

Annex VII

Sample Workplan

Annex VII—Sample Workplan

New Partners Initiative

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Cooperative Agreement No. GHH-A-XX-XX-XXXXX-XX

Fiscal Year 2009 Workplan

Oversight by

NGO X,

An Intermediary Organization

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List of Acronyms and Abbreviations

AB	Abstinence and Be Faithful
C/FBOs	Community- and Faith-Based Organizations
CBO	Community-Based Organization
COP	Country Operational Plan
CT	Counseling and Testing
FBO	Faith-Based Organization
HBC	Home Based Care
M&E	Monitoring and Evaluation
M/F	Male/Female
MSM	Men Who Have Sex with Men
MOU	Memorandum of Understanding
NGO	Non-Governmental Organization
NPI	New Partner Initiative
OP	Other Prevention
OVC	Orphans and Vulnerable Children
PC	Palliative Care
PDSA	Plan-Do-Study-Act
PEPFAR	President’s Emergency Plan for AIDS Relief
PLWHA	People Living with HIV/AIDS
TB	Tuberculosis
USG	United States Government
YL	Youth Leader

I. Executive Summary

Project A, No. GHH-A-XX-XX-XXXXX-XX, is a three-year, US\$X million mobilizing and capacity-building program designed to scale up five indigenous community-based and faith-based organizations (CBOs/FBOs) in CountyZ that are currently performing effective HIV/AIDS interventions at the grassroots level.

Under the auspices of NGO X, these grassroots organizations have gained experience working alongside the USG to form Alliance H, a coalition with the potential to effectively extend the reach of HIV/AIDS prevention and care in four regions across Country Z. NGO X will rely on both its own connections in Country Z and Alliance H's existing programs and networks (which encompass more than **90** schools, **185** churches, and **40** other CBOs/FBOs, while strategically utilizing trained volunteers. NGO X has over four years experience implementing USAID-funded OVC and Abstinence and Be Faithful (AB) subgrants in Country Z. Drawing on this experience, NGO X will support Alliance H in implementing quality interventions, running effective monitoring and evaluation (M&E), developing critical management skills and writing reports to meet USAID's standards. This mentorship will help Alliance H partners implement their programs and gain the necessary skills to acquire future grants from USAID and other large funding organizations.

The goal of Alliance H is to strengthen, reinforce, and transfer competencies to indigenous CBOs/FBOs, mobilizing them and their networks to provide comprehensive prevention and care services to households, families, churches and communities affected by, or vulnerable to, HIV/AIDS. The partner agencies seek to further reduce the vulnerability of the Country Z population through Prevention (AB programs), Counseling and Testing (CT) and Orphan and Vulnerable Children (OVC) care. These programs help mitigate the impact on those already affected through OVC care, CT and palliative care (PC). Four of the partner agencies are indigenous organizations while the fifth, Partner E, is 100% led and staffed by Country Z citizens. NGO X has been working with each of the Alliance H partners for over two years.

Building upon their complementary strengths, Alliance H will rapidly scale up existing program networks in Country Z to reach **12,000** people with prevention messages, counsel and test **8,500** people for HIV infection, care for **25,000** OVC and caregivers, and provide palliative care and training to **5,000** people living with HIV/AIDS and TB over the three-year program. In the first two years of the program, Alliance H completed outreach activities in all four program areas (prevention, CT, OVC and PC). Based on recommendations from an assessment and a consultancy in Year 2, NGO X asked Alliance H to set up new strategies in order to reach the project's objectives and improve the quality of services. NGO X also modified its capacity-building approach with Alliance H from larger trainings to a combination of hands-on workshops and intensive individual mentorship. This strategy has yielded positive results and feedback.

NGO X proposes to spend a total of US\$X,XXX,XXX in federal funds to implement planned activities for Year 3 of the Alliance H program under the NPI grant. NGO X and its partners will contribute an additional US\$XX,XXX in matching funds. Alliance H will expand its programs to reach **4,000** youth and adults with prevention messages, **3,000** individuals with counseling and testing, **11,000** OVCs and **1,600** caregivers with comprehensive training and/or programs and **3,000** individuals with care and support for adults.

Alliance H is expanding to carry out HIV-AIDS prevention and care by partnering with public department hospitals providing clinical care and PMTCT services, public sanatoriums providing TB care, by supporting these institutions Alliance H is building for the sustainability of the services with the communities.

Activity Summary—Country Z

The FY09 Workplan focuses on continuing activities in all four program areas, while working closely to strengthen each of the partners. In FY09, Alliance H will mobilize and rapidly scale up and reinforce existing program networks. Trainings will promote action and sustainable growth, providing a springboard to reach program goals and targets. New trainings, reviews and refresher trainings will be on-going, with specific areas tailored for each partner. Additional assistance is available for partners on an “as needed” basis. NGO X will work with partners individually in Year 3 to strengthen areas of identified weaknesses. As partners expand their programs into new areas, they will identify other organizations working in the area. Using existing community knowledge and resources, along with the support of NGO X, consultants, AED and Community Liaisons, Alliance H partners will expand their reach and interface with new organizations to strengthen the programs and services offered. An assessment of current HIV/AIDS activities focused on preventing overlap will allow for the formation of key partnerships to achieve greater effectiveness. Community and religious leaders will also be approached. This has proven invaluable in the past in helping to determine the needs and interests of communities, helping to determine future strategies for the program, and getting the community more involved in program activities. To help strengthen program capacity, CBOs/FBOs will become subpartners of the program, entering into a Memorandum of Understandings (MOU) with Alliance H. These MOUs will serve as the basis to train leaders and community members as Field Staff and promoters to assist with the particular program activities.

II. Country-Level Implementation Plan

Strategic Objectives, Key Approaches and Activities Overview

Alliance H Implementation Plan

The Alliance H program encompasses the PEPFAR program areas of prevention, counseling and testing, adult care and support (CS), and orphans and vulnerable children care. Through capacity-building efforts, NGO X implements these program elements through five Country Z partners: Each partner has technical staff working closely with community health workers and promoters to execute activities. This approach enables communities to participate in, and eventually take ownership of, the HIV/AIDS initiatives to sustain programs. Alliance H FBOs have created partnerships with national and local institutions, organizations and associations in order to better identify and serve program beneficiaries on a complementary basis.

NGO X/NPI Technical and Administrative Staff provide technical guidance, on-going mentoring, and workshops and trainings to bolster the partner’s HIV/AIDS programmatic skills, and to improve and reinforce the structure and daily operations of each organization. Workshops will standardize service delivery and ensure the partners are in compliance with U.S. Government regulations in all program areas. Mentoring and technical assistance is tailored to the individual needs of each organization.

In Year 3, NGO X and its partners will strive to bring comprehensive care to the communities they serve.

Strategic Objectives

The following strategic objectives will serve as the base for program implementation:

Strategic Objective 1: *Promote comprehensive AB programming through youth groups and community events to delay sexual debut, increase “secondary abstinence,” encourage partner reduction and increase recognition of other HIV/AIDS risk factors.*

The Alliance H program will reach **6,000** people with AB messages in Year 3 by continuing to build on strong community relationships with schools, churches and CBOs/FBOs. Based on experiences from Year 2, NGO X will scale down large events to smaller activities to better craft interventions based on target groups and improve message clarity. The successful combination of youth groups and smaller educational events for young people and adults will build a more conducive environment for changes in behaviors and perceptions.

Prevention activities will be tailored to appropriate target groups and will include the following components:

1. Promote primary and secondary abstinence to delay sexual debut for young people 12-24 years of age and to adopt safe sexual behavior;
2. Integrate parents so they can support their children in adopting healthy sexual behaviors;
3. Encourage mutual monogamy targeting couples to reduce sexual partners;
4. Promote HIV testing to further develop prevention practices and promote healthy life decisions; and.
5. Address behaviors fueling the epidemic such as sexual coercion, violence against women, drugs and alcohol, and transactional and cross-generational sex, and sex trafficking through youth groups and community—activities such as skits, theater, contests, dances, etc.

Youth Groups

Youth groups have generated positive feedback from young people and community members. Alliance H partners have been working with both in- and out-of-school youth. In Year 3, a greater emphasis will be placed on out-of-school youth from 11 to 24 years of age. Efforts will be made to increase participation in churches, youth groups, community centers, reeducation centers, Boy and Girls Scouts and other existing groups and localities where young people congregate. In addition, certain Alliance H partners will target youth groups for street children.

Alliance H will continue using the Youth Leader (Peer Educator) approach. Field staff, along with key community and religious leaders, will identify and recruit young people demonstrating leadership to become youth leaders (YL). Using the Training of Trainers (TOT) approach YL will be trained as small group facilitators using the *Choose Life* curriculum. *Choose Life* focuses on transferring critical skills (i.e. problem solving, decision-making, assertiveness, self-esteem, communication, etc.) to empower young people to adopt healthy sexual behaviors, make healthy life decisions, and manage peer pressure. The curriculum emphasizes AB behaviors and uses a participatory methodology to best engage youth. *Choose Life* has been field tested among Country Z youth and has been proven an affective engagement tool. In Year 3, Alliance H will train 600 YL to transmit prevention messages at the community level and to ensure the continuity of the HIV-AIDS initiatives as well as set up new strategies to retain YL.

Youth Leaders will be trained by Alliance H on *Choose Life* with guidance from a NGO X/NPI Prevention Coordinator. Program experience demonstrates that YL schedules and *availability* do not always fit into the consecutive training timeframe; therefore the training schedule is adapted to retain the maximum number of leaders. With the guidance from Alliance H Community Staff, trained YL form groups or utilize existing groups such as after-school groups, youth church groups, Scouts, etc. Groups will include no more than 20 people with emphasis on equal gender representation. Meeting bi-weekly and facilitated by the Youth Leader, groups use activities and lessons from the curriculum. Attendance is tracked by the YL. A youth considered “reached” if they attend >75% of meetings.

To encourage maximum participation from YL, Alliance H partners will initiate graduation ceremonies. At the ceremony participants who have completed the *Choose Life* curriculum will be presented with certificates of completion. Parents will be invited to support their children and play an active role. Abstinence contracts will be available, with youth being encouraged and rewarded for making the decision to stay abstinent. Rewards will also be provided to the YL who has the maximum youth attending the 75% of the *Choose Life* meetings. Throughout the year contests will be incorporated among YL to encourage motivation. Structured recreational events, with a HIV/AIDS focus, will be organized by Alliance H Field Staff and YL. Important topics to be integrated into activities will include: transactional sex, trans-generational sex, gender norms, sexual abuse and violence. Alliance H staff monitor YL and visit groups to assess the quality of teaching, group dynamics and provide support if needed. NGO X’s Prevention Coordinator and Regional Coordinators oversee Field Staff and YLs and provide constructive feedback to help groups run more smoothly. Monitoring visits, performed by Regional Coordinators, will occur at least one a quarter for each partner.

Educational Events/Activities

Based on lessons learned from Years 1 and 2, large events will be decreased and replaced by tailored, smaller educational activities to have greater influence on specific target groups. Such events and activities will focus on the following target groups: parents, teachers, and head of school, natural leaders young people not included in the Youth-2-Youth groups, couples, and religious and community leaders.

Given the fact that parents/caregivers have tremendous influence on their children’s lives, partners will create special activities for parents so they can better encourage their children to make healthy life decisions. Parents will have better understanding of Alliance H’s youth component and will learn how they can support positive behaviors. In Year 3, discussions pertaining to the vulnerabilities young people face will be integrated. Discussions will include: transactional sex, sexual abuse, trans-generational sex, sex trafficking, drugs, alcohol and others chemical abuse. Parents will also be invited to attend graduation ceremony of YL from the youth groups.

Alliance H will organize debates, raffles, contests, poetry, theater, films and dances, utilize organized events to incorporate appropriate AB messages tailored to the specific target groups. With smaller, more age-appropriate groups, greater discussion will occur and messages will be more explicit. Field Staff will work closely with religious and community leaders and YLs in organizing and publicizing activities. Activities will be held in late afternoons during the week, or on weekends, to maximize participation among young people. National and local holidays pertaining to young people such as Youth Day, Childhood International Day, World AIDS Day, AIDS Memorial Day, World TB Day, etc. will be used as an opportunity to invite youth to commit to abstinence, and focusing on the importance of

secondary abstinence. For couples, activities will be organized with tailored “AB” messages. Key national and local holidays such as Valentine’s Day, and Mother’s and Father’s Days, and World Women’s Day will be leveraged to organize smaller educational events, encouraging debate and discussion around the adoption of health “AB” behaviors.

Under the leadership of the NGO X/NPI Prevention Coordinator, Alliance H Prevention Coordinators will help guide Field Staff in developing themes for recreational events. Alliance H partners will link prevention programs with OVC interventions, care and support and counseling and testing for comprehensive and holistic programming.

***Strategic Objective 2:** Increase participation in counseling and testing services using mobile and free-standing clinics to target discordant couples, their family members, youth and other at-risk persons.*

NGO X plans to test **5,080** people using both on-site and mobile clinics. Partners will continue to provide counseling and testing services and encourage community members to know one’s HIV status, particularly young people, discordant couples and their family members and other persons who may be at risk. Couples will be encouraged to get tested together to avoid inter-couple violence, reduce stigma and enable couples who test positive to enter a care and support program together.

OVCs between the ages of 14-17 will have a caregiver or a responsible person sign their consent form. Given the elevated risk for many OVCs, *if possible*, NGO X will provide counseling and testing services to approximately 2,000 OVCs within 14 to 17 years of age where one parent is infected. By working closely with caregivers, partners will encourage and support the child being tested. If a child tests positive, special services will be provided to help them adapt to their diagnosis. In addition, OVC care services will continue and the child will be enrolled in care and support services.

Since Partner A is the only one with a clinic, NGO X will assist the other Alliance H partners to develop partnerships with **non-PEPFAR supported** national and local institutions, such as hospitals and public and private health clinics, already providing counseling and testing.

To standardize high-quality services, NGO X will strengthen the capacity of key staff from these institutions through workshops. There will be an emphasis on pre- and post-counseling and confidentiality. Trained staff will participate in Alliance H-supported on-site and mobile CT events. The event will be supervised by an Alliance H partner CT Coordinator and NGO X/NPI CT Coordinator. This approach will be used to extend further into project zones that have not yet received CT services. Training activities will be reinforced to assure the quality of services.

Prior to counseling and testing services whether its on-site or mobile, Alliance H partners work closely with religious and community leaders to discuss the importance of HIV testing, gain their support, and assess areas where mobile CT can be performed and select dates. For the new selected sites, NGO X/NPI CT Coordinator or Regional Coordinator and Alliance H’s CT Coordinator perform a pre-evaluation visit to see if the facility satisfies national and international standards, CT norms, and USG requirements. Once the logistics are set, Alliance H coordinates with the local institution ensuring that all critical staff will be available. Those community and religious leaders supporting the Alliance H program to mobilize community members and communicate scheduled CT dates to generate demand and create a supportive environment for CT services. In addition, YLs and Alliance H

Community Staff also help to promote CT services. Typically, on-site and mobile CT events stand alone and are not connected to larger community events due to confidentiality concerns. Alliance H CT services can last anywhere from one day to a week depending on the demand from the community. People living in close proximity to Partner A health clinic can seek CT services during clinical hours. Partner A also organizes two “Open-Door Days” each month to sensitize and encourage people to be tested and know their status.

During CT services, NGO X will ensure quality service by having trained staff members and NGO X/NPI CT Coordinator and/or a Regional Coordinator present. Before any testing activity an Information Education Communication (IEC) on HIV/AIDS prevention, transmission, risk factors and stigma reduction session is conducted in the waiting room. Pre-testing is done on an individual basis. Participants are informed of the procedures and possible outcomes. Questions and concerns are addressed to keep participants at ease. Post-testing is on an individual basis. For those who test negative, clients are counseled on how to remain negative through appropriate protection strategies. Those who test positive are given as much time as they need to process and are given information pertaining to having partners tested. Clients are told prevention methods, to keep from further spreading the virus, and treatment options. Clients are encouraged to enroll in Alliance H care and support services, OVC and prevention programs, if appropriate, with the support of Alliance H’s Community Health Worker. Home visits can be done or appointments set as the client wishes for further follow up. At that time, the client and his/her family are encouraged to enroll in Alliance H Community Care and Supports and are referred to an AIDS clinical facility for CD4 and/or Antiretroviral Therapy (ART). The client will be counseled to attend a “support group”. For the youth from 18 to 24 who wish to know their HIV status, full support is be available as with an adult in addition to some specific needs. When indeterminate test results occur, people are counseled to return for testing in three months to the nearest CT site. Alliance H partners will follow-up with these individuals through the guides (who accompany the clients). Alliance H partners use Determine Tests and Capillus Tests to confirm if the Determine Test is the positive. The results are delivered the same day and clients receive post-test counseling.

Strategic Objective 3: Improve the physical, social, emotional and intellectual needs of Orphans and Vulnerable Children (OVC), in particular emotional and intellectual support for OVC and caregivers.

Program experience demonstrates that community- and family-based programs provide the maximum support to OVC. Therefore, NGO X strives to provide comprehensive care in its Alliance H OVC component, serving both children and family members and connecting them to other Alliance H programs such as care and support, prevention, CT and reference to others services.

During program implementation in Year 2, NGO X realized it needed to develop more than nine partnerships with national and private institutions for HIV clinical care and treatment, prevention of mother-to-child transmission, and help persons living with HIV/AIDS associations to better identify and serve OVCs infected with or affected by HIV/AIDS. These partnerships have proven successful in leveraging services for beneficiaries not only for the OVC program but also for the care and support component. NGO X key institutional partners include the following: Hospital-M, Coalition-T, Business-Q, Hospital-R, Hospital-I, Network-J, Network-L, Hospital-O, and Church-K.

In Year 3, Alliance H plans to complete its target to identify and serve **12,900** OVC on a cumulative basis. Thirty percent of those served (3,600) will be caregivers of OVC. Beneficiaries will be trained to care the OVC and strengthen their self-sufficiency. Once new OVC are identified through established partnership and community measures, Alliance H partners will visit the home of the OVC to assess needs, and identify services for the entire family. Great care is taken by partner OVC Coordinators and the NGO X/NPI OVC Coordinator that children and their families receive the appropriate mix of care and services. OVCs are considered reached when they receive three of the following services: access to health care; access to education and vocational training; protection; and/or psychosocial support.

1. **Access to Health Care:** NGO X will bolster its access to basic health care for OVCs. Coordinating with local health facilities, Alliance H partners will ensure that enrolled children are vaccinated with up-to-date vaccination cards in accordance with the National Program of Immunization guidelines. Cards will be provided with complete physicals and medical charts. If needed, children will be de-wormed and treated for other parasites. In addition, 80% of OVCs served will undergo dental and eye exams during the first two quarters in FY 2009. For OVCs who are known to be HIV positive, special attention will be taken to insure they benefit from available services. If needed, children can attend Pediatric ART, a specialized health institution in the PEPFAR network. Alliance H will ensure that the beneficiaries receive purified water and nutrition. These services will be provided with the support of Alliance H' Community Workers and the involvement of the parents and caregivers.
2. **Access to Education:** Alliance H partners provide school fees and/or school provisions (such as uniforms, shoes, books, and other school supplies) to those identified with the greatest need. NGO X will continue to pay fees through primary school for children whose school fees have previously been provided. OVCs, ages 14 to 17, that are not enrolled in school and are interested in learning a trade will be linked with organizations to learn computer skills, sewing, and trades such as wood and metal working.
3. **Protection:** Alliance H partner OVC Coordinators, through the guidance of NGO X's OVC Coordinator, will assist OVC children in obtaining legal birth certificates and legal adoption papers when needed. Partner Field Staff will be advocates for OVCs working with community and religious leaders to minimize stigma and discrimination. Any suspicion of abuse and other exploitation will be addressed immediately. Partners will consult with NGO X's OVC Coordinator to help resolve any concerns.

Another vital service to be continued is psycho-social care through one-on-one consultations with social workers and/or psychologists, Clubs specifically designed for OVCs address emotional needs and provide structured recreational activities with key themes that are fun and also educational celebrating World Youth Day, World AIDS Day, etc. Youth-2-Youth groups provide a supportive and social environment for OVCs and other youths.

Caregivers of enrolled OVCs receive Alliance H support because caregivers/family have the greatest influence over a child. Functional literacy programs are offered to caregivers to improve their autonomy and future for the children and family. A variety of educational discussions and round tables occur to examine the risks of transactional and trans-generational sex, casual sexual partners, and drug, alcohol and other chemical abuse. Education sessions are provided to caregivers pertaining to emotional needs of children, personal and environmental hygiene and nutrition, disease prevention and treatment, and the importance of immunizations

Women have equal opportunity to participate in income generating activities to help mitigate the burden of care. For the three Alliance H partners who provide care and support services, income generating activities will be linked and carefully monitored to avert double counting.

***Strategic Objective 4:** Increase access to adult care and support for People Living with HIV/AIDS (PLWHA), respond to the needs of the whole household, and provide access to antibiotics, if feasible, and other prevention and care services.*

The Alliance H program strives to respond to the needs of the entire household by linking beneficiaries to other program areas of OVC, prevention, and CT. Similar to the OVC program component, nine partnerships with national and private institutions providing HIV/AIDS clinical care and treatment, mother-to-child prevention transmission centers, and associations supporting PLWHA have been developed to link people living with HIV/AIDS to Alliance H care and support services. These relationships are invaluable and mutually beneficial for the institutions, the NGO X program, and ultimately the beneficiaries, as one organization/institution cannot supply all the necessary services. Some of Alliance H's current partners are Sanatorium-Y, Hospital-D, Organization-Y, Organization-V, Hospital-P, University Hospital-G, Hospital-E and Organization-K. Alliance H's Partner A, Partner B, and Partner E provide care and support.

NGO X's institutional partnerships help identify PLWHA. NGO X plans to enroll **2,000** new community members living with HIV/AIDS and serve a total of **4,000** people in Year 3. Participants will be considered "reached" when they have registered with a clinical care site and receive Alliance H community-/home-base care by social workers and/or religious leaders. As confidentiality is of the utmost importance, partner institutions only provide the names and contacts of those who agree to meet Alliance H partners to discuss program services. In addition, people who test positive during Alliance H-supported CT services are encouraged to enroll in Alliance H's care and support services and other program areas.

Initial assessments are completed through a home visit for prospective clients and their families to determine specific needs and identify services for the entire household. Clients are given the following service options: psycho-social support through support groups for people living with HIV/AIDS and family members; spiritual support by linking clients to supportive churches and/or helping PLWHAs confront spiritual issues to promote quality of life of PLWHA and their family; prevention for people who test positive; home visits by Community Health Worker; parents/caregivers clubs; OVC support; youth activities; case worker appointment for clinical care references; stigma reduction IEC activities for religious and community leaders; and, income generating activities such as renting generators, sewing, woodworking, baking, and artisan activities.

Alliance H partners will coordinate with PEPFAR-designated lead organizations to access the following services and ensure that all Alliance H families receive access to the following services: condoms; water purifying solution for potable water; mosquito nets for pregnant women and small children (0-5 years old); re-hydration packets to prevent dehydration; and, first aid kits.

Immediately after clients are enrolled in an Alliance H care and support program, one of the Field Staff is assigned to the client. They schedule monthly home visits to provide emotional support, accompany clients to treatment and clinical visits in coordination with partner entities, assist in navigating through health and treatment processes, link clients to specific Alliance H care and support services and identify other services within the community.

Clients are assigned a code number to be used on forms to protect confidentiality and a record is kept of clients on a similar treatment plan.

Whenever possible PLWHA will be trained to play an active role in managing and running a support group. Partners are also advised to use PLWHA as a facilitator for some income generating activities since they have the required skills.

Strategic Objective 5: Empower indigenous organizations to scale up HIV/AIDS service delivery by building their capacity; developing their management infrastructure and their ability to measure, evaluate, and report on their HIV/AIDS initiatives; increase effectiveness and sustainability of programs and their ability to gain financial support.

For NGO X, this objective is critical to sustaining Alliance H HIV/AIDS activities within communities. NGO X is committed to transferring skills and reinforcing capacity of Partner organizations to replicate this process in their communities. In Year 2, NGO X modified its capacity building approach from largely trainings to a combination of hands-on workshops and intensive individual mentoring. This strategy yielded positive results and feedback from Partners. Workshops encompassed both technical and programmatic areas as well as organizational development to improve organizational operations. Workshops were followed up with individual mentoring and technical assistance. Specific topics were based on the results of an initial 2007 assessment of each Partner, a follow-up assessment conducted in April 2008, and interactions and observations made by NGO X NPI Coordinators, consultants, and AED technical assistance. Workshops were standardized to provide consistent and quality service delivery by all Partners.

NGO X has two Technical Coordinators (OVC/Prevention and CT/Care and Support) who provide needed technical guidance in implementing Alliance H activities. The Coordinators conduct workshops for both Alliance H partners and Field Staff. A Financial Coordinator also works closely with partner accountants and leaders in daily financial operations, expenses, budgeting, internal controls, and QuickBooks. All of these effort combined have rendered NGO X more capable to respond to the needs of partners and thus improved performance. This approach will continue into Year 3 as it has improved the transferring of skills.

To manage their programmatic activities Alliance H partners are required to develop annual and quarterly work plans with corresponding budgets. These plans were initiated at the start of Year 2 with a workshop, and have continued with a quarterly workshop, along with one-on-one mentoring. The plans will continue in Year 3. Significant improvements have been seen in program implementation, budgeting and monitoring.

Additional Workshops

NGO X will continue developing Alliance H partners' technical and organizational capacity during Year 3. Scheduled workshops include but are not limited to:

- Message-crafting seminar;
- Interpersonal communications for community agents;
- Advocacy for community and religious leaders;
- Counseling and Testing;
- Managing and running support groups;
- Managing TB at the community level with an emphasis on DOTS strategy and co-infection;
- Supplemental technical workshops such as community mobilization;

- Monitoring and evaluation;
- Governance: Appropriate structure and by-laws that enable an organization to run efficiently;
- Human Resources;
- Program Planning; and,
- Supplemental sessions around USG compliance program close out, financial systems such as petty cash, procurement.

III. Monitoring and Evaluation

Alliance H will work in four departments in Year 3. The reporting and management will be organized through three offices: a lead country office in Village A and two satellite offices in Village B and Village C. Regional Coordinators, based at satellite offices, will gather information from the partner Field Supervisors and Field Staff each month and report to the lead office and also coordinate with Ministry of Health. The lead country office will tabulate program results, manage and oversee the satellite offices and partner programs, and report to NGO X and PEPFAR/USAID Mission in Country Z. USAID Mission and NGO X will be accountable to the Office of the Global AIDS Coordinator (OGAC) and ultimately the U.S. Congress.

The Alliance H Program will reach 100% of total program beneficiaries in Year 3. The following tables show the breakdown per Alliance H partner and per department for Year 2:

ALLIANCE H Y2 TARGETS PER PROGRAM AREA BY PARTNER						
	PREVENTION		CT	OVC		CS
	YOUTH (75%)	EVENTS (25%)		OVC (75%)	CAREGIVER (25%)	
Partner A	1,425	475	2,400	4,250	1,200	2,000
Partner B	600	200	N/A	1,500	500	N/A
Partner C	600	200	N/A	2,000	600	N/A
Partner D	450	150	900	1,000	300	150
Partner E	1,425	475	1,700	4,250	1,000	1,850
Total by activity	4,500	1,500	5,000	13,000	3,600	4,000

Alliance H will incorporate Monitoring and Evaluation (M&E) into each stage of the program training to enable partners to produce consistent and excellent work. Training will include:

- Strategic Program Planning;
- Monitoring and Evaluation;
- Governance;
- Human Resources Management;
- Compliance; and
- Community Mobilization.

NGO X will also provide a section on Budgeting to give less experienced partners tools for preparing budgets and reemphasize good M&E principles. The sessions will incorporate lessons learned and build on newly acquired skills from Year 2. Additional training will be offered as necessary based on need and competence. To ensure high quality M&E, partners will be required to participate in the following:

PROJECT IMPLEMENTATION REPORTING AND PLANNING			
M&E TOOL	DESCRIPTION	FREQUENCY	TIMELINE
Semi Annual Progress Reports	Narratives of program level indicators including people served, services provided by program area, trainings, capacity building activities, beneficiary testimonials, photographs of program activities for first 6 months of program activity.	1X/year	Y3/Q2
Annual Progress Reports	Narratives of program level indicators including people served, services provided by program area, trainings, capacity building activities, beneficiary testimonials, photographs of program activities for entire <i>grant year period</i> .	1X /year	Y3/Q4
Quarterly Expense Report	Reports and receipts of all money spent for program activities, personnel, and equipment. [Quarterly reports will correspond with progress report and cover same time period.]	4X/ year	Y2,Y3End of Q1- Q4
Close out Plan	Activities to be achieved and a clear schedule will be submitted.	1X/ year	Y3/Q3
Monthly Partner Meeting	Meeting between Partner organizations and Grant Performance Manager and M&E Specialist to provide training, assess progress, and gather programmatic results.	1X/month	Y3
Monthly and Quarterly Progress Reports	Alliance H Coordinators will provide their insight on the way the program is implementing under the M&E Officer and the Project Director.		
Site Visits	Combination of planned and surprise program visits to assess program, financial and other record keeping activities.	4X/year per partner and as necessary	Y3; Q1-Q4
Project Reviews/Quality Improvement Plan	Enrichment training for staff and added levels of monitoring, reporting, and supervision	2X/year	Y3/Q2; Y3/Q4

In addition to the reports listed above, the Alliance H Measurement and Evaluation Officer will systematically monitor partners’ progress in the four program areas through field visits, monthly and quarterly planning and reporting measures and monthly meetings. The partners will have opportunity to discuss challenges and successes with an M&E Officer. In concert with the M&E Officer, the Finance Officer, the Adult Care Support and VCT, the Prevention C and OVC Coordinators, Regional Coordinators will provide additional supervision to partners work and assist them to overcome programmatic challenges and build upon program successes.

Monitoring Against Standards

The program will follow the Federal Government guidelines on partnership, applying the AB/OP approach, and palliative care. The program will also follow all non-discrimination clauses.

Partners will report on assigned indicator in semi-annual and annual progress reports. NGO X will report progress on PEPFAR and program indicators in mid-term and end of project reports. For additional information, please reference the Performance Monitoring Plan (See Attachment B **Workplan Logic Matrix** and Attachment C **Performance Monitoring Plan**).

Project Reviews

Twice in Year 3, NGO X will assess Alliance H to measure the progress and performance of the 5 organizations. NGO X will help each partner identify remaining areas requiring special attention. The senior leadership from NGO X, the grant implementation staff in Country Z, and the leadership of each partner will meet to review all facets of project implementation and performance, ensuring they are consistent with annual workplans. Within the overall framework of time-delimited outputs and outcomes, the Team Leaders will assess performance against plans in order to evaluate the adequacy of the prior-period task plans, resource allocations, and scheduling. With the guidance of NGO X, Alliance H will calibrate the future task plans, resources, and schedules for planned work. Team Leaders will also address issues involving coordination of activities, evaluation, capacity building, and reporting.

Between these meetings, the Project Director, Accountant, M&E Officer, Finance Officer, Areas Coordinators and Regional Coordinators will meet to:

- Follow up on action steps and assignments from prior meetings;
- Hold scheduled project reviews;
- Receive and provide feedback on progress reports;
- Hold routine status meetings; and
- Make unannounced surprise visits to offices and field activity locations.

IV. Management and Staffing

Alliance H is a group of five Country Z CBOs/FBOs collectively capable of achieving the Emergency Plan's goal/desired outcome of scaled up delivery of needed services. With the facilitation of NGO X, these groups will be empowered to build upon their skill-set to extend their services and expand their reach.

INDIGENOUS PARTNER	TYPE	CURRENT REACH (DEPARTMENTS)
Partner A	CBO	West, South
Partner B	CBO	West, Southeast
Partner C	CBO	South, West
Partner D	CBO	West, South
Partner E	CBO	Southeast, West

Description of Partners' Programs

Individually, these partners have a wealth of experience which NGO X will harness to create a greater collective capacity to address those affected by HIV/AIDS. For example:

- **Partner A**, registered in 2000, has experience providing hundreds of children with OVC support, working alongside community clinics, and sustaining prevention activities with youth and adults.
- **Partner B**, registered in 2002, has been targeting rural schools with a high percentage of vulnerable children with prevention activities, increasing educational opportunities for OVC, and developing support groups for adults.
- **Partner C**, registered since 2004, has conducted OVC activities in rural areas, carried out community assessments to support prevention and education, and embraced felt needs for HBC.
- **Partner D**, registered in 1988, has provided PC services for expectant and new mothers; provided VCT through mobile clinics and a small stationary clinic; and implemented child survival programming. To date most of this work, while directly relevant to the purposes of this proposal, has not systematically addressed HIV/AIDS.
- **Partner E**, operating since 1996, has built a strong reputation for its OVC work, creative prevention activities, and ability to successfully implement USAID programs as a sub-grantee.

NGO X guided each partner's efforts in year one and year two, and assessment has shown that they have rapidly scaled up, working from their current skill and experience base at the beginning, most have become much more capable organizations. Best practices HIV/AIDS methodologies are fully integrated into their programs as they expand their reach. NGO X will continue to build upon each partner's programmatic strengths and skills, while expanding their locations.

Expatriate Staff

The **NGO X Chief Operating Officer**, based in Washington, DC is responsible for program oversight. The **Director of International Program** provides the overall strategic direction and policy creation/management required for the implementation of all NGO X HIV/AIDS projects. The **Project Director**, based in Country Z, will oversee the implementation of the project, liaise with the USAID contract and technical officers and the leadership of the Alliance H partner agencies, participate in meetings of stakeholders and donors, and compile necessary reports for the USAID. He/She will coordinate the overall program implementation in-country. He/She will be the liaison between NGO X and its partners in Country Z. The **Grant Accountant**, based in Washington, DC, will be responsible for the overall accounting and reporting for this grant. He/She will spend approximately 25% of their time on the grant and will make occasional visits to Country Z to provide financial training to the partner agencies and also to monitor the activities of the partner accountants.

Program Personnel

The **Monitoring & Evaluation Officer**, based in Country Z, will lead in training project staff in the use of the surveys and monitor the implementation of the health activities in the project areas, providing technical advice and guidance.

A total of eighty nine (89) staff persons are provided for the five partners implementing the project. The structure includes five **Partner Grant Managers**, four **PC/CT Coordinators**, 13 **Field Supervisors**, and seventy one **Field Workers**. Partner Grant Managers will continue to be the prime contact for each partner to coordinate project activities, collect, record and aggregate data, and compile reports on the operations for NGO X. They will provide the general oversight of the partner’s activities. The Field Supervisors will be responsible to the Partner Grant Managers and they will supervise the field workers and volunteers in the program implementation.

Program Coordination and Support Staff

The **PC/CT Officer** will coordinate training for partners in PC/CT and oversee the activities for this intervention area. The officer will attend the USAID coordination meetings for PC and CT, and share pertinent recommendations with all partners in PC/CT. The **OVC and Prevention Officer** will coordinate the two program areas’ activities and serve as mentorship for the five Alliance H partners. The **Finance Officer** will continue to provide onsite ongoing training to the five Alliance H partners. He/She is responsible for coordinating the overall financial competences/skills need and response to be provided with, punctually and on planned basis. Three **Regional Coordinators** will coordinate and monitor the work of partners in the various Departments of Country Z. They will serve as the liaison between the Partner Grant Managers and the Project Director. Two of these Coordinators will be based in two of the satellite locations and one will be based in the main office.

Office Support Staff

The office support staff, working at the head office, included a bookkeeper, an administrative assistant, 2 drivers, 4 security guards, and 2 janitors.

NGO X Professional Volunteers

From its 12 years of experience in Country Z and relationship with the Church of Country Z, NGO X has built an extensive network of relationships within Country Z and among Americans (including Country Z-Americans) who speak the native language of Country Z, are culturally literate, and have the skills and experience to participate in organizational and/or programmatic capacity building. The participation of these volunteers will be facilitated by NGO X’s Project Director and in-country Grant Performance Manager.

Staffing Chart

Please see Attachment E- NGO X Staffing Chart

Description of Key Personnel

Key Personnel in Alliance H include:

- Xxxxx Xxxxxx – Chief Operating Officer, NGO X
- Xxxxx Xxxxxx – Co-founder and Chief Operating Officer, Partner A
- Xxxxx Xxxxxx – Coordinator General, Partner B
- Xxxxx Xxxxxx – Coordinator, Partner C
- Xxxxx Xxxxxx – Founder and Director, Partner D
- Xxxxx Xxxxxx – Country Representative, Partner E

V. Plan for Sustainability, Transition, and Close Out

Since we were awarded the NPI grant, NGO X has thoughtfully addressed the issue of sustainability as it is central to effective development and the vision of the NPI. NGO X chose to implement its activities through five Country Z FBOs with good connections to low-resourced communities as these FBOs will continue to serve the communities long after the NPI grant is finished. By building the capacity of its five Country Zan partners, the partners are better equipped to be an on-going source of support to their target communities.

NGO X provided considerable institutional technical assistance, transferred critical skills and practical tools to partners to bolster their internal organizational capacity to better function as an organization. All organizations have made significant improvements. Some organizations will be able to continue with such projects whether on their own or by partnering with other organizations such as NGO X. NGO X plans to continue to mentor and provide financial support to the organizations who have demonstrated their desire to learn and grow as we have mentored them. Through partnership with national and local institutions, NGO X has provided training and mentorship to bolster skills of staff for improving service delivery. As outlined in the implementation plan, NGO X will continue to build capacity in our partners through training and mentoring on important issues pertaining to sustainability in Y3. Our technical support partner, AED, has agreed to partner with NGO X to provide training on program planning, governance, monitoring and evaluation and human resources. NGO X is also sending a professional psychologist to do a workshop on dealing with traumatic stress and provide counseling at the end of September and in Y3. NGO X has coordinated with a registered nurse who will also provide supplementary training and support on CT. These skills trainings will give Partners additional tools as they deliver HIV/AIDS services. NGO X will do a lot of this training during the first quarter as they wait for the annual workplan to be approved. NGO X also added technical staff persons in all four program areas to build capacity in HIV prevention, care and support, OVC and CT.

In August 2008, NGO X invited Partner C to do a staff care assessment at their headquarters and four country offices including Country Z. Partner C will provide a report to us later this month on how to better care for our staff and provide a TOT on traumatic stress for NGO X key staff. After we receive the report, we will develop a staff care plan. NGO X believes it's important we re-engage around the issue of staff care so that we can more meaningfully support our staff and strengthen our organization.

In January 2009, NGO X will perform a follow up assessment with all NGO X staff to assess progress since previous assessment and identify remaining areas that need to receive special attention. NGO X will take time to address remaining weaknesses in Quarter 2 & 3.

NGO X has additional OVC and AB grants which continue after the NPI program is completed. NGO X's child sponsorship program is also active in Country Z. The sponsorship program is privately funded and on-going. Therefore, NGO X's sponsorship program cannot support the whole OVC number reached by Alliance H but will support Alliance H OVC where possible. NGO X will be working with the PEPFAR Country Z Team regarding future funding opportunities or how to transfer OVC and Care and Support clients to other PEPFAR partners to avert discontinuation of much needed services. NGO X has begun exploring other funding opportunities which will enable it to maintain this level of support. As this is the last year of project implementation, NGO X has already begun to how it will scale down its activities and staff. Please see table below for close out plan.

CLOSE OUT PLAN: BROAD STROKES	
PROGRAM COMPONENT	ACTION STEPS
Prevention	New YL will be recruited up to July 2009.
OVC	Alliance H partners will stop recruiting new OVC in May 2009 but will continue to provide all OVC services until the end of the project. NGO X will work closely with PEPFAR Country Z Team to ensure that services are not discontinued to Alliance H OVC-support beneficiaries.
Counseling & Testing	CT activities will continue through June 2009. Thereafter, partners will stop providing CT mobile services but continue to promote CT services on-site in partnering institutions.
Care & Support	CS will continue to enroll new PLWHA up to June 2009 and concentrate service them. NGO X will work closely with PEPFAR Country Z Team to ensure that services are not discontinued to Alliance H OVC-support beneficiaries.
NGO X NPI Staff	NGO X will work to retain gifted staff for future grant initiatives and other NGO X programs.
Equipment	The local NGO X office will receive NGO X vehicles and generators from the international program. All partners will keep motorcycles, generators, computers and printers which were distributed for program implementation.
Finance & Administration	NGO X will complete the NPI financial reports by the end of February 2010. NGO X will make its final monthly financial request in November 2009.

NGO X will submit a detailed close out plan in June 2009 clearly outlining the tasks to be undertaken to successfully close the program.

SUMMARY BUDGET FOR NGO X					
		YEAR 1	YEAR 2	YEAR 3	TOTAL
A.	Personnel	US\$45,000	US\$47,250	US\$49,612	US\$141,862
B.	Fringe Benefits	US\$9,000	US\$9,450	US\$9,922	US\$28,372
C.	Consultants	US\$10,000	US\$10,500	US\$11,025	US\$31,525
D.	Travel, Transportation	US\$22,000	US\$23,100	US\$24,255	US\$69,355
E.	Equipment	US\$40,000	US\$0	US\$0	US\$40,000
F.	Supplies	US\$4,990	US\$882	US\$926	US\$6,798
G.	Contractual Services (sub-contracts)	US\$135,000	US\$141,750	US\$148,837	US\$425,587
H.	Program Costs	US\$75,000	US\$78,750	US\$82,688	US\$236,438
I.	Other Expenses (e.g., audit)	US\$25,000	US\$26,250	US\$27,563	US\$78,813
J.	Indirect Costs	US\$0	US\$0	US\$0	US\$0
TOTAL		US\$365,990	US\$337,932	US\$354,828	US\$1,058,750

