | Baseline and bi-annually follows | CBM | |
| 2.3 Strengthen links and referral systems for HIV prevention and support services. | | | | | | | | |

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| Performance Indicator | Indicator Definition and Unit of Measure | Target by end Year 1 | Final Target by end Year 2 | Data Source | Method of Data Collection | Frequency/Schedule of Data Collection | Responsibility for Data Collection | Year 1 July – Sept 2003 Accomplishments |
|--|---|----------------------|----------------------------|---------------------------------|-------------------------------|---------------------------------------|------------------------------------|---|
| | <p>Definition: percentage of NGOs that refer clients to other partners and receive clients from other partners for HIV-related services along the continuum of care to reduce missed opportunities to total target NGOs</p> <p>Numerator: # of NGOs that have established two way referral system of clients</p> <p>Denominator: total target NGOs</p> | 50% | 75% | Reports and Monitoring visits | Regular MIS | Annually | M&ES | |
| 2.4 Coordinate with MoHP and NAC on national and district plans to expand access to HIV-related services. | | | | | | | | |
| % of NGOs provided with technical assistance in developing workplace policies that have a written HIV/AIDS workplace policy and strategy | <p>Definition: percentage of supported NGOs receiving TA in developing workplace policies with an HIV/AIDS Workplace Policy in place and formally agreed by management to total # of NGOs receiving TA in developing workplace policies</p> <p>Numerator: # of NGOs receiving TA with a workplace policy in place and agreed by management</p> <p>Denominator: # of NGOs receiving TA in developing workplace policies</p> | 20% | 80% | Reports and mid term evaluation | Mid-term and final evaluation | Annually | CBM/M&ES | |

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Result 3: Improved Quality of HIV-related Services.

| Performance Indicator | Indicator Definition and Unit of Measure | Target by end Year 1 | Final Target by end Year 2 | Data Source | Method of Data Collection | Frequency/Schedule of Data Collection | Responsibility for Data Collection | Year 1 July – Sept 2003 Accomplishments |
|--|---|----------------------|----------------------------|------------------|---------------------------|---------------------------------------|------------------------------------|---|
| 3.1 Develop and maintain a sustainable quality assurance system for NGOs in coordination with national QA efforts | | | | | | | | |
| % of program-supported NGOs with measurable improvements in quality assurance scores | To be defined | To be defined | To be defined | Facility survey | Interviews/observation | Baseline and final assessment | QAS | |
| % of NGOs trained in PQI using PQI systems on regular basis | Definition: percentage of NGOs trained in PQI using PQI systems to total NGOs funded providing specified services Numerator: number of NGOs trained in PQI using PQI system on regular basis Denominator: total NGOs funded providing the specified services | N/A | 60% | Facility surveys | Interviews/observation | Baseline and final assessment | QAS | |
| % of services meeting quality criteria (TBD) | Definition: percentage of services meeting quality criteria (TBD) to total services provided by NGOs Numerator: number of services provided by NGOs meeting quality criteria Denominator: total number of services provided by NGOs | 25% | 40% | Facility survey | Interviews/observation | Baseline and final assessment | QAS | |

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| Performance Indicator | Indicator Definition and Unit of Measure | Target by end Year 1 | Final Target by end Year 2 | Data Source | Method of Data Collection | Frequency/ Schedule of Data Collection | Responsibility for Data Collection | Year 1 July – Sept 2003 Accomplishments |
|--|--|----------------------|----------------------------|-----------------|---------------------------|--|------------------------------------|---|
| % of services meeting infection prevention criteria(TBD) | <p>Definition: percentage of NGO services meeting IP criteria to total services provided</p> <p>Numerator: number of NGOs services meeting IP criteria</p> <p>Denominator: total specified services requiring adequate IP</p> | N/A | 50% | Facility survey | Interviews/ observation | Baseline and Bi-annually | QAS | |
| % of target NGOs with active QA committees | <p>Definition: percentage of target NGOs with active QA committee to total target NGOs</p> <p>Numerator: number of NGOs with active QA committees (active = meeting monthly and act upon minutes)</p> <p>Denominator: total target NGOs</p> | N/A | 75% | Facility survey | Interviews | Baseline and Bi-annually | QAS | |

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| Performance Indicator | Indicator Definition and Unit of Measure | Target by end Year 1 | Final Target by end Year 2 | Data Source | Method of Data Collection | Frequency/Schedule of Data Collection | Responsibility for Data Collection | Year 1 July – Sept 2003 Accomplishments |
|---|---|----------------------|----------------------------|---------------------|---|---------------------------------------|------------------------------------|---|
| % of NGO managers trained in supportive supervision who adhere to the guidelines for supportive supervision | <p>Definition: percentage of NGO managers trained in supportive supervision</p> <p>Numerator: # of managers trained in supportive supervision who adhere to the guidelines for supportive supervision</p> <p>Denominator: total number of managers trained in supportive supervision</p> | N/A | 75% | Mid term evaluation | Observation, interviews and record review | Baseline and biannual | QAS/CBM/ M&ES | |
| % of VCT sites meeting quality control standards for rapid blood testing | <p>Definition: percentage of functional VCT sites meeting the quality control standards for rapid blood testing to total VCT sites</p> <p>Numerator: number of VCT sites meeting quality control standards for rapid blood testing</p> <p>Denominator: total VCT sites</p> | 50% | 70% | Reports | Review | Quarterly | HAA | 100% (ALL) of MACRO VCT centers in collaboration with central hospital laboratories |

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| Performance Indicator | Indicator Definition and Unit of Measure | Target by end Year 1 | Final Target by end Year 2 | Data Source | Method of Data Collection | Frequency/Schedule of Data Collection | Responsibility for Data Collection | Year 1 July - Sept 2003 Accomplishments |
|--|--|----------------------|----------------------------|--|---------------------------|--|------------------------------------|---|
| % of post-test counseling sessions at VCT facilities that meet standards for quality counseling | <p>Definition: percentage of post-test counseling sessions meeting national standards for quality counseling to total counseling sessions</p> <p>Numerator: number of post-test counseling sessions meeting national standards for quality counseling</p> <p>Denominator: total number of post-test counseling sessions</p> | 50% | 70% | Service delivery assessment | Interviews/ observations | Baseline and Mid term evaluation | HAA | |
| % of STI patients diagnosed and treated according to national guidelines at USAID-assisted clinics | <p>Definition: percentage of STI clients diagnosed and treated according to national standards to total number of clients treated</p> <p>Numerator: number of STI clients diagnosed and treated according to national standards</p> <p>Denominator: total number of clients treated</p> | 30% | 50% | Service delivery assessment Monitoring visits | Interviews/observation | Baseline and Mid term evaluation Quarterly visits | RHA | |

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| Performance Indicator | Indicator Definition and Unit of Measure | Target by end Year 1 | Final Target by end Year 2 | Data Source | Method of Data Collection | Frequency/Schedule of Data Collection | Responsibility for Data Collection | Year 1 July – Sept 2003 Accomplishments |
|--|---|----------------------|----------------------------|---|---------------------------|---------------------------------------|------------------------------------|--|
| % of VCT sites with functioning counselor support systems | <p>Definition: percentage of VCT sites with available and functioning counselor support systems (functioning = separate room for counselors, Snr. Counselor available for staff, and designated times for peer support)</p> <p>Numerator: # of sites with functioning counselor support systems</p> <p>Denominator: total # of VCT sites</p> | 50% | 70% | Quarterly reports Internal review Mid term evaluation | Regular MIS | Quarterly | M&ES | 100% of the MACRO sites. Conducted 31 sitting in supervision and 26 peer counseling observation. Held 57 sessions out of the targeted 63. Conducted 32 counselors' supportive meetings out of targeted 36 sessions |
| 3.2 Align NGOs work with Government policies and guidelines and curricula for NGO service provision | | | | | | | | |
| % of NGOs with clear policies, guidelines and training curricula available for HIV-related services they offer | <p>Definition: percentage of NGOs with clear policies, guidelines and curricula for HIV-related services they offer to total NGOs funded</p> <p>Numerator: number NGOs with clear policies, guidelines, and training curricula developed and implemented for HIV-related services they offer</p> <p>Denominator: total # of NGOs funded</p> | 50% | 80% | Policy documents Internal review Mid tem evaluation | Review | Annually | HAA RHA QAS | |

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| Performance Indicator | Indicator Definition and Unit of Measure | Target by end Year 1 | Final Target by end Year 2 | Data Source | Method of Data Collection | Frequency/Schedule of Data Collection | Responsibility for Data Collection | Year 1 July – Sept 2003 Accomplishments |
|---|--|----------------------|----------------------------|--|---|---------------------------------------|------------------------------------|---|
| 3.3 Strengthen integration of key prevention and support services | | | | | | | | |
| % of NGOs providing FP services meeting integration and dual protection standards | Definition: percentage of NGOs providing FP services meeting integration and dual protection standards to total NGOs providing FP services Numerator: # of NGOs funded providing FP services meeting integration and dual protection standards Denominator: total NGOs funded providing FP services | 50% | 70% | Quarterly reports Internal review Mid term evaluation | Review | Quarterly Annually | M&ES | 100% (All) of VCT sites integrated other HIV related support services i.e. condom promotion, family planning, referral for PMTCT services e.t.c |
| 3.4 Apply CDQ partnership methodology to ensure that services are user friendly for youth and other target groups. | | | | | | | | |
| % of NGOs providing youth-friendly services meeting youth friendly guidelines | Definition: percentage of youth-friendly services meeting youth friendly guidelines to total services provided by NGOs Numerator: number of youth-friendly services meeting youth friendly guidelines Denominator: total number of services provided by NGOs | 50% | 70% | Service delivery baseline Internal review Mid term evaluation Monitoring visits | Review, interviews and observation Results | Annually | RH/PMTCT Advisor/HAA | |

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| Performance Indicator | Indicator Definition and Unit of Measure | Target by end Year 1 | Final Target by end Year 2 | Data Source | Method of Data Collection | Frequency/Schedule of Data Collection | Responsibility for Data Collection | Year 1 July - Sept 2003 Accomplishments |
|--|--|----------------------|----------------------------|--|------------------------------------|---------------------------------------|------------------------------------|---|
| % of services meeting youth and other user defined criteria determined through CDQ process | <p>Definition: percentage of services meeting youth and other user defined criteria determined through the CDQ process to total services provided by NGOs</p> <p>Numerator: number of services meeting youth and other user defined criteria determined through CDQ process</p> <p>Denominator: total number of services provided by NGOs</p> | 40% | 60% | Monitoring visits Mid term evaluation | Review, interviews and observation | Quarterly Bi-annually | RH/PMTCT Advisor/HAA | |

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Result 4: Increased demand for and care seeking for VCT and other HIV-related services.

| Performance Indicator | Indicator Definition and Unit of Measure | Target by end Year 1 | Final Target by end Year 2 | Data Source | Method of Data Collection | Frequency/Schedule of Data Collection | Responsibility for Data Collection | Year 1 July – Sept 2003 Accomplishments |
|--|--|----------------------|----------------------------|--|---------------------------------|---------------------------------------|------------------------------------|---|
| 4.1 Establish health service/community partnerships that will address service and community barriers to improved care seeking | | | | | | | | |
| % of NGOs undertaking participatory assessment on barriers with community groups and developing relevant outreach strategies | <p>Definition: percentage of NGOs undertaking participatory assessment on barriers with community groups and developing strategies to total NGOs supported</p> <p>Numerator: number of NGOs undertaking participatory assessments on barriers with community groups and developing relevant strategies</p> <p>Denominator: total number of NGOs supported</p> | 40% | 60% | Reports Baseline survey and mid term evaluation | FGD and other qualitative tools | Bi-Annual | M&ES | |
| 4.2 Establish and expand outreach mechanisms through community and traditional structures. | | | | | | | | |
| % of NGOs with strategy to create demand for services | <p>Definition: percentage of NGOs with strategy to create demand for services to total NGOs supported</p> <p>Numerator: number of NGOs with strategy to create demand for services</p> <p>Denominator: total NGOs supported</p> | 70% | 100% | Reports | Review | Quarterly | MES | |

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| Performance Indicator | Indicator Definition and Unit of Measure | Target by end Year 1 | Final Target by end Year 2 | Data Source | Method of Data Collection | Frequency/Schedule of Data Collection | Responsibility for Data Collection | Year 1 July – Sept 2003 Accomplishments |
|---|--|----------------------|----------------------------|-------------------------------|----------------------------------|---------------------------------------|------------------------------------|---|
| % of NGOs implementing strategy to create demand for services | Definition: percentage of NGOs implementing strategy to create demand for services to total NGOs supported Numerator: number of NGOs implementing strategy to create demand for services Denominator: total NGOs supported | 70% | 85% | Reports and monitoring visits | Review of reports Observation | Quarterly | MES BCS | |
| 4.3 Involve people affected by HIV in prevention and outreach process | | | | | | | | |
| % of NGOs reporting involvement of PLWAs in design, outreach, and/or community services | Definition: percentage of NGOs reporting involvement of PLWAs in design, outreach and/or community services to total number of NGOs providing HIV-related services Numerator: number of NGOs reporting involvement of PLWAs in design, outreach, and/or community services Denominator: total supported NGOs providing HIV-related services | 65% | 80% | Reports | Review | Quarterly | M&ES/CBM | |

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| Performance Indicator | Indicator Definition and Unit of Measure | Target by end Year 1 | Final Target by end Year 2 | Data Source | Method of Data Collection | Frequency/Schedule of Data Collection | Responsibility for Data Collection | Year 1 July – Sept 2003 Accomplishments |
|---|---|----------------------|----------------------------|------------------------------|---------------------------|---------------------------------------|------------------------------------|---|
| 4.4 Reduce stigma around VCT, prevention and support services. | | | | | | | | |
| % of NGOs with behavior change strategy to reduce stigma in the community around VCT and other HIV-related services | Definition: percentage of NGOs with behavior change strategy to reduce stigma in the community to total number of supported NGOs Numerator: number of NGOs with behavior change strategy to reduce stigma in the community around VCT and other HIV-related services Denominator: total number of supported NGOs | 30% | 60% | Reports | Review | Quarterly | BCS | |
| % of NGOs with behavior change strategy implementing behavior change strategy to reduce stigma in the community around VCT and other HIV-related services | Definition: percentage of NGOs with behavior change strategy implementing behavior change strategy to reduce stigma in the community to total number of supported NGOs Numerator: number of NGOs with behavior change strategy implementing behavior change strategy to reduce stigma in the community around VCT and other HIV-related services Denominator: total number of supported NGOs | 50% | 75% | Reports Monitoring visits | Review Observation | Quarterly Quarterly | BCS HAA | |

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Appendix 2b: Contribution of Partner NGOs to USAID Intermediate Results¹ of Reduced New HIV Infection

| Indicator | June - Sept 03 | | Oct - Dec 03 | | Jan - Marc 04 | | Apr- June 04 | | July - Sept 04 | | Project cumulative | | Means of verification |
|---|--|--------|-----------------|--------|---------------|--------|--------------|--------|----------------|--------|--------------------|--------|-----------------------|
| | Target | Actual | Target | Actual | Target | Actual | Target | Actual | Target | Actual | Target | Actual | |
| IR 8.2.3: Increased availability of HIV-related support services | | | | | | | | | | | | | |
| 1 | # of USAID-assisted VCT clinics (stand alone, integration) | 3 | 3 | | | | | | | | | | Records |
| 2 | # of USAID-assisted STI clinics | 3 | 3 | | | | | | | | | | Records |
| 3 | # of condoms distributed free of charge to end-users | 21,000 | 128,066 | | | | | | | | | | Registers |
| 4 | # of USAID-assisted ARV treatment programs | 0 | 0 | | | | | | | | | | Records |
| 5 | # of antenatal clinics providing family planning counseling services during post test counseling at PMTCT sites | 0 | 0 | | | | | | | | | | ANC register |
| 6 | # of USAID-assisted health facilities offering PMTCT of HIV services | 3 | 3 | | | | | | | | | | ANC register |
| 7 | % of health care service delivery points with stock out of contraceptive (and/or STI drugs) within the previous 3 months | 0 | 0 | | | | | | | | | | LHMIS |
| IR 8.2.4: Improved quality of HIV support services | | | | | | | | | | | | | |
| 8 | # of senior counselors trained in supervision | 6 | 0 | | | | | | | | | | Register |
| 9 | # of counseling sit- in supervision sessions done | 15 | 7 | | | | | | | | | | Register |
| 10 | % of HIV tests undergone quality assurance | 15% | 15% | | | | | | | | | | Register |
| 11 | # of counselors' weekly meetings held | 12 | 10 | | | | | | | | | | Records |
| 12 | Monitor infection prevention | ✓ | ✓ | | | | | | | | | | Records |
| IR.8.2.5: Increased Use of quality VCT | | | | | | | | | | | | | |
| 13 | # of male clients seen at USAID-assisted VCT centers | 10,500 | 8,933 | | | | | | | | | | VCT MIS |
| 14 | # and % of male clients seen who are HIV+ at USAID - assisted VCT centers | N/A | 801 (8.97%) | | | | | | | | | | VCT MIS |
| 15 | # of female clients seen at USAID-assisted VCT centers | 2,500 | 3,543 | | | | | | | | | | VCT MIS |
| 16 | # and % of female client seen who are HIV+ at USAID - assisted VCT centers | N/A | 844 (23.82%) | | | | | | | | | | VCT MIS |
| 17 | # of HIV-infected persons receiving ARV treatment | - | - | | | | | | | | | | ARV register |
| 18 | # of pregnant women seen at VCT centers | - | - | | | | | | | | | | VCT MIS |
| 19 | # of pregnant women who receive positive HIV results | - | - | | | | | | | | | | VCT MIS |
| 20 | # and % of HIV+ women attending antenatal clinics receiving a complete course of ARV therapy to prevent mother-to-child transmission | - | - | | | | | | | | | | ANC/ARV register |
| 21 | # of HIV -infected persons receiving ARV treatment from USAID-assisted programs | - | - | | | | | | | | | | ARV register |

¹ This indicator list is still under discussion and will be refined in the next quarter

| | Indicator | June – Sept 03 | | Oct – Dec 03 | | Jan – Marc 04 | | Apr- June 04 | | July – Sept 04 | | Project cumulative | | Means of verification |
|----|---|--------------------|--------------------|--------------|--------|---------------|--------|--------------|--------|----------------|--------|--------------------|--------|---------------------------|
| | | Target | Actual | Target | Actual | Target | Actual | Target | Actual | Target | Actual | Target | Actual | |
| 22 | # of infants born to HIV positive mothers who receive cotrimoxazole prophylaxis for the first year of life | - | - | | | | | | | | | | | U-5 register/ARV register |
| 23 | Couples years of protection (CYP) | - | - | | | | | | | | | | | FP register |
| 24 | # of clients seen at USAID-assisted STI clinics | No drugs available | No drugs available | | | | | | | | | | | Register |
| | Umoyo Network Result: Increased demand and care seeking for VCT and other HIV-related support services | | | | | | | | | | | | | |
| 25 | # IEC materials printed and distributed this quarter | 26,400 | 47,472 | | | | | | | | | | | Records |
| 26 | # of radio adverts on VCT, stigma reduction e.t.c made in the quarter | 90 | 90 | | | | | | | | | | | Records |
| 27 | # of people in the general population who have been sensitized by antistigma and antidiscrimination messages | N/A | 4,821 | | | | | | | | | | | Records |
| 28 | # of drama group performances held on HIV/AIDS/STI | 36 | 32 | | | | | | | | | | | Records |
| | Umoyo Network Result: improved capacity of the NGO sector to sustain the provision of HIV related services | | | | | | | | | | | | | |
| 29 | # of CBOs trained behaviour change interventions and community mobilization | | 37 | | | | | | | | | | | Reports |
| 30 | # of networking meetings held | - | 6 | | | | | | | | | | | Reports |
| 31 | # of monitoring and technical assistance visits made | - | 30 | | | | | | | | | | | Reports |
| 32 | # of NGOs/CBOs involved in exchange visits | | 33 | | | | | | | | | | | Reports |

Data from MACRO, NAPHAM and MANASO

Appendix 3: Project Monitoring and Evaluation Activities

In addition to the review of the MIS, monitoring visits were made to the NGOs to review progress against plans. Key issues raised at the monitoring visits are listed below; progress will be reported on next quarter.

| Key Issues | Action Plan | Outcomes |
|--|---|----------|
| MACRO | | |
| No specific IEC materials on VCT as most of them from Umoyo Network are on general HIV/AIDS issues | Follow up with MACRO as to what sort of materials are required. There are specific materials on VCT, MACRO needs to review and adapt for their use. | |
| No formal agreement with CDC on their commitment to supply test kits to MACRO. Supplies of kits need to be consistent with test kits burn rate to avoid oversupply and undersupply. | Philip to discuss with CDC on supply of kits and MACRO to follow up with CDC on agreement between MACRO and CDC | |
| Blantyre and Lilongwe City Assemblies have requested MACRO to submit their construction plan before they allocate land to them for their sites to determine where it might be more appropriate. However, MACRO does not have the funds to pay for the Consultant to do the plans. In addition, Mzuzu City Assembly has already allocated land to MACRO and has requested to start construction within 90 days. Funding for this from the US Embassy is not ready. | MACRO to follow up with the Embassy | |
| The quality assurance system for HIV testing requires a drop of blood from each sample/client collected on a filter paper. The filter papers are forwarded to central hospitals to be tested against ELISA. Only 5% are randomly selected at the hospital for testing against ELISA and 95% is thrown away. The issue raised by MACRO was that the system is wasting 95% of filter papers for blood spots and is labour intensive. The suggestion is that the testing centers should be allowed to pick the 5% of their sample. The downside of this suggestion is that the centers could be biased. | This needs to be discussed with CDC and the central hospital. | |
| Delay in submitting proposals of the required quality and requests to Umoyo leads to a reduced flow of funding which disrupts implementation of activities | Finance Dept to encourage better financial planning at MACRO | |
| NAPHAM | | |
| Access to ARVs – most of the members currently joining are testing positive and are ill and have joined in the hope and expectation of getting ARVs and related support and treatment | HIV/AIDS Adviser and NAPHAM Director to follow up on this issue with NAC and MoHP | |
| Delay in submitting proposals of required quality and requests to Umoyo leads to a reduced flow of funding which disrupts implementation of activities | Finance Dept to encourage better financial planning at NAPHAM | |
| Criteria for the distribution of HBC kits since Umoyo Network no longer funds this | Letter sent to follow up on this | |
| Staff commitment on other funded projects which do not fund salaries | The importance of effort reporting and applying for funds for all activities emphasized | |
| MANET+ | | |
| New staff terms and Conditions of Service have been approved by the Board | These need review to ensure they conform to USAI regulations | |

| | | |
|---|--|--|
| Lack of capacity to meet the huge demand for assistance by support groups | To be addressed in new proposal | |
| Strategic plan for CBOs was not completed but a consultative process with PLWHAs support groups to determine the strategic planning process was undertaken. | To be addressed in new proposal | |
| Delay in submitting proposals to Umoyo, or submission of proposals that require significant revision leads to a reduced flow of funding which disrupts implementation of activities | Finance Dept to encourage better financial planning at MANET and provide TA to further improve proposal develop skills | |
| MANASO | | |
| Delayed funding from Umoyo Network affected the preparation for SANASO Conference. | Important for all NGOs to understand the processes required in Umoyo and USAID that are needed for approvals to take place | |
| High expectations of member organizations to receive TA from MANASO. | Need to make sure that a good minimum service is provided to all members | |
| Lots of commitment such as the International Conference and preparations for World AIDS Day affected the implementation of their routine project activities, such as production of newsletter | There is need for more proactive in planning in the production of the MANASO newsletter | |
| Delay in submitting proposals to Umoyo, or submission of proposals that require significant revision, leads to a reduced flow of funding which disrupts implementation of activities | Finance Dept to encourage better financial planning at MANASO and provide TA to further improve proposal develop skills | |

Appendix 4. Reports on any staff development /capacity building activities undertaken

| Project Team Member | Staff Development |
|--|--|
| Gibson Manda, M&E Specialist | Effective Manager Course, Malawi Institute of Management, 26 th May-20 th June (Fees funded from previous grant) |
| Jonathan Mbuna, Office Manager | Total Quality Management, MIM, May (Fees funded from previous grant) |
| Joyce Wachepa | TOT on Community Mobilization for Health and Social Change 23-27 th June (Fees funded from previous grants) |
| Khozapi Mtonga, M&E Assistant | Monitoring and Evaluation of HIV/AIDS Programs, MEASURE Evaluation, Uganda 13-27 July 2003 |
| Gibson Manda, M&E Specialist | National M&E Training for HIV/AIDS, National AIDS Commission, 15-17 th July |
| Emma Matinga, M&E Assistant | National M&E Training for HIV/AIDS, National AIDS Commission, 22-23 th July |
| Capacity Building Unit staff and Finance and Grants Unit and Admin Unit managers | M&E of Capacity Building and Organizational Assessments 12-14 th August |
| Capacity Building Unit staff | Service Delivery Assessments 26-27 th August |
| Finance Unit staff | Teambuilding on roles and responsibilities and refresher training on USAID regulations, 15-16 th September |
| Carrie Osborne, Program Manager; Mwate Chintu, RH Adviser | Issues on HIV/AIDS in Malawi, College of Medicine, 27-28 th September |

Appendix 5. Summary of achievements against plans for each of the local Partner NGOs and any key issues

During this quarter, Umoyo Network provided bridge funding to four Local Partner NGOs, MACRO, MANASO, NAPHAM and MANET+, to continue their operations until submission and final approvals of their proposals. Their activities were based on the previous Umoyo Network grant. This support enabled them to prepare for the new grant in terms of their expected contributions to USAID and Umoyo Network Results Framework (RF).

During this quarter, the partner NGOs made significant contributions to the work of Umoyo Network and hence the USAID results. Their accomplishments are summarized below:

SG # 01: Malawi AIDS Counseling and Resource Organization (MACRO)

During the quarter, MACRO achieved the following results:

Objective 1: To provide and improve the quality of counseling and improve quality of counseling

- *Provision of VCT services:* MACRO has provided VCT services to 12,476 clients of which 71.6 % are males. The data indicates prevalence of 13% of clients seen with more clients who test HIV + in the southern region (17%) followed by central region (12%) and Northern region (10%). However, the numbers of females accessing the services are still very low while those HIV + are proportionally higher (23.8 %). It is important to note that youth 15-24 years have the lowest prevalence rate of 5.4% while ages 35 – 44 years have the highest rate of 37.5%. Of the younger ages 0 –14 years, 24% were positive raising the urgency for increased and expanded PMTCT services.
- *VCT quality assurance:* In order to ensure quality of HIV test, the 3 centres submitted a total of 650 specimens to Lilongwe, Mzuzu and Queen Elizabeth Central hospitals for quality control testing. Out of these only 4 were discordant with 1 from Blantyre and 3 from Lilongwe centre. MACRO did not manage to send the 700 due to shortage of dry blood spot filter papers.
- MACRO also conducted client exit interviews to assess the quality of counseling services. 40 interviews were carried out in two centres of Blantyre and Mzuzu by the senior counselors. The results indicate that over 75% of the interviewed clients with satisfied with the services. In addition, counseling supervision was intensified during the quarter. Supervision sessions were held with 31 supervisor-sitting- in sessions and 26 peer-counselor observations.

Objective 2: To provide care and support services

- *Treatment of STIs:* MACRO has discontinued the provision of syphilis testing since July 2003 on recommendations from CDC. This was based on the fact that syphilis prevalence from MACRO test were lower than 2% and it was cost ineffective to continue with the testing. However, MACRO continued to provide treatment of other STIs in Blantyre and Mzuzu centres.

- *Family planning services:* During the quarter, MACRO provided 27 clients with contraceptives. Out of these clients, 15 accessed injectables and 12 oral contraceptives. In addition, to enhance condom promotion, MACRO distributed 128,066 condoms to HIV+ as well as negative clients for dual protection.
- *TB Screening:* MACRO Lilongwe centre generally provides TB screening with support from Pro-Test Project. The services were not provided in this quarter due to the resignation of the clinical officer who provided the services. All clients suspected of TB are referred to Bottom Hospital for screening.
- *Referrals:* 1,226 clients were referred to other institutions for prevention of mother to child transmission, community home based services, TB screening and PLWA support groups for psychosocial support services.

Objective 3: To strengthen and improve management

- *Regular program management meetings:* MACRO conducted regular meetings with staff at various levels to review progress of the activities, plan for future activities and other pertinent issues affecting the organization. During the quarter, MACRO held a senior management meeting that was attended by all Centre Managers, Finance Officer, and HRD Manager and the Director and the monthly centre management meetings to provide an opportunity to discuss issues relating to organization management and service delivery. Also one Board meeting was held for review of organization progress and discussions and approvals of critical issues related to the organization.
- *Monitoring:* In order to assess the quality of counseling and testing services, monitoring of the activities was done. MACRO carried out 31 out of planned 63 sitting-in supervision, and 26 out of planned 57 peer observations were conducted. MACRO did not reach the targeted number due to inadequate staff. Two centres carried out a total of 40 exit interviews of the planned 60 interviews; one centre did not conduct any interviews due to other commitments of senior counselors. MACRO has also oriented the senior counselors on the quality assurance (QA) tools.
- *Technical support/review meetings:* Held 32 counselors' weekly meetings to share and consolidate best practices, knowledge, and skills and discuss challenges being faced. The Senior Counselors held weekly meetings with counselors to maintain quality standards of counseling.
- *Capacity building:* two new counselors were trained by MoHP using the Global Funds. MACRO has still 6 new counselors untrained.

Objective 4: To create demand for VCT services

- *Information, Education and Communication:* MACRO distributed 19,056 leaflets on HIV/AIDS, condom use, STIs and family planning. These IEC materials were written in the local language and also presented the information with pictures making them more user friendly/easy to understand. MACRO conducted 35 outreach sessions on VCT services to community members in the 3 cities. The outreach sessions reached 2,532 males and 1,705 females giving a total of 4,237 people. This was coupled by 90 VCT radio advertisements on MBC to stimulate demand for the available services.

Objective 5: To strengthen and improve networking and linkages with other partners

- The activities i.e. networking and collaboration meetings with other partners and stakeholders were not held due to financial limitations.

Objective 6: To improve financial resource base

- MACRO was engaged in the development of project proposals to source funding from other donors. MACRO has so far submitted a proposal to Umoyo Network for USAID funding, to NAC for the Global Funding and UNICEF. In addition, MACRO will receive a grant from USA Embassy for the construction of its own offices.

Problems or Issues

- *Stock out of drugs:* There was a shortage of STI drugs and drugs for treatment of opportunistic infections at the Lilongwe centre and hence the centre could not provide STI treatment to clients. Collaboration with respective DHOs for supplies in Blantyre and Mzuzu centers were successful.
- *Lack of adequate blood spot filter paper:* MACRO has to send specimens of all blood tests to the hospital for quality assurance; at the hospital they pick a 5% sample. This is wasteful of filter papers and MACRO has had a shortage.
- *Shortage of counseling rooms:* MACRO has inadequate number of rooms at the sites so they are used in a shift system. As client numbers continue to rise more rooms are needed.
- *Staff attrition:* staff resignations have affected the smooth implementation of MACRO activities. During the quarter, the Clinical Officer for Lilongwe Centre has resigned and hence did not provide some of the clinical services like STI treatment, TB screening and treatment of OIs. Furthermore, 3 counselors have also tendered resignation. Through exit interviews, it has been established the low salary package is adversely leading to this staff attrition.

SG # 2: Malawi Network of AIDS Service Organizations (MANASO)

During the quarter, MANASO achieved the following results:

Objective 1: To promote sharing of best practices, and provide an opportunity to members to exchange information and progress in their programs

- *IEC/BCC services:* MANASO did not manage to produce a newsletter due to time constraints, and because the organization received very few articles from the members.
- *SANASO Conference:* MANASO participated in SANASO Conference held from 5-8th August in Lusaka, Zambia arranging for 35 participants to attend the workshop drawn from CBO and NGOs funded by Umoyo Network, NAC and Norwegian Church AID.
- *ICASA Conference:* MANASO participated in the ICASA Conference held in Nairobi, Kenya in September 2003.
- *Regional Networking Meetings:* MANASO organized 3 networking meetings in Karonga, Salima and Blantyre in September 2003 to discuss HIV/AIDS issues at regional level. These meetings were attended by a number of CBOs/NGOs with participation of 50 in the North, 52 in the centre and 45 in the south.

Objective 2: To develop skills and capacities of members depending on needs identified through organizational assessments

- *Exchange visits:* 101 groups from the centre and north participated in the exchange visits to other NGO/CBOs to learn what other organizations are doing as a way of improving and scaling up their interventions. The southern region groups did not organize their visits due to the absence of the Regional Coordinator (South) who was attending the ICASA Conference in Kenya.
- *Monitoring and technical assistance visits:* visits were conducted in all the three regions with 5 in the south, 10 in the centre and 9 in the north to provide technical assistance to the CBOs on how they improve and expand their programs.
- *Capacity building:* MANASO organized one workshop on Behavior Change Interventions funded by Umoyo Network and 2 workshop sessions on Community Mobilization for Health and Social Change funded by Population Concern. 37 CBOs benefited from the trainings.

Problems or Issues

- Unplanned activities affected the completions of plans; this is primarily due to the increasing demand for technical assistance from CBOs overstressing the efforts of MANASO.
- Under budgeting of SANASO Conference activities resulting in over-expenditure.
- The newsletter was not produced in the month of September due to other commitments.

SG # 3: Malawi Network of People Living with HIV/AIDS (MANET+)

The following were the achievements of MANET+ during the quarter:

Objective I: To strengthen governance and management capacity of MANET+

- *Board Meetings:* held two Board meetings as part of strengthening MANET+ institutional capacity. The first meeting instituted a taskforce to look into terms and conditions of services, which were in draft. The meetings approved the revised final terms and conditions and new project proposal.
- *Recruitment of new Board Members:* the new Board members recruited have been oriented on the work of MANET+ to have effective contributions in deliberations to improve the performance of the organization.
- *Development of project proposal:* MANET+ has been intensively involved in the development of project proposals to look for further funding. During the quarter, MANET+ prepared three proposals submitted to Umoyo Network for USAID funding, the NAC for the Global Funds and third one to Humanist Institute for Corporation with Developing Countries (HIVOC), Zimbabwe.

To assess the possibility of conducting strategic planning for workshop for the Support Groups in the three regions

- *Visit a sample of the Support Groups in the three regions:* meetings were held with regional coordinating committees to discuss and determine PLWA Support Groups needs. Home-based care kits and transport were identified as their major needs. A project proposal have been developed and submitted to NAC for funding bicycle ambulances and radio sets for advocacy activities.
- *Needs Assessment for strategic plan:* MANET+ has also determined the need for strategic planning for support groups and is scheduled for the forthcoming quarter.
- *Dissemination of PLWAs Stigma and Discrimination research findings:* MANET+ made interactive sessions with members of Support Groups to validate the findings of study. The meetings provided an opportunity to provide feedback on the key findings regarding care, treatment and support, which surfaced issues like "access to antiretroviral therapy (ARVs) and treatment of opportunistic infections is very limited and where available, cost is often prohibitive; PLWAs cope up with negative attitudes of some health care providers, particularly when PLWAs are seriously ill and provides believe it will not work". This part of MANET+ advocacy efforts to ensure that stigma and discrimination is integrated into the National HIV/AIDS Policy with technical assistance from POLICY project.
- *Mounting of float during National functions:* MANET+ participated in mounting of HIV/AIDS float during republic day celebrations with NAPHAM and MANASO coordinated by the National AIDS Commission.

Problems or Issues

- Addressing gender concerns remained a critical issue for MANET+ agenda. During the quarter, MANET+ managed to recruit a female Program Assistant for GIPA. MANET+ also facilitated recruitment of 12 National United Nations Volunteers, of whom half are females, for placement with respective host institutions to facilitate workplace HIV/AIDS policy. In addition, MANET+ facilitated availability of female condoms to increase access among female members of the support groups to curb infection and re-infection of HIV/AIDS.
- Ensuring that MANET+ is visible through regular presence at appropriate functions both at national and international fora to represent PLWAs.
- Delaying in submitting proposals and a long waiting time to get responses from donors has had unsettling effects on staff members as they had to worry about how to face an uncertain future.
- External critical issues or activities which were not planned for or aligned to the MANET+ plans, compromised the smooth implemented of workplans.
- Recruitment of Information and Support Group Officer was postponed until MANET+ gets full funding from USAID through Umoyo Network.

SG 4: National Association for People Living with HIV/AIDS in Malawi (NAPHAM)

The following were the achievements made by NAPHAM during this quarter:

Objective 1: To provide psychological support to people living with HIV/AIDS

- *Psychological support services:* conducted group counseling services for volunteer members to assist them to live positively. An average number of 251 members attended these meetings at which clients share experiences and testimonies.

Objective 2: To provide voluntary counseling to individuals and couples

- *Voluntary Counseling Services:* Counseling has been conducted on daily basis to couples and individuals (584 clients) on HIV/AIDS, FP, STIs, and PMTCT. This service is provided at all branches but also extended to main hospitals (Lilongwe Central, Mzuzu Central, Queen Elizabeth central hospitals, Nkhata-Bay and St John of God Hospital Mzuzu). NAPHAM members also provided pre-test counseling to 504 clients at NAPHAM centres, hospitals and communities and referred them to the nearest hospitals for testing services, and provided Children care sessions to 26 children.

Objective 3: to provide basic care and support services

- *Care and support services:* care and support services were provided to 287 HBC clients, where a client-guardian counseling is provided, as well as care for the patient.

Objective 4: to intensify and improve quality of HIV/AIDS outreach activities with emphasis on behavior change

- *Information, Education and communication:* NAPHAM carried out education outreach sessions at different companies on positive living, prevention, care, and support services available to keep them aware and updated on HIV/AIDS issues. Through drama, lectures, testimonies, discussions, songs and dances, NAPHAM conducted sessions in the community, market, schools, hospitals, company and work places on HIV/AIDS, positive living, nutrition, VCT, stigma and discrimination. During the education sessions NAPHAM distributed 12,744 leaflets for further reference and 15,472 condoms for prevention purposes.

Objective 5: to advocate for and protects rights of people living with HIV/AIDS

- *Networking and publicity:* attended various meetings and made radio advertisements in order to advocate for rights of people living with HIV/AIDS and to sensitize the communities on rights.

Objective 6: to build capacity of NAPHAM as an organization to support its mission and objectives

- *Technical support:* Received technical support from Umoyo Network on management issues and monitoring tools. During the same period also supported the 4 centres with IEC materials.
- *Regular program and management meetings:* conducted planning and management meetings that saw an improved participation by the board members. NAPHAM also conducted 12 staff meetings to discuss issues related to staff. Staff were also drawn from the branches to participate at the quarterly meeting. Twenty branch leaders attended the team building and review meeting to assist in strengthening the work relations in the organization in trying to achieve its objectives.
- *Capacity building:* in order to improve management and organizational service delivery skills of the staffs, 2 branch coordinators attended training in management at MIM. The Deputy Director and the IEC Officer attended conferences in the USA on reaching men to improve reproductive health, while the Deputy Director and the Care and Support Officer attended the SANASO conference in Zambia. With this exposure the organization plans to utilize the lessons learnt from these trainings and conferences in the Malawian setting.
- *ICASA Conference:* The Deputy Director participated at the ICASA conference in Kenya on the theme Access to Treatment. This enabled NAPHAM to be more acquainted with HIV/AIDS clients' treatment, access, and eligibility criteria.
- *Monitoring and evaluation:* NAPHAM did not conduct the planned monitoring and evaluation training and have moved it to the next quarter.

Objective 7: To support development of communities' capacity to respond effectively to the HIV/AIDS epidemic

- NAPHAM has experienced an increase in membership by 541 and currently has 2,640 members, with support from Umoyo Network and NAC.
- This quarter, NAPHAM did not carry out community mobilization training as planned and hence will be conducted the next quarter.

Problems or Issues

- To intensify and improve the quality of HIV/AIDS education with emphasis on behavior change.
- Increased enrolment for membership with NAPHAM has resulted into demands for ARVs as most of those who are joining are already ill with expectations of receiving this support. NAPHAM will advocacy for support to relevant authorities.

SG # 5: Bowler Beverages Company Limited (BBCL)

The following were the accomplishments made BBCL in the July –September 2003 quarter:

Information, Education and Communication /Behavior Change Interventions services

- *Condom promotion:* Distributed 16,440 condoms to 28 company owned taverns, 20 private bars, and bottle stores, from the 18,000 condoms provided by Lilongwe District Health Office through the District AIDS Coordinator, Kasungu District Office and Mchinji District Health Office. A report made by peer educator Supervisor indicates that there is high demand for condoms by the target audience. In this regard there is need to increase condom supplies to meet the demands.
- *Social marketing of Chishango:* Visited all beer outlets (bars, bottle stores, taverns) to discuss with owners on condom marketing and distribution, project activities, and how best they can overcome stigma and discrimination associated with their work. Distributed 384 identity cards to Peer Educators to assist them to carry out their duties with recognition from the communities being served.
- *Referral services:* Planned to institute a referral system for clients to Banja La Mtsogolo (BLM) clinic, which will start with effect from mid October 2003.
- *Establishment of post test clubs:* Through knowledge and skills gained from the peer education training received, peer educators have established and registered post VCT clubs with DACC, and NAPHAM (3 in Lilongwe and 9 in Kasungu). It is hoped that these post test clubs will assist members to live positively with the regular support that will be rendered through these clubs

Capacity building

- *Peer education training:* organized a six-week Peer Education training for Lilongwe, Mzuzu, Kasungu, Mchinji and Salima Districts. Conducted a 1-week seminar on Peer Education for BBCL Peer Educators in Lilongwe and another in Salima, training a total of 53. The Lilongwe District Health Officer and MACRO Senior Counsellor conducted the training in Lilongwe, while Salima District Health Officer and Save the Children UK jointly conducted that of Salima. In Mchinji, the Church Aid in Relief and Development trained 38 on HIV/AIDS peer education while in Kasungu trained 14 participants. Findings reveal that female participation is higher and this needs to be monitored and maintained.

Networking

- *Exchange visits:* Conducted peer educator exchange visits for 12 Peer Educator Supervisors. These visits have helped Supervisors from Lilongwe district to appreciate how their fellow Educators are implementing social marketing of condoms and mobilizing fellow workers to participate in the project activities.

- The Zone coordinators met with the tavern and bar committee members, and DACC members to discuss peer education training arrangements, project evaluation plans and identify participants for the training. This was done in all the BBCL project areas

Monitoring and TA visits

- The Program Manager carried out 8 monitoring visits to Mchinji, Salima, Kasungu, and Mzuzu City Assembly in collaboration with stakeholders.
- Zone coordinators visited all sites during the quarter and during these visits, held meetings with DACCs, private bar owners, tavern and bar workers to discuss progress and challenges being faced during implementation of activities.