



Community REACH-GMR, 2008-2012 Final Report



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Pact's Community REACH-GMR Project

Final Report 2008-2012

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Acronyms

ACC	AIDS Care China
AIDSNet	AIDS Network Development Foundation
Alliance	International HIV/AIDS Alliance
APN+	Asia Pacific Network of People Living with HIV/AIDS
APCOM	Asia Pacific Coalition on Male Sexual Health
ART	Antiretroviral therapy
BCC	Behavior change communication
CA	Collaborating Agency
CBO	Community-based organization
CDC	Centers of Disease Control and Prevention
CHAS	Center for HIV AIDS and STIs (Lao PDR)
CoPTC	Continuum of prevention, treatment and care
DDC	Department of Disease Control
DIC	Drop in Center
EG	The Entrepreneurship Group (model in China)
FHI	Family Health International
GF	Global Fund to Fight AIDS, Tuberculosis and Malaria
GLBT	Gay, Lesbian, Bisexual and Transgender
GMR	Greater Mekong Region
HR	Human Resources
IA	Implementing agency
ICAAP	International Congress on AIDS in Asia and the Pacific
ICRW	International Center for Research on Women
IDU	Injecting drug users
INGO	International non-governmental organization
IPSR	Institute for Population and Social Research (Mahidol University, Thailand)
LDG	Livelihoods Development Group
LYAP	Lao Youth Action for AIDS Programme
M&E	Monitoring and evaluation
MARP	Most-at-risk populations
MERL	Monitoring, Evaluation, Reporting and Learning
MoPH	Ministry of Public Health
MoU	Memorandum of Understanding
MSM	Men who have sex with men

MSW	Male sex workers
NGO	Non-Governmental Organization
OCA	Organizational capacity assessment
OCD	Organization capacity development
OI	Opportunistic Infection
PHO	Provincial Public Health Office
PDA	Population and Community Development Association
PEs	Peer Educators
PLHIV	People living with HIV/AIDS
PPP	Positive Partnership Program
PSB	Public Security Bureau
PSI	Population Services International
PWID	People who inject drugs
QoL	Quality of Life
REACH	Rapid and Effective Action Combating HIV/AIDS
RMB	Renminbi (Chinese currency)
RSAT	Rainbow Sky Association of Thailand
RDM/A	Regional Development Mission/Asia of USAID
S&D	Stigma and Discrimination
SSR	Sub-Sub Recipient
STI	Sexual Transmitted Infection
SWING	Service Workers in Group
TA	Technical Assistance
TG	Transgender
TNP+	Thai Network of People Living with HIV/AIDS
TUC	Thailand Ministry of Public Health U.S. CDC Cooperation
TWG	Technical Working Group
UNGASS	United Nations General Assembly Special Session
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
VCT	Voluntary counseling and testing for HIV
VDBs	Village Development Banks
VH	Violet Home

I. Executive Summary

From 2008-2012, Pact's Community REACH- Greater Mekong Region (GMR) Project, an associate award funded by the U.S. Agency for International Development (USAID), working in close partnership with scores of community groups in the GMR through grants and capacity development activities, achieved the following high-level results in the fight against HIV/AIDS:

- Improved the **quality of life** of 5,980 people living with HIV (PLHIV)¹, through innovative, tailored **pilot livelihoods programs** in Burma, China and Thailand;
- Increased the sustainability of the **community response to HIV and AIDS for men who have sex with men (MSM) in Thailand**. This was achieved through provision of grants and capacity development assistance for 23 partners,² which laid the foundation for a comprehensive HIV/AIDS program for MSM that is owned and delivered by the MSM community;
- The REACH Thailand program reached over 47 thousand MSM in HIV prevention, 759 MSM living with HIV in pilot community care and support, and 1098 MSM in pilot community-based rapid testing in key hotspot locations;³
- The REACH Burma program formed over 30 pilot WORTH savings groups of people living with HIV who saved over 28 thousand dollars and earned over 5 thousand dollars in interest on that savings from lending to WORTH group members who started businesses;
- The REACH Regional program advanced the **evidence base and state of the art of programming in livelihoods for PLHIV**, with a focus on the tools needed by practitioners for replication and scale up of validated models in concentrated epidemics, using regional technical exchange as a platform for knowledge management linked to rigorous M&E;
- It also advanced the **evidence base and state of the art in the field of capacity development** in partnership with over 57 CBOs, NGOs, networks, or community groups from civil society, pioneering new approaches to measure CD results;
- Pact provided USAID with an **efficient grants mechanism for funding community responses** to HIV effectively balancing capacity development with grant compliance in line with the Regional Development Mission/Asia's evolving strategy.

REACH stands for Rapid and Effective Action Combating HIV/AIDS. True to its name, the \$16.3 million dollar project issued **over \$9.4 million dollars in subgrants** to support communities

1 Thailand 3448, Burma 1785, China 747 including family household members of PLHIV based on peak year performance data

2 Partner cohorts included CBOs serving MSM working in HIV prevention (4 partners), community care and support for MSM living with HIV (4), nascent community groups serving MSM in three provincial (3) cities, and several rapid-test community VCT partners serving MSM in three cities and 7 sites (10). HIV prevalence among MSM in hot spots in Bangkok was 31% in 2007.

3 Based on peak year program performance for each component

engaged on the front lines in HIV prevention, HIV testing and counseling, community care and support and economic strengthening,⁴ while linking these communities to national and provincial HIV/AIDS programs in close collaboration with a range of partners, including host-country governments.

The Pact team developed tools and approaches for addressing the unique challenges facing key affected populations (KAP) in the Asian “concentrated epidemic” context, such as stigma and discrimination, including **advancing techniques for measuring a reduction of various kinds of stigma** over time and building a network of community-based stigma and discrimination (S&D) trainers in several countries. In addition, Pact contributed **a range of innovations in grass roots programming**, including community-based M&E, community-led care and support for MSM, community-led S&D reduction for PLHIV, MSM, MSW and TGs, community-centered livelihoods programs, as well as advancing the state of the art for measuring organizational capacity development (OCD) results in community-based organizations.

Snapshot of Pact’s Community REACH Results in Four GMR Countries 2007-2012

Thailand

- 48 thousand MSM reached with peer-led HIV prevention, 11,370 directly and 36,795 through the GF program through Pact’s capacity development partners
- Over 3.2 million condoms and over 1.7 million sachets of lube distributed from 2008-2012 to MSM
- Over 759 MSM living with HIV reached through Thailand’s first pilot in community care and support for MSM+
- Over 1089 MSM reached through Thailand’s first pilot in rapid HIV testing and counseling with same day results
- Pact partnered with over 23 local partners in three hotspot cities expanding to 6 cities from 2010 to 2011

Burma

- 1785 people reached in pilot livelihoods for PLHIV with improved savings, social capital, income and quality of life
- Partner International HIV/AIDS Alliance (IHA) reached 2.2 thousand MSM and 8 thousand PLHIV (includes those indirectly reached through other funding)
- 30 WORTH groups formed in 3 key locations for people living with HIV. Over \$28 thousand in groups savings and over \$5 thousand in interest earned on those savings through group lending.
- Integrated care and support for HIV positive key affected populations through IHA and Pact WORTH programs

China

- 747 people reached in pilot livelihoods for PLHIV with increased social capital, income and quality of life
- IHA reached 10.3 thousand PLHIV (2012) in care and support; 6.4 thousand (2011) in treatment adherence
- Entrepreneurship group model evaluated, curricula and tools documented in local language; two additional models are ready for scale up
- 2 local centers of excellence formed; over 6 local partners in five hotspot locations in Yunnan and Guangxi provinces
- IHA worked in HIV prevention, care and support for key affected populations while Pact supported with livelihoods model development

Laos

- Over 4 thousand young MSM reached with peer-led HIV prevention by Pact partner, Burnet Institute
- Partnered with over 6 local partners including national and provincial level coordinating bodies working with key affected populations
- Technical assistance needs mapping tools (2008) developed in local language and used in 4 provinces
- Improved functioning of Center for HIV/AIDS (CHAS) M&E department linked to 4 emerging community groups

⁴ Or livelihoods as it is referred to in this program

Regional Program

- PDA's Positive Partnership Project in Thailand model reached 3,448 people in livelihoods for PLHIV; Model evaluated and tools documented for scale up. Emphasized the measurement in reduction in stigma linked to the model.
- Held over 5 technical exchanges across the region supporting HIV/AIDS livelihoods and organizational capacity development
- Asia Pacific Network MSM+ working group expanded to 25 countries conducting advocacy and community research
- The REACH-Asia project supported key affected community participation in regional and global conferences and dissemination forums

Outcome Level Results

At the level of project outcomes, Pact teams in three countries invested considerable time in evaluation and measurement. In 2008 to 2009, they developed logic models for all three livelihoods programs followed by baseline documentation. For Thailand's PPP Model and Burma's WORTH model, midline and endline surveys were carried out. A final evaluation using mixed methods and a comparison group was performed in China in 2012, albeit with limited resources. Generalizing across the livelihoods projects, in all cases, **quality of life improved for people living with HIV along with increases in income and social cohesion**. For details, see sections in this report from pages 23 to 36 and the evaluation reports cited in the bibliography.

These programs also generated evidence that **self-stigma is reduced through livelihoods development**. It can even be said that enhanced livelihoods for PLHIV is an entry point into **community level reductions in stigma and discrimination**, as status in family and society increases, as seen through the most-significant change (MSC) method results in China and Burma, and notably through the rigorous results and data analysis of PDA's Positive Partnership Project carried out in partnership with Pact Thailand, ICRW and Mahidol University/IPSR. Further, many of these programs are self-sustaining, such as the WORTH group model, a savings-led approach, or contribute to increase the sustainability of PLHIV support groups. In Pact's China program, for example, repayment rates on revolving loans given by the groups were very high, reaching over 98% in the four project sites. For the AIDS Care China, Luzhai site, Blue Sky in Kunming, as well as Violet Home's breakthrough project in Chiang Mai, high loan repayment alongside lower administrative costs, enabled relending of project funds to additional cohorts of group members.

In the case of Thailand MSM programming, **Pact teams pioneered using mixed methods for measuring change in capacity development of community-based organizations**. See page 48 and Annex 2-4 in this report highlighting the use of the MSC method alongside Pact's Organizational Performance Index (OPI) assessing changes in four dimensions of performance: effectiveness, efficiency, relevance and sustainability. For the rapid VCT program in Thailand for MSM, Pact supported USAID's and FHI360's mid-term evaluation, as the project began in year 4. Due to the evolving nature of the Thailand MSM program, and the division of roles and responsibilities, USAID took the lead in program evaluation of its own multi-agency program in 2012, and participated in the evaluation of the GF Round 8 program Phase 1.

The Community REACH-GMR project **introduced valuable learning on linking the U.S government-supported pilot programs to nationally managed funding streams**, such as the

Global Fund to fight AIDS, Tuberculosis, and Malaria (GF) programs, while providing insights into key success factors in developing community-based organizations (CBOs) serving sex workers, men who have sex with men (MSM), transgender people (TGs), people living with HIV (PLHIV), GLBT or rainbow communities, people who inject drugs (PWIDs) and other key affected populations in Thailand, China, Burma and Laos.

The project was pleased to fund the International HIV/AIDS Alliance's (IHA) work in China and Burma from 2008-2012, in Thailand and regionally from 2008-2009. For more information, please see the IHA's final report and impressive results under a separate cover.

By the end of the project, **the entire Pact team consisted of trained professional staff in the four countries, all host-country nationals.** These local teams worked to refine and document advanced grant-making techniques in country offices in line with the Local Capacity Development Initiative (LCDI) of USAID Forward, following recent procurement reform efforts in Washington DC, building national-level ownership in the process. Through its cost-efficient⁵ community-centered work in four countries and regionally over a four year span, Pact set the foundation for creating technical hubs, or centers of excellence, in organizational capacity development, network and leadership development, livelihoods for people living with HIV, and grant-making for local organizations throughout the Greater Mekong Region as key supporting interventions needed in the long term fight against HIV and AIDS.

Pact Thailand Wins GF Role

Leveraging USAID's investment in Community REACH, Pact Thailand was named as Global Fund sub-recipient to the Thai government (2012-2016), building national and provincial M&E systems for program improvement in 29 provinces and over 1000 sub-districts;

Pact trained 323 people in M&E in 2012 across 9 provinces in the first year of the program working to build a government-owned M&E system linked to community-based child action groups (CAGs)

Challenges Overcome

While the above contributions are noteworthy, the Pact team needed to overcome a considerable set of challenges as the project began in early 2008. These included:

- Lack of evidence and field experience on how to build livelihoods for PLHIV in a concentrated epidemic across the four countries served by REACH
- Lack of funding for the MSM response to provide an MSM-friendly CoPTC⁶ for MSM in Thailand and Laos
- Lack of organizational capacity of CBOs serving MSM to sustain the previous gains in their technical capacity

⁵ Average blended indirect cost rate for this project is 12-13%, while for most INGOs it is at least double this percentage. Pact's grants handling rate varied between 2% and 4%, one of the most competitive in the field, due to Pact's extensive experience under the Community REACH leader award.

⁶ In USAID Regional Development Missions/Asia's strategy, CoPTC refers to the continuum of prevention, treatment and care and is sometimes referred to as the CPP or Comprehensive Prevention Package (CPP)

- High levels of debilitating stigma and discrimination (S&D) faced by PLHIV, MSM, TGs and sex workers
- Relative isolation of CBOs from government led programs and national HIV/AIDS strategies
- Lack of consensus on how to measure OCD results in evolving community organizations
- Challenges of working with government HIV/AIDS program coordinating bodies in Laos, and the provincial levels in Thailand and China
- Difficult operating environments in Burma, Thailand and China, compounded by natural disasters (Burma cyclone, Thailand floods), political upheaval (Thailand and Burma regime change), and complex regulations governing CBO and INGO activities (China).
- Initial lack of government support in Thailand for community-based rapid testing for MSM with same day results

As the Pact Community REACH project closed in September 2012, the teams are proud to leave behind *a legacy of adapted local models, emerging partners, talented local staff* in three countries, and *key programmatic solutions* that Pact or others can take forward:

The WORTH Model in Burma is a savings led livelihoods approach for PLHIV that has been evaluated and is ready for scale up at relatively low cost with high levels of sustainability and local ownership.

The PPP model in Thailand has been evaluated and can be scaled up and transferred to new contexts with its focus on S&D reduction alongside livelihoods development.

The **Entrepreneurship Group (EG) model in China** for PLHIV has been piloted, evaluated and documented and is ready for scale up in China through our local partners Blue Sky Association and AIDS Care China. Two additional models have also been piloted and documented, all in Chinese language.

Service Workers in Group (SWING) has emerged as a regional leader operating in three Thailand-sites supporting sex workers in HIV prevention, care and support, same day rapid testing, and human rights.

Mplus has solidified its organization as a leading GLBT advocate in the north of Thailand, offering comprehensive HIV services and referrals for MSM.

A cohort of four nascent CBOs emerged in Thailand with a strong foundation for quality community-based care and support for MSM living with HIV (**Violet Home, the Poz Home, SWING and Health Opportunities Network**) ready for scale up throughout Thailand.

Valuable lessons are available for improving and upgrading the GF program effectiveness in Thailand in Phase 2, including the **Rainbow Sky of Thailand's** role as a national network serving men who have sex with men in 12 provinces.

Five Thailand CBO partners are funded under the USAID/CAP-3D project through 2015: SWING, Mplus, Violet Home, The Poz Home and Sisters.

The Pact GMR team in Thailand, Burma, Laos and China will continue supporting USAID's existing work under the CAP-3D project as technical partner to PSI, focused on **organizational capacity development**.

The same Pact GMR team facilitated the **first forum on enhancing the role of civil society in Thailand's health response in May 2012**. In addition, it has formed the region's first technical hub in **livelihoods development for PLHIV that is operating in all four countries** through technical exchanges held in 2009, 2010 and 2012.

Pact Thailand will continue to support the Thailand MoPH under the Global Fund Single Stream Funding Project through 2016, with a focus on building national, provincial and local M&E systems and driving data use for program improvement by community, social protection and health system implementing agencies.

Pact Thailand will receive funding from **Chevron** corporation in 2013-2014 to organize public-private partnerships to support vulnerable youth to develop their livelihoods and pursue economic opportunities in Chonburi and Rayong provinces, building on Pact GMR's livelihoods experience.

II. Introduction: Putting Affected Communities at the Center of the HIV Response

The Community REACH-GMR program followed USAID’s Comprehensive Prevention Package (CPP) model depicted below, adapting it to 4 countries while building cross-cutting regional forums for learning and technical exchange. It had three specific objectives (see next page) to implement the CPP model. The program is inspired by Pact’s core values of community engagement, local solutions, measurable results and effective partnerships.

Key affected populations (KAP) are at the center of the HIV response. It is necessary to provide a range of complementary prevention services, in combination, for each population targeted in the model. According to Asian HIV epidemics, these include sex workers, people who inject drugs, men who have sex with men, and people living with HIV. Ownership by the KAP is prerequisite for successful implementation as well as sustaining gains in the future when external funding ends.

The main HIV prevention interventions were behavior change, usually delivered through small-group peer communication, condoms distribution, HIV counseling and testing, STI treatment, harm reduction for injecting drug users, and linkages to care and support through referral to treatment or community-centered care if available. USAID partners including local CBOs worked cooperatively to provide concurrent combinations of interventions most needed by individuals from the various KAP, also frequently referred to as most-at-risk populations.

Depending on the country, Pact played a critical role in implementing this model through fast-track grants, organizational capacity development, and essential linking activities including results reporting and disseminating innovations for replication and further learning.



The Comprehensive Prevention Package (CPP) Model of USAID in the Greater Mekong countries provided the guiding strategy of Pact under Community REACH-GMR.

Pact teams located in Thailand, China, Burma and Laos worked tirelessly in the various country contexts alongside our key partner, International HIV/AIDS Alliance, and other agencies including FHI360, PSI, Burnet Institute and HPI to provide the various supports needed to pilot, develop, test and validate the most effective approaches in partnership with the communities most affected by

the HIV/AIDS epidemic. As will be described in this report, Community REACH-GMR focused on a range of supporting interventions that are critical to deepen and sustain the combination public health

interventions. These are seen in the outer ring of the CPP model. Pact provided technical leadership in the areas of capacity development and livelihoods while pioneering additional community centered approaches to strategic information and reduction of stigma and discrimination, for example.

To these local Pact teams and affected communities, represented by community-based organizations and nascent groups who formed the partnerships to ensure the effectiveness, efficiency and relevance of this work, this report is dedicated. Special thanks are due to USAID RDM/A for supporting and guiding our work throughout the life of the project, and to our host government partners who played a critical role, as well, in taking up these interventions over time and working productively with our community partners.

Objectives of the Community REACH-GMR Project

Cooperative agreement with USAID #GPH A-00-01-00007-00

Specific Objective 1 Provide an effective and transparent grant award and administration system for the provision of responsive, fast-track grant-making assistance to organizations responding to HIV/AIDS in the region.

Specific Objective 2 Enhance organizational capacity and sustainability of local, regional, national, and international organizations; provide partners with assistance in achieving, tracking and reporting results; and promote innovative approaches and replication of successful responses to the epidemic.

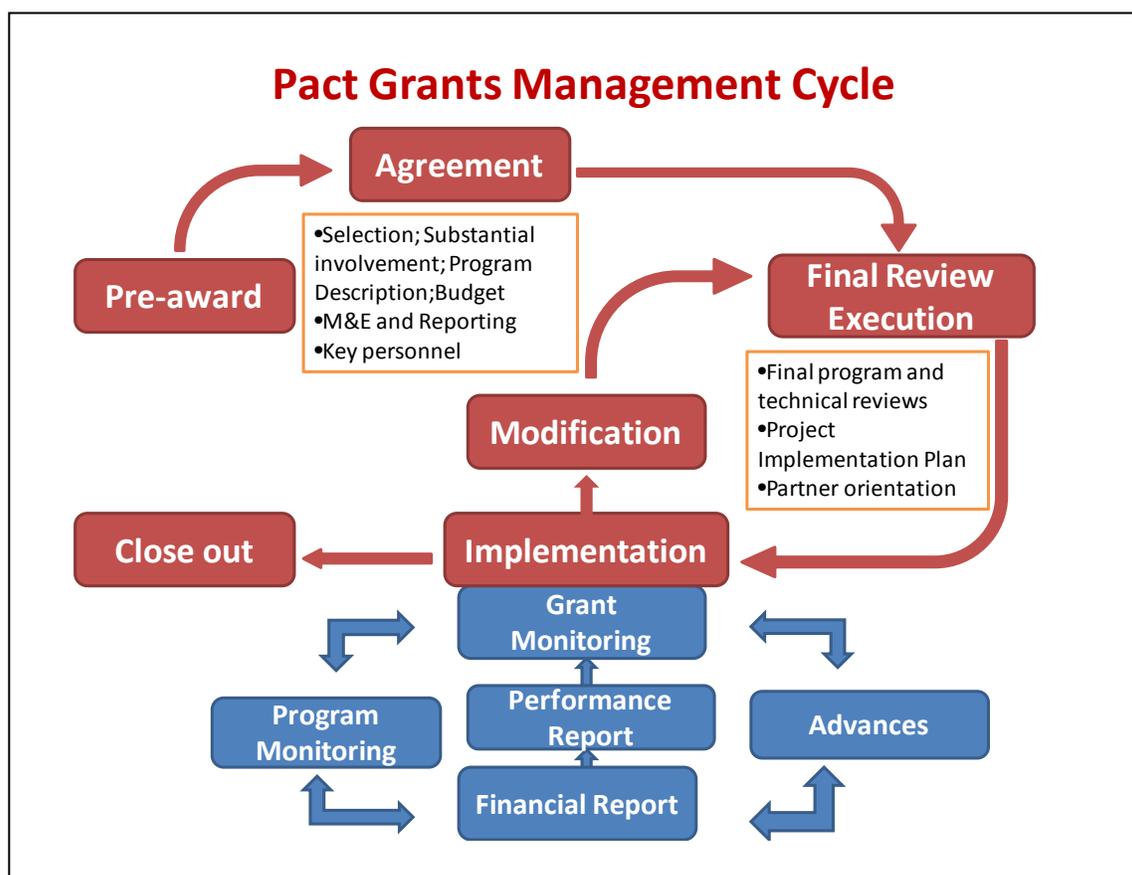
Specific Objective 3 Ensure effective coordination and communication with USAID and other stakeholders engaged in the HIV/AIDS response in the region.

Additional strategic guidance beyond the three specific objectives, included the following principles from the cooperative agreement:

- *Success and sustainability of the HIV/AIDS response...is contingent on ensuring meaningful, continuing civil society engagement*
- *NGOs, CBOs and mass organizations provide the community reach essential to engaging vulnerable groups and PLHIV in programming – as both providers and beneficiaries*
- *NGOs are able to apply experimental ideas and take risks...in developing context-appropriate models for potential replication and scale-up – critical activities at this stage of GMR's response.*

III. An Efficient Grants Mechanism for Nurturing Community Support

Pact views grants (under objective 1) as an essential tool that supports capacity development (under objective 2), donor compliance and service delivery of the Comprehensive Prevention Package. Grants also enable linkages (related to objective 3) among key stakeholders to *build a continuum of prevention, care and treatment* in partnership with the grant recipient and affected communities. Pact delivered fast-track grants through the grants management cycle depicted below. Pact specialists instituted standard procedures such as pre-award assessments and provided orientation to community partners, many who were funded for the first time, before the grant was signed. Partners developed their program description and budget, assigned key personnel to the project, and committed to regular reporting through standardized M&E procedures. Pact specialists determined to what extent they needed to be involved in aspects of the partner program, within a spirit of cooperation and respect, building on partner strengths and facilitating discovery of key gaps, thereby targeting future improvements.



Through this mechanism about 60% of the Community REACH funds went directly through to grantees on the front lines fighting HIV/AIDS totaling over 9.4 million dollars over the five year project period. Pact awarded grants to assist over 24 CBOs or informal groups, as well as fund a few international agencies such as IHA and BI working directly with local communities under USAID’s strategy. Pact passed through grants to the international agencies while focusing its efforts on using grants as a tool for capacity development of the smaller community groups or nascent organizations. The balance of

expenditure was used to build effective professional teams of qualified local staff to deliver needed technical assistance in four countries.

Pact GMR's grant management system

Pact Community REACH-GMR further tailored its standard procedures to the various country contexts and sub-populations⁷ to create a responsive, fast-track grant management assistance mechanism. Pact officers adapted it to reflect the experience of each recipient organization and to mitigate financial and programmatic risk while at the same time ensuring timely awards. **Pact employed a team approach to grants by integrating finance, program and monitoring functions to provide overall technical support for sub-grantees and more effective grants management.** Pact team members provided guidance, training, mentoring and coaching, depending on the needs and style of our grantees to strengthen partners' capacity. Pact generated timely semi-annual reporting data for USAID and other stakeholders so the system was accountable and fully transparent.

Pact's grant management system supported service delivery to MSM

In Thailand, Pact paid special attention to tailoring its grants support for CBO organizations providing services to MSM including **community-based drop-in centers, peer outreach in small and large groups, condom outlets, and innovative approaches for delivering other needed services** such as community care and support. Pact adapted grant tools to provide enhanced degrees of flexibility and responsiveness to deliver resources to help front line organizations grow their programs to reduce HIV prevalence and mitigate the impact of HIV and AIDS among MSM in Thailand, where the epidemic was dramatically increasing. (See page 38 for a description of this program) In other countries, Pact used grants to achieve technical breakthroughs within selected supporting interventions of the CPP model such as livelihoods or stigma reduction for PLHIV.

Pact also responded to the shifting needs of the program during the five year period including:

- Issued small grants with microloans to create innovative livelihoods models in China
- Grants without microloans to replicate the WORTH savings-led approach in Burma.
- Pilot grant to transfer learning from a general population PLHIV program to a nascent CBO offering first-time livelihoods programs for positive MSM in Thailand.
- Provided key support to provincial government offices to sponsor community monitoring forums to review uptake data and generate buy-in to the rapid test community based VCT program for MSM in Thailand, a major innovation in years 4 and 5 of the program.
- Innovated grant solutions for the GF project start-up in Thailand in 2009, enhancing leadership capacity during the start-up transition period.
- Funded an embedded coach (2011) in the same key umbrella organization, Rainbow Sky Association of Thailand, to provide capacity development at a critical time⁸

⁷ Sub-populations include MSM, sex workers, TGs and people living with HIV

⁸ See Pact's case study of the RSAT experience with OCD and later GF as it struggled to scale up services for MSM in Thailand after a ten-fold increase in funding

Linking grants to organization capacity development support

In the Community REACH-GMR project, Pact resourcefully combined grants and organizational capacity development (OCD) to further enhance program effectiveness. The process generated some lessons learned about the synergy between grants and OCD assistance:

Grants are a tool of OCD by creating absorptive capacity and project management capacity in the grantee

- The repeated action of monthly financial reporting, quarterly M&E, annual plans and budgets work in tandem to improve essential management practices
- Grants help nascent organizations to become more donor-friendly
- Grants help organizations to diversify their funding base enhancing sustainability
- Grants can help sustain or maintain local models, such as the WORTH replicator grants in Burma or help transfer models from one organization to another

Grants are a tool of technical model development including replication or transitioning of validated models to government funding

- Grants were critical for mobilizing the community-based VCT models for MSM in Thailand in 7 sites. USAID piloted 3 different model variations of helping communities to access services in 3 cities from 2011 to 2012.
- Pact tested the Entrepreneurship Group model in China developed through grants for AIDS Care China and later through Blue Sky in another province to support innovations in livelihoods programs for people living with HIV.
- Pact Thailand developed the first community care and support program for MSM living with HIV through a competitive grant-making process in late 2009. Successful grantee partners in the RFA included The Poz Home, Health Opportunities Network, Violet Home and SWING each serving distinct sub-populations of MSM+⁹

Grants can be used for specific purposes to generate data and support strategic information

- Pact funded the TRAC survey for PSI/ Sisters serving transgenders in Pattaya, Thailand, which provide key data on services at the outcome or behavioral level
- Pact funded the Yunnan Institute of Drug abuse to evaluate its social enterprise model for IDUs leaving rehabilitation in 2009. Participants left government rehab to work in a private company run and owned by former IDU many of whom were HIV positive. YID measured relapse rates via urine tests to validate the approach.

⁹ The four organizations serve MSM (Bangkok), TGs (Pattaya), MSM (Chiang Mai), and MSWs (Pattaya and Bangkok) respectively. RFA means “request for application” or a formal bidding process carried out by Pact.

- Pact supported the public health office to review uptake data on the VCT pilot for MSM in Chiang Mai

Grants, especially cooperative agreements, can be used to reduce the work burden of USAID by bringing in accomplished international partners without the need for a new mechanism

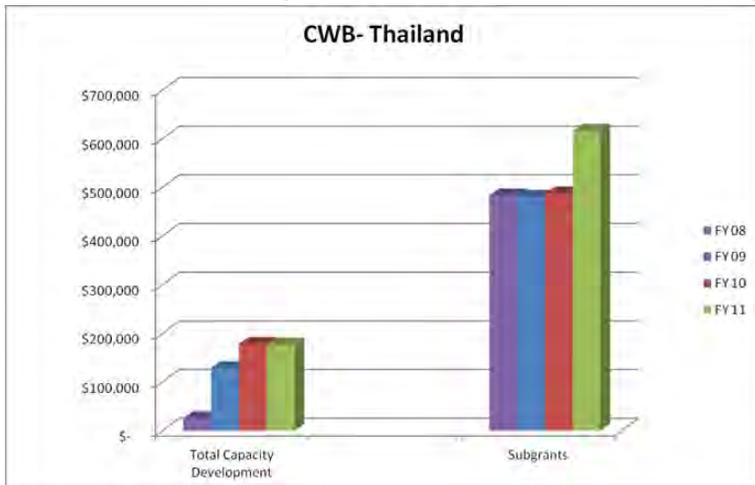
- Pact Community REACH funded the International HIV/AIDS Alliance pass-through in China and Burma and the Burnet Institute pass-through in Laos over the period of this award.

Grants can be used to link to regional and national networks

- Pact funded the APN+ MSM working group secretariat to support local advocacy groups in 25 Asian countries to conduct research among MSM living with HIV
- Pact supported the Myanmar Positive Group to conduct a key annual event for learning and advocacy of emerging community voices in the HIV/AIDS response

OCD assistance without grants is commonplace, but **OCD with grants increases the leverage grants provide** and permits often-needed substantial involvement with partners programs as they evolve. This is particularly the case when the program objective is to develop new models of service delivery. OCD takes on a consulting flavor without grants, which can be very appropriate in some cases. However well-linked grants and OCD facilitate direct programming for breakthrough innovation along

the continuum of HIV prevention, treatment, and care, as in the case of Thailand, as will be described below in section IX.



With grants, a range of OCD arrangements are possible. **The grant maker may be the OCD provider efficiently leveraging scarce resources.** This was the main role of Pact in the Community REACH-GMR project. See the chart left showing relative costs of OCD assistance over four years compared to grants support in Thailand. If these services were

provided separately, the costs of each would be much higher. As shown, *comprehensive OCD* can be delivered for only about 30% of the grant amount providing dramatically higher quality than one-off training or consulting interventions.

Grants can also be used to help local organizations to plan and pay for their own OCD providers, consultants or coaches. Donors often use grants to subsidize third-party OCD providers. When combined with grants, the OCD relationship develops in a much more continuous, productive and focused way, and trust is generally high if the recipient is motivated to use the funds for its own program development. Program officers support both the grant and the OCD program using a facilitative style, empowering the local organization to take responsibility for strategic direction.

Pact's overhead cost for grants management is one of the lowest grants handling costs among similar organizations. When combined with capacity development support to grantees, the cost effectiveness of Pact's grant assistance is significantly enhanced.

Summary of Achievements

- Between December 2007 and August 2012, Pact awarded 29 grants to 24 grantees, for a total of US \$9.4 million in Burma, China, Laos, Thailand and through regional grants. Pact Community REACH-GMR funded several types of organizations including self-help groups, community-based organizations, local foundations, institutions, international non-governmental organizations, positive networks, hospitals and even local government offices to generate much-needed results. Over time, grants management capacity of these grantees gradually increased, as did their organizational capacity in most cases.
- Over the life of the project, a number of its sub-grantees, such as SWING and Mplus, were able to diversify their funding sources and share significant costs with other donors. Some grantees even committed their own cost-share. With support from Pact on funding accountability and grant responsibility, three groups in Thailand were able to register as foundations, while a fourth group was also considering this move at the time of the Community REACH external evaluation in March 2012.

IV. Linking Communities to Government and Other Key Stakeholders

The Community REACH-GMR project enabled marginalized communities to link to evolving HIV/AIDS services in distinct ways thereby achieving its third specific objective:

- In Thailand and Laos, Pact's partners helped build the continuum of HIV prevention, linked to care and support services for MSM, delivered in large part by community-based organizations working under the supervision of government.
- Pact supported communities' linking to government-led HIV programs at multiple levels, national, provincial and local, through program planning and monitoring supported by data.
- Pact empowered people living with HIV to engage in innovative livelihoods programs in China, Burma and Thailand, linking to surrounding communities, economies and government-led programs.
- Pact specialized in linking the supportive interventions of USAID's CPP Model to essential public health interventions in ways that put communities at the center of the HIV response.

(See the outer ring of the CPP circle diagram, below, seen throughout this report)

Coordination and Communication with USAID and Collaborating Agencies

Pact's Community REACH-GMR project effectively collaborated with other projects and organizations, ensuring accountability and responsiveness to USAID's Regional Development Mission/Asia across the GMR countries. Pact contributions included:

- Joint work planning with USG collaborating agencies through in country-teams in China and Thailand, including US CDC
- Transitioning partners to USAID's CAP-3D mechanism in Thailand in the final year of the project with prime partner, Population Services International (PSI)
- Executing "pass-through" funding arrangements to support International HIV/AIDS Alliance in China and Burma and Burnet Institute in Laos, that in turn, enabled additional community linkages to needed services
- Collaborating on capacity development programming for Thailand CBO partners with FHI360 for enhanced program and technical linkages
- Using its regional structure to extract and disseminate lessons from country to country, with an emphasis on livelihoods, organizational capacity development, M&E and stigma reduction methods and tools (see the separate sections below).

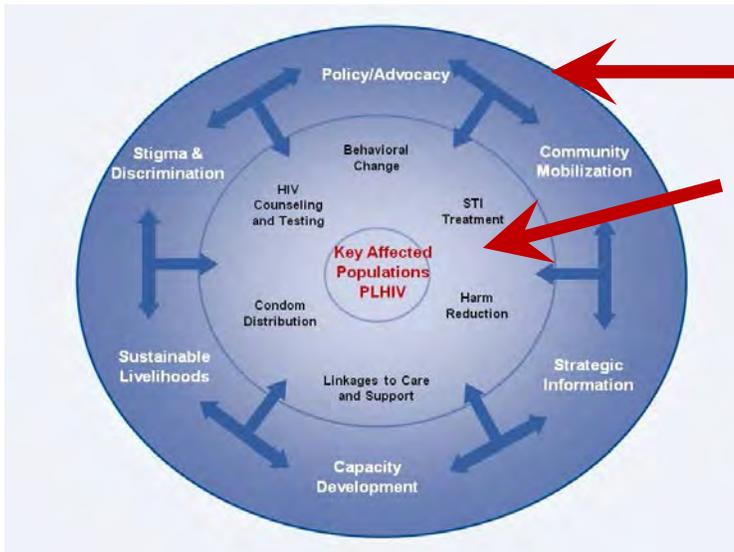
Coordination with Government, Communities and Other Stakeholders

As the project evolved, Pact worked increasingly with the government of Thailand, as a member of the Technical Working Group for MSM. Later it worked directly with the MoPH as an implementer of the GF Round 10 project. In 2011 Pact signed Memoranda of Understanding with two provincial Public Health Offices (PHO), from the MoPH in Thailand to ensure smooth implementation of the pilot rapid-test community VCT program for MSM. Pact continues to play a leadership role in Thailand's National M&E Plan 2012-2016 for building a national M&E system for children affected by AIDS and other vulnerable children. In Laos, Pact provided three rounds of technical assistance to CHAS, the lead HIV/AIDS coordinating body in the country, over the period 2007 to 2011. Regionally, Pact technical staff and partners participated in several international forums, HIV/AIDS conferences, national working groups and local government coordination meetings and training events. In China, Pact worked in closer cooperation with two provincial governments and several local governments in USAID hotspots, such as Luzhai county in Guangxi province.

Technical Coordination and Linkages in Thailand and other GMR countries

As introduced previously, the Comprehensive Prevention Package (CPP) was USAID's over-arching strategic model that included supporting interventions linked to a core set of HIV service delivery interventions. It enabled key affected populations (KAPs) and people living with HIV **to increasingly access and deliver essential services** to prevent transmission of HIV and improve the quality of life. Pact varied its programs under the CPP model, depending on the context, specializing in the supporting intervention areas along the outer ring of the model (diagram below) in collaboration with other agencies.

USAID's Comprehensive Prevention Package (CPP)



Supporting Interventions

Core Public Health Interventions

Pact's goal in Community REACH-GMR was to effectively implement USAID RDMA's technical strategy of building a continuum of HIV prevention, care and treatment specifically for MSM, MSW, and TGs in Thailand and Laos; and for PLHIV or other MARPs in China, Burma and regionally. Pact used both organizational capacity development (OCD) as well as community capacity development (CCD) methods to carry

*out its work. Methods and tools to achieve this goal include the formation of networks and partnerships with a clear purpose and feasible actions. In all countries, Pact emphasized explicitly linking the **supporting interventions (outer ring of the CPP Model)** to the **core service delivery intervention (inner ring)**, in close collaboration with other USG partners, UN collaborators, and host government stakeholders.*

Approach

Using grant funding and alternative financial strategies as tools, in collaboration with USAID, Pact **strengthened the linkages** within the HIV Comprehensive Prevention Package, while building a continuum of care with strong CBO ownership and development. As CBOs became stronger, the project moved toward a “community system strengthening” approach, featuring network strengthening, along with needed M&E development. In China, Burma and regionally, Pact developed, tested, and replicated specific models, informed by the fields of livelihoods and public health, building **key linkages to community care and support for PLHIV**. In Thailand and to a lesser extent Laos, Pact worked along a range of comprehensive interventions with MSM community partners. Pact teams in three countries expanded partnerships, as well as the use of innovative community-based programming interventions. The

The strategy of Community REACH-GMR is based on the following hypothesis from the original proposal in 2007:

IF resources are available to organizations for targeting and scaling-up implementation of activities; IF these organizations have improved technical and institutional capacity to deliver and sustain quality services; **and IF linkages exist among implementers, national and local authorities, donors and beneficiaries**, THEN organizations will be able to increase use of quality HIV prevention, care and treatment services and effectively respond to the realities of the epidemic in each country.

approach was well-integrated in the local economies and context, emphasizing entrepreneurship, empowerment, and social cohesion, rather than charity and dependence. The project effectively transferred the skills and know-how behind these programs to local players.

Examples of How Pact's Coordination Role Expanded Community Partners' Linkages

- Initiated **USAID's first direct funding of community care and support models for MSM living with HIV in Thailand**, which in turn linked CBOs to local clinical providers in the government system. Most members of this cohort will be funded in the follow-on project.
- Made key contributions to **successfully launch RDM/A's pilot community-based VCT for MSM with same day results in May 2010**, with a broad range of linked services and partners. *But this project also needs more time to develop* as it was a relatively late initiative in the project cycle. As the project concluded the government committed to scaling up rapid testing for KAPs.
- Supported **CBOs' linkages with provincial Public Health Offices (PHOs)** in Chiang Mai, Chonburi (Pattaya), and with Bangkok's Metropolitan Administration (BMA) agency.
- Pact pioneered and developed its **community-based M&E approach** in Thailand (M&E for Me! initiative) in 2010. Its practitioner network replicated this approach in China, and at Thailand's government Principal Recipient for use in Thailand's single stream funding Global Fund program. It is a vital linkage of communities to the data they need, which in turn feeds into larger donor and government data systems.
- Pact initiated **Thailand's community S&D reduction trainer's network for MSM and TG** through a rigorous TOT approach with our CBO care and support partners, linking these partners to the surrounding communities to overcome internal and external barriers
- In Burma, **Pact expanded WORTH to over 30 WORTH groups**, including geographic replication in Mandalay. Pact transferred WORTH technical assistance capacity to two local networks. In Burma, Pact integrated self-care modules, linking community care and support to livelihoods for people living with HIV.
- Integrated stakeholder analysis into **strategic planning interventions (2009-2011) carried out by the CBOs themselves**. Pact integrated stakeholder analysis into M&E planning (2010) for partners carried out by the CBOs themselves.
- Pact fostered close collaboration with FHI360 on all three components: HIV prevention, community VCT and community care and support for MSM in Thailand.
- Pact supported the introduction of the Resource Estimation Tool team from the Health Policy Initiative and Burnet Institute to Chiang Mai province partners.
- Pact supported the **emergence of key CBOs**, such as SWING, Violet Home and Mplus, who themselves are forging effective linkages and collaborations through their networks.
- Pact supported **RSAT through its GF cycle**, and most recently through the cost-effective use of an in-house management coach. RSAT in turn manages a local network of CBOs for MSM in 12 provinces with GF funds.
- In China Pact developed a distinctive approach to network and community capacity development, creating a **PLHIV entrepreneurship group** and quarterly newsletter.
- Pact **engaged with the private sector** throughout the region, including Chevron in Myanmar, Cambodia, Vietnam and Thailand, linking private sector to health programming.

Challenges

While creating linkages is a key strategy of any community-centered HIV project, limited funding and time create significant challenges. Capacity development inherently involves “busy people helping busy people” as schedules overload while services continue. Sometimes challenging political or regulatory environments impede progress. This includes a set of floods (2011), typhoons (2008) and political upheavals (2009-2010) in Thailand and Burma. Shifting USG and Global Fund donor priorities, for example in China, where the announcement of the conclusion of the program for 2013 created significant challenges in terms of continuing programs and maintaining morale among our partners.

However, our partners are resilient. The following section presents Pact’s and partner results in the key technical area of livelihoods for people living with HIV. It is followed by detailed description and results of Pact’s pioneering work in Thailand to build the CPP for men who have sex with men through grants and capacity development services.

V. Pioneering Livelihoods Development Programs for PLHIV in Concentrated Epidemics

Introduction

Pact pioneered HIV/AIDS and Livelihoods pilot programs in the Greater Mekong Region since 2008 under the Community REACH-GMR Project. These pilots are among the first in southeast Asia to systematically address how livelihoods models can be adapted to support people living with HIV and other most-at-risk populations (MARPs), with high levels of community participation and ownership.

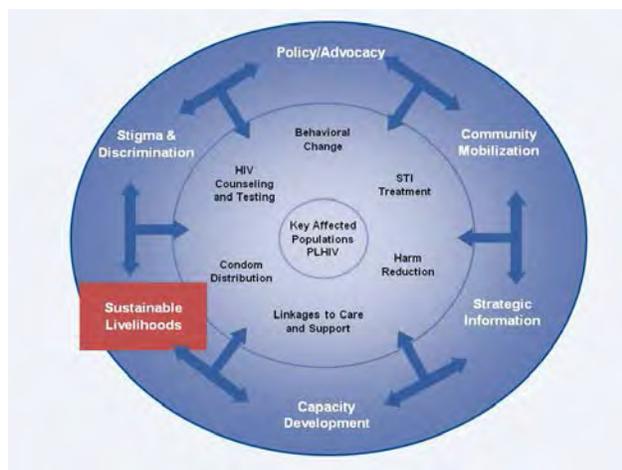
Pact teams worked intensively in Thailand, Burma, and China from 2008 to 2012 to refine and tailor the approaches to each context creating the model programs. With the support of technical specialists, the models were further developed, integrated into other services, and tested. Three of the models were rigorously evaluated to provide, for the first time, an evidence-base contributing to the emerging hybrid field¹⁰ of AIDS and livelihoods in concentrated epidemics.

Community REACH-GMR program evaluations and tools are now available to compare the most successful features of the models in three countries and to inform new designs focused on scale up throughout the region. To USAID's credit, livelihoods programming has been integrated into the "supportive interventions" as part of the comprehensive package of services for MARPs, which includes access to treatment, as well as community care and support for people living with HIV. This trend yields considerable benefits and the costs are not high, due to the favorable repayment rates on micro loans or, in the case of Burma, the community-led contributions using a savings-led approach through the formation of WORTH groups that do not depend on external financing.

Why livelihoods for PLHIV?

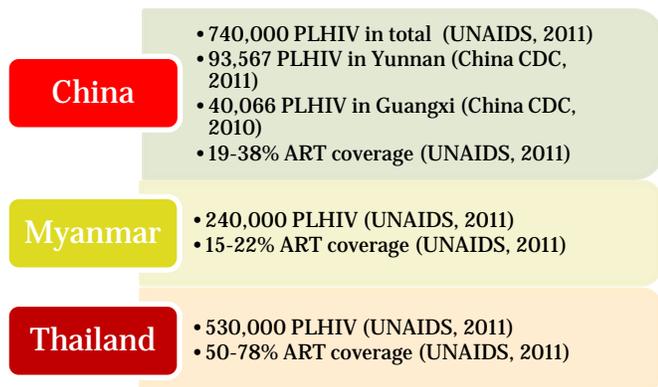
With the widespread scale-up of free antiretroviral treatment (ART) in China and Thailand, many people are now living with HIV but are struggling economically. Mainstream treatment programs prolong their lives without providing the resources to stabilize their income and provide for their families. In Burma, there is critical need for ART and care and support services. In China and Burma, PLHIV have to pay for opportunistic infection (OI) treatment even when ART is provided.

When people test HIV positive, they often experience severe financial shocks because of ensuing healthcare costs, as well as loss of productivity due to sickness and decreased self-esteem. In many cases, social marginalization, stigma associated with HIV, and double or triple stigma associated with



¹⁰ WORTH model in Burma, Positive Partnership Project in Thailand, and the Entrepreneur Group model in China were internally evaluated by Pact, and then externally evaluated by USAID in March 2012.

HIV-positive most-at risk populations; such as men who have sex with men, injecting drug users, and sex workers, further aggravate the situation. Research by the International Centre for Research on Women (ICRW) found one of the possible consequences of HIV-related stigma to be loss of income and livelihoods. In the workplace, people living with HIV may experience discriminatory practices, such as termination or refusal of employment¹¹. APN+, a regional advocacy network of positive people, conducted research in 2008 and 2009 that highlighted the need for livelihoods for people living with HIV, along with increased treatment access and reduced stigma and discrimination.



These issues demonstrate a need for sustainable solutions, which support PLHIV and their families in developing appropriate mechanisms to cope with the complex burdens of the disease. Livelihoods programs for PLHIV or people affected by HIV and AIDS responds directly to their needs to have sustainable income and self-reliance. These programs bring economic benefits to affected individuals and potentially their households. **Results of international**

evaluations of Pact-supported livelihoods programs developed by Community REACH-GMR in China, Myanmar, and Thailand suggest that improved livelihoods lead to decreased internalized stigma of PLHIV as they perceive that they are productive members of their households and the larger society. At the group level, adding a livelihoods component to PLHIV support groups can help group members to reestablish social connections and make these groups more sustainable.

Pact's Livelihoods Programs

Pact piloted a range of model approaches addressing the livelihoods vulnerabilities caused by HIV and AIDS. Based on Pact's values of empowerment and inclusiveness, we sought to tailor programs that improved livelihoods for PLHIV in the Asian concentrated epidemic context. **These small-scale yet highly structured pilot programs were designed to enhance learning and test feasible approaches to improving their income and linking other public health services to this essential need. Under the REACH Project, there were five models developed and implemented in China, Myanmar, and Thailand,** using various economic strengthening approaches and engaging PLHIV, key-affected populations, families, community leaders, and civil society organizations to widen economic opportunities, enhance resilience, and contribute to health outcomes.

The five models are: (1) The Positive Partnership Project model in Thailand; (2) The WORTH for PLHIV model in Burma; (3) The Entrepreneur Group model in China; (4) The Peer Collaborative Enterprise model in China. (5) The model for Rehabilitation for Recovering Injecting Drug Users

¹¹ Jamaica Information Service (2012, 18th January) "Ministry Seeks To End HIV Food Stigma"

through Social Enterprise in China. After a summary of the results, each model is explained in detail in the following sections of this report

Results for Pact’s Pilot Livelihoods Programs in the GMR

Number of People Reached by Pact’s Livelihoods Programs: 2007-2012 in Community REACH-GMR					
	Y1	Y2	Y3	Y4	Y5
Thailand- PPP Project	67*	2,713	3,366**		
Burma-WORTH	514*	625	984	1,272	1,785**
China- Three Pilot Models		117*	438	613	747**

*Logic model developed at onset of program**
*Evaluation report assessing outcomes carried out at conclusion of program***

- On average, 1,730 lives of PLHIV and their families in the GMR improved per year.
- Total persons reached is 5,898 based on peak year of program
- All programs generated logic models at onset and were evaluated - reports are available from Pact
- Several international presentations highlighted their innovative character

Improved quality of life of PLHIV and family



- Thailand - Internalized stigma of PLHIV reduced.
- Thailand - Stigma of friends and family of PLHIV, and community members reduced.
- Burma - PLHIV reported increase in sense of self-worth.
- China – PLHIV reported decrease in internalized stigma.

Reduced HIV stigma and increased PLHIV’s self-confidence

- 74 village banks, HIV support groups, NGOs and CBOs established/strengthened including
 - 29 in Thailand
 - 32 in Burma
 - 13 in China



- Thailand - PLHIV reported that their income increased.
- Burma – PLHIV reported increase in income.
- China - PLHIV reported increase in financial assets.

Increased income



Enhanced social cohesion and strengthened local capacity



GMR Livelihoods Technical Exchange Forums

In parallel to implementing the projects, country practitioners had opportunities to learn from each other's experience and lessons in the GMR AIDS and Livelihoods Technical Exchange Forums in Bangkok, Thailand. The first Technical Exchange was held in July 2009. The second Technical Exchange, October 2010, built on the framework developed during the first technical exchange to capture lessons from the emerging pilots, identify common areas that cut across countries, and determine the value added of these programs from both public health and economic development perspectives.

Furthermore, in April 2011, Pact China built on lessons learned from the earlier technical exchanges to host **the first ever AIDS and Livelihood Development Technical Exchange in China**. Throughout the exchange, participants mapped all known AIDS and livelihoods programs in China including the Pact models piloted in two provinces of Guangxi and Yunnan, and discussed ways to improve and scale-up the work.

In the third and final regional Technical Exchange in August 2012, GMR practitioners presented results from project evaluations, discussed how models have evolved, and took stock of tools for further replication and scale up. Participants deliberated on how the tools, documents, and lessons learned from the five-year program can best be arranged as a programming package containing useful guidance for others based on the latest evidence. The tools are now available to practitioners while Pact country offices stand ready to provide technical assistance in replicating these models. In the last month of the project, Pact livelihoods program experts **packaged a complete set of documents for replication of HIV/AIDS and livelihoods projects in the GMR** - or any concentrated epidemic context - based on Pact's experience under the Community REACH-GMR project, 2008-2012 in China, Burma and Thailand. Below are details on the main models that were evaluated internally and externally under REACH.

VI. The WORTH Program: Self-Help Livelihoods Development for PLHIV in Burma

In spite of their resilience and strong coping capacity, people living with HIV in Burma are dying due to the lack of antiretroviral therapy (ART). Only 18% of the people in need of ART are receiving it (UNAIDS, 2011). There is a critical need for HIV care and support. It is not uncommon to find families affected by HIV that have exhausted their financial resources in their efforts to secure care and treatment. Stigma and discrimination further makes it difficult for those living with HIV and their families to find economic opportunities.

“As I did not disclose my status at work, I was afraid the supervisor would ask questions if I took too much sick leave. My monthly salary at that time just covered monthly expenses. I often thought ‘what if I become ill.’” A participant described what she felt before joining the WORTH program.

WORTH is a pilot project aimed at addressing livelihoods for PLHIV in a treatment poor environment. Before the project started, a sustainable livelihoods model for PLHIV that builds group solidarity and could be scaled up through replication with local partners was not proven in the Burma context. Pact hypothesized that it is possible to develop a sustainable livelihoods model based on self-reliance that includes income generation, psychosocial support, and HIV care and support for PLHIV in Burma.

595

•PLHIV in WORTH self-help banking groups in 2012

30

•HIV self-help care and support and banking groups established

\$28,222

•in savings of PLHIV through 2012

\$5,059

•in accumulated loan interest earnings in 2012

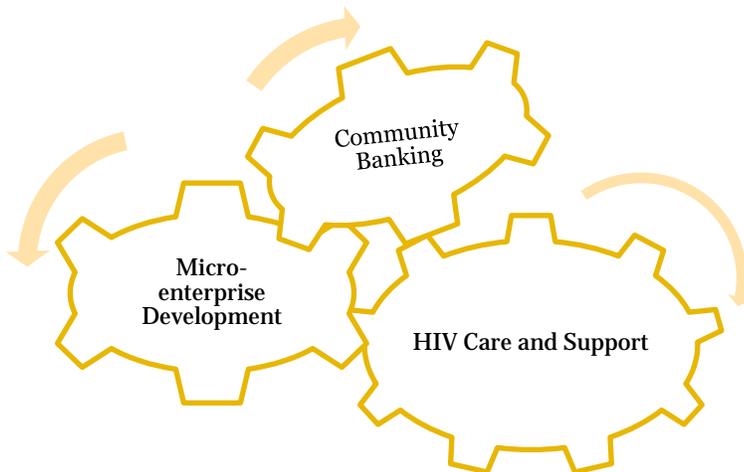
Burma: Empowerment through Community Banking, Microenterprise Development, and HIV Care and Support

The WORTH program was designed with the goals of empowering PLHIV and increasing their quality of life. Based on the principle that ‘dependency is not empowering’, WORTH blends the benefits of two integrated approaches:

- 1) Economic independence through community banking and small business development, and
- 2) Care and support through self-care skills strengthening and support among members.

Each approach provides a foundation for the other. As PLHIV begin saving together in small groups, they learn how to make loans, start microenterprises, and transform their savings groups into

community banks. As the bank owners, members collected interest on the loans they made to each other and then distributed it back as dividends to themselves in six month banking cycles. This gave each member two income streams from their micro-business and the bank’s dividends. Once their banks became established and their businesses began to grow, they could take on other issues related to self-care strengthening and stigma reduction.



Integration of HIV Care and Support

Based on HIV care and support needs assessments in Yangon, Pact integrated a health component that is in line with the core WORTH principle of self-reliance and empowerment. This component consists of self-care skills strengthening and the establishment of a health fund in each group.

Self-care skills strengthening: Pact delivered 3-day Care by Ourselves training to mature WORTH groups. In the training, WORTH members gained knowledge on self-care and learned ways to mitigate HIV-related health problems. In the training, groups developed self-care, behavior change action plans and elected a Self-Care Promoter who will follow up its implementation.

Health fund establishment and management: Groups set aside profit from loan interest to set up its fund for emergency health needs and developed rules for health fund use. In 2012, groups' health funds have steadily increased and have served members with urgent health needs with the average fund worth approx. USD151 per group.

In Yangon, Pact worked with 21 WORTH groups serving 452 PLHIV as of 2012. The groups have been established since 2008-2009 without any external funding and are still functioning until today, demonstrating sustainability of the groups beyond project's end.

In Mandalay, there are nine WORTH groups with 153 PLHIV members as of 2012. The Mandalay groups have been formed by local partners. Pact accumulated lessons learned and streamlined the model to build the capacity of local organizations to implement WORTH. Through an open competition and a transparent partner selection process, two partners in Mandalay were selected to replicate the model.

What have we learned from program evaluation?

In early 2012, Pact conducted an endline survey with 84 PLHIV in Yangon who also participated in the baseline study. Together with the routine monitoring data, this is what we have learned.

Income and Savings

Group funds have consistently increased over time, almost four fold from 2009-2012, or from \$7,535 to \$28,222. \$5,059 out of \$28,222 is generated from loan interest providing a second source of wealth generation for group members as they become both borrowers and bankers.

Top five Most Significant Changes as a result of WORTH identified by endline respondents:

- 1) Increased income (31%)
- 2) Having savings leading to security in health needs, child education and/or family emergencies (20%)
- 3) Improved knowledge (14%)
- 4) Self-confidence and reliance (13%)
- 5) Psychosocial support from WORTH group (9%).

At endline, PLHIV's average monthly personal income increased from \$61 to \$117 or by 54.9% and from \$56 to \$154 or by 122.5% for Cohorts I and II respectively. The monitoring data also reveals that members' overall microenterprise earnings have increased overtime and that members are actively working to expand their small businesses.

Quality of Life and Sense of Self-Worth

The endline findings reveal significant increases in PLHIV's satisfaction through statements related to quality of life, such as their ability to perform daily work, ability to cope with problems in life, ability to afford an adequate number of meals per day, and financial capacity to take care of their house.

Participant's feelings towards their sense of self-worth also improved significantly, especially in:

- Having faith in themselves that they can lead their life for the better
- Being proud that they can stand on their own two feet
- Being able to contribute to the betterment of their community
- Not feeling that they are alone, but having family and friends who will be with them when they need

Story from the Field Golden Dream: We Can Support Ourselves

A most significant change story told by a WORTH group and selected by program staff in 2010

Two PLHIVs visited a WORTH group to observe WORTH induction trainings in December 2008. They shared the program information with their friends at a clinic they went to. They gathered a group of 20 PLHIVs and contacted the WORTH program. In the beginning of their operation, they had to change meeting places several times due to confidentiality and distance issues. “We were worried whether our group would survive or not,” one member mentioned.

The majority of the group are women. Most women ran microenterprises, which allowed them to earn their own income apart from their husband’s income. Members felt more alive and open while in the group meetings than at their homes. “As there are many women, we fight a lot but, in the end, we make peace,” a group member said.

After becoming WORTH members, gradually they felt more empowered as they share information among themselves. Some members have now even disclosed their HIV status at home with psychological support from the group. “At bank cycle closings, we have set aside profit to set up a health fund and rules for using it. To date, we have given health fund assistance 4 times to members who fell ill. Group members also visited and gave care to those ill members at home and the hospital. We also contributed donations for funerals of other PLHIVs.”

“We can rely on ourselves and our group now and we will work to increase our group fund and help those in need within our capacity.”

What Participants Value Most in Their WORTH Group

At endline, respondents (N=84) were asked an open-ended question as to what they valued most in their WORTH group. Top three responses were 1) psychosocial support from their WORTH group (24%), 2) access to loans (22%), and 3) savings (16%). **While most participants reported that their most**

“[My] WORTH Group became like a family. I can tell frankly [with my group] what I feel and can discuss and get help when needed for social and financial support,” a participant said during the endline

significant change as a result of the project is increased income, the majority reported that they most valued the psychosocial support from their WORTH group. This is not the project’s intended main outcome, but it is a crucial component that kept members in the program, making it sustainable. Participants (N=84) were also asked about reasons why some members remained in the program since the beginning. The number one reason was the psychosocial support and team spirit that they have in their WORTH group. *Evidence from the endline survey and monitoring data suggested that a savings-led program targeting PLHIV in a resource-limited setting is possible and sustainable. With group banking, microenterprise development and group solidarity, the findings informed that PLHIV gained more income, improved their feelings of self-worth, became more self-reliant, and had better quality of life.*

VII. The Positive Partnership Project (PPP) in Thailand

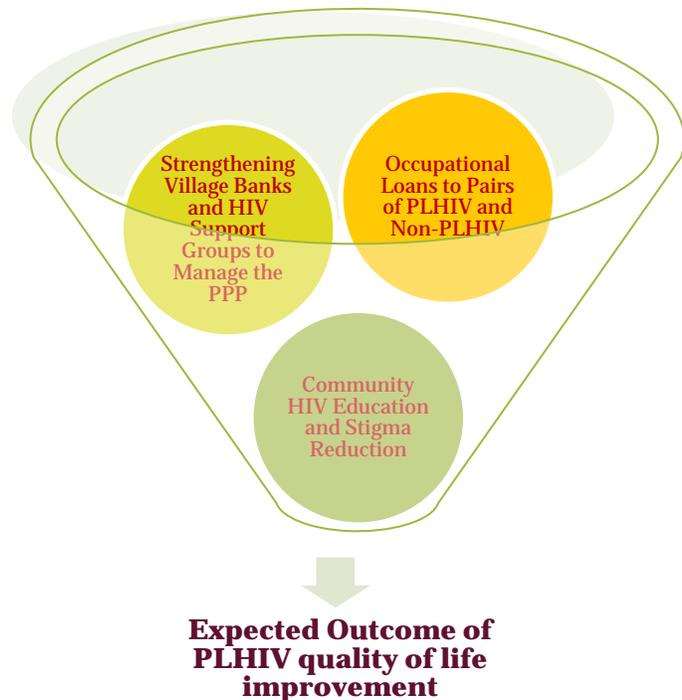
What is the PPP?

Initiated and implemented by the Population and Community Development Association (PDA), the Positive Partnership Project (PPP) is a micro-credit scheme using economic empowerment as a means to reducing stigma and discrimination.

Core components of the PPP are:

- Occupational loans to a pair of individuals comprised of a HIV positive and a HIV negative person or the “buddy pair”
- Income generation skills building for the buddy pairs in marketing, accounting, and business management
- HIV/AIDS education and stigma reduction activities in the communities where buddy pairs live and operate their businesses.

The buddy pairs also get to know each other through partnering together, which naturally results in greater understanding and reduced stigma. Through this, the community observes a model of “living and working together as normal” between PLHIV and non-PLHIV.



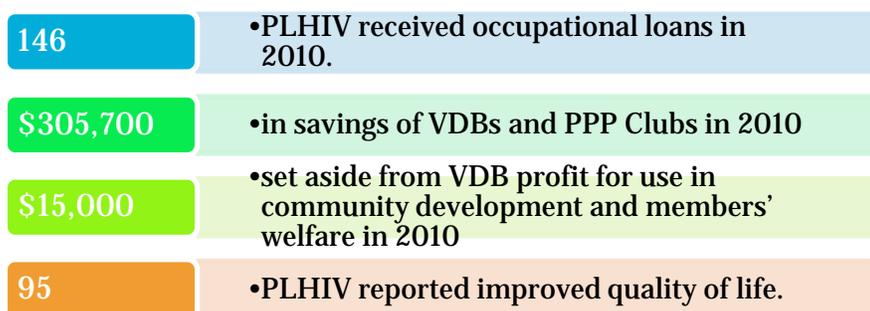
Increasing Local Ownership and Sustainability through Village Banks and Support Groups

Through PDA’s capacity development, two community-based entities were set up to implement the program:

- **Village Development Banks (VDB)** for rural areas
- **PPP Clubs** or support groups of program participants for both rural and urban areas

Under the REACH program, PDA set up 12 VDBs and 11 PPP Clubs in six provinces throughout Thailand to manage the program. These community-based entities are responsible for selecting buddy pairs, managing PPP occupational loans, and conducting HIV/AIDS education and stigma reduction activities in their community.

In addition to these activities, VDBs and Clubs are open to other non-PLHIV members to save with them. Members' accumulative savings became a loan source for general members other than the buddy pairs. To illustrate this, in 2010 Baan Laan VDB had 245 members with \$75,359 total savings. Using this fund, Baan Laan could provide 214 loans in addition to PPP occupational loans with an average value of \$293 per loan. Through this village banking technique, members of both VDBs and Clubs receive another income stream from loan interest generated within their group.



Project activities took place in 2008-2010. In 2010, the project provided 292 occupational loans to 146 buddy pairs, each loan worth around \$400. Pact and PDA conducted a project evaluation in 2011. Summary results from program monitoring and evaluation are described below:

- ***Saving funds of VDBs and PPP Clubs grew and could serve as another source of loans to other members:*** As of September 30th, 2010, the saving funds of all PPP clubs were approx. \$25,700 from 513 members. For all 12 VDBs, the saving funds have grown to more than \$280,000 from 2,384 members. In addition to project loans to the buddy pairs, PPP clubs and VDBs could provide more loans to other members in need from the saving funds.
- ***VDBs distributed dividends to members and set aside funds for social purposes:*** The interest from both PPP loans and loans from saving funds went back to VDBs making their total funds grow, providing another income stream for members and for the community. As of September 2010, the 12 VDBs distributed dividends to all members accounting for \$4,320. Apart from the dividends, the 12 VDBs set aside some profit to social funds for village development, PLHIV's benefits, and bank members' benefits. The total social funds of all banks were worth approx. \$15,000.
- ***Decrease in internalized stigma of PLHIV:*** PLHIV's "fear of abandonment by the family" and "fear of being gossiped about" declined significantly at endline. They scored significantly lower on their feelings towards isolating themselves from friends. Qualitative data also informs that through the project, PLHIV have a broader chance to interact with non-PLHIV. Such interaction has taken PLHIV out of their isolated world. Later, they have increased confidence and are able to attend more social activities.
- ***Increase in self-worth of PLHIV:*** Individual self-efficacy and self-esteem items show significant increases over time. PLHIV felt better equipped to ask for emotional and other types of

support from family and friends after participating in the PPP project. There were also increases in the items measuring whether the PLHIV could provide financial support for their family, that they had things to be proud of, and that they felt useful to their community. The qualitative study also found evidence that the PPP increased feelings of self-worth for the PLHIV who participated. PLHIV members of the PPP club or VDB said that they felt proud of themselves because they realized their self-value through their contributions to the community.

- **Reduced level of external stigma:** Level of stigma has been tracked with three groups, including HIV-negative loan buddies, family members of loan pairs, and members of communities where HIV-positive loan recipients live. Pact assessed questions related to ‘fear’ of casual HIV transmission and attitudinal questions about ‘blame’ toward PLHIV and ‘shame’ associated with having HIV. The endline results reveal stigma reduction in all respondent groups, both at the fear level and at the value-driven level or “shame and blame.”
- **Improved quality of life of PLHIV:** The PLHIV survey also included the WHO Quality of Life assessment. At endline, quality of life improved significantly for the PLHIV participating in the PPP program according to regression analysis and tests of significance.



VIII. Livelihoods for PLHIV and MARPs in China

Background

There is limited global experience with programs addressing livelihoods issues within HIV+ populations. Particularly in China, very few such projects existed when Pact’s program began in 2008. To date, Pact's is the only program in China that focuses intensively on AIDS and livelihood development. Other projects dealing with economic strengthening for people living with HIV are only supplementary elements of broader work, and did not effectively integrate expertise from both the public health and economic strengthening fields. Furthermore, the variety of economic needs that exist among MARPs and PLHIV called for a range of approaches and methods, rather than one generic approach.

During Community REACH-GMR, Pact developed locally appropriate models and approaches working intensively with communities under the Comprehensive Prevention Package (CPP) framework. Drawing on its global and

One PLHIV who is on a Village Development Bank committee stated:

“Half of community members have known already that I am a PLHIV; after joining the VDB committee, I have become well-known and receive respect from others as I am a person who contributes, a giver, to the community.” (PLHIV, VDB committee)

regional experience, the Pact China team developed models and approaches with substantial feedback and participation from local, provincial and national partners. This was an iterative process. Pact identified local organizations best suited to become technical leaders in AIDS and livelihood development, who would later serve as capacity developers for other local organizations. Examples include AIDS Care China in Guangxi, Luzhai site, and Blue Sky in Yunnan, Kunming site. Government buy-in was also targeted as a prerequisite for success, and future scale up.

Approach and Results

Program Design and Partner Cooperation

In December 2007, Pact started its process of program design with an initial exploratory assessment looking at the feasibility of the WORTH savings-led approach, followed in April 2008 by a mapping all the “income generating” programs linked to PLHIV groups in six USAID-selected hotspot locations. The data-driven assessments found few feasible models for people living with HIV, as most were based on charity with limited connections to the local economy. Some used PLHIV as isolated production workers, far removed from sales points, highlighting the pervasive stigma faced by people living with HIV. Most did not address the core issue of lack of empowerment of PLHIV, treating them as passive beneficiaries.

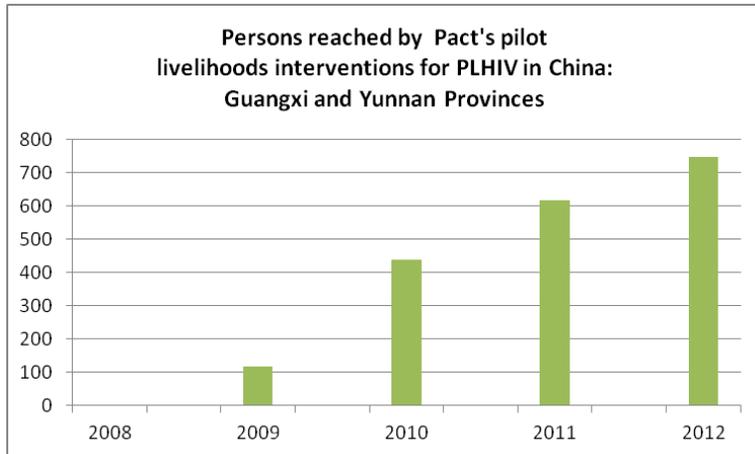
The Pact team generated the best ideas for project design, identifying promising practices. They later developed program guiding principles for creating sustainable approaches in the China context, including a typography of three alternative livelihood development models acceptable to the communities served. They sought the active involvement of MARPs and PLHIVs at each step. Finally, they built choice into the program. An early insight was that the entry point to livelihoods development was the PLHIV group itself, best positioned to identify which approach it would like to try, rather than a donor, bank or government official, however well-intentioned. It was also the group who could best decide how and when to deal with the stigma issue. Group governance and leadership emerged as a core development area.

Pact practitioners developed a logic model to map activities to short and long term outcomes. They focused on developing a range of livelihoods alternatives, learning from best practice, transferring skills, creating ownership, linking to markets rather than providing charity, nurturing entrepreneurship, and developing government support to improve the enabling environment. The project goal was to build a set of “best practice” livelihoods development interventions to be packaged and “sold” to the GF and ultimately, the Chinese government for replication at scale.

In late 2008, Pact jump-started its operation with a few core partners, including AIDS Care China in Guangxi Luzhai and the social enterprise Xincheng Ltd. in Kunming, Yunnan. Subsequently, partners and models expanded in 2009 to 3 more sites: Blue Sky in Kunming, Sunny Island in Mengzi and Sunflower Garden in Gejiu (consisting only of methadone maintenance clients), all of which are in Yunnan province.

Results: Three AIDS and Livelihood Intervention Models

By 2010, several of the models were showing promise. One model, the EG Model, had been scaled up by a factor of 3 at its initial AIDS Care China Luzhai site, and then replicated by another group, Blue Sky, in adjacent Yunnan province. Each year, the number of participants grew including family



members (see graph at left). **With limited funding, the team made break-through contributions in this new field in a difficult operating environment in spite of the challenges of limited access to finance, limited skills, high stigma, poor health and an unfavorable enabling environment for civil society organizations to take on leadership roles.** Yet together with our partner groups, Pact China developed, piloted and documented three innovative

and viable models of AIDS and Livelihood Development interventions appropriate for the China context over the four year period of Community REACH-GMR. They are described below.

Entrepreneur Group Model - A pilot intervention that involves the formation of a group of about 20 PLHIV. Group members are able to apply for group-funded microloans for individual businesses and access business development and agricultural training and mentoring services, with the objective of reducing livelihood vulnerabilities and improving the quality of life for PLHIV and their families. The pilot has been implemented in four sites, some urban and others rural. Qualitative and quantitative evaluations demonstrated increased individual income and savings, high loan repayment rates, reductions in self-stigma and improved social capital among group members. The Pact China team developed a thorough step-by-step manual on how to implement the model in English and in Chinese, and distributed it among NGOs. It is now available on UNAIDS' China website. As the loans are repaid, the funds remain in the group for lending to other members. Pact has achieved over a 98% repayment rate with PLHIV under this model.

Peer Collaborative Business Model - A pilot intervention similar in its aims to the Entrepreneur Group model, but based on a collaborative business run by a group of PLHIV, sometimes with the support and involvement from an NGO or a government department. The model has been partially tested with three groups. Emerging lessons learned were written to share with CBOs and other stakeholders in China. This model is contrasted to the previous one in that the business itself is collective, rather than the support group of individual businesses.

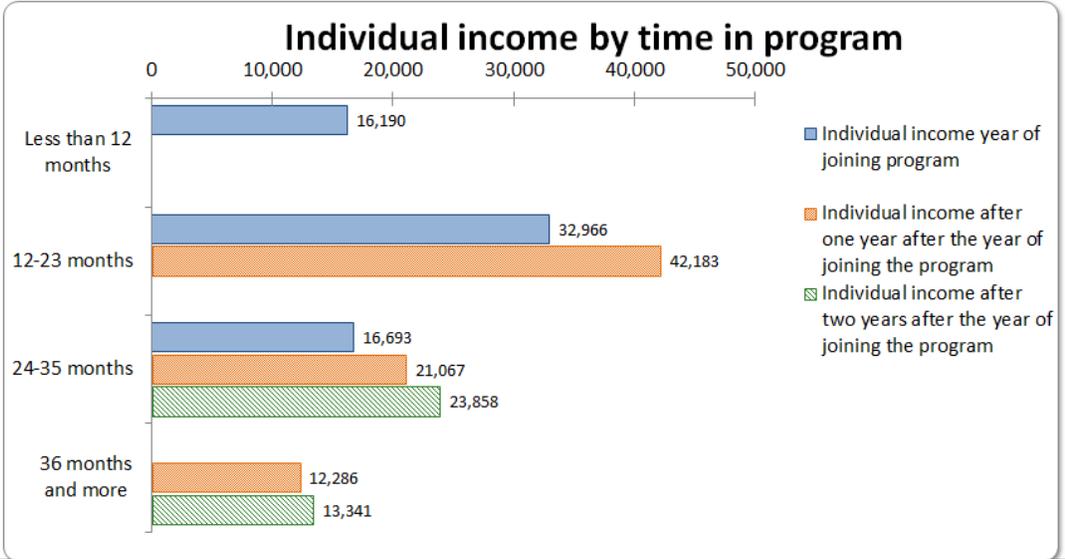
Model for Rehabilitation for Recovering IDUs in the Work Environment - A pilot intervention combining employment and workplace-based rehabilitation services, which facilitates the final stages of rehabilitation for recovering drug users. The project aimed to result in viable employment, improved social rehabilitation and reduced relapse rates among recovering IDUs. Monitoring through monthly unannounced urine testing demonstrated relatively low relapse rates among employees, while qualitative evaluations demonstrated the importance of supported

employment interventions for the rehabilitation process. Lessons learned have been compiled to share with organizations running similar projects in China.

Pact China documented compelling stories of change using the Most Significant Change (MSC) technique at regular intervals. Annual evaluations by the communities themselves illustrated in powerful language the impact these programs have had on lives. The methods and results of MSC stories approach are available from Pact China for the Luzhai and Kunming sites. Please see the bibliography at the end of this final report.

Main findings from the PLHIV Entrepreneur Group (EG) Model Evaluation

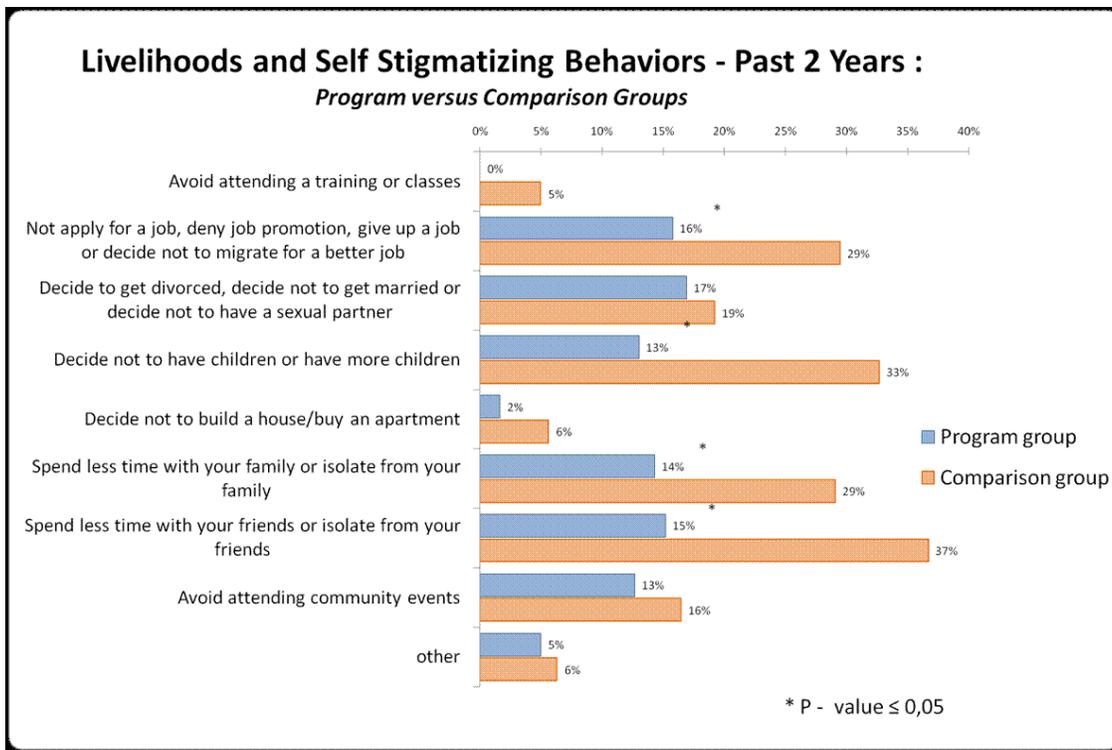
The 2012 end-of-project evaluation demonstrated that mean individual incomes increased with the length of participation in the program. Analysis of mean income levels was conducted for four cohorts of participants. Responses were analyzed based on time of participation in the program (participating less than 12 months, 12-23 months, 24-35 months and 36 months and more). The trend of increasing incomes is visible for all the cohorts. Additional analysis confirmed this trend for rural as well as urban groups.¹² The Y axis below illustrates the various levels of exposure to the China program among participants.



Reducing Self Stigma

The evaluation also showed that **the Pact program group notably reduced self-stigmatizing behaviors versus the comparison group**. Pact’s livelihoods programs were more likely than not to reduce the self-marginalization associated with HIV status in China, across a range of behaviors from family to workplace, as documented in the chart below. The survey of 105 individuals was carried out in 2012 with questions on the range of common behaviors among PLHIV. Compelling stories of people living with HIV using the MSC technique confirmed this finding and are available from Pact China. The stories illustrate the powerful transformation these programs have had on their daily lives.

¹² See the full Evaluation report from the Pact China livelihoods program



Documentation, Tools and Curricula for Replication

Pact’s livelihoods models for people living with HIV were designed as pilot projects for transfer to other donors, including the Chinese government. By program’s end, Pact had created and documented the following tools in Chinese language for use for scaling up the models described.

Pact China’s Package of Livelihood Development Tools for PLHIV

Business Development Curriculum (*Generate Your Business Idea and Start Your Business*): Adaptation of a global ILO curriculum to help PLHIV plan to start micro businesses, taking into consideration the vulnerabilities and unique conditions related to living with HIV.

Participatory Market Assessment Tool for Entrepreneur Groups A tool to help PLHIV groups understand local markets. Used in conjunction with the Business Development Curriculum.

Financial Literacy for PLHIV A participatory curriculum that helps PLHIV and their families improve financial planning and reduce financial vulnerabilities.

Social Protection Action Research Pact produced IEC materials on six different types of social welfare available in seven localities throughout Guangxi and Yunnan. In total, 29 brochures were produced, which will be used by partner groups to promote access to social welfare among their members and clients. These brochures also served as a highly useful advocacy tool and information service that can be accessed by local PLHIV and MARPs in a number of locations.

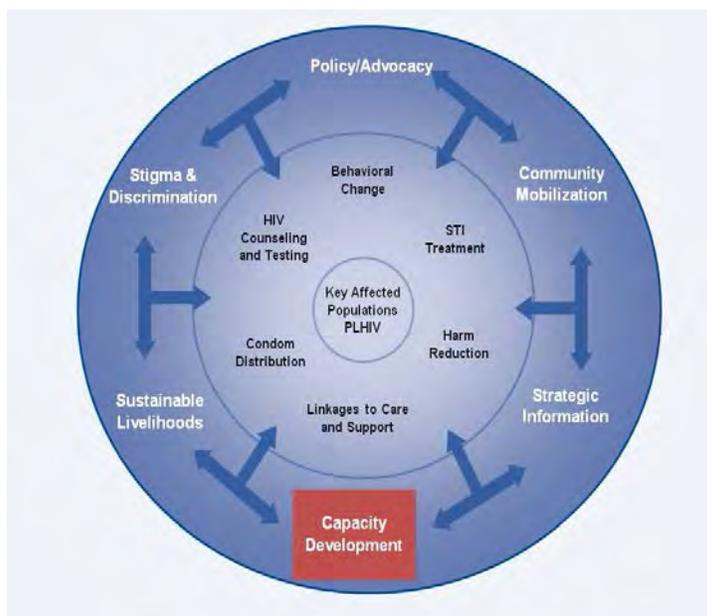
Understanding and Challenging Stigma HIV-Related Stigma (adaptation of a Pact curriculum): A curriculum adapted to the Chinese context containing numerous exercises dealing with ways in which stigma can be addressed (both internal and external) by community-based groups. Exercises are designed for use with PLHIV, MARPs, health practitioners, NGOs, etc., as well as the general population.

M&E for Me! (adaptation of the curriculum developed in Thailand): A participatory curriculum designed to develop local CBOs' capacity for (and appreciation of) monitoring and evaluation for their own purposes.

IX. Pact's Results in Capacity Development

Capacity Development for Thailand CBOs Serving MSM

In 2008, HIV prevalence rates for men who have sex with men (MSM) in large Thai cities varied between 15% and 31%. In Bangkok alone, where thousands of MSM were estimated to be living with



HIV, prevalence had risen from 23% to 31% over the previous five years. As a consequence, through Community REACH, USAID's Thailand program increasingly focused on MSM communities, albeit with limited funding. Pact Thailand led the response through an efficient mechanism of grants, capacity development assistance to CBOs and by nurturing vital linkages between a growing number of community and government partners in three hotspot locations: Bangkok, Chiang Mai and Pattaya. These efforts would later be scaled up through the GF Round 8 project that commenced at the end of project year 2.

Pact would go on to issue a total of 2.6 million in grants in Thailand during the period 2008-2012 in support of a more comprehensive MSM community response. Pact's low indirect cost rate on grants would

ensure optimal use of scarce USG funds, freeing up resources to enable USAID and Pact to carefully pilot a range of needed services tailored to MSM. Services included peer-led HIV prevention (from 2008), community-led care and support (from 2010) and rapid HIV testing and counseling (from 2011), all supported by Pact's tailored organizational capacity development (OCD) services. By project's end, Pact program officers had extended their OCD network of MSM communities to three more cities, plus another set of provinces covered by Rainbow Sky Association of Thailand, under GF. Pact's USAID funded partners would reach 11,800 MSM per year¹³ with HIV prevention over this period, with an additional 33,000 per year during the GF project years¹⁴. Pact's partners delivered innovative pilot VCT and care and support services to an additional 1,037 and 759 individuals respectively while perfecting the models. Over 3.2 million condoms and 1.7 sachets of water-based lube were distributed by partners in the life of the program.

Working closely with technical specialists at the RDM/A mission, the Pact Community REACH-GMR team adjusted its project design in line with USAID's evolving strategy for Thailand. The project steadily increased the number of partners to meet the needs of the diverse MSM communities, and over time, systematically increased the range of services accessible to MSM under the CoPTC model.

¹³ On average from 2008-2012 funded directly by USAID/Pact grants for delivery of HIV prevention services

¹⁴ Average numbers reached by SWING and RSAT during FY 10 through FY 12 funded by GF Round 8.

Program Legacy

Pact's Community REACH-GMR project in Thailand (2007-2012) generated **significant improvements in the effectiveness, efficiency, accessibility and sustainability of**

HIV/AIDS services for men who have sex with men (MSM) through collaboration with 12 local partners, focused on Bangkok, Chiang Mai and Pattaya, where HIV prevalence was highest. By the end of the project, Pact's partners had modeled a continuum of prevention, treatment, care and support (CoPTC) including rapid HIV testing and counseling, with strong community ownership of MSM-friendly services.

The Challenge of Building a Continuum of Prevention, Treatment and Care for MSM in Thailand

The situation in 2008 reflected the following challenges:

- High prevalence among MSM in Thailand's cities
- Relatively low funding from USG and Thai government
- Underserved communities including TGs and MSWs and a lack of MSM-friendly clinical services
- High stigma & discrimination against PLHIV and MSM
- Relatively low capacity of CBOs serving these communities
- Poor linkages within the CoPTC tailored for MSM/TGs

Pact Community REACH's Contributions to Thailand's MSM Community Response

- Increased MSM community **effectiveness** through an increased range of high quality services for MSM, from prevention to care to HIV testing and counseling, with same-day results owned by the communities served.
- Increased **efficiency**, due to Pact's leveraging of scarce USAID funding to link HIV prevention to rapid VCT and community care and support focused on the MSM community. Several organizations, such as SWING, began to integrate these services, while the program's learning informed scale up through the GF project. Pact's low cost grant mechanism stretched USG funds further to enable the continuum to take shape.
- Increased **relevance** through tailoring of services for male sex workers (MSW), transgenders (TG) as well as broadening the base and strategic plans of GLBT rainbow organizations in Bangkok, Chiang Mai and three secondary cities.
- Increased **sustainability** by establishing strong organizational management and reduced donor dependency in partnership with six core partners: SWING, RSAT, Mplus, Violet Home, Health Opportunities Network, and the Poz Home, including increased ownership and agency by these core community-based organizations.

Importantly, at project's end USAID's innovative rapid community-centered VCT pilot for MSM had begun to take hold, receiving the attention of the Thai government as a replicable national model in future years with commitments from several high level officials. Barriers began to break down within the MSM community between HIV positive and HIV negative MSM. This occurred as a result of the

increased range of services, increasing uptake of testing by MSM and viable community care options for those testing positive. Over time Pact's partners modeled a "breaking the silence" approach within the MSM community for discussing one's sero-status among peers, thereby demonstrating new health-seeking behaviors with their constituencies.

By FY12, the Pact Thailand Community REACH grants and OCD program included 6 Thai CBOs, 3 national NGOs, including Population and Development Association, covered in the Regional program, a regional MSM+ network, APN+ MSM Working Group, three nascent MSM community groups, three public hospitals delivering pilot rapid-test VCT for MSM, and two provincial coordinating bodies in

Chiang Mai and Chonburi.

Pact partners were recognized by national and provincial government as CBO leaders representing their communities of MSM, sex workers, TGs and people living with HIV. RSAT transformed itself into a national MSM umbrella network covering 12 provinces independent of USG funding. Thanks to Community REACH, USAID succeeded in pioneering an increasing range of services for MSM in Thailand, at a critical point in its history, laying a strong foundation for an enhanced MSM community response needed to sustain MSM programming amidst

looming funding cuts on the horizon from both USG and GF sources. The core community based partners are better managed and consequently more sustainable and resilient.

Linking Technical Strategies to Organizational and Community Capacity Development

The chart below shows the timeline for each of the key *layers of programming* needed to build the continuum of care model for MSM. Both the scope and the scale of interventions increased, as well as the sustainability of the MSM community's response over time, through improved management capacity of CBOs. Each cohort's results are described below.

SWING's Unique Ability to Transform Lives

Nim¹⁵, a young transgendered Thai, earned her living as a sex worker in one of Bangkok's commercial sex districts. Nim worked in a second-class cinema, considered the lowest rung on the social ladder, and was shy, pessimistic, and mistrustful that everyone around her would hurt her. Consumed by self-doubt, Nim's world began to change in 2005 when she first encountered SWING, a community based NGO comprised of former sex workers. SWING was reaching out to sex workers, distributing condoms and delivering safe-sex messages. Nim was dumbstruck, as she had never imagined that such an organization existed. At first, Nim did not trust SWING's Peer Educators, but warily accepted to go on a retreat with the organization. It was there that she saw that SWING truly cared. "Within only a couple of days I got my sense of human being back after looking down on myself for a long time." Inspired, Nim joined the organization and soon was selected to become a Peer Educator. By 2006, Nim had become a full-time staff member, and her outlook on life had changed dramatically. "I am more confident, in talking and communicating with people, in expressing my thought. I can lead Peer Education – before I could not make decisions, but now when members come to me with problems I am ready to help."

¹⁵ Not her real name, from Pact's Case Study of the SWING internal environment as a key factor in its success, 2011

Phasing Timeline of Pact Community REACH program in Thailand

*Creating a model of a continuum of HIV prevention to care for MSM
with high levels of community ownership*



	2008	2009	2010	2011	2012
<p><u>Cohort I: Prevention</u> 3 hotspots: Bangkok, Chiang Mai, Pattaya</p> <p>4 organizations</p>	<p>HIV prevention package for MSM through grants to CBOs serving MSM/TGs and MSWs with intensive OCD support; Bridge funding for PSI Sisters site serving TGs in Pattaya 2008-2011.</p> <p>.....SWING Case Study</p> <p>.....OCD measurement pilot</p>				
<p><u>GF support</u> for MSM programming; Expansion to 12 then 32 provinces via RSAT's role</p>	<p>National MSM indicator harmonization sub-project</p>	<p>Preparation phase for RSAT umbrella mechanism</p>	<p>GF Round 8 Sept 2009-June 2012 (Phase 1). Technical assistance to RSAT by FHI, Pact and CDC under supervision of Thailand DDC.</p> <p>..... RSAT Case Study</p>		
<p><u>Cohort II: Community Care</u> 3 hotspots</p> <p>4 organizations</p>			<p>Inquiry into MSM+ care in Bangkok</p>	<p>Community care and support pilot for MSM+ through grants and OCD support focused on case management approach</p>	
<p><u>Cohort III: Nascent groups of MSM</u> Thailand MoPH –U.S. CDC Cooperation sub-project</p>	<p>Scoping exercise</p>	<p>Startup delay</p>	<p>On-site assessment. At a distance OCD interventions to develop MSM groups in three secondary cities linked to provincial hospitals</p>	<p>Project funding ended</p>	
<p><u>Cohort IV: Rapid VCT for MSM</u> 6 sites in 3 cities 12 partners</p>			<p>Preparation phase for rapid testing VCT for MSM sub project</p>	<p>Community VCT pilot for MSM with same day results</p>	

Cohort I: Peer-Led HIV Prevention for MSM/MSW/TGs (2008-2012)

By 2008 and through 2009, the Community REACH program was the largest grant-maker in Thailand for the MSM program. In 2008, USAID had begun to shift its broader MARP portfolio to more specifically address the epidemic among MSM and TGs. Community REACH provided the mechanism to make this strategic adjustment. Beginning with three partners, Pact initiated organizational capacity development (OCD) programming with SWING, Mplus and RSAT, while providing bridge funding for PSI's local affiliate, Sisters. **Pact delivered a package of comprehensive OCD services including strategic planning, organizational structure improvement, community-based M&E, as well as integrated improvements in human resource management, program**

management and financial management. The OCD interventions were well-linked with technical support provided by other projects in the USAID portfolio.

Cohort I Results

Over 47,000 MSM (MSWs and TGs included) were reached with HIV prevention services.¹⁶ Over 3.2

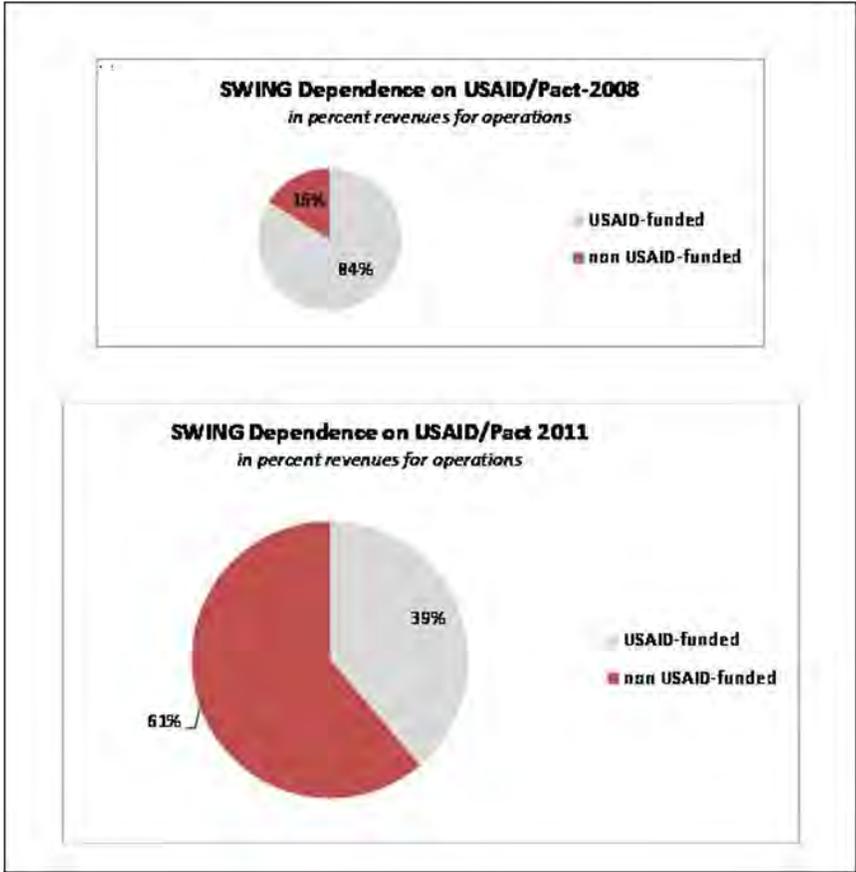
Million condoms and over 1.7 million sachets of lube were distributed from 2008-2012 to MSM – in large part by Community REACH Cohort I partners. Implementing CBOs **reduced their dependency** on USAID funds for **all members** of the cohort, increasing autonomy and resilience of MSM-led organizations. RSAT emerged as

“A better managed organization is a more sustainable organization.”¹⁷

**Cohort I:
HIV/AIDS Prevention for
MSM/MSW/TGs linked to grants and
OCD assistance**

<i>Name of Organization</i>	<i>Target (Location)</i>	<i>Technical Assistance Provider</i>
Rainbow Sky of Thailand (RSAT)	MSM (Bangkok)	FHI and Pact
MPlus	MSM (Chiang Mai)	FHI and Pact
Service Workers in Group (SWING)	MSW (Bangkok and Pattaya)	FHI and Pact
Sisters	TGs (Pattaya)	PSI and Pact

national leader in the MSM response through the Global Fund Round 8 as a Sub-Recipient, albeit with hard-won lessons on the pace of scale up and the organizational capacity and governance foundation required for successful implementation. SWING emerged as the region’s leading organization providing integrated HIV services, including care and community VCT for sex workers linked to an increasingly rights-based approach. It did this while decreasing its dependence on USAID funding from 84% to 39% of operating

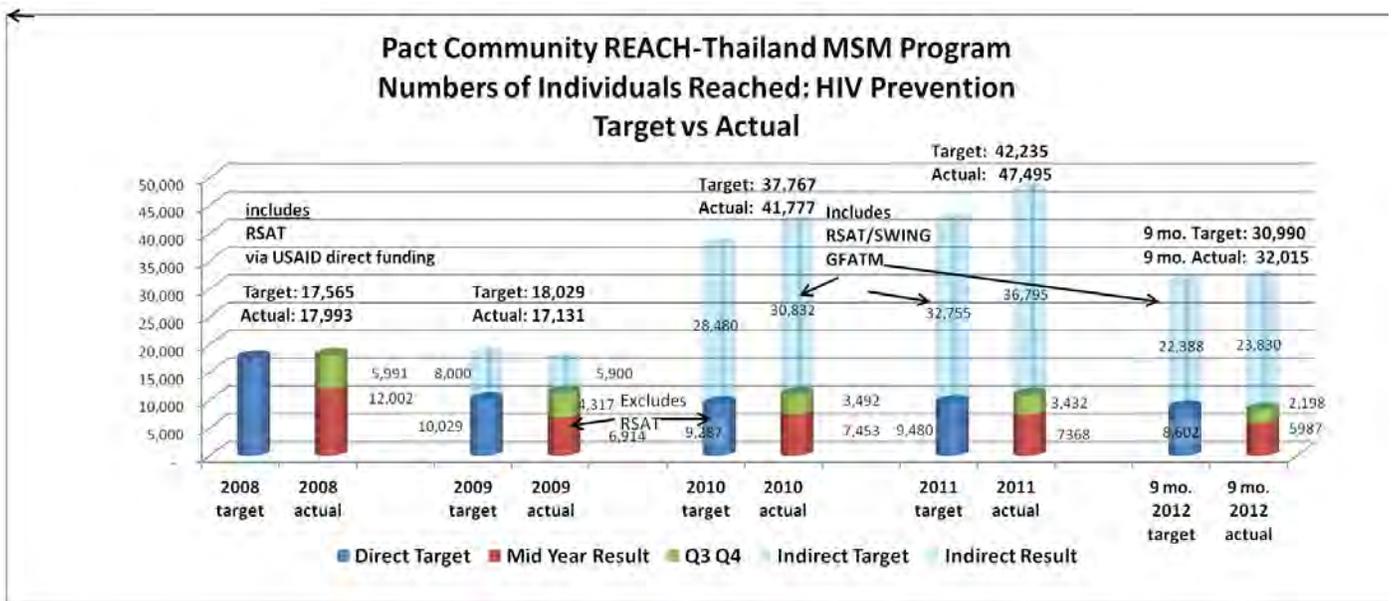


16 Based on FY 11 peak year including GF indirect numbers individuals reached

17 Quote attributed to Gerald Rosenthal by David Dobrowolski, during a presentation to USAID, under FPMD II Project’s work with FEMAP, a Mexican NGO, at a case study seminar in reproductive health management development in Mexico, held at the National Press Club, MSH Technical Seminar Series, 1998 during the final year of USAID’s funding to Mexico after three decades of support.

expenditure¹⁸ while scaling up services, as the chart at left illustrates. MPlus grew to become the leading GLBT rainbow organization providing enhanced HIV services for MSM in the north of Thailand following a similar pattern of reduced dependency. The CBO organizations **strengthened their management systems**, including strategic planning, M&E systems, organizational structure, and governance foundations while registering to become legal entities. PSI/Sisters initiated rapid VCT for TGs while transitioning to CAP-3D, a new USAID-funded mechanism, as a core partner.

The chart below illustrates the transition of Rainbow Sky to GF funding (seen in indirect results beginning in year 2) enabling scale up and better leverage of USG funding. However, coverage for MSM in Thailand is still relatively low as of 2012 and much more needs to be done. If year 5 results are annualized, the efficiency of the program strategy is clear. Most Cohort I organizations transitioned to GF funding, increasing USG’s leverage over time while modeling increasing quality of program through the enhanced range of services for each key sub-population.

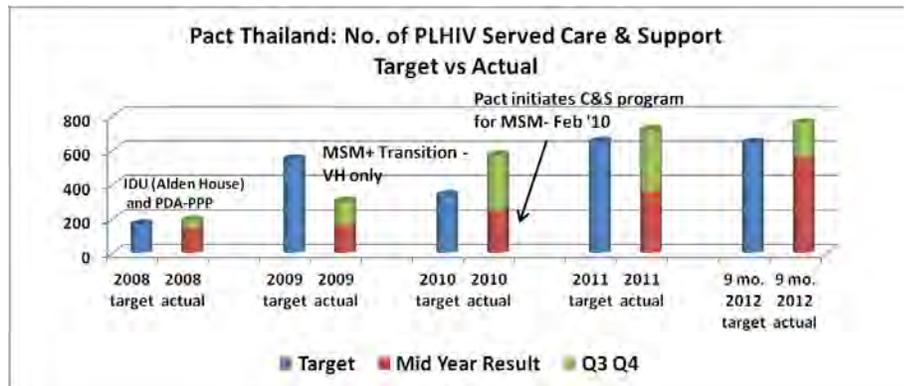


Analysis of partner achievements carried out in preparation for the external evaluation of March 2012 showed that over the previous four years, Pact partners (SWING/MPlus) increased the range of quality services they provided for MSW and MSM, while reducing external dependency on USAID funds. They increased their absorptive capacity, measured in annual expenditure, and expanded services leveraging USAID seed funds to increase scale with GF funds.

¹⁸ The revenues/expenditures for SWING more than doubled to over 550K during this period as the volume of the pie chart illustrates.

Cohort II: Community Care and Support for MSM Living with HIV (2010 – 2012)

However, in spite of the strategic intent, funding and capacity for a comprehensive MSM response was inadequate during this period. In 2009, only one CBO in the north was providing care and support for MSM, through Pact's subgrant to the International HIV/AIDS Alliance. In addition, coverage for HIV prevention services among MSM was too low and was not relevant for those who were already infected.



In response, Community REACH leveraged scarce USAID funding, and through Pact Thailand's team, pioneered the second cohort of CBOs focused exclusively on community care and support for MSM living with HIV. After a competitive solicitation, and external technical assistance by specialists in HIV care and support, three new partners were added in February of 2010 to create this second cohort alongside SWING's program expansion to care for sex workers living with HIV.

Cohort II Results

Over 778 MSM+ were reached with 3 months left at the end of the program. Scale and quality of services increased for the pilot organizations. Notable improvements became evident in the CBO's strategy, project planning, M&E, use of data, financial management and organizational structure to deliver case management for MSM living with HIV. Partners increased linkages with clinical providers in government sites. Please see *the Success Story on Community Care and Support for MSM* on page 65 which details these results.

Pact CBO partner, the Poz Home, began spearheading a national M-Poz network, leveraging its participation in the CAP-3D project. Violet Home had begun an innovative pilot integrating a livelihoods program for MSM+ into its care and support services, replicating and adapting the PPP livelihoods model for its MSM+ constituency. HON, a nascent care and support partner, made notable strides in developing its care and support model for MSM/TG living with HIV in Pattaya, with strong data following USAID's DQA exercise in early 2011.

GF Round 8 Scaling the MSM Community Response (2009-2012)

The project provided valuable lessons on linking USG supported programs to the GF to the broader Thailand national response, as RSAT from Cohort I was nominated as the sub-recipient in charge of the MSM prevention response in Thailand. Several other cohort I partners qualified for GF funding, including SWING and Mplus. For the first time, Thailand was able to increase the scale of HIV prevention for MSM and begin to consider linking HIV prevention to community-owned and supported care and support for MSM+. In addition, the context was set to begin to address the pervasive stigma and discrimination affecting MSM and MSM+ in Thailand. However, project management skills and good governance continued to challenge RSAT's organizational development.

Ongoing Challenges at Rainbow Sky Association of Thailand

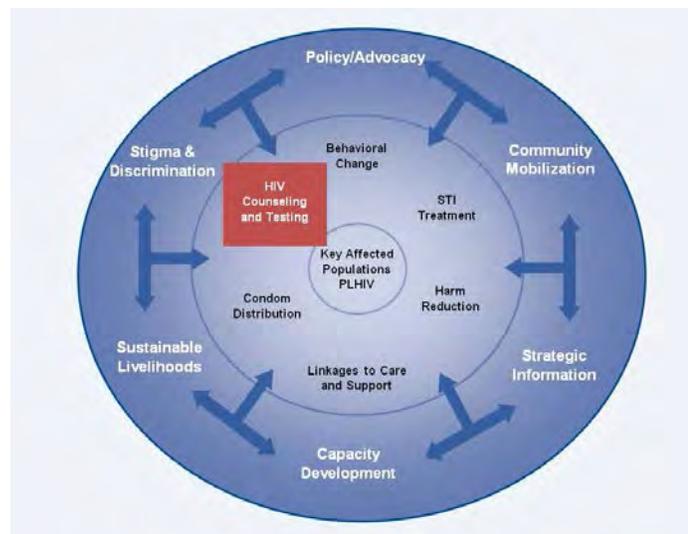
Organizational norms or internal culture¹⁹ played an important, but constraining role in developing RSAT. From a group of like-minded founders who set out to help the community prevent transmission of HIV, *effective management was not initially prioritized*. A lack of management skills for an international level project created significant issues as the GF project evolved. The old internal norm included relying on personal decision-making rather than on established practices or systems, maintaining weakened human resources rather than empowering staff, functioning through top-down management, rather than consensus-building and open communication. The administrative heritage of RSAT was one major obstacle to healthy development of its organizational management, *and is still a factor in its future development*.

Having board members make important decisions and plan the direction of change at RSAT is necessary in OCD work, but there *must be clear separation or independence from day to day operations*. If not, they negatively affect responsiveness of management and empowerment of full-time staff. Monthly board meetings to make final decisions on a long list of issues leads to delay in the implementation of RSAT programs and operations.

Many middle and junior staff feel that they don't belong to the organization due to the *top-down management culture*. This could become a future barrier to teamwork and their desire to continue working for RSAT. This is evidenced by the high turnover rate of staff in the recent years. With *high workload and turnover*, staff don't have opportunity to receive capacity development that meets their real needs. For example RSAT staff attended the MERL workshops by Pact in 2012 but without time and proper management they could not continue to work on the MERL plan and data use plans when they returned to the office.²⁰

MSM community VCT with Rapid Test Same Day Results

Pact was instrumental in supporting the launch of the pilot voluntary counseling and testing (VCT) program for MSM in Thailand during the final two years of the project. This was possible through collaboration with USAID and FHI 360 and only after a long period of advocacy and project preparation. This pilot program featured the innovation of same-day results, with rapid testing through three distinct pilot delivery models.



Pact's support to USAID's community-based VCT program for MSM in planning, site preparation and coordination has been vital to put rapid testing on Thailand's national agenda, and to develop the acceptability and recognition of innovative MSM community VCT models within the government-led system. Three Pact grantees, SWING, Sisters and Thai Red Cross are leading the way, in Pattaya and

¹⁹ Can be thought of "administrative heritage," a term used in the management literature of multi-national companies.

²⁰ See RSAT Case Study submitted by Pact to USAID in March 2012.

Bangkok. Meanwhile, the Chiang Mai program reassessed the initial design under the leadership of Pact grantee, the Chiang Mai Provincial Public Health Office, in collaboration with Mplus, Violet Home and three government-run clinical sites. Pact staff developed early versions of the concept paper to gain buy-in at the national level, and supported the needed linkages and logistics behind the launch of the program, including resolution of procurement issues for the rapid VCT test kits.

First Year Results of Pilot Rapid Test Community VCT Program with Same Day Results for MSM



The Pilot Rapid Test Community VCT Program was recognized by the Thai government during the UNGASS reporting meetings in early 2012 through a senior official committed to rolling out rapid testing for the national program, with a focus on most-at-risk populations. The Deputy Director of the Department of Disease Control requested technical support from USAID and USCDC for the development of a national standard operating procedure (SOP) on rapid test with same day results, to support their scale up plan.

Routine monitoring and feedback loop

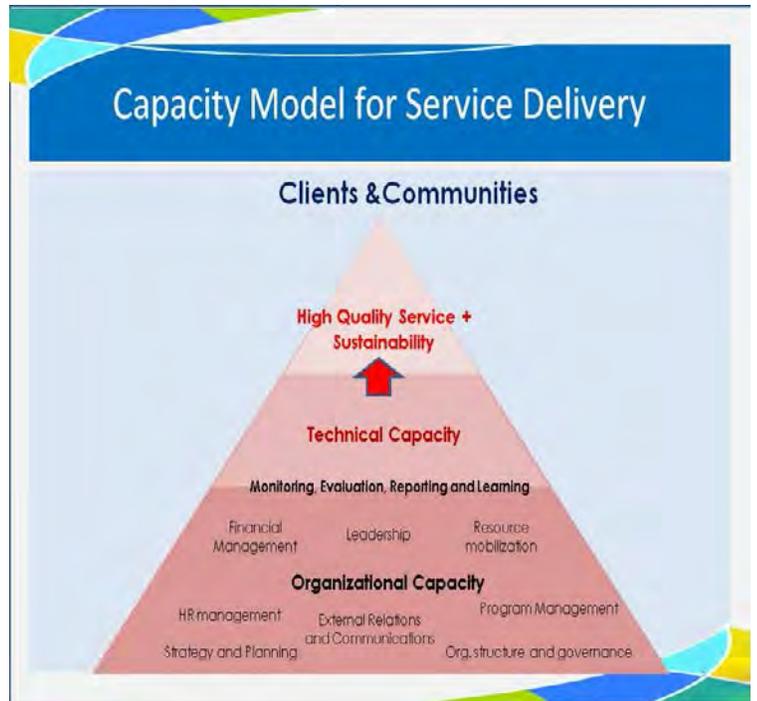
Pact routinely monitored the VCT pilot sites. Regular monitoring visits and follow-up communication provided data on clients tested, outcomes and referrals, while Pact staff fed vital information to local partners for guiding the success of the project. Pact supported CBOs at all sites to conduct regular monitoring of the project. Their role is to also promote services in the MSM communities and to make referrals to/from prevention and treatment, as well as community care and support for MSM who are HIV-positive. In addition, Pact facilitated quarterly review meetings at the provincial level, linking communities to government program managers using data for the purposes of improving updates and making other program improvements.

Pact’s Approach to OCD for CBOs

For over four years, Pact provided leadership in the advancement of organizational capacity development (OCD) linked to the technical achievements described above. Pact’s approach effectively balanced program, technical and organizational management, while appreciating and building on partner strengths. Pact uses highly participatory, tailored approaches to each organization’s development.

In 2008, Pact developed a basic OCD conceptual framework for use with Thailand partners and to help coordinate support with other USAID collaborating agencies. As our work grew, Pact developed this framework into an OCD logic model focused on the core OCD functional areas and incorporated clearly defined expected outputs and outcomes into our annual workplans²¹.

Conceptual Framework. The starting point for Pact’s work is the OCD conceptual framework used by Pact Community REACH-GMR since 2008. This framework, depicted as a triangle diagram (at right), focused on the service delivery organization as the triangle. The grant facilitated CBO service delivery (the top part of the triangle) while Pact’s OCD support focused on the base of the triangle,



representing the core management functions that are operationalized through the Pact OCA tool and OCD planning process. Other CAs or consultants, such as FHI360, provided TA in “technical capacity” areas in the middle of the triangle. This is an evidence-based framework supported in the OCD literature. The framework assumes that improved technical, as well as operational capacities are needed to provide quality service delivery at increasing scale, but that the organizational elements are more foundational. The framework was first applied to SWING, Mplus ad RSAT and later to Poz, HON and Violet Home.

Logic Model. Pact developed its OCD logic model in early 2009 to track organizational changes. OCD activities resulted in “outputs,” which partners then used to generate additional short and medium term OCD “outcomes.” (See Annex 2.) Moving right across the logic model shows how these outcomes in turn lead to longer term outcomes and impacts associated with both service delivery performance and organizational sustainability. Pact further developed the utility of the logic models by introducing the technique to ten partners in 2010, facilitating their generation of their own logic models, thus extending the ability to track intended OCD results, while capturing the partners’ own preferences and priorities.

In Thailand, the program specifically targeted the Community-Based Organizations (CBOs) identified through the grant award process, with an objective to **lay a solid foundation** for organizational effectiveness and sustainability, focusing on core systems which were categorized as:

- strategy and planning
- organizational structure and processes

²¹ Pact’s FY 2011 workplan, and core OCD principles (2009, revised 2011 at the Pact OCD Community of Practice).

- resource mobilization
- partnership and networking
- program management
- financial management
- human resource management
- monitoring, evaluation, reporting and learning

Pact employed a range of participatory and on-site techniques. Through such processes, each CBO partner initially developed an **organizational profile** in order to generate a preliminary understanding of organizational background and systems and then assessed themselves using a tailored version of **Pact's Organizational Capacity Assessment (OCA)**. Facilitated by Pact representatives, NGO/CBO partners explored issues of organizational effectiveness and the functionality of their core systems, then set priorities, formulated an Organizational Capacity Development Plan (OCD Plan), and implemented their OCD plan.

Organizational capacity development interventions were delivered through:

- workshops
- on-site and at distance mentoring
- one-on-one coaching or group trainings
- tool development
- knowledge sharing activities
- exposure trips

These activities built upon one another to increase the effectiveness of individual organizations, while reinforcing their ability to collaborate, share learning, and continually improve their organizational effectiveness. The approach and content of interventions were tailored to meet the needs of each individual organization. **Periodic review and reflection** with staff and partners is also a feature of Pact's OCD approach.

Pact prioritized capacity development on grant compliance with CBOs that had less experience with USAID funding (Care and Support - Violet Home, The Poz Home Center, and HON). This consisted of grant management, financial management, and program monitoring and reporting. Then, an informal OCA-type assessment was conducted. Similar to the first group, interventions were conducted based on those identified capacity areas.

With MSM nascent groups, such as the former TUC-supported MSM groups, who had no experience managing projects (but later on needed to be responsible for the Global Fund), Pact adopted a gradual process that began with focusing on improving group cohesion, establishing clear roles, responsibilities,

lines of communication and decision-making process, as well as strengthening basic financial and project management skills. Along the way, Pact built an understanding of the concept of the CBO among the group members and assessed the groups' interest and willingness to become an organization.

Pact Pioneered Mixed Methods for OCD Outcome Measurement

Pact Thailand and Pact China under Community REACH made cutting edge contributions in the art and science of measuring OCD results. **By the end of the program, two teams, one in China, one in Thailand, were using mixed methods of qualitative stories and quantitative benchmarks.** The techniques were introduced in a participative fashion so the CBOs could continue to use and develop them. These measurements validated the logic models that were created at the design stage and documented the outcomes achieved. See the Annexes 2 to 4 for examples of the mixed method results.

CD Measurement--MSC and OPI Tool Pilot

Organizational Performance Index (OPI) for Measuring Organizational Performance. Pact introduced this innovation in outcome measurement to Thailand partners in November 2011 on a pilot basis. The pilot was also carried out in Pact China. The OPI is innovative because it operationalizes a quantitative measure of "performance" that is related to the entire organization, not a specific OCD component. Four performance domains are specified: effectiveness, efficiency, relevance and sustainability. These domains are further broken into eight components,²² for which a 1-4 score is assigned to each. Comparisons are made between a reconstructed baseline and an endline. Scores are cross-checked where Pact program officers and partners conducted blind assessments, then compared the findings. Clear-cut benchmarks increased the reliability of the tool's scoring. Learning around the OPI is facilitated through Pact's global Community of Practice.

In the reporting period, eight Thai organizations were assessed using the OPI, and four Thai partners, SWING, Mplus, Violet Home and HON, participated in the self-assessment cross check. Aggregate results from the tool are shown in Annex 3. While the pilot did uncover areas for development with the tool, the OPI application was well-received by the four partners, showing discrete, evidence-based, improvements in OCD for delivery of quality services over time for all partners.

Most Significant Change (MSC) Pilot for OCD. MSC is an important addition to traditional quantitative M&E as it fills in many existing gaps in data. The method documents complex changes that cannot be quantified using indicators, outputs, and targets.²³ By utilizing the experiences of the beneficiaries of the program, unexpected changes are identified. Beneficiaries have a unique perspective on the programs they participate in and often value aspects of programs differently than the implementers themselves. Finally, MSC captures the voice of the people the projects are addressing, providing a more vivid portrait of the programs. For OCD, MSC is a way to crystallize each organization's current internal "theory of change." In January and February of FY12, Pact piloted the MSC methodology with 12 organizations. Pact first conducted a workshop to develop the capacity of partner organizations to conduct regular MSC to measure the difference made by OCD programming. This was then supported by

²² Results, standards, delivery, reach, target population, learning, resources, and social capital

²³ This tool is consistent with the "complex adaptive systems" theoretical views of OCD that are emerging from the literature based on field experiences with leading practitioners.

CD Measurement--MSC and OPI Tool Pilot

a follow up visit whereby the methodology was further facilitated by a trained program officer working with a team of consultants to generate the stories of change.

Various MSC stories were collected from each participating community-based organization (see Annex 4), ranging from two to eleven per set. The method of story selection also varied; some organizations held open discussions and voting sessions, while others felt most comfortable using secret ballots. Frequently members of the same organization cited the same significant change, and in a few cases all came up with the same MSC. Finally, all the selected stories were published in Pact's MSC pilot report. A summary of the selection of stories is found in Annex D. The full report is available on request.

The results confirmed that the target OCD areas from Pact's logic model were indeed taking hold in the partner organizations, though in different, often unexpected ways. The team also recognized the potential of MSC as an intervention in itself, since it helped partners to periodically reflect on their own conceptual model for organizational change. It can be said that all partners were improving their internal organizational management, finding the greatest significance in different elements of sound management. This is consistent with the OCD evidence base that elements of sound management, such as structure, strategy, M&E, communications are synergistic and need to work together systematically to generate results in a sustainable way. It supports the claim that "a well-managed organization is a more sustainable organization" and helps CBO partners, often focused on the social and project aspects to embrace the development of the CBO as an organization as the unit of change.

Routine Program Data for Monitoring OCD Outputs

The preceding mixed method outcome-level data provide an important complement to the extensive routine program data on OCD maintained by Pact Thailand. **Program data was updated regularly, and provided further evidence to document each partners' move toward sustainability.** The routine program data available for analyzing organizational change are summarized briefly below.

OCD Output Tables. Summaries of OCD outputs achieved by each partner that are updated by Pact program officers on a yearly basis. OCD outputs are traditionally viewed as essential components of a sustainable, well-managed organization, such as a strategic plan or a job description.

OCA Self-Assessment Reports. Project reports written at the conclusion of an OCA self-assessment exercise facilitated by Pact Thailand program officers. Outputs include prioritized areas of strength and gaps under 8 OCA domains, with a total of 72 reference criteria that provide a mirror for organizations to assess their own basic management capacity and a road map for going forward.

Pre-Award Assessments (PCAT and MCAT). These are risk identification and risk management assessments on finance and organizational qualifications, part of Pact's standard procedure for grants management. They are carried out by trained program and financial officers before award, and significant findings are addressed in the grant agreement itself.

Before and After Organizational Profiles. Snapshots of organizations taken at discreet points in time to assess and record data on key areas not picked up the OCA, such as financial diversification or

service delivery mix. They are typically written as engagements in OCD begin and end to identify significant organizational changes and to help provide a more thorough situation analysis for the next phase. Pact completed several profiles in 2008 and compared them with 2012 profiles, including SWING, Mplus, VH, HON and RSAT.

Annual OCD Plans. These are prioritized OCD interventions generated by an OCA exercise or a separate facilitated session conducted by a trained Pact program officer. They identify the priority skills, knowledge, and attitudes (KSA) needed by individuals, alongside the priority systems and management practices in need of immediate attention. The priorities are broken into a set of target activities over time, including important “whole-organization” interventions, such as alignment of strategy and structure, as well as cultural changes and innovations that are internally significant and prioritized as needed drivers of change. Pact officers completed OCD plans for all partners at the beginning of the fiscal year. Several organizations, such as SWING and Mplus developed long-term OCD plans and included these in their strategic planning.

OCD Program Logs. These are Pact’s internal records of activities, which permit a historical view of the various OCD activities over time, which can be linked to financial information on each activity. They can also permit analysis of OCD activity by SO and can help assess the degree of program exposure of each partner, as well as intensity of OCD activity.

Annual Program Plans and Budgets. These are submitted by each partner at the beginning of each fiscal year linked to the Pact grant covering service delivery, but also may contain OCD activities. They constitute evidence of project management capability, especially as partners easily complete these on their own to a high standard as time passes. Developing self-sufficiency in this area is a key priority for program management capacity for nascent organizations.

Monthly Expenditure Data. A separate data set from Pact’s financial system, enabling accurate tracking of all advances and expenditures. At the beginning of this project, most partners were on the quarterly system. Within two years, all partners shifted to monthly reporting, which is a proxy measure of improved financial management system performance due to the inherently decreased risk associated with monthly closes and reduced levels of advances outstanding.

Quarterly Performance Reports. Under Pact’s grant agreement, partners submit narratives and M&E data on their quarterly performance according to a timetable negotiated previously. As partners comply with this requirement, CBOs become more “donor-friendly.” This is a good illustration of a synergy between grants and OCD components in program design. USAID requires semi-annual reporting, but Pact Thailand officers found this to be an important discipline and an opportunity for OCD monitoring.

Pepfar Data Set. This is a data set that is reported to USAID on a semi-annual basis. Certain indicators on OCD are included covering numbers of persons trained by content area, and numbers of organizations assisted with TA. Pact uses these numbers to quantify our intensity of OCD from time to time. Data is verified by training logs and OCD program logs.

Non-Pepfar OCD Indicator Tracking. Pact has developed certain indicators such as number of organizations with a strategic plan, or number of organizations with MERL plans, as easy-to-measure

proxies for key OCD outputs since they can be easily tracked, and then the plans subject to scrutiny to gauge their relative quality according to the level of organizational development.

Laos MSM Program Results

Laos has a low adult prevalence rate (.2% in 2008), but it is surrounded by neighbors with much higher infection rates. UNAIDS' estimated in 2008 that there were 5,500 PLHIV in the country. However, Laos has few and limited prevention activities, and exhibits several factors that make it vulnerable to the epidemic, including extensive labor migration. Research reports have indicated widespread high risk behaviors among young men. The epidemic is primarily urban, with high rates of infection among FSW and young men, particularly MSM. ART is just beginning to be rolled out nationally and delivery systems are still quite nascent.

Pact supported the Center for HIV AIDS and STIs (CHAS) and Burnet Institute, as part of a broader USAID strategy to leverage and scale up replicable, validated models, using primarily GF funding for the benefit of MARPs. CHAS is leading the government response, but has challenges at the provincial level, particularly in terms of strengthening and coordinating the community response. The Burnet Institute project strengthened support for MSM in Vientiane by continuing to build the knowledge and skills of existing peer educators, conducting outreach activities to reach the larger population, and making available information and resources about HIV, STIs, and safe sex options. While USAID funding is limited in Laos, the focus has been on the development of replicable models for scale up.

Pact provided a grant to the Burnett Institute covering the period January 2008 to April 2011, enabling USAID to support a promising HIV prevention program for MSM in Laos. The three year program followed Burnet Institute's research and UNESCO-funded project with young gay, transgender and bisexual men in Vientiane. Pact funded Burnet to manage this program on a relatively modest stream of allocations totaling about 140K over the three-year period, through four project cycles, without the certainty of the duration of the project. The program concluded as USAID launched the CAP-3D mechanism with PSI.

Hundreds of outreach activities were conducted at entertainment venues, parks and communities in Vientiane. The overarching objectives of the project were:

- To ensure that young men, and particularly men who have sex with men, are better informed about sexual/reproductive health issues and safer sex options;
- To increase the correct and consistent use of condoms among young men, and particularly men who have sex with men (MSM);
- To promote appropriate STI care-seeking practices among young men, and particularly men who have sex with men.

At the core of the project was the identification and training of a cadre of male peer educators. These peer educators, together with Burnet Institute staff, conducted a range of outreach activities in public venues known to be frequented by MSM. Peer educators also engaged in one-on-one peer discussions with their friends and acquaintances. During both outreach activities and peer discussions, the project

aimed to communicate information and facilitate discussion among groups of young men on safe sex, sexual health, the relationship between drug and alcohol use and unsafe sex. Condoms, lubricant, information materials, and referral cards with contact details of health clinics in Vientiane were all distributed during the course of these activities. Peer educators were then brought together for meetings on a regular (either monthly or bi-monthly) basis, during which time any concerns or issues raised during their work were addressed and discussed. Ad-hoc training or mentoring was also provided during these meetings.

Additional activities conducted at various points over the three year implementation period included: study visits to STI clinics; peer educator exchange activities; maintenance of an information room for young men; and association with a private clinician.

Throughout the project, the Burnet Institute collaborated with the Vientiane Provincial Committee for the Control of AIDS (PCCA), building on a partnership formed through previous work related to MSM. The project’s approach to promoting behavior change focused on ensuring that young men have correct and relevant information regarding risk behaviors and safe sex options, as well as opportunities to engage in discussions and problem solving on relevant issues. All behavior change communication was designed not just to direct information at men, but to foster discussion among men and between men and women about risk, behavior, safer sex practices, prevention and the diagnosis and treatment of STIs. The focus of sexual health information provided was on the risks associated with specific behaviors, rather than on particular sexual preferences or identities.

Laos Program Results for MSM by Burnet Institute

At the program’s peak, over 4 thousand young MSM were reached. A core group of peer leaders were trained in behavior change communications to sustain the efforts going forward.

Burnet Institute’s HIV Prevention Program for Young MSM in Laos		
Year	Number of MSM reached	Number of peers leaders trained in BCC
FY 08	1983	73
FY 09	4164	
FY 10	3416	84
FY 11 (through April- ½ year)	1350	

Challenges. Given the uncertainties around funding and project duration, no baseline was taken and it was not possible to measure outcomes. Nevertheless, the Burnet final report reveals several interesting lessons learned that may be applied in Laos, and around the region in the future.

Laos-CHAS Coordinating Body Support

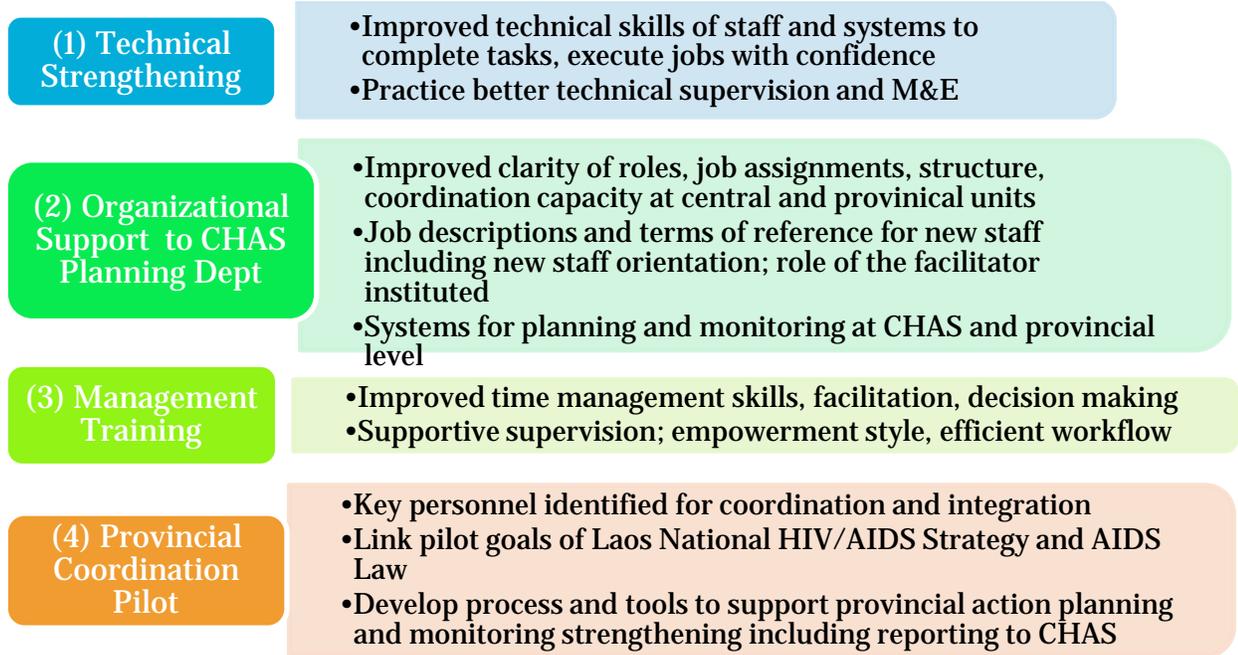
Center for HIV/AIDS and STIs (CHAS)

CHAS, the national HIV/AIDS coordinating body of Laos, was a Pact Thailand partner from 2007 to 2012. The goal of the partnership was to help **improve the capacity of CHAS and selected provincial coordinating bodies in Laos to manage HIV/AIDS programs** using participatory techniques and program management improvement strategies, in consultation with staff and key stakeholders, including GF program advisors, managers and recipients. Pact Thailand supported a mapping exercise and response analysis in 2007-2008 aimed at improving technical assistance planning and coordination related to the Global Fund’s work. A Pact finance advisor supported CHAS in 2009 with budgeting and costing services for the Global Fund consolidated proposal. Pact’s timely, technical assistance was well-appreciated.

<p>Comment from CHAS on Pact TA in 2009</p> <p>The value of the services was appreciated by CHAS, with one senior official stating that Pact TA “helped build the capacity of staff, who can now work on the resubmission budget on their own.”</p>
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In 2010, a Pact senior consultant held a pilot training with about 30 participants to demonstrate the benefits of participatory methods and the importance of linking training design to concrete project outcomes and non-training support. In July of that year, a two-person Pact team facilitated a CHAS self-assessment, the first in its history, leading to a **Capacity Development Plan** based on the results of the self-assessment, as well as current priorities. Four lines of action were identified and approved by CHAS senior management, after considerable internal discussion and debate.

CHAS Capacity Development Plan 2011



Pact identified Laotian capacity development specialists in the areas of organizational capacity development, HIV/AIDS strategic planning and coordination between government coordinators and local CBO or national NGO partners serving key at-risk populations. In 2011, an experienced Pact team carried out three training interventions and follow up coaching with participants. Topics included delegation and time management, as well as project planning and tracking. Feedback was immediately favorable and post-intervention data confirmed the utility of the approach. Pact held additional sessions on management skills improvement of key individuals within the CHAS structure, stratified into three layers. Pact held an additional training that included non-CHAS project facilitators for a multi-sectoral response linking government to affected communities. CHAS appointed the Planning Division to be the pilot unit for continued structural and performance improvement in line with the revised 2011 CHAS capacity development plan. Pact obtained the buy-in and organizational focus it had sought since the beginning of the experiment to bring modern management methods and relevant skills building to CHAS staff at middle and lower levels.

However, just as the promise of the project came into fruition, USAID funding cuts and turnover at CHAS impeded the achievement of continued results. In late 2011, USAID withdrew funding for direct CHAS capacity support and Pact's linkage to CHAS was severed. Pact's efforts were then consolidated within the structure of the CAP-3D project, with a focus on supporting local partners funded by USAID and PSI through 2015, with indirect support and coordination with CHAS.

Challenges

Time was a major constraint as the approximately 30 CHAS staff were engaged in preparing the National HIV/AIDS Plan and Regulation for Laos PDR, and assigned to GF project management duties. In addition to time overload and staffing limitations to conduct proper provincial level monitoring, CHAS faces a number of difficulties, not unusual for a government bureaucracy in Southeast Asia. The Pact team raised questions on how to improve CHAS's utilization of Global Fund resources around core training objectives, with adequate follow up on site linked to performance improvement. Given recent turnover at CHAS leadership, some institutional memory has been lost, but CHAS is resilient and will have to reinvent itself under new leadership with the retirement of Dr. Chansy. CHAS is struggling with its dual role as national-level coordinating body and GF project implementing agency.

Building Sustainability Through Economic Strengthening of PLHIV Groups in China

Based on the local need and interest in AIDS and Livelihood interventions, Pact China started to organize AIDS and livelihood orientation sessions for local CBOs, other collaborating agency partners and local government in 2008. From 2009, Pact started to introduce Pact approaches and curricula to local CBOs and networks. From late 2011, trainings and workshops evolved to focus on results dissemination, experience sharing and model replication. From 2010, Pact also began to put greater emphasis on partner sustainability issues. A list of the trainings and other events is provided in the Annex to this report. Finally, in 2011, Pact was invited to joined the CAP-3D project in China, and throughout the region specializing in organizational capacity development from 2011 to 2015.

Supportive environment

While models were directly piloted with five partner organizations in China, more than 30 organizations have benefited from program experience through semi-annual AIDS and Livelihood

Development champion meetings, in which experiences and lessons learned were shared. Such organizations also participated in other related trainings and orientation meetings. The table below summarizes information on orientation and training sessions provided to build the technical capacity of non-partner NGOs, local governments and academics. Furthermore, 124 organizations received regular updates about knowledge and experiences generated under the program through a community newsletter focusing on AIDS and Livelihood Development.

Pact China shared experience on livelihoods programming for PLHIV

- 5th Conference for International Cooperation Programs Working on AIDS/STDs in China, Shanghai—delivered an oral presentation on the rehabilitation model for recovering IDUs in the workplace on Oct 2010
- XVIII International AIDS Conference in Vienna on July 18-23, 2010—presented two posters on AIDS and livelihoods development models
- AIDS and Livelihoods Greater Mekong Region Technical Exchange, organized by Pact Thailand on October 13th - 15th—delivered an oral presentation on the AIDS and Livelihoods models developed by Pact China
- AusAID annual meeting in Beijing on December 17th, 2010— delivered an oral presentation at the event and shared experiences on livelihoods projects for recovering IDUs.
- The 8th Annual Global Health & Innovation Conference organized by Unite for Sight, at Yale University in New Haven, Connecticut, USA on April 16-17 2011—delivered an oral presentation titled “A Replicable Model for the Rehabilitation of Recovering IDUs through Social Enterprise.”
- Regional Workshop on HIV and Drug Use, in Ho Chi Minh City, Vietnam, on November 9, 2011—delivered an oral presentation titled “Rehabilitation of recovering IDUs through social enterprise and employability skills projects for preventive care”
- Yunnan USAID sharing meeting, in Kunming, Yunnan on June 26-27 2012- attended by Pact’s China Program Coordinator and four Program Officers.
- Pact’s Capacity Development Community of Practice meeting alongside the International Organizational Development Association’s (IODA) Annual Conference in Maputo, Mozambique, August 21-24, 2012—Pact Program Officer co-facilitated a meeting titled, “Civil society in China, Myanmar, and Thailand: How grassroots organizations and networks embrace socio-political and economic change”
- International AIDS Conference, in Washington DC, United States, July 21-27, 2012—Pact’s China Program Coordinator delivered a poster presentation titled “Measuring the effectiveness of a systematic approach to develop country ownership among community based organizations in Southwestern China”

Program sustainability and replication

Innovative livelihoods programming, coupled with capacity building at the individual, organizational and systems levels have laid the foundation for the replication of the project. Multi-sectoral support backed by local Agricultural Bureau experts, Labor Bureau officials, private sector business experts and various local businesses are a good sign that there is high interest in taking the projects to scale.

To date, three of Pact's partner organizations have been able to secure local funding to continue and expand AIDS and Livelihood Development interventions. Two of these three organizations have extensive networks and are now positioning themselves to serve as provincial level AIDS & livelihoods training and mentoring hubs to promote learning among Chinese CBOs.

- In 2010 AIDS Care China received funding from GF for replication of livelihoods development

work in Luzhai, Guangxi.

- In 2011, AIDS Care China also received funding from local government departments and private businesses.
- In 2011 Blue Sky received funding from the Chinese government social mobilization fund for replication of livelihoods work in Yunnan
- In 2012, ACC received 5 years of funding from the CDC to continue its livelihood work.
- In 2012 Sunny Island received funding from the local government to continue livelihoods work

The expertise of a staff member from one of Pact's local NGO partners, responsible for implementing the AIDS and Livelihood Development project, has been recognized at the provincial government level. The Guangxi government extended an invitation for this staff member to serve as a representative to a provincial level panel of experts to the GF. There is clearly recognition of AIDS and livelihoods programming, and the potential for replicability at the provincial level.

There are also promising signs that AIDS and livelihoods programming is gaining attention at the Yunnan provincial level. During FY12, the Yunnan Health Bureau requested that the Director of Blue Sky draft a strategic document on AIDS and livelihoods programs to inform the Health Bureau's decision on whether to roll-out AIDS and livelihoods projects province-wide.

Lessons learned

To develop an innovative program that is successful, sustainable and replicable; collaboration and communication is needed with the local government from the very start of an INGO's program to ensure integration with government policies, frameworks and priorities.

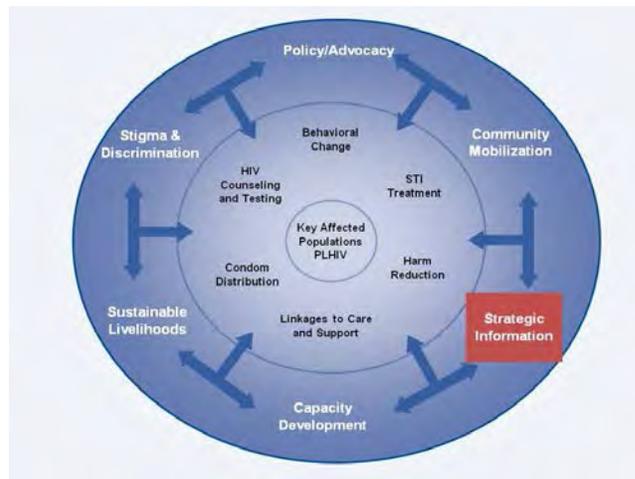
In times of financial austerity and limited funding for HIV/AIDS programs, enabling environment interventions will need to be integrated in ways that save funds if they are to be replicated in a number of sites (for example: livelihood development could be merged with self-support group and anti-stigma interventions).

In cross-sectoral interventions such as AIDS and Livelihood Development or Gender and Livelihood Development, it is crucial to find appropriate ways of leveraging expertise from the livelihoods sector. It is best if such linkages are institutionalized, rules on cooperation between the institutions are clear and appropriate to the situation, and that the need for cross-sector collaboration is reflected in local, provincial and central government policies.

X. Regional Innovations and Success Stories

M&E for Me!: Building the Monitoring and Evaluation Capacity of Community-Based HIV/AIDS Program in Thailand

Within the international HIV/AIDS arena, much of the focus of community-based organizations' (CBO) monitoring and evaluation (M&E) efforts has been on satisfying the reporting requirements of donor agencies. However, there has been an increasing demand for ownership and participation of CBOs in M&E in order to maximize their potential and sustain their efforts to design and conduct M&E for their own needs. To respond to local needs Pact Thailand launched the in-depth M&E Capacity Building Initiative, "M&E for Me!", with a variety of HIV/AIDS CBOs throughout Thailand. Pact also gathered feedback on the effectiveness of the initiative and sought to use it as a platform for developing local ownership of M&E throughout the region, including data use for program improvement.



Approach and Methods

The combination of training in workshops and tailored on-site follow-up was adopted to link individual competencies to organizational capacities. In FY 10, Pact designed and carried out a series of four workshops, each of them aimed to build specific MERL competencies in participants that could be transferred to their home organization. Partner organizations were asked to nominate two to three representatives from their organization who committed to participate in the entire workshop series. Organizations selected participants to include both M&E officers and program staff. Pact facilitators employed a variety of methods in the training, combining short lectures, experience sharing, games, buzz groups, role plays, individual and group exercises, practice sessions, group work, both with case studies and their own situations, and peer reviews of outputs.

After each workshop, a Pact team worked closely with the representatives from partner organization who participated in the workshop and conducted the highly tailored follow-up to the workshop with all staff and stakeholders of each partner organization. In addition to providing on-going technical assistance (TA), coaching and mentoring through on-site visits, Pact officers provide TA through email, and via telephone in order to develop expected outputs which were used for the subsequent workshops.

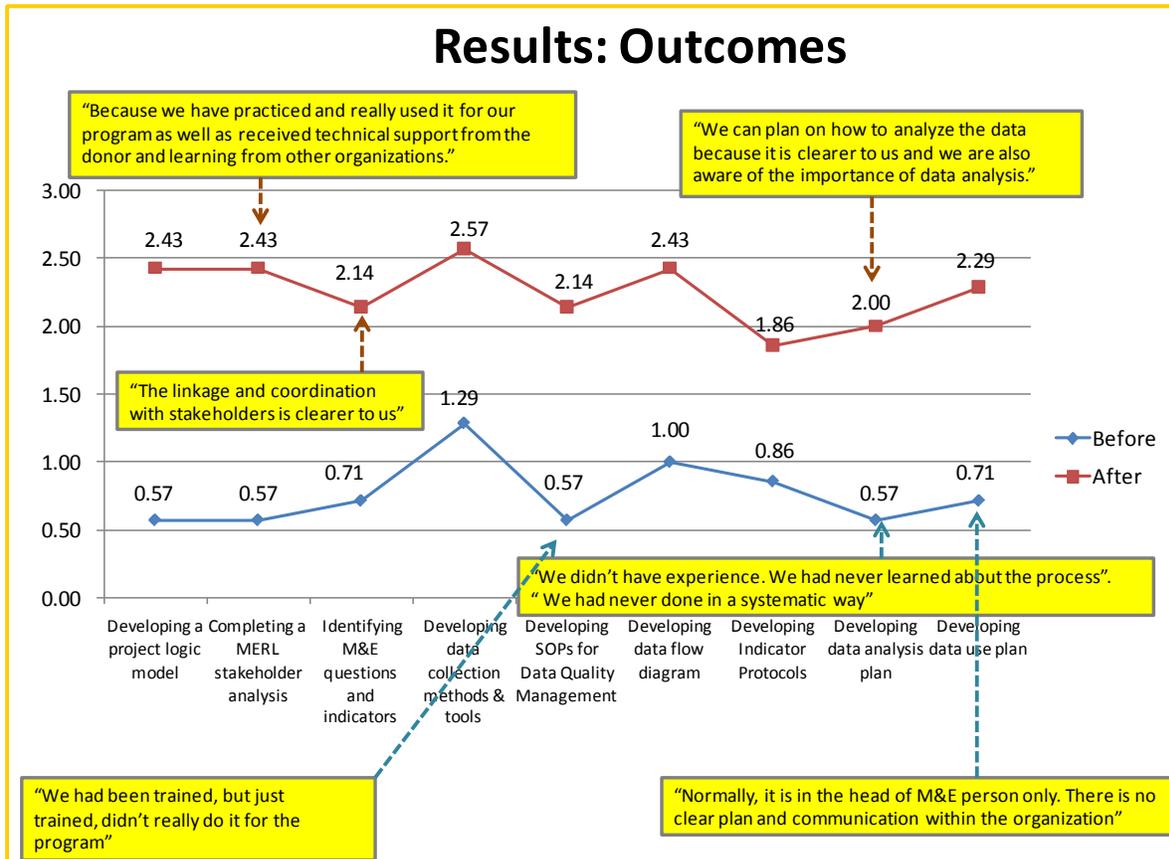
Module	Specific MERL Capacities	Expected MERL Outputs Through On Site Follow Up
1	<ul style="list-style-type: none"> • Build a project logic model • Analyze MERL stakeholders 	<ul style="list-style-type: none"> • A program logic model • A MERL stakeholder analysis
2	<ul style="list-style-type: none"> • Develop a MERL plan • Design data collection methods & tools 	<ul style="list-style-type: none"> • M&E questions and indicators • Data collection methods and tools
3	<ul style="list-style-type: none"> • Collection and manage quality data 	<ul style="list-style-type: none"> • SOP for data quality management • Data flow diagram • Indicator protocol
4	<ul style="list-style-type: none"> • Analyze and interpret M&E data • Use M&E results • Engage project stakeholders in MERL 	<ul style="list-style-type: none"> • Data analysis and data use plans

Achievements: Outputs and Outcomes

Output. Partner organizations participating in the workshops developed/drafted their project logic model, stakeholder analysis, MERL plan, data quality management plan, and data analysis and use plan. **Outcome.** Participants reported having better understanding of their work through the process of logic model development and have adjusted and/or selected the activities that would lead to their project outcomes. They can easily navigate between revising the logic model based on the MERL questions and indicators and going back and forth between the two to fine tune both. An increase in participants' MERL capacities was confirmed by the results of self- assessment after the fourth workshop. An analysis of the self-assessment forms clearly showed that participants' MERL knowledge and capacity has been developed in all areas, indicating an increase in knowledge, skills and attitudes at the individual level. Pact follow up on site suggests an overall improvement at the organizational level in terms of systems development and M&E practices.

Capacity Development Outcomes

Pact China adapted this approach to community M&E in FY 11 and FY 12, the latter as a cost share between the CAP-3D project (PSI is prime) and Community REACH. The approach to M&E for Me! was used by the National AIDS Management Center (NAMC) in Thailand. Pact was selected in 2010 as Sub-recipient for GF Round 10 focusing M&E system development in Thailand for children affected by AIDS (CABA) and other vulnerable children, as part of the integrated Single Stream Funding (SSF) project (Oct 2011 to Sept 2014). Pact works closely with NAMC on a day to day basis on a range of M&E matters in line with Thailand's National M&E Plan. UNAIDS has also expressed an interest in supporting the replication of M&E for Me! in a regional setting to promote community ownership of M&E and increasing use of data for program purposes.



Source: MERL Capacity Assessment/**Note:** The qualitative data were paraphrased based on Thai translation

CBO's Success Story: Service Workers in Group (SWING): Contributing to National M&E Plan

Monitoring and Evaluation (M&E) is an area often neglected by CBOs, but one in which SWING recognized its need for improvement. Without a strong M&E component, SWING would be unable to monitor and improve their performance effectively. In addition to regular M&E support, in 2010, Pact conducted an M&E capacity development initiative for CBOs. SWING participated with their customary dedication and enthusiasm. As a result of their enhanced M&E, SWING took part in formulating Thailand's National M&E Plan 2012-2016, for HIV intervention for MSM and sex workers (led by Ministry of Public Health) which is a remarkable honor for a community-based organization.

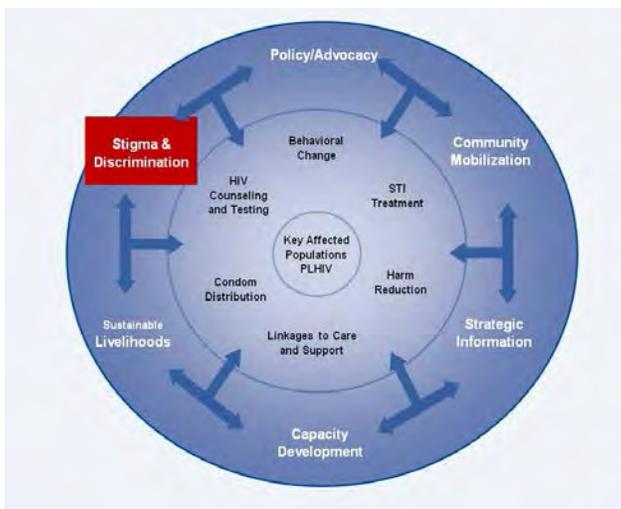
Lessons learned

- Continuity and follow-up capacity of participants must be taken into consideration when selecting participants.
- Follow-up sessions are crucial for MERL capacity development for CBOs, since it gives capacity developers more time to understand partners' capacity and can then tailor MERL capacity

development interventions that match their needs as well as their capacity. Also, it gives CBOs opportunity to review/revise the outputs they have been developing along the way.

- Staff capacity to conduct on-site follow-up was needed. Building MERL capacity and sense of ownership of MERL’s process and outputs takes time and needs continuity.
- Cost-effectiveness needs to be analyzed when planning MERL capacity building interventions.

Anti- Stigma and Discrimination Capacity Development Initiative



HIV/AIDS-related stigma and discrimination has fuelled the transmission of HIV and has greatly increased the negative impact associated with the epidemic. HIV-related stigma and discrimination continue to manifest in every setting, creating major barriers to preventing further infection, alleviating impact and providing adequate care, support and treatment.



CBO stigma trainers rehearsed for training in Pattaya, February 2011

Pact’s care and support needs assessment²⁴ in early 2010 found a high prevalence of stigma on HIV and MSM and TG. Many MSM and TG are not accessing services for many reasons, but stigma may be the most predominant obstacle. MSM and TG living with HIV identify “double stigma” as a significant impediment to accessing essential care and support services. Stigma and fear of discrimination can inhibit people from learning their HIV status and can also prevent people who know they are living with HIV from disclosing their status to partners, families or health care providers. However, there were a few interventions directly tackling stigma, especially for HIV-positive MSM and TG.

Process and Approach of Anti-Stigma and Discrimination Initiative in Thailand

In 2010, two ICRW and Pact Cambodia’s stigma toolkits were translated into Thai, including ‘Understanding and Challenging HIV Stigma’ and ‘Understanding and Challenging MSM/TG Stigma’. In March 2010, Pact conducted a training of trainers (TOT) on HIV and MSM/TG Stigma with HIV/AIDS CBOs throughout Thailand.

In follow up to the TOT, Pact conducted an assessment with all MSM/TG CBO partners to learn their needs in implementing anti-stigma interventions. The assessment indicated that most partners wanted to focus on tackling stigma from healthcare providers and the internalized stigma of MSM/TG and HIV-positive MSM/TG.

²⁴ Care and Support Needs Assessment: Findings and recommendations, Julie A. Chitty, February 2010

In 2011 Pact worked with stigma trainers to develop three stigma reduction curricula for different target audiences including 1) health and social service providers, 2) MSM/TG, and 3) HIV Positive MSM/TG; as well as to equip them with necessary skills to conduct stigma reduction activities in the future. Three workshops were conducted over a five-month period (February-June 2011) in Pattaya, Chiang Mai and Bangkok, with real target beneficiaries attending to give CBO facilitators an opportunity to practice facilitating stigma-reduction activities. Five to six trainers worked together to facilitate each workshop. By the end of the three workshops, Pact had trained 14 stigma trainers from five MSM/TG CBOs and produced the three anti-stigma curricula.

TOT participants reported that their skills and confidence improved a great deal. According to the evaluation from the two practice sessions, participants thought that the workshops were useful. It improved their understanding in MSM/TG and HIV related stigma. By the end of 2011, the stigma trainer network has been established and functional. The network was comprised of representatives from five Pact's partner organizations.

Developing Community Capacity to Understand and Challenge HIV Stigma in China

The Chinese version of the Understanding and Challenging HIV-Related Stigma toolkit was developed from the Cambodian version from 2011 to 2012 by Pact China. The process began with local staff studying the Cambodian version and roughly translating it into Chinese. Pact then reached out to local grassroots leaders and peers to learn more about the stigma and discrimination issues that were most pertinent in the areas in which they lived. From this point, a small TOT workshop on using the curriculum was piloted with peer leaders of the AIDS Care China Entrepreneur Group in Luzhai, Guangxi. Workshop participants found the curriculum to be a useful way of addressing self-stigma in particular, but felt that facilitating the exercises in the curriculum would be challenging for less experienced trainers.

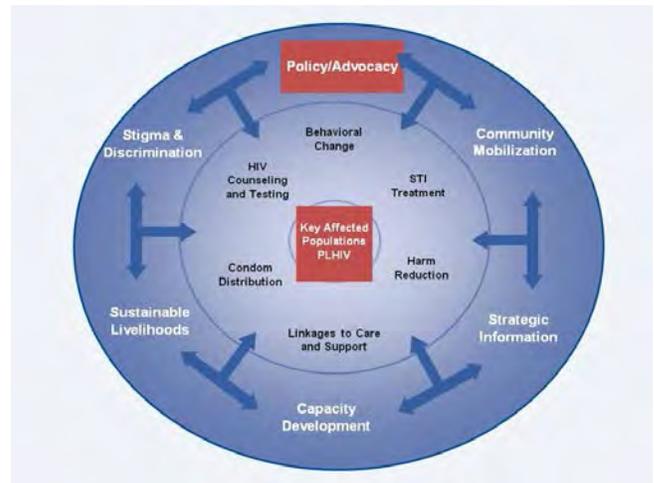


Practice session with service providers in Pattaya, February 2011

Following the ToT, work began on the full adaptation of the toolkit into Chinese. Participants' concerns about the complexity of some of the exercises were addressed, with many of the exercises simplified or presented with additional facilitator's notes. The toolkit was also updated to reflect different attitudes about issues such as gender and same sex relationships, as well as providing up to date information about Chinese HIV laws and policies and ways in which PLHIV can assert their rights in clinical and other settings. Local case studies, as well as additional illustrations, were also included to enhance the toolkit's Chinese flavor, and help people using the curriculum connect with it more easily.

Asia Pacific Network for People Living with HIV: MSM+ Working Group Advocates for Needs of Men Living with HIV

The Asia Pacific Network of People Living with HIV/AIDS (APN+) advocates for the rights of people living with HIV and AIDS in Asia and builds capacity of positive people's organizations throughout the continent. For over twelve years, APN+ has been advocating for PLHIV's need to access treatment, care and support, and their right to live free from stigma and discrimination following the GIPA principle. In 2006 several members of APN+ raised the idea of forming a positive MSM Working Group (WG) to address issues specific to positive MSM.



The APN+ MSM WG was launched in 2007 with 12 countries joining, but did not have a regional coordinator until late 2008. With support from Community REACH, in 2008 and 2009, APN+ conducted positive MSM specific focus group discussions in 5 Asia-Pacific countries and also made key presentations on positive MSM issues at international conferences.

Despite the initial successes, the leaders of the positive MSM WG faced language and communication constraints due to its vast geographic coverage. The coordinator of the WG worked alone with a large burden of work, and was perpetually running around trying to get things done without much success given the lack of thematic and coordinated support. Likewise, the lack of dedicated resources meant that the core business of the WG which was to promote advocacy and develop capacity of network member organizations to make a real change could not be carried out well.

In 2009, Pact began directly engaging with APN+ MSM WG at USAID's request. By this time, the collaboration focused on improving APN+'s capabilities on financial management and program management along with its overall organizational capacity development. With limited funding available compared to the large needs given APN+'s scope of work, Pact prioritized giving programmatic support and improving programs by streamlining critical activities and by strengthening the WG's advocacy work. Pact initiated a new proposal format including output indicators to measure tangible outputs of its key activities. Pact trained the APN+ Finance Manager in grants compliance and management and provided on-site mentoring and coaching at various intervals.

Given the complex structure of the regional network and the fact that it was not a service delivery entity as such, APN+ decided to focus on building the capacities needed to support the growth of the positive MSM WG and its regional roles.

Pact funded the first ever face to face meeting of the WG members as well as subsequent meetings, which brought together all the WG members from the region for deliberating and setting the strategy and measure the progress made in executing the work plan of the WG. On the organizational strengthening aspects, according to the grant agreement, Pact provided a project/program management

workshop, followed by a series of group training and on-site events under Pact's signature Monitoring, Evaluation, Reporting and Learning (MERL) capacity building program. This activity improved APN+ MSM WG's program design, reporting and M&E system development, with particular emphasis on the value of the APN+ logic model. Throughout the partnership years, Pact also funded and provided support to the WG for successfully participating in key international meetings such as the ICAAP and the International AIDS Conference, where the group presented posters and oral presentations from their advocacy work in the region. Pact reinforced training events with continuous mentoring and support that was provided to the Coordinator, helping raise the recognition of positive MSM WG and promoting GIPA principles and advocacy messages.

The years of partnership with Pact were also beneficial for APN+ MSM WG in terms of the huge strides the group made in increasing their research capabilities. Pact supported the WG to conduct the access to treatment research-country level dissemination and advocacy meeting in 6 Asia-Pacific countries. The members involved in the dissemination felt empowered and gained valuable insights into community research. This ultimately helped APN+ launch its community research using focus group discussion (FGD) tool in 10 Asia-Pacific countries. As the WG developed treatment trainers at the country level, Pact team helped APN+ tailor the WG logic model applied to its advocacy activities.

Countries' participants formed an integral part of the research program throughout the processes of designing, programming and implementing.

Given the need to develop new leadership at APN+, Pact supported the Young Leaders program launched by APN+ funding the participation of 11 young MSM from 5 GMR countries. Participants were trained on developing leadership; optimizing involvement at high level meetings; treatment literacy; stigma & discrimination; and conducting effective advocacy. Deemed as timely and much needed, USAID expressed appreciation for APN+'s leadership program. Anecdotal evidence and programmatic reports suggest that the young leaders trained have excelled at their work in the communities, even though there has not been a thorough documentation of this.

Pact's support to APN+ for the MSM WG played a catalytic role in APN+'s ability to secure funding from the Global Fund (GF) Round 10 to APN+. The systems for community treatment advocacy and data management, built through Pact, supported dissemination. Pact's M&E programs helped APN+ to demonstrate solid community management of treatment data, which is the area in which APN+ received the grant from GF. Given the scale of GF funding and the goal of the project, GF Round 10 will undoubtedly help empower the MSM+ community in the region in treatment advocacy and to champion a reduction in stigma. According to the USAID strategy of leveraging funds for development, the support provided by Community REACH to APN+, has already generated long term systematic development and increased funding support from other donors for APN+ regionally.

Community Care and Support for HIV Positive MSM

In response to an HIV prevalence of more than 30% among MSM in Bangkok, following USAID's strategy to link prevention and care with high levels of ownership, Pact formed Cohort II. **This initiative pioneered community care and support for MSM and TG in Thailand** through a competitive granting process, carried out in 2009 leading to four CBOs being selected to develop technical models at USAID hotspot locations of Bangkok, Pattaya and Chiang Mai. Under Pact's Community REACH award, Cohort II included the Poz Home Center, SWING, Health Opportunities Network (HON) and Violet Home mobilized several "positive health" intervention models with guidance from technical agencies such as FHI 360 and others. The goals of all the community care and support models supported included: (1) reduced HIV-related morbidity and mortality and increased life expectancy of HIV-positive MSM and TG; (2) improved quality of life of HIV-positive MSM and TG; and (3) reduced HIV incidence among HIV-positive MSM and TG and their sexual partners. The community care and support approaches were validated at a regional consultation on care and support for positive MSM held in Bangkok in November 2009, followed by a Pact consultant's provision of technical direction to the project. 25

Participatory needs assessments examining the support needs of the CBOs for community-based care and support for HIV-positive MSM and TG were carried out in 2010. Afterwards, Pact and FHI360 introduced case management approaches to the four partners in a workshop setting. Meanwhile, Pact continued to develop partners' community-based M&E systems and plans for addressing deficiencies and creating the systems needed for use of data to improve services. **Close cooperation between Pact program officers and partners generated the necessary buy-in and supported planning of the organizational infrastructure to enable these emerging models to take hold and thrive. Pact was flexible with each organization so that they could adapt their own version of the case management model.** Partners prioritized services based on needs assessments, client feedback, and their core competencies.

Pact helped revise the job description of case managers in each organization in order to conform to current plans. Partners co-trained volunteers in the case management approach and to understand case management SOPs and forms. Each organization used this opportunity to generate ideas on operating case management effectively. Final case management SOPs for volunteers were disseminated as guidelines.

In, 2010, the total adjusted number of 531 HIV+ MSM and TG were served under the care and support pilots. In 2011, this number increased to 693 cases. In the first $\frac{3}{4}$ of 2012, 677 HIV+ MSM and TG were served, showing a steady increase in access to critical care and support services. Pact was able to effectively work with the partners to integrate case management into routine services, conduct regular case conferences and regular mentoring. Mentoring and coaching clients, Pact program officers were able to revise and finalize the case management SOP so that it would fit the organizational context. Beyond case management, Pact helped all partners in strengthening their management systems and overall structure so that critical services would continue on.

²⁵ See technical reports by Julie Chitty, Jan 2010 and May 2010

Care and support partners increased the range and access to services offered to MSM across CoPTC and improved linkages to the community of organizations working on rapid testing, VCT pilots and local clinical providers/PHOs. This is likely to increase the quality of services by adopting case management approaches and through further development of staff and volunteers, resulting in more efficient, relevant local responses in addressing care and support needs of the MSM+ clients. Overall, the convergence of C&S programs and the VCT rapid testing pilot has led to an increase in the community ownership and voice in care and support for MSM+ in Thailand.

Along with the programmatic outcomes, Pact was also able to work with the partner CBOs in achieving several organizational system level outcomes, such as improved timeliness and accuracy of program and finance reports partners submitted. There was also an increase in ability to prepare work plans, budgets and achieve grant compliance. All partners also received substantial support in developing M&E systems, along with clearer organizational structure and improved internal communication.

Future USAID support for MARPs programs needs to be sensitive to each CBOs' absorptive capacity. Partners are limited in their funding and the number of full-time staff that can feasibly be supported. This limits volunteers that can be supervised to deliver quality services. Many CBO staff initially considered the case management approach in care and support difficult to understand, though there is wide agreement that it is needed to develop high quality programming.

However, as Pact and FHI360 worked with the teams, everyone understood it to be quite similar to their routine activities, with a more systematic management approach. The challenge would be in giving this structured and organized way of doing things continually, and this can only come from on-going mentoring and provision of timely technical assistance. Follow-up sessions on case management need to continue, with continued review of outputs along the way. Overall, as these are nascent organizations, unless they continue to receive funding and support, the gains over the past few years in terms of OCD and quality model development will be limited.

XI. Conclusion

The Community REACH –GMR project was a complex project reaching over 50 thousand key affected people and over 60 organizations and community groups operating in four countries plus a regional component cutting across countries featuring innovations and diffusion of tools and lessons. As this report documents, the scope of the project was different in each country context yet followed a unifying USAID-led strategy to build models under the Comprehensive Prevention Package by working intensively with communities representing the most vulnerable people affected by the HIV/AIDS epidemic, the so-called most-at-risk populations (MARPs).

The project enabled USAID to develop innovative models responding to HIV in partnership with these communities, *and* host country governments of China, Burma, Thailand and Laos, as well as international collaborating agencies. In spite of the various challenges inherent in working with MARPs, including pervasive stigma and discrimination, lack of capacity, and skepticism from mainstream officials and society, Pact's Community REACH–GMR project pioneered community–centered approaches that were empowering, innovative and effective. In Thailand, the foundation was put into place for a sustainable MSM–community response ranging from HIV prevention to community–led care and support linked to treatment in public health facilities. This includes the first-ever VCT program for MSM using rapid testing algorithms with same day results, an approach that will be adopted by the Thai government at scale in the coming years.

In China, Burma, and Thailand Pact teams pioneered innovative programming for livelihoods (or economic strengthening) for people living with HIV, accumulating the first body of evidence and tools on how to carry out these programs in concentrated epidemics with full community engagement. Both community care and livelihoods programs for PLHIV drew on the strength and skills of people living with HIV to name and confront the stigma they face, while developing needed social, economic, and health-related assets and behaviors. Evaluation results proved the efficacy of these approaches at a time when civil society's role in the health response is increasingly accepted by health systems dominated by medical hierarchy.

At the same time, Pact provided a unique vehicle for efficiently combining grants to fund services with a range of technical and organizational capacity development approaches, innovating the use of mixed measurement techniques for documenting results. Just as USAID Forward reforms point toward more direct funding of local partners and increased local ownership of the response, Pact's in-country teams comprised of nationals in Thailand, China and Burma are already sharing tools and expertise from the Community REACH-GMR project experience. Pact in Thailand is working side by side with the principal recipient in the Global Fund program, the Department of Disease Control, working across the country to build M&E systems at multiple levels to generate strategic information that will be used to improve programming in 29 provinces. Pact in China continues to operate its office funded through USAID's CAP-3D program, specializing in capacity development and livelihoods, and Pact in Burma has a powerful presence cutting across development sectors with deep ties to emerging community groups. It has been our privilege to be associated with such committed partners and colleagues around the region and we look forward to their future achievements.

XII. Project Bibliography²⁶

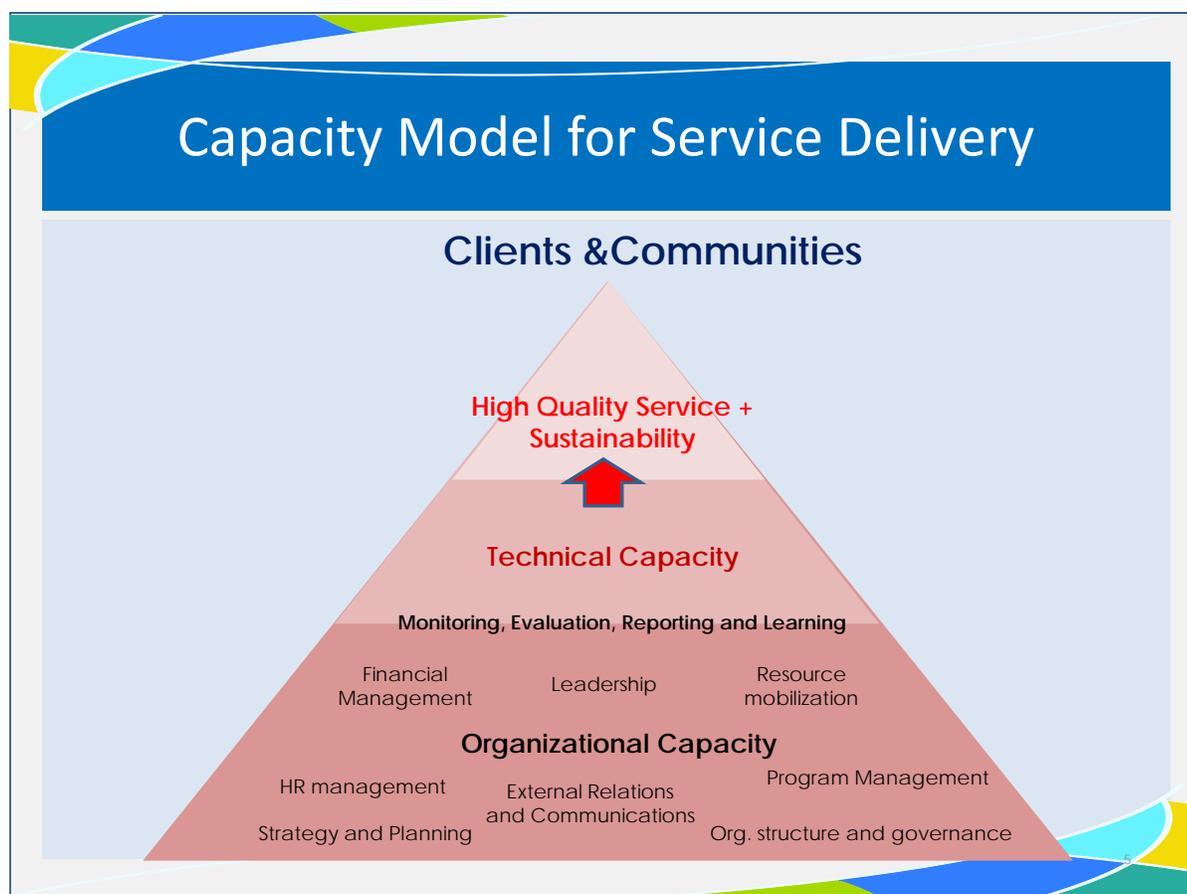
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²⁶ For a complete Project Bibliography, please contact David J. Dobrowolski at ddobrowolski@pactworld.org or write to Pact at 1828 L St NW, STE 300, Washington, DC 20036. In the interest of space only the key documents have been included.

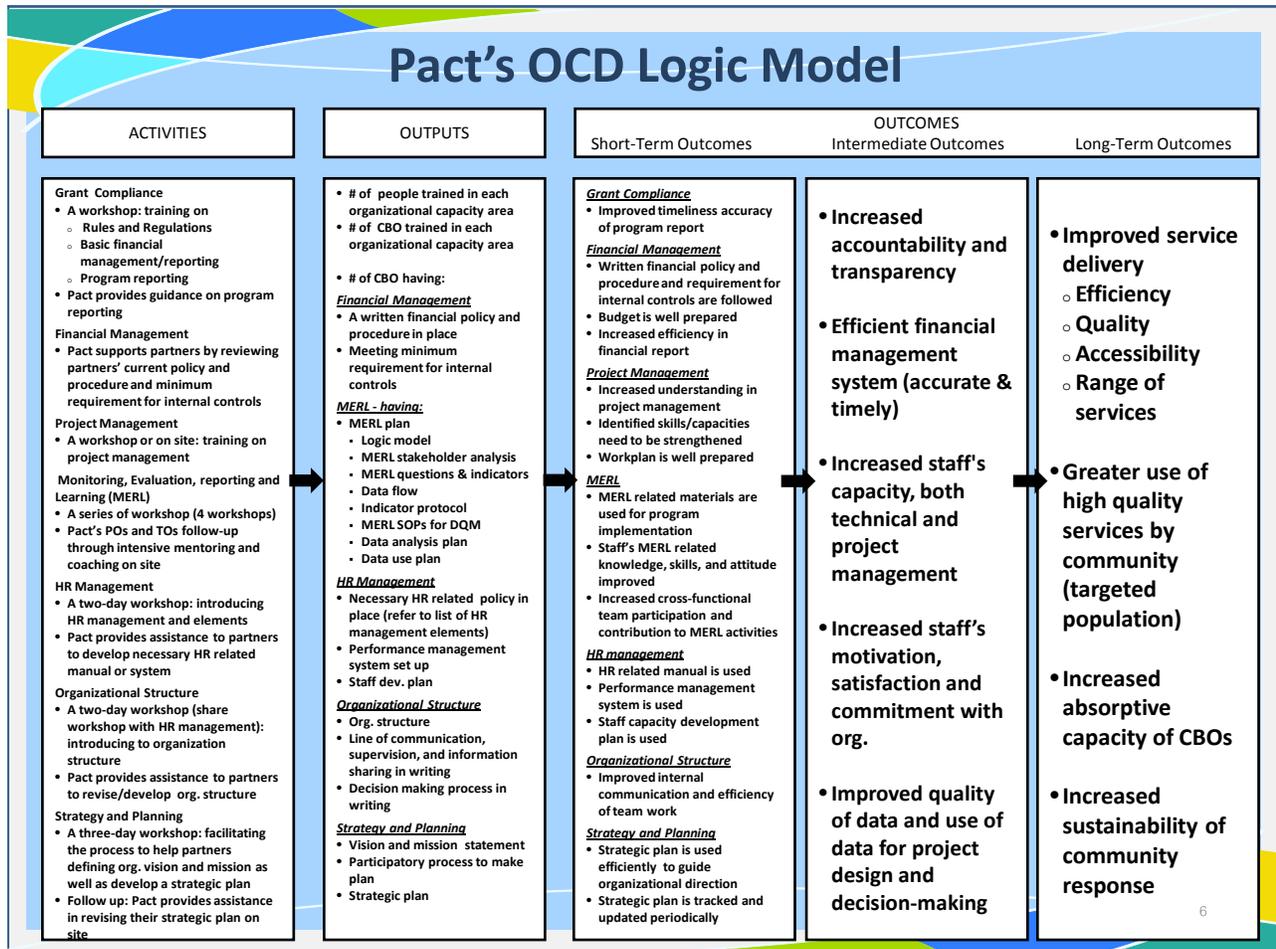
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Annexes

Annex 1- Pact's OCD Conceptual Framework



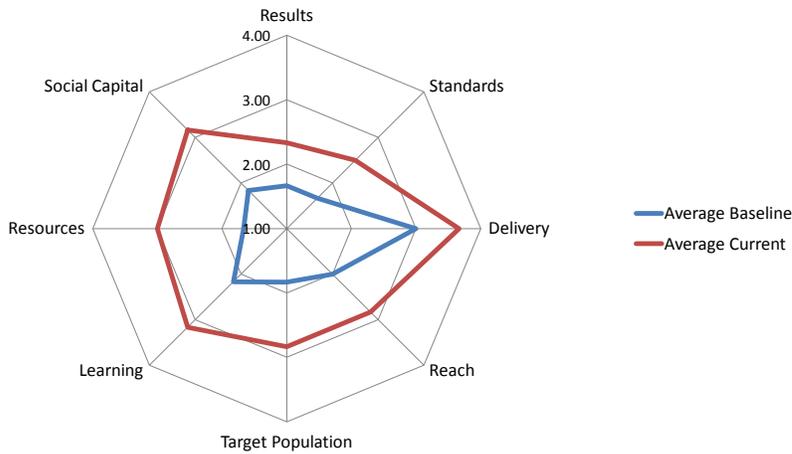
Annex 2- Pact's Logic Model for OCD



Annex 3- Data from OPI Pilot- November 2011 to February 2012

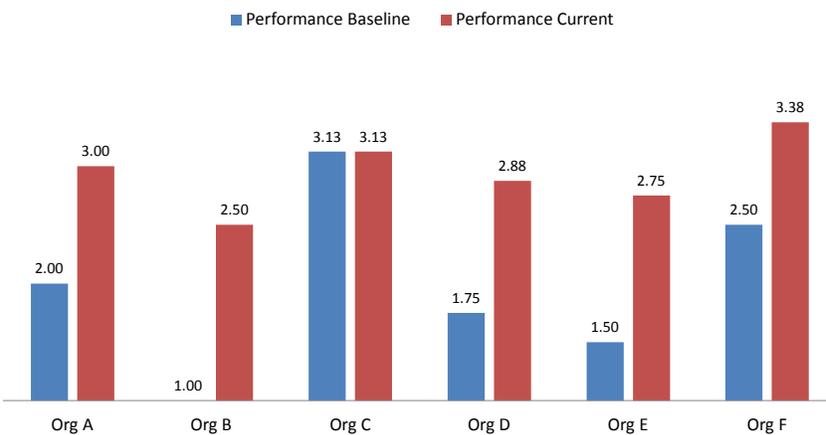
Sample Data – Change in Domain Scores Across a Cohort of Organizations

Average Performance Across Cohort Compared with Baseline



Sample Data – Change in Overall Service Quality Across a Cohort of Organizations

Performance by Organization Compared with Baseline



Complete data sets available on request from Pact Thailand subject to partner consent

Annex 4 - Analysis of the Most Significant Change (MSC) Findings on OCD

The collected MSC stories revealed key insights into the mindset of the partner organizations. Full texts of the stories are included in a separate report, while summary findings of the each partner's MSC stories are presented here. Three organizations, including the Poz and Violet Home, selected the **organizational structure** as a result of capacity development support as the most significant change. Two groups selected the improvements made in the **internal communication** and **coordination** as their MSC stories. The HON and Sisters both selected the clarity brought about by the **logic model** development to their programs as their winning stories. For MPlus, the winning story was the development of their **strategic plan** with Pact's support, and for SWING, it was their ability to implement **community based rapid testing** VCT program in Pattaya for the MSM. RSAT, Thailand's umbrella network for MSM and GFATM SSR, cited their increased **data management system** as the story of choice. For the regional MSM network APN+, the **young MSM leadership program** implemented with USAID/Pact's support was the most significant change story. Pact's regional partner PDA selected the reduction and measurement of **stigma and discrimination** program as having been the most significant.

Andaman Power

Andaman Power, one of the nascent MSM community groups supported by Pact in partnership with USAID and the Thailand MOPH-U.S.CDC Collaboration (TUC) selected improvements in their **Internal Communication and Coordination** as the most significant change. Through a Pact-facilitated survey and situational analysis, the MSM group was able to recognize that their communication problems were negatively impacting the formation of an organization to a significant degree. Solutions were developed with Pact during training sessions and subsequently put in place. Addressing this critical problem relieved tension within the nascent organization and created a healthier working environment, which has increased group membership and improved activities.

Asia Pacific Network of People Living with HIV /AIDS (APN+)

As a regional network, the organizational structure of APN+ differs from locally based CBOs or NGOs, as it is centered regionally in a small Bangkok office and reaches out to its more than 30 members in countries across the Asia Pacific region. The two regional staff in Bangkok that took part in the MSC story collection included the coordinator of the MSM Working Group and the director of APN+. Both agreed that the **Positive Leadership Development Program** was the most significant change within their organization. APN+ viewed the Pact/USAID funded program as an important human capital investment project that was building the next generation of young HIV positive MSM leaders in the region. APN+ was also proud to note that the program is already beginning to have an impact. The capacity and confidence of the leaders trained by the project have grown and have been translated into tangible action. These leaders are raising the issues of positive MSM at their respective national levels

and across the region in support of APN+'s mission of advocating for the rights of people living with HIV/AIDS.

Health and Opportunities Network (HON)

Seven stories were collected from the HON and the final entry chosen by the team detailed the effects that the implementation of the HON **Logic Model** had on the organization. The Logic Model, which was introduced to the HON via Pact's *M&E for Me* training sessions in 2010, gave direction to the group's work, enabling it to achieve its tasks and activities as they were planned. The HON credits the Logic Model with allowing all members to understand how their work fit within the grand scheme of the organization and towards the fulfillment of the organization's ultimate goals. Accountability within the organization also increased as a result, as staff now knew what needed to be done, for whom, how much, and when.

M-Friends Group

M-Friends is also a group supported by the Thailand MOPH-U.S.CDC Collaboration (TUC) program that received OCD support from Pact. As explained in their MSC story, this assistance was crucial to the development of their organization. Two staff members of the M-Friends took part in the MSC process, selecting a story that centered on the organization's adoption of an **Organizational Structure**, which enabled M-Friends to initiate a series of positive changes. Pact delivered a set of management training sessions that covered a range of topics including Strategic Planning and Organizational Structure development. The group agreed that establishing the overarching goal of the organization, which included a vision and mission, was an important foundation for creating the organizational structure. This supported the project implementation work of the organization and built a sense of group unity and belonging among the team members, which ultimately permitted them to move forward towards achieving the shared goals and towards greater sustainability of the organization.

As the group summed up the assistance they received, "Without the support from Pact, the group would have simply implemented the Global Fund project and not given thought to team development and sustainability. This would have reduced the number of members participating in the project activities, and the members would not have felt committed, nor had a sense of belonging to the group."

MPlus

Of all Pact supported organizations, participation in the MSC process at MPlus was the highest, with all eleven staff taking part in the process. Each member wrote a story, all stories were read out loud, and a winner was publicly voted on. The group selected the development of the **Strategic Plan** as the most significant change that the organization had experienced. It was considered an important step for the organization as it set the foundation for further changes, including increased technical capacity, a clear organizational structure, and better administrative and management systems. The strategic plan was

the first step that laid the groundwork for a series of transformative changes that has increased the organization's sustainability, capacity, and reach.

M-Reach

M-Reach is another group supported by the TUC program that received Pact's training support. They selected **Increased Communication Channels** as their MSC. Communication problems were the underlying problems causing internal conflict and affecting the quality of programs being implemented. Through a Pact facilitation, M-Reach was able to identify communication as the root cause of their problems. Once the problem was identified, Pact worked to develop a training course specifically suited to address the problems of M-Reach. Implementing this new communication strategy, increased understanding between staff and motivation to accomplish the job. The numbers of peer group leaders coming to work at the drop-in center increased and the members became more proactive.

"Our group communication system is the heart of our activities implementation," explained one M-Reach staff. "Our problems in this area almost shut down the M-Reach group as it had resulted in there being almost no peer group leaders and members willing to work for us. Therefore, improvement of the group communication has obviously positive effects for the group and is the starting point for the organization on other continuous developments."

Population and Community Development Association (PDA)

PDA generated four stories and selected the implementation of a **Reduction and Measurement of Stigma and Discrimination Program** against PLHIV as the most significant change. The technical assistance and funding provided by USAID and Pact allowed PDA to begin working in a new and important area.

As PDA explains, "having knowledge in both implementation to reduce and measure the degree of stigmatization helped PDA to increase accountability and be more professional for its work on this issue. Our work can be proved in a systematic way and we felt confident that we are doing the right thing because we used the research findings for improving our activities and project implementation. The PDA as an organization can also apply this knowledge to improve its future work."

The Poz Home Center

The Poz Home center also voted for the **Organizational Structure** as the MSC for their organization. The organizational structure put in place job descriptions where none had existed. This gave staff a clear understanding of their daily routines, roles and responsibilities, and reporting lines. A better picture of the organization and their place within it proved to be an extremely motivating factor for the staff. In addition, the grant support from USAID through Pact allowed the Poz Home to hire more staff and volunteers and to expand services to more people living with HIV.

Rainbow Sky Association of Thailand (RSAT)

The eight members of Rainbow Sky able to participate in the MSC process selected the development of the **Data Management System** as the change with the largest impact on the organization. Pact's on-site coaching support made it possible for RSAT to work closely with a coach to develop standard operating procedures, guidelines and management systems in a participatory problem-solving venture. What resulted from this collaboration was an expansive catalog of forms and guidelines covering topics ranging from Human Resources to Financial Management to be used on a daily basis. This system gave Rainbow Sky clear guidance and standards for their work, which staff recognized as increasing overall effectiveness of the group. As a Global Fund Sub-sub Recipient, data management is a critical component in working with local MSM implementing partners and sub recipients.

Sisters

From a total of three stories, the Sisters organization, managed by PSI, selected the **Logic Model** as its MSC. Much like HON, the Logic Model was chosen as it provided overall direction to their organization. It helped guide staff to work toward the same direction and to have a mutual understanding on the project targets and goals.

"The Logic Model helped us to work with clear conceptual framework and direction. Staff worked toward the same direction and are able to use it for working situation analysis and making their work plans in a clear and systematic way," states a Sisters' staff member.

Service Workers in Group (SWING)

A total of six stories were collected from the group, with half of the stories centering on SWING's **Voluntary Counseling and Testing (VCT) services** at their drop-in center, which was funded by USAID through Pact. SWING members selected this MSC because, under this grant, SWING became the first organization that provided one-stop service including both prevention and care and support services to Male Sex Workers (MSWs) in a comprehensive way. Through this one-stop service, SWING was able to collect data and establish an evidence base to share with the government, fellow NGOs, and the community. Critically, this has led to an increase of the numbers of individuals seeking testing.

SWING selected this as the Most Significant Change as it helped them achieve their goal of increasing access to essential health services and improving the quality of life of the target population. It was a longstanding dream of the SWING team to be able to offer for one-stop-service, comprehensive VCT services for the MSWs. For these achievements and working strategies, SWING is now recognized as a model organization for the HIV/AIDS work by government and civil organizations.

Violet Home

Staff of Violet Home generated five stories as part of their participation in the MSC process. The winning narrative was that of the development of the **Organizational Structure** as it was considered as the foundation for effective and continuous developments of the organization. The far-reaching effects on the organization were recognized and appreciated.

“Without initiating this change, there would have been no other key following developments, e.g., strategic plan development, M&E system development, etc. Therefore, the organization voted for the organizational structure development as the Most Significant Change.”

Conclusion

The Most Significant Change process provided a chance to view Pact’s work within the Community REACH-GMR program from the perspective of the beneficiary organizations. All of the partner organizations dictated their own stories and selected what they, and not Pact, felt were the most important change in their respective organizations as a result of Pact’s work. The resulting stories showed that the partners appreciated the impact of the program and stories touched on all of the components of the Community REACH-GMR mechanism: organizational capacity development, technical program knowledge, and funds for direct program support. The partner organizations most frequently reported valuing the management trainings and intensive on-site coaching that touched on the organization as a whole on a broad level, most often the Logic Model and Organizational Structure, as the most useful to them.

Partner organizations clearly understood the big picture of the REACH program and the benefits of the assistance they received under it. They recognized that the organizational capacity development at the most fundamental levels of what they were doing and who they were, helped set the foundations for further, more tangible changes. The Organizational Structure Development and Logic Model forced the organizations to take a step back and look at themselves as a whole. This allowed them space to discuss where they were going as an organization and what needed to be done to get there.

As with many organizations, the partners appeared to have had trouble ‘seeing the forest instead of the trees’ as they were immersed in their day-to-day work and challenges. Those organizations that cited Internal Communication development as their greatest change were also a part of this group. Organizations discovered that once clarity was established, other pieces often fell into place. Confidence and motivation of group members increased, which favorably impacted the program implementation as well as membership numbers. In effect, establishing a firm foundation led to cascading positive benefits, and ultimately, more funding to continue implementation, growth and development.

While stories OCD for management were the most prevalent, other organizations chose MSC stories that reflected technical programmatic expertise and support provided by Pact and USAID. PDA’s Reduction of Stigma and Discrimination Program, SWING’s one-stop VCT center, and APN+’s Positive Leadership Program were all examples of innovative programs that were only made possible through a combination of technical expertise and funding provided under the Community REACH-GMR program. These organizations knew in advance what they wanted to do to effectively reach out to clients and provide them with the services they needed, and found the support they needed to realize their potential.

Annex 5: Pact China Training Events For Livelihoods Development

Event by Objective	Date
Orientation on AIDS and Livelihood Development	
Orientation session (part of a meeting co-organized with Alliance and HPI) on AIDS and Livelihood Development for Yunnan CBOs	July 9-10 2008
Orientation session on AIDS and Livelihood Development for Alliance grantees	August 29 2008
Orientation session on AIDS and Livelihood Development for CBOs in the Yunnan PLHIV Network	January 29 2010
Orientation in AIDS and Livelihood programs for CBOs in Yuxi city (on request from local government)	November 8 2010
Orientation in AIDS and Livelihood programs for health officials in Mengzi city	December 1 2011
AIDS and Livelihood Development Champions meetings	
Training on AIDS and Livelihood programs for local applicants answering Pact's call for concept papers (Gejiu)	February 16 -17 2009
Training on AIDS and Livelihood programs for local applicants answering Pact's call for concept papers (Kunming)	February 21-22 2009
Training on how to manage a PLHIV Entrepreneur Group project	September 24-25 2009
Start Your Business – Training of Trainers delivered by an ILO China Master Trainer (co-organized with ILO)	December 11-16 2009
Generate Your Business Idea – Training for staff members of partner organizations	March 27-29 2009
AIDS and Livelihoods Development – Training on needs assessments, project designs and proposal writing	May 12-13 2010
Social protection for PLHIV and IDUs – Workshop and participatory research	October 25-26 2010

Training in community mobilization for livelihoods development interventions	September 19-20 2011
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Other AIDS and Livelihood Development trainings and workshops

Technical Exchange on AIDS and Livelihood Development (Kunming) for 59 participants from civil society, academia and government to share experience and formulate policy recommendations.	April 12-13 2011
Replicating the EG model -Training for 7 staff from 4 sites in Blue Sky's network in Yunnan on how to implement the PLHIV Entrepreneur Group intervention.	December 24-25 2011
Capacity Development and Sustainability Exchange	January 10-12, 2012
Guilin comparison group training on how to implement livelihood program	February 11-12,2012
Replicating the EG model-Blue sky and Pact provided total of 3 trainings to 6 staff from the Mangshi and Lincang groups to tackle their implanting challenges	April, May 2012
Replicating the LD model in Guangxi (requested by PSI's Guangxi CBO partners)	March 16,2012
Blue Sky and Pact Entrepreneur Group Model Technical exchange	July 7 th 2012

Other trainings in complementing technical approaches

M and E for Me! Introductory session	January 25-26 2011
M and E for Me! first module	December 14-15,2011
M and E for Me! second module	May 17-18,2012
The Understanding and Challenging HIV-Related Stigma curriculum training for staff of AIDS Care China	January 10-16 2011
Financial Literacy for Peer Leaders – Training of Trainers	September 11-12,2012
Half a day session on the “ Understanding and Challenging HIV-Related Stigma” for 26 staff of NGOs co-organized with ILO and HPI	July 5 2011
“Understanding and Challenging HIV-Related Stigma” TOT training	September 13 2012