

# **Pacific Regional HIV/AIDS Project**

## **Project Monitoring and Evaluation Report**

**Final**

**November 2003 – June 2005**

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## ACRONYMS

|         |  |
|---------|--|
| AIDS    | Acquired Immune Deficiency Syndrome                          |
| AMC     | Australian Management Contractor                             |
| ARV     | Anti-retroviral  |
| AusAID  | Australian Agency for International Development              |
| BCC     | Behaviour Change Communication                               |
| BCCS    | Behaviour Change Communication Specialist                    |
| CB      | Coordinating body  |
| CBOs    | Church Based Organisations                                   |
| CCM     | Country Coordinating Mechanism                               |
| CDO     | Capacity Development Organisation                            |
| CRGA    | Committee of Representatives of Governments and Associations |
| FSM     | Federated States of Micronesia                               |
| GFATM   | Global Fund for AIDS, Tuberculosis and Malaria               |
| GYVGS   | gender, youth, vulnerable groups strategy                    |
| HIV     | Human Immunodeficiency Virus                                 |
| IDSS    | International Development Support Services                   |
| IEC     | Information, Education, Communication                        |
| IGAP    | Independent Grant Assessment Panel                           |
| KHATBTF | Kiribati HIV/AIDS & TB Task Force                            |
| M & E   | Monitoring and Evaluation                                    |
| MEF     | Monitoring and Evaluation Framework                          |
| MERG    | Monitoring and Evaluation Reference Group                    |
| MoH     | Ministry of Health   |
| NAC     | National AIDS Council / Committee                            |
| NCM     | National Coordination Mechanism                              |
| NGO     | Non-government organisation                                  |
| NSP     | National Strategic Plan                                      |
| PAMM    | Project Activity Monitoring Matrix                           |
| PCC     | Project Coordinating Committee                               |
| PIC     | Pacific Island Country                                       |
| PICTS   | Pacific Island Countries and Territories                     |
| PLWHA   | Person living with HIV/AIDS                                  |
| PMER    | Project Monitoring and Evaluation Report                     |
| PNG     | Papua New Guinea   |
| PPHSN   | Pacific Public Health Surveillance Network                   |
| PRHP    | Pacific Regional HIV/AIDS Project                            |
| RSIP    | Regional Strategy Implementation Plan                        |
| SPC     | Secretariat of the Pacific Community                         |
| STI     | Sexually transmissible infection                             |
| TB      | Tuberculosis   |
| UNFPA   | United Nations Population Fund                               |
| UNICEF  | United Nations Children's Fund                               |
| VCCT    | Voluntary and confidential testing and counselling           |
| WHO     | World Health Organisation                                    |

## 1 EXECUTIVE SUMMARY: FINDINGS AND LESSONS LEARNED

### Strategic Approach

The Pacific Regional HIV/AIDS Project (PRHP) is actively working on the most effective ways in which sustainable and comprehensive response to HIV and AIDS can be managed and supported in the Pacific given the geographically dispersed and small populations and unique contexts of the Pacific Island countries (PIC). The project is taking a strategic approach that is consistent with the current discussions on the analytical papers on Human Immunodeficiency Virus Acquired Immune Deficiency Syndrome (HIV/AIDS) in the Asia Pacific Region<sup>1</sup> and on Pacific Island Countries<sup>2</sup>. Major challenges faced by the project include:

- addressing the vulnerability of small islands states to the threat of HIV and developing responses in a way that is context specific;
- challenges to socio-cultural and religious norms and their impact on the threat of HIV;
- issues of governance accountability of leaders to the welfare and wellbeing of their populations;
- engaging government, religious and traditional leadership to acknowledge the threat of HIV and respond appropriately;
- building of appropriate sustainable national coordination mechanisms to ensure harmonization and coordination of responses to HIV and AIDS that is lead by local authorities;
- addressing cultural and gender issues that underlie the risks and vulnerability of people to the HIV epidemic in the Pacific;
- providing access to treatment and ensuring appropriate care and support to those already affected by HIV and AIDS; and
- ensuring harmonization and collaborative approaches with other bilateral and multi-lateral agencies in the region.

### Situational Assessment

There have been significant changes in the Pacific region's awareness, understanding and response to HIV since the project commenced in November 2003. In the past 18 months, there has been an increased sense of urgency observed about the need to respond to HIV amongst many of the PICs. This sense of urgency may be driven by an overall increased awareness of the epidemic partially as a result of increases in the recording of the incidence and prevalence of HIV and AIDS in the region. However, though the number of reported HIV infections in PICs, excluding Papua New Guinea (PNG), increased from 58 in 2003 to

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<sup>1</sup> Draft HIV/AIDS in Asia Pacific Region, Analytic Report for the White Paper on Australia's AID Program, prepared by Annmarie O'Keeffe, John Godwin and Dr. Rob Moodie, October 2005

<sup>2</sup> Draft Pacific Island Countries, Analytical Report for the White Paper on Australia's AID Program Prepared by Professor Ron Duncan and James Gilling, October 2005

71 in 2004<sup>3</sup>, the greater focus on HIV cannot be attributed to these increases alone. The main factors affecting the level of concern about HIV and the response by many countries include:

- the rapidly expanding epidemic in PNG which has clearly demonstrated to leaders that the epidemic is no longer a distant prospect and that the Pacific is vulnerable;
- the increased reality of the epidemic through the reporting of more HIV positive cases amongst Pacific Islanders;
- the endorsement of the Regional Strategy by Pacific leaders which identifies HIV as an issue of serious concern in the region and has provided a mandate that it be given a higher priority and increased allocation of resources; and
- the resources being made available by a range of development agencies including Australian Agency for International Development (AusAID) and other multi laterals to support projects and development of country-level strategies and HIV responses.

As a result of the above the HIV agenda is increasingly finding its way into the public arena.

The project had increased its profile over the 2 years of implementation and has gained the respect and confidence of all the partners in the region. Significant engagement across a broad range of government and non-government stakeholders in the consultation process indicates increased political commitment, ownership and participation in a regional response to HIV and AIDS and a growing recognition of the need to respond as a matter of priority at country levels. HIV is now recognised for the first time in national budgets as a separate line item in Fiji, Solomon Islands, Tuvalu and Kiribati.

It is clear that the Project is operating in a dynamic changing environment and needs to remain flexible and responsive to new and emerging needs. This changing context will influence the implementation of the project in coming years so it is essential to continue to monitor the context as well as the project in order to ensure that key issues of strategic importance are adequately addressed. The outcomes of this Monitoring and Evaluation process will be key inputs into the development of subsequent annual plans.

### **Development of a Regional Strategy and improved coordination**

The 2<sup>nd</sup> Regional HIV/AIDS strategy has been developed and approved by the Pacific Islands Forum Leaders and the Secretariat of the Pacific Community's Committee of Representatives of Governments and Administrations (CRGA), illustrating leadership support at the regional level. A Pacific Regional Strategy Implementation Plan Coordinating body made up of all the key stakeholders has been developed to oversee the implementation of the regional strategy.

The Regional Strategy is increasingly regarded as the central mechanism for cooperation and coordination in the HIV/AIDS response. All development partners participated in finalising the Regional Strategy Implementation Plan (RSIP) in September 2005. For the first time, the RSIP brings together the plans of all regional partners, identifies gaps and overlaps in the response and areas of collaboration between agencies. The implementation plan has also identified the gaps in resources required which will form the basis for resource mobilisation.

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<sup>3</sup> Personal Communication: Tim Sladden, HIV/STI Surveillance Specialist, SPC

The PRHP has emphasized the 3 one's approach and is committed to supporting in-country structures that are consistent with this philosophy: a single strong national coordination mechanism; a single national strategy; and a single monitoring and evaluation framework.

### **Monitoring and Evaluation**

A key aspect of improved monitoring of the HIV/AIDS situation across the region is the presence of a robust surveillance system. In June 2004, members of the Coordinating Body of the Pacific Public Health Surveillance Network (PPHSN) agreed that HIV/AIDS is a major public health problem and included HIV/AIDS on the list of priority communicable diseases for active surveillance. Until recently, reporting of HIV and AIDS by Pacific Island Countries and Territories (PICTs) to Secretariat of the Pacific Community (SPC) has been irregular. To date there has been little available data on HIV-related behaviours or assessment of vulnerability in the region. With increased support for surveillance from PRHP, the Global Fund for AIDS, Tuberculosis and Malaria Global Fund Project (GFATM), and the World Health Organisation (WHO), the situation has improved markedly. In 2004, all Pacific Island Countries and Territories (PICTs) reported on HIV and AIDS cases to SPC. However, only 30% of countries reported STI data. STI data is an important proxy for measuring risk and vulnerability in low HIV prevalent situations. Six countries have now completed HIV, STI and behaviour surveys in different population groups and surveys are currently underway in a further three countries. Low capacity in many countries to conduct HIV and STI surveillance surveys has highlighted the need for further technical support. PRHP and SPC will collaborate with partners to undertake surveys and build capacity to strengthen country level surveillance systems. With further support it is expected that by the end of 2006, the majority of PICTs will have completed HIV, STI and behaviour surveys.

The Behaviour Change Communication Specialist (BCCS) is supporting PICTs in planning and implementing behaviour change initiatives. The training provided, by the BCCS, in many PICs over the past year has helped shift the focus from HIV education and awareness toward activities aimed at changing unsafe sexual behaviours. There is still reluctance in sections of the community in some countries for open and frank discussion about a range of strategies for preventing sexual transmission of HIV, including the use of condoms. Capacity development efforts need to focus on supporting partners to use effective best practice processes which are culturally sensitive and cognisant of present cultural barriers which can constrain the production of informative and appropriate materials particularly for youth. There is also a need to introduce and adopt and adapt different behaviour change strategies in PICs that have worked elsewhere, such as the Stepping Stones approach. In 2006, PRHP will collaborate closely with the Global Fund Project, the new ADB Project, UNICEF and the UNFPA-funded Adolescent Reproductive Health Project to introduce the Stepping Stones approach in the Pacific.

### **Country-level capacity to coordinate, manage and monitor HIV/AIDS responses**

Thirteen of fourteen PICs included in Component 2 of PRHP have established a National AIDS Council / Committee (NAC) or equivalent to manage the national HIV response. In smaller PICs, such as Nauru, HIV-related activities are managed by the Health Promotion Council which has a broader mandate than just HIV and AIDS. The NACs are currently at a fledgling stage of developing their mandate and capacity as the key coordinating agency. The Solomon Islands' NAC is functioning well and provides a useful model for other countries.

The key issues affecting NACs' capacity to take up this mandate of coordinating activities and resources effectively are the presence of skilled individuals or drivers and access to and control over necessary resources. These issues are directly linked to both individual skills and knowledge, the political context and enabling institutional arrangements.

Coordination is required to ensure actors engage cooperatively at country level to support one coordination mechanism for planning and implementation of HIV and AIDS initiatives. Supporting and strengthening the country's national coordination mechanism is important for a comprehensive sustainable response in each country. PRHP is assisting NACs to achieve the active engagement of country partners' and development organisations' involvement in these processes, but this is not without its challenges. A key issue is the Country Coordinating Mechanisms (CCMs) established by the GFATM which potentially duplicate the NACs. This has been addressed in some PICs, but it is critical that there is regional commitment to support one mechanism at country levels to avoid diluting a country's focus and resources.

Country planning and review mechanisms such as the updating of National Strategic Plans (NSP), development of annual action plans, and ongoing situational analyses are important mechanisms to improve country level responses. PRHP actively engages in these activities as a part of the Project's capacity building approach for strengthening national coordinating mechanisms. A key indicator for successful planning and implementation is the degree to which a multi-sectoral response is achieved with the active engagement of different stakeholders. PRHP has assisted in ensuring that broad sectoral engagement has been achieved in the NSP reviews completed to date. That more sectors are currently involved in planning and review than in implementation, reflects both the current level of implementation of NSPs and the capacity and resources of the different sectors that should ideally be involved. Annual action plans will hopefully facilitate more tangible implementation of NSPs and greater sectoral and multi-sector involvement. Resources from PRHP and other donors/organisations can support this involvement through coordinated and targeted programs.

The Capacity Development Organisation (CDO) model is emerging as a key catalyst for improved NAC coordination and management in its ability to provide critical support to stakeholders at national and community levels. This is both through its involvement in national level planning, monitoring and review as well as its support to expand the HIV response by involving smaller, non-traditional organisations. The organisations established as CDOs initially had low levels of organisational and project management skills. However, after a year of support and training, we are now seeing evidence of change in three important ways: 1) CDOs being increasingly active in their role, 2) the development of skills and capacity through project training and support, and 3) evidence that CDOs are transferring skills through their own training and capacity building activities. In 2006, PRHP will review CDO performance and assess and develop capacity development strategies. The review will consider the sustainability and replicability of the CDO concept to countries where it has not taken off as anticipated. Capacity building will also continue jointly with NACs, including training such as in Monitoring and Evaluation (M&E), mentoring and country exchanges.

The grants programs are proving to be an important means to provide resources to meet country level priorities. NAC Grants are assisting NACs to resource NSP implementation, improving coordination between NAC and CDOs through the joint management

arrangements, and facilitating the increased capacity and involvement of a broader range of organisations in the HIV response. The competitive grants program has attracted a significant number of proposals. However, while it is important that organisations can apply to undertake projects in areas in which they have experience and capacity, the need for fresh ideas and approaches has also been identified. As such, limited knowledge and capacity in HIV/AIDS programs in most countries has constrained the degree of innovation in the proposals received. In response, PRHP proposes to expand the Rapid Response Grants guidelines to enable specific pilot initiatives to be trialled that have proven success in other regions, such as in Africa. PRHP will work with selected local organisations best placed to implement these pilot initiatives as part of its capacity building approach. The Rapid Response pilot initiatives also provide an opportunity to address sensitive issues such as sex work and the vulnerability of men who have sex with men.

### **Key issues for 2006**

A number of key issues have emerged and will be addressed in the 2006 annual plan. These include:

#### **CDO Model for Capacity Building**

In the partner countries where the CDO program is operating, the role of the CDO, in providing critical support to other stakeholders at national and community levels, indicates that the CDO model is appropriate. However, a performance review of CDOs will be conducted in 2006 to identify any weaknesses in individual CDOs and strategies for addressing these as well as reviewing the CDO Model itself with a view to developing strategies for its wider application or alternative models which may be more appropriate for use in specific Pacific Island Countries.

#### **Broader Sectoral Participation in Implementation**

Involvement in planning does not guarantee involvement in implementation. The Project aims to enable a broader range of sectors to become more actively engaged in the national HIV responses. This is to be addressed through creating an increased level of awareness and an improved understanding about appropriate sector responses for HIV and through the provision of Project assistance with the development of multi sector and sector specific responses within the country strategy.

Extending joint training with regional partners across priority management and technical areas will be pursued to promote a coordinated approach, maximise resources, and avoid duplication of effort.

#### **National Strategic Plans**

The Review of National Coordinating Mechanisms to be completed by the end of 2005 will inform strategies to improve NSP development. Country-specific strategies will be developed to ensure responses are appropriate to individual contexts. Processes and tools for support planning processes will be refined, along with capacity development strategies to assist NAC's achieve their mandates.

#### **Capacity Development Model**

Stronger collaboration between the NAC and CDO in the Solomon Islands has resulted in better awareness of capacity development needs in the country. The Solomon Islands' model plan will be made available as a template for use by other countries.

### **Addressing the Needs of Vulnerable Groups**

For the second round of the Competitive Grants Program submissions, organisations have been specifically asked to address the needs of vulnerable groups as a priority for funding.

### **Innovative Interventions**

The Rapid Response Grants Program was initially developed to respond to projects with an immediate need for funding. In 2006 the Rapid Response guidelines will be revised to allow PRHP to support innovative pilot projects and to be able to respond to these needs in a timely and flexible manner. Proposed innovative interventions include 'Stepping Stones Approach'; continuum of treatment, care and support models; and Anti-retroviral (ARV) treatment regimes.

### **Improved reporting**

New reporting requirements were discussed and agreed at a meeting with AusAID Post in September. This included the introduction of SMT reporting and streamlining current reports to ensure timely provision of analytical information to AusAID and to avoid duplication of information. The M&E framework has been revised to include the collection of more outcome level data.

## MONITORING AND EVALUATION FRAMEWORK

Bi-annual monitoring and evaluation reporting for PRHP was introduced in February 2005. This is the first Project Monitoring and Evaluation Report (PMER) and will cover the period from project commencement in November 2003 to June 2005.

The PMER is based on the PRHP Monitoring & Evaluation Framework (MEF). The MEF facilitates monitoring and evaluating the project's progress towards achievement of outputs, objectives and targets. It is designed to meet the needs of a variety of project stakeholders and to promote accountability, quality improvement and Monitoring and Evaluation (M&E) capacity development. M&E will inform planning and design processes, learning and improvement during implementation, and important management decisions at regional, national and project levels. Importantly the MEF assists with evaluation of the project's effectiveness, documents the outcomes, and supports the assessment of sustainability.

Verifiable indicators have been defined at the Logframe purpose and output levels to help assess project achievements in strengthening capacity of NACs and civil society organisations, promoting multi-sectoral HIV/AIDS responses, and improving HIV/AIDS surveillance in the region. There are eight Purpose Indicators (PI); numbered PI-1 to PI-8 and twenty two Output Indicators; numbered OI-1 to OI-22.

The initial Project Activity Monitoring Matrix (PAMM) (see **Annex 1**) was submitted as part of the M&E Framework. It describes outcomes units (eg number workshops or surveys) for each Project Logframe activity and indicates the target number and indicative timing for achievement of each. The PAMM is supported by a Project Indicator Related Task Schedule. The Schedule for the 2005 Project Annual Plan is at **Annex 2** and Schedule for the 2004 Project Annual Plan is at **Annex 3**.

The PMER provides details against all Purpose Indicators and Outcome Indicators. Subsequent reports may take an exception based approach. A summary of project-to-date status is provided in the Master Indicator Matrix at **Annex 4**. The narrative report addresses each Indicator by Component and Output Level.

## 2 REPORTING AGAINST PURPOSE AND OUTPUT INDICATORS

|                     |                          |
|---------------------|--------------------------|
| <b>Component 1:</b> | <b>Regional Strategy</b> |
|---------------------|--------------------------|

The objective of Component 1 is to develop and monitor the implementation of a Regional Strategy on HIV/AIDS in all twenty two Pacific Island Countries and Territories (PICTs). Through AusAID funding, PRHP supports the development of the Regional Strategy and interventions in 14 of the 22 PICTs covered by the Secretariat of the Pacific Community (SPC). The focus of Component 1 is on development of the second Regional Strategy, public health surveillance and behaviour change communication.

### **PI-1: HIV/AIDS included on Pacific Public Health Surveillance Network's list of priority communicable diseases for active surveillance by 2008**

#### **Progress against indicator**

This indicator has been fully achieved. Refer to OI-5 for ongoing monitoring.

Improvement of surveillance is an essential part of an effective regional and national response to HIV/AIDS. Among other benefits, good surveillance is important for evidence-based planning and service delivery.

Until recently, information about the HIV infections and AIDS cases in Pacific Island Countries (PICs) has relied on varying levels of passive surveillance and screening. Reporting of HIV/AIDS cases to WHO and SPC was irregular and there was little available data on HIV-related behaviours or groups vulnerable to HIV infection in the region.

At the 10th meeting of the coordinating body (CB) of the Pacific Public Health Surveillance Network (PPHSN) held in Noumea, New Caledonia from 2-4 June 2004, the CB members agreed that HIV/AIDS is a major public health problem and that it should be incorporated into PPHSN activities. HIV/AIDS is now included on the PPHSN's list of priority communicable diseases for active surveillance. Reporting of HIV and AIDS cases to SPC and WHO has improved markedly in the past year. In 2004, all PICTs reported HIV and AIDS cases to SPC. It should be noted however, only 30% of countries provided reports on STIs infections (Refer to OI-5).

### **PI-2: Evidence of increased multi-sectoral and Pacific Islander participation in the development of the 2<sup>nd</sup> Regional Strategy compared to the 1<sup>st</sup> Regional Strategy**

#### **Progress against indicator**

This indicator has been fully achieved.

The central involvement of Pacific Islanders in the development of a Regional HIV/AIDS Strategy and its endorsement by the regions' leaders is regarded as crucial to an effective regional HIV/AIDS response. Emphasis on involvement of Pacific islanders ensures ownership of the strategy by the PICTs.

There has been an increase in the range of sectors and number of sectoral agencies and number of Pacific Islanders involved in the development of the 2nd Regional Strategy, compared to the 1st Regional Strategy (1997-2000). An increase of 25 sectoral agencies,

including NGOs, faith-based organisations and bilateral and multilateral agencies, were involved in consultations and development of the 2nd Regional Strategy with 76% (n=163) of participants being Pacific Islanders as compared to only 39% for the 1st Regional Strategy (see **Annex 5**). Pacific Island participants included representatives across five government departments, 24 NGOs and 10 multi-lateral agencies. Representatives from three educational institutions and four media organisations were also involved.

### **Lessons learned**

In the past, for most PICs, the Ministries of Health and NGOs have been the primary organisations responding to HIV. The development of the 2<sup>nd</sup> Regional Strategy has provided an opportunity to engage Pacific Islanders from all sectors of the community in discussions about the HIV and AIDS situation in the region and the role they can play in participating in an effective national and regional response.

### **PI-3: Evidence of improvement in quality of M&E Framework in the 2nd Regional Strategy compared to the 1st Regional Strategy**

#### **Progress against indicator**

This indicator has been fully achieved.

There was no specific M&E framework for the first Regional Strategy. The development of the second strategy has enabled the key stakeholders to have an active input into the development of a Regional M&E Framework. The development of the Framework has been coordinated through the M&E Reference Group (MERG).

### **Output 1.1: Regional Strategy has been endorsed**

#### **OI-1: Pacific Island Leaders Forum endorses 2004 – 2008 Regional Strategy**

#### **Progress against indicator**

This indicator has been fully achieved.

The Regional Strategy has set the basis for regional cooperation in a coordinated manner. As suggested in a recent paper, *“development partners and funding institutions should now be aligning their support for the fight against HIV/AIDS in the Pacific with the Regional HIV/AIDS Strategy”*. The challenge remains for all partners to work together in supporting its implementation.

#### **Lesson learned**

Recent developments in the HIV response in the region indicate that the Regional Strategy is beginning to be regarded as the central instrument for cooperation and coordination in the response to HIV and AIDS. Its value is illustrated by the recent submission from PICs to Round 5 of the Global Fund for AIDS, Tuberculosis and Malaria (GFATM). This submission included a careful analysis of the Regional Strategy Implementation Plan which identified programmatic and funding requirements and current gaps in resources.

**Output 1.2: Regional Strategy has been implemented in a coordinated manner**

**OI-2: At least 70% of activities in the annual plan for the Regional Strategy are implemented**

The Regional Strategy Implementation Plan was finalised in October 2005. Reporting against this indicator will commence in 2006.

**OI-3: By the end of the 2004 Regional Strategy's lifetime, at least 70% of the regional-strategy activities have been implemented**

This indicator will be reported at the end of the Regional Strategy lifetime in 2008.

**Output 1.3: Appropriate HIV/AIDS BCC methods used and materials available**

**OI-4: At least 70% of BCC materials developed with PRHP assistance assessed as consistent with BCC-development checklist developed by BCCS.**

**Progress against indicator**

The quality of BCC materials produced with PRHP assistance will be used as a measure of success in strengthening capacity in behaviour change communication in the region. Support involves a 2-step process of training and then assistance at country levels in developing BCC materials. Standard checklists have been developed to assess both the content of materials as well as the process undertaken in their production. Two quality standards are used to assess BCC materials: Standard 1: BCC materials should focus on well-characterised, specific target audiences; and Standard 2: BCC materials and messages are designed to motivate and appeal to the needs, beliefs, concerns and readiness of the specific target audience.

Two BCC materials developed with assistance of PRHP to date are a poster and brochure for the Fiji military and youth. The materials are both 100% compliant against Standard 1 and 96% & 80% compliant respectively for Standard 2 (See **Annex 6**).

**Lesson learned**

Although capacity development was undertaken with the material producers, and ongoing support provided, it is important to acknowledge that there are some constraints in achieving 100% compliance against quality standards. These constraints include: willingness of local organisations to follow through with recommended approaches; time frames for material production imposed by governments or donors, and; the cultural barriers which constrain the production of material (particularly for youth) which is sufficiently open and frank.

**Future action**

The assessment of the materials produced against the checklist will be analysed to identify areas for improvement and replication of the methodology in other countries and vulnerable groups.

### Other evidence of change

The Most Significant Change story below was submitted by the CDO in Solomon Islands and describes the impact of the BCC training on the ability of the writer, a peer education trainer, to speak openly about sex.

#### “Most Significant Change” Story

**Title of story:** Breaking down barriers  
**Person documenting story:** Florrie Alalo, RRRT/UNDP, Honiara  
**Date of documentation:** 13 July 2005

#### **What do you think is the most significant change that has happened to you/organisation as a result of capacity building provided by the CDO or PRHP?**

I am a paralegal trainer and have trained peer educators on human rights issues but there is nothing more difficult than talking about sex in a society full of cultural and religious taboos. I attended the Behaviour Change Communication training organised by Oxfam [CDO in Solomon Islands] in May 2005. Prior to this training I was very uncomfortable when I had to talk about HIV & AIDS issues and would use words such as “sleeping” for sex and “thing” for penis/vagina. The training has showed me that even though our culture does not allow us to express these words, we have to in order to address HIV/AIDS. It has showed me that straight talking is best in order for people to get the message loud & clear in order for us to curtail HIV/AIDS & reduce poverty. As a trainer I have since talked to my peer educators and stressed to them that HIV & AIDS has no barriers and we should not use culture and religion as an excuse.

#### **Why do you think this is a significant change?**

I believe firmly now that in addressing sexual issues I must talk about all issues involved even if it means that I’m going to be criticised for it. What I mean is that, now in my Human Rights training I also talk about how diseases can also lead us into poverty & less quality of life. This is a new change in my trainings.

### **Output 1.4: Strengthening HIV/AIDS and STI Surveillance**

**OI-5: At least 70% of PICTs not covered by GFATM funded surveillance activities collect and report at least annual routine HIV/AIDS & STI surveillance data to PPHSN Focal Point (SPC Public Health Surveillance and Communicable Disease Control Section)**

#### **Progress against indicator**

This indicator was partially achieved in 2005.

Surveillance activity refers to two sets of data (HIV/AIDS and STIs) that should be collated and reported annually. In 2004, 100% of the 22 PICTs reported HIV and AIDS passive surveillance data to the PPHSN Focal Point. Reports were made by the PICTs based on the number of cases of HIV and AIDS detected and those who were known to be living with HIV in each of the countries. However, only 30% (6) reported STI surveillance data which is

of concern given STIs are an important proxy for measuring risk and vulnerability in low HIV prevalence situations. (See **Annex 7**).

There has been other significant progress in strengthening HIV surveillance to which the Surveillance Specialist has contributed. With funding from the Global Fund project, six PICs: Fiji, Kiribati, Samoa, Solomon Islands, Tonga and Vanuatu, have undertaken the first round of second generation HIV surveillance surveys. The surveys include reporting of HIV infection, STIs and behaviours in different population groups including ante-natal clinic attendants and STI patients, uniformed service personnel and seafarers. Information collected will be important baseline data for national programs. The SPC HIV/AIDS surveillance specialist will collate and interpret the data for use in the national programs and for use at the regional level to inform implementation of the 2004 – 2008 Regional Strategy.

### **Lessons learned**

Differentiated data is required to ensure that routine surveillance for both HIV/AIDS and STIs is undertaken. There is a need to emphasise the importance of more regular reporting of STIs to the SPC/PPhSN in future. The challenges for PICTs are to incorporate the reporting of HIV/AIDS and STIs into national surveillance systems, to provide quality information for national responses, and to provide regular reports for M&E of the Regional Strategy.

The delay in completing HIV and STI surveys in PICs is mainly due to a lack of technical capacity in PICs to undertake the activities (surveys). Although there was training provided on the conduct of surveys prior to the commencement of HIV and STI surveys, the low capacity in some countries has meant that there was a need to provide further in-country support. As the only resource person in the region available for providing technical advice on the conduct of surveys, the Surveillance Specialist is severely over stretched and unable to support all the countries that require his advice. It is therefore important to plan for additional in-country technical support.

### **Future Action**

The project will assist in:

- strengthening country level surveillance systems; and
- improving reporting systems to enable NACs to accurately report and conduct meaningful reviews of national strategies.

During 2006, to ensure that all partner countries are able to access technical assistance for surveillance when required, PRHP will identify and provide additional technical assistance to work with the Surveillance Specialist to assist PICs conduct surveys and the capacity building of local counterparts.

## **Output 1.5: Regional Strategy has been monitored and evaluated**

### **OI-6: Evidence that mid-term and end-of-term evaluations of the Regional Strategy have been completed**

This indicator is the subject of future reporting.

### **OI-7: Evidence that the Regional Strategy has been monitored**

This indicator is the subject of future reporting.

## Component 2: Strengthened Capacity to Implement National Strategies

The objective of Component 2 is to increase the capacity of PIC governments and non-government organisations in 14 countries to develop and implement effective HIV/AIDS/STI prevention and control activities. Support is provided to PICs to strengthen their capacity to implement national HIV/AIDS strategies at two levels. Firstly through support to National AIDS Council/Committees (NACs) or an equivalent organisation, and secondly through support to Capacity Development Organisations (CDOs) and NGOs in strengthening the HIV responses at the community level and for vulnerable groups. Through supporting the development of national strategies; capacity building of stakeholders including NACs, government and civil society organisations; and the provision of grant funding, PRHP is able to ensure an integrated approach to strengthening the capacity of PICs to respond effectively and appropriately to the emerging HIV/AIDS situation.

### **PI-4: At least 70% of 14 NACs involved in Component 2 assessed as demonstrating improved functioning between baseline and end of project**

A NAC or equivalent body has been established in thirteen of the fourteen PICs, though in smaller states these may not have a sole HIV/AIDS mandate. The project has identified the following five criteria for assessing improved functioning of NACs:

- i. Degree of knowledge of current national HIV response.
- ii. Degree and quality of documentation of current HIV response.
- iii. System of annual review of the implementation of the national HIV strategy.
- iv. Quality of reporting on annual process of review and planning.
- v. Quality of annual national HIV/AIDS work plans.

### **Progress against indicator**

A baseline assessment of the functionality of NACs (or equivalent) in 14 partner PICs is shown in **Annex 8**. The results indicate that the majority of NACs are not yet functioning effectively. Out of a maximum score of 70 for the five sub-indicators above, the total scores attained ranged from zero to 40. Solomon Island's NAC had the highest capacity (n=40), demonstrating a high level of functioning in three of the sub-indicators (degree of knowledge of the current HIV response, degree and quality of documentation, and system of annual review) and medium functioning with regard to the quality of reporting on annual planning and review processes and national HIV/AIDS work plans. Fiji, Kiribati, Palau and Tuvalu demonstrated effective functioning in terms of knowledge of current HIV/AIDS responses and having fair to good supporting documentation. The presence of systems for review, planning and reporting remains weak.

In general, while most countries have current NSPs, they scored poorly on system of annual review of the responses, reporting on the reviews and development of annual action plans. Key issues include staff capacity, access to resources, and the presence of an enabling policy environment and systems. In the Solomon Islands and, to a less extent, Fiji, the NAC has increased capacity primarily because HIV/AIDS is recognised by government as a

development priority. Thus, for Solomon Islands and Fiji, the NACs are appropriately staffed, resourced and have a clear policy focus. In Kiribati, Tuvalu and Palau, the capacity of the NAC to influence government and effectively coordinate responses is increasing. In the remaining 9 countries, NACs are struggling to function in an environment where HIV/AIDS is not seen as a key health issue and countries do not currently acknowledge HIV/AIDS as a concern for broader development assistance. This is demonstrated by the results showing the NACs in these PICs having limited influence, staff capacity and a lack of dedicated resources.

### **Lessons learned**

The process of developing NSPs and Action Plans has improved capacity to undertake situation analyses and coordinate with country and development partners. For example, significant changes in stakeholder engagement were observed in the Marshall Islands through recent preparation of its NSP.

Funding for HIV response is also now recognised for the first time in national budgets as a separate line item in Fiji, Solomon Islands, Tuvalu and Kiribati.

At the regional level coordination still remains a key issue. Of particular concern, the Global Fund's establishment of Country Coordination Mechanisms (CCMs) have in some countries duplicated the NACs, potentially limiting their effectiveness. While this situation has been rectified in some countries where the NAC is synonymous with the CCM, regional agreement is needed to support one mechanism at country level in all PICs to ensure consistency with the three one's principle.

### **Future action**

In 2006, PRHP is prioritising its support to NACs to review their strategies or prepare new NSPs for those that expire in 2005. The preparation of targeted and achievable annual action plans will include a process for annual review and planning to further improve NAC functioning over time.

### **PI-5: At least 70% of CDOs assessed as demonstrating improved functioning between baseline and post-training survey**

CDOs are an important cornerstone of the PRHP strategy to strengthen PIC's capacity to respond to HIV. They are intended to enable PRHP to extend the capacity building and financial support necessary to expand the HIV response in partner PICs far beyond what would be possible with only a small team based in Suva.

The major focus of the work of the CDOs is to act as a catalyst for other organisations to respond to HIV and to provide technical and project management support. CDOs assist in mobilising other groups to start or expand their work on HIV and AIDS at a national level, in line with NSPs, providing them with the necessary support to do so through training, coaching and assistance in accessing PRHP grant resources.

### **Progress towards achievement of the indicator**

CDOs are now functioning in eight of the 14 countries. Initially, many of the organisations selected as CDOs had relatively low levels of organisational and project management skills. The knowledge and experience of the majority of CDO coordinators about HIV programming was also limited. Following engagement and training, we are now seeing

evidence of change in three key areas with 1) an increase in activity; 2) increase in skills through capacity building; and 3) evidence of transfer of these skills from the CDO to other stakeholders.

After one year of operation, a baseline assessment of CDO functioning has been completed. The assessment has been informed by a range of research methods including semi-structured interviews with key informants and documentary analysis of applicable key documents. The assessment is designed to include a comparison of at least five areas of CDO functioning:

1. Project development and support where the CDO, in collaboration with the NAC, coordinates PRHP activities in-country.
2. Capacity building where the CDO provides support: to other organisations to access the grants and services of PRHP; and direct capacity development support through training, coaching and mentoring of partner organisations.
3. M&E where CDOs monitor and evaluate all project activities funded through the NAC grants program.
4. Financial management and reporting where the CDO is responsible for financial management and reporting of its CDO grant and all NAC grant funds.
5. Coordination and monitoring and evaluation of the national response through CDOs' contribution to supporting the NSP's organisational and M&E functions.

The rating of the eight CDOs with respect to the first four sub-indicators above are summarised in Table 8.1 (**Annex 9**). Functioning of CDOs is variable. Vanuatu CDO has the highest level of functioning overall, as indicated by the management of the NAC Grant program, the number of capacity building initiatives organised and financial reporting to PRHP. Solomon Islands, Vanuatu and Fiji CDOs have initiated capacity building activities in addition to the project design and management training and behaviour change workshops initiated and facilitated by PRHP. Overall, Solomon Islands CDO demonstrates the highest functioning in the area of capacity building, having independently initiated two training activities.

CDOs are also supporting the development of HIV technical capacity (see Table 8.1 (**Annex 9**) mainly through organising training events (such as PDM and BCC workshops) and through on-the-job coaching and technical advice (e.g. providing feedback to applicants on how to improve their grant proposals). Some CDOs showed surprising initiative. Tuvalu CDO, for example, developed a proposal writing kit for NAC Grant applicants and implemented a three-day proposal writing workshop as in-country follow-up to PRHP's PDM workshop.

NAC Grants Programs have commenced in six out eight countries. There are different reasons for the delay in establishing the NAC Grants Program in the other 2 countries. In Kiribati there was a delay in the establishment of Kiribati HIV/AIDS & TB Task Force (KHATF) as NGO and the consequent delay in recruitment of a Coordinator. The delay in Tonga has been due to a number of personnel changes in the CDO.

Despite these limitations, interviews with key informants indicate that CDOs have become an important part of the HIV response in their respective countries and are making

substantial and appreciated contributions to the coordination, implementation, and M&E of the national response (see Table 8.3 (**Annex 9**)), including:

1. The functioning of the NAC;
2. Global Fund's CCMs;
3. National HIV policy or strategy development;
4. Communication with, and mobilisation of, NGOs in the national response; and
5. Other contributions to national coordination.

Based on CDO information<sup>4</sup> presented in Table 8.4 (**Annex 9**), it appears that:

- Four of eight CDOs (50%) provided administrative support to the NAC (Samoa, Solomon Islands, Tuvalu and Vanuatu).
- Four of eight CDOs (50%) played an active role in increasing the participation of civil society institutions (especially NGOs) in the planning, implementation and monitoring of the national response (Vanuatu, Tuvalu, Solomon Islands and Fiji).
- Three of the eight CDOs (38%) contributed to the development of national HIV policy or strategy. In two cases (Kiribati and Samoa), the CDO provided administrative support. In one case, the CDO provided substantive policy input (Solomon Islands).
- Three of the eight CDOs (38%) assisted the GFATM's CCM:
  - To avoid duplicating existing services in the GFATM submission by providing information on PRHP activities (Tonga);
  - By consulting, networking and encouraging multi-sectoral input into the GFATM proposal (Solomon Islands); and
  - By acting as the coordinating secretariat for the (combined) NAC/CCM (Samoa).
- One CDO supported Leuleumafana to re-establish itself as the umbrella AIDS organisation for NGOs in Tonga.

According to CDO self-reports [and NAC corroboration where available (for five of eight CDOs)] all CDOs have been networking effectively with other NGOs. Only two CDOs did not cite any government departments as agencies with which they were working (Cook Islands and Fiji). According to key informant sources, six of the eight CDOs worked with the Ministry of Health (MoH), while three CDOs worked with the education ministries (Tonga, Tuvalu and Vanuatu). Some sources did not specify which government departments

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<sup>4</sup> As far as possible (five out of eight countries), a representative of the NAC and CDO were interviewed to corroborate CDO-led evidence. In four out of five of these instances, the CDO representative nominated an additional function compared to the NAC representative. This is not surprising as CDO functions are higher in the minds of CDO informants than of NAC informants. It is normal for service providers to have a more detailed recall of their own service than their clients. Significantly, in no cases, was the divergence more than one function (see Table 3.4 Annex 3). Unfortunately, the self-reports of CDOs in Cook Islands, Samoa and Tonga are uncorroborated by a NAC representative due the latter's unavailability during the field research period.

or Non-government organisation (NGOs) the CDOs worked with, but said merely ‘across the board – government and NGO’ (see Table 8.2).

### Lessons learned

In the partner countries where the CDO program is operating, the role of the CDO, in providing critical support to other stakeholders at national and community levels, indicates that the CDO model is appropriate.

A critical factor for success is the effectiveness of the CDO Coordinator.

‘M&E’ does not emerge as a key priority, strength or service provided by CDOs.

### **Case Study: CDO contribution to the organisation and implementation of the national response in the Solomon Islands**

The CDO is playing a complementary and supplementary role to the NAC. They have been playing a leading role in getting NGOs to the stakeholders meetings and making meaningful contributions. Before, there used to be a demarcation between Government and NGOs, but now with the presence of the CDO, NGOs are active participants in meetings, in decisions being made regarding the organisation, implementation and monitoring of the NSP. This is important in terms that the Government does not have to keep being on the NGOs back to come to the meetings. The CDO has created an NGO environment in their participation in the Solomon Islands’ NAC. This is also an important lesson that we are learning and would like to use for other Public Health programs, eg Tuberculosis (TB). ‘

I have found them really helpful as they do not wait for Government but are taking lead role and spearheading in getting NGOs and communities organized of meetings and workshops. The Government is always stretched in terms of people to organize these, and the NGO is now filling in this gap. They also spearhead planning, organizing and implementing capacity building programs for NGOs and Government like BCC, M&E, MSC, and the PDM workshop.

They have a strong role in getting activities done to meet the objectives of the National Policy and multi-sectorial HIV NSP The CDO is playing an important role in being a partner of the health sector in driving the response and acting like the secretariat. They are helping make up for the absence of people within Government and are being a partner in that regard. That is what I was looking for, so that the work and coordinating the response does not fall only on MOH’s hands all the time. The CDO has now been selected to chair the Information, Education, Communication (IEC) committee on the NAC and this shows the growing partnership. Its role is to do a needs-assessment, organize and implement IEC oriented activities that are in the NSP.

*Transcript of interview with Dr George Malefoasi, Under-Secretary of Health, Ministry of Health, Solomon Islands*

### Future action

A Review of CDOs will be conducted in 2006. The review will assess key performance factors, review the level of alignment of activities with NSP priorities, and assess current and potential future capacity development strategies. Training in M&E has already been identified as a priority to address the current lack of capacity in this area. Other capacity building initiatives for 2006 will include a program of mentoring and exchanges between

CDOs & NACs and the continued involvement of CDOs in supporting NACs' annual planning and reviews.

**PI-6: Evidence of at least 4 sectors active and involved in planning or implementing HIV national strategy in 70% of PICs by end of project (2008)**

Multi-sectoral involvement is important in two key areas: 1) national strategic planning and review processes and 2) implementation of national HIV/AIDS responses. For the purpose of this analysis sectors are defined to include policy/program type sectors, e.g. health, youth and education or in terms of actors such as government, civil society, church, traditional leaders and private sector. The range of sectors engaged differs between different countries.

**Progress against indicator**

PRHP has supported three PICs to develop NSPs which achieved multi-sectoral engagement well exceeding the proposed indicator target. In each country, five government sectors were involved in the planning process. Local government, Members of Parliament, traditional leaders, youth groups, women's groups, and police also participated in workshops.

**Table 2: Numbers of sectors involved in NSP development**

| Country          | When NSP Developed | Number of sectors involved |
|------------------|--------------------|----------------------------|
| Solomon Islands  | October 2004       | 11                         |
| Kiribati         | March 2005         | 9                          |
| Marshall Islands | April 2005         | 7                          |

However, a much smaller range of sectors are currently involved in implementation. There are a number of contributing factors including the current progress of implementation of NSPs and the lack of capacity and resources of some sectors that ideally need to be more involved.

**Lessons learned**

Involvement in planning does not guarantee involvement in implementation. The lack of action by some sectors may reflect the lack of availability of resources for implementation. To enable a broader range of sectors to become more engaged in the national HIV responses there is a need to increase awareness and improve understanding about appropriate sector responses for HIV and provide assistance with the development of country specific sectoral responses.

**Future action**

Resources being made available through PRHP and other donors/development organisations should support broader sector involvement in the implementation of NSPs. Similarly, the development of Action plans should support implementation of targeted and tangible activities which better identify opportunities for involvement by a broader range and diversity of sectors. In consultation with NACs and CDOs, PRHP will undertake training in mainstreaming HIV responses for non-health sectors to better enable them to become more meaningfully engaged in national HIV responses.

**PI-7: At least 70% of PRHP's gender, youth, vulnerable groups strategy (GYVGs) intended activities implemented and/or targets met**

**Progress against indicator**

Quality data collected on this indicator will be the subject of future reporting.

**Lessons learned**

Many of the recommendations in the strategy are broad and beyond the control of PRHP, so are not necessarily reliable or useful indicators. PRHP is reviewing the feasibility of the recommendations to assess performance in the areas of gender, youth and vulnerability and will develop appropriate indicators for use by the project.

**Future action**

PRHP will prepare a revised checklist of project indicators on gender, youth and vulnerable groups by the end of 2005.

**PI-8: At least 70% of updated national strategies or action plans assessed as 'satisfactory' using gender-sensitivity checklist as per the gender and vulnerable group strategy**

**Progress against indicator**

To date, this indicator has not been achieved. The gender sensitivity checklist will be applied to the draft NSPs for Kiribati and Marshall Islands to ensure the final NSPs achieve compliance.

**Future action**

In 2006, PRHP will ensure a stronger gender focus through the use of a gender adviser to contribute to all capacity building module designs and training materials.

**Output 2.1: National HIV/AIDS/STI strategic plans reflecting current needs developed by each PIC**

**OI-8: At least 70% of PICs have a current HIV/AIDS Strategy (either NSP or incorporated in other National Plans) that meets current needs (new indicator)**

**Progress against indicator**

Ten of the 14 PICs have current NSPs. The three revised/new NSPs developed with PRHP assistance have been assessed as meeting current needs as identified in the country situational analyses.

Six of the current NSPs will expire by the end of 2005. In these countries PRHP will assist PICs to review the individual country's current needs and provide technical assistance for the development of updated NSPs. It may not be appropriate to adopt the same model of "Comprehensive NSPs" for the remaining three countries (Nauru, Nuie and Tokalau). These countries are sufficiently different, are small island states with quite different requirements and resources and are apparently yet to be directly affected by the epidemic. There is a need to undertake situational analyses in these countries to confirm and develop alternative

strategies more appropriate to their respective needs and which may be incorporated within existing sector plans (eg. health) or their national development plans.

### **Lessons learned**

The current two step process of undertaking a review of an existing NSP (Kiribati and Solomon Islands) and undertaking a situation analysis (Marshall Islands) has the benefit of producing good data on which to base the development of a new plan. The process has the added benefit of engaging key stakeholders and initiating community discussion about HIV (Marshall Islands). However it does take time and can be costly if outside technical assistance is used to facilitate the process. To reduce costs, PRHP has trialled a strategy to engage MPH students with skills in social research to assist countries in the first step of undertaking situation analyses. This was successful in Marshall Islands and will be repeated in Palau and Federated States of Micronesia if appropriately qualified post-graduate students can be identified.

The length of time taken for the process to be completed can be extensive. Without a proper process to engage stakeholders, particularly where there is little or no previous experience in consultative processes and or active engagement in strategic planning, there is a risk that there could be no local ownership of the plan and it will not be implemented. PRHP must ensure that NSPs are PIC-led and achieve broad stakeholder engagement to ensure ownership of the plan and its implementation and monitoring. Capacity building will support this process. CDO involvement to assist NACs has proved to be effective and a similar model will be continued.

Regardless of whether a comprehensive NSP or an appropriate alternative strategy is developed stakeholder engagement and capacity building remains crucial. This will be challenging where HIV/AIDS is not a development priority as there is few or no HIV infections reported and awareness is low.

### **Future action**

PRHP will assist PICs to more actively engage regional development partners in the process of developing NSPs. This will include the continued use of the CDO Model. In addition the Review of National Coordinating Mechanisms to be completed by the end of 2005 will inform strategies to improve NSP development. The project will aim to facilitate the incorporation of innovative interventions and approaches including the continuum of treatment, care and support models and Anti-retroviral (ARV) treatment regimes.

### **OI-8: Evidence that 50% of PICs have annual action plans for 2007 and 70% of PICs have annual action plans for 2008**

#### **Progress against indicator**

To date PRHP has supported the development of three national HIV/AIDS action plans. The development of these plans was informed by a review of the HIV/AIDS situation and response to date which identified inter alia the current needs and priorities for action.

### **Lessons learned**

To date, PICs have not had a well defined process for developing annual action plans and intensive support from PRHP or other organisations has been required to support the process.

**Future action**

The annual NAC/CDO meetings will provide a structured process for initiating a review of past action plans and development of updated plans for the following year and identifying the support needed to ensure plans are accepted, implemented and monitored at country level.

PRHP will link NAC Grants to annual action plans rather than NSPs. This will assist countries to target the Grants to the priority areas identified in plans.

**Output 2.2: National level capacity building plans for NACs, government departments and civil society organisations developed and implemented**

**OI-9: 70% (10) of 14 PICs develop a national HIV capacity development plan**

**Achievement against indicator**

Draft capacity development plans have been developed for the eight PICS with CDOs during the NAC/CDO workshop in August 2005. Plans have also been developed for the Marshall Islands, Palau and Federated States of Micronesia during PRHP visits to these countries. More input is needed by some NACs and CDOs to finalise these plans.

**Lessons learned**

Stronger collaboration between the NAC and CDO in the Solomon Islands has resulted in better awareness of capacity development needs in the country. PRHP is aiming to replicate the Solomon Islands' model in other PICs.

Greater support is needed by regional partners in aligning support and capacity development activities to the needs identified in capacity development plans. PRHP has begun action by circulating draft plans to all regional partners, which will assist NACs to better coordinate development assistance.

**Future action**

The Solomon Islands' model plan will be made available as a template for use by other countries. Annual Plans will be used to guide PRHP support and will be shared with other development partners to assist them to provide complementary and appropriate assistance and avoid duplication.

**OI-10: At least 10 of the 14 PICs implement 70% of their national capacity building plan each year**

This indicator is the subject of future reporting.

**Output 2.3: Projects designed and implemented to support the achievement of National HIV/AIDS/STI strategic plans through a well coordinated Grants Scheme**

The development of the Grants Scheme was informed by extensive consultation during PRHP introduction visits to ten Pacific countries and meetings and workshops undertaken with a range of stakeholders. Based on these discussions PRHP proposed to divide the scheme into four targeted programs. These programs will support the functions of NACs (or their equivalent), ensure a local response to the identified priorities and enable effective scaling up of the HIV/AIDS response in countries through support to a wider range of

organisations. The Scheme supports organisations and approaches that already have national and regional recognition. The scheme ensures that capacity development is an integral part of the grant scheme across the range of partner organisations.

The four Grants Programs are as follows:

- The CDO Grants Program: a program which engages an NGO within each PIC nominated by NAC (or equivalent) to provide for the on-going capacity needs of all grant project participants. This program is not available for funding individual projects.
- The National AIDS Council (NAC) Grants Program: a small grants program managed and administered locally through the NAC (or its equivalent) with support from the PRHP. CDOs are responsible for financial management and monitoring.
- The Competitive Grants Program: a competitive pool of funds providing larger grants to government departments and civil society organisations that already have a track record in HIV projects and are aware of the donor requirements for grants funding.
- The Rapid Response Grants Program: a small discretionary pool of funds held at the PRHP office which is flexible and able to respond rapidly to promote and support innovative ideas both nationally and regionally.

#### **OI-11: Evidence that Grants Guidelines accepted by AusAID as comprehensive and complete**

##### **Achievement against indicator**

This indicator has been fully achieved.

The guidelines were approved by the Australian government in July 2004. Modifications to these original guidelines were made following the PCC meeting in May 2005. These modifications addressed the following issues for each grants program:

*NAC Grants:* PRHP raised the issue if un-used NAC grants could be diverted to other grants programs. The PCC agreed and the following clause was added to the NAC grants guidelines: “Assessment of NAC Grants will be undertaken at 3 months. Following that, if at 6 months there is no progress the NAC will be contacted to identify activities that can be conducted in the next 6 months, otherwise the funding will be re-allocated”.

*Competitive Grants:* The issue was raised regarding targeting of the Competitive Grants Program to address the needs of vulnerable groups in the region and the issue that the ceiling of \$50,000 per year could be restrictive to some well-established organisations. The PCC agreed that the guidelines for this grants program be updated to reflect a more targeted use of these funds. The amendments were made and circulated to PCC members prior to the advertisement of the second round of Competitive Grants funding. It was also agreed that flexibility in funding limits also applied to the Rapid Response Grants.

##### **Lessons learned**

While the current Grant Guidelines are sound, PRHP must be open to modifications to adjust to the changing context and be responsive to program needs and priorities.

## **Future Action**

Following comments provided by the PCC and grant recipients the Grant Scheme Guidelines have been amended to allow greater flexibility within the funding ceilings for each grant program and to ensure that the Competitive Grants Program is more targeted according to the identified needs and priorities. For the second round of the Competitive Grants Program submissions, organisations have been specifically asked to address the needs of vulnerable groups as a priority for funding. It is expected that the guidelines for future rounds will be amended to address agreed priorities for that round.

The Rapid Response Grants Program was initially developed to respond to projects with an immediate need for funding. In 2006 the Rapid Response guidelines will be revised to allow PRHP to allocate larger amounts of funding, up to \$50,000/ year to priority pilot activities. This revision will allow PRHP to support innovative pilot projects and be able to respond to these needs in a timely and flexible manner. It is envisaged that providing additional donor funding is available the pool of funds available through this program will be increased to \$250,000 per year.

### **OI-12: All funded NAC and Competitive Grant projects are consistent with their National Strategic Plan**

To ensure all approved projects are consistent with the NSP in each country, NAC grants are appraised and approved by the NAC or equivalent. All proposals submitted for funding from the Competitive Grants Program are expected to receive an endorsing signature from the NAC.

### **OI 13: Percentage of all Grant Scheme progress reports annually received on time increases by 10% for the final year of the project compared to the baseline data collected in the first year of the project**

#### **Achievement against indicator**

##### **NAC Grants Program**

In this reporting period only one consolidated NAC grant report was due. The report was received on the due date and is currently being reviewed by PRHP staff.

##### **Competitive Grants Program**

Under the terms of the Competitive Grant project agreements between the grant receiving organisation and PRHP, the organisation is required to submit a financial and narrative report on a quarterly basis with the disbursement of future tranches of funds linked to the receipt and approval of these reports. At the end of June, of eight organisations due to report, three reported before their due date, three are overdue and two have not yet reached their reporting date. Four other projects will submit their first quarterly reports in the next quarter. A summary of project activities is provided in the Competitive Grant Summary at **Annex 11**.

##### **CDO Grants Program**

Under the terms of the CDO service agreements between the CDO and PRHP, the CDO is required to submit a financial and narrative report on a quarterly basis with the disbursement of future tranches of funds linked to the receipt and approval of these reports.

To date only one CDO out of eight has consistently provided reports on time. The current reporting period has shown an improvement on the last quarter with at least 4 CDOs providing reports that are less than a week overdue as compared to the previous quarter when only 2 CDOs reported on-time or within a week of the due date. The quality of CDO reporting has on the whole been good. Activities of each CDO are provided in **Annex 12** which provides an update against the PI 5 indicators based on the content of the reports received.

### **Rapid Response Grants Program**

Under the terms of the Rapid Response Grant project agreements between the grant receiving organisation and PRHP, the organisation is required to submit a financial and narrative report when the project has been completed. To date five projects have been funded through this grants program. Only one project has provided its report by the due date. One organisation provided their report six months late although this was due to multi donor funding requirements and complications.

### **Lessons learned**

The commencement of the NAC Grants Program in each PIC has been dependent on the CDO having capacity to manage the program. The NAC Grants Program is now established in six of the eight countries where the program will be operational. The response to the NAC Grants Program has been good in all countries that have advertised and received applications. Approval rates for proposals vary from 90% in Samoa, to no approvals in the first round in the Solomon Islands because of quality issues, which have since been addressed. Project approval ratings in Vanuatu and Cook Islands were 56% and 38% respectively based on quality and budget constraints. The priorities for funding in each country have been based on their NSP, with the exception of Samoa which has used priorities established in the MOH Action Plan for HIV/AIDS.

PRHP provides feedback on the reports as necessary to support competitive grant reporting as a project M&E tool. It allows the organisation to raise issues in the implementation of the project that need to be addressed by PRHP. It also allows PRHP to clarify implementation issues with the implementing organisation.

### **Future Action**

PRHP is working with partner organisations to ensure that good systems are in place to collect, collate, analyse and document in a timely manner the required information and lessons learned. These systems are being developed with overall project indicators in mind to ensure that information provided supports the M&E process and the future activities of PRHP in the respective country

Ongoing monitoring of the NAC Grants Program in country is conducted by the CDO. Evaluations of NAC Grants will commence in the next year as more Grants programs become operational. As described in the Milestone 3 “Grant Scheme Overview”, at least two of the NAC Grants Programs will be evaluated each year. The methodology used will include rigorous sampling at program and client level, semi-structured interviews and documentary review of project and program records. Mixed evaluation teams based on the skills and knowledge required will be used as per the Grant Scheme Guidelines. The evaluation will provide the opportunity to review and assess the program with a view to

making improvements in how the program functions; it will ensure that the NAC grants program is “value adding” to the national HIV response and it will ensure that the funding is being used as an integral and useful resource in the implementation of the NSP in each respective country. The first evaluation will be conducted in 2006.

**Output 2.4: National Strategies have been monitored and evaluated**

**OI-14 Between 2005 and 2007, at least 8 of 14 PICs conduct an annual evaluation of National Strategy implementation.**

This indicator is assessed annually and a final achievement evaluated in 2008. Up to June 2005, three PICs, Kiribati, Solomon Islands, and Tuvalu have reviewed the implementation of their respective NSPs.

**Component 3 Effective and efficient project coordination and management**

The objective of Component 3 is to provide effective and efficient project coordination and management. PRHP is a complex project, involving two management entities SPC and the Australian Management Contractor (International Development Support Services [IDSS] as lead contractor in association with Burnett Institute). PRHP Teams are based in Fiji and Noumea and operate at both a regional and country level across 14 PICs.

**Output 3.1: Effective and efficient project management and coordination will have been achieved.**

The complexity of PRHP and the significant number of partners requires a high level of communication and coordination, transparency in operations, clear management processes and a collaborative approach. The coordination strategy developed at the beginning of the project identified formal mechanisms for coordination with the PRHP team in Noumea. In addition, PRHP aims to collaborate with other development partners and projects in Suva. Sharing information and identifying joint opportunities has been effective and beneficial for the project. For example, in 2004, PRHP circulated the project’s draft annual plan with a range of partners in Suva and invited comment and input. Subsequently, our annual training plan was circulated to all partners to ensure better coordination of training in the region. Sharing information has been further facilitated with the launch of the PRHP website, which aims to ensure access to information for partners and other stakeholders. All publicly available PRHP material will be posted on the website.

**OI-15: Project completely achieves at least 70% of its purpose level targets between 2003 - 2008**

This output indicator will be reported in 2008.

**OI-16: Component 1 completely achieves at least 70% of its output targets between 2004 - 2008**

This output indicator will be reported in 2008.

**OI-17: Component 2 completely achieves at least 70% of its output targets between 2004 - 2008**

This output indicator will be reported in 2008.

**OI-18: Component 1 completely achieves at least 70% of its annual activity targets**

The Project Activity Monitoring Matrix, which is included in 6-monthly reports, tracks implementation of annual planned activities. This indicator was achieved for 2004 with 96% of planned activities implemented. Currently at 79% of planned activities implemented, Component 1 is on schedule to achieve annual targets. The final achievements for 2005 will be reported in PMER-2.

| <b>Annual Workplan</b> | <b>No. of Activities planned</b> | <b>No. of Activities Implemented</b> | <b>% of Planned Activities implemented</b> | <b>Annual Target Achieved</b> |
|------------------------|----------------------------------|--------------------------------------|--|-------------------------------|
| 2004                   | 26                               | 25                                   | 96%  | Yes                           |
| 2005 (to 30 June)      | 19                               | 15                                   | 79%  | On schedule                   |

**OI-19: Component 2 completely achieves at least 70% of its annual activity targets**

The Project Activity Monitoring Matrix, which is included in 6-monthly reports, tracks implementation of annual planned activities. In 2004, 87% of planned activities for Component 2 were implemented. The achievement rating at June 30 2005 indicates that implementation of the 2005 annual plan of activities is on schedule.

| <b>Annual Workplan</b> | <b>No. of Activities planned</b> | <b>No. of Activities Implemented</b> | <b>% of Planned Activities implemented</b> | <b>Annual Target Achieved</b> |
|------------------------|----------------------------------|--------------------------------------|--|-------------------------------|
| 2004                   | 193                              | 168                                  | 87%  | Yes                           |
| 2005 (to 30 June)      | 198                              | 95                                   | 48%  | On schedule                   |

**OI-20: Coordination Strategy between SPC and AMC developed.**

Formal and informal coordination and collaboration mechanisms were needed to ensure that the project operated in unison, despite the different funding arrangements. A coordination strategy which described specific formal and informal coordination processes was developed by PRHP in 2004. There is excellent coordination and communication between PRHP Suva and Noumea. The initial situation assessment visits to PICs set the scene for the spirit of collaboration. Other formal processes, such as joint annual planning and reporting, ensure effective cooperation between the two teams.

**OI-21: At least 70% of planned activities under SPC/AMC's Coordination-strategy implemented annually**

| Annual SPC/AMC coordination activities | No. of Activities planned | No. of Activities Implemented | % of Planned Activities implemented | Annual Target Achieved | Comment   |
|--|---------------------------|-------------------------------|-------------------------------------|------------------------|---|
| <b>2004</b>                            |                           |                               |                                     |                        |   |
| PCC meetings                           | 2                         | 1                             | 50%                                 | N                      | The timing of the first PCC meeting was postponed from April to November 2004 to follow on from the Global Fund CCM meeting. This allowed some saving to be made on travel of Project Coordinating Committee (PCC) members from the region. |
| IGAP meetings                          | 1                         | 1                             | 100%                                | Y                      |   |
| Joint Annual Planning meetings         | 1                         | 2                             | 200%                                | Y                      | Two annual plans were developed in 2004. The June to Dec 2004 plan was developed in March 2004. The Jan to Dec Annual plan was developed in September 2004  |
| Other coordination meetings            | 3                         | 3                             | 100%                                | Y                      |   |
| <b>2005</b>                            |                           |                               |                                     |                        |   |
| PCC meetings                           | 2                         | 1                             | 50%                                 | Not yet                | Activity on schedule. Second PCC meeting will be held in December 2005  |
| IGAP meetings                          | 1                         | 0                             | 0%                                  | Not yet                | Independent Grant Assessment Panel (IGAP) meeting will be held in November after the end of the call for proposals for the second round of competitive grant founding.  |
| Joint Annual Planning meetings         | 1                         | 1                             | 100%                                | Y                      | Meeting to develop the 2006 was held in September   |
| Other coordination meetings            | 3                         | 2                             | 67%                                 | Not yet                | On target. Another coordination meeting is planned for Nov 2005   |

## **OI-22: Monitoring and Evaluation Framework (Milestone 7) accepted by AusAID**

This indicator has been fully achieved.

The M&E Framework was accepted by AusAID in November 2004. However, as this is the first M&E report, some lessons have emerged. Given the regional M&E framework has recently been developed and country-level activities are further progressed, it was timely to review the effective linking and integration of the M&E system.

The following are proposed changes to the current M&E Framework based on a review of its M&E indicators, data collection and processes. Any resource implications will be clearly outlined in the 2006 Annual Plan for AusAID approval.

### **New or revised indicators and data collection tools**

#### *Component one*

As all purpose level indicators have been achieved for Component one a new indicator PI-3 has been added:

*PI-3 “Evidence that the Regional Strategy is achieving its three purposes and three purpose-level indicators.”*

This indicator will be measured through observation and analysis of Regional Strategy’s annual reports and reported in annual PMER reports.

Revised OI-4 *“At least 75% (delete “70%”) of BCC materials developed with PRHP assistance assessed as (insert “80%”) consistent with BCC-development checklist”*. Achieving 100% consistency with the checklist was found to be an unrealistic target.

#### *Component two*

PI-5 Functioning of NACs will be measured through:

- An annual assessment of improved functioning (undertaken during NSP preparation or other visits)
- Annual survey of NAC capacity and feedback on PRHP services through phone interviews with 28 NAC and 8 CDO members.
- Most Significant Change (MSC) stories
- Observation and unprompted client feedback

PI-6 Functioning of CDOs will be measured through:

- An annual assessment of improved functioning during visits (including a specific review of CDO performance in 2006)
- Annual survey of CDO capacity and feedback on PRHP services through phone interviews with 28 NAC and 8 CDO members.
- Most Significant Change (MSC) stories
- Observation and unprompted client feedback

OI-8 split into OI-8.1 and OI-8.2 to distinguish NSPs and Annual Action Plans.

*OI-8.1 At least 70% of PICs has a current HIV/AIDS Strategy that meets current needs.*

*OI-8.2 Evidence that 50% of PICs have Annual Action Plans for 2007 and 70% of PICs have Annual Action Plans for 2008 in line with current needs.*

Propose to revise OI-4 to “At least 75% of BCC materials developed with PRHP assistance assessed as 80% consistent with BCC-development checklist developed by BCCS.”

*OI-10 At least 10 fo the 14 PICs implement 70% of their national capacity development plans each year.*

New data collection tools to assess the quality and effectiveness of training programs and training outcomes have been added as follows:

- Conduct pre- and post-tests and client feedback forms during each training activity
- Sample survey of training participants to assess training outcomes in relation to Knowledge Attitudes and Practices in the wokplace.

New OI-15 to measure outcomes of grant activities

*OI-15 Evidence that grant activity M&E information and lessons learned are analysed by PRHP and communicated to country and regional partners to inform future programs.*

- Two NAC Programs evaluated annually
- Cluster evaluation CGP Activities in two countries annuals (same as NAC programs)
- Assessment of CSP M&E reports
- MSC stories on Grant activities.



## Annex 1: Project Activity Monitoring Matrix (PAMM)

| PDD Ref.   | Activity   | Status   | Unit   | July - Dec 2004 | 2004 |     |      |     |     |     |  |  |  |  |  |  | Responsibility |  |   |
|------------|--|----------|--|-----------------|------|-----|------|-----|-----|-----|--|--|--|--|--|--|----------------|--|---|
|            |  |          |  |                 | July | Aug | Sept | Oct | Nov | Dec |  |  |  |  |  |  |                |  |   |
| 1.2.3      | Conduct meetings to facilitate integration of the regional strategy into SPC, PIF Secretariat and other Pacific regional organisations activities (PPHSN, CROP, PIF etc) | Current  | Number of meetings                             | 3               |      |     |      |     |     |     |  |  |  |  |  |  |                |  | HAA, BCCS                               |
| 1.2.4      | Develop and implement a regional Communication Strategy, including mechanisms for marketing the Project's Grant Scheme   | Complete | Communication Strategy                         | N/A             |      |     |      |     |     |     |  |  |  |  |  |  |                |  | BCCS, ATL, GM                           |
|            |  | Current  | No of media outlets for marketing grant scheme | 4               |      |     |      |     |     |     |  |  |  |  |  |  |                |  |   |
|            |  | Current  | Issues of Pacific AIDS Bulletin                | 2               |      |     |      |     |     |     |  |  |  |  |  |  |                |  |   |
| <b>1.3</b> | <b>Appropriate HIV/AIDS BCC methods used and materials available</b>   |          |  |                 |      |     |      |     |     |     |  |  |  |  |  |  |                |  |   |
| 1.3.1      | Identify regional training needs in behaviour change communication and conduct training for PIC government and civil society partners                                    | Current  | Regional training workshop                     | 1               |      |     |      |     |     |     |  |  |  |  |  |  |                |  | BCCS                                    |
| 1.3.2      | Undertake a review of generic HIV/AIDS/STI information materials in PICTs and identify gaps and needs for developing new materials                                       | Complete | Review report                                  | N/A             |      |     |      |     |     |     |  |  |  |  |  |  |                |  | BCCS                                    |
| 1.3.3      | Develop generic BCC materials  | Current  | Package of materials                           | 1               |      |     |      |     |     |     |  |  |  |  |  |  |                |  | BCCS, RMC, ST-YGVG                      |
| 1.3.4      | Assist PICTs in developing their own materials and methods and evaluation indicators   | Current  | Package of materials                           | 1               |      |     |      |     |     |     |  |  |  |  |  |  |                |  | BCCS, RMC                               |
| 1.3.5      | Submit six monthly progress reports to AusAID  | Current  | Progress Report                                | 1               |      | 1   |      |     |     |     |  |  |  |  |  |  |                |  | HAA, BCCS                               |
| <b>1.4</b> | <b>Strengthened HIV/AIDS &amp; STI Surveillance* (see Notes)</b>   |          |  |                 |      |     |      |     |     |     |  |  |  |  |  |  |                |  |   |
| 1.4.1      | Undertake pre-survey planning  | Current  | Survey protocol                                | 4               |      |     |      |     |     |     |  |  |  |  |  |  |                |  | HSS with PICT MoHs, WHO, GFATM          |
| 1.4.2      | Conduct surveillance training workshop   | Current  | Workshop                                       | 1               |      |     |      |     |     |     |  |  |  |  |  |  |                |  | HSS with PICT MoHs, WHO, GFATM          |
| 1.4.3      | Conduct HIV sero-prevalence survey   | Current  | Survey   | 2               |      |     |      |     |     |     |  |  |  |  |  |  |                |  | HSS with PICT MoHs, EpiNet teams, PPHSN |





## Annex 1: Project Activity Monitoring Matrix (PAMM)

| PDD Ref.                                 | Activity   | Status   | Unit  | July - Dec 2004 | 2004 |     |      |     |     |     |  |  |  |  |  |  | Responsibility |                          |
|--|--|----------|---|-----------------|------|-----|------|-----|-----|-----|--|--|--|--|--|--|----------------|--------------------------|
|  |  |          |   |                 | July | Aug | Sept | Oct | Nov | Dec |  |  |  |  |  |  |                |                          |
| 2.3.7                                    | Establish IGAP and organise meetings   | Current  | Number of meetings                                | 2               |      |     |      |     |     |     |  |  |  |  |  |  |                | GM                       |
| 2.3.8                                    | Assess grant applications (CDOs & competitive grants)  | Current  | Number of competitive grant proposals assessed    | 6               |      |     |      |     |     |     |  |  |  |  |  |  |                | NACs, ATL, GM, IGAP      |
|  |  | Current  | Number of CDO EOIs assessed                       | 7               |      |     |      |     |     |     |  |  |  |  |  |  |                |                          |
| 2.3.9                                    | Issue contracts following IGAP recommendations   | Current  | Number of contracts                               | 11              |      |     |      |     |     |     |  |  |  |  |  |  |                | GM                       |
| 2.3.10                                   | Support to grant holders if implementation issues arise  | Current  | % requests responded to                           | 100%            |      |     |      |     |     |     |  |  |  |  |  |  |                | NACs, CDOs, GM           |
| 2.2.11                                   | Review funded project progress and financial reports   | Current  | Number of reports reviewed                        | 8               |      |     |      |     |     |     |  |  |  |  |  |  |                | NACs, GM, MEO            |
| <b>2.4</b>                               | <b>Monitoring and Evaluation of National Strategies</b>  |          |   |                 |      |     |      |     |     |     |  |  |  |  |  |  |                |                          |
| 2.4.1                                    | Conduct annual reviews of the status of national strategic plan implementation with NACs and assess the contribution to these plans from projects funded under the grant scheme  | Current  | Reports of strategic plan update workshops        | 4               |      |     |      |     |     |     |  |  |  |  |  |  |                | NACs, MEA / MEO, GM, ATL |
| 2.4.2                                    | Identify lessons learnt and incorporate them into reports provided to SPC to inform the Regional HIV/AIDS Strategy and include as a standard agenda item for PCCs when available | Current  | Lessons learnt report                             | 4               |      |     |      |     |     |     |  |  |  |  |  |  |                | NACs, MEO, GM, ATL       |
| 2.4.3                                    | Communicate successful HIV/AIDS activities and lessons learned throughout the region   | Current  | News articles in Pacific AIDS Alert Bulletin etc. | 1               |      |     |      |     |     |     |  |  |  |  |  |  |                | NACs, MEO, GM, ATL       |
| <b>Component 3: Project Coordination</b> |  |          |   |                 |      |     |      |     |     |     |  |  |  |  |  |  |                |                          |
| <b>3.1</b>                               | <b>Effective and efficient project management and coordination will have been achieved</b>   |          |   |                 |      |     |      |     |     |     |  |  |  |  |  |  |                |                          |
| 3.1.1                                    | Establish Project office and Project management procedures   | Complete | Report  | N/A             |      |     |      |     |     |     |  |  |  |  |  |  |                | NA                       |
| 3.1.2                                    | Establish Project Coordinating Committee (PCC)   | Complete | Committee established                             | N/A             |      |     |      |     |     |     |  |  |  |  |  |  |                | NA                       |
| 3.1.3                                    | Organise PCC meetings  | Current  | Number of PCC meetings                            | 1               |      |     |      |     |     |     |  |  |  |  |  |  |                | ATL, HAA                 |





**Annex 2: Monitoring and Evaluation Schedule**

| PDD / IND Ref.  | Activity   | Status   | Unit   | Jan - Dec 2005 Target | 2005 |     |       |       |     |      |      |     |      |     |     |     | Responsibility                        |
|---|--|----------|--------|-----------------------|------|-----|-------|-------|-----|------|------|-----|------|-----|-----|-----|---------------------------------------|
|   |  |          |        |                       | Jan  | Feb | March | April | May | June | July | Aug | Sept | Oct | Nov | Dec |                                       |
| <b>Purpose Level Monitoring and Evaluation Indicators / Tasks</b> |  |          |        |                       |      |     |       |       |     |      |      |     |      |     |     |     |                                       |
| PI-1  | <i>HIV/AIDS included on Pacific Public Health Surveillance Network's list of priority communicable diseases for active surveillance by 2008**</i>                            | Complete | Report | N/A                   |      |     |       |       |     |      |      |     |      |     |     |     |                                       |
|   | Create table in PRHP's performance-PRHP's Logframe-Performance Database  | Complete |        | N/A                   |      |     |       |       |     |      |      |     |      |     |     |     |                                       |
|   | Observe list and enter data into PRHP's PRHP's Logframe-Performance Database for submission within 6-mthly / Annual Plans  | Complete |        | N/A                   |      |     |       |       |     |      |      |     |      |     |     |     |                                       |
|   | Report in relevant six monthly/Annual Plans  | Complete |        | N/A                   |      |     |       |       |     |      |      |     |      |     |     |     |                                       |
| PI-2  | <i>Evidence of increased multisectoral and Pacific Islander participation in the development of the 2nd regional strategy compared to the 1st</i>                            |          | Report |                       |      |     |       |       |     |      |      |     |      |     |     |     | HIV/AIDS/STI Adviser (HAA) and ST MEA |
|   | Create table in -PRHP's Logframe-Performance Database showing participation by sector and by ethnicity (Pacific Islander/non-Pacific Islander)                               | Complete |        | N/A                   |      |     |       |       |     |      |      |     |      |     |     |     | HAA, ST MEA                           |
|   | Content analysis of consultation meeting attendance lists and data entry.  | Complete |        | N/A                   |      |     |       |       |     |      |      |     |      |     |     |     | HAA, ST MEA                           |
|   | Report on indicator in relevant 6-mthly / Annual Plans.  | Current  |        | 1                     |      |     |       |       |     |      |      |     |      |     |     |     | HAA                                   |
| PI-3  | <i>Evidence of improvement in quality of M&amp;E Framework in the 2nd Regional Strategy compared to the 1st Regional Strategy .</i>  |          | Report |                       |      |     |       |       |     |      |      |     |      |     |     |     |                                       |
|   | Develop a quality checklist (informed by UNAIDS M&E guidelines) for assessing M&E framework of Pacific Regional Strategy. .  | Complete |        | N/A                   |      |     |       |       |     |      |      |     |      |     |     |     | HAA, ST MEA                           |
|   | Create table in PRHP PRHP's Logframe-Performance Database  | Complete |        | N/A                   |      |     |       |       |     |      |      |     |      |     |     |     |                                       |
|   | Content analysis of M&E Framework to see if there is evidence of improvement in quality of M&E Framework in the 2nd Regional Strategy compared to the 1st Regional Strategy. | Current  |        | 1                     |      |     |       |       |     |      |      |     |      |     |     |     |                                       |
|   | Report on indicator in relevant 6-mthly / Annual Plans.  | Current  |        |                       |      |     |       |       |     |      |      |     |      |     |     |     | HAA, ST MEA                           |

## Annex 2: Monitoring and Evaluation Schedule

| PDD / IND Ref. | Activity   | Status   | Unit       | Jan - Dec 2005 Target | 2005 |   |       |       |     |      |      |     |      |     |     |   | Responsibility |   |
|----------------|--|----------|------------|-----------------------|------|---|-------|-------|-----|------|------|-----|------|-----|-----|---|----------------|---|
|                |  |          |            |                       | Jan  | Feb   | March | April | May | June | July | Aug | Sept | Oct | Nov | Dec   |                |   |
| PI-4           | <b>At least 70% of 14 NACs involved in Component Two assessed as demonstrating improved functioning between baseline and post-training survey**</b>  |          |            |                       |      |   |       |       |     |      |      |     |      |     |     |   |                |   |
|                | Develop checklist for assessment of improved functioning.  | Complete |            |                       |      |   |       |       |     |      |      |     |      |     |     |   |                | Australian Team Leader (ATL), ST MEA, GM, HAA, PO |
|                | Conduct assessment. Visit same sample of 14 NACs in first and last years of project to assess degree and type of their capacity improvement using checklist  | Current  | Report     | 6                     |      | These assessments will take place during visits to PICs for other activities such as 2.1/4, 2.2.5 etc |       |       |     |      |      |     |      |     |     | Grants Manager (GM), Project Officers (Pos), ATL, Finance Manager (POs) |                |   |
|                | Prepare comparative report   | Future   |            | N/A                   |      |   |       |       |     |      |      |     |      |     |     |   |                | ATL   |
| PI-5           | <b>At least 70% of Capacity Development Organisations (CDOs) assessed as demonstrating improved functioning between baseline and post-training survey**</b>  |          |            |                       |      |   |       |       |     |      |      |     |      |     |     |   |                |   |
|                | Develop checklists (on CDO organisational capacity and CDO technical-service-provider capacity). (This is different from Annex 3 table.) and create table in PRHP PRHP's Logframe-Performance Database . | Complete |            |                       | N/A  |   |       |       |     |      |      |     |      |     |     |   |                | GM and ST MEA                                     |
|                | Conduct assessment. Visit same sample of CDOs in first and last years to assess the degree and type of their capacity improvement using two checklists .   | Current  | Report     | 8                     |      |   |       |       |     |      |      |     |      |     |     |   |                | PRHP staff  |
|                | Prepare comparative report   | Future   |            | N/A                   |      |   |       |       |     |      |      |     |      |     |     |   |                | ATL   |
| PI-6           | <b>Evidence of at least four sectors active and involved in planning or implementing HIV national strategy in 70% of PICs by the end of project (2008)</b>   |          |            |                       |      |   |       |       |     |      |      |     |      |     |     |   |                |   |
|                | Develop interview guide and tables for storing annual data for each country and all 14 countries on number of sectors active and involved in planning or implementing HIV national strategy.             | Complete | Guides     | N/A                   |      |   |       |       |     |      |      |     |      |     |     |   |                | ATL, ST MEA                                       |
|                |  | Complete | Table      | N/A                   |      |   |       |       |     |      |      |     |      |     |     |   |                | ATL, ST MEA                                       |
|                | Conduct key informant interviews with selected NAC members in 12 PICs annually.  | Current  | Interviews | 12                    |      |   |       |       |     |      |      |     |      |     |     |   |                | ATL, GM, Project Officers (POs), POs              |

**Annex 2: Monitoring and Evaluation Schedule**

| PDD / IND Ref.                        | Activity   | Status   | Unit      | Jan - Dec 2005 Target | 2005 |     |       |       |     |      |      |     |      |     |     |     | Responsibility |                    |
|---------------------------------------|--|----------|-----------|-----------------------|------|-----|-------|-------|-----|------|------|-----|------|-----|-----|-----|----------------|--------------------|
|                                       |  |          |           |                       | Jan  | Feb | March | April | May | June | July | Aug | Sept | Oct | Nov | Dec |                |                    |
|                                       | Summarise progress and reflect in 6-mthly reports and Annual Plans   | Current  | Report    | 1                     |      |     |       |       |     |      |      |     |      |     |     |     |                | ATL, ST MEA        |
|                                       | Prepare comparative report   | Future   | Report    |                       |      |     |       |       |     |      |      |     |      |     |     |     |                | ATL                |
| PI-7                                  | <b>At least 70% of PRHP's Gender, Youth, Vulnerable Groups Strategy (GYVGS) intended activities implemented and/or targets met.</b>  |          |           |                       |      |     |       |       |     |      |      |     |      |     |     |     |                |                    |
|                                       | Create table to monitor implementation of PRHP's Gender, Youth, Vulnerable Groups Strategy (GYVGS) activities/targets in PRHP PRHP's Logframe-Performance Database .             | Complete | Table     | N/A                   |      |     |       |       |     |      |      |     |      |     |     |     |                | ST MEA             |
|                                       | Include GYVGS activities in PRHP's annual workplans.   | Current  |           |                       |      |     |       |       |     |      |      |     |      |     |     |     |                | ATL, GM AND ST MEA |
|                                       | Enter data into GYVG monitoring table annually   | Current  | Report    | 1                     |      |     |       |       |     |      |      |     |      |     |     |     |                | POs                |
|                                       | Report on progress towards target within six-monthly and Annual Plans.   | Current  |           |                       |      |     |       |       |     |      |      |     |      |     |     |     |                | ATL, GM            |
| PI-8                                  | <b>At least 70% of updated national strategies or action plans assessed as 'satisfactory' using gender-sensitivity checklist as per the gender and vulnerable group strategy</b> |          |           |                       |      |     |       |       |     |      |      |     |      |     |     |     |                |                    |
|                                       | Develop and pilot gender-sensitivity checklist   | Complete | Checklist |                       |      |     |       |       |     |      |      |     |      |     |     |     |                | ST MEA             |
|                                       | Create data table  | Complete | Table     |                       |      |     |       |       |     |      |      |     |      |     |     |     |                | ST MEA             |
|                                       | Apply checklist to updated plans and report in data monitoring table   | Current  | Report    | 4                     |      |     |       |       |     |      |      |     |      |     |     |     |                | ST MEA             |
|                                       | Report on indicator within 6-mthly / Annual Plans  | Current  | Report    | 1                     |      |     |       |       |     |      |      |     |      |     |     |     |                | ST MEA             |
| <b>Component 1: Regional Strategy</b> |  |          |           |                       |      |     |       |       |     |      |      |     |      |     |     |     |                |                    |
| OI-1                                  | <b>Pacific Island Leaders Forum endorses 2004 - 2007 regional strategy</b>   |          |           |                       |      |     |       |       |     |      |      |     |      |     |     |     |                |                    |
|                                       | Observe minutes of Pacific Island Leaders Forum indicating endorsement of new regional strategy .  | Complete | Report    | N/A                   |      |     |       |       |     |      |      |     |      |     |     |     |                | HAA                |
|                                       | Enter data into table in PRHP's Logframe-Performance Database .  | Complete | Report    | N/A                   |      |     |       |       |     |      |      |     |      |     |     |     |                | POs                |

**Annex 2: Monitoring and Evaluation Schedule**

| PDD / IND Ref. | Activity   | Status   | Unit   | Jan - Dec 2005 Target | 2005 |     |       |       |     |      |      |     |      |     |     |     | Responsibility |             |
|----------------|--|----------|--------|-----------------------|------|-----|-------|-------|-----|------|------|-----|------|-----|-----|-----|----------------|-------------|
|                |  |          |        |                       | Jan  | Feb | March | April | May | June | July | Aug | Sept | Oct | Nov | Dec |                |             |
|                | Report on indicator within 6-mthly / Annual Plans  | Complete | Report | N/A                   |      |     |       |       |     |      |      |     |      |     |     |     | HAA            |             |
| OI-2           | <b>At least 70% of activities of each annual implementation plan of the regional strategy are implemented</b>                                    |          |        |                       |      |     |       |       |     |      |      |     |      |     |     |     |                |             |
|                | Create table in PRHP PRHP's Logframe-Performance Database .  | Complete | Report | 1                     |      |     |       |       |     |      |      |     |      |     |     |     | ST MEA         |             |
|                | Monitor performance of activities and send performance data to POs   | Current  |        |                       |      |     |       |       |     |      |      |     |      |     |     |     |                | HAA         |
|                | Enter data into table and calculate percentage of annual activities implemented  | Current  |        |                       |      |     |       |       |     |      |      |     |      |     |     |     |                | POs         |
|                | Annual report on indicator   | Current  |        |                       |      |     |       |       |     |      |      |     |      |     |     |     |                | HAA         |
| OI-3           | <b>By end of the 2004 regional strategy's lifetime (2008), at least 70% of the regional-strategy activities have been implemented</b>            |          |        |                       |      |     |       |       |     |      |      |     |      |     |     |     |                |             |
|                | Create table in PRHP PRHP's Logframe-Performance Database for annual summary data.   | Complete | Report |                       |      |     |       |       |     |      |      |     |      |     |     |     | HAA, ST MEA    |             |
|                | Observation of regional-strategy activities and of activity reports. Enter data into annual summary table.                                       | Future   |        |                       |      |     |       |       |     |      |      |     |      |     |     |     |                | HAA         |
|                | Send data to POs to enter into table in PRHP PRHP's Logframe-Performance Database .  | Future   |        |                       |      |     |       |       |     |      |      |     |      |     |     |     |                | POs         |
|                | Report at the end of project   | Future   |        |                       |      |     |       |       |     |      |      |     |      |     |     |     |                | HAA, ST MEA |
| O1-4           | <b>At least 70% of BCC materials developed with PRHP assistance assessed as consistent with BCC-development checklist developed by BCCS. [1]</b> |          |        |                       |      |     |       |       |     |      |      |     |      |     |     |     |                |             |
|                | Develop BCC-development checklist  | Complete | Report | 1                     |      |     |       |       |     |      |      |     |      |     |     |     | BCCS           |             |
|                | Create table in PRHP PRHP's Logframe-Performance Database  | Current  |        |                       |      |     |       |       |     |      |      |     |      |     |     |     |                | ST MEA      |
|                | Perform content analysis of BCC materials with checklist. Record data and send to POs.   | Current  |        |                       |      |     |       |       |     |      |      |     |      |     |     |     |                | BCCS        |

**Annex 2: Monitoring and Evaluation Schedule**

| PDD / IND Ref. | Activity  | Status   | Unit   | Jan - Dec 2005 Target | 2005 |     |       |       |     |      |      |     |      |     |     |     | Responsibility |        |
|----------------|---|----------|--------|-----------------------|------|-----|-------|-------|-----|------|------|-----|------|-----|-----|-----|----------------|--------|
|                |   |          |        |                       | Jan  | Feb | March | April | May | June | July | Aug | Sept | Oct | Nov | Dec |                |        |
|                | POs enters data into table in PRHP PRHP's Logframe-Performance Database .   | Current  |        |                       |      |     |       |       |     |      |      |     |      |     |     |     |                | POs    |
|                | Summarise in 6 monthly and annual progress reports.   | Current  |        |                       |      |     |       |       |     |      |      |     |      |     |     |     |                | BCCS   |
| O1-5           | <b><i>At least 70% PICTs not covered by GFATM funded surveillance activities collect and report at least annual routine HIV/AIDS &amp; STI surveillance data to PPHSN Focal Point (SPC Public Health Surveillance and Communicable Disease Control Section)</i></b> |          |        |                       |      |     |       |       |     |      |      |     |      |     |     |     |                |        |
|                | Observe that routine HIV/AIDS & STI surveillance data annually reported to PPHSN Focal Point by non GFATM PICTs   | Current  |        |                       |      |     |       |       |     |      |      |     |      |     |     |     |                | SPC SS |
|                | Send annual-reports-received data to POs  | Current  | Report | 1                     |      |     |       |       |     |      |      |     |      |     |     |     |                | SPC SS |
|                | POs enters data into table in PRHP PRHP's Logframe-Performance Database   | Current  |        |                       |      |     |       |       |     |      |      |     |      |     |     |     |                | POs    |
|                | Summarise in 6 monthly and annual progress reports  | Current  |        |                       |      |     |       |       |     |      |      |     |      |     |     |     |                | SPC SS |
| OI-6           | <b>Evidence that mid-term and end-of-term evaluations of the Regional Strategy have been completed.</b>   |          |        |                       |      |     |       |       |     |      |      |     |      |     |     |     |                |        |
|                | Create table in PRHP's Logframe-Performance Database  | Complete |        |                       |      |     |       |       |     |      |      |     |      |     |     |     |                | ST MEA |
|                | Observe mid-term and end-of-term evaluation reports of the Regional Strategy (or other evidence) and send data to POs.  | Future   | Report | N/A                   |      |     |       |       |     |      |      |     |      |     |     |     |                | HAA    |
|                | Enter data into table in PRHP PRHP's Logframe-Performance Database  | Future   |        |                       |      |     |       |       |     |      |      |     |      |     |     |     |                | POs    |
|                | Report at the end of project  | Future   |        |                       |      |     |       |       |     |      |      |     |      |     |     |     |                | HAA    |

**Annex 2: Monitoring and Evaluation Schedule**

| PDD / IND Ref.   | Activity  | Status   | Unit   | Jan - Dec 2005 Target | 2005 |     |       |       |     |      |      |     |      |     |     |     | Responsibility |        |                          |
|--|---|----------|--------|-----------------------|------|-----|-------|-------|-----|------|------|-----|------|-----|-----|-----|----------------|--------|--------------------------|
|  |   |          |        |                       | Jan  | Feb | March | April | May | June | July | Aug | Sept | Oct | Nov | Dec |                |        |                          |
| OI-7   | Evidence that regional strategy has been monitored  |          |        |                       |      |     |       |       |     |      |      |     |      |     |     |     |                |        |                          |
|  | Observe annual regional-strategy monitoring reports. Record data and send to POs.   | Current  | Report | 1                     |      |     |       |       |     |      |      |     |      |     |     |     | HAA            |        |                          |
|  | POs enters data into table in PRHP PRHP's Logframe-Performance Database .   | Current  |        |                       |      |     |       |       |     |      |      |     |      |     |     |     |                |        | POs                      |
|  | Summarise in 6 monthly and annual progress reports.   | Current  |        |                       |      |     |       |       |     |      |      |     |      |     |     |     |                |        | HAA                      |
| <b>Component 2: Strengthened capacity to implement National Strategies</b> |   |          |        |                       |      |     |       |       |     |      |      |     |      |     |     |     |                |        |                          |
| OI-8   | <b>Evidence that 100% of national HIV/AIDS action plans in participating PICs facilitated by PRHP are in line with the current needs</b>                          |          |        |                       |      |     |       |       |     |      |      |     |      |     |     |     |                |        |                          |
|  | Create checklists for (a) preparing national action plans (including needs assessment) and for (b) assessing national action plans' alignment with current needs. | Complete | Report | 1                     |      |     |       |       |     |      |      |     |      |     |     |     | ATL, ST MEA    |        |                          |
|  | Conduct assessments at end of national action plan development.   | Current  |        |                       |      |     |       |       |     |      |      |     |      |     |     |     |                |        | ATL, GM, PO, POs, ST MEA |
|  | Report on indicator within 6-mthly / Annual Plans   | Current  |        |                       |      |     |       |       |     |      |      |     |      |     |     |     |                |        | ATL                      |
| OI-9   | <b>70% (10) of 14 PICs develop a national HIV capacity-building action plan</b>   |          |        |                       |      |     |       |       |     |      |      |     |      |     |     |     |                |        |                          |
|  | Collect and observe national HIV capacity-building action plans and enter data into PRHP Logframe Performance Database.   | Current  | Report | 1                     |      |     |       |       |     |      |      |     |      |     |     |     | GM, PO         |        |                          |
|  | Report on indicator within 6-mthly / Annual Plans   | Current  |        |                       |      |     |       |       |     |      |      |     |      |     |     |     |                | GM, PO |                          |

**Annex 2: Monitoring and Evaluation Schedule**

| PDD / IND Ref. | Activity  | Status   | Unit   | Jan - Dec 2005 Target | 2005 |           |       |       |     |      |      |     |      |     |     |     | Responsibility |        |  |                    |                    |                         |                             |
|----------------|---|----------|--------|-----------------------|------|-----------|-------|-------|-----|------|------|-----|------|-----|-----|-----|----------------|--------|--|--------------------|--------------------|-------------------------|-----------------------------|
|                |   |          |        |                       | Jan  | Feb       | March | April | May | June | July | Aug | Sept | Oct | Nov | Dec |                |        |  |                    |                    |                         |                             |
| OI-10          | <b>At least 10 of the 14 PICs implement 70% of their national capacity building action plan each year</b> |          |        |                       |      |           |       |       |     |      |      |     |      |     |     |     |                |        |  |                    |                    |                         |                             |
|                | Develop M&E guidelines for national capacity building plans   | Current  | Report | 1                     |      |           |       |       |     |      |      |     |      |     |     |     |                | ST MEA |  |                    |                    |                         |                             |
|                | Conduct M&E training for person(s) responsible for monitoring and reporting on national capacity plan.    | Current  |        |                       |      | See 2.2.4 |       |       |     |      |      |     |      |     |     |     |                |        |  | ST MEA, GM, POs    |                    |                         |                             |
|                | Assist PICs to produce annual reports on implementation of national capacity building action plans        | Current  |        |                       |      |           |       |       |     |      |      |     |      |     |     |     |                |        |  | For PICs with CDOs | For US-linked PICs | During CDO/NAC workshop |                             |
|                | Prepare annual multi-country report on progress towards index target and submit as Milestone              | Current  |        |                       |      |           |       |       |     |      |      |     |      |     |     |     |                |        |  |                    | Milestone 14       | ATL, ST MEA             |                             |
| OI-11          | <b>Evidence that Grants Guidelines (Milestone Three) accepted by AusAID as comprehensive and complete</b> |          |        |                       |      |           |       |       |     |      |      |     |      |     |     |     |                |        |  |                    |                    |                         |                             |
|                | Create table in PRHP's Logframe-Performance Database  | Complete | Report | N/A                   |      |           |       |       |     |      |      |     |      |     |     |     |                |        |  | ST MEA             |                    |                         |                             |
|                | Observe AusAID's 'letter of acceptance' of Grant Scheme's guidelines and enter data into table.           | Complete |        |                       |      |           |       |       |     |      |      |     |      |     |     |     |                |        |  |                    |                    | GM                      |                             |
|                | Enter data into PRHP PRHP's Logframe-Performance Database   | Complete |        |                       |      |           |       |       |     |      |      |     |      |     |     |     |                |        |  |                    |                    |                         | POs                         |
|                | Report in six monthly or annual report.   | Complete |        |                       |      |           |       |       |     |      |      |     |      |     |     |     |                |        |  |                    |                    |                         | GM                          |
| OI-12          | <b>All funded NAC and Competitive Grant projects are consistent with their National Strategic Plan</b>    |          |        |                       |      |           |       |       |     |      |      |     |      |     |     |     |                |        |  |                    |                    |                         |                             |
|                | Develop table for cross-checking Grants Projects goals against priorities of NSP to ensure alignment.     | Current  | Report | 1                     |      |           |       |       |     |      |      |     |      |     |     |     |                |        |  |                    | ST MEA             |                         |                             |
|                | Analyse all funded proposals for consistency with NSP   | Current  |        |                       |      |           |       |       |     |      |      |     |      |     |     |     |                |        |  |                    |                    |                         | GM, Project Officer, ST MEA |
|                | Report on indicator within 6-mthly / Annual Report  | Current  |        |                       |      |           |       |       |     |      |      |     |      |     |     |     |                |        |  |                    |                    |                         | GM                          |

Annex 2: Monitoring and Evaluation Schedule

| PDD / IND Ref.                           | Activity   | Status   | Unit   | Jan - Dec 2005 Target | 2005 |     |       |       |     |      |      |     |      |     |     |     | Responsibility |        |        |
|--|--|----------|--------|-----------------------|------|-----|-------|-------|-----|------|------|-----|------|-----|-----|-----|----------------|--------|--------|
|  |  |          |        |                       | Jan  | Feb | March | April | May | June | July | Aug | Sept | Oct | Nov | Dec |                |        |        |
| OI-13                                    | <i>Percentage of all Grant Scheme progress reports annually received on time increases by 10% for the final year of the project compared to the baseline data collected in the first year of the project</i> |          |        |                       |      |     |       |       |     |      |      |     |      |     |     |     |                |        |        |
|  | Develop table  | Complete | Report | N/A                   |      |     |       |       |     |      |      |     |      |     |     |     |                | ST MEA |        |
|  | Enter timeliness data on each project-report received  | Current  |        |                       |      |     |       |       |     |      |      |     |      |     |     |     |                |        | PO, GM |
|  | Report on indicator at end of project  | Future   |        | N/A                   |      |     |       |       |     |      |      |     |      |     |     |     |                |        | GM     |
| OI-14                                    | <b>Between 2005 and 2007, at least 8 of 14 PICs conduct an annual evaluation of National Strategy implementation.</b>  |          |        |                       |      |     |       |       |     |      |      |     |      |     |     |     |                |        |        |
|  | Create table to record NSP-evaluations conducted.  | Complete | Report | 1                     |      |     |       |       |     |      |      |     |      |     |     |     |                | ST MEA |        |
|  | Obtain copies of evaluations annually  | Current  |        |                       |      |     |       |       |     |      |      |     |      |     |     |     |                |        | POs    |
|  | Enter data and report in six-monthly or Annual Plans   | Current  |        |                       |      |     |       |       |     |      |      |     |      |     |     |     |                |        | POs    |
| <b>Component 3: Project Coordination</b> |  |          |        |                       |      |     |       |       |     |      |      |     |      |     |     |     |                |        |        |
| OI-15                                    | <i>Project completely achieves at least 70% of its purpose-level targets between 2004 and 2008.</i>  |          |        |                       |      |     |       |       |     |      |      |     |      |     |     |     |                |        |        |
|  | Create new table to store summary data on achievement of purpose-level indicators.   | Complete | Report | N/A                   |      |     |       |       |     |      |      |     |      |     |     |     |                | ST MEA |        |
|  | Search & analyse records in PRHP's Logframe-Performance Database to see if PRHP completely achieves at least 70% of its purpose-level targets between 2004 and 2008.   | Future   |        |                       |      |     |       |       |     |      |      |     |      |     |     |     |                |        | ST MEA |
|  | Report at end of project.  | Future   |        |                       |      |     |       |       |     |      |      |     |      |     |     |     |                |        | ST MEA |
| OI-16                                    | <i>Component 1 completely achieves at least 70% of its output targets between 2004 and 2008</i>  |          |        |                       |      |     |       |       |     |      |      |     |      |     |     |     |                |        |        |

**Annex 2: Monitoring and Evaluation Schedule**

| PDD / IND Ref. | Activity  | Status   | Unit   | Jan - Dec 2005 Target | 2005 |     |       |       |     |      |      |     |      |     |        |     | Responsibility |
|----------------|---|----------|--------|-----------------------|------|-----|-------|-------|-----|------|------|-----|------|-----|--------|-----|----------------|
|                |   |          |        |                       | Jan  | Feb | March | April | May | June | July | Aug | Sept | Oct | Nov    | Dec |                |
|                | Create new table in PRHP PRHP's Logframe-Performance Database to store summary data on achievement of purpose-level indicators.   | Complete | Report | N/A                   |      |     |       |       |     |      |      |     |      |     |        |     | ST MEA         |
|                | Search & analyse records in PRHP's Logframe-Performance Database and enter data into table.   | Future   |        |                       |      |     |       |       |     |      |      |     |      |     |        | HAA |                |
|                | Report at end of project.   | Future   |        |                       |      |     |       |       |     |      |      |     |      |     |        | HAA |                |
| OI-17          | <b>Component 2 completely achieves at least 70% of its output targets between 2004 and 2008</b>   |          |        |                       |      |     |       |       |     |      |      |     |      |     |        |     |                |
|                | Create new table to store summary data on achievement of purpose-level indicators   | Complete | Report | N/A                   |      |     |       |       |     |      |      |     |      |     |        |     | ST MEA         |
|                | Search & analyse records in PRHP's Logframe-Performance Database and enter data into table  | Future   |        |                       |      |     |       |       |     |      |      |     |      |     | ATL    |     |                |
|                | Report at end of project  | Future   |        |                       |      |     |       |       |     |      |      |     |      |     | ATL    |     |                |
| OI-18          | <b>Component 1 completely achieves at least 70% of its annual activity targets.</b>   |          |        |                       |      |     |       |       |     |      |      |     |      |     |        |     |                |
|                | Monitor performance of activities and enter data in activity achievement monitoring matrix.   | Current  | Report | 1                     |      |     |       |       |     |      |      |     |      |     |        |     | HAA            |
|                | Create new table in PRHP's Logframe-Performance Database to store summary data on achievement of Component-level indicators.  | Current  |        |                       |      |     |       |       |     |      |      |     |      |     | ST MEA |     |                |
|                | Search & analyse records in activity achievement monitoring matrix to see if Component One completely achieves at least 70% of its annual activity targets between 2004 and 2008. | Current  |        |                       |      |     |       |       |     |      |      |     |      |     | HAA    |     |                |
|                | Report annually and at end of project   | Current  |        |                       |      |     |       |       |     |      |      |     |      |     | HAA    |     |                |
| OI-19          | <b>Component 2 completely achieves at least 70% of its annual activity targets.</b>   |          |        |                       |      |     |       |       |     |      |      |     |      |     |        |     |                |

**Annex 2: Monitoring and Evaluation Schedule**

| PDD / IND Ref. | Activity  | Status   | Unit   | Jan - Dec 2005 Target | 2005 |     |       |       |     |      |      |     |      |     |     |     | Responsibility |
|----------------|---|----------|--------|-----------------------|------|-----|-------|-------|-----|------|------|-----|------|-----|-----|-----|----------------|
|                |   |          |        |                       | Jan  | Feb | March | April | May | June | July | Aug | Sept | Oct | Nov | Dec |                |
|                | Monitor performance of activities and enter data in activity achievement monitoring matrix.   | Current  | Report | 1                     |      |     |       |       |     |      |      |     |      |     |     |     | ATL            |
|                | Create new table in PRHP's Logframe-Performance Database to store summary data on achievement of Component-level indicators.  | Current  |        |                       |      |     |       |       |     |      |      |     |      |     |     |     | ST MEA         |
|                | Search & analyse records in activity achievement monitoring matrix to see if Component Two completely achieves at least 70% of its annual activity targets between 2004 and 2008.                                     | Current  |        |                       |      |     |       |       |     |      |      |     |      |     |     |     | ST MEA         |
|                | Report annually and at end of project.  | Current  |        |                       |      |     |       |       |     |      |      |     |      |     |     |     | ST MEA         |
| OI-20          | <b>Coordination Strategy between SPC and AMC developed</b>  |          | Report | N/A                   |      |     |       |       |     |      |      |     |      |     |     |     |                |
|                | Observe Coordination Strategy document to see whether Coordination Strategy between SPC and AMC has been developed. Enter data in table in PRHP's Logframe-Performance Database for inclusion within 6-mthly reports. | Complete |        |                       |      |     |       |       |     |      |      |     |      |     |     | POs |                |
|                | Report on indicator within 6-mthly / Annual Plans   | Complete |        |                       |      |     |       |       |     |      |      |     |      |     |     |     | POs            |
| OI-21          | <b>At least 70% of planned activities under SPC/AMC's Coordination-Strategy implemented annually.</b>   |          | Report | 1                     |      |     |       |       |     |      |      |     |      |     |     |     |                |
|                | Enter activities in annual PRHP workplan.   | Complete |        |                       |      |     |       |       |     |      |      |     |      |     |     |     | HAA, ATL       |
|                | Monitor performance of workplan and enter data in table in PRHP's Logframe-Performance Database .   | Current  |        |                       |      |     |       |       |     |      |      |     |      |     |     |     | ATL            |
|                | Report on indicator within 6-mthly / Annual Plans.  | Current  |        |                       |      |     |       |       |     |      |      |     |      |     |     | ATL |                |
| OI-22          | <b>Monitoring and Evaluation Framework (Milestone 7) accepted by AusAID.</b>  |          |        |                       |      |     |       |       |     |      |      |     |      |     |     |     |                |
|                | Create table in PRHP's Logframe-Performance Database.   | Complete |        |                       |      |     |       |       |     |      |      |     |      |     |     |     | ST MEA         |
|                | Observe AusAID 'letter of acceptance' of Monitoring and Evaluation Framework (Milestone 7) to see whether MEF accepted by AusAID.   | Complete |        |                       |      |     |       |       |     |      |      |     |      |     |     | ATL |                |

**Annex 2: Monitoring and Evaluation Schedule**

| PDD / IND Ref. | Activity   | Status  | Unit   | Jan - Dec 2005 Target | 2005 |     |       |       |     |      |      |     |      |     |     |     | Responsibility |     |
|----------------|--|---------|--------|-----------------------|------|-----|-------|-------|-----|------|------|-----|------|-----|-----|-----|----------------|-----|
|                |  |         |        |                       | Jan  | Feb | March | April | May | June | July | Aug | Sept | Oct | Nov | Dec |                |     |
|                | Enter data in table in PRHP PRHP's Logframe-Performance Database . | Current | Report |                       |      |     |       |       |     |      |      |     |      |     |     |     |                | POs |
|                | Report within six monthly or Annual Plans.                         | Current |        |                       |      |     |       |       |     |      |      |     |      |     |     |     |                |     |



### Annex 3: Project Indicator Related Task Schedule 2004

| PDD Ref | Ind. Ref | Verifiable Indicators  | Evaluation Method(s)  | Key Tasks   | Responsible                 | Status  | 2004 |     |      |     |     |     |   |   |   |   |   |   |   |
|---------|----------|--|---|---|-----------------------------|---------|------|-----|------|-----|-----|-----|---|---|---|---|---|---|---|
|         |          |  |   |   |                             |         | July | Aug | Sept | Oct | Nov | Dec |   |   |   |   |   |   |   |
| Purpose | PI-4     | At least 70% of 14 NACs involved in Component Two assessed as demonstrating improved functioning between baseline and post-training survey**         | Multiple methods, including capacity-monitoring checklist observation, interviews and document analysis | Develop NAC functions/roles guidelines  | Project Director (PD) / STA | Current | █    |     |      |     |     |     |   |   |   |   |   |   |   |
|         |          |  |   | Develop research plan for capacity assessment (CA) & Training Needs Assessment (TNA) and baseline data collection | PD / STA                    | Current | █    |     |      |     |     |     |   |   |   |   |   |   |   |
|         |          |  |   | Develop TNA and baseline data collection tool(s)  | PD / STA                    | Current | █    | █   |      |     |     |     |   |   |   |   |   |   |   |
|         |          |  |   | Pilot tool(s)   | PD / STA                    | Current | █    | █   |      |     |     |     |   |   |   |   |   |   |   |
|         |          |  |   | Train CDOs/NAC members to undertake NAC capacity assessment & Training Needs Assessment                           | PD / STA                    | Current | █    | █   |      |     |     |     |   |   |   |   |   |   |   |
|         |          |  |   | CDOs undertake capacity assessment and TNA and collect key baseline data at the same time.                        | CDOs                        | Current |      |     | █    | █   | █   | █   | █ | █ | █ | █ |   |   |   |
|         |          |  |   | Prepare baseline report   | ATL & PD                    | Current |      |     |      |     |     |     |   |   |   |   | █ | █ | █ |
|         |          |  |   | Prepare comparative report and submit as Milestone at the end of the project                                      | ATL & PD                    | Future  |      |     |      |     |     |     |   |   |   |   |   |   |   |
| Purpose | PI-5     | At least 70% of Capacity Development Organisations (CDOs) assessed as demonstrating improved functioning between baseline and post-training survey** | Multiple methods, including capacity-monitoring checklist observation, interviews and document analysis | Develop guidelines for CDO functions and roles (including M&E)  | STA for TNA                 | Current | █    | █   |      |     |     |     |   |   |   |   |   |   |   |
|         |          |  |   | Develop research plan for capacity assessment & Training Needs Assessment (TNA) and baseline data collection      | STA for TNA                 | Current | █    | █   |      |     |     |     |   |   |   |   |   |   |   |
|         |          |  |   | Develop TNA and baseline data collection tool(s)  | STA for TNA                 | Current | █    | █   |      |     |     |     |   |   |   |   |   |   |   |
|         |          |  |   | Pilot tool(s)   | STA for TNA                 | Current | █    | █   |      |     |     |     |   |   |   |   |   |   |   |
|         |          |  |   | Train CDOs to undertake capacity assessment & Training Needs Assessment (TNA)                                     | STA for TNA                 | Current | █    | █   |      |     |     |     |   |   |   |   |   |   |   |
|         |          |  |   | Undertake CDO TNA & collect key baseline data at the same time (in course of capacity assessment)                 | STA for TNA                 | Current |      |     | █    | █   | █   | █   | █ | █ | █ | █ | █ |   |   |
|         |          |  |   | Prepare baseline report   | GM /STA for TNA             | Current |      |     |      |     |     |     |   |   |   |   | █ | █ | █ |

### Annex 3: Project Indicator Related Task Schedule 2004

| PDD Ref | Ind. Ref | Verifiable Indicators   | Evaluation Method(s)  | Key Tasks  | Responsible            | Status  | 2004 |     |      |     |     |     |   |   |   |   |   |
|---------|----------|---|---|--|------------------------|---------|------|-----|------|-----|-----|-----|---|---|---|---|---|
|         |          |   |   |  |                        |         | July | Aug | Sept | Oct | Nov | Dec |   |   |   |   |   |
|         |          |   |   | Prepare comparative report and submit as Milestone at the end of the project   | GM                     | Future  |      |     |      |     |     |     |   |   |   |   |   |
| Purpose | PI-6     | Evidence of at least four sectors active and involved in planning or implementing HIV national strategy in 70% of PICs by the end of project (2008)                       | Key informant interviews of NAC members attending Strategic Planning Update Workshops in all participating PICs | Develop interview guide  | ST MEA                 | Current | ■    | ■   |      |     |     |     |   |   |   |   |   |
|         |          |   |   | Develop tables for storing data for each country and all 14 countries          | ST MEA                 | Current | ■    | ■   |      |     |     |     |   |   |   |   |   |
|         |          |   |   | Gather data annually for 14 PICs   | ATL & Project Officers | Current |      |     | ■    | ■   | ■   | ■   | ■ | ■ | ■ | ■ |   |
|         |          |   |   | Prepare annual report  | ATL                    | Current |      |     |      |     |     |     |   |   | ■ | ■ | ■ |
|         |          |   |   | Prepare comparative report and submit as Milestone at the end of the project   | ATL                    | Future  |      |     |      |     |     |     |   |   |   |   |   |
| Purpose | PI-7     | At least 70% of PRHP's Gender, Youth, Vulnerable Groups Strategy (GYVGS) intended activities implemented and/or targets met   | Search and analysis of records in PRHP's Logframe-Performance Database  | Create table for listing proposed and actual activities and targets            | ST MEA                 | Current |      |     | ■    | ■   | ■   |     |   |   |   |   |   |
|         |          |   |   | Integrate GYVG strategy recommended activities into project's Annual Workplans | ATL & GM               | Current |      |     | ■    | ■   | ■   |     |   |   |   |   |   |
|         |          |   |   | Enter data into GYVG monitoring table annually                                 | ATL & GM               | Current |      |     |      |     |     |     |   |   | ■ | ■ |   |
|         |          |   |   | Report on indicator within 6-mthly / Annual Reports                            | ATL & GM               | Current |      |     |      |     |     |     |   |   | ■ | ■ | ■ |
| Purpose | PI-8     | At least 70% of updated national strategies or action plans assessed as 'satisfactory' using gender-sensitivity checklist as per the gender and vulnerable group strategy | Content analysis of plans   | Develop gender-sensitivity checklist   | ST MEA                 | Current |      |     | ■    | ■   | ■   |     |   |   |   |   |   |
|         |          |   |   | Create data table  | ST MEA                 | Current |      |     | ■    | ■   | ■   |     |   |   |   |   |   |
|         |          |   |   | Apply checklist to updated plans and report in data monitoring table           | ST MEA                 | Current |      |     |      | ■   | ■   | ■   |   |   |   |   |   |
|         |          |   |   | Report on indicator within 6-mthly / Annual Reports                            | ST MEA                 | Current |      |     |      | ■   | ■   | ■   |   |   |   |   |   |

### Annex 3: Project Indicator Related Task Schedule 2004

| PDD Ref   | Ind. Ref  | Verifiable Indicators   | Evaluation Method(s)   | Key Tasks   | Responsible    | Status  | 2004 |     |      |     |     |     |  |  |
|---|---|---|--|---|----------------|---------|------|-----|------|-----|-----|-----|--|--|
|   |   |   |  |   |                |         | July | Aug | Sept | Oct | Nov | Dec |  |  |
| <b>COMPONENT ONE: REGIONAL STRATEGY</b>   |   |   |  |   |                |         |      |     |      |     |     |     |  |  |
| <b>Output 1.1: Regional strategy has been endorsed</b>                            |   |   |  |   |                |         |      |     |      |     |     |     |  |  |
| 1.1   | OI-1  | Pacific Island Leaders Forum endorses 2004 -2007 regional strategy  | Observation of minutes of Pacific Island Leaders Forum indicating endorsement of new regional strategy | Observe minutes and enter data into Achievements table (See Annex 4)  | SPC HA         | Current |      |     |      |     |     |     |  |  |
|   |   |   |  | Report on indicator within 6-mthly / Annual Reports   | SPC HA         | Current |      |     |      |     |     |     |  |  |
| <b>Output 1.2: Regional Strategy has been implemented in a coordinated manner</b> |   |   |  |   |                |         |      |     |      |     |     |     |  |  |
| 1.2   | OI-2  | At least 70% of activities in SPC/AMC's joint annual plan for the regional strategy are implemented                     | Content analysis of annual activity and achievement matrix   | Enter data into table and calculate percentage of annual activities implemented   | SPC HA, ATL    | Future  |      |     |      |     |     |     |  |  |
|   |   |   |  | Enter data into Project Activity Management Matrix (see annex 1) and summarise in 6 monthly and annual progress reports | SPC HA, ATL    | Future  |      |     |      |     |     |     |  |  |
|   | OI-3  | By end of the 2004 regional strategy's lifetime, at least 70% of the regional-strategy activities have been implemented | Observation of activities and of activity reports  | Create annual aggregate table   | SPC HA, ST MEA | Future  |      |     |      |     |     |     |  |  |
|   |   |   |  | Import annual aggregate data from 1.2 tables and insert in new annual aggregate table                                   | SPC HA, ST MEA | Future  |      |     |      |     |     |     |  |  |
|   |   |   |  | Enter data into Project Activity Management Matrix (see annex 1) and summarise in 6 monthly and annual progress reports | SPC HA         | Future  |      |     |      |     |     |     |  |  |
|   | <b>Output 1.3: Regional Strategy has been monitored and evaluated</b> |   |  |   |                |         |      |     |      |     |     |     |  |  |
| 1.3   | OI-4  | Evidence that mid-term and end-of-term evaluations of the Regional Strategy have been completed.                        | Observation of evaluation report (or other evidence)   | See evidence that evaluations completed   | ST MEA, SPC HA | Future  |      |     |      |     |     |     |  |  |
|   |   |   |  | Enter data into Project Activity Management Matrix (see annex 1) and summarise in 6 monthly and annual progress reports | ST MEA, SPC HA | Future  |      |     |      |     |     |     |  |  |
|   | OI-5  | Evidence that regional strategy has been monitored  | Observation of annual reports  | Note evidence that implementation of activities have been monitored   | SPC HA         | Future  |      |     |      |     |     |     |  |  |
|   |   |   |  | Enter data into Project Activity Management Matrix (see annex 1) and summarise in 6 monthly and annual progress reports | SPC HA         | Future  |      |     |      |     |     |     |  |  |



### Annex 3: Project Indicator Related Task Schedule 2004

| PDD Ref   | Ind. Ref | Verifiable Indicators  | Evaluation Method(s)   | Key Tasks   | Responsible  | Status  | 2004 |     |      |     |     |     |  |  |
|---|----------|--|--|---|--------------|---------|------|-----|------|-----|-----|-----|--|--|
|   |          |  |  |   |              |         | July | Aug | Sept | Oct | Nov | Dec |  |  |
| <b>COMPONENT TWO: STRENGTHENED CAPACITY TO IMPLEMENT NATIONAL STRATEGIES</b>  |          |  |  |   |              |         |      |     |      |     |     |     |  |  |
| <b>Output 2.1: National HIV/AIDS/STI strategies and action plans reflecting current needs developed by each PIC</b>                                 |          |  |  |   |              |         |      |     |      |     |     |     |  |  |
| 2.1   | OI-8     | Evidence that 100% of national action plans in participating PICs facilitated by PRHP are in line with the current needs | Content analysis of action plans in light of annual reports on unmet need analysis | Evaluate previous action plan against unmet need  | ST MEA / ATL | Current |      |     |      |     |     |     |  |  |
|   |          |  |  | Monitor areas outside of action plan against unmet need   | ST MEA / ATL | Current |      |     |      |     |     |     |  |  |
|   |          |  |  | Prepare report on unmet need and priorities to guide next action plan                                   | ST MEA / ATL | Current |      |     |      |     |     |     |  |  |
|   |          |  |  | Report on indicator within 6-mthly / Annual Reports   | ST MEA / ATL | Current |      |     |      |     |     |     |  |  |
| <b>Output 2.2: National level capacity building plans for NAC, government departments and civil society organisations developed and implemented</b> |          |  |  |   |              |         |      |     |      |     |     |     |  |  |
| 2.2   | OI-9     | 70% (10) of 14 PICs develop a national HIV capacity-building action plan   | Observation of plans   | Observe plans and enter data into Project Activity Management Matrix (see annex 1)                      | ATL          | Current |      |     |      |     |     |     |  |  |
|   |          |  |  | Report on indicator within 6-mthly / Annual Reports   | ATL          | Current |      |     |      |     |     |     |  |  |
|   | OI-10    | At least 10 of the 14 PICs implement 70% of their national capacity building action plan each year                       | Content analysis of annual reports on implementation of capacity building plans    | Develop M&E guidelines for national capacity building plans   | ST MEA       | Current |      |     |      |     |     |     |  |  |
|   |          |  |  | Undertake M&E training for person(s) responsible for monitoring and reporting on national capacity plan | ST MEA       | Current |      |     |      |     |     |     |  |  |
|   |          |  |  | Facilitate or monitor annual report production  | ST MEA / ATL | Current |      |     |      |     |     |     |  |  |
|   |          |  |  | Prepare annual multi-country report on progress towards index target and submit as Milestone            | ST MEA       | Current |      |     |      |     |     |     |  |  |

### Annex 3: Project Indicator Related Task Schedule 2004

| PDD Ref  | Ind. Ref | Verifiable Indicators   | Evaluation Method(s)   | Key Tasks  | Responsible               | Status  | 2004 |     |      |     |     |     |  |  |  |  |  |  |  |
|--|----------|---|--|--|---------------------------|---------|------|-----|------|-----|-----|-----|--|--|--|--|--|--|--|
|  |          |   |  |  |                           |         | July | Aug | Sept | Oct | Nov | Dec |  |  |  |  |  |  |  |
| <b>Output 2.3: Projects designed and implemented to support the achievement of national HIV/AIDS strategic plans through a well coordinated Grant Scheme</b> |          |   |  |  |                           |         |      |     |      |     |     |     |  |  |  |  |  |  |  |
| 2.3  | OI-11    | Evidence that Grants Guidelines (Milestone Three) accepted by AusAID as comprehensive and complete  | Observation of AusAID's 'letter of acceptance'               | Observe letter and enter data into table   | GM                        | Current |      |     |      |     |     |     |  |  |  |  |  |  |  |
|  |          |   |  | Report on indicator within 6-mthly / Annual Reports  | GM                        | Current |      |     |      |     |     |     |  |  |  |  |  |  |  |
|  | OI-12    | All funded NAC and Competitive Grant projects are consistent with their National Strategic Plan   | Content analysis of National Strategic Plans and proposals   | Obtain copies of all 14 current NSPs   | Project Officers          | Current |      |     |      |     |     |     |  |  |  |  |  |  |  |
|  |          |   |  | Develop table for cross-checking Grants Projects goals against priorities of NSP to ensure alignment | Project Officers          | Current |      |     |      |     |     |     |  |  |  |  |  |  |  |
|  |          |   |  | Compare each proposal with NSP and store results in consistency table                                | Project Officers          | Current |      |     |      |     |     |     |  |  |  |  |  |  |  |
|  |          |   |  | Report on indicator within 6-mthly / Annual Reports  | Project Officers / ST MEA | Current |      |     |      |     |     |     |  |  |  |  |  |  |  |
|  | OI-13    | Percentage of all Grant Scheme progress reports annually received on time increases by 10% for the final year of the project compared to the baseline data collected in the first year of the project | Search & analysis of records in Grant Scheme Database        | Develop table for assessing timeliness of Grants progress report over time                           | ST MEA & GM               | Current |      |     |      |     |     |     |  |  |  |  |  |  |  |
|  |          |   |  | Enter time data on each project-report received  | Project Officers/ GM      | Current |      |     |      |     |     |     |  |  |  |  |  |  |  |
|  |          |   |  | Report on indicator within 6-mthly / Annual Reports  | GM                        | Current |      |     |      |     |     |     |  |  |  |  |  |  |  |
| <b>Output 2.4: National strategies have been monitored and evaluated</b>   |          |   |  |  |                           |         |      |     |      |     |     |     |  |  |  |  |  |  |  |
| 2.4  | OI-14    | Between 2004 and 2007, at least 10 of 14 PICs conduct an annual evaluation of National Strategy implementation  | Analysis of plans ('content analysis') in light of checklist | Develop table to capture data relating to progress in NSP development by country                     | ST MEA & ATL              | Current |      |     |      |     |     |     |  |  |  |  |  |  |  |
|  |          |   |  | Obtain copies of annual evaluations from 14 PICs   | Project Officers          | Current |      |     |      |     |     |     |  |  |  |  |  |  |  |
|  |          |   |  | Enter data into progress table and Report on indicator within 6-mthly / Annual Reports               | Project Officers          | Current |      |     |      |     |     |     |  |  |  |  |  |  |  |





#### Annex 4: Master List of Indicators and Achievements

| PDD / IND Ref. | Indicator   | Expected date of achievement | Achieved? (Y/N/Ongoing) | Date achieved | Document Reported (eg AP)   | Intepretation/Comment   |
|----------------|---|------------------------------|-------------------------|---------------|-----------------------------|---|
| PI-1           | <b>HIV/AIDS included on Pacific Public Health Surveillance Network's list of priority communicable diseases for active surveillance by 2008**</b>           | 2008                         | Y                       | 6/4/2004      | Minutes of PPHSN-CB meeting | PI-1 Achieved<br>HIV/AIDS is now included on the PPHSN's list of priority communicable diseases for active surveillance   |
| PI-2           | <b>Evidence of increased multisectoral and Pacific Islander participation in the development of the 2nd regional strategy compared to the 1st</b>           | 2005                         | Y                       |               | PMER-1                      | PI-2 Achieved<br>There has been an increase in the range of sectors and the number of sectoral agencies and number of Pacific Islanders involved in the development of the 2nd Regional Strategy. |
| PI-3           | <b>Evidence of improvement in quality of M&amp;E Framework in the 2nd Regional Strategy compared to the 1st Regional Strategy .</b>                         | 2005                         | O                       |               | PMER-1                      | Comparison of the quality of M&E framework of 2nd regional strategy with first will be done when 2nd strategy is completed in October 2005  |
| PI-4           | <b>At least 70% of 14 NACs involved in Component Two assessed as demonstrating improved functioning between baseline and post-training survey**</b>         | 2008                         | O                       |               | PMER-1                      | Baseline assessment will be undertaken in August 2005 during the CDO/NAC workshop   |
| PI-5           | <b>At least 70% of Capacity Development Organisations (CDOs) assessed as demonstrating improved functioning between baseline and post-training survey**</b> | 2008                         | O                       |               | PMER-1                      | Initial baseline assessment included in this First M&E Report<br>Baseline assessment will be undertaken in August 2005 during the CDO/NAC workshop  |

## Annex 4: Master List of Indicators and Achievements

| PDD / IND Ref.                         | Indicator   | Expected date of achievement | Achieved? (Y/N/Ongoing) | Date achieved | Document Reported (eg AP)                                 | Intepretation/Comment  |
|--|---|------------------------------|-------------------------|---------------|---|--|
| PI-6                                   | Evidence of at least four sectors active and involved in planning or implementing HIV national strategy in 70% of PICs by the end of project (2008)                       | 2008                         | O                       |               | PMER-1  | PRHP has supported three PICs to develop NSPs. More than four sectors were involved in the development of each NSP. In each country, five government sectors were involved in the planning process. Local government, members of parliament, traditional leaders, youth groups, women's groups, the police also participated in the workshops. |
| PI-7                                   | At least 70% of PRHP's Gender, Youth, Vulnerable Groups Strategy (GYVGS) intended activities implemented and/or targets met.  | 2008                         | O                       |               | PMER-1  | Nil to date. PRHP will submit a revised checklist to assess project achievements on gender, youth and vulnerable groups in the next Annual Plan and report on the indicator in the second PMER (January 2006)  |
| PI-8                                   | At least 70% of updated national strategies or action plans assessed as 'satisfactory' using gender-sensitivity checklist as per the gender and vulnerable group strategy | 2005                         | N                       |               | PMER-1  | Reviews to date indicate that NSPs are gender blind<br>The gender-sensitivity checklist will be applied to all draft NSPs<br>Two in-country workshops will be conducted in Kiribati and Marshall Islands   |
|  |   | 2006                         | N/A                     |               | N/A   | N/A  |
|  |   | 2007                         | N/A                     |               | N/A   | N/A  |
|  |   | 2008                         | N/A                     |               | N/A   | N/A  |
| <b>Component 1 : Regional Strategy</b> |   |                              |                         |               |   |  |
| 1.1                                    | Regional strategy has been endorsed   |                              |                         |               |   |  |
| OI-1                                   | Pacific Island Leaders Forum endorses 2004 -2007 regional strategy  | 2004                         | Y                       |               | 35 <sup>th</sup> Pacific Islands Forum Leaders Communique | OI-1 Achieved<br>2004-2007 Regional Strategy has been endorsed   |

#### Annex 4: Master List of Indicators and Achievements

| PDD / IND Ref. | Indicator   | Expected date of achievement | Achieved? (Y/N/Ongoing) | Date achieved | Document Reported (eg AP) | Intepretation/Comment  |
|----------------|---|------------------------------|-------------------------|---------------|---------------------------|--|
| 1.2            | <b>Regional Strategy has been implemented in a coordinated manner</b>   |                              |                         |               |                           |  |
| OI-2           | At least 70% of activities in the implementation plan of the regional strategy are implemented  | 2006                         | N/A                     |               | PMER-1                    | A technical advisory group has been established to oversee the developpmnet of the M&E framework for the Regional Strategy |
|                |   | 2007                         | N/A                     |               |                           |  |
|                |   | 2008                         | N/A                     |               |                           |  |
| OI-3           | By end of the 2004 regional strategy's lifetime, at least 70% of the regional-strategy activities have been implemented               | 2008                         | N/A                     |               | PMER-1                    | A technical advisory group has been established to oversee the developpmnet of the M&E framework for the Regional Strategy |
| 1.3            | <b>Appropriate HIV/AIDS BCC methods used and materials available</b>  |                              |                         |               |                           |  |
| OI-4           | At least 70% of BCC materials developed with PRHP assistance assessed as consistent with BCC-development checklist developed by BCCS. | 2005                         | Yes                     |               | PMER-1                    | Two BCC materials developed thus far comply with the standard  |
|                |   | 2006                         | N/A                     |               | N/A                       | N/A  |
|                |   | 2007                         | N/A                     |               | N/A                       | N/A  |
|                |   | 2008                         | N/A                     |               | N/A                       | N/A  |
| 1.4            | <b>Strengthened HIV/AIDS &amp; STI Surveillance* (see Notes)</b>  |                              |                         |               |                           |  |

#### Annex 4: Master List of Indicators and Achievements

| PDD / IND Ref.   | Indicator   | Expected date of achievement | Achieved? (Y/N/Ongoing)                  | Date achieved | Document Reported (eg AP) | Intepretation/Comment  |
|--|---|------------------------------|--|---------------|---------------------------|--|
| O1-5   | At least 70% PICTs not covered by GFATM funded surveillance activities collect and report at least annual routine HIV/AIDS & STI surveillance data to PPHSN Focal Point (SPC Public Health Surveillance and Communicable Disease Control Section) | 2005                         | Yes for HIV/AIDS data<br>No for STI data | 6/1/2005      | PMER-1                    | 100% compliance with HIV surveillance reporting<br>Only 60% compliance achieved with STI surveillance reporting  |
|  |   | 2006                         |  |               | N/A                       | N/A  |
|  |   | 2007                         |  |               | N/A                       | N/A  |
|  |   | 2008                         |  |               | N/A                       | N/A  |
| <b>1.5</b>   | <b>Regional Strategy has been monitored and evaluated</b>   |                              |  |               |                           |  |
| OI-6   | Evidence that mid-term and end-of-term evaluations of the Regional Strategy have been completed.  | 2006                         | N/A                                      |               | PMER-1                    | To be achieved as part of the review of the implementation plan for the regional strategy  |
|  |   | 2008                         | N/A                                      |               | N/A                       | N/A  |
| OI-7   | Evidence that regional strategy has been monitored  | 2006                         | N/A                                      |               | PMER-1                    | Annual strategy implementation plan will be finalised in October 2005. Mornitoring and reporting will begin in 2006<br>Draft M&E framework developed and being pilot tested in a number of countries |
|  |   | 2007                         | N/A                                      |               | N/A                       | N/A  |
|  |   | 2008                         | N/A                                      |               | N/A                       | N/A  |
| <b>Component 2: Strengthened capacity to implement national strategies</b> |   |                              |  |               |                           |  |

## Annex 4: Master List of Indicators and Achievements

| PDD / IND Ref. | Indicator   | Expected date of achievement | Achieved? (Y/N/Ongoing) | Date achieved | Document Reported (eg AP)                    | Intepretation/Comment  |
|----------------|---|------------------------------|-------------------------|---------------|--|--|
| 2.1            | <b>National HIV/AIDS/STI strategies reflecting current needs developed by each PIC</b>  |                              |                         |               |  |  |
| OI-8           | Evidence that 100% of national action plans in participating PICs facilitated by PRHP are in line with the current needs                | 2004                         | Y                       |               | PMER-1<br>Solomon Islands NSP<br>2004 - 2008 | All NSPs developed were preceded by review of existing strategy and analysis of current needs  |
|                |   | 2005                         | Y                       |               | Draft Kiribati and Marshall Is NSPs          |  |
|                |   | 2006                         | N/A                     |               | N/A  | N/A  |
|                |   | 2007                         | N/A                     |               | N/A  | N/A  |
|                |   | 2008                         | N/A                     |               | N/A  | N/A  |
| 2.2            | <b>National level capacity building plans for NAC, government departments and civil society organisations developed and implemented</b> |                              |                         |               |  |  |
| OI-9           | 70% (10) of 14 PICs develop a national HIV capacity-building action plan  | 2005                         | N                       |               | PMER-1                                       | Capacity development plans will be developed in August 2005.<br>A participatory organisational assessment tool has been introduced<br>Priority areas for organisational developmnet have been identified<br>Areas for technical support by PRHP have been identified<br>Indicator achievement will be reported in second PMER (January 06) |
|                |   | 2006                         |                         |               | N/A  | N/A  |

## Annex 4: Master List of Indicators and Achievements

| PDD / IND Ref. | Indicator   | Expected date of achievement | Achieved? (Y/N/Ongoing) | Date achieved | Document Reported (eg AP)                         | Intepretation/Comment   |
|----------------|---|------------------------------|-------------------------|---------------|---|---|
|                |   | 2007                         |                         |               | N/A   | N/A   |
|                |   | 2008                         |                         |               | N/A   | N/A   |
| OI-10          | At least 10 of the 14 PICs implement 70% of their national capacity building action plan each year  | 2006                         | N/A                     |               | PMER-1  | PRHP has provided training in specific areas including the process for development of M&E plans for national strategic plans<br>Implementation of capacity development plans will begin in 2006 planning year |
|                |   | 2007                         | N/A                     |               | N/A   | N/A   |
|                |   | 2008                         | N/A                     |               | N/A   | N/A   |
| <b>2.3</b>     | <b>Projects designed and implemented to support the achievement of National HIV/AIDS/STI strategic plans through a well coordinated Grants Scheme*(See Notes)</b> |                              |                         |               |   |   |
| OI-11          | Evidence that Grants Guidelines (Milestone Three) accepted by AusAID as comprehensive and complete  | 2004                         | Y                       | 6/1/2004      | PMER-1  | OI-11 Achieved  |
|                |   | 2005                         | Y                       |               | PMER-1<br>PCC-02 Information Paper - 01, May 2005 |   |
| OI-12          | All funded NAC and Competitive Grant projects are consistent with their National Strategic Plan   | 2006                         |                         |               |   |   |

#### Annex 4: Master List of Indicators and Achievements

| PDD / IND Ref.                            | Indicator   | Expected date of achievement | Achieved? (Y/N/Ongoing) | Date achieved | Document Reported (eg AP) | Intepretation/Comment  |
|---|---|------------------------------|-------------------------|---------------|---------------------------|--|
|   | Strategic Plan  | 2007                         |                         |               |                           |  |
|   |   | 2008                         |                         |               |                           |  |
| OI-13                                     | Percentage of all Grant Scheme progress reports annually received on time increases by 10% for the final year of the project compared to the baseline data collected in the first year of the project | 2008                         | N/A                     |               | N/A                       | N/A  |
| <b>2.4</b>                                | <b>Monitoring and Evaluation of National Strategies</b>   |                              |                         |               |                           |  |
|   |   | 2005                         | N                       |               | PMER-1                    | First report due end of 2005 and will be reported in second PMER.<br>To date 3 PICs have reviewed the implementation of the NSPs |
| OI-14                                     | Between 2005 and 2007, at least 8 of 14 PICs conduct an annual evaluation of National Strategy implementation.  | 2006                         | N/A                     |               | N/A                       | N/A  |
|   |   | 2007                         | N/A                     |               | N/A                       | N/A  |
|   |   | 2008                         | N/A                     |               | N/A                       | N/A  |
| <b>Component 3 : Project Coordination</b> |   |                              |                         |               |                           |  |
| <b>3.1</b>                                | <b>Effective and efficient project management and coordination will have been achieved</b>  |                              |                         |               |                           |  |
| OI-15                                     | Project completely achieves at least 70% of its purpose-level targets between 2004 and 2008.  | 2008                         | N/A                     |               | N/A                       | Currently on schedule  |

#### Annex 4: Master List of Indicators and Achievements

| PDD / IND Ref. | Indicator   | Expected date of achievement | Achieved? (Y/N/Ongoing) | Date achieved | Document Reported (eg AP)                                   | Intepretation/Comment                        |
|----------------|---|------------------------------|-------------------------|---------------|---|--|
| OI-16          | Component 1 completely achieves at least 70% of its output targets between 2004 and 2008  | 2008                         | N/A                     |               | N/A   | Currently on schedule                        |
| OI-17          | Component 2 completely achieves at least 70% of its output targets between 2004 and 2008. | 2008                         |                         |               |   | Currently on schedule                        |
| OI-18          | Component 1 completely achieves at least 70% of its annual activity targets.              | 2004                         | Y                       |               | PMER-1  |  |
|                |   | 2005                         | N                       |               | PMER-2  | Currently on schedule                        |
|                |   | 2006                         | N/A                     |               | N/A   | N/A  |
|                |   | 2007                         | N/A                     |               | N/A   | N/A  |
|                |   | 2008                         | N/A                     |               | N/A   | N/A  |
| OI-19          | Component 2 completely achieves at least 70% of its annual activity targets.              | 2004                         | Y                       |               | PMER-1  |  |
|                |   | 2005                         | Y                       |               | PMER-2  | Currently on schedule                        |
|                |   | 2006                         | N/A                     |               | N/A   | N/A  |
|                |   | 2007                         | N/A                     |               | N/A   | N/A  |
|                |   | 2008                         | N/A                     |               | N/A   | N/A  |
| OI-20          | Coordination Strategy between SPC and AMC developed                                       | 2004                         | Y                       | 5/24/2004     | Coordination Strategy; first 6-monthly report (August 2004) | PRHP Coordination strategy developed in 2004 |
|                |   | 2004                         | Y                       |               |   |  |

#### Annex 4: Master List of Indicators and Achievements

| PDD / IND Ref. | Indicator  | Expected date of achievement | Achieved? (Y/N/Ongoing) | Date achieved | Document Reported (eg AP) | Intepretation/Comment                                |
|----------------|--|------------------------------|-------------------------|---------------|---------------------------|--|
| OI-21          | At least 70% of planned activities under SPC/AMC's Coordination-Strategy implemented annually. | 2005                         | N                       |               | PMER-2                    | On target. Will be reported in PMER-2 (January 2008) |
|                |  | 2006                         | N                       |               |                           |  |
|                |  | 2007                         | N/A                     |               | N/A                       | N/A  |
|                |  | 2008                         | N/A                     |               | N/A                       | N/A  |
| OI-22          | Monitoring and Evaluation Framework (Milestone 7) accepted by AusAID.                          |                              | Yes                     | 11/16/2004    |                           | OI-22 Achieved                                       |

| PDD / IND Ref. | Indicator  | Regional Strategy | Number of Sectors Involved |                                    |                                      |                         |       | Pacific Islanders (No.) | Non-Pacific Islanders (No.) | Total Number | Pacific Islanders (%) | Non-Pacific Islanders (%) | Change in No. of Sectors Involved (+/- and number) | Percentage Change in Pacific Islander Participation | Indicator Achieved? (Y/N) | Explanation/Comment  |
|----------------|--|-------------------|----------------------------|------------------------------------|--------------------------------------|-------------------------|-------|-------------------------|-----------------------------|--------------|-----------------------|---------------------------|--|---|---------------------------|--|
|                |  |                   | Government Departments     | NGOs and Faith-based Organizations | Multi-lateral and bilateral Agencies | Educational Institution | Media |                         |                             |              |                       |                           |  |   |                           |  |
| PI-2           | Evidence of increased multisectoral and Pacific Islander participation in the development of the 2nd regional strategy compared to the 1st | 1st (1997-200)    | 3                          | 10                                 | 7                                    | 1                       | 0     | 32                      | 50                          | 82           | 39%                   | 61%                       | Plus (+) 25  | 39%   | Yes                       | There are more consultation during the development of the 2nd regional strategy and more significantly is the involvement of Pacific Islanders. A number of regional meetings have been used to carry out these consultations as well as the distribution of the draft strategy to wider audience in the region through various means. |
|                |  | 2nd (2004-2008)   | 5                          | 24                                 | 10                                   | 3                       | 4     | 163                     | 52                          | 215          | 76%                   | 24%                       |  | 76%   |                           |  |

**Annex 6: OI-6 Assessment of BCC materials**

| PDD/<br>Indicator<br>Reference | Description of<br>Indicator   | ID of<br>each<br>BCC<br>material | Name of each<br>BCC material     | Consistent<br>with each<br>item on BCC<br>checklist?<br>(y/n) | Indicator<br>Achieved?<br>(y/n) | Comment   |  |
|--------------------------------|---|----------------------------------|----------------------------------|---|---------------------------------|---|--|
| OI-4                           | At least 70% of BCC materials developed with PRHP assistance assessed as consistent with BCC-development checklist developed by BCCS. | 1                                | Fiji: Military poster & brochure | 96%   | y                               | Material assessed as being 96% compliant with the BCC |  |
|                                |   | 2                                | Fiji: Youth poster & brochure    | 80%   | y                               | Material assessed as being 80% compliant with the BCC |  |
|                                |   | 3                                |                                  |   |                                 |   |  |
|                                |   | 4                                |                                  |   |                                 |   |  |
|                                |   | 5                                |                                  |   |                                 |   |  |
|                                |   | 6                                |                                  |   |                                 |   |  |

**Note**

1. If 70% of BCC materials are assessed as 100% consistent with BCC checklist, indicator is achieved.

Annex 7: OI-7 Strengthened HIV/AIDS STI Surveillance

| PDD/<br>Indicator<br>Ref. | Description of<br>Indicator  | PICT<br>ID | PICT             | PICS not<br>covered by<br>GFATM | Percentage Reporting<br>Routine HIV & AIDS<br>Surveillance Data to PPHSN<br>(as at Jul2004) |      |      |      | Percentage Reporting<br>Routine STI Surveillance<br>Data to PPHSN (as at Jul<br>2004) |      |      |      |  |  |
|---------------------------|--|------------|------------------|---------------------------------|---|------|------|------|---|------|------|------|--|--|
|                           |  |            |                  |                                 | 2004  | 2005 | 2006 | 2007 | 2004  | 2005 | 2006 | 2007 |  |  |
| OI-7                      | At least 70% of PICTs not covered by GFATM funded surveillance activities collect and report at least annual routine HIV/AIDS & STI surveillance data to PPHSN Focal Point (SPC Public Health Surveillance and Communicable Disease Control Section) |            |                  |                                 |   |      |      |      |   |      |      |      |  |  |
|                           |  | 1          | Cook Islands     |                                 | 1   |      |      |      | 1   |      |      |      |  |  |
|                           |  | 2          | Fiji             |                                 | 1   |      |      |      |   |      |      |      |  |  |
|                           |  | 3          | FSM              |                                 | 1   |      |      |      |   |      |      |      |  |  |
|                           |  | 4          | Kiribati         |                                 | 1   |      |      |      |   | 1    |      |      |  |  |
|                           |  | 5          | Marshall Islands | Marshall Islands                | 1   |      |      |      |   | 1    |      |      |  |  |
|                           |  | 6          | Nauru            | Nauru                           | 1   |      |      |      |   |      |      |      |  |  |
|                           |  | 7          | Niue             |                                 | 1   |      |      |      |   |      |      |      |  |  |
|                           |  | 8          | Palau            |                                 | 1   |      |      |      |   |      |      |      |  |  |
|                           |  | 9          | Samoa            |                                 | 1   |      |      |      |   |      |      |      |  |  |
|                           |  | 10         | Solomon Islands  |                                 | 1   |      |      |      |   |      |      |      |  |  |
|                           |  | 11         | Tokelau          | Tokelau                         | 1   |      |      |      |   |      |      |      |  |  |
|                           |  | 12         | Tonga            |                                 | 1   |      |      |      |   |      |      |      |  |  |
|                           |  | 13         | Tuvalu           |                                 | 1   |      |      |      |   | 1    |      |      |  |  |
|                           |  | 14         | Vanuatu          |                                 | 1   |      |      |      |   |      |      |      |  |  |
|                           |  | 15         | American Samoa   | American Samoa                  | 1   |      |      |      |   |      |      |      |  |  |
|                           |  | 16         | French Polynesia | French Polynesia                | 1   |      |      |      |   |      |      |      |  |  |
|                           |  | 17         | New Caledonia    | New Caledonia                   | 1   |      |      |      |   | 1    |      |      |  |  |
|                           |  | 18         | Guam             | Guam                            | 1   |      |      |      |   | 1    |      |      |  |  |
|                           |  | 19         | CNMI             | CNMI                            | 1   |      |      |      |   |      |      |      |  |  |
|                           |  | 20         | PNG              | PNG                             | 1   |      |      |      |   |      |      |      |  |  |
|                           |  | 21         | Wallis & Futuna  | Wallis & Futuna                 | 1   |      |      |      |   |      | NA   |      |  |  |
| 22                        | Pitcairn   | Pitcairn   | 1                |                                 |   |      |      |      | NA  |      |      |      |  |  |
|                           | <b>Total Number Reporting Annually</b>   |            |                  |                                 | 22  | 0    | 0    | 0    | 6   | 0    | 0    | 0    |  |  |
|                           | <b>Percentage Reporting Annually</b>   |            |                  |                                 | 100.0   | 0.0  | 0.0  | 0.0  | 30.0  | 0.0  | 0.0  | 0.0  |  |  |

**Note** HIV and STI data are obtained separately.  
Further STI reports will be collected from countries  
1. OI-7 achieved if at least 70% of non-GFATM-funded PICTs report relevant data annually.

Annex 8: Assessment of baseline NAC (or equivalent) function in PICs -- June 2005

| PDD / Indicator Reference | Indicator  | ID for Each NAC Capacity-Development Indicator | CD Indicator Description   | Rating  |      |       |          |             |       |      |       |       |             |         |       |        |         |
|---------------------------|--|--|--|---------|------|-------|----------|-------------|-------|------|-------|-------|-------------|---------|-------|--------|---------|
|                           |  |  |  | Cook Is | Fiji | FSMic | Kiribati | Marshall Is | Nauru | Niue | Palau | Samoa | Solomonn Is | Tokelau | Tonga | Tuvalu | Vanuatu |
| PI-4                      | At least 70% of 14 NACs involved in Component 2 assessed as demonstrating improved functioning between baseline and post-training survey | 1  | Degree of knowledge of current national HIV response<br><i>(Rating 1 - 10; 1=poor; 10=excellent)</i>   | 5       | 10   | N/A   | 10       | 8           | 0     | 0    | 10    | 6     | 10          | 0       | 5     | 10     | 6       |
|                           |  | 2  | Degree and quality of documentation of current HIV response<br><i>(Rating 1 - 10; 1=poor; 10=excellent)</i>  | 2       | 6    | N/A   | 9        | 9           | 0     | 0    | 10    | 2     | 8           | 0       | 4     | 5      | 6       |
|                           |  | 3  | System of annual review<br><i>(If annual review conducted, score 10; if no, score 0)</i>   | 0       | 0    | N/A   | 10       | 0           | 0     | 0    | 0     | 0     | 10          | 0       | 0     | 10     | 0       |
|                           |  | 4  | Quality of reporting on annual process of review and planning<br><i>(if no report, score 0. If report, score 10. Score report between 11 - 20 for quality)</i> | 0       | 0    | N/A   | 0        | 0           | 0     | 0    | 0     | 0     | 6           | 0       | 0     | 0      | 0       |
|                           |  | 5  | Annual National Work Plans<br><i>(Rating 1 - 10; 1=poor; 10=excellent)</i>   | 0       | 5    | N/A   | 0        | 0           | 0     | 0    | 5     | 0     | 6           | 0       | 0     | 0      | 5       |
|                           |  | <b>Total</b>                                   | <b>70</b>  | 7       | 21   | N/A   | 29       | 17          | 0     | 0    | 25    | 8     | 40          | 0       | 9     | 25     | 17      |

NA= Not available

Maximum attainable points = 70

T

Table 8.1: Assessment of baseline CDO Function in each country -- June 2005

| PDD/<br>Indicator<br>Reference | Indicator  | ID of CDO<br>Capacity-<br>Development<br>Sub-Indicators | Description of Sub-<br>Indicators  | Data- June 05   |      |          |       |                    |       |        |         | Comment  |  |
|--------------------------------|--|---|--|-----------------|------|----------|-------|--------------------|-------|--------|---------|--|--|
|                                |  |   |  | Cook<br>Islands | Fiji | Kiribati | Samoa | Solomon<br>Islands | Tonga | Tuvalu | Vanuatu |  |  |
| PI-5                           | At least 70% of Capacity Development Organisations (CDOs) assessed as demonstrating improved functioning between baseline and post-training survey | 1   | Project development and support:<br>No NAC grants approved                           | 3               | 6    | 0        | 9     | 0                  | 0     | 0      | 10      | NAC Grants Program has started in 4 out of 8 countries. There are different reasons for the delay in establishing the NAC Grants Program in 4 countries. In Kiribati, delay caused by establishment of KHATF as NGO and subsequent recruitment of Coordinator. |  |
|                                |  | 2   | Capacity building:<br>No of capacity building activities undertaken                  | 2               | 3    | 2        | 2     | 4                  | 2     | 1      | 3       | Solomon Is, Vanuatu and Fiji have initiated capacity building activities in addition to the PDM and Behaviour Change workshops initiated and facilitated by PRHP   |  |
|                                |  | 3   | Monitoring and evaluation:<br>% of NAC grants reports submitted on time              | n/a             | n/a  | n/a      | n/a   | n/a                | n/a   | n/a    | n/a     | n/a  | Grants project recently funded. Sufficient time has not elapsed for reporting to begin.  |
|                                |  | 4   | Financial management and reporting:<br>% CDO/NAC financial reports submitted on time | 0               | 0    | 0        | 0     | 0                  | 0     | 0      | 1       | 2  | Information for this sub-indicator comes from OI-13 - CDO Grants Program which assess the timeliness of reporting from CDOs to PRHP. |

**Table 8.2: CDO Contribution to Technical Capacity Development**

| Informant ID | Country  | Affiliation of Respondent | CDO Contribution to Capacity Building in Technical Areas   |
|--------------|----------|---------------------------|--|
|              |          |                           | Quotes from key informant interviews   |
| 1.           | Cook     | NAC                       | I understand that the CDO is working with other partners and community organisations doing capacity work and facilitating the NAC Grants process.  |
| 2.           | Fiji     | CDO                       | <ul style="list-style-type: none"> <li>• Training programs [2 workshops] on project development following on from the [PRHP] PDM training.</li> <li>• Incorporating HIV/AIDS in good governance programs and family strengthening programs.</li> <li>• PDM skills being used beyond HIV/AIDS and HIV/AIDS issues [are] being incorporated in other programs [by CDO itself, PRHP PDM workshop participants and CDO follow-up PDM workshops].</li> </ul>  |
| 3.           | Fiji     | NAC                       | CDO [provided] follow up training in PDM [Project Design & Management] – no direct involvement of NACA, but aware that PRHP facilitated the original training and commented that PRHP provides excellent training.   |
| 4.           | Kiribati | NAC                       | <ul style="list-style-type: none"> <li>• CDO organized workshop for PDM</li> <li>• CDO organized BCC training</li> <li>• Youth Ambassador employed by CDO – assisting NAC Grant applicants to prepare proposals and management of CDO grant</li> </ul>   |
| 5.           | Kiribati | CDO                       | <ul style="list-style-type: none"> <li>• CDO has only ... organized the BCC and PDM trainings [for PRHP]...</li> <li>• Provided some technical support on peer education to FSPK [Foundation for the People of the South Pacific Kiribati], Red Cross Kiribati/Maritime Training Centre.</li> </ul>  |
| 6.           | Samoa    | CDO                       | <ul style="list-style-type: none"> <li>• Frequent visits to those preparing proposals and after appraisal refining</li> <li>• Will then monitor projects when implemented</li> <li>• PDM workshop raised awareness of NAC grants</li> <li>• Building capacity in part of SUNGO role so incorporating PRHP activities in this role</li> <li>• Financial management, project development and proposal writing as a focus – have a training officer in this area who is being used</li> <li>• Coordinator coaching and providing support to refine proposals</li> <li>• Need to identify needs and second round will be better</li> </ul> |
| 7.           | Solomon  | NAC                       | <ul style="list-style-type: none"> <li>• Better understanding of [NACS Grant Program] proposal templates</li> <li>• Appraisal of grant proposals</li> <li>• Polishing of proposals by asking questions so as to ensure that the proposals are focused no sustainability and does not duplicate other work as well as is focused on the priorities of the NSP.</li> <li>• CDO refines it [draft proposal] and is making a lot of difference.</li> </ul>   |

| Informant ID | Country | Affiliation of Respondent | CDO Contribution to Capacity Building in Technical Areas   |
|--------------|---------|---------------------------|--|
| 8.           | Solomon | CDO                       | <ul style="list-style-type: none"> <li>• Project design training that is NAC specific, building on the PDM workshop</li> <li>• Helped partners understand better goals, objectives and activities</li> <li>• M&amp;E national training with partners using expertise from within Oxfam and helping NAC applicants with this</li> <li>• MSC</li> <li>• BCC</li> <li>• Regular individual consultations relating to NAC grants</li> <li>• Strengthen IEC committee on SINAC as CDO has been appointed to lead this committee.</li> </ul>   |
| 9.           | Tonga   | CDO                       | <ul style="list-style-type: none"> <li>• Supporting Leuleumafana and advocating with other NGOs to provide support</li> <li>• Focus areas for Leuleumafana: advocacy, coordinating role</li> <li>• Provision of office space as well as CDO funds/materials for IEC development</li> <li>• Facilitated a needs and gaps assessment</li> <li>• Provide capacity support to requesting organizations</li> </ul>  |
| 10.          | Tuvalu  | NAC                       | <ul style="list-style-type: none"> <li>• The CDO has brought us TuNAC members together</li> <li>• The funding aspect to the CDO budget for TuNAC is a very important aspect to enable us to carry out activities as this has always been a problem</li> <li>• Their involvement is reforming TuNAC in its secretariat role so that it is not a health entity but is multisectorial</li> <li>• The strategic planning review would not have been possible if it wasn't for the CDO role and funding</li> <li>• TuNAC is now starting to be a thinking and organizing national body as opposed to meeting on a needs to meet basis</li> <li>• The CDO is pushing the momentum to be more pro-active</li> <li>• For Global fund, they helped mobilize the partners whilst MOH played leading role in the technical aspects.</li> <li>• Better understanding of [NACS Grant Program] proposal templates</li> <li>• Appraisal of grant proposals</li> <li>• Polishing of proposals</li> <li>• CDO refines it [draft proposal] and is making a lot of difference.</li> </ul> |
| 11.          | Tuvalu  | CDO                       | <ul style="list-style-type: none"> <li>• Implemented and coordinated a proposal writing workshop after the PDM workshop (3 days)</li> <li>• Capacity Building for individual organizations with CDO organization staff being developed groups to review and strengthen their proposals for NAC</li> <li>• Has developed a NAC specific PDM information kit as many organizations will tend to apply for this as opposed to Competitive Grant</li> <li>• Developed a proposal writing kit on NAC Grant</li> <li>• TOSU requirement to work in developing their [PRHP] Competitive Grant application and CDO working closely with them and PRHP officer</li> </ul>   |

| Informant ID | Country | Affiliation of Respondent | CDO Contribution to Capacity Building in Technical Areas   |
|--------------|---------|---------------------------|--|
|              |         |                           | <ul style="list-style-type: none"> <li>• Information requirement by partners – sourcing and sharing information</li> <li>• Procuring documents on behalf of MOH and other partners when on travel</li> <li>• Focal point for working with all partners in sharing tools, information and sourcing from regional organizations</li> </ul>   |
| 12.          | Vanuatu | NAC                       | <ul style="list-style-type: none"> <li>• Provided training for NGO partners to develop project proposals</li> <li>• Have been following up with NGO particularly in outer islands</li> <li>• Provide opportunities for government personnel as well so they stay in regular contact with Ministry of Health</li> </ul>   |
| 13           | Vanuatu | CDO                       | <ul style="list-style-type: none"> <li>• For NAC grants, [CDO] has helped most organizations to access grants by providing training and one on one advice</li> <li>• Competitive grants – [CDO] provide[s] forms, answer queries and some initial appraisal comments provided</li> <li>• Provide[s] assistance to smaller organizations in awareness raising</li> <li>• Conducted one workshop with first applicants to NAC grants program</li> <li>• Benefits of working as a group and then assistance on an individual level</li> </ul> |

**Table 8.3: CDO Contribution to Coordination of National HIV Response**

| Informant ID | Country      | Affiliation of Informant | CDO Contribution to Coordination of National HIV Response |   | CDO Works with....  |
|--------------|--------------|--------------------------|---|---|---|
|              |              |                          | Type  | Quotes from key informant interviews  |   |
| 1. 1         | Cook         | NAC                      | None  | There has not really been a working relationship and input from CDO to NAC, but also that the NAC is not really active. However, we would like to see the CDO take a lead role to mobilise and push partners and the NAC, and the CDO does know it is free to do this as long as it keeps the NAC informed. | All NGOs, including church groups   |
| 2. 2         | Fiji Islands | NAC                      | NGO communication and mobilisation                        | CDO has helped in coordinating the role of NGOs in responding to National Strategic Plan for HIV/AIDS. NACA has no time to contact new partners therefore CDO has identified new partners. CDO has identified non-traditional partners and smaller NGOs.  | <ul style="list-style-type: none"> <li>• NACA</li> <li>• NGO network</li> </ul>   |
| 3. 3         | Fiji Islands | CDO                      | NGO communication and mobilisation                        | [CDO is reaching out] In many ways particularly outreaching to smaller organizations and message is getting wider – outside of main island and main central. [Resulting in] Greater diversification of organisation [involved in national response].  | <ul style="list-style-type: none"> <li>• CBOs, including groups such as young muslims and men at the village level</li> <li>• NAC grant holders</li> </ul>  |
| 4. 4         | Kiribati     | NAC                      | None  | [See capacity-building.]  | <ul style="list-style-type: none"> <li>• Line Government Ministries – Health, Home Affairs</li> <li>• Churches</li> <li>• NGOs</li> <li>• CBOs</li> <li>• Young People</li> <li>• Women’s Groups</li> </ul>   |
| 5.           | Kiribati     | CDO                      | Supported NSP Development                                 | Organised NSP workshop.   | <ul style="list-style-type: none"> <li>• MoH</li> <li>• National Women’s Organisation</li> <li>• Kiribati Overseas Seamen’s Union</li> <li>• FSPK</li> <li>• Kiribati Family Health Association</li> <li>• Churches (Kiribati Protestant Church/Catholic Arch Diocese of Kiribati)</li> </ul> |

| Informant ID | Country         | Affiliation of Informant | CDO Contribution to Coordination of National HIV Response |  | CDO Works with....  |
|--------------|-----------------|--------------------------|---|--|---|
| 6. 5         | Samoa           | CDO                      | NAC Administrative Support                                | CDO acting as coordinating secretariat for the NAC/CCM which includes supporting Global Fund activities as well as PRHP activities.  | <ul style="list-style-type: none"> <li>• Government</li> <li>• SUNGO members</li> <li>• Non-SUNGO members</li> <li>• CBOs</li> <li>• Youth Groups</li> <li>• NAC</li> <li>• National Council of Churches</li> </ul> |
|              |                 |                          | GF Support  |  |   |
|              |                 |                          | Supported NSP Development                                 | On behalf of NAC, CDO [currently is] requesting UNDP funding to support the development of a national strategic plan.  |   |
| 7. 6         | Solomon Islands | NAC                      | NAC Administrative Support                                | The CDO is playing a complementary and supplementary role to the NAC. They have been playing a leading role in getting NGOs to the stakeholders meetings and making meaningful contributions. Before, there used to be a demarcation between Government and NGOs, but now with the presence of the CDO, NGOs are active participants in meetings, in decisions being made regarding the organisation, implementation and monitoring of the NSP... The CDO has now been selected to chair the IEC committee on the NAC and this shows the growing partnership. Its role is to do a needs assessment, organise and implement IEC oriented activities that are in the NSP. See Textbox X. | Across the board – both government and NGOs   |
|              |                 |                          | NGO mobilisation  |  |   |
|              |                 |                          |   | GF Support   | CDO became a NGO representative on the NCCM... so again they have the task to network with key members.   |

| Informant ID | Country         | Affiliation of Informant | CDO Contribution to Coordination of National HIV Response |   | CDO Works with....  |
|--------------|-----------------|--------------------------|---|---|---|
| 8.           | Solomon Islands | CDO                      | NAC Administrative Support                                | The CDO has helped revive and strengthen the role of SINAC since they have been a part of it. They have helped activate the functions of the secretariat role of MOH and helped source technical assistance for organizing NAC function. For example it invited PRHP involvement in the NSP review process...A core group within SINAC has emerged, tasked with updating other stakeholders on NSP activities implementation. The core group is chaired by the CDO and monitors the progress of the NSP implementation. They report to the SINAC.   | <ul style="list-style-type: none"> <li>All NGOs including church groups</li> <li>NAC grants holders: CBOs</li> <li>MOH: with the HIV Unit, Health Promotion and Planning</li> <li>Honiara Town Council</li> </ul> |
|              |                 |                          | Support to national policy or strategy development        | Helped in the revision in national HIV policy and realizing a multi-sectoral NSP. The CDO has been an active participant in the contributions made regarding the NSP representing the issues from the communities they work with outside the framework of the Government programs...  |   |
|              |                 |                          | NGO communication and mobilisation                        | Creation of networks of HIV/AIDS NGO stakeholders. This had been absent and sporadic prior to the CDO involvement but now there is a noted improvement in NGOs cooperating and duly respected at the NAC. The CDO in many ways is playing a lead role in facilitating the contributions of other NGOs and many NGOs are looking to the CDO when they need assistance technical especially in their work. This has seen the involvement of the CDO in organizing and facilitating BCC, PDM, M&E, MSC programs. The NGOs are able to now learn together based on commonalities and this sharing and organization is what had been missing before... [CDO] Established regular meetings and consultation between MOH and CDO (as unofficial representative of NGOs active in HIV) on weekly basis [for purposes of consulting on views and work of NGOs regarding implementing NSP]... As a result, a core group within SINAC has emerged tasked with updating other stakeholders on NSP activities implementation. The core group is chaired by the CDO and monitors the progress of the NSP implementation. They report to |   |

| Informant ID | Country | Affiliation of Informant | CDO Contribution to Coordination of National HIV Response |  | CDO Works with....  |
|--------------|---------|--------------------------|---|--|---|
|              |         |                          |   | the SINAC.   |   |
|              |         |                          | GF Support  | The Vice Chair of the SINAC nominates CDO as NGO representative for GF/NCCM. Consultation and ensuring multisectoral input in the GF submission.   |   |
| 9.           | Tonga   | CDO                      | GF Support  | [CDO] Informed CCM and identified activities that PRHP could facilitate through CDO hence avoid duplication  | <ul style="list-style-type: none"> <li>• Tonga National Youth Congress</li> <li>• Vavau Youth Congress</li> <li>• Tonga Leitis Association (Tonga Transgender Association)</li> <li>• MoH/Education/Women and Development Centre in the PM's office</li> <li>• Tonga Red Cross</li> <li>• Lagafanua (Umbrella women's organization)</li> <li>• Legal Literacy group</li> <li>• Lagikapo (Free Wesleyan Church)</li> </ul> |
|              |         |                          | Other Support   | Supporting Leuleumafana to re-establish itself as the umbrella AIDS organization in Tonga.   |   |
| 10. 8        | Tuvalu  | NAC                      | NAC Administrative Support                                | The CDO has brought us TuNAC members together. The funding aspect, that is, the CDO budget for TuNAC, is a very important aspect to enable us to carry out activities as this has always been a problem. In its secretariat role, its involvement is reforming TuNAC so that it is not a health entity but is multisectorial. TuNAC is now starting to be a thinking and organizing national body as opposed to meeting on a needs-to-meet basis. The CDO is pushing the momentum to be more proactive. The strategic planning review would not have been possible if it wasn't for the CDO role and funding | Across the board – both government and NGOs   |

| Informant ID | Country | Affiliation of Informant | CDO Contribution to Coordination of National HIV Response |  | CDO Works with....   |
|--------------|---------|--------------------------|---|--|--|
|              |         |                          | GF Administrative Support                                 | For Global fund, they [CDO] helped mobilize the partners whilst MOH played leading role in the technical aspects.  |  |
| 11. 9        | Tuvalu  | CDO                      | NAC Administrative Support                                | CDO has gotten the PRHP agenda on the table and gotten TUNAC moving. This did not happen before. Previously there were long spells of non-meeting. They has been an improvement to activities and the program of TuNAC and much of this has to do with the CDO pushing TuNAC to do its work. | <ul style="list-style-type: none"> <li>• TUFHA</li> <li>• TOSU</li> <li>• Red Cross</li> <li>• Women's Organization</li> <li>• Govt departments: Health/Education/Community Affairs</li> <li>• Impressive the response from Min of Education eg: NAC Grant applications: 50% are from MoE</li> </ul> |
|              |         |                          | NGO communication and mobilisation                        | As the umbrella organization of NGOs, the CDO has the mandate to work with other NGOs and help coordinate them. [CDO also] works with the communities and is seen as the leading agency in the NGO community.  |  |
| 12. 10       | Vanuatu | NAC                      | NGO communication and mobilisation                        | The role of the CDO is crucial already partners in other activities but as an NGO it is easy for them to communicate with other NGOs.  | <ul style="list-style-type: none"> <li>• Vanuatu Family Health</li> <li>• Ministries of Health; Education; Youth and Sports</li> <li>• FSP</li> <li>• Young People's Project</li> <li>• Youth Challenge</li> </ul>   |
| 13           |         | CDO                      | NAC Administrative Support                                | NAC more functional; CDO work prompts action.  | <ul style="list-style-type: none"> <li>• NAC in terms of NAC grants scheme through monthly meetings</li> <li>• Some of the big NGOs in Vila who then work in the islands (VSO, Vanuatu Family Health, WV, Youth Challenge)</li> </ul>  |
|              |         |                          | NGO communication and mobilisation                        | Greater involvement of NGOs in the national response, expanding the response.  |  |

**Table 8.4: Summary of CDO Contributions to coordination of the national HIV response**

| In-formant ID | Country      | Affiliation of Informant | CDO Contributions to coordination of the national HIV response |                            |  |                     |                            |       |
|---------------|--------------|--------------------------|--|----------------------------|--|---------------------|----------------------------|-------|
|               |              |                          | NGO Communication and Mobilisation                             | NAC Administrative Support | Support Policy or Strategy Development | Global Fund Support | Other Coordination Support | Total |
| 13.           | Cook Islands | NAC                      | 0  | 0                          | 0                                      | 0                   | 0                          | 0     |
| 14.           | Fiji         | NAC                      | 1  | 0                          | 0                                      | 0                   | 0                          | 1     |
| 15.           | Fiji         | CDO                      | 1  | 0                          | 0                                      | 0                   | 0                          | 1     |
| 16.           | Kiribati     | NAC                      | 0  | 0                          | 0                                      | 0                   | 0                          | 0     |
| 17.           | Kiribati     | CDO                      | 0  | 0                          | 1                                      | 0                   | 0                          | 1     |
| 18.           | Samoa        | CDO                      | 0  | 1                          | 1                                      | 1                   | 0                          | 3     |
| 19.           | Solomon      | NAC                      | 1  | 1                          | 0                                      | 1                   | 0                          | 3     |
| 20.           | Solomon      | CDO                      | 1  | 1                          | 1                                      | 1                   | 0                          | 4     |
| 21.           | Tonga        | CDO                      | 0  | 0                          | 0                                      | 1                   | 1                          | 2     |
| 22.           | Tuvalu       | NAC                      | 0  | 1                          | 0                                      | 1                   | 0                          | 1     |
| 23.           | Tuvalu       | CDO                      | 1  | 1                          | 0                                      | 0                   | 0                          | 2     |
| 24.           | Vanuatu      | NAC                      | 1  | 0                          | 0                                      | 0                   | 0                          | 1     |
| 13            |              | CDO                      | 1  | 1                          | 0                                      | 0                   | 0                          | 2     |

| PICT ID | PICT             | Participants |        |       | Organisational affiliation of Participants |      |                 |       |        |       |                  |                         |                                    |                        |  |                    |                           |                    |   |
|---------|------------------|--------------|--------|-------|--|------|-----------------|-------|--------|-------|------------------|-------------------------|------------------------------------|------------------------|--|--------------------|---------------------------|--------------------|---|
|         |                  | Male         | Female | Total | Government                                 |      |                 |       |        |       | NGO              |                         | Church / Faith-based organisations |                        | Other                                      |                    |                           |                    |   |
|         |                  |              |        |       | Health                                     | Educ | Women's Affairs | Youth | Police | Other | No of Govt Depts | No of Govt Participants | No of NGOs                         | No of NGO participants | No of Churches / faith-based organisations | No of participants | No of other organisations | No of Participants |   |
| 1       | Cook Islands     | 4            | 11     | 15    | 2  | 0    | 0               | 0     | 0      | 0     | 1                | 3                       | 3                                  | 5                      | 10   | 2                  | 2                         | 0                  | 0 |
| 2       | Fiji             | 11           | 9      | 20    | 0  | 0    | 0               | 0     | 0      | 0     | 0                | 0                       | 0                                  | 16                     | 16   | 4                  | 4                         | 0                  | 0 |
| 3       | FSM              | 10           | 7      | 17    | 3  |      |                 |       |        |       |                  | 3                       | 10                                 | 5                      | 7  |                    |                           |                    |   |
| 4       | Kiribati         | 9            | 12     | 21    | 3  |      | 0               | 0     | 1      | 1     | 5                | 6                       | 7                                  | 12                     | 0  | 0                  | 1 (HIV+)                  | 1                  |   |
| 5       | Marshall Islands |              |        |       |  |      |                 |       |        |       |                  |                         |                                    |                        |  |                    |                           |                    |   |
| 6       | Nauru            |              |        |       |  |      |                 |       |        |       |                  |                         |                                    |                        |  |                    |                           |                    |   |
| 7       | Niue             |              |        |       |  |      |                 |       |        |       |                  |                         |                                    |                        |  |                    |                           |                    |   |
| 8       | Palau            |              |        |       |  |      |                 |       |        |       |                  |                         |                                    |                        |  |                    |                           |                    |   |
| 9       | Samoa            | 9            | 11     | 20    | 1  | 1    | 1               | 0     | 1      | 0     | 4                | 4                       | 7                                  | 8                      | 5  | 7                  | 1 (WHO)                   | 1                  |   |
| 10      | Solomon Islands  | 10           | 7      | 17    | 1  | 0    | 0               | 0     | 0      | 1     | 2                | 5                       | 8                                  | 9                      | 3  | 3                  |                           |                    |   |
| 11      | Tokelau          |              |        |       |  |      |                 |       |        |       |                  |                         |                                    |                        |  |                    |                           |                    |   |
| 12      | Tonga            | 10           | 22     | 32    | 2  | 1    | 1               | 0     | 0      | 0     | 4                | 7                       | 7                                  | 23                     | 1  | 2                  | 0                         | 0                  |   |
| 13      | Tuvalu           | 9            | 8      | 17    | 3  | 1    | 1               | 0     | 0      | 0     | 5                | 11                      | 5                                  | 5                      | 1  | 2                  |                           |                    |   |
| 14      | Vanuatu          | 6            | 9      | 15    | 2  | 0    | 0               | 0     | 0      | 0     | 2                | 2                       | 7                                  | 13                     | 0  | 0                  | 0                         | 0                  |   |
|         | TOTAL            | 78           | 96     | 174   | 17   | 3    | 3               | 0     | 2      | 3     |                  | 48                      | 67                                 | 103                    | 16   | 20                 | 2                         | 2                  |   |
|         | %                | 45%          | 55%    |       | 10%  | 2%   | 2%              | 0%    | 1%     | 2%    |                  | 28%                     |                                    | 59%                    |  | 11%                |                           | 1%                 |   |

| Workshop ID | Country              | Participants |    |       | Module 1: Understanding HIV |                          |                           |   | Module 2: Project Planning |                          |                           |   | Module 5: Financial Management |                          |                           |   | All Modules                   |               |
|-------------|----------------------|--------------|----|-------|-----------------------------|--------------------------|---------------------------|---|----------------------------|--------------------------|---------------------------|---|--------------------------------|--------------------------|---------------------------|---|-------------------------------|---------------|
|             |                      | M            | F  | Total | Mean Pre-test Score (%)     | Mean Post-Test Score (%) | Indicator 1               | Indicator 2   | Mean Pre-test Score (%)    | Mean Post-Test Score (%) | Indicator 1               | Indicator 2   | Mean Pre-test Score (%)        | Mean Post-Test Score (%) | Indicator 1               | Indicator 2   | Number of Indicators achieved |               |
|             |                      |              |    |       |                             |                          | Mean Post-test Score ≥55% | Mean Post-test Score is at least 10% greater than Mean Pre-Test Score |                            |                          | Mean Post-test Score ≥55% | Mean Post-test Score is at least 10% greater than Mean Pre-Test Score |                                |                          | Mean Post-test Score ≥55% | Mean Post-test Score is at least 10% greater than Mean Pre-Test Score | Actual Score                  | Maximum Score |
|             |                      |              |    |       |                             |                          | Yes = 1<br>No = 0         | Yes = 1<br>No = 0   |                            |                          | Yes = 1<br>No = 0         | Yes = 1<br>No = 0   |                                |                          | Yes = 1<br>No = 0         | Yes = 1<br>No = 0   |                               |               |
| 1           | Cook Islands         |              |    |       | 73.73                       | 88.24                    | 1                         | 1   | 30.77                      | 70.77                    | 1                         | 1   | 42.86                          | 81.47                    | 1                         | 1   | 6                             | 6             |
| 2           | Fiji                 | 10           | 9  | 19    | 76.97                       | 85.2                     | 1                         | 0   | 10.7                       | 49.7                     | 0                         | 1   | 14.38                          | 44.13                    | 0                         | 1   | 3                             | 6             |
| 3           | FSM                  | 10           | 7  | 17    | 91.93                       | 95.44                    | 1                         | 0   | 30                         | 45.63                    | 0                         | 1   | 11.64                          | 25.64                    | 0                         | 1   | 3                             | 6             |
| 4           | Kiribati             | 10           | 10 | 20    | 79.47                       | 79.21                    | 1                         | 0   | 13.28                      | 63.02                    | 1                         | 1   | 22.5                           | 43.88                    | 0                         | 1   | 4                             | 6             |
| 5           | Samoa                | 10           | 11 | 21    | 73.18                       | 79.7                     | 1                         | 0   | 38.64                      | 75.45                    | 1                         | 1   | 14.33                          | 50.67                    | 0                         | 1   | 4                             | 6             |
| 6           | Solomon Islands      | 9            | 8  | 17    | 73.36                       | 82.35                    | 1                         | 0   | 32.86                      | 65.71                    | 1                         | 1   | 41.43                          | 72.38                    | 1                         | 1   | 5                             | 6             |
| 7           | Tonga                | 3            | 15 | 18    | 73.46                       | 82.24                    | 1                         | 0   | 20.5                       | 51.5                     | 0                         | 1   | 24.27                          | 43.07                    | 0                         | 1   | 3                             | 6             |
| 8           | Tuvalu               | 8            | 17 | 25    | 73.53                       | 80.25                    | 1                         | 0   | 32                         | 63.5                     | 1                         | 1   | 38.64                          | 77.6                     | 1                         | 1   | 5                             | 6             |
| 9           | Vanuatu              | 5            | 7  | 12    | 89.47                       | 94.15                    | 1                         | 0   | 23.96                      | 64.06                    | 1                         | 1   | 17.5                           | 50.38                    | 0                         | 1   | 4                             | 6             |
|             | <b>All Countries</b> | 65           | 84 | 149   | 78.34                       | 85.20                    |                           |   | 25.86                      | 61.04                    |                           |   | 25.28                          | 54.36                    |                           |   | 37                            | 54            |

**PRHP  
COMPETITIVE GRANTS (CG) PROJECTS  
To end of June 2005**

| CG CODE   | Project Name<br>(Aus \$ unless otherwise stated)                         | Gender Need  | Gender mainstreaming Strategy   | General Needs/ Strategy  | Implementation Status  |
|---|--|--|---|--|--|
| FJ CG005<br>(Fiji Nursing Ass)<br><br>Contact: Kuini Lutua                            | HIV/AIDS Training for rural Public Health Nurses in Fiji<br><br>\$60,000 | Training of female public health practitioners based in the rural center   | <ul style="list-style-type: none"> <li>▪ Needs assessment to determine their training needs/capacity building needs</li> <li>▪ Training of trainers format and linkage to FNA and MOH</li> </ul>  | <p>Based on: Rural based Nurses lack for capacity building in light of added responsibility especially in VCCT for PLWAs</p> <p>TOT training to update and reoriented nurses to better/adequately meet the needs of patients/clients and linkages to Government medical establishments</p>   | First quarter tranche acquitted and second tranche of funds released. Quarter 1 activities include a TNA of nurses in the Central, Eastern and Western divisions. The TNA has identified 25 rural nurses requiring training in the Transmission and Management of HIV/AIDS. This first training is due to be held in mid July. |
| FJ CG 007<br>(Regional Rights Resource Team)<br><br>Contact: Ms. Sandra Bernklau      | HIV/AIDS, Human Rights and the Law<br><br>\$150,000                      | Review and reform national legislation and polices that is currently practiced and is gender biased                | <ul style="list-style-type: none"> <li>▪ Review and reform of current law in Fiji, Kiribati, Solomon Islands, Vanuatu, Tuvalu, Tonga &amp; Cook Islands</li> <li>▪ through human rights, rights based approach that is gender oriented</li> </ul> | <p>Based on the following needs:</p> <ul style="list-style-type: none"> <li>• Ineffective &amp; inadequate human rights compliant national legislation in the region.</li> <li>• Lack of advocacy at community level for human rights compliant legislation, such as anti discrimination laws</li> <li>• Absence of HIV legislation</li> </ul> <p>RRRT aims to address above issues through the following ways:</p> <ul style="list-style-type: none"> <li>• Training community paralegals identified from Civil society leaders &amp; government field workers</li> <li>• Identification of discriminatory &amp; inadequate laws &amp; policies</li> <li>• Drafting instructions presented to stakeholders</li> </ul> | Agreement yet to be finalized due to issues of registration of the organization in Fiji. A new agreement which includes UNDP as the RRRT partner is currently being discussed.   |
| CI/FSM CG008<br>(Red Cross)<br><br>Contact: Nikkie Rattle/ Sizue Yoma/ Penny Harrison | Red Cross Regional HIV/AIDS Program<br><br>\$148,000                     | Education and behaviour change needs of young people Young girls and boys sexual health/ needs in FSM/Cook Islands | <ul style="list-style-type: none"> <li>▪ HIV/AIDS Education strategy that is behaviour change oriented and peer education training/capacity building</li> <li>▪ Specific focus on young girls/adolescent girls</li> </ul>                         | <p>Based on the following needs:</p> <ul style="list-style-type: none"> <li>• High rate of STI</li> <li>• High teenage pregnancies indicating young people are becoming sexual active at a very young age</li> <li>• Lack of condom use</li> </ul>   | First and second tranche of funds sent.<br><br>Implementation in the Cook Islands has been delayed due to a number of cyclones passing though the country during the first months of   |

| CG CODE  | Project Name<br>(Aus \$ unless otherwise stated) | Gender Need  | Gender mainstreaming Strategy  | General Needs/ Strategy  | Implementation Status   |
|--|--|--|--|--|---|
|  |  |  |  | <p>Micronesia Red Cross aims to address above issues through the following ways:</p> <ul style="list-style-type: none"> <li>• Peer education and community education</li> <li>• Condom distribution</li> </ul> <p>Providing capacity building for young people and support for HIV programs for young people</p>   | <p>the year.</p> <p>In the Cook Islands the first draft of the Cook Islands red Cross Youth Peer Education Manual is being finalized.</p> <p>The planned 8 day peer education training has been delayed until mid August.</p> <p>In FSM the project has supported a five day refresher training for peer educators in Pohnpe. 15 peer educators were identified and trained in Kosrae.</p> <p>To date 278 young people have been reached through outreach programs and almost 800 condoms distributed.</p> <p>Condoms and IEC materials distributed at the Ocean Wrestling Championships held in Pohnpei.</p> |
| <p>VAN CG 010<br/>Youth Challenge Int</p> <p>Contact: Mark</p> | <p>Youth Skills Summits<br/>\$24,987</p>         | <p>Provision of a national forum for youth to deliberate on issues that confront them and stakeholders that lead to their vulnerability to sexual health and adolescent challenges</p> | <ul style="list-style-type: none"> <li>▪ Forum/conference format that allows gender discussion and how it affects people's vulnerability to sexual health issues</li> <li>▪ Is also focused on equal gender participation</li> </ul> | <p>Based on 3 key areas (Lack of developmental opportunities for Ni-Vanuatu youth; Potential for spread of HIV among young people &amp; Gender inequality) of need, YCIV plans to coordinate at least 5 youth skills summit which directly will involve 500 young people in five rural communities.</p> <p>The project aim to bring together rural youths for 5 – 7 days conference to discuss and build work and life skills &amp; promote awareness of gender, cultural &amp; health issues.</p> <p>A community participation is involved when implementing the activities</p> | <p>Project now completed. The project funded Youth Skills Summits in the Provinces of Pentecost, Paama and Ambae. Over 300 participants attended the YSS in each Province. A major part of the summit was dedicated to STI/HIV/AIDS awareness and behaviour change with important links made to other youth issues such as lack of access to employment and education.</p> <p>A follow up monitoring and evaluation workshop was conducted in each area using the most significant change approach. The project has been successful in</p>  |

| CG CODE   | Project Name<br>(Aus \$ unless otherwise stated)   | Gender Need  | Gender mainstreaming Strategy  | General Needs/ Strategy  | Implementation Status   |
|---|--|--|--|--|---|
|   |  |  |  |  | raising awareness and an on-going interest in HIV/AIDS. Anecdotal evidence from the evaluation has pointed to an increase in condom use and acceptance. |
| VAN CG 011<br>VSO Van<br><br>Contact: Ms. Janneke Kukler/<br>Ms Nicola Chevis | Blokem HIV/AIDS: A gender based approach to the prevention of HIV/AIDS in Vanuatu<br><br>\$100,000 | <ul style="list-style-type: none"> <li>▪ Policy review and reform</li> <li>▪ Capacity Building of community based &amp; government partners in the implementing the HIV/AIDS National strategic plan</li> <li>▪ Gender mapping and research that will form the basis for developing gender based strategies in line with HIV/AIDS National Strategy</li> </ul> | <ul style="list-style-type: none"> <li>▪ Establishment of gender coordinator post to facilitate stated strategies/needs</li> </ul> | <p>Based on the:</p> <ul style="list-style-type: none"> <li>• Vanuatu's high STI rates, indicating low condom usage, combine with a young age structure;</li> <li>• High rates of internal migration leading to increasing poverty in urban centres;</li> <li>• Significant gender inequity &amp; inequality;</li> <li>• High risk behaviours such as multiple partners and unsafe sex;</li> <li>• Increasing overseas travel for training, education, business &amp; family visits;</li> </ul> <p>VSO aims to address above issues by through the following ways:</p> <ul style="list-style-type: none"> <li>• Addressing socio-economic &amp; cultural risk factors through advocacy, research, &amp; education</li> <li>• Building capacity of NGOs &amp; government to respond effectively through better coordination mechanisms and use of gender sensitive approaches in all HIV programs</li> </ul> <p>Supporting the establishment of service provision such as VCCT, policy development, networking and implementation of procedures to prevent mother to child transmission. Project is research based in establishing gender need and thereafter develop specific programming that is focused on</p> | First tranche of funds sent. Quarter 1 activities being undertaken. First report due in mid August.   |

| CG CODE   | Project Name<br>(Aus \$ unless otherwise stated)   | Gender Need  | Gender mainstreaming Strategy  | General Needs/ Strategy  | Implementation Status  |
|---|--|--|--|--|--|
|   |  |  |  | meeting these needs in relation to sexual health and vulnerability   |  |
| VAN CG 012<br>World Vision Van<br><br>Contact: Mr Simon Boe                     | Traem Blong Stopem HIV/AIDS<br><br>\$150,000   | Meeting the health service needs of young people<br>Meeting the HIV/AIDS education needs of young people         | Collaborate approach with other stated partners (UNICEF, FSP, Wan Smol Bag) to implement Lifeskills initiative<br>Link this to a youth centre and health clinic that meets the needs of young boys and girls | Based on the: <ul style="list-style-type: none"> <li>• Young people becoming sexually active at a very young age</li> <li>• Rapid social change &amp; a sense of sexual freedom</li> <li>• High rates of STIs</li> <li>• High rates of internal migration leading to increasing poverty in urban centres</li> <li>• Significant gender inequity &amp; inequality</li> <li>• High risk behaviours such as multiple partners and unsafe sex</li> <li>• Increasing overseas travel for training, education, business &amp; family visits.</li> </ul> WVV aims to address above issues by through the following ways: <ul style="list-style-type: none"> <li>• HIV/AIDS information sharing &amp; education &amp; life skills training</li> <li>• Capacity building for young people</li> <li>• Increase youth access to resources for HIV/AIDS &amp; STIs</li> <li>• Contribute to implementation of certain policies of the Vanuatu National Strategic Plan at provincial level</li> </ul> | First tranche of funds sent and Quarter 1 activities being undertaken. Quarterly report for this project is currently overdue. |
| SI CG017<br>Sol Islands Govt, Min of Health<br><br>Contact: Dr George Malefoasi | SI CVCT: Providing supportive entry points for Prevention, testing, care and Treatment of HIV<br><br>\$261,500 (SBD) | There is no stated gender specific focus in this project other than women/men being beneficiaries of the program |  | <ul style="list-style-type: none"> <li>• VCCT training and upgrading of facilities in the provincial government health centers</li> <li>• Need for VCCT</li> </ul>   | First tranche of funds sent and the first report due in mid October.   |
| SI CG 018   | Partnerships for   | Education and  | Behaviour Change   | <ul style="list-style-type: none"> <li>• Based on: lack of knowledge among</li> </ul>  | First and second tranche of funds  |

| CG CODE   | Project Name<br>(Aus \$ unless otherwise stated)   | Gender Need   | Gender mainstreaming Strategy   | General Needs/ Strategy   | Implementation Status  |
|---|--|---|---|---|--|
| World Vision, SI<br>Contact: Ms Mia Kelly                 | HIV/AIDS Prevention: Mi kea long iu, waswe iu? \$150,000   | Information need of males and females   | communication. Peer Education. Empowerment of women through education and the creation of supportive mechanisms like church etc   | youth about RH and gender relations<br><ul style="list-style-type: none"> <li>• Disempowered status of women and girls</li> <li>• Lack of a multisectoral approach</li> <li>• Potential stigma associated with HIV+ status</li> </ul> Strategy: Education and capacity building<br>Multisectoral/Partner media Campaign   | sent.<br>Progress to date includes the completion of the KAPB study to form the baseline for the project. Staff have been recruited and community consultations undertaken.<br>The organizations is collaborating with MOH and SCF to purchase and use SINAC approved IEC materials  |
| VAN CG 022<br>Wan Smol Bag, Van<br>Contact: Ms Siula Bulu | Peer Education for sex workers through the Kam Pusum Hed Clinic \$150,000  | Meeting the education and behaviour change needs of specific groups, namely Sex workers, majority of whom are females and part of marginalized groups | <ul style="list-style-type: none"> <li>▪ Provision of education through workshops and BCC</li> <li>▪ Peer education training and support for target group members</li> <li>▪ VCCT</li> <li>▪ Survey with target groups gauge impact</li> <li>▪ Linkage to the Kam Pusum Hed clinic for service provision</li> </ul> | Based on the: <ul style="list-style-type: none"> <li>• Reluctance to accept that sex work trade is in Vanuatu</li> <li>• No HIV program targeted for Sex workers</li> <li>• Baseline study indicated that seeking health care services is a low priority for sex workers.</li> <li>• Lack of condom use by target group</li> <li>• Increasing number of sex workers.</li> </ul> Wan Smolbag aims to address above issues by through the following ways: <ul style="list-style-type: none"> <li>• Providing clinical services for sex workers through the KPH Clinic</li> <li>• Capacity building for sex workers and Wan Smolbag peer educators</li> <li>• Condom distribution and IEC development</li> </ul> | First and second tranche of funds sent.<br>Progress to date includes:<br>Weekly peer education outreach programs conducted. 5 sex workers (4 women and 1 man) are assisting trained peer educators to identify sex workers and conduct workshops with the group. Workshops have been held with other stakeholders such as taxi drivers and seafarers to promote safe sex and develop skills to protect themselves from STIs/HIV/AIDS.<br>Condoms are being distributed to sex workers by peer educators and are now being made available in areas where they operate, such as kava bars. Accessibility has been a problem in the past.<br>Seven sex workers have already presented for STI/HIV testing and are receiving treatment as necessary. |
| FSM CG 023<br>Chuuk Health State Services & CWC           | STI/HIV/AIDS among the men, women and youth in Chuuk: A joint project of the Chuuk State Health Services and the Chuuk Women's Council | Information and education needs of identified groups: women, young people & PLWAs   | <ul style="list-style-type: none"> <li>▪ Women's TOT to strengthen their capacity to do education outreach</li> <li>▪ Peer Education to outreach to young boys/girls</li> </ul>   | Based on the following needs: <ul style="list-style-type: none"> <li>• High rate of STI</li> <li>• Increase in HIV</li> <li>• First case of Parent Mother to Child transmission</li> </ul>  | Agreement finalized. First tranche to be released in early July. First report due in mid October.  |

| CG CODE   | Project Name<br>(Aus \$ unless otherwise stated)   | Gender Need  | Gender mainstreaming Strategy  | General Needs/ Strategy   | Implementation Status  |
|---|--|--|--|---|--|
| Contact: Ms. Eleanor Sos  | (CWC)<br><br>\$100,000   |  |  | Chuuk State Health Services aims to address above issues through the following ways: <ul style="list-style-type: none"> <li>• Peer education and community education</li> <li>• Condom distribution</li> <li>• Providing capacity building for young people, NGOs &amp; CBOs on peer education and community education</li> </ul> IEC development |  |
| FJ CG 024<br>Marie Stopes (Fiji)<br><br>Contact: Ms Saras Singh | Countering HIV/AIDS/STI transmission amongst at risk and vulnerable groups in Nasinu, Fiji via a quality youth-friendly sexual and Reproductive Health Centre<br><br>\$150,000 | Meeting the SH needs of young girls/boys in the outskirts of the city through education and service delivery | The one stop shop concept will house and enable access to VCCT that is specific to the needs of young girls and boys           | <ul style="list-style-type: none"> <li>• Based on: lack of SRH health facility to meet the needs of young people on the outskirts of Suva</li> <li>• Strategy: Provision of one stop shop concept to provide this service and education, information for young people including VCCT</li> </ul>   | <p>First tranche of funds acquitted.</p> <p>Achievements to date include the opening of the first youth drop in centre in the Nasinu area in late June. The centre is now open to young people 6 days/week.</p> <p>Peer educators are visiting households in the catchment area of the centre providing IEC materials and raising awareness on</p> <p>STIs/HIV/AIDS and the use of condoms. Condoms are available through the centre. In the first few days of operation 22 young people came in and asked for advice and 6 people came as outpatients for STI counseling and referral.</p> <p>All staff at the centre have received VCCT training as part of the project.</p> |
| TUV CG 026<br>Tuvalu Family Health Ass                          | HIV/AIDS<br><br>\$100,000  | Meeting the SH needs of young boys and girls on Funafuti   | Capacity building and provision of condoms and SH services. Peer Education. Research on media and social marketing initiatives | <ul style="list-style-type: none"> <li>• Focus on Review and Plan Peer Education</li> <li>• Condom social marketing</li> <li>• Media/ radio component</li> </ul>  | Agreement finalized. First tranche of funds sent in late June. The first report is due in mid October.   |

**PRHP**  
**CAPACITY DEVELOPMENT ORGANISATION GRANTS**  
**To end of June 2005**

| CDO CODE      | Project Name    | Project Development and Support   | Capacity Building   | Monitoring and Evaluation  | Financial Management and Reporting   |
|---------------|-----------------|---|---|--|--|
| CDO - 01-VN   | Wan Smol Bag    | <p>During the first quarter the CDO advertised the NAC grants program via posters, radio and local media.</p> <p>A workshop was conducted with all organizations interested in applying for a NAC grant. The workshop provided details on application procedures and how to develop their proposals. As a direct result of this workshop 16 proposals were received by the NAC with 9 approved in the first round of funding.</p> | <p>A survey of stakeholders has been conducted to determine capacity development needs of partner organizations.</p> <p>The CDO assisted PRHP in the planning and facilitation of the HIV Project Design and Management and BCC workshops in Vanuatu. The PDM workshop was attended by 15 participants who were interested in applying for future competitive grants rounds.</p>  | <p>Regular meetings have been held with the NAC and TAG of the NAC to update them on the resources available through PRHP and the progress of the project to date. The CDO has played a major role in coordination activities of the NAC and has become a valuable partner with regard to other donor submissions.</p> <p>Monitoring of the NAC grant recipients will commence in the next quarter.</p>  | <p>The CDO has provided its own reports consistently on time to PRHP.</p> <p>Financial reporting for the NAC grants will commence in the next quarter with financial management assistance provided by the CDO.</p> <p>All required office equipment has now been procured for the functioning of the CDO.</p> |
| CDO – 02 – SI | Oxfam Australia | <p>The NAC grants have been advertised via the local media and through promotional brochures.</p> <p>12 proposals were submitted to the first round of funding however all the proposals were rejected by the SINAC appraisal committee.</p> <p>To improve on the quality of proposals the CDO has conducted a follow up workshops with potential grant holders following the PDM workshop.</p>                                   | <p>A stakeholder survey has been conducted with all HIV/AIDS stakeholders, including government departments, NGOs, donors, UN agencies and the private sector. The survey identified target groups, programmatic responses to HIV/AIDS, training experience, and needs and interests of stakeholders. The information is set up on a database and was presented to the SINAC. Organisational assessments are on-going.</p> <p>The CDO has supported the MOH to provide training at the Provincial STI/HIV Coordinators meeting. The meeting addressed issues VCT,</p> | <p>The CDO has assisted the MOH in conducting a review and revision of the National Strategic Plan for HIV/AIDS.</p> <p>Administrative and logistical support has been given to the MOH to establish the Solomon Islands National AIDS Council Regular meetings have been held with SINAC to update them on the resources available through PRHP and the progress of the project to date. The CDO has played a major role in coordination activities of the SINAC and has become a valuable partner with regard to other donor submissions.</p> <p>The CDO has collected its first</p> | <p>Financial reporting for the NAC grants will commence in the next quarter with financial management assistance provided by the CDO.</p> <p>All required office equipment has now been procured for the functioning of the CDO.</p>   |

| CDO CODE      | Project Name                    | Project Development and Support   | Capacity Building   | Monitoring and Evaluation  | Financial Management and Reporting   |
|---------------|---------------------------------|---|---|--|--|
|               |                                 |   | <p>PMTCT and treatment and care of PLWHA.</p> <p>The CDO assisted PRHP in the planning and facilitation of the HIV Project Design and Management and BCC workshops in the Solomons. Both workshops were attended by 17 participants.</p>  | <p>Most Significant Change stories based capacity building activities.</p>   |  |
| CDO – 03 - CI | Cook Islands Red Cross Society  | <p>The NAC grants have been advertised via the local media and through promotional brochures.</p> <p>8 proposals were submitted to the first round of funding with 3 provided funded in the first round.</p>  | <p>A survey of stakeholders has been conducted to determine capacity development needs of partner organizations. However the CDO received a poor response to the questionnaire.</p> <p>The CDO assisted PRHP in the planning and facilitation of the HIV Project Design and Management and BCC workshops in the Cooks. Both workshops were attended by 15 participants.</p> | <p>There has been irregular contact with the NAC and the CDO needs to improve its coordination function.</p>   | <p>Financial reporting for the NAC grants will commence in the next quarter with financial management assistance provided by the CDO.</p> <p>All required office equipment has now been procured for the functioning of the CDO.</p>     |
| CDO – 04 - FJ | Fiji Council of Social Services | <p>CDO advertised a call for submission of NAC Grants proposals via 1 Newspaper (Fiji Times). Second round of call for submission in quarter 2 was via 2 newspapers.</p> <p>8 proposals received in the first round of call, 5 were endorsed for funding. 8 proposals were received in the 2<sup>nd</sup> round of call and 6 were endorsed for funding by the NAC independent appraisal team</p> | <p>A training needs assessment was conducted in the first quarter and continued into the 2<sup>nd</sup> quarter. Report is being finalized.</p> <p>The CDO coordinated the Project Design Management training held in Nadave. 19 participants participated in this workshop.</p> <p>CDO organized a one day workshop on MSC facilitated by PRHP project officers.</p>       | <p>CDO have requested NAC grant partners to provide Most Significant Change stories as a follow on activity from the MSC training. Stories have been collected.</p> <p>On-going contact is made with NAC grant partners and the NAC.</p> <p>CDO presented a project update to NACA committee June 8<sup>th</sup> .</p> | <p>CDO have provided the CDO progress reports on time and with financial acquittals.</p> <p>To date, CDO have not reported any major issues faced by NAC Grant partners or regarding their NAC grant project acquittals and reports.</p> |

| CDO CODE      | Project Name  | Project Development and Support  | Capacity Building  | Monitoring and Evaluation  | Financial Management and Reporting   |
|---------------|---|--|--|--|--|
|               |   |  | CDO have conducted 3 follow on 3 -4 day training activity on specific areas of Project Design Management . This follow activity has been carried out in the western and northern division. |  |  |
| CDO- 05 -SAM  | Samoa Umbrella for Non-Government Organisations (SUNGO) | The NAC grants have been advertised via the local media.<br><br>10 proposals were submitted to the first round of funding with 9 provided funded in the first round.   | The CDO assisted PRHP in the planning and facilitation of the HIV Project Design and Management and BCC workshops in Samoa. Both workshops were attended by 20 participants.               | The role of the CDO has ensured that NAC meets regularly.  | All required office equipment has now been procured for the functioning of the CDO and a new Coordinator employed.   |
| CDO- 06-TUV   | Tuvalu Association of Non-Government Organisations      | The NAC grants have been advertised via the local media.<br><br>The CDO is now working with the TUNAC to open the trust account and establish the appraisal committee.<br><br>To assist organisations in applying for NAC grants all the necessary materials have been translated into the local language. | The CDO assisted PRHP in the planning and facilitation of the HIV Project Design and Management workshop in Tuvalu. The workshop was attended by 17 participants.                          | The CDO has assisted the MOH in conducting a review and revision of the National Strategic Plan for HIV/AIDS.<br><br>The role of the CDO has ensured that TUNAC meets regularly (every 2 months). The CDO involvement has also seen a shift from the TUNAC being MOH dominated to include some NGO representation. | Financial reporting for the NAC grants will commence in the reporting period with financial management assistance provided by the CDO.<br><br>All required office equipment has now been procured for the functioning of the CDO however the CDO experienced problems in recruiting a coordinator with sufficient experience to manage the requirements of the position. |
| CDO- 07 - KIR | Kiribati HIV/AIDS and TB Task Force                     | As the CDO has only began operations in the last quarter no activities have occurred during this period.   | The CDO assisted PRHP in the planning and facilitation of the HIV Project Design and Management and BCC workshops in the Kiribati Cooks. Both workshops were attended by 21 participants.  | The CDO has assisted the Task Force membership in conducting a review and revision of the National Strategic Plan for HIV/AIDS.  | All required office equipment has now been procured for the functioning of the CDO and a new Coordinator employed.   |
| CDO-8-TON     | Tonga Family Health                                     | As the CDO has only began  | The CDO assisted PRHP in   | The CDO is assisting the   | All required office equipment  |

| CDO CODE | Project Name | Project Development and Support  | Capacity Building  | Monitoring and Evaluation   | Financial Management and Reporting   |
|----------|--------------|--|--|---|--|
|          | Association  | operations in the last quarter no activities have occurred during this period. | the planning and facilitation of the HIV Project Design and Management and BCC workshops in the Kiribati Cooks. Both workshops were attended by 32 participants. | umbrella organisation the Leleumafana AIDS Trust to become established as the future coordinating body. | has now been procured for the functioning of the CDO and a new Coordinator employed. |