

CONSORTIUM ANNUAL WORKPLAN 2011-2012



HIV Consortium for Partnerships in Asia and the Pacific			
Annual Workplan period:	1/7/2011	to	30/6/2012
Principal Contacts:	<div style="display: flex; justify-content: space-between;"> <div> Marina Carman Program Director c/o ARCSHS Level 2, 215 Franklin St Melbourne VIC 3000 03 9285 5135 marina.carman@ashm.org.au </div> <div> Mark Bebbington Program Director c/o ASHM LMB 5057 Darlinghurst NSW 1300 02 8204 0715 mark.bebbington@ashm.org.au </div> </div>		
Compiled by:	Marina Carman and Mark Bebbington		

The *Consortium Annual Workplan 2011-2012* addresses the Program approach, budget and plans for the final extension year of AusAID's Regional Capacity Building Program 2007-2011. A summary of each Program Component across the key geographic areas of the Program is included at Appendix 1.

The HIV Consortium for Partnerships in Asia and the Pacific comprises nine member organisations:

1. Albion Street Centre (ASC)
2. Australasian Society for HIV Medicine (ASHM)
3. Australian Federation of AIDS Organisations (AFAO)
4. Australian Injecting and Illicit Drug Users League (AIVL)
5. Australian Research Centre in Sex, Health and Society (ARCSHS)
6. International HIV Research Group, School of Public Health and Community Medicine (IHRG)
7. Kirby Institute (formerly the National Centre in HIV Epidemiology and Clinical Research)
8. National Serology Reference Laboratory (NRL)
9. Scarlet Alliance (Australian Sex Workers Association)

CONSORTIUM ANNUAL WORKPLAN – 2011-2012

The Annual Workplan will cover:

- 1. Introduction**
- 2. Strategic priorities**
- 3. Monitoring and Evaluation plan**
- 4. Sustainability**
- 5. Cross-cutting issues**
- 6. Risk management**
- 7. Program budget and Secretariat budget 2011-2012**

1. Introduction

In June 2011, AusAID approved a one year extension of the Program to July 2012 to allow for the partnerships built up over the last three years to be consolidated and exit strategies implemented. Meanwhile a design, tendering and start-up phase will be undertaken by AusAID for a new five year Program beginning July 2012 which would be administered through a different funding mechanism.

This workplan puts forward a comprehensive view of partnerships and activities to be conducted during Year 4 (the extension year).

A summary of each Program Component across the key geographic areas of the Program is included in Appendix 1. Common features across Program Components are as follows:

- Continuing and winding down of capacity building activities within resource limits
- Supporting partners and partnerships to address issues of sustainability
- Key activities around the International Congress on AIDS in Asia and the Pacific, to be held in South Korea in August, and the Australasian HIV/AIDS Conference in Canberra in September. The purpose of these conference based activities is to implement workplan activities (such as conducting training and workshops), to provide capacity building opportunities for partners (through presentation of abstracts and participation in associated meetings), and to enhance regional collaboration among partners and Consortium Members.

Harmonisation and country ownership

Consortium members make every effort to harmonise support activities with the wide range of actors and agencies in any given country/region seeking to assist effective responses to HIV. These include national/regional HIV coordinating bodies, government departments, research institutions, AusAID programs (both bilateral and regional), other donors (government and private) and international agencies. However, the most important way in which the Consortium supports ownership and alignment is by strengthening partners themselves who contribute or could contribute to effective HIV responses. Partners themselves are embedded in local HIV responses and are supported through the Program to contribute to local HIV policies, plans and programs as they see fit.

Overall, the following approach has continued to be pursued in each geographic area in order to promote cooperation and collaboration:

- Members/Secretariat to obtain and circulate copies of any relevant local HIV/AIDS strategies, plans and policies as they emerge
- Members/Secretariat to stay up-to-date with donor funding context (AusAID, other donors, government) and priorities
- Members to share information to assist in contextual analysis (through email and regular discussions at Consortium Group meetings)

- Secretariat to liaise with nominated key AusAID contacts and keep members informed – provide briefing to in-country staff, seek advice, establish protocols for providing notice of travel and making contact in-country
- Members to provide trip reports to Secretariat, with key outcomes/lessons to be circulated to other members and issues for Secretariat to follow up
- Secretariat to work with Health and HIV Thematic Group to streamline any feedback from AusAID in-country and to problem solve as necessary

Building on successes

In general, partnerships and activities in Year 4 will build on the achievements and results reported in Year 3. These were:

1. Organisational capacity, independence and initiative of in-country partners has increased
2. Partners performed a wider range of functions, covering a wider geographic area, building linkages across sectors/communities
3. Partners gained increased legitimacy and influence nationally and internationally

The Program logic is that changes in capacity have a flow-on effect to changes in the effective role of partners and their impact within their own national/regional responses to HIV. Consortium members and partners will seek to maximise results in these areas in the final year.

2. Strategic Priorities

In planning for the final fourth year of the Program, the following are the Key Strategic Priorities to guide the work and approach of the Consortium. These measures are intended to maximise the funding and focus made available to partners in-country:

Priorities	Justification	Actions/Aims
Maximise Consortium efficiency	<ul style="list-style-type: none"> • Maximise use of funding • Focus on what is essential to ensure accountability • Focus on what is essential to demonstrate progress 	<ul style="list-style-type: none"> • Maximise funding to partners and activities (while absorbing the 25% budget reduction across the Program) • Streamline Secretariat function to support the Strategic Directions and meet reporting requirements • Plan for substantive final evaluation to be as streamlined as possible • More focussed and less frequent Consortium Group meetings (specifically to address implementation and progress with Key Strategic Priorities) • More focussed PCC meetings (strategic oversight, reporting requirements, and sustainability)
Strengthen collaborative activities and approach	<ul style="list-style-type: none"> • Maximise benefit of Consortium structure • Maximise learning from the experience of other members and partners 	<ul style="list-style-type: none"> • Continue to facilitate geographic/regional collaboration amongst members and partners • Liaison with stakeholders in-country (through Secretariat) • Collect data about collaborative activities to communicate relevant information and lessons internally/externally • Continue to pursue activities which link together partners across countries and across sectors
Promote partnership approach	<ul style="list-style-type: none"> • Profile partners • Promote Australian history of partnership • Maximise collective profile • Keep stakeholders engaged • Promote discussion amongst HIV and 	<ul style="list-style-type: none"> • Evidence and communicate key lessons/achievements from activities • Maintain and enhance website • Focus on key publications to promote outcomes (annual report, Integrated Results Report) • Promote member and partner activities at key domestic and international conferences/events (particularly ICAAP and the Australasian HIV Conference in 2010)

	development sectors	<ul style="list-style-type: none"> Continue to pursue collaborative relationship and exchange with AusAID (Canberra and in-country) Continue to promote outcomes of the Program with external stakeholders
Actively work towards sustainability	<ul style="list-style-type: none"> Maximise use of Australian expertise Contribute to sustainability of support to partners 	<ul style="list-style-type: none"> Engage with design and development of new funding mechanism as appropriate Support members to address sustainability at the level of each Program Component Continue to support partners to access other funding mechanisms (and track outcomes) Liaise with AusAID about other opportunities for funding/tenders Regular scanning of tender websites, and circulation of opportunities to members/partners

The Consortium has laid plans in place for a substantive evaluation of the Program in this final year. Due to the contract extension, the evaluation will begin in late 2011 with reporting to be completed in 2012.

This Final Evaluation across the four years will involve a survey of all partners and substantive reporting for each Program Component. It is focussed on assessing significant change in relation to:

- quality of partnerships
- capacity of partners in key areas within the healthcare, research and community sectors
- effectiveness in the role of partners (i.e. impact within national/regional HIV responses)

In terms of assessing the Consortium model, a final assessment of Consortium effectiveness will be held through a focus group of Consortium members. This will also include a review of Program results and outcomes. Another forum for discussion of achievements and lessons learnt is offered by the ICAAP conference in August, where many partners, members and stakeholders can be brought together.

Data from all of these sources will be analysed and summarised to produce an Integrated Results Report on the Program. This will be produced in draft form by March 2012, with a final version due with AusAID by the end of May 2012. The Program Coordination Committee will play a key role in providing input into the report.

The Report will outline:

- The Rationale and logic for the Program*
- Progress against Program Goal, Purpose and Objectives 2008-2011*
This includes looking at the development of partnerships, key results by sector (in terms of changes in capacity and impact of partners), multi-sectoral and collaborative approaches, Consortium effectiveness and efficiency, and key results by geographic area.
- Cross-cutting issues (GIPA and involvement of affected communities)*
- Sustainability*
- Expected and unexpected outcomes, lessons learnt and recommendations*

The report will also include a summary and analysis of budget and expenditure, a report on risk management across the Program, reflections on Monitoring and Evaluation System and a summary of results for each Program Component.

3. Monitoring and evaluation plan

Monitoring of activities will continue to be undertaken at a number of levels in a range of ways by:

- individual Consortium members in collaboration with partners
- the Secretariat as contract manager for each Program Component
- the Secretariat as a high-level liaison point with AusAID (Canberra and in-country) and other stakeholders
- the Consortium Group as a collective of all Consortium members
- the GIPA and Affected Communities Working Group
- the Program Coordination Committee
- AusAID as Program contract manager

- an independent financial services provider (KPMG) to review and report on financial and contracting arrangements to ensure financial accountability and transparency

In addition, there will continue to be four main mechanisms for data collection:

1. Data collection by members in collaboration with partners and reported to Secretariat in December 2011 (primary mechanism)
2. Survey of partners to collect anonymous feedback (in late 2011)
3. Focus group on Consortium effectiveness involving members and the Secretariat (facilitated by the M&E Advisor) with a focus on Program outcomes (February 2011)
4. Observations and records from the Secretariat (including from regional visits)

A forum for discussion of achievements and lessons learnt will be organised at the ICAAP conference in August 2011, where many partners, members and stakeholders can be brought together.

All of these inform the development of the Integrated Results Report in draft form by March 2012, and as a final version in June 2012.

4. Sustainability

Sustainability will continue to be addressed in the extension year in a number of key ways at the level of each Program Component:

- building durable and long-standing relationships between counterparts, which can change and adjust as capacity develops
- building capacity of individuals within the context of broader organisational development of partners
- establishing formal relationships/policies/processes where possible at country level which will assist in sustaining outcomes and achievements
- building capacity with flow-on effects from regional to national or from national to provincial

In addition there will be a renewed focus in activities on supporting partners to find alternative funding sources at country/regional level. This will continue to be tracked as part of Program M and E, and reported as part of the Program outcomes.

All of this aims to ensure that the capacity building which has been achieved will not be lost.

The Australian HIV/AIDS Partnership Initiative (AHAPI) and then the Program implemented by the Consortium were intended to provide support through a partnership approach to HIV civil society organisations in the region, which have often been under-recognised and under-resourced. These programs were also originally supported by AusAID because of a lack of other funding sources to support the participation and utilise the expertise of Australian HIV organisations within the Australian aid program. These organisations have a primarily domestic focus, and so require resourcing to participate in the international arena. The successes so far have been built not on activities alone, but on the relationships which have developed between the Australian organisations and partners in the region.

Over time some partner organisations have required less financial support, or capacity building activities, from the Consortium program. However, they have indicated they still value and require the peer to peer mentoring and advice that is made possible through the maintenance of a formal partnership with the Australian organisation. There are a number of examples where partners have been supported to obtain other sources of funding to carry out their work, or parts of it, at country-level, but in most cases the sustainability of these capacity-building partnerships is dependent on AusAID funding, at least in the medium-term.

For these reasons, the partners and members who have participated in the Program will endeavour to engage and participate where appropriate and possible with the new five-year Program from 2012. However, there is no guarantee that funding will be forthcoming, or that the transition to new funding will be seamless.

At the level of each Program Component, members and partners have discussed plans for how to proceed and maximise the benefits of the final year of funding. This includes consolidating the skills and capacity that have been developed during the program so that the work of partners can continue. In a number of cases partners will also be supported to seek alternative sources of funding. The approach to addressing ongoing sustainability and support across the program components is summarised in Appendix 1.

At the level of the Program as a whole, the Consortium will aim to address the significant risks in the area of sustainability (see Risk Management below). It will also focus in this final year on promoting the approach, contribution, results and achievements of the partnerships in the Program, and produce key information resources which document Program achievements and lessons (i.e. website, Integrated Results Report).

5. Cross cutting issues

GIPA and the involvement of affected communities will continue to be addressed in member reports and plans, through the support of a specific Working Group, and by the Consortium as a whole. The Working Group and the Consortium Group will look at ways to support the engagement of peer-based agencies in the Consortium.

Gender will continue to be addressed as part of the capacity building and partnership pursued by members. It will be reported on where appropriate to the activities of the Program.

6. Risk management

The Secretariat is responsible for risk management for the Program overall, with oversight provided by the full Consortium Group. In addition, each member is required to prepare and report on risk management strategies for each Program Component.

A particular risk to be managed across the Program in this final year is the issue of sustainability. Members and partners understand that the new five-year program is being set up and will operate entirely independently from the Consortium and the current capacity building program. However, there is concern that any significant gap between the funding sources provided by the current and the new programs risks a loss of capacity and gains which have been built up over the last three years and which could be carried into the new program (should some partnerships be selected on merit through a competitive process).

None of the participating Australian organisations, and none of the regional partners, have the capacity to sustain the staff who have been recruited and trained through the program for significant periods without funding. Many will not be able to sustain international activities without funding. This represents a significant risk to the sustainability of the outcomes of the current program.

Risk Event	Source of Risk	Impact	L ¹	C	Management Strategy	Responsible
Political, security and legislative changes	<ul style="list-style-type: none"> - Travel restrictions - Partners' activities are restricted - Working with communities involved in illicit and illegal behaviours 	Travel, communication and implementation is restricted	3	3	Secretariat monitors (through information provided by members and AusAID) and supports members to respond and support partners	Consortium members, Secretariat, PCC, and AusAID
Partnerships do not progress, do not meet partner needs/priorities or do not result in sustained performance improvement	<ul style="list-style-type: none"> - Pace of partners and partnerships varies 	Impact of activities is lessened	2	3	<ul style="list-style-type: none"> - Support provided by Secretariat to find solutions, and support revision of directions/focus/budget - Ongoing monitoring and evaluation 	Consortium members, Secretariat

¹ L = Likelihood (5=almost certain, 4= likely, 3= possible, 2=unlikely, 1=rare)

C = Consequences (5=severe, 4=major, 3=moderate, 2=minor, 1=negligible)

Risk Event	Source of Risk	Impact	L ¹	C	Management Strategy	Responsible
Capacity of peer-based organisations restricts their participation	Peer-based organisations have capacity limitations	Potential contribution is undermined	2	4	- Consortium to provide specific funding support - Secretariat support	Consortium members, Secretariat, PCC, and AusAID
New five-year program develops in a way which does not sustain the benefits of the Program and contribution of partners and members	- the approach and potential contribution of partners/members is not recognised by AusAID or by the new grants facility - Limited financial resources available	Sustainability is undermined	3	5	- Promote sustainability where possible - Diversify funding sources - Partners and members engage in the new program as appropriate	Consortium members and partners, PCC and AusAID

7. Program budget and Secretariat budget 2011-2012

For this one-year Program extension AusAID has made \$3,000,000 available. This represents a 25% reduction from the annual Program budget in the original three year Program.

In principle Consortium members understand that the purpose of the extension year is to provide ongoing support to existing partnerships, wind down activities in the final year of program implementation and prepare transition or exit strategies. On this basis, no new partnerships are to be undertaken during the final year. Members were asked to submit Program Components for the final year based on an assessment of need, and taking into account the 25% budget reduction. 22 of the 25 partnerships from Year 3 have continued into Year 4. In general, savings have been made by reducing activities within each Program Component. (For more detail see the summary of partnerships and activities for 2011-2012 in Appendix 1.)

Members prepared Program Components to be included in the Workplan for 2011-2012, which were then submitted to the Secretariat. Proposals included a description, key objectives and expected outcomes, an activity workplan and budget. All proposals were reviewed by the Secretariat, and checked for accuracy and appropriateness. Clarification and adjustment was sought from members where required.

The total budget for Year 4 is \$3,130,500 (\$271,000 for the Secretariat budget and \$2,859,500 for program components). Income for the budget will be \$3,000,000 of AusAID funding and \$130,500 surplus funds from 2010/2011.

Budget summary across Program Components

	Indonesia	Pacific	Greater Mekong	Timor Leste	Asia Pacific Regional	TOTAL
ASC	-	92,400	167,432	-	40,600	300,432
ASHM	44,990	45,830	-	46,470	163,142	300,432
AFAO	115,389	-	-	-	185,043	300,432
AFAO/APN+	-	-	-	-	197,350	197,350
AIVL	-	-	-	-	300,432	300,432
ARCSHS	243,577	-	56,855	-	-	300,432
NRL	163,020	-	-	-	95,680	258,700
Kirby Institute	167,801	-	132,631	-	-	300,432
Scarlet Alliance	-	-	-	189,845	110,587	300,432
IHRG	86,397	116,952	97,077	-	-	300,426
TOTAL	821,174	255,182	453,995	236,315	1,092,834	2,859,500

The Secretariat Budget for Year 4 has been reduced by over 25%, in line with the overall reduction in the Program budget. Staffing levels will be reduced in the final year, while still ensuring that Program management and reporting requirements are met, and that the Key Strategic Priorities can be carried through. Savings have been made through reducing staffing, administrative assistance, meeting and travel costs, and technical expertise.

	2011/2012	Accrual 12/13	TOTAL
Program Director (1.0 FTE)			
Finance Officer (contract basis)	8,993	2,767	11,760
On-costs 16% (Super, Workcover, Leave loading)		443	
Hosting fee	33,750	1,155	34,905
Financial Management (audit fees)	20,000	20,000	40,000
Promotion, publicity	16,500		16,500
Consortium Group meeting costs	4,500		4,500
Secretariat travel costs	11,050		11,050
Program Coordination Committee	3,000		3,000
ACFID Code of Conduct compliance	6,000		6,000
Technical expertise (affected communities, gender)	2,000		2,000
M & E	20,000		20,000
Communications	3,780		3,780
TOTAL		24,365	

Appendix 1 - Summary of Program Components

Indonesia	
Key Aims	<ul style="list-style-type: none">• to support national treatment guidelines and national training programs• to build the capacity of key laboratories to support national and provincial quality assurance programs• to work with the National AIDS Commission to assist in providing high quality local evidence base to inform the response (especially outside Jakarta, operational research, and nationally-identified priority groups)• to support the role of peer-based organisations of men who have sex with men in determining national responses
Member Organisation: ASHM	
Program Component: Support for Indonesia Medical Association HIV Secretariat and Work Plan	
Budget: \$44,990	
Partners	
HIV Secretariat, Indonesian Medical Association (IDI)	
<i>Collaborating partners:</i> HIV Cooperation Program for Indonesia (HCPI) Clinton Health Access Initiative (CHAI) National AIDS Commission (NAC) Ministry of Health (KemKes) Indonesian Association of Doctors working with AIDS (PDPAI)	
Brief Description of project	
<p>IDI HIV Secretariat is the organisation through which the national medical association supports and trains medical professionals in areas of HIV and related conditions; it represents health care professionals at the national, provincial and district levels of HIV programs as well as on national bodies including the NAC and GFATM CCM.</p> <p>IDI and ASHM have been working together since 2003; a Memorandum of Understanding guides collaboration and partnerships between the two societies.</p> <p>The project provides financial, technical and professional support to the HIV Secretariat through the position of a Technical Officer (funded by ASHM); technical guidance on the national HIV guidelines program and health care workforce training and coordination of the Bahasa version of 'Is It HIV?'</p>	
Outputs - what we will specifically do and produce etc?	
<ul style="list-style-type: none">• The Addiction Medicine and HIV Short Course will be conducted in Surabaya in July and Yogyakarta in October, adjacent to the Indonesian National HIV Conference• ASHM will sponsor or joint sponsor a skills building workshop at the Indonesian National Conference in October• The Bahasa version of 'Is it HIV?' will be finalised, produced in print and CDROM format and available for download from website/s• The position of Technical Officer within the IDI HIV Secretariat will continue to be funded for a further 12 months from remaining project funds with the country partner• There will be continuing engagement between IDI, KemKes, ASHM and CHAI on the development of the national guidelines review and dissemination program• Ongoing liaison with HCPI regarding collaboration and support for care support and treatment components in the HCPI program	

Expected Outcomes - what we hope our outputs (above) will lead to, contribute towards etc?
<ul style="list-style-type: none"> • Sustained capacity within the HIV Secretariat to conduct the Addiction Medicine and HIV Short Course, other health care worker HIV training and engagement with the national HIV program; • Distribution and application of the Bahasa version of 'Is it HIV?' as a clinical resource to facilitate earlier HIV diagnosis at primary care level; application of the resource as a training tool • Re-engagement with KemKes and appropriate parties on the program to establish an annual review of national guidelines and effective dissemination to the HIV health care workforce
Approach to sustainability
<p>The Technical Officer position at IDI is funded through the Consortium program. ASHM does not have capacity to continue supporting the position beyond June 2012 without continued funding from the new grants facility program or other sources. IDI has previously been a sub-recipient of GFATM funding. ASHM will work with IDI to try and access additional sub-recipient funds in the current/next rounds of funding in order to support the Technical Officer position.</p> <p>HCPI has indicated they may provide ongoing funding to support the continued implementation of the Addiction Medicine and HV program, however this program is also dependent on the Technical Officer position. ASHM will meet with HCPI to discuss possible options for supporting the Technical Officer position to ensure the program continues.</p> <p>The Bahasa Indonesian version of 'Is It HIV?' will be completed and handed over to the partners during Year 4. Future evaluation, review and updating of the resource will be dependent on new funding to support the Technical Officer being obtained.</p> <p>The National Guidelines program is a collaboration with CHAI. It is hoped that CHAI will be able to continue this program beyond June 2012.</p> <p>ASHM will meet with HCPI to discuss the feasibility of HCPI providing ongoing support to the pilot prisons program.</p> <p>ASHM has developed strong relationships with IDI, HCPI and NAC. These professional relationships and contacts would continue beyond June 2012. However ASHM would not be able to participate in collaborative activities without ongoing funding.</p>

Member Organisation: AFAO Program Component: Strengthening the GWL-INA National Network Budget: \$115,389
Partners
<p>The Indonesian Gay, Waria, Lelaki yang berhubungan seks dengan lelaki lain (GWL-INA) is the Indonesian National Network of Gay, Waria community organisations.</p> <p><i>Collaborating partners:</i></p> <p>Burnet Indonesia</p> <p>National AIDS Commission (NAC)</p> <p>HIV Cooperation Program for Indonesia (HCPI)</p> <p>HIVOS</p> <p>USAID SUM program in Indonesia</p>
Brief Description of project
<p>The primary goal of this project is the increased meaningful participation of the Indonesian MSM and Transgender communities in the development and implementation of HIV responses at the National, Provincial and Local levels.</p> <p>The key objective of the project is: The GWL-INA National Network has increased capacity to effectively represent its constituency at the national level.</p> <p>Program activities will include:</p> <ol style="list-style-type: none"> 1. Peer to peer mentoring between AFAO staff and GWL-INA secretariat and board (specific focus areas to be negotiated) 2. Development of organisational and programmatic monitoring and evaluation framework and system for

the GWL-INA
3. Support to the GWL-INA advocacy working group in the further development and implementation of advocacy strategies and initiatives
4. Documentation and development of a case study on the GWL-INA network development process (and potential good practice guide)
5. Technical support and advice in the development and implementation of GFATM supported programming
Outputs - what we will specifically do and produce etc?
<ul style="list-style-type: none"> • 80 to 100 days of peer/peer mentoring • GWL-INA Case study on Network Development • GWL-INA Organisational and Program Monitoring and Evaluation Framework Developed • 20 to 30 days technical support in GFATM related program development
Expected Outcomes - what we hope our outputs (above) will lead to, contribute towards etc?
<ul style="list-style-type: none"> • GWL-INA secretariat staff and board have strengthened capacity in identified focus areas • GWL-INA programs are developed and implemented efficiently and effectively • GWL-INA is more effectively monitoring and evaluating its organisational and programming activities system • GWL-INA advocacy activities are strategic and effective
Approach to sustainability
<p>GWL-INA has secured funding from HCPI and in-kind support from NAC. They have also been appointed sub-recipient of the Indonesian component of the GFATM funded Multi-Country MSM Program.</p> <p>AFAO's partnership role during Year 4 will focus on supporting evaluation activities and providing peer to peer mentoring and technical advice. As part of its long term commitment to the GWL-INA (which predates the consortium) AFAO will continue to provide mentoring and technical advice beyond June 2012.</p> <p>The primary objective of this work is to ensure the GWL-INA has in place strengthened systems and policies to manage the increasing volume of investment in the Network, enabling the organisation to demonstrate its capacity to absorb such resources and deploy them effectively and with maximum impact.</p>

Member Organisation: ARCSHS
Program Component: Building HIV Social Research Capacity in Indonesia
Budget: \$243,577
Partners
<p>Hasanuddin University Makassar - six academics from the Faculty of Public Health</p> <p>PERFORMA-Network of People who use Drugs, Central Java Yvonne Sibuea</p> <p>Yakeba (Yayasan Kesehatan Bali) HIV/AIDS & Drug-Abuse Information, Referral & Education Center</p> <p>Center of Gender and Sexuality Studies Faculty of Social and Political Sciences, University of Indonesia with The Indonesia Gay, Transgender and Other Men Who Have Sex with Men National Network (GLW-INA)</p> <p><i>Collaborating partners:</i></p> <p>HIV Cooperation Program for Indonesia (HCPI)</p>
Brief Description of project
<p>The core of the Indonesian program remains the same as year one, two and three. Year four concludes the program with an emphasis on supporting partners to produce outputs.</p> <p><i>Hasanuddin University, Makassar</i></p> <p>ARCSHS' Indonesian program will continue to focus on building social research skills of six researchers from Hasanuddin University, Makassar. Over the past 18 months the researchers have been very successful in gaining research grants. Acquiring these research grants has slowed the researchers' writing output. Attention will be given to supporting the researchers to produce articles and reports from their respective</p>

<p>research projects. Focus for year four will be on writing up results and dissemination of results to government and relevant stakeholders. Attention will be given to how research findings can be used by affected communities and government for policy and program development.</p> <p><i>PERFORMA , Semarang</i></p> <p>ARCSHS will continue to work with Semarang based NGO, PERFORMA, on a small research project about drug use and harm reduction programs in Semarang. HCPI will continue to provide advice and support for this study. The study is led by ARCSHS in partnership with PERFORMA. During year four support will be provided for data analysis and dissemination of results to the National AIDS Commission (NAC) and to key stakeholders and community in Semarang.</p> <p><i>Yakeba, Bali and School of Public Health, Udayana University, Bali</i></p> <p>ARCSHS is working with Yakeba, a local Bali based drug user NGO, and with a local researcher, Dr Made Setiawan, from Udayana University on a research project about why people decide to stop taking ARV treatment. This is a collaborative study led by ARCSHS. This activity will fund partners to build their research knowledge and skills. This project builds on the training programs conducted in year 2 and 3 with Mr Adi Mantara, Director of Yakeba. Employees of Yakeba and researchers from Udayana University are given an opportunity to participate in a research study using a social research approach. This study evolved from extensive consultation with HCPI. Results from this study will be reported to NAC.</p> <p><i>Center of Gender and Sexuality Studies Faculty of Social and Political Sciences, University of Indonesia with The Indonesia Gay, Transgender and Other Men Who Have Sex with Men National Network (GLW-INA)</i></p> <p>Over the next 12 months ARCSHS will conduct four research projects about MSM and HIV throughout Indonesia. This work is funded by AusAID and administered through the NAC. The research program will provide a significant boost to the social research enterprise with MSM communities in Indonesia and will inform the strategic response to HIV and sexual health with MSM in Indonesia. The research will consist of four projects:</p> <ul style="list-style-type: none"> • Social Network Mapping of MSM engagement with social and sexual sites • MSM norms, practices and values structures • Stigma – Case studies of understandings and experience • Processes of learning about sexual health among young people <p>Partners for these studies are researchers from the Center of Gender and Sexuality Studies, Faculty of Social and Political Sciences, University of Indonesia, and the Indonesia Gay, Transgender and Other Men Who Have Sex with Men National Network (GLW-INA). Researchers from Medan, Surabaya, Makasar, Bali and Jakarta will also be invited to participate in this study to assist with data collection and analysis. This project builds on our ongoing partnership with GLW-INA which began with a training workshop in year two. Our relationship with the Center of Gender and Sexuality Studies at the University of Indonesia has developed over the past 6 months.</p>
<p>Outputs - what we will specifically do and produce etc?</p> <ul style="list-style-type: none"> • Researchers from Hasanuddin University will produce written reports on the funded studies. The researchers will also submit abstracts to ICAAP and to the Indonesian National HIV/AIDS Conference. • An abstract from the Semarang IDU study will be submitted to the Indonesian National HIV/AIDS Conference. A report from the study will be produced and a journal article will also be co-authored with partners. • A report will be produced from the Bali based 'Stopping ARV treatment study'. A journal article will be written in collaboration between ARCSHS, Yakeba and academics from Udayana University. • ARCSHS will work with the Center of Gender and Sexuality Studies to facilitate meetings and knowledge transfer between all members of the Indonesian research team; including GWL-INA and member organisations and researchers from Medan, Surabaya, Jakarta, Makasar and Bali. Meetings will be conducted for pre-data collection and to analyse data and explore implementation of findings.
<p>Expected Outcomes - what we hope our outputs (above) will lead to, contribute towards etc?</p> <ul style="list-style-type: none"> • Researchers will have the skills and capacity to continue their research in the area of HIV and to produce further articles from the body of data they have worked on over the past 12 -18 months • Relationships between the researchers and the NAC will continue to develop.

- Research findings from the studies with Performa and Yakeba will help inform national policy.
- Outcomes from the four MSM research projects will inform Indonesian policy on HIV and MSM.

Approach to sustainability

All researchers who have participated in the program are staff of Hasanuddin University, University of Indonesia, or Udayana University. All researchers will be in a position to continue to analyse data and write articles from the data.

The best way to ensure a research future for the participants who wish to continue in the area of HIV social research is to support them to produce an output from their research. Therefore, the researchers from Hasanuddin University will be supported through Year 4 to write articles from the research that they have conducted over the past three years.

The work that has recently begun with Perfoma and Yakeba involves working with each organisation in a small research study. No salaries for the participants are paid by the Consortium. At the conclusion of Year 4 both NGOs will be in a stronger position to partner with local researchers and participate in future research studies.

All partners are linked with the NAC. These relationships are very positive and KPAN is very supportive of the work conducted by these researchers. This places the Universities and their researchers in a good position for future research opportunities.

The training program for the researchers will be completed at the end of Year 4. ARCSHS will not be in a position to continue the institutional partnership with the Universities in Indonesia unless further funding is obtained.

Member Organisation: NRL

Program Component: Integrated Laboratory Training for HIV Testing and QA

Budget: \$163,020

Partners

Directorate of Medical Support Services (DMSS) of the Indonesian Ministry of Health (KemKes)

Collaborating partners:

WHO Indonesia provides in-principle support for NRL's programme in Indonesia

Brief Description of project

The aim of the Project is to improve the general quality of HIV testing and the quality of laboratory services in Indonesia, in line with the goals of the Indonesian Government. The Project aims to achieve this by developing 6 Provincial Health Laboratories (PHLs) to strengthen their capacity in quality management and quality assurance for HIV testing, so that they are equipped with the knowledge and skills to:

- perform any testing accurately and precisely,
- assure the quality of their testing results,
- provide high quality External Quality Assessment Schemes (EQAS) to other laboratories
- train others in their provinces and other provinces to also undertake these processes

The 6 PHLs will therefore be trained to provide EQAS for other laboratories in their province. As the ultimate aim of the Project is to promote self sufficiency and sustainability through the development of local expertise and improved processes, the 6 PHLs will also be trained to train and mentor other laboratories to strengthen their capacity in quality management and quality assurance for HIV testing.

An emphasis on improving the quality of rapid testing (especially that used in non-laboratory settings e.g. VCT) is also a key element of the plan.

Outputs - what we will specifically do and produce etc?

- Conduct Training Programme 4, which is a "train-the-trainer" training programme.
- Conduct an assessment of the 3 PHLs that were assessed in Year 1 of the programme. They are PHLs

<p>Jakarta, Bandung and Surabaya. It will be determined in conjunction with DMSS if an assessment of the other 3 PHLs, e.g. PHLs Jayapura (Papua), Palembang and Makassar, is required.</p> <ul style="list-style-type: none"> • Conduct or engage a third party to conduct face-to-face interviews and surveys with Indonesian partners as part of the overall programme monitoring and evaluation. This may be tied in with the assessment of the PHLs. • Where possible and appropriate, support DMSS and WHO Indonesia in their efforts to identify alternative sources of funding for the continuation of laboratory strengthening activities in Indonesia. If necessary, undertake or provide support for activities that assist with the development of an evidence base for a Global Fund proposal (or proposals to other funding bodies). This may require the coordination of meetings and activities involving relevant partners.
<p>Expected Outcomes - what we hope our outputs (above) will lead to, contribute towards etc?</p> <ul style="list-style-type: none"> • Some or all of the PHLs equipped and trained to a level where they are able to train and mentor others in their provinces and in other provinces as well. • The implementation of high quality EQAS programmes in the provinces of the 6 PHLs which have been trained. • An improvement in the EQAS programmes that are already being provided in Indonesia, specifically, a change in the policy regarding the analysis of EQAS results and the preparation of final reports. • Development of mechanisms within the PHLs and DMSS to ensure the sustainability of the above outcomes. • Improved quality of HIV testing (including VCT testing) and better laboratory management practices in Indonesia.
<p>Approach to sustainability</p> <p>The PHLs have identified that it is important for them to include an allocation within their budgets for resources that would assist them in becoming EQAS providers. This may include hiring more staff and procuring appropriate equipment which may, in turn, also assist them in improving the quality of their lab services. NRL will continue to talk to the PHLs and other stakeholders to progress this.</p> <p>During Year 4 NRL will support DMSS and WHO Indonesia in their efforts to identify alternative sources of funding for the continuation of laboratory strengthening activities in Indonesia. For example, NRL will conduct lab assessments of the six PHLs and will liaise with WHO Indonesia to see how the proposed lab assessments may feed into a planned WHO review of the health sector response to HIV in Indonesia. The objective of the review is to provide a framework for the health sector response for the next few years and will help the KemKes (the HIV/AIDS Subdirectorate) prepare for the negotiations and preparation for the second phase of the single-stream funding GFATM supported grants.</p> <p>The partnership between NRL and the PHLs, and associated capacity building activities, are dependent on existing program funding. If future funding is not found (through the new program or alternative sources) the project will cease in June 2012.</p>

<p>Member Organisation: Kirby Institute</p> <p>Program Component: Support for Clinical and Epidemiological HIV Research Capacity</p> <p>Budget: \$167,801</p>
<p>Partners</p> <p>Udayana University (School of Public Health), Bali</p> <p>Universitas Gadjah Mada, (Faculty of Medicine), Yogyakarta</p>
<p>Brief Description of project</p> <p>Continued support of the Field Research Training Program (F RTP) which supports a limited number of trainee researchers at two partner research institutions in Indonesia to develop skills in HIV research methodologies.</p>
<p>Outputs - what we will specifically do and produce etc?</p> <ul style="list-style-type: none"> • Annual salary support provided for four trainees and three mentors • Trainees attend Australasian HIV Conference and Indonesian National AIDS Conference and ICAAP • Trainees and mentors participate in F RTP symposium (Canberra or Sydney)

<ul style="list-style-type: none"> • Two workshops conducted covering epidemiological methods, data analysis, interpretation, presentation and manuscript writing • One in-country support visit by Kirby Institute staff • Trainees will prepare and submit an abstract to a relevant conference • Trainees will submit a manuscript for publication
Expected Outcomes - what we hope our outputs (above) will lead to, contribute towards etc?
<ul style="list-style-type: none"> • Entry to mid-level researchers are supported to conduct longitudinal HIV research in Indonesia and assistance is provided for mentors in supporting trainees.
Approach to sustainability
<p>The F RTP Competency Matrix developed to track and guide trainee progress and achievements will be integrated into the public health training program at both Udayana and Gadjah Mada Universities.</p> <p>All current trainees will complete the training program by June 2012. Kirby Institute will work with their partners to continue exploring other funding opportunities to ensure that any research projects not completed within the final (4th) year will not go unfunded.</p> <p>All trainees are employees of either Udayana or Gadjah Mada Universities and this employment will continue after June 2012 so they will continue to implement and utilise the skills that have been learnt through the program.</p> <p>After June 2012 the Kirby Institute will maintain communication with the trainees and the partner organisations, but would not be able to have an active partnership or conduct training activities without obtaining further funds.</p>

<p>Member Organisation: IHRG</p> <p>Program Component: Building Social Research Capacity in Indonesia</p> <p>Budget: \$86,397</p>
Partners
Universitas Gadjah Mada (UGM), Yogyakarta
Brief Description of project
The project involves strengthening HIV social research capacity at UGM by training and mentoring researchers. This process is linked to the National Strategy and Action Plan (2010-2014), in which research, particularly operational research, is named as one of the 7 major areas of concern.
Outputs - what we will specifically do and produce etc?
<ul style="list-style-type: none"> • ICAAP attendance for 2 trainees • Funding of trainees to end of December to finalise research on access of IDUs to HV services • Completion of 3 academic articles on women who inject drugs by 2 trainees. This activity is part of a long-term dissemination process from the research 'Women who inject drugs in Central Java and HIV Risk'. There have been a series of activities from an implementation plan. <ol style="list-style-type: none"> 1. Disseminate findings of the research through conference presentations and workshops with stakeholders in Indonesia and overseas (almost completed) 2. Translate the report into Bahasa Indonesian and distribute it through PDF and hard copy (in progress) 3. Write and publish academic articles in English from the findings of the report (to be undertaken in Year 4).
Expected Outcomes - what we hope our outputs (above) will lead to, contribute towards etc?
<ul style="list-style-type: none"> • Increased understanding of women IDUs in Indonesia • Increased up-skilling of trainees and researchers
Approach to sustainability
Gadjah Mada University may be able to provide ongoing mentoring support to the two trainees, but this is still to be confirmed.

One of the trainees has been supported to apply for a scholarship to complete their Masters degree at UNSW.

The two trainees have successfully applied for research funding from HCPI to carry out research, but without additional funding for training and capacity development the ability to manage and to roll out research will be severely curtailed.

At the conclusion of the Consortium program there will be no capacity for IHRG to provide further financial or mentoring support to Gadjah Mada University or the two trainees. However, IHRG will monitor the development of the new AusAID Grant Facility and will apply for funding through this mechanism if appropriate.

Pacific

Key Aims:

- to build Fiji School of Medicine as a regional training institution in HIV and STIs
- to build the role of the Oceania Society for Sexual Health and HIV Medicine as a key organisation representing health care workers regionally
- to establish social research as a professional area and support social researchers in the region

Member Organisation: ASC

Program Component: Support for the Fiji School of Medicine to strengthen Health Care Worker Education in HIV and Sexual Health

Budget: \$92,400

Partners

Fiji School of Medicine (FSMed)

Brief Description of project

The project will strengthen the capacity of FSM to train health care workers (HCW) to provide integrated and responsive sexual health services in Fiji and other Pacific Island Countries and Territories (PICT). Mechanisms for capacity building include: building partnerships between FSM and Fiji School of Nursing (FSN) and affected communities including sex workers, men who have sex with men (MSM), youth and people living with HIV/AIDS (PLHIV); engaging affected communities in the development and implementation of sexual health training; increasing access to training; and development of, and access to, mentoring programs for HCW engaged in sexual health delivery. The project is Fiji-based but will identify ways of sharing information with HCW from other Pacific islands, e.g. through e-learning. The project will also seek out other health care training institutions in the Pacific who are interested in the outcomes of the project, sharing training resources and being supported to conduct similar activities for HCW in collaboration with their Ministries of Health.

Outputs - what we will specifically do and produce etc?

- A collaborative review of Suva Hub will be undertaken with core team including representatives from vulnerable groups and FSMed staff.
- An action plan will be developed based on recommendations from review report.
- Support will be provided for implementation of selected activities identified in review report recommendations.
- Meetings will be held with key donors/ funding agencies and stakeholders to identify ways in which project activities can continue to be collaboratively conducted e.g. training for HCW.
- Final Reference Group Meeting will be held.

Expected Outcomes - what we hope our outputs (above) will lead to, contribute towards etc?

- FSMed has a leading role in Fiji, in conjunction with FSN and in collaboration with OSSHHM and SPC, in the training and support of HCW in areas of HIV and sexual health.
- Formal relationship established between Fiji Ministry of Health, FSMed and FSN, in collaboration with OSSHHM, to develop and implement mentoring programs for HCW in STI clinics.
- Sex workers, MSM and PLHIV able to develop and deliver training for HCW either as part of FSMed programs or independently.
- Relevant community organisations competent in liaising with FSMed.
- FSMed competent in liaising with sex workers, MSN, youth and PLHIV on capacity building initiatives
- Project Reference Group functioning effectively
- Relationships established with service providers and relevant agencies in other Pacific Island Countries and Territories

Approach to sustainability

FSMed's reputation as a training institution has increased and their role has expanded beyond training university enrolled students to providing training to health care workers. During the final year the outcomes of this project will be disseminated and promoted, thereby increasing FSMed's reputation and potentially creating further training opportunities.

Changes to the FMed/FSN curriculum will remain as part of the established courses offered FMed will continue the relationships with stakeholders (Ministry of Health, community organisations etc) that have been established through the project, and will provide advice and guidance as requested.

FMed have indicated they are willing to employ the Project Coordinator beyond June 2012 if the project is evaluated to be successful ASC will encourage partners and stakeholders to continue to seek out opportunities for funding of collaborative activities, and will support them in the development of proposals and plans.

ASC will continue to liaise and provide advice to FMed beyond June 2012 but will not be able to actively provide capacity building activities without ongoing funding.

Member Organisation: ASHM

Program Component: Support for OSSHHM Secretariat and Workplan

Budget: \$45,830

Partners

Oceania Society for Sexual Health and HIV Medicine (OSSHM)

Collaborating partner:

Secretariat of the Pacific Community (SPC)

Brief Description of project

The project aims to provide sustained support to the OSSHHM and its secretariat; provide ongoing and regular support to enhance OSSHHM's capacity to represent HIV and sexual health care workers in the Pacific; establishment of OSSHHM country based teams; technical support in development of education and training programs; ongoing support for OSSHHM website

Outputs - what we will specifically do and produce etc?

- Provide technical support to OSSHHM to assist with workplan implementation
- Provide financial support for hosting and maintenance of OSSHHM website
- Provide scholarship for one OSSHHM member to attend the International Short Course and Australasian HIV/AIDS Conference
- Provide sponsorship for the OSSHHM Executive Officer to attend the regional professional society network meeting at ICAAP 2011
- Conduct two support visits to Fiji and/or Solomon Islands and Vanuatu

Expected Outcomes - what we hope our outputs (above) will lead to, contribute towards etc?

- An increased profile and presence for OSSHHM within national HIV programs, major donors and the regional response and wider OSSHHM membership
- Greater OSSHHM capacity to respond to health workforce needs through training and professional support programs
- Further establishment and sustainability of OSSHHM In-Country Teams in Solomon Islands and Vanuatu
- An up-to-date and functional OSSHHM website that is used as a tool of communication with OSSHHM members, stakeholders and other interested people

Approach to sustainability

The website has officially been handed over to OSSHHM and can continue for the foreseeable future.

While the OSSHHM Executive Officer and office space is supported through a PRISIP grant, the EO relies heavily on mentoring and professional development support provided by ASHM. This support would not be able to continue without ongoing funding, and may jeopardise the continued capacity of the EO and ultimately the Society. Funding options to continue this mentoring support are limited and ASHM will look to the new AusAID grants facility for future funding.

Member Organisation: IHRG
Program Component: Strengthening HIV Social Research in the Pacific
Budget: \$116,952
Partners
<p>Pacific HIV and STI Research Centre (PSHRC) Fiji School of Medicine (FSMed)</p> <p><i>Collaborating partners:</i> Secretariat of the Pacific Community (SPC), Fiji National University, UNAIDS, University of the South Pacific, Fiji Ministry of Health</p>
Brief Description of project
<p>This project is designed as a partnership between IHRG and PSRCH to increase capacity to carry out HIV social research in the Pacific. This includes both research training through workshops and on an ongoing basis, as well as participation in HIV social research projects</p>
Outputs - what we will specifically do and produce etc?
<ul style="list-style-type: none"> • Ongoing support for the management of PSHRC and management training for the Coordinator • Launch the report on the impact of the Crimes Decree on sex work in Fiji and carry out a research to action workshop • Launch the Fiji MSM IBBS project report and carry out a research to action workshop • Ongoing training of the PSHRC Research Assistant at UNSW to prepare for the analysis of SGS data (this year Fiji, Kiribati and Vanuatu data will be analysed) • Prepare the groundwork for an IBBS on sex workers in Fiji through a partnership approach with sex worker organisations in Fiji. Apply for funding from UNAIDS • Prepare the groundwork for two MSM IBBSs (Tonga and Samoa) through negotiation with the MSM groups in country and through PSDN • Attendance at the ICAAP conference in Pusan by PSHRC staff
Expected Outcomes - what we hope our outputs (above) will lead to, contribute towards etc?
<ul style="list-style-type: none"> • Increased visibility of PSRCH through a number of research projects and outcome workshops • Increased management skills of the PSHRC coordinator • Increased funding for PSHRC • Continued partnership building with vulnerable groups through the Pacific
Approach to sustainability
<p>FSMed has agreed to fund the PSHRC coordinator position after June 2012.</p> <p>The project officer position will be funded through a grant from the Pacific Islands HIV and STI Response Fund.</p> <p>Future Integrated Biological and Behavioural Surveys (IBBS) among MSM in Tonga and Samoa will be undertaken as a joint activity between PSHRC and IHRG. However after June 2012, without further funding, IHRG will not have the capacity to undertake training with PSHRC or provide financial support.</p> <p>Further joint research projects are unlikely, as joint projects could only be undertaken if there is associated training of personnel in the Pacific. Without separate funding for training, joint projects would not be possible.</p>

Mekong

Key Aims

- to improve care, support and treatment (with a focus on nutrition) in Champassak province, Lao PDR, with links to national programs
- to contribute to national research in building a local evidence base in Cambodia, Lao PRD, Vietnam, Burma, and China (especially social research)

Member Organisation: ASC

Program Component: Lao PDR-Thai-Australian Collaboration in HIV Nutrition (Laos-TACHIN)

Budget: \$167,432

Partners

Thai Red Cross AIDS Research Centre (TRCARC), Thailand
 Lao PDR Ministry of Health, particularly the Centre for HIV/AIDS/STI (CHAS)
 Champasak Provincial Health Department (CHS), and Provincial Committee for the Control of AIDS (PCCA) for the Champasak Province, Lao PDR
 Dreaming of a Brighter Future (DBF) people living with HIV (PLHIV) Support Group, Champasak Province, Lao PDR
 Savannakhet Provincial Health Department and PCCA for Savannakhet Province, Lao PDR
 PLHIV support group, Savannakhet Province
 Lao Network of People Living with HIV/ AIDS (LNP+)
 World Health Organization (WHO), Lao PDR
 Institute of Nutrition Mahidol University (INMU), Thailand

Collaborating partners:

World Food Programme (WFP), Lao PDR

Brief Description of project

The Lao PDR-Thai-Australia Collaboration in HIV Care and Nutrition has been extended into its fourth year. The project aims to build the capacity of the Thai Red Cross AIDS Research Centre (TRCARC) to work with Lao PDR partners, particularly in Champasak Province, to scale up and manage their HIV services, focusing on the area of nutrition. The fourth year of the project provides the opportunity to consolidate TRCARC project coordination experience and aims to ensure the sustainability of project activities in Lao PDR by working closely with CHAS and the Ministry of Health (MOH) to support their HIV and nutrition strategy. Program partners have requested expansion of the nutrition education program to include Trainer of trainer programs in HIV and nutrition for people living with HIV (PLHIV) support group nationally. In addition CHAS and the MOH have requested that the model of HIV and nutrition piloted in Champasak province be replicated in Suvannakhet hospital to ensure the adoption of the program by CHAS and the MOH is feasible beyond July 2012.

Outputs - what we will specifically do and produce etc?

- Undertake mentoring and training visits in-country to:
 - Strengthen the client management pathways and HIV referral systems at Champasak Provincial hospital
 - Improve the client information and data management systems at Champasak Provincial hospital
 - Strengthen the capacity of TRCARC to design, implement and evaluate international health development projects
 - Strengthen current Lao-TACHIN collaboration and build the capacity of project partners to collaborate with other partners
- Replicate existing SOP and nutrition services from Champasak hospital in Savannakhet
- Using a TOT approach provide nutrition education training to PLHIV support groups nationally

Expected Outcomes - what we hope our outputs (above) will lead to, contribute towards etc?
<ul style="list-style-type: none"> Increased capacity of HCW in the effectively delivery of HIV management Strengthened capacity of HCW and PLHIV support groups to implement effective health promotion and advocacy activities Sustainability of project outcomes will be achieved through supporting changes to the Lao PDR national HIV and nutrition strategy Strengthened capacity of TRCARC to manage development projects and apply for their own development projects
Approach to sustainability
<p>In Year 4, at the request of CHAS and the Deputy Minister of Health, the model of training applied in Champasak Province will be expanded and trialled in Savannakhet Hospital. The objective of this approach is to demonstrate that the pilot model can be successfully replicated throughout Lao PDR. CHAS has indicated that, if the expansion of the model in Savannakhet Hospital is successful, they will replicate the training across Lao PDR.</p> <p>Lao PDR have recognised the importance of nutrition assessment, education and counselling in HIV and plan to include nutrition in the next round of Global Fund applications. To provide the possibility for this expansion CHAS and the MOH are supporting the salaries of staff to work directly on the project. As a consequence of this support it has been proposed that nutrition activities be integrated into the provincial level health department strategic plans. This will be made possible as it is the capacity of existing staff that will be supported through this project and not additional staff.</p> <p>Project support will be provided in Year 4 to ensure Standards of Practice (SOP) and procedures reflect the changes in HIV and nutrition services to ensure long-term sustainable changes are achieved in the delivery of comprehensive care and support for PLHIV.</p> <p>Sustainability of nutrition education will also be addressed through expansion of nutrition education in PLHIV support groups. Existing DBF staff will be trained as trainers and mentors to provide nutrition education training to PLHIV peer volunteers. These peer volunteers will then apply the knowledge they have learnt into their support groups. This process ensures the nutrition education messages are disseminated across Lao PDR and that a skilled work force of PLHIV in nutrition education exists to provide further training in the future.</p> <p>Increased project coordination responsibilities have been given to the TRCARC to support the long term objective of strengthening TRCARC capacity in implementing international development projects. ASC will continue to provide support to TRCARC beyond 2012.</p>

Member Organisation: ARCSHS
Program Component: Building HIV Social Research Capacity in the Greater Mekong Region
Budget: \$56,855
Partners
<p>Bangkok based HIV/AIDS Asia Regional Program Technical Support Unit for HAARP members</p> <p>HAARP member countries include:</p> <ul style="list-style-type: none"> Vietnam Country Program Cambodia Country Program Burma Country Program China Country Program (Yunnan and Guangxi provinces of southern China) Lao PDR Country Program
Brief Description of project
<p>An intensive four day training workshop will be conducted with 15 people. Up to three members from each HAARP member country program will participate in the training.</p> <p>This activity builds on the research capacity that has been developed in Vietnam and Cambodia. In Year 4 the program will have a more direct engagement with the HAARP country programs and will be extended to include three additional HAARP countries (Burma, Lao PDR and China). By more directly engaging the HAARP program it is hoped that there will be ongoing support through HAARP for social research, particularly for IDU issues, in these countries after June 2012.</p> <p>Most HAARP member country program participants have experience with behavioural and surveillance research relating to HIV. Social research is not well understood and as a consequence it is not used.</p>

<p>The aim of the workshop is to introduce ideas and practices of social research to HAARP countries and give participants from the five countries an insight into the processes of HIV social research. A particular emphasis is on strategies for community engagement at all stages of the research process. Through this training we will bring together extensive research experience and the stated development needs of HAARP country members in addressing HIV harm reduction.</p> <p>Topics to be addressed:</p> <ul style="list-style-type: none"> • Types of social research • The value of HIV social research • Using social research to enhance policy, practice and advocacy in HIV prevention, treatment care and support • Identifying priorities in social research • Developing research questions and research protocols • Methodologies, sampling and recruitment • Ethics Processes • Practical aspects of research management and data collection • Reporting from HIV social research- strategies for ensuring effective communication of results to different audiences and maximising the impact of the findings <p>An underlying philosophy of the training is that for effective HIV social research to be conducted it must be carried out as a partnership between researchers, policy makers and communities. An emphasis within the training will be on the practical strategies and realistic approaches to research processes.</p>
<p>Outputs - what we will specifically do and produce etc?</p> <ul style="list-style-type: none"> • Four-day intensive training workshop will be conducted • Five model research proposals developed by workshop participants • Two-day follow up workshop in two HAARP member countries.
<p>Expected Outcomes - what we hope our outputs (above) will lead to, contribute towards etc?</p> <ul style="list-style-type: none"> • A deeper understanding of social research and the role social research can play in each countries response to HIV and specifically to harm reduction. • Partnerships are created between community organisations and local researchers to conduct relevant HIV social research. • The submission and funding of social research proposals which address local issues.
<p>Approach to sustainability</p> <p>Participants from the five member countries will continue to receive support from the Regional Program Technical Support Unit and will be encouraged throughout the workshop to seek partnership with local researchers to explore future collaborative research.</p> <p>ARCSHS will explore the possibility of continuing partnerships with some of the participants. This will be dependent on obtaining funding to conduct further research and provide capacity building support.</p>

<p>Member Organisation: Kirby Institute</p> <p>Program Component: Support for clinical and epidemiological HIV research capacity (Cambodia)</p> <p>Budget: \$132,631</p>
<p>Partners</p> <p>National Centre for HIV/AIDS, Dermatology and STD (NCHADS), Phnom Penh</p>
<p>Brief Description of project</p> <p>Continued support of the Field Research Training Program (F RTP) which supports a limited number of trainee researchers at NCHADS in Cambodia to develop skills in HIV research methodologies.</p>
<p>Outputs - what we will specifically do and produce etc?</p> <ul style="list-style-type: none"> • Annual salary support provided for seven trainees and three mentors • Trainees attend Australasian HIV Conference • Trainees and mentors participate in F RTP symposium (Canberra or Sydney) • Two workshops conducted covering epidemiological methods, data analysis, interpretation, presentation and manuscript writing

<ul style="list-style-type: none"> • One in-country support visit by Kirby Institute staff • Trainees will prepare and submit an abstract to a relevant conference • Trainees will submit a manuscript for publication
Expected Outcomes - what we hope our outputs (above) will lead to, contribute towards etc?
<ul style="list-style-type: none"> • Entry to mid-level researchers are supported to conduct longitudinal HIV research in Cambodia and assistance is provided for mentors in supporting trainees.
Approach to sustainability
<p>The FTRP Competency Matrix developed to track and guide trainee progress and achievements will be integrated into the public health training program at NCHADS.</p> <p>All current trainees will complete the training program by June 2012. Kirby Institute will work with NCHADS to continue exploring other funding opportunities to ensure that any research projects not completed within the final (4th) year will not go unfunded.</p> <p>All trainees are employees of NCHADS or the affiliated Social Health Clinic and this employment will continue after June 2012 so they will continue to implement and utilise the skills that have been learnt through the program.</p> <p>After June 2012 the Kirby Institute will maintain communication with the trainees and the partner organisation, but would not be able to have an active partnership or conduct training activities without obtaining further funds.</p>

<p>Member Organisation: IHRG</p> <p>Program Component: Strengthening HIV Social Research in China</p> <p>Budget: \$97,077</p>
Partners
<p>AIDS Policy Research Centre, Tsinghua University</p> <p><i>Collaborating partners:</i> Renmin University, Medical University Beijing, China AIDS Information Network, West China School of Public Health, Yunnan University, Kunming University.</p>
Brief Description of project
<p>This project is a partnership between Tsinghua University and UNSW. It aims to build social research capacity in parts of China where there is the biggest burden of HIV and specifically where capacity amongst social scientists to carry out HIV social research is low.</p> <p>This activity assists China's national prevention effort to reach MSM by providing evidence of HIV risk. China's MSM program is carried out through support of and partnerships with community organisations. New infections among MSM are rising although China estimates that MSM covered by HIV prevention programs increased from 38 percent in 2007 to 75 percent in 2009.</p>
Outputs - what we will specifically do and produce etc?
<ul style="list-style-type: none"> • ICAAP attendance for 4 HIV social researchers • Train 6 HIV social researchers in analysis of oral history interviews • Launch report on oral history in the gay community: from the cultural revolution to the gay community with an emphasis on HIV • Research to action workshop
Expected Outcomes - what we hope our outputs (above) will lead to, contribute towards etc?
<ul style="list-style-type: none"> • Better understanding of the impact of HIV on the development of the gay community • Better trained HIV social researchers
Approach to sustainability
<p>IHRG will not have capacity to continue the partnership at the conclusion of the Consortium program without ongoing funding. IHRG will investigate other potential funding opportunities to continue the partnership. This year will focus on completing current research activities.</p>

Timor Leste

Key Aims:

- to support a core care and treatment team at the National Hospital to roll out a national training and mentoring program
- to build the capacity for advocacy and leadership of sex worker communities to inform the national response

Member Organisation: ASHM

Program Component: Support for Timor Leste Medical Association Working Group

Budget: \$46,470

Partners

Timor Leste Medical Association (AMTL) HIV Working Group

Collaborating partners:

Ministry of Health

Esperanca and Estrela+ (PLWHA organisations) Biropite Clinic

Brief Description of project

The project supports clinical service delivery through organisational development, mentoring, training, and technical expertise.

Outputs - what we will specifically do and produce etc?

- Provide scholarship for one HIV Working Group member to attend the International Short Course and Australasian HIV/AIDS Conference
- Conduct Clinical Mentoring visit to Dili
- Conduct one in-country workshop
- Conduct one support visit and conduct planning meeting in Dili
- Provide sponsorship for one HIV Working Group member to attend regional professional society network meeting at ICAAP 2011

Expected Outcomes - what we hope our outputs (above) will lead to, contribute towards etc?

- The development of a core team of STI and HIV care and treatment experts in Dili who will act as mentors for professional health care workers in Timor Leste
- Increased capacity of the HIV Working Group to provide technical expertise to the national HIV response, through such mechanisms as development of guidelines, models of care, training programs on HIV and STIs etc; and
- Strengthened links between the Timor Leste HIV Working Group and counterpart organisations in the region

Approach to sustainability

ASHM has been working with the HIV Working Group on an application to become a sub-recipient of GFATM funds. If this application is successful this will allow the working group to support their secretariat and maintain the partnership activities with ASHM.

ASHM has worked with the HIV Working Group to build their relationship with Ministry of Health and they now have a good working relationship. This has consolidated their position within the national HIV program.

While the Working Group has strengthened during the Consortium program they are still in a developmental phase and therefore vulnerable. If GFATM funds are not forthcoming their future existence may not be sustainable.

Member Organisation: Scarlet Alliance Program Component: Improved Advocacy and Leadership Capacity for Sex Workers in Timor Leste Budget: \$189,845
Partners
Fundasaun Timor Hari'i (FTH) Scarlet Timor Collective
Brief Description of project
<p>The project aims to enhance the advocacy and leadership capacity of sex workers in Timor Leste to effectively inform policy, law, and program development, to reduce the level of discrimination and ensure the sex worker community, as an affected community, is involved in all levels of the Timor Leste HIV response.</p> <p>Scarlet Timor Collective has recently become a member with representation to the CCM, and has been registered by the NACS, providing new opportunities for advocacy activity.</p> <p>Scarlet Alliance in collaboration with FTH and Scarlet Timor will aim to increase the capacity of sex workers to provide effective advocacy, leadership and representation of sex worker issues in policy, law, and program development.</p> <p>The project will facilitate increased leadership and advocacy through assisting sex workers to identify and document evidence, and enable and develop advocacy responses to relevant issues, including HIV and sex work, and discrimination.</p> <p>The project will increase engagement and facilitate involvement of sex worker leaders, and support the development of advocacy and leadership skills amongst the sex worker community in order for sex workers to participate with increased effectiveness in policy and program development.</p> <p>The project will mentor, train and facilitate organisational capacity development with the Scarlet Timor Collective.</p> <p>The project will commence winding down activities as the <i>HIV Consortium</i> program and project funding concludes. The investment made within the program will be consolidated during the activities; however there will be a focus on seeking funding and developing a sustainable partnership approach to the engagement of sex workers in the national HIV response.</p>
Outputs - what we will specifically do and produce etc?
<ul style="list-style-type: none"> • 3-4 in-country visits to: <ul style="list-style-type: none"> - Provide mentoring, training and facilitation for improved advocacy, leadership and representation capacity - Support the organisational capacity development of Scarlet Timor collective - Identify sustainable opportunities and resources for transition • Conduct a workshop focusing on the development of governance practices
Expected Outcomes - what we hope our outputs (above) will lead to, contribute towards etc?
<ul style="list-style-type: none"> • Scarlet Timor and individual sex workers will have increased skills in advocacy, and community based organisational governance and accountability practices. • The sex worker community are empowered to be able to participate effectively in policy forums addressing sex worker health issues, equality and human rights. • Scarlet Timor and sex worker leaders will continue to develop and implement best practice structures and processes for sustainable, community based, diverse sex worker engagement, with inclusive, transparent, equitable, culturally sensitive and confidential organisational and governance processes. • Scarlet Timor will continue to develop partnerships with key stakeholders such as local and international NGO's, MoH and NAC. • Opportunities for funding of sustainable advocacy and organisational development for sex workers within the Timor Leste response will be identified, and a transition or conclusion plan implemented

Approach to sustainability

Capacity development of sex workers and the organisation, \$carlet Timor Collective, which has occurred through this program will contribute to sustainable responses and partnerships at both country and regional levels. The sex worker community has been increasingly engaged. The organisation \$carlet Timor Collective and a group of effective sex worker advocates and leaders have emerged.

The \$carlet Timor Collective is not supported through funding other than this HIV Consortium program, and hence there is a great risk the investment made and progress achieved will be lost if further funding is not attained. With the support of the project partnership of FTH, Scarlet Alliance and \$carlet Timor will seek to identify funding opportunities for sustainable advocacy and organisational development for sex workers in Timor Leste within a partnership model.

If alternative funding is not successful planning for winding down and wrapping up the project will be developed in consultation with the employed staff, volunteers and partners, including FTH, \$carlet Timor and sex workers in Timor Leste.

Through communication and consultation, partner's expectations will be managed and partners will be guided toward an understanding of the conclusion of this program. Activities including identification of appropriate strategies for transition or conclusion, including completion of employment relationships, will precede closure.

Asia Pacific Regional

Key Aims:

- to improve health care worker safety through regional networking and local practice
- to enhance collaboration between organisations of health care workers across the region
- to support quality HIV testing through networking and training
- to support key regional and national community-based organisations to build national capacity/networks and to pursue regional advocacy
- to support regional and national PLHIV networks to represent their communities and contribute to effective responses to HIV and AIDS.
- to support regional and national networks of people who use drugs to contribute to regional and national responses
- to build strategic partnerships to strengthen peer-to-peer relationships between sex workers across the region

Member Organisation: ASC

Program Component: SafeHandS

Budget: \$40,600

Partners

Individual membership; potential partnership with professional organisations

Regional reference group of interested members from throughout the region informs project directions and activities

Brief Description of project

SafeHandS is a network for health care worker safety in the Asia Pacific region which has been operating since January 2005

Outputs - what we will specifically do and produce etc?

- Ongoing network maintenance activities – moderated email discussion forum, member recruitment, resource identification and development, information sharing
- Newsletter published, website updated
- Collate, publish and disseminate information from project
- Plan and implement an information and planning seminar to disseminate information and plan for continuation/sustainability. Format dependent on rollover moneys available

Expected Outcomes - what we hope our outputs (above) will lead to, contribute towards etc?

- Capacity of regional HCW and their organisations to scale up and manage HIV services will be increased by facilitating a network to improve health worker safety in the workplace in the Asia-Pacific region.
- Ownership of the existing network by HCW in the region will be enhanced.
- A regional body of knowledge about improving HCW safety will be developed and maintained.

Approach to sustainability

Options for other grants and sources of funding to maintain the network have been explored, but suitable sources were not identified.

There has been initial exploration of the option of having the administration of the network being taken up by one of the member organisations. To date, a member organisation with the capacity to support the network has not been identified but this possibility will continue to be pursued.

A face to face workshop of the Network Reference Group will be held during Year 4 to consider future plans, funding opportunities and other support options for the network.

In order to enhance the sustainability of the project outcomes the strategies and results of the small grants demonstration projects will be widely disseminated with lessons learned so they can be replicated by other sites in low and middle income countries.

If funds aren't available after June 2012 the email network will continue to exist and the website may be able to be maintained. However without ongoing funding it will not be possible to maintain or grow the network membership, or conduct capacity building activities among the network. Some activities such as the online courses may be able to continue on a fee paying basis.

Member Organisation: ASHM Program Component: Regional HIV Training and Education Program Budget: \$163,142
Partners Regional HIV and Sexual Health Professional Societies Network (members: Timor Leste Medical Association - HIV Working Group; Indonesian Medical Association HIV Secretariat; Oceania Society for Sexual Health and HIV Medicine (OSSHHM); PNG Sexual Health Society); Clinical Advisory Group members; AusAID HIV technical advisers in program countries; regional HIV donor programs; national AIDS commissions and Ministries of Health
Brief Description of project The ASHM Regional HIV Training and Education Program works with its regional partners to identify and address the training and educational needs of health care workers in HIV medicine in the Asian and Pacific regions. The project has four major components: <ul style="list-style-type: none"> • A short course in the clinical management of HIV and related conditions for health care professionals from Asia and the Pacific, held immediately prior to the annual Australasian HIV/AIDS Conference. • Clinical mentoring training and provision • Support for regional HIV and sexual health professional societies to participate in a network which facilitates exchange of information and experience through an annual meeting; dissemination of resources; nomination of delegates for short course training; professional development of secretariat staff. • Support for Asia Pacific Neurological HIV/AIDS Consortium and Asia Pacific HIV/AIDS Paediatric Consortium • The production of a clinical resource designed to enhance the capacity of health care professionals, especially those working in resource limited settings, to make early and accurate diagnosis of HIV. The ASHM Regional HIV Training and Education Program provides funding for regional scholarships for members of each of the regional professional societies (mentioned above) to attend the annual <i>International Short Course in HIV Medicine and Related Issues</i> and the Australasian HIV/AIDS Conference.
Outputs - what we will specifically do and produce etc? <ul style="list-style-type: none"> • Development, delivery and evaluation of annual International Short Course in HIV Medicine and Related Issues • Annual meeting of the HIV & Sexual Health Regional Professional Societies Network at ICAAP 2011 • Promotion and distribution of Bahasa language edition •
Expected Outcomes - what we hope our outputs (above) will lead to, contribute towards etc? <ul style="list-style-type: none"> • Improved knowledge and skills of HIV and sexual health professionals in Asia and the Pacific region in HIV Medicine and Related Conditions (Through the International Short Course and HIV/AIDS Conference) • Strengthened capacity and profile of the Regional HIV & Sexual Health Professional Societies Network in national and regional HIV response •
Approach to sustainability If future funding for scholarships to the International Short Course and regional society network meeting was not available ASHM will assess its internal capacity to continue supporting this activity (possibly from the ASHM Gift Fund). The program may be able to continue at a reduced level. The International short course could be self supported through a fee paying structure, although this would limit the capacity of some people to participate and benefit from the course. The e-learning materials will be finished and be evaluated during Year 4. If ongoing funding is available there could be a revision and update.

Member Organisation: AFAO Program Component: The APCASO/AFAO Strengthening Regional Advocacy Program Budget: \$185,043
Partners Asia Pacific Council of AIDS Service Organisations (APCASO) In country partners: Laos Youth Action on AIDS Program (LYAP); Centre for Supporting Community Development Initiatives (SCDI) in Vietnam and Gaya Nusantara in Indonesia.
Brief Description of project The aim of this program has been to strengthen and empower the HIV and AIDS community sector by increasing advocacy capacity among civil society organisations in Indonesia, Laos and Vietnam. It has worked to enable community organisations to more effectively participate in and influence domestic and regional HIV and AIDS related policy and program development, ensuring that they are informed by, and responsive to, issues faced by those most affected by HIV and AIDS. The Program has also led to strengthened capacity within the APCASO secretariat to conduct and implement effective community sector capacity building initiatives across the region; and its organisational capacity to act as a regional representative and advocate for the broader HIV and AIDS community sector. The focus of year four will be consolidating program outcomes and ensuring their sustainability beyond consortium support.
Outputs - what we will specifically do and produce etc? <ul style="list-style-type: none"> • 3 detailed country case studies on Community Advocacy Laos, Vietnam, Indonesia • 80 - 100 days peer to peer mentoring between AFAO staff and APCASO staff (priority areas to be negotiated but likely to include; regional and global policy, advocacy, communication, network development, governance) • Revision and update to APCASO Advocacy Toolkit • APCASO resource mobilisation strategy • APCASO HIV and AIDS Policy Training Toolkit developed • 4 to 6 funding submissions developed • Finalisation and promotion of (revised) APCASO Human Rights and HIV Training Toolkit • 2 Human Rights and HIV related meetings/trainings • 4 to 6 Policy briefs (eg: HIV post UNGASS, HIV and the MDGs etc) • 1 regional meeting of CAI country program partners • Ongoing coordination and technical support discussions between APCASO, AFAO and LYAP, GN and SCDI
Expected Outcomes - what we hope our outputs (above) will lead to, contribute towards etc? <ul style="list-style-type: none"> • APCASO secretariat and its key programs are accessing resources via a diversified funding base • APCASOs constituency is better informed on key HIV and AIDS policy issues • APCASOs profile as a lead agency in their strategic areas of Community Advocacy Development, Universal Access/UNGASS and of HIV and Human rights has increased • Community Advocacy Networks in Laos, Indonesia and Vietnam are self-sustaining and accessing in-country resources • APCASO secretariat staff have strengthened capacity in identified priority skill areas
Approach to sustainability APCASO currently receives core funding via UNAIDs. The objective of the AFAO program in 2012 is to assist APCASO to more effectively utilise these resources to achieve maximum impact, and thus ensure the continuation of this funding beyond 2012, as well as leverage additional resources. To this purpose the 2012 workplan will: <ol style="list-style-type: none"> 1. APCASO will be supported to diversify its funding base and secure ongoing resources for its programming. This will include identifying and applying to funding mechanisms outside of HIV (eg: Human Rights) 2. Strengthened expertise and capacity will be residual within APCASO and local implementing partners.

3. APCASO's work in the area of Human Rights and HIV will be reinvigorated, opening up opportunities to access resources beyond 'traditional' HIV related funding.
4. Local implementing partners in the CAI program will be supported to pursue already identified opportunities to maintain advocacy networks via in-country resources and support.

AFAOs partnership with APCASO predates the Consortium by many years, and will continue beyond the Consortium and any one funding mechanism.

Member Organisation: AFAO/APN+

Program Component: The Positive Capacity Development Initiative

Budget: \$197,350

Partners

APN+

In-country (national PLHIV networks) partners include, JOTHI (Indonesia), VNP+ (Vietnam), CPN+ (Cambodia), LNP+ (Lao), MPG (Myanmar), AIDS Care China, Estrela+ (Timor Leste). FJN+ (Fiji) and others in the Pacific through the newly formed Pacific Positive Working Group (itself an outcome of the current project).

Collaborating partners:

UNAIDS Bangkok

The International HIV/AIDS Alliance and Khana (Cambodia)

GFATM

International Treatment Preparedness Coalition (ITPC)

In Timor Leste - Progressio UK, FTH (Fundasau Timor Hari), the local Global Fund secretariat and the Ministry of Health.

Brief Description of project

This project is a continuation of the project over the last two years and three months that will assist in the development of sustainable, effective country-level and regional PLHIV organizations and networks; strengthening their capacity and PLHIV themselves to represent their communities, advocate for their rights, and to contribute to effective responses to HIV and AIDS. It is a continuation of the work already undertaken. Over the period to date of the project more and more responsibility for implementation has been transferred to the APN+ in-country partners. This has been evidenced by the decrease in Personnel inputs and the increase in local meetings and activities from year to year in the project to date. Year three of the project was designed to bring this to a point of ongoing sustainability. Now that there is a Year 4 component, it will be possible to continue this focus on sustainability.

Outputs - what we will specifically do and produce etc?

- APN+ 2011-2015 Strategic Plan finalised, including consultation processes with APN+ Board Members and Secretariat (staff)
- Estrela+ Timor Leste secretariat established and employment of coordinator for Year 4 (2011-2012)
- Estrela+ proposal for GFATM grant submitted
- Between 200 and 600 PLHIV in 8 countries participated in 12 to 20 trainings on priority skills areas (eg: institutional strengthening, organisational and personal development, advocacy)
- Positive Pacific Working Group established and supported
- South – south collaborations occur between LNP+ and TNP+, JOTHI and Estrela+, FJN+ and other Pacific Islands

Expected Outcomes - what we hope our outputs (above) will lead to, contribute towards etc?

- PLHIV advocacy on Universal Access to treatment is occurring
- PLHIV networks in focus countries are contributing more effectively to community HIV responses.
- Sharing of knowledge and information between PLHIV networks and stakeholders is increased.
- Growing the network: PLHIV networks in Timor Leste and in the Pacific are built and strengthened.
- APN+ supporting member networks in the effective implementation of the current APN+ Strategic Plan, the finalisation of the next Strategic Plan, and of members' own in-country goals.

Approach to sustainability
<p>Sustainability will be achieved through the development of institutionalised structures, processes and modes of operation which can be sustained even if individuals leave the organisation. Emphasis on practical outcomes and workable solutions is central to all project activities. A mentoring approach will underpin all activities, ensuring that skills developed are practically applied in a sustainable manner. The project will develop within PLHIV networks and organisations processes that enable the continuing transfer of skills and knowledge. A central part of the project will be assisting PLHIV organisations and networks, including APN+ itself, to develop these structures and processes and ensure there is a practical skill transfer, and where possible exchange between PLHIV groups, in using them.</p> <p>In the case of the Universal Access to treatment regional work of APN+, and the establishment and operation of Estrela+ funding through the GFATM Round 10 grants will ensure their continued financial support to 2017.</p> <p>All other projects had a finite planned life and outcomes. While year 4 assists in 'nailing down' the expected outcomes more firmly, they will all have achieved their intended outcomes and are all on track. All partners are already self sufficient and are long term APN+ partners, therefore the partnerships will continue. However, capacity building activities can only continue if additional funding is obtained.</p>

<p>Member Organisation: AIVL</p> <p>Program Component: Regional Partnership Project</p> <p>Budget: \$300,432</p>
Partners
<p>Asian Network of People Who Use Drugs (ANPUD)</p> <p>Development of other partnerships with individual organisations in several Asian countries.</p> <p><i>Collaborating partners:</i></p> <p>AusAID regional and national projects</p> <p>UN agencies</p>
Brief Description of project
<p>In the final and fourth year of the Regional Partnership Project, AIVL will maintain existing partnerships and continue to aim to develop partnerships and collaborations with peer networks and other relevant stakeholders at the country and local levels in order to strengthen the involvement of people who inject drugs in national and regional responses to HIV. To achieve this outcome, the project will continue to financially and technically support the Regional Co-ordinator based in Bangkok as well as a project assistant.</p> <p>AIVL will collaborate with ANPUD and with its member organisations in Australia to seek opportunities to increase engagement of drug users in local, national and regional networks of people who use drugs. This will also include supporting the formation and development of national peer organisations in at least one Asian country (still to be decided by ANPUD), and support for the building of capacity among existing national networks. AIVL and ANPUD will use the experience and evidence gained from this partnership to document lessons learned and disseminate this among ANPUD's membership as a tool to support the development of networks in other countries.</p> <p>AIVL will actively promote and support electronic and other communications with ANPUD, IDU peer networks and individuals to share information, provide advice and assist with ongoing network development. The Project will promote the availability of AIVL IEC materials and develop new IEC materials for direct use and for local translation among peer networks in specific countries.</p> <p>Events such as international conferences, meetings and study tours will allow a unique opportunity to address harmful stereotypes about people who inject drugs and break down barriers to the establishment of peer-based IDU organisations in countries in the region. The Project will also support AIVL's ongoing networking, liaison and advice to Australian development organisations working in the region including the other members of the HIV Consortium, the Burnet and Nossal Institutes, and to AusAID projects and multilateral organisations such as Global Fund, UNAIDS, HCPI, HAARP, etc.</p>

<p>Major project activities will include:</p> <ul style="list-style-type: none"> • ongoing support and development for regional networks of affected drug user populations through ANPUD including maintenance of a Regional Co-ordinator and project assistant; • support for the development of national level organisations including the Indonesian network of people who use drugs (PKNI) and the National Drug User Network of Myanmar (NDNM); • joint regional networking, information sharing and skills-building activities with DU partner organisations; and • support for and direct advocacy in national and regional forums aimed at strengthening national and regional HIV and harm reduction practices and policy frameworks. <p>In addition to the above project activities, AIVL will also be available to provide advice and support to other HIV Consortium members who are seeking to conduct projects in areas or on issues with relevance to people who inject drugs.</p>
<p>Outputs - what we will specifically do and produce etc?</p> <ul style="list-style-type: none"> • Continuing employment for the ANPUD Regional Coordinator • Contribution to continuing employment for the Hepatitis C Coordinator • Continued support of office administration costs • A document will be produced highlighting lessons learned from supporting the development of a nascent peer-based drug user network that can be used to support other nascent networks of people who use drugs • Support for 2-3 Asian drug user representatives to participate in international and regional conferences and workshops including but not limited to the Indonesian National HIV Conference and ICAAP • In collaboration with ANPUD conduct capacity building workshops for national drug user networks • Needs assessment conducted with ANPUD to identify ongoing capacity building needs of country networks • PKNI will be supported to hold an Indonesian national meeting of drug user organisations • Capacity building workshop will be held with the Myanmar National Network of people who use drugs
<p>Expected Outcomes - what we hope our outputs (above) will lead to, contribute towards etc?</p> <ul style="list-style-type: none"> • Strong working relationships between AIVL and drug user networks and organisations within Asia. • Increase in actual number, size and effectiveness of drug user organisations in Asia. • Development of policies and practices incorporating drug users into programme/service design, advocacy, policy making and implementation of projects in harm reduction and HIV related projects in Asia. • Increased interest and experience of organisations and governments to work with drug users when conducting HIV related work in Asia including, but not limited to research, policy, advocacy and implementation of services and programmes.
<p>Approach to sustainability</p> <p>ANPUD now receive funding for activities from the UNAIDS Regional Technical Support Facility with funding for one-off activities being provided by organisations including WHO and the Open Society Institute. Through the Consortium Program AIVL funds office rental and administration costs, a capacity building workshop for key members of ANPUD, the Regional Coordinator position and also contributes to the funding of a Hepatitis C Coordinator. If ongoing funding is not available through the new grant facility program or other sources ANPUD may be able continue to meet some of these costs by utilising other existing grant money.</p> <p>During Year 4 AIVL and ANPUD will work together to strengthen their partnership as well as building the capacity of the network in order to place ANPUD in as strong a position as possible to access other sources of funding to continue the partnership including through the new grants facility program.</p> <p>AIVL will work with Asian drug user organisations to ensure skills in applying for and managing funding are received in the final year of the Regional Partnership Project.</p> <p>AIVL's main partnership projects with ANPUD, PKNI and NDNM are with organisations and networks that are already receiving some financial support from other sources. AIVL will continue to focus on developing this sustainability and capacity over the next 12 months.</p>

AIVL will advocate with Government bodies, donors, NGOs and multilateral organisations (such as UNRTF, Open Society Institute, INPUD, International AIDS Alliance, HAARP and HCPI) for the ongoing support and funding of drug user organisations and inclusion of drug users in all aspects of HIV and harm reduction program development and implementation.

Without ongoing funding beyond June 2012 AIVL's support to ANPUD and other national networks in Asia would be limited to sharing IEC resources, and providing advice through email communication. AIVL would not have capacity to participate in collaborative projects and capacity building activities.

Member Organisation: NRL

Program Component: Regional HIV Laboratory Seminar in Conjunction with ASHM Annual Conference

Budget: \$95,680

Partners

NRL's regional partners and individual contacts

Collaborating partners:

ASHM

NSW State Reference Laboratory, St Vincent's Hospital

Brief Description of project

A Regional Seminar is held annually for a small number of laboratory personnel from countries in the Asia and Pacific region. Each year, the Seminar will focus on a particular aspect of HIV testing. The Seminar is usually held over 2 days immediately prior to or following the Annual Conference of the Australasian Society for HIV Medicine organised by ASHM. The Seminar participants are also registered for the ASHM Conference and therefore have the opportunity to attend both the Conference and the Seminar.

The proposed Seminar topic for Year 4 is "Developing Testing Strategies for HIV Rapid Tests". HIV rapid testing, including point-of-care testing, is very topical in the region at present. Many countries are considering rapid testing at point-of-care, with some considering rapid confirmatory testing at point-of-care also. Understanding testing strategies is critical to these programmes' future success.

There will be a particular emphasis on the procurement of test kits at the Seminar, as many countries are still procuring test kits based on price without necessarily considering if the kits they are procuring are appropriate within their countries' context. There will also be discussions around the validation of tests, development of sample banks, referral and monitoring mechanisms, external quality assessment and the application of basic quality management systems.

Outputs - what we will specifically do and produce etc?

- Conduct Regional Laboratory Seminar for approximately 10 laboratory and Ministry of Health (MOH) policy and procurement personnel from the region.
- Equip the participants with the knowledge and skills to advocate for change in their systems or processes relating to the development of testing strategies for HIV rapid tests, if necessary.
- Offer participants the opportunity to discuss relevant issues across different functions (e.g. laboratory personnel talking with MOH policy and procurement people and vice versa).
- As the participants may be at different stages of capacity, facilitate the cross-fertilisation of ideas and practices.
- Offer participants the opportunity to network with counterparts from the region.

Expected Outcomes - what we hope our outputs (above) will lead to, contribute towards etc?

- Improved communication and collaboration between laboratory and MOH policy and procurement personnel.
- A greater understanding of the concepts and topics related to the development of testing strategies and algorithms (e.g. referral and monitoring mechanisms, procurement, basic quality management systems, etc).
- A greater understanding and appreciation of the issues faced by personnel from different functional units.

Approach to sustainability
<p>NRL has targeted the 2011 Regional Laboratory Seminar at two groups of people from each country: (i) senior laboratory staff who have influence at the policy level, and (ii) MOH staff who are involved in the formulation of policies and guidelines around testing strategies and in the procurement process. As these two groups are likely to have influence at the policy level back in their countries, it is hoped that by imparting the relevant concepts to them, they would be able to influence or advocate for the changes required at the policy level and that these changes would be sustained.</p> <p>The 2010 Regional Laboratory Seminar focused on the quality and management of HIV testing using simple rapid tests, while the 2011 Seminar will focus on the development of testing strategies for HIV simple rapid tests. Where possible and appropriate, NRL will aim to invite personnel who either attended the 2010 Regional Laboratory Seminar, or are from countries that were represented at the 2010 Regional Laboratory Seminar, to the 2011 Seminar. It is hoped that by addressing different issues around the use of HIV simple rapid tests, it would lead to the sustainability of outcomes in certain countries.</p> <p>NRL will follow up with participants after the training to provide support, where appropriate, that is necessary for them to make improvements or advocate for changes back in their countries.</p> <p>The annual Regional Laboratory Seminar is dependent on current program funding and would not be able to continue without ongoing funding.</p>

<p>Member Organisation: Scarlet Alliance</p> <p>Program Component: Strengthening Strategic Partnerships for Sex Workers in the Asia Pacific Region</p> <p>Budget: \$110,587</p>
Partners
<p>Sex worker organisations, projects, networks and groups in the region. These organisations include: Empower (Thailand); Friends Frangipani (PNG); Scarlet Timor Collective (Timor Leste); OPSI (Indonesia); SAN (Fiji); Zi Teng (Hong Kong); COSWAS (Taiwan); Durbar Mahila Samanwaya Committee (India); Women's Network for Unity (Cambodia); and Hope and Trust (Mongolia).</p>
Brief Description of project
<p>The Regional project provides opportunities for sex worker organisations and sex worker advocates to build and strengthen strategic partnerships to increase their capacity to identify and respond to issues impacting on sex workers in the Asia and Pacific region, including responding to HIV. The project will strengthen partnerships between sex workers and increase sex worker's ability to self organise and build regional solidarity.</p> <p>The project will also mentor, facilitate and support sex workers to attend and present at key international conferences and events, in order to share and develop skills and expertise.</p> <p>One Skills Building Workshop will be facilitated at ICAAP.</p> <p>The project will commence winding down activities as the HIV Consortium program and project funding concludes. The investment made within the program in strategic partnerships will be consolidated during the ICAAP activities; however there will be a focus on developing mechanisms and participants' capacity for regional partnership sustainability.</p> <p>Please note that this proposal does not seek to replace existing formal regional networks but rather has the potential to make a positive contribution toward them. The project provides opportunities for strategic partnership and capacity development, and supports emerging sex worker advocates and organisations to join existing networks, including the Asia Pacific Network of sex Workers (APNSW). Scarlet Alliance is a member of APNSW, hence this project complements, but does not duplicate the work of the Regional network.</p>
Outputs - what we will specifically do and produce etc?
<ul style="list-style-type: none"> • Resource and facilitate sex worker attendance, skills sharing and capacity development within forums, including ICAAP 2011, and identify opportunities for sex workers to meet around regional events or conferences. • One Skills Building Workshop titled Sex Workers Advocating For Human Rights In The HIV Response will be facilitated at ICAAP (pending ICAAP acceptance). • Consult with sex worker organisations and individuals to identify key issues impacting on sex workers in

<p>the Asia and Pacific region. Consult with sex worker organisations and individuals to identify needs, and preferences for participation in activities.</p> <ul style="list-style-type: none"> • Support individuals to access information, submit abstracts, apply for scholarships, and gain support to attend ICAAP 2011, and other key events. • Project conclusion and wrap-up • Identify sustainable opportunities and resources for regional strategic partnership development
<p>Expected Outcomes - what we hope our outputs (above) will lead to, contribute towards etc?</p> <ul style="list-style-type: none"> • Strengthened partnerships between sex workers and organisations in the Asia and Pacific region • Sex worker skills sharing and capacity development for sex worker organisations and individuals. • Contribute to the strengthened capacity of sex workers and their organisations to respond effectively to HIV. • Increased presence and effectiveness of sex worker participation at ICAAP 2011. • Sustainable opportunities for partnership development identified
<p>Approach to sustainability</p> <p>Capacity development of regional sex worker leaders and organisations which has occurred through this program will contribute to sustainable responses and partnerships at both country and regional levels.</p> <p>Partner sex worker organisations and individual advocates are encouraged to link in with regional organisations in order to increase access to information on regional activities and opportunities for capacity development, advocacy and networking</p> <p>The activities will wind down as the <i>HIV Consortium</i> program and project funding concludes. The investment in strategic partnerships will be consolidated during the activities; however there will be a focus on developing mechanisms and capacity for regional partnership sustainability (within available resources). Activities will include a wrap-up session and communication to manage partner's expectations and guide partners toward an understanding of the conclusion of this program. In addition activities will seek to identify potential opportunities for future alternative funding sources for activities (including the new AusAID grants facility).</p> <p>M&E activities will contain a focus on identifying and documenting the investment made within the program in best practice approaches to regional partnership capacity development activities, in order to provide a foundation for seeking funding.</p>